

The changing shape of provision for rough sleepers: from conditionality to care

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Citation:

PARR, Sadie (2019). The changing shape of provision for rough sleepers: from conditionality to care. Housing studies. [Article]

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The Changing Shape of Provision for Rough Sleepers: From Conditionality to Care.

Abstract

This paper is situated within wider debates about the changing shape of policy and practice within the field of homelessness. It reports on a small scale case study of an intensive key worker support service operating in England designed to move multiply disadvantaged rough sleepers off the streets. The discussion of the empirical data draws attention to the different modes of control inherent within the project's working practices that are designed to incite rough sleepers to make positive changes. The paper suggests that the project is a useful example of a 'nascent trend' within homeless support services of tolerant and less conditional approaches for those who are the most disadvantaged. The paper suggests that this move towards tolerance offers positive benefits for rough sleepers with complex needs that marks a shift away from more punitive and coercive practices.

Key words

Rough sleeping, complex needs, homeless support, conditionality

Introduction

The vast majority of rough sleepers are socially excluded and living in extremely vulnerable circumstances. Those who have been variously described as entrenched, hard-to-reach, or as having multiple or complex needs face the most difficulties in moving off the streets and accessing the support they need. For this group, homelessness is not just a housing issue but something that is closely linked with a range of other, additional needs such as histories of institutional care, involvement in street cultures, substance misuse, and mental and physical health problems, each of which interact with one another. Fitzpatrick *et al* (2013, 2011) refer to this as Multiple Exclusion Homelessness (MEH). The housing and homelessness careers of this sub-group of the homeless population are characterised by extreme housing insecurity as well as inadequate care.

There is a broad consensus among housing practitioners and policy makers, as well as academics, that prevailing accommodation and support models more often than not fail to meet the needs of this particularly disadvantaged and vulnerable homeless population (Cromarty, 2018; Dwyer *et al*, 2015; DCLG, 2015; Homeless Link, 2015). Within the academic literature, a key concern for critics of the current system is how the inability to access support and accommodation is the result of an inherent (implicit or explicit) conditionality which demands that homeless people with complex needs play by certain rules

to guarantee their eligibility. This has been termed a 'coercive assimilation' (Dwyer *et al*, 2015) and theorised as part of a broader responsibilisation agenda (Clarke, 2005). For those who refuse to or are unable to accept conditions of access, continued exclusion and ongoing homelessness awaits. While these developments have been well-documented within the housing literature, a nascent counter-trend has more recently been detected in which support services for the most disadvantaged homeless people are, conversely, adopting more tolerant and less conditional approaches (Johnsen *et al*, 2014).

The emergence of this non-conditional ethos within homelessness policy has underpinned the establishment of what appears to be normatively preferable models of practice. This paper provides critical reflection on this relatively recent development. Through careful interrogation of empirical data derived from a case study of an intensive key worker support service for rough sleepers, it explores whether or not the realisation of these more tolerant models of practice do in fact lead to radically different, and indeed, more ethically just, forms of support. The paper is situated within a wider body of work that seeks to understand and assess changes in models of policy and practice within the field of homelessness, and which draws particular attention to the 'modes of power' inherent within them (Johnsen *et al*, 2018; Watts *et al*, 2017; Parsell and Marston, 2016; Dwyer *et al*, 2015; Bowpitt *et al*, 2014; Dobson, 2011).

The paper begins by describing the contemporary policy and practice context. It focuses on the changing rationalities and techniques of governing rough sleepers, and the 'modes of power' (Johnsen *et al*, 2018) operating within these. Section two describes the case study and presents details of the research methodology. A discussion of the research findings is provided in section three. Here, the analytical focus is on three key operational and organisational factors that underpinned and gave rise to the project's more 'caring' and less conditional ethos: relationship-based practice, personalisation and a tolerant practice context. Underpinning these, the paper identifies three 'modes of power' namely 'tolerance', 'bargaining' and 'influence' that are at work within the project to incite a behaviour change among rough sleepers. In so doing, the paper raises doubts about representations of unified models of rough sleeper provision and draws attention to the combined effect of a range of influences that inform and give rise to the context-sensitive nature of interventions. In conclusion, the paper strikes an optimistic note and tentatively suggests that a less conditional approach can offer positive benefits for rough sleepers with complex needs that marks a shift away from more punitive and coercive practices.

The Governance of Rough Sleeping

Since the 1980s, successive governments have focused policy attention on street homelessness which successfully led to improved services and, until 2010, substantial declines in levels of rough sleeping. In the early 2000s, the policy focus consequently centred on the remaining 'hard-core' of entrenched, long-term rough sleepers who proved particularly difficult to support to move off the streets (Fitzpatrick and Jones, 2005). A range of measures were introduced that encompassed various means of governing and exerting power over this homeless population. To different degrees, these employed force, coercion and/or 'persuasion' to combat the problem (Watts *et al*, 2017; Johnson *et al*, 2014; Whiteford, 2013). What have been termed 'harder' forms of social control largely emerged from New Labour's anti-social behaviour legislative framework and included the introduction of Anti-Social Behaviour Orders (ASBOs) (and more recently Criminal Behaviour Orders), 'designing out' and arrests for begging, sleeping rough or associated activities. Such policy shifts mirrored wider trends across Western Europe, Australasia and, in particular, North America (Evans, 2012). These developments in the policing of rough sleepers and the regulation of public space have proved particularly controversial, condemned by many as representative of a 'punitive turn' and used disproportionately against the most vulnerable homeless people (Hennigan and Speer, 2018; May and Cloke, 2013; Whiteford, 2013). To account for this prevailing logic, critical commentators have accorded explanatory priority to the ascendancy of neoliberalism and the renaissance of the entrepreneurial city or, in recognition of the exclusionary consequences for the most marginalised, what has been termed the 'revanchist' or 'post-justice' city (Smith 1996; Mitchell 1997, 2001).

Within homeless support, there was a concomitant move towards increasing levels of 'interventionism' which entails an expectation that rough sleepers engage with support and/or change their behaviour. Although a 'softer' and a less overt method of control, this 'support' has also tended to operate through coercive techniques whereby compliance is ensured via the threat of deprivation, and/or via efforts to shape homeless people's beliefs, judgements or behaviour (Watts *et al*, 2017). An illustration of these approaches is the focus on street outreach teams taking an 'assertive' as opposed to ameliorative approach, as well as the No Second Night Out initiative which requires rough sleepers to engage with the Single Service Offer in order to qualify for support (Johnson *et al*, 2018. 2014). Less formal examples include the shift away from free provision to charging for food or requiring homeless people to sign up for 'meaningful activities' in homelessness day centres (Whiteford, 2010). Access to services for homeless support became conditional therefore on clients' displaying appropriate attitudes, motivations or behaviours or, conversely, not presenting in particular ways that indicate a lack of engagement or heightened 'risk'

(Dobson, 2011; Dobson and McNeil, 2011). As a consequence, certain groups of rough sleepers such as drug users or offenders might be automatically excluded from some accommodation and support services. While, demanding, aggressive, unpredictable or 'non-standard' behaviour together with an associated failure to adhere to rules and regulations also prevents access.

These developments within the governance of rough sleeping have been understood as necessary to 'responsibilise' homeless people and prepare them for autonomous living (Dobson, 2011; Whiteford, 2010). Such a trend is indicative of wider welfare reforms in the UK that since the mid-1980s have increasingly sought to reduce entitlements and intensify conditionality by promoting a responsibilisation agenda (Wright, 2016; Clarke, 2005). Underpinned by assumptions associated with underclass theory, the responsibilisation agenda attributes responsibility for a range of social ills, including homelessness, to the failings, fecklessness or the moral weakness of individuals. Multiple exclusion homelessness has therefore been individualised and viewed as a product of anti-social or irresponsible behaviour (Fletcher and Flint, 2018; Dwyer *et al*, 2015; Pleace, 2010). By implication, achieving social inclusion is to be achieved by promoting 'active' citizenship among the homeless such that they take responsibility for their troubles and embrace the opportunities presented to them. Welfare entitlement therefore, including access to housing and support services, as well as cash benefits, has become increasingly dependent on behavioural requirements together with the use of a tougher set of sanctions for non-compliance. These measures are aimed at instilling the desirable individual qualities that will produce socially acceptable behaviour (Fletcher and Flint, 2018). The negative affects of this has been evidenced not only in the UK, but across other advanced liberal democracies that have likewise moved towards conditional welfare regimes (Parsell and Marston, 2016; Fletcher, 2015; Watts *et al*, 2014).

Despite the widespread nature of this 'conditional' policy trend, what Johnson *et al* (2016, 2014) refer to as a 'nascent counter-trend' is beginning to emerge. For groups identified as being the most severely disadvantaged, including rough sleepers with enduring and complex needs, a concomitant move in the opposite direction has been detected. There has been an evidential shift within homelessness policy away from coercion and conditionality towards less conditional and more compassionate interventions or what Dobson (2011) has referred to as 'therapeutic'. Such approaches embrace flexibility by relaxing requirements regarding service user engagement and behaviour change. According to Johnson *et al* (2014), the rationale for this is twofold. First, it is a response to a recognition of the limited effectiveness of mainstream services in reaching this particular group. In part then, the shift to less

conditional approaches is built on pragmatism and an appreciation of the difficulty of rough sleepers circumstances (commonly referred to as 'chaotic lifestyles') which means many find systems and procedures, such as keeping pre-booked appointment times, difficult to adhere to, resulting in them losing support. Second, there is a growing appreciation that homeless individuals should be able to engage more 'on their own terms'. This speaks more to an ideological opposition to conditionality and interventionism grounded in a view that such approaches, not only (wrongly) blame individuals for their failure to engage appropriately whilst ignoring the external, institutional environment and wider structural conditions that prevent engagement, but also undermine the therapeutic conditions necessary for change. With regard to agendas around rough sleeping, the most prominent examples of this move towards flexibility and less conditionality is the use of personalised budgets (Brown, 2016; Blackender and Prestidge, 2014; Hough & Rice, 2010) and the growing interest in Housing First initiatives in which homeless people with the most complex needs are placed directly into permanent, independent tenancies with comprehensive yet non-compulsory support (Lancione *et al*, 2018; Homeless Link, 2015). The Big Lottery £112m Multiple and Complex Needs (MCN) Programme also speaks to this trend (Adamson *et al*, 2015; Cornes, 2015). These policy developments have not occurred in a vacuum however but have also been driven by practices from other countries, in particular the US, where the housing first model had been especially influential (Parsell *et al*, 2014)

It is important to note however that discernible shifts in models of policy and practice do not always represent decisive changes of direction; different modes of intervention in the governance of rough sleeping co-exist. Even in the US where the 'punitive turn' in the management of homeless people has been predominant, 'spaces of care' have also proliferated (Hennigan and Speer, 2018). Independent, voluntary sector services in particular often operate with an opposing logic and political sensibility, providing a counterpoint to the 'uncaring' nature of the revanchist city (Hunter, 2017). Rough sleepers have therefore long found sanctuary within 'caring' spaces when they have been excluded, removed or barred elsewhere:

'...soup runs provide a powerful reminder of a quite different current running through the homeless city; the unconditional outpouring of agape and caritas' (Cloke *et al*, 2010, pp. 115).

It is not only important to dispel myths of an all-encompassing orthodoxy, it is also necessary that we challenge the idea of a stark and clear distinction between conditional or exclusionary and more tolerant and inclusionary rough sleeper provision (Johnsen *et al*,

2018). Seemingly ideologically distinct services do not necessarily operate in parallel and with opposing logics. Both housing and urban scholars have developed more nuanced understandings of the management of rough sleepers such that Hennigan and Speer (2018) have identified a 'compassionate revanchism' in the United States, while Johnson and Fitzpatrick (2010) in the UK have pointed to the existence of 'coerced care'. The field is therefore defined by a certain ambiguity such that it is not possible to easily define measures as straightforwardly punitive nor indeed more ethically just or 'risk free' (Johnsen *et al*, 2018; Watts *et al*, 2017; Mingley, 2017; May and Cloke, 2014; Dobson, 2011). Indeed, more care-full and less conditional approaches to rough sleeping might in fact be paternalistic, motivationally flawed or encourage harmful street lifestyles (Watts *et al*, 2017; Parsell and Watts, 2017).

This recognition of the complex and contradictory dynamics that operate at ground level, cautions against predominantly pessimistic and dystopian accounts of policies to manage rough sleepers but it also circumvents overly optimistic assumptions about *apparently* supportive, non-interventionist and 'caring' services (Watts *et al*, 2017). At the heart of this is recognition of the different 'modes of power' or means of exercising social control that operate within, across and between rough sleeper services to change behaviour. Johnsen *et al* (2018) refer to these as 'force', 'coercion', 'bargaining', 'influence' and 'tolerance'. They argue that, in practice, models of intervention may contain more than one of these mechanisms and none is necessarily more ethically just.

What this discussion of the literature illustrates is that it is not possible to read off the repressive or progressive nature of homelessness models of practice at the policy level. Rather, it is necessary for homelessness scholars to better understand the actual conduct of rough sleeper services in what May and Cloke (2014) call 'the messy middle ground' in order to examine the 'uneven local geographies of care and control' (2014, pp. 904). This work calls for researchers to deconstruct and make sense of the subtleties inherent in different modes of social control within homelessness services (Johnsen *et al*, 2018) and echoes the concerns of critical geographers who have focussed attention on the complex and ambivalent politics of spaces of welfare provision (DeVerteuil, 2014; Evans, 2011; May and Cloke, 2014; Williams *et al*, 2016). Such research needs to be place sensitive and pay adequate attention to geo-historical conditions and, with that, the power and agency of local actors in the instantiation of services. The article speaks directly to this ambition. The fine-grained and nuanced analysis developed here makes an important contribution to our understanding of how less conditional, and more compassionate support services for

multiply disadvantaged homeless people operate, and the different 'modes of power' inherent within them that are employed to initiate behaviour change.

The rough sleeper support service

The rough sleeper support project (from hereon in 'the project') was based within a homeless day centre in the north of England which provides crisis intervention to meet basic needs, health and wellbeing services, as well as volunteering opportunities to homeless adults from the local area. Run by a charitable organisation, the centre receives its income from grant funding and donations. It has well established partnership arrangements at both an operational and a strategic level with key statutory and voluntary agencies working in the city. The day centre supports the council's Homelessness Strategy, and links with local strategies of health prevention, and drug and alcohol recovery. There are two other day centres in the city, and a number of specialist agencies providing services directly to homeless people. The day centre's client base however leans more towards those with complex needs and is used by a greater number of rough sleepers and substance misusers.

The city has fairly low levels of rough sleepers relative to its size but there is a cohort of street homeless individuals known to a range of services who have proved particularly difficult to move from the streets. In response, the day centre secured a grant from a charitable trust to deliver and evaluate an intensive support package aimed at supporting this multiply excluded group. Although not explicitly framed as a housing first initiative, the project was broadly underpinned by housing first principles, in particular, a clear view that securing settled accommodation was necessary before any other moves towards personal change and life improvements could take place. This core aim was facilitated, in part, by a personal budget of up to £2500 which was made available to each client. The project was based on a clear rationale that rough sleepers with complex needs required something different, and that current support services were not meeting their needs. It was based on a key worker service model influenced by evidence from evaluations of intensive family support interventions (DCLG, 2012; White *et al*, 2008; Nixon *et al*, 2006) whereby one worker has a small case load and works flexibly over a prolonged period.

A number of rough sleepers known to the day centre were offered support through the project if they met three of four criteria. They needed to be: rough sleeping and have mental health needs and/or substance misuse issues and/or had a history of offending. Simply listing these 'issues' does not communicate sufficiently the deeply entrenched and troubling nature of their problems and the histories of trauma that shaped the lives of the rough

sleepers who received support. The history, scale and complexity of these issues meant that not only was helping this client group effect positive and sustainable change difficult, but simply ensuring their engagement was challenging in itself.

The project employed one full-time key worker and a project administrator. Up to 15 homeless people could be signed up to the project although a number of these would generally not be actively 'engaging' at any one time¹. The support provided by the key worker comprised three main categories of activity and intervention.

Emotional support: 'Meaningful' conversations and listening to clients, informal 'chats' over a cup of coffee and support at times of crisis.

Practical support: Securing housing, taking clients to appointments (doctors, drug treatment, housing) and attending with them, dealing with daily correspondence, liaison and advocacy, referral to services.

Financial support: Debt and bill payment, assistance in benefit take up, purchasing of essential goods, facilitating outings.

The keys workers activities were responsive and dependent on the particular needs and circumstances of service users. She visited people on the streets, in cafes or in their home (if they had one) and she had set appointment times when she when she was available in the day centre. Most contact was face to face. There were no formal mechanisms to compel service users to engage with the project nor were there any sanctions should they choose to disengage.

Methodology

The research spanned three years (2013-2016). Six homeless people supported by the project participated in the research. These participants represented a purposive sample and were selected as they were already 'engaged' when the research commenced and it was felt that taking part in the research would not compromise their engagement with the project in any way. It was also recognised that some service users would be better suited to providing key insights and understandings than others, something accepted among qualitative researchers (Abrams, 2010). Initially five people were interviewed in-depth in the initial stages of the research and then again in year two in order to explore developments and change, but only three participants were available for a second interview. One had received

¹ The notion of 'engagement' is not unambiguous. Amongst 'non-engagers' there were indicators of progress such as regular contact with the key worker.

a custodial sentence and the other could not be contacted as she did not own a phone and was no longer regularly attending the day centre, primary as a means to distance herself from the homeless community. At this point an additional participant was recruited and took part in one in-depth interview. Interviews followed a homelessness journey approach, a type of biographical interviewing that involves comprehensively and chronologically charting each respondent's housing situations, any significant events and experiences in their lives, and their engagement with services (and the outcome of this interaction). Exploring journeys is a useful method for identifying, analysing and understanding multifaceted processes of change and outcomes (Reeves *et al*, 2009). Combining insights from these nine interviews as well as notes from case files, telephone interviews with agencies involved with the client, and conversations with the key worker, detailed service user journeys were constructed. Interviews were professionally transcribed and also subject to cross-cutting, thematic analysis.

Semi-structured interviews with the key worker were carried out on three occasions throughout the research. In addition, five members of staff from the day centre were interviewed. This included the centre manager, two support workers and the chief executive who had overall responsibility for the project and line-managed the project key worker. We conducted ten semi-structured face-to-face and telephone interviews with partner organisations including strategic stakeholders. All research participants gave informed (signed) consent to take part and ethical approval for the study was granted by the faculty ethics committees at Sheffield Hallam University. Interview data were complemented by informal and ad hoc conversations with project staff as well as formal progress meetings.

The Project used the Outcome Star for Homelessness² to monitor outcome change. Client progress is measured on a regular basis in ten outcome areas: motivation and taking responsibility; self-care and living skills; managing money and personal administration; social networks and relationships; drug and alcohol misuse; physical health; emotional and mental health; meaningful use of time; managing tenancy and accommodation; offending. We also analysed this data to gain an overview of outcomes across the client group over the three-year period.

It is important to acknowledge the potential drawbacks associated with this research design - further fieldwork with a greater number of rough sleepers may have garnered additional insights and different perspectives. Yet, small-scale studies do not necessarily approximate

² The Outcomes Star is used widely by organisations which support people experiencing homelessness and a variety of other complex needs. Individuals and their support worker discuss and score progress over time against the 10 criteria.

to less academic worth. There is an often unappreciated value and significance in case studies of local practice. Small-scale research that provides strong contextualised explanation and is clearly embedded within extant theoretical knowledge can foster additional insight (Welsh *et al*, 2011). Such knowledge, like that presented here, is not stand-alone and definitive however but rather 'conceptually generative' (Crouch and McKenzie, 2006). The expectation is that meaningful theoretical conceptualisation can be followed up and built upon in colleagues' own enquiries, and therefore transferred to different contexts, feeding into the collective process of knowledge accumulation on the governance of rough sleeping.

Research Findings

In order to set the discussion that follows in context, the next section begins by reflecting on the journeys of the homeless people who took part in the research. It goes on to explore the ways in which the project achieved engagement and positive outcomes for rough sleepers through a flexible, tolerant and less conditional practice model. Analytical attention is centred on three core elements of the service and the modes of power inherent within them. These are: relationship-based working and a personalised approach together with the practice context and its institutional culture.

Project Outcomes

Four men and two women aged between 32 and 51 years took part in the research. They had long histories of homelessness having first experienced homelessness in their childhood/teenage years. Pen portraits of the homelessness journeys of the study participants are provided in Table 1. It is difficult to convey adequately the complexities and difficulties that defined their current and past lives, but these go some way to communicating the participants' deeply troubled pasts. Although this paper is not focussed on the study of individuals per se and micro-level causes of change, it is perhaps important to note that all of those interviewed seemed to be at points in their life when they felt motivated and able to make positive changes and steps forward towards sustaining a tenancy. Either certain events (ill-health, pregnancy) had driven a motivation to make changes or after a long period of homelessness, they had simply come to a point in their lives when they felt they could no longer withstand the struggles and difficulties of coping with rough sleeping and their homeless lifestyle:

I got sick of being pissed off all the time, come here, working here, getting sent home, getting barred for being pissed...I realised fuck it...I thought I'm not doing it no more (service user)

I were at end of the line, I were ready to kill myself, I was ready to commit suicide, that's how bad it got me, I thought that's it, enough's enough (service user)

When the research concluded, a good level of engagement had been achieved with all participants. All had achieved 'hard' transformative outcomes (Batty, 2013) (in the sense that they could be quantifiably measured and validated) with a number making substantive progress in some elements of their lives. Four of the six had moved off the streets, one was regularly volunteering and four were no longer misusing drugs/alcohol or better managing alcohol dependency. In two cases, it would appear either that, in terms of hard indicators or resolution of presenting issues, there had been more limited change. The project often achieved 'soft' transformative outcomes as well, including enhanced psychological wellbeing. Service users reported improved self-confidence and self-esteem, better crisis management skills and they were better managing health concerns. Even in cases where more negative outcomes and/or unresolved issues were prevalent, there was a view that the key worker had still triggered improvements in their lives.

Although transformative outcomes could be identified for all the participants, most clients' journeys were characterised by periods of progress, punctuated by periods of crisis and regression. This fluidity arose primarily as a result of the complexity of the clients' circumstances and the difficulty in helping them effect (sustainable) change. It was often extremely difficult for the key worker to help research participants address some deeply entrenched issues, external factors such as peer influences or to move beyond daily crisis management. In most cases therefore, certain issues that were considered problematic for the participants remained. Notwithstanding this, there was a consensus that working with the key worker had been a positive and beneficial experience, and that her intervention was directly linked to the achievement of positive personal change and/or the prevention of their situation deteriorating. All felt that had it not been for the project's intervention in their lives their situations would have been far bleaker. Not only would they have still been sleeping rough, but some claimed they would be in prison, committing crime or in fact be dead.

...I don't think, I know, dead or locked up. Cos I'd still be selling drugs, still be selling guns (service user)

Although it is important to recognise the limitations of outcome star data (Johnson and Pleace, 2016), it is helpful to put these qualitative findings in the context of the broader quantitative outcomes ostensibly achieved by the project, which tells a similar story. We collated outcome star data for 16 clients. Of these, 13 clients had at least two readings (i.e. change could be measured) and it is on these clients that the analysis focussed. Overall, the data indicated that clients made small amounts of progress in most areas. The most notable progress was made in the area of managing tenancy and accommodation, which showed the largest average change and the joint highest number of clients reporting positive change. This was particularly significant given that this was one of the highest need areas highlighted in baseline scores. Of the other high need areas, notable progress was also made in the areas of social networks and relationships, and managing money and personal administration. Although in the other highest need areas of drug and alcohol misuse, emotional and mental health and meaningful use of time, progress was less notable. Although most clients made positive progress, some did not. As already noted, this is perhaps not surprising and a reflection of the entrenched nature of their problems and the complexities of working with this client group.

The empirical data we collected suggested that the less conditional and tolerant nature of the project as manifest particularly in relationship-based practice and a personalised approach underpinned the positive outcomes and changes achieved. It is to these factors that we now turn our attention. This analysis focusses not just on how outcomes were achieved but is sensitive to extrapolating the modes of power inherent in these methods of governance.

Relationship-based practice

The project was founded on a view that flexible, holistic and long-term support which was empathetic and tolerant of 'bad' behaviour and lapses in engagement, was key to helping rough sleepers with complex needs to make positive behavioural and lifestyle changes. 'The relationship' was theorised as the key ingredient that would facilitate this. There is a great deal of literature that highlights the importance 'the relationship' in both therapeutic encounters but also in the provision of welfare support services which the project was inspired by (Parr, 2015). Relationship based-practice is closely related to notions of person-centred care which is premised on less conditional practice principles, although the two do not necessarily go hand in hand. Indeed, Murphy *et al* (2013) makes the claim that within social work, relationship-based practice, rather than being an end in itself, is inevitably utilitarian and serves to create rapport in order to act as a context for the application of a pre-

determined specific intervention. It is argued that for relationship-based work to be person-centred it should be grounded on the assumption that the client is the expert on his or her life and that the relationship is facilitative, creating the conditions for constructive change (Conradson, 2003; Murphy, 2013).

The concept of 'unconditional positive regard' (Wilkins, 2000) is a core concept in relationship-based practice and is useful for helping us to understand the ways in which relationship-based work moves beyond conditional approaches. Conditional positive regard involves suspending judgemental thinking; valuing and accepting service users; and thinking positively about them regardless of their behaviour, background, values or other personal characteristics, and without imposing conditions. It entails accepting a person without prejudice, 'with respect for who they are and what they are, and with a recognition that they are self-determining persons' (Wilkins, 2000, p. 34). By contrast, a relationship based on *conditional* positive regard is one which offers warmth, respect and acceptance, etc. but only when the other person fulfils some particular expectation or requirement. Demonstrating unconditional positive regard is perhaps particularly pertinent when building relationships with rough sleepers. Most will have experienced prejudice, rejection and hold negative views of service providers and therefore find it difficult to build relationships of trust:

It's just people like us and our backgrounds, you've got to be careful how you talk to us, we think you're talking to us like idiots. Who are you disrespecting?
(service user)

I couldn't just sit and talk to anybody. I'm not one to keep a bond with anybody really (service user)

It was clear that while not being a trained therapist or counsellor, the key worker's approach was founded on a non-judgemental attitude towards the service users which reflected key principles associated with unconditional positive regard. She seemed able to convey genuine care, warmth and interest which was important to participants. They felt that the key worker listened carefully to their thoughts, opinions and perspectives on their needs and that this informed how the support they received progressed:

[key worker] talked to me like another human being, didn't talk down to me, didn't talk like she were better than me, she listened (service user)

This approach was framed by the CEO as a move away from being 'task driven'. Even in thinking about exit strategies, this method of support was described as being client-led; a position that was acknowledged however to not be without problems:

If we go on the perspective that the project is built around people rather than a service then we're really saying the exit strategy is down to the individual and the individual should be telling us when they're comfortable to slowly move away (CEO)

Participants also appreciated the key worker's steadfast, indeed unconditional, commitment to them, even during difficult times, when they disengaged or when they had 'relapsed', something that was not uncommon.

Relationship building was aided by the time and flexibility afforded to the key worker such that she was able to take clients out of the day centre and into spaces such as cafes that removed them from the influence of peers and enabled less formal styles of interaction, encouraging individuals to 'open up'. Such encounters were not encumbered by time constraints and conversations felt relaxed and unhurried. It was in this sense that participants spoke about the key worker as being 'different' from other professionals that they had contact with:

I know I can talk to her when I'm having that dinner or cuppa, it's not rushed. I know every worker's got their time but like the [drug treatment] project, they'll come for half an hour and that's how long they'll stop and that's how long you've got... (service user)

It was common for clients to talk of the key workers as a 'friend' but in some cases, particularly where individuals were experiencing emotional problems due to failed, abusive or traumatic relationships, the key worker functioned almost as a substitute parent or partner (Lemma, 2010). In this way, she was arguably providing a 'corrective' or 'reparative' emotional experience, even offering an alternative secure attachment (Trevithick, 2003):

...any other member of staff and I tell 'em straight 'fuck off don't talk to me like that, me mum can't talk to me like that, you're not gonna', [key worker] it's bam 'all right'. She's like my mother (service user)

I'm his mother, his girlfriend, absolutely everything, his kids, everything for him at the minute (key worker)

The key worker did not however display a pure therapeutic model of positive regard unambiguously. She also presented what could be interpreted as disciplinary techniques in the sense that she challenged clients and admonished them for missed appointments, although there were no formal sanctions:

...if they miss one appointment with me I'm on them straight away, I'll say 'you missed this appointment, how do you expect us to be getting anywhere?...(key worker)

This might be understood as reminiscent of less tolerant and structured approaches. Indeed, Dobson (2011) has pointed to a tension that exists between therapeutic and disciplinary homeless support services. However, the extent to which challenging and assertive approaches can be interpreted as punitive or undesirable is not straightforward. Challenge and confrontation can in fact be essential components of unconditional positive regard; where unconditional positive regard is experienced then challenge can happen without rejection (Wilkins, 2000). As Dobson (2011) suggests too, there can be a range of drivers underpinning practitioner's motivations for challenging homeless peoples' behaviour. As such, Watts *et al* (2017) point out that the outright rejection of directive intervention is not necessarily more ethically just. Indeed, rough sleepers might not always be in a position, at least in the short term, to act in accordance with their 'authentic' preferences and as such paternalism in support can be sometimes be justified (Parsell and Marston, 2016). Within a context in which they felt safe, not-judged and accepted, clients appreciated the key worker's direct and forthright approach such that she was able to 'challenge' problem behaviour or actions without clients taking offence. It was not perceived by clients as punitive or authoritarian. On the contrary, this assertive approach was sometimes seen as a form of encouragement to change their behaviours that clients appreciated:

If I didn't have [key worker] give me that little kick I wouldn't have moved forward...she keeps giving me that nudge forward every now and again and makes me go on (service user)

She knows she can speak to me like that cos she knows I'll listen and that's the way I am...it's nice to know that you can have somebody who knows how to talk to you and not pussyfoot round you (service user)

This model of providing what many referred to as 'care' and the strength of the relationship was a significant factor in ensuring rough sleepers' engagement and, in turn, helping them effect positive changes. It seemed the case that the care they received from the key worker

provided a context conducive to allowing new forms of identity and subjectivity to emerge. The relationship also served an important therapeutic function for some individuals in the sense that it helped keep them 'in control', allowing them to work through problems particularly in moments of crisis, aided by the knowledge that they had somebody they trusted alongside them. The support provided by the relationship seemed to be transformative for some, galvanising them, allowing them to feel hopeful and to acquire the confidence and control to move forward:

She got me life back on straight and narrow, I wouldn't have listened to nobody else. I've listened to what she's said in a way, I've done it myself but through guidance, it's just feeling that confidence through [key worker] that's give me that confidence to give me that pick up and get it done (service user)

Since I've been with [key worker] it has changed my life altogether...I'm trying to turn my life round as much as I can...it's made me come to realise I can do more for myself (service user)

Even where change was less tangible, clients conveyed a sense of pleasure and reward that their relationship with the key worker brought them such that it had helped them feel better about themselves and enabled them to deal with crisis situations in a calmer manner:

I've needed to talk to somebody and I've talked to [key worker] and got it off my chest and been all right then (service user)

What would you have done had you not? (interviewer)

I'd probably have gone out and had a drink cos that's the way I dealt with stuff, kept it all in and had a drink (service user)

These findings echo Conradson's (2003) research which suggests day centres can act as 'spaces of care'. The model of practice despite being care-full however is not one straightforwardly defined by 'tolerance', if we understand this as the absence of any deliberate attempt to change behaviour. Rather it best reflects a mode of control Johnsen *et al* (2018) refer to as 'influence' in the sense that it embraced a certain amount of 'persuasion' or 'push' on the part of the key worker.

A personalised approach

Personalisation is also closely related to a less conditional and more tolerant approach to support. More commonly associated with adult social care, personalisation is not an unambiguous term; there are different 'models' of personalisation with different underpinning rationales (Barnes, 2012). Broadly speaking however, it is premised on the commitment to providing more choice and individualised support to those who require it. Personal budgets are a core element of this. Within the homelessness sector, the language of personalisation and the use of personal budgets is becoming ever more prominent and offers an antidote to conditionality in support. Rather than presenting them with a standard offer, personal budgets put rough sleepers in control of what they need to move forward (Hough and Rice, 2010). Providing rough sleepers with a budget gives them the autonomy to suggest ways that it might be spent which are unique to each of them, tailored to their needs. Being asked what they want to spend money on as opposed to being offered services, can be an important motivating factor for homeless people in transitioning to accommodation. Personalisation is not without its critics however who align it with an aggressive shift from state provision to individual responsibility for those who are the most socially excluded (Whitehead, 2013). That said, from the limited evaluative studies to date, there is an indication that the personalisation agenda has given rise to significant positive outcomes driven by increased engagement and motivation (Brown, 2013).

In social care, there are three elements of personalisation: a needs assessment; resource allocation to determine entitlement; and the development of a support plan. As has been the case in other pilots with rough sleepers (Hough and Rice, 2010; Brown, 2013), the project did not adopt this method. Rather, service users knew that money was available to spend on their support (although they were not told how much), and in terms of making decisions about how the personalised budget was used in the project, instead of a formal assessment, individuals' needs were identified through discussions with the key worker. Bureaucracy and administration were kept to a minimum.

The budget offered the possibility of providing a personal, flexible and creative response to individuals' needs rather than a pre-determined set of choices for rough sleepers to accept or reject. The key worker sought to understand the specific problems and needs of the service users and to use the personalised budget accordingly. Therefore, although repaying rent arrears was the most common expenditure, use of the budget was not uniform or standardised, suggesting a nuanced approach that responded to the individual needs of the participants - one went horse riding with the children who had been removed from her care. It also allowed another participant to visit her childhood home with the key worker,

something that was important to her in demonstrating and displaying her non-homeless identity:

Just to show somebody that I weren't always like that, what you've seen and this is what I want to achieve again. It showed her visually... (service user)

Decisions about spending the budget were not led absolutely by clients but made jointly between the clients and key worker - sometimes it seemed to be the case that the key worker initiated spending decisions, particularly where it removed barriers to accessing housing, at other times money was spent following specific requests by clients.

Johnsen *et al* (2018) have identified the way in which personalised budgets are often representative of a 'bargaining' mode of power in which a budget is used as leverage to incite behaviour change i.e. moving off the streets. This was evident within the project. While payments were not a reward for compliance nor was it conditional on the client's adherence to a support plan, engagement with any particular service or changing certain behaviours, the budget and the power invested in it did act as an incentive to remain engaged with the project, move towards achieving personal aspirations and sustain positive changes. The personalised budget was therefore a powerful driver of change in the project and served a number of functions in enabling clients to move off the streets. Rent arrears were often paid off as an initial step through use of the personalised budget thereby removing a key structural barrier to permanent housing. The budget also helped in maintaining newly acquired tenancies in a crisis situation by paying for utilities, charges and food when benefit claims had been suspended, which was a relatively frequent occurrence. The budget therefore played an important functional role in removing key obstacles to securing tenancies and allowed for a swift transition into accommodation.

Repaying rent arrears not only removed a practical barrier to clients transitioning to stabled accommodation but in one case also a psychological barrier in the sense that it encouraged the respondent to feel that the prospect of getting a house and transitioning away from the streets was a tangible possibility:

I'd still be stuck in a rut thinking I'm never going to get a house, I owe three grand, I can't pay three grand, so that would have been my attitude, I wouldn't have been bothered, I'm stuck here, no-one can help me get out of three grand (service user)

The budget also provided an incentive to stay in accommodation because it allowed participants to buy belongings for their new accommodation making it more comfortable and homely but also creating a sense of ownership and possession. More prosaically, as the key worker pointed out, it provided clients with a set of personal belongings which they cannot simply pack up and carry with them, making unplanned moves less straightforward.

She helped me decorate it, bought me things for it, things that I would never had got round or been able to afford to get so it never would have got done and that would have just put me on a downer (service user)

The budget also provided participants with the finances to obtain essentials such as clothing. This was valued highly not only because of the necessity for self-care but because participants derived pleasure and a sense of 'normality' from going shopping, making choices and not relying on hand-outs or second hand possessions.

I want summat new cos I've never had that, like that new telly, I've never had that, I've always had to make do, I've had odd things that have been nice but they've been second hand (service user)

Participants often yearned for a perceived 'normalcy' and having new clothes replenished their sense of dignity and self-esteem; putting on new clothes and having a change of clothes enabled them to feel the same as everyone else and more connected to mainstream culture. In so doing, the budget worked to change people's sense of themselves helping, in turn, to engender other positive changes. Several people described how they were changing the way they looked after and presented themselves, and in turn viewed themselves. This sense of inclusion and increased psychological wellbeing played a part in helping to motivate clients to establish a new life away from the streets:

To see me now, to compare how I am now...I used to be wearing old raggy clothes but now I'm getting smartened up...I feel a lot better in myself now" (service user)

After years being self-sufficient and looking after himself, one client took great comfort in being 'looked after' by somebody else. Although this was to a large degree about the relationship he had built with the key worker, having money spent on him represented something significant to him in that it made him feel valued and cared for:

I've never had no-one treat me, look after me, I've always done that for people...[key worker] met me one time and took me for a coffee, took me out

and bought me some trainers, some trousers and I was 'yeah that's wicked' never had that and that felt good (service user)

...when [key worker took] me out that day I were crying, no-one's ever bought me anything (service user)

The key worker's use of a personalised budget in the case above acted as a concrete bridge into a helping relationship with the participants who found it hard to trust people but it was also an emotionally charged act. Perceived as an act of care and regard, this helped bring the key worker and service user together developing and maintaining trust. This echoes the claims of a number of commentators who have pointed out that it is not a personal budget per se that gives rise to person-centre care and associated positive outcomes (Cornes *et al*, 2015; Brown *et al*, 2016; Blackender and Prestige, 2014). Rather, the introduction of budgets enables workers to spend more time with service users, working in a flexible manner and this delivers the relational and less conditional kinds of support that homeless people appreciate.

A tolerant and flexible practice context

The operational ethos of the project was underpinned and sustained by a facilitative practice context. Day centres for homeless people tend to operate on policies of non-judgmental inclusivity, often supporting people who are barred elsewhere. Yet they commonly qualify this accessibility with rules about the way that service users should behave; access is not unconditional (Bowpitt *et al*, 2014). Even though many day centres may limit exclusion and sanction, it is the most complex, disruptive and 'difficult' homeless people that will most likely suffer exclusion. What's more, the limited resources available in day centres, which more often than not deal with crises, means that this group present the most challenges to their aims to address the effects of multiple exclusion (Bowpitt *et al*, 2014). Underpinning the project was a view that service providers have failed rough sleepers with complex needs and that they needed to work differently. This led to the creation a new approach to supporting the most troubled and, often, the most troublesome rough sleepers. The latter included people who were repeatedly excluded from the day centre and perceived to pose the most risk. It was founded on a personalised, client-led approach with a clear commitment to inclusivity and tolerance.

[CEO] doesn't like barring people, neither do I, you get some staff who are 'get them out, barred for this, barred for that' we're complete opposite, they can do whatever they like, they don't need barring, they need working with (key worker)

Over time however, the ethos of the project had apparently 'spilled over' into the day centre more broadly. It compelled the management team to confront the challenge of articulating a clear practice position with regard to this group of rough sleepers who might have been temporarily excluded from the day centre (e.g. for being drunk, stealing) but were still being supported by the key worker:

...they hadn't give up on me completely, they barred me but she's [the key worker] still taking me for coffee, she's still helping me get accommodation, still buying me clothes...I let her down every now and again but she's still got faith in me (service user)

This led to the cultivation of a different working ethos within the centre more widely founded on alternative understandings of 'difficult' and 'bad' behaviour. This meant educating and supporting day centre staff to approach the management of homeless people differently such that the tolerance (e.g. for disruptive behaviour) that defined the project was expanded throughout the work of the day centre. The assumptions that underpinned this were explicitly informed by psychological perspectives which helped staff to (re)interpret behaviour. This gave rise to introduction of different policies particularly around disciplinary actions and exclusion:

[key worker's] caseload has highlighted the need for us to think differently about what people are presenting or how people are presenting and what they're not saying verbally (CEO).

Over the three years that the research was conducted, the day centre underwent a culture change moving from operating 'like most day centres' that share fairly similar exclusion policies to a less conditional approach clearly reminiscent of the mode of power Watts *et al* (2018) label 'tolerance'. This was reflected in the working ethos of the day centre that the CEO tried to cultivate, one underpinned by a considered and reflexive approach to behaviour, 'risk' and exclusion and this provided fertile grounds in which a dedicated less conditional service for multiply excluded rough sleepers could flourish. In practice, this meant adapting the centre's approach to risk and transgression. Disciplinary action was avoided (unless in very exceptional cases such as where there credible threats to staff) or kept to a minimum. During the period of the research, the day centre moved to support a no-exclusion policy in the sense that support was provided despite lapses or if someone behaved inappropriately. This was something that was recognised and valued by participants:

...In the middle of an incident that's kicked off and somebody swears at us and tells us we're whatever and we need to watch out, we're very rarely going to take that seriously because it's in the context of something that's already happened (CEO)

Well with other agencies there's too many rules and guidelines, with [key worker] and what this place [day centre] is, it's a lot more, it's like it's on diazepam, it's more relaxed. The other services have got too many rules and regulations (service user).

This was not always an easy policy to embed. Day centre staff sometimes disagreed about the appropriate response to aggressive or transgressive behaviours. Through discussions in team meetings, consultation and formal training, the day CEO actively tried to equip staff to work with the client group in a tolerant and flexible manner. This was supported through open dialogue, discussion and reflection, and regular formal and informal supervision that addressed staff concerns such that the policy was not imposed top-down. It was clear to the research team that this institutional culture was pivotal in giving the project credence, authority and support that allowed it to operate more effectively than it might have done. Without the strong leadership from the CEO, the instantiation and evolution of the project may have proved more difficult. This desire to initiate a clear and theoretically informed position in relation the guiding principles on which the project and the wider day centre offer support, demonstrates the way in which homeless day centres can be places of sanctuary that can help to resolve the tension between places of refuge and places of change without reverting to conditionality (Bowpitt *et al*, 2014; Evans, 2011).

The local policy and practice context within which the project operated was also significant to ensuring the project achieved a wider strategic necessity. The tolerant, flexible and (largely) unconditional approach to access to support for homeless people was not available to most other services working with the same client group and this was understood by partner organisations in the city as being one the key strengths of the service. The project was perceived to be providing a unique service to homeless people with complex needs, an approach that offered an alternative to more punitive, coercive and conditional approaches. There was a consensus among those interviewed that the project was filling gap within the local service provision landscape, particularly for those who are disenfranchised and with whom most other services have had ceased to support. Stakeholders were also clear about how the project had positively impacted and benefitted their own organisation. This was through co-working clients and sharing information but also in the key worker's ability to procure the services of other agencies. The key worker had successfully encouraged other services and agencies to operate more flexibly and 'bend' for the individuals with whom she

was working. As such, the project was understood to be a causal factor in keeping the number of rough sleepers relatively low in the city and prevented from increasing even within a challenging economic climate:

A lot of services would turn their back on them and exclude them and I think that's the difference. She's working with individuals who might be excluded from services cos of a one off incident, that doesn't mean an exclusion from [the project]...they still need support (stakeholder)

One respondent suggested that the project acts 'as an anchor' providing ongoing stability without which it was claimed that certain individuals 'would be lost'.

The day centre, like other voluntary organisations operate in a context of funding pressures and a scarcity of resources. During interviews, local actors working at a strategic level suggested that the tolerant approach was reinforced by the independence of the project and its freedom from the constraints associated with statutory commissioning bodies and local authority scrutiny: '*...it's that freedom from a rigid commissioning structure and set KPIs, that's the difference*'. As such, one participant claimed that the project, whilst being highly valuable to the city's efforts to reduce the number sleeping rough, would not benefit from becoming part of the city council's local commissioning strategy which would inevitably impose targets and monitoring criteria which, in turn, would dilute its unique character:

[project] certainly never wants to be funded through the local authority's commissioning strategy cos it'll lose its flavour, it'll just become bounded by that and at some point somebody will look at it and its outputs for its cost and make an almighty cockup decision (stakeholder)

This point reflects others' findings that third sector provision can complement commissioned provision by meeting unmet needs within the homeless system (Midgley, 2016). It also underlines, Whiteford's (2013) concern that partnerships between the government and charities limits the third sector's ability to be an independent and critical voice within the homelessness arena.

Conclusion

Since 2010, official rough sleeper counts in the UK have risen annually largely due to the Coalition and Conservative Government's programme of austerity and major welfare changes (Fitzpatrick and Pawson, 2016). As such, advancing our understanding of how

support services for rough sleepers are being delivered in practice, what modes of power underpin their operational approach and with what consequences is vital.

This paper has sought to develop our understanding of how social control is negotiated within rough sleeper policy and practice through a case study of an intensive support project. The analysis above suggests that the project might be conceptualised as combining three different but largely complementary 'modes of power' to influence behaviour, those of 'tolerance' (unconditional support), 'influence' (relationship-based work with an assertive or challenging element) and 'bargaining' (personalised budgets as a way to entice service users to change) (Johnsen *et al*, 2018). In thinking about the effects of these methods of governing rough sleepers, the paper has presented a largely positive picture of an inclusive project, suggesting that research participants were positively assisted and welcomed the support they received. These research findings inform policy and practice debates by demonstrating how less conditional approaches offer viable alternatives in the governance of rough sleeping. While the power of structural constraints within the wider context are undeniable, the article demonstrates that the activities, ethos and agency of frontline practitioners can enable ethically just practices and shape provision in ways that offer valuable and valued care and support.

This is not to offer uncritical affirmation of this project, not others like it, however for a number of reasons. Firstly, there were practical dilemmas associated with the project that may undermine its long-term sustainability. Some participants in our research recognised the challenges associated with an intensive model of working, such as the potential for clients to become dependent on the key worker. Furthermore, while all interviewees expressed very positive opinions of the key worker, they recognised that the project, and its success and durability, was virtually synonymous with her. The latter's skills and personality traits were praised highly and described as exceptional and rather unique. That said, such individual competencies while often framed as personal 'chemistry' and somewhat intangible, are in fact a distinct and rich set of skills that to a degree can be honed and learned should approaches like this be employed more widely (Parr, 2015).

Second, there are philosophical dilemmas that are associated with this model of practice. 'Care' emerged as a fundamental part of the inherently meaningful social relations that defined the project. Yet, as we have seen, power and control are inextricably bound up in the notion of 'care'. There is a pressing need to explore further the practices, politics and relations of care as they are manifest within responses to rough sleeping (Power and Hall, 2017). In considering typologies of social control in the field, it might be that care itself can

be conceptualised as a form, mechanism or 'mode of power'. Foucault's notion of 'pastoral power' may be helpful here. Pastoral power relates to a kind of paternalistic intervention that requires individuals to internalise various ideals and norms so that they both regard an external authority (in this case the key worker) as concerned with their good and strive to regulate themselves in accord with the dictates of that external authority (Bevir, 2011). In the case study examined here, such 'care' or 'pastoral power' might be understood as a weak form of paternalism (Parsell and Marsten, 2016), yet it might not always be a benevolent endeavour. The key worker relationship can be conceptualised as a form of sugar-coated control and conditioning with a strong moral dimension (Parr, 2015). Much therefore is dependent on local agency, professional ideology and occupational cultures. An important role for homelessness scholars going forward is to continue building the evidence base around the emergent trend towards less conditional approaches as services are likely to be defined by uneven combinations of care and control.

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