

## Our Vision

We believe that no one should have to sleep rough on London's streets and everyone should get the support they need to find a place to call home. However, by the time someone is on the streets, it is likely that many things have gone wrong and trust in services is at rock bottom. This results in the terrible irony that people who most need support aren't asking for it.

We know that the reasons for homelessness are complex. The direct support we provide is important, but the wider social and economic environment is instrumental in someone's journey away from the streets. We want to influence policies that help people away from the streets for good and the attitudes of wider society towards homelessness as something that can be solved.

## The Connection Model

Our new "Theory of Change" is called The Connection Model and is central to our 2023 – 28 strategy. It is based on the following three principles:

- i. Building relationships of trust and connection with people who have lost faith in services, working with people experiencing homelessness to create the change they want;
- ii. Recruiting, supporting and developing staff and volunteers who have the attitude, skills and expertise to build relationships of trust and connection with people experiencing homelessness;
- iii. Using evidence from people experiencing homelessness as well as research and our own data to work together to influence the systems that are designed to help people to move away from the streets successfully.

At the heart of The Connection Model is the concept that we work *with* people, not for people. We believe that people have the strengths and skills within themselves to effect the change they need in their own life. Their experience of services gives them a clear sense of what works for them and what doesn't.

## The context

Our job is to build a relationship of trust so we get to know every person we work with, understanding what they want and need, helping them build on their strengths, and sticking with them until they find a place to call home.

Although homelessness affects individuals, it is a complex social problem. It is caused by social factors such as the economy or employment levels as well as individual factors like trauma, substance misuse or debt.

With such a wide range of causes, it is difficult for The Connection to address everything at every level. In practice, we are creating support networks in central London to pull people out of homelessness and we are reaching out to the most marginalised individuals to help them overcome difficult personal circumstances.

However, it is impossible to not be drawn into the other areas to some extent. We use our experience and evidence to work with partners within the sector to try to improve homelessness services. We also try to change society as a whole through communicating with the public about why homelessness happens and what we can do to prevent it. Finally, we use our evidence and our experience to talk to decision makers at a local, regional and national level to ensure policies and resources make a difference.

## The Connection Model explained...

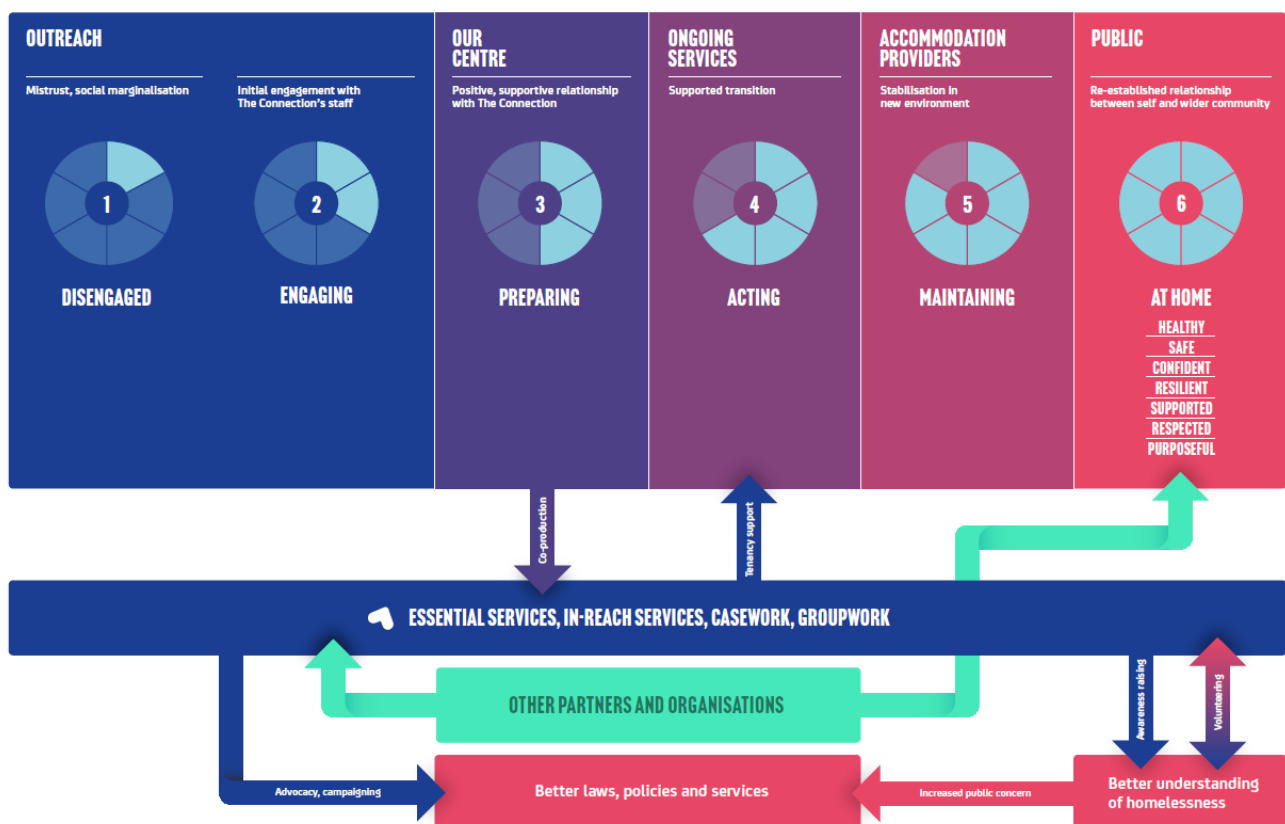
### The individual's journey

Many homeless people have experienced significant trauma in their lives and as a result, we have drawn heavily from Trauma Informed Care approaches when developing The Connection Model. This emphasises the importance of strong, supportive, consistent relationships. We also need to be able to respond positively to all kinds of trauma-based reactions such as anger, frustration and mistrust. By doing this, we build relationships over time and can undo some of the damage done by earlier trauma and build individual resilience for the long-term.

In building those relationships, our starting position is that everybody we work with at The Connection has agency and can therefore effect change for themselves. This change can be hard, slow, and rarely straightforward and sometimes people can get stuck.

Our clients quite often have built an unshakable story about themselves based on events and experiences they have had, which are usually very negative. An important part of our role is to help people to recognise that they are not just the problems that have come to dominate their lives and it is time to create a new, more positive narrative to shape and sustain their preferred identity. People who are really struggling still have strengths, resilience and competence. We are here to draw out these strengths and make them central to someone's preferred future.

## THE CONNECTION MODEL



Our Theory of Change includes six steps as follows:

### **Step 1 – Pre-engagement**

Our work begins at the pre-contemplation phase - with a chat with someone on the streets, the offer of a coffee or a bottle of water. Someone might feel fear, hopelessness and mistrust. They have probably never heard of the Connection or don't know what is available for them. The person is not likely to be actively considering help with the multiple areas of support they need.

We respect the person, their own understanding of their situation and their individual values and needs. We adapt to meet these. An assembly line of structured help will not work. We do whatever it takes to establish safe and welcome communication.

### **Step 2 – Engagement**

Over time, the person begins to engage more actively in ongoing communication. This is the engagement phase where someone might start to consider that change is possible. The transition between steps 1 and 2 could take weeks or months.

We work to develop trust, doing what we say we're going to do. We develop a 'common language' with the person, understanding how they view and talk about their situation and adapting appropriately.

We work together to identify key stressors in the person's life, and continue to do what we can to meet their wants and needs. We focus on mutually defining our roles and boundaries, making our offer clear to the person. Through this exploration, the person may move to be more contemplative on one or more of the issues they are facing, and we work together to support this.

### **Step 3 – Joint Planning**

Having achieved a positive and supportive relationship with the person, they start to plan changes and take small actions towards change.

We negotiate reachable goals and work together to determine their eligibility for resources to support reaching these goals. The person enters a phase of mental preparation in relation to one or more of the necessary changes to achieve their goals. We use a solution-focused approach to work with the person to articulate their best hopes, and to make these feel more realistic and achievable.

At this step the person may be meeting with us in a more regular or planned way, they may be attending the day centre regularly. They may be accessing essential services within the day centre, and making use of other services like the nurses or group activities such as art therapy or gardening. This means they are developing their relationship not just with individual workers, but also with the wider organisation. We work together to bridge them into support from specialist services, handing over our shared understanding and common language and acting like an interpreter for the person.

### **Step 4 – Transition**

At this step, the person is ready to take action on one or more of the changes they have started to plan, generally including into some form of housing. Our primary role is as facilitators of this change. We make connections with the most appropriate services, ensuring these offers are framed in line with the person's language and values. We continue to act as translators between the person and the services in the wider support system.

We prepare and accompany the person through this change to new people, ideas, services and resources. We continue to use solution-focused strategies to strengthen coping skills and make sense of barriers encountered through the transition. We pay close attention to what works and what doesn't and where necessary we advocate for the person in the support systems to ensure their needs are understood and met by a wider group.

#### **Step 5 - Exit**

At step 5, the person has begun or completed various transitions, including into appropriate housing. Their challenge is now maintaining their new lifestyle and our role is supporting this. This includes moving in and accessing the furniture, equipment and resources to make a comfortable home.

We also see "Home" in the more holistic sense, beyond the physical accommodation. We work with the person and the support services around them to make any necessary modifications to the new arrangements. We help someone identify other ongoing activities and networks in the community so that they have the links that everyone would like to have in their local area.

At the end of this step, our focus turns to how we complete our work together in a way that feels safe. We review the work done together, and allow time and space to manage feelings of loss that are likely to arise as the relationship comes to its natural ending.

#### **Step 6 – Home**

Following our support and the end of our work together, the relationship between the person and the wider community is re-established. Throughout our work, they have developed or rediscovered confidence, respect, purpose and resilience. They are actively engaged in their own wellbeing. They are embedded within strong networks that offer opportunities to experience community. Should they need support in the future they will know how to access it, and feel they deserve it.

## **Societal changes**

The bottom section of the diagram reflects our belief that wider social change is needed in order to solve the crisis of homelessness. The causes of homelessness are complex and go way beyond individual decision-making. Therefore, we also work to change the system, focusing on three main areas:

### **i) Ourselves at The Connection**

We believe that co-production is an important way to ensure services work well. People are the agents of change in their own lives. They also have powerful expertise in what works which is very beneficial for others. We believe that involving our clients in decision-making respects this.

### **ii) The support systems that help people to move away from homelessness**

The barriers our clients face to overcoming their homelessness are usually multiple. Therefore organisations need to work together to join up support. This means we ask partner services to adjust or tailor their support to meet the needs of our clients. Sometimes this is straightforward; sometimes it's more complicated.

Alongside this, we notice gaps in provision or legislation. By partnering with like-minded organisations, and people with lived experience, we have a stronger voice and greater influence on how homelessness services are delivered.

iii) Wider society and the general public

Homelessness is complex. However, it is also solvable. Homelessness has its roots in trauma, poverty, social exclusion and lack of housing. We believe that we can stop homelessness through better laws, policies and services. Policymakers and politicians can put these laws in place, and members of the public can support them to do so. We aim to use our evidence and experience to demonstrate what needs to be put in place to help people to move away from the streets for good.

## Psychological Models Appendix

### APPROACH

#### Trauma Informed Approaches

TIAs represent a set of organising principles intended to promote healing and reduce the risk of re-traumatisation for people who have experience trauma. Substance Abuse and Mental Health Services Administration (2014) define Trauma as “an **event**, series of events, or set of circumstances that is **experienced** by an individual as physically or emotionally harmful or life threatening and that has lasting adverse **effects** on the individual's functioning and mental, physical, social, emotional, or spiritual well-being”. In the context of The Connection’s model these principles are:

1. **Safety** – Including its physical, emotional and identity dimensions – this represents the foundation of the work.
2. **Trustworthiness and transparency** – Including allowing time for trust to develop, being transparent, consistent and bounded in all communication.
3. **Peer support** – Finding ways to connect and support each other, creating community and fostering meaningful relationships.
4. **Collaboration and mutuality** – Addressing power dynamics, doing with rather than for, staff-client, leadership-staff. Equality and co-creation.
5. **Empowerment, voice and choice** – Interactions are validating and affirming, building on strengths. Not defining people by their trauma. Choice over which services received and how. All voices and priorities respected, everyday language, our own words.
6. **Cultural, historical and gender issues** – Taking up a respectful position of curiosity, recognising the impact of intersectionality. Addressing inequality, discrimination, and prejudice.

### METHOD

#### Pre-Treatment (PT)

PT is “an approach that enhances safety while promoting transition to housing, and/ or treatment alternatives through client-centered supportive interventions that develop goals and motivation to create positive change” (Levy, 2010 & 2013).

PT emphasises the importance of taking a creative and flexible approach to developing trusting relationships. The model emphasises that the process of engagement takes time, and that relationships move through different phases (Pre-Engagement, Engagement, Contracting, Transition, Ending), with different interventions indicated depending on what stage the relationship is at.

This relationship forms a platform to develop a ‘common language’ with clients – prioritising their understandings of themselves, the world, and the systems they need to navigate. This shared ‘common language’ is then used to explore goals and aspirations, and to bridge clients through transitions into housing, or in accessing other services.

### TECHNIQUE

#### Solution Focused (SF)

SF practice is a development of Solution Focused Brief Therapy (de Shazer et al., 2007). SF practice recognises that even people who are really struggling bring strengths, resiliencies and competencies. It also recognises that even the worst problems do not happen all the time, and that problems and solutions aren’t necessarily related – you don’t need to uncover the source of a problem to move towards a solution.

The model offers a toolkit of interventions to scaffold conversations with people that draw out their strengths, develop them into a clear sense of a preferred future, and help them to recognise how they can move towards this.

### **Motivational Interviewing (MI)**

MI is an evidenced-based approach to working with people to support change. It involves engaging with ambivalence in such a way that arguments for change become stronger and more persuasive of the client.

The approach comprises a set of principles and techniques that have been demonstrated to be effective in promoting change. Partnership, acceptance, and compassion are emphasised, with the aim of evoking change talk from the client. The core skills of the approach are open questions, affirmations, reflective listening and summary reflections.

### **Narrative Practice**

Narrative Practice is based on the work of Michael White and David Epston (1990) in developing narrative therapy, adapted to a non-clinic setting.

Narrative Practice recognises that the stories we (and others) tell about our lives have the power to shape our experience. Stories at their simplest are just events linked in sequence across time. We are necessarily selective when creating stories, certain events are foregrounded and others moved to the background.

Many of our clients have stories dominated by problems that oppress them. Narrative Practice helps people to re-author these stories, by attending to backgrounded events (especially those that speak to hopes, intentions, and desires for a better life) and, by recognising that people are not their problems, create distance between themselves and the problems which may have come to dominate their lives. Narrative Practice is about joining with clients to jointly construct new stories that allow them to act creatively in the future in ways that sustain preferred identities.

### **References:**

SAMHSA (2014) *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

White, M. and Epston, D. (1990) *Narrative Means to Therapeutic Ends*. W. W. Norton, New York.

De Shazer, S., Dolan, Y., Korman, T., Trepper, T., McCollum, E., and Berg, I.K. (2007) *More than miracles: The state of the art of solution focused brief therapy*. Routledge, London.