

Appendix 1

Night Shelter Case Studies

Case Studies

HK: Locally connected to West Sussex, but presenting as a chaotic rough sleeper. Placed in the night shelter on condition that he engaged with Pavilions to titrate into Methadone, engaged with the Mental Health Homeless team, and provided two drug-free screens for New Directions supported accommodation. St. Mungos provided intensive support, and worked closely with probation. In the process they also maximised benefit entitlement, and encouraged contact with close family in West Sussex. After some wobbles (use of spice, losing medication frequently), HK adhered to requirements, and successfully re-located.

TT: Although it was a troublesome stay, SOS were able to use the night shelter as a base to organise a section 136 mental health detention. Previously she was put on the AMHP, but had no accommodation through which to track her down for the AMHP team to engage with her. She was detained in HMP Bronzefield as a result, with the plan being to wait for a forensic bed.

DM: Entrenched rough sleeper, approximately 70 years old. He thoroughly loved the staff and atmosphere at the night shelter. St Mungos staff were able to intensively engage with him to ensure a relatively smooth transition into supported accommodation. This was subsequently abandoned however he has since returned to the accommodation.

LL: A very complex and chaotic client known to numerous services; there was the inevitable outbursts and an aggressive assault, however he did sustain a period of approximately 2 months at the night shelter (recent hostel placements had been around 17 days). This model of having to leave during the day time provided a structured routine in the evenings, and in this case, less stimulation for a client who struggles with hostel accommodation.

BG: a very entrenched rough sleeper who accessed the night shelter. He had a rest, became overwhelmed then left to go back to rough sleeping. First time he had accessed accommodation in 17 years.

SF: someone who was very hard to engage with on the street. At the night shelter there was an opportunity to sit down and work with him, look at his accommodation history and health needs and link him with health services.

