



Reaching out

A consultation with street homeless people 10 years after the launch of the Rough Sleepers Unit

Grim awakening

Morning has once again broken
And I have rudely been awoken
By roar of cars, buses and vans
Sidewalk littered with empty cans.
Another restless night passed by
Under the canopy of a wet sky.
After the pavement was my bed
Just a long, aimless day ahead
Thinking of what should be done,
Another senseless battle to be won,
And what I can and can not do
Is this nightmare really, really true?
Just a false hope at the next bend.
Oh! When will it all come to an end?

Joseph Ribicki

Foreword

Ten years ago, the Government made a commitment to cut the numbers of homeless people sleeping rough, and launched the Rough Sleepers Unit (RSU) to tackle



the entrenched problems of street homelessness. Significant progress has been made over the last decade, and the RSU's efforts have ensured that thousands of rough sleepers have been helped off the street. More recently, the introduction of Supporting People funding has strengthened the support

services available to homeless people, and the Hostels Capital Improvement Programme has improved the physical condition of many hostels and transformed them into genuine places of change.

To mark this 10-year anniversary, Shelter has conducted its biggest ever consultation with street homeless people, to find out about their experiences and needs, and what else they think the Government should do to help them.

This consultation shows that, despite progress, the problems faced by street homeless people have not gone away. There are still insufficient safety nets to stop people ending up on the street and, once there, homeless people face multiple barriers in accessing hostel spaces and getting the support they need. Most importantly, there is a lack of move-on accommodation with the appropriate amount of support.

‘the problems
faced by street
homeless
people have
not gone away’

Shelter has produced this report in partnership with Broadway and 23

other agencies that provide accommodation and direct services to street homeless people. We pay tribute to their considerable input to this report, and their ongoing dedication and commitment to directly helping some of the most vulnerable people in our society. With them, we call on the Government to renew its commitment to tackling street homelessness, and to drive towards the second part of its original pledge: to reduce levels of rough sleeping to ‘as close to zero as possible’.

However, this is not just about bringing down the numbers and getting people off the streets. This is about providing the appropriate accommodation and support over the long term to enable people to rebuild their lives, and to break the cycle of homelessness once and for all.

A handwritten signature in dark ink, which appears to read 'Adam Sampson'.

Adam Sampson
Chief Executive

Authors

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Acknowledgments

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Volunteer interviewers for the project

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Poetry

Poetry is written by, and reproduced with, the kind permission of clients and former clients at Broadway.

Photography

All photographs in this report are by John Angerson (except page 3 by Eddie MacDonald). We would like to thank John for his kind permission in allowing Shelter to reproduce the photograph on pages 12/13.

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Partnership organisations

Shelter would like to thank the following agencies for their help in undertaking interviews. The in-depth interviews for the case studies all took place in London.

London

999 Club, Deptford; Branches Nightshelter, Waltham Forest; Broadway Centre and hostels; The Cardinal Hume Centre; Turnaround at Choral Hall; The Passage Day Centre; Spires, Streatham; St Mungo's Rushworth Street Hostel.

Manchester

Victoria House, Carr Gomm Society; The Booth Centre; City Centre project; Cornerstones; Parkland Hotel; Women's Direct Access; Men's Direct Access; Young Persons' Shared Housing.

Oxford

Simon House; Oxford Night Shelter; The Bridge Project; Oxford Big Issue Office.

Nottinghamshire

Hope Services; Broxtowe Single Homeless Action Group.

Lincoln

Nomad Trust Night Shelter.

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Background

This report presents the findings of Shelter's largest ever national consultation with street homeless people.¹ It describes their experiences and voices their needs. Interviews have been carried out in London, Manchester, Oxford, Lincoln and Nottinghamshire to give homeless people a voice in developing policies to tackle street homelessness.



‘I didn’t expect to
get myself into this...
When it happens, it
happens suddenly.’

Consequently, the Rough Sleepers Unit (RSU) was launched. Its strategy aimed to encourage joint working between local and Central

Government and the voluntary sector to alleviate homelessness, focus on those ‘in most need’ and tackle the root causes of rough sleeping.³

What has been achieved?

Real progress has been made in reducing levels of street homelessness over the last decade.

While progress has been made, street homeless people still face huge difficulties in securing accommodation and accessing help and support to move off the street permanently. Shelter’s consultation with 257 street homeless people aimed to answer the following questions.

- What are the experiences of street homeless people in 2007?
- What services do street homeless people find most useful and where do the gaps in provision lie?
- What messages do street homeless people have for the Government and decision makers to resolve ongoing problems?

- The number of rough sleepers in England, identified by one-night counts, has fallen from the recorded estimate of 1,850 in 1998, to 498 in 2007. The RSU’s target to reduce the number by two-thirds was met nationally in 2002.
- The Homelessness Act 2002 required local councils to adopt a more strategic preventative approach to homelessness and the safety net was also extended to include a wider group of vulnerable people.
- In 2003, Supporting People funding was introduced to provide more strategic planning and integrated housing-related support to vulnerable people, including street homeless people and former rough sleepers.

Where we were...

In 1998, the new Social Exclusion Unit (SEU) found that, during the course of a year, more than 2,400 people slept rough in London and around 10,000 nationally drifted in and out of rough sleeping.² The SEU report found that homelessness was often coupled with mental health problems and/or drug and alcohol dependency.

- 1 The term ‘street homeless’ is used in this report to refer to rough sleepers and others who may have somewhere to sleep at night (eg, a friend’s house, hostel, night shelter) but do not have anywhere to go during the day. Rough sleepers are therefore a sub-set of the street homeless population.
- 2 SEU, *Rough sleeping*, 1998
- 3 Rough Sleepers Unit, *Coming in from the cold*, 1999.

- In 2005, the Hostels Capital Improvement Programme (HCIP) was launched, spending £90 million over three years to upgrade the fabric of the nation's hostels, train staff and develop services to create 'Places of change'. Ministers have just announced a further £70 million of funding for the next two years.⁴

But street homelessness has not gone away...

While the two-thirds target was met nationally, this target has still not been met in London (there has been a reduction of only 57 per cent since 1998). Other research shows the scale of the continuing problem.

- The Combined Homelessness and Information Network (CHAIN) shows that 4,098 verified rough sleepers⁵ were contacted by outreach or similar services, or arrived in London's hostel accommodation in 2006/07. This is an increase of 18 per cent in two years. Of these, 2,997 people were actually seen sleeping rough in the same year – an increase of 16 per cent in the two years since 2004/05.⁶



In 2006/07,
43 per cent
of the people
CHAIN contacted
were new rough
sleepers.

Surveys outside
London also
suggest that there
have been recent
increases
in numbers.⁷

- In 2006/07, 43 per cent of the people CHAIN contacted were new rough sleepers; and an increasing proportion (from 33 per cent in 2004/05 to 47 per cent in 2006/07) of rough sleepers contacted have never booked into any accommodation or been given assistance to return to another area.⁸
- Estimates suggest that there are 8,952 bed spaces in 246 direct access hostels (night shelters and emergency hostels) and more than 31,072 bed spaces in 958 second stage supported accommodation projects across England.⁹
- Research suggests that 45 per cent of bed spaces in England and Wales are occupied by people who are waiting to move on.¹⁰
- During 2006/07, Shelter services in England worked with nearly 3,900 single men, women and couples without children, who were street homeless.

There is still plenty to be done...

- 4 CLG, '£70 million expansion to help more people get back on their feet', press release, 13 November 2007.
- 5 A verified rough sleeper is someone who has been seen 'bedded down', ie sleeping or preparing to sleep rough, by outreach workers.
- 6 Broadway, *Street to home: key findings report 2006/2007*.
- 7 Newcombe, *Multi-drug injecting in Manchester*, Lifeline, 2007; Health Protection Agency, *Shooting up. Infections among injecting drug users in the UK*, 2007.
- 8 Broadway, CHAIN figures for 2007.
- 9 Current figures from Homeless UK, 2007 – this represents an estimated two-thirds of all second stage provision.
- 10 Homeless Link, *National move on report*, 2005.

Measuring street homelessness

The Government rough sleeper counts provide an indication of trends in the number of people seen 'bedded down' on a given night. The counts are conducted by local authorities and voluntary organisations, but they are only a snapshot. Counts miss large numbers of people who are not visible and they provide little contextual information.¹¹ Reductions in numbers identified by counts may also be due, in part, to a shift of rough sleepers away from places where counts take place. This consultation

illustrates the range of 'hidden' places where people might sleep. Other research has also shown that women, for example, will often try to conceal themselves and are therefore, not visible to counts.¹²

The quality of counts can be improved by involving rough sleepers and by ensuring that counts are informed about changes in the location of where people sleep.¹³ Surveys and qualitative assessments of street homelessness can complement counts, because they give a fuller picture of the range of street homeless people's needs.

In central London, information about rough sleepers is more complete than in other areas due to CHAIN. CHAIN is a government-funded database used to record work undertaken by many of the agencies that work with rough sleepers. The information is gathered to enable agencies to liaise effectively to deliver services, and to inform local and national policies to tackle rough sleeping.

11 Everitt, G, and McKeown, S, *Good practice report: New directions*, vol 1, Shelter, 2006.

12 Crisis, *Homeless women: still being failed yet striving to survive*, 2006.

13 *Good practice report: new directions*, op cit.



Where do street homeless people sleep?

Accommodation over the last year

All of Shelter's interviews were with people who had slept rough for one night or more in the last year. The results show that they had often slept in many different locations. On average, they reported that they had slept in three different types of places, highlighting the transient and unsettled nature of accommodation accessed by this group *even when they are not sleeping rough*.

Figure 1 shows what proportion of respondents slept in locations other than rough sleeping over this period. Nearly half of the interviewees had stayed at a friend's home in the last year. Far fewer reported staying with family members (14 per cent). Hostel accommodation had been accessed by 42 per cent of interviewees and emergency shelter accommodation by 22 per cent.

One female respondent said that a stranger had let her sleep at their home – she explained that she often gets into conversations with people she doesn't know, and sometimes stays with them. This illustrates the vulnerability of some women who have no access to accommodation.

The in-depth interviews reveal the way that most people cope initially with homelessness is by staying with family and friends, but

that this is not an adequate long-term solution. Some interviewees described how friends and family eventually asked them to leave because of a lack of space or because they were unwilling to tolerate their drug use. Conversely, some people left because they felt their living arrangements facilitated their drug use.

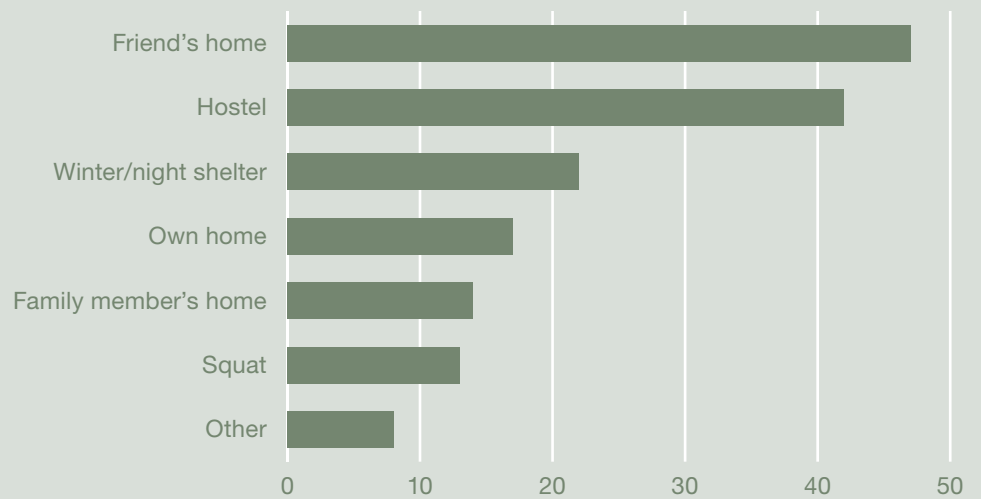
One interviewee said he refused family support because he knew it would prevent him from addressing his drug problem: 'My mum was saying I could stay at her house and I said... "look mum, I think I need to hit rock bottom before I change or want to stop", and that's what happened.'

'... I need to hit rock bottom before I change or want to stop...'





Figure 1: **Types of accommodation over the last year**
(excluding sleeping rough)



Base: all 257 respondents

Nowhere permanent to stay

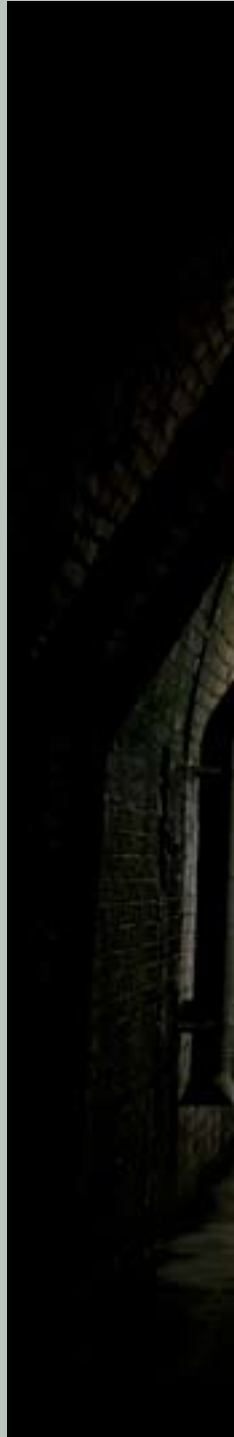
Thirty-two per cent of respondents had not had a permanent place to stay for more than three years, including eleven per cent who had not had a place for more than 10 years. Twenty-five per cent of those interviewed had had a permanent place to stay within the last six months and 44 per cent had occupied permanent accommodation within the last year.

This illustrates that many homeless people (one-quarter of those surveyed) have only recently lost a home and are not long-term rough sleepers. Clearly, better prevention and access to other settled accommodation is needed to stop people being forced onto the streets. There is also an urgent need for more move-on accommodation so that people in hostels can connect to more permanent accommodation.

Rough sleeping locations

Interviewees described a wide range of rough sleeping locations and most had slept in several locations over the last year. Of 225 people who described their rough sleeping locations over the last year, the most common responses were on the street (ie in a doorway, on the pavement or on steps (34 per cent)) and in a park, often on a park bench (30 per cent).

The locations described confirm that rough sleeping is, in part at least, a hidden problem. For example, 14 per cent mentioned sleeping in garages or sheds, 13 per cent in stairwells or cupboards in blocks of flats, and 13 per cent in buses or trams. Other locations included bus or train stations, car parks, churchyards, and woods. Many people avoid shop doorways and other public locations covered in street counts for fear of being attacked or moved on.





Factors contributing to homelessness



‘Drugs was more of a problem for me than homelessness. I didn’t see homelessness or jail as a problem really: it’s like, things can’t get much worse than this.’

Although it was not possible to explore interviewees’ housing and homelessness histories in much depth, people were asked to identify factors contributing to their homelessness (see Figure 2).

The issues cited most frequently were relationship breakdown (41 per cent), being asked to leave the family home (28 per cent) and drug and alcohol problems (31 per cent and 28 per cent, respectively). Twenty-five per cent cited leaving prison, and 19 per cent mental health problems, as a factor. The most frequently mentioned factors in the ‘other’ category were eviction and problems with benefits payments.

On average, interviewees identified two to three factors contributing to their homelessness; and three in 10 identified four or more problems. Solutions need to address the complexity of this situation: there are not simple or single solutions for many street homeless people.

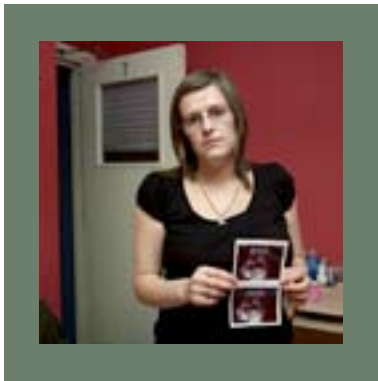
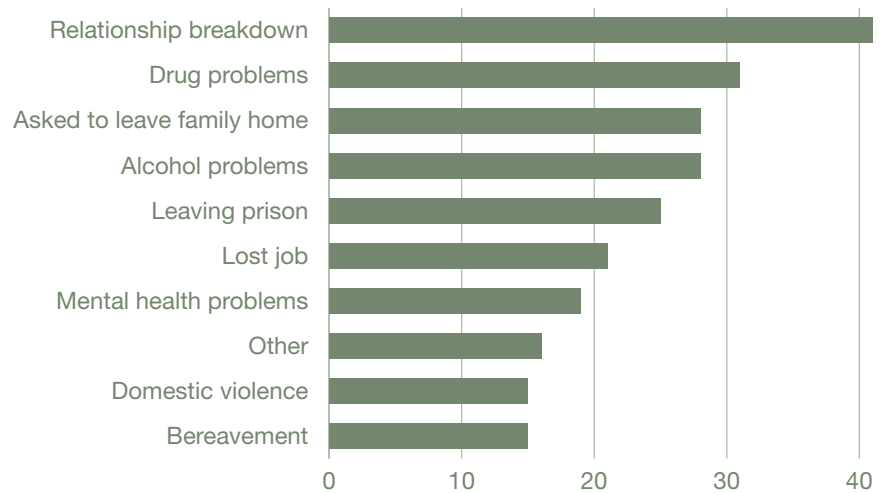


Figure 2: **Top ten factors cited as contributing to homelessness, now and in the past**



Base: all 257 responding (respondents were able to tick more than one box)

They revealed that drug problems can lead to homelessness and make it more difficult for people to get off the streets. They also show how the lack of pathways into accommodation from institutions such as prison or hospital can lead to homelessness (and relapse into drug use).

However, these pathways can work effectively when they are used, as shown through information gathered from the in-depth interviews. One interviewee met with a Drugs Intervention Programme (DIP) worker while in a police cell and was referred to emergency accommodation where he is currently addressing his drug problems. Another interviewee stopped taking drugs in prison and was placed in temporary accommodation, and referred to local services, on release.



Rough sleeping

How does it feel?

Cold

Fifty-two people out of those interviewed said they felt cold or freezing. Coldness is accompanied by other physical discomfort, such as hunger. People described how this physical discomfort (together with fear) disrupts sleep, leaving them tired or exhausted, and has a detrimental effect on their health.

Depressed and alone

Thirty-eight people said that sleeping rough made them feel depressed, 22 felt lonely, unwanted or anonymous, and three felt suicidal. '[Wh]at have you got to look forward to? Nothing.'



'I feel that there is no way out and I'm on my own.'

Vulnerable

Thirty-eight people described feeling vulnerable, unsafe or afraid. They talked about fear of abuse and attacks or robbery by the public or street community.

Some people also described longer-term concerns: 'I feel worried: how am I going to get out of this situation?'

Angry

Twenty-one people described feeling angry, both at their situation ('it's cold, you get moved on, you're not part of society') and the difficulty of extricating themselves from it ('there's nowhere to go – there aren't enough B&Bs').

Humiliated

Twenty-six people talked of feelings of failure, disgust or disappointment with themselves, accompanied by feelings of humiliation, degradation, and helplessness, 'I feel like a tramp, a bum, worthless'. Some blamed themselves for their situation, 'I shouldn't be in this situation, it's my own fault'. Others talked about public perceptions of them, 'people kick you, pour beer over you, they don't see you as a real person'. Several people talked about feeling 'smelly' or unclean and referred to the lack of basic facilities for personal care.

The biggest problems facing rough sleepers

Interviewees were asked about the three biggest problems facing people who currently sleep rough. The most frequent themes identified by the 252 people who answered this question are outlined on page 18.



Steve's story (aged 41)

Steve was evicted from his flat without warning, and had no safety net. Before going into a hostel he had to sleep rough, because he was turned away by the local authority and unable to sign up with employment agencies because he had no paperwork.

'I had two days to get out. The council didn't want to know me because I had no paperwork – bank statements, pay slips. They said: "Go away, stay on social security for three months, get some paperwork, and then come back."

I slept for three weeks on a golf course, being bitten to death by the midges. Then I stayed in a disused garage behind a pub for 10 weeks. It was damp, very damp. I was throwing beer cans at rats. I wouldn't wish it on my worst enemy. I felt rotten, filthy. Every time it rained the place flooded out. Half my gear was ruined.

I'd have a strip wash in the pub toilets in the mornings. The barmaids fed me sometimes... The pub and the library were the only places I could sit down and keep warm.

I didn't expect to get myself into this... When it happens, it happens suddenly.'



Safety and violence

Sixty-three per cent of people identified lack of safety (mostly violence and robbery) as one of the three biggest problems facing rough sleepers. The perpetrators included other members of the street community (often people using drugs or alcohol), as well as other members of the public. 'You're vulnerable – anyone can come and jump on you. I've heard about people being set on fire.'

Police harassment

Eleven per cent of people described what they view as police harassment, including being unfairly searched, arrested, and repeatedly moved on. 'Police moving you on... who's looking after us?... I don't see the harm people are doing when they're sleeping.'

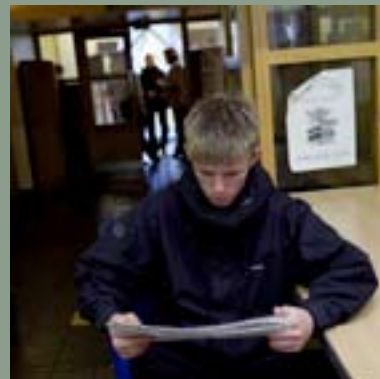
Dean's story (aged 32)

Dean had a drug problem for 10 years, and carried on using in prison. His hostel was so unclean that he chose to leave and sleep on the streets. DIP workers helped him find another hostel and detox, and he has been drug-free for six months.

'I've always taken drugs but I never got addicted until heroin. It's horrible: I nearly lost my leg through injecting, I'm losing all my teeth, I've got no veins...

When I came out of jail, I stayed in a hostel. It was really grotty and horrible. I saw two mice in my room. Once that happened I couldn't even stay there, I'd rather be out on the streets again. So I was sleeping rough, in a shed. I was feeling pretty low.

I got arrested and got speaking to the DIP team in the police cell. Then I got interviewed for the hostel I'm living in now, and I got straight in.'



Health

Thirty-one per cent of people talked about health problems and illness. Of these, twenty-one specified mental health problems, in particular depression.

Drugs, alcohol and crime


Twenty-three per cent of people identified drugs and/or alcohol as a problem. A further five per cent of people talked about the link between street homelessness and offending, often relating this to drug use, 'getting enough of food, drugs and alcohol, which motivates crime'.

Food, warmth and hygiene

Twenty-two per cent said that the weather, or staying warm, was one of the biggest problems facing rough sleepers. Thirteen per cent said that lack of food or water was one of their biggest problems, and a similar proportion (nine per cent) talked about the lack of toilet or bathing facilities, or places to wash clothes.

Other problems that people mentioned included finding somewhere to sleep (19 per cent); a lack of help, or services, or access to services (12 per cent); or disturbed feelings, low self-esteem and the stigma of sleeping rough.





Seventy-seven per cent of street homeless people who have stayed in hostels agreed that they are a good place for homeless people to stay until they can move on.

Hostels: the best and worst



Context

Over the last 10 years, progress has been made to improve the situation for those in the hostel system. The introduction of the Supporting People budget in 2003 streamlined the funding regime for street homeless people in hostels, enabling some expansion in services. The Hostels Capital Improvement Programme (HCIP) continues to improve many hostels, day centres and other projects that provide training and work experience for street homeless people.

There are currently 175 homelessness projects in HCIP. Communities and Local Government (CLG) estimates that there are currently around 7,500 bed spaces in hostels in the programme – around 20 per cent of the total number.¹⁴ New Government commitments could mean an increase in support for up to 100 more hostels.

Despite progress, for many street homeless people their hostel is still a long way from the ideal. While the additional funding promised will continue to help some, there are many hostels and street homeless people who are not being reached.

Meeting basic needs

Hostels are seen by many homeless people as a place where their basic needs of shelter, warmth, food, safety and hygiene can be met.

Twenty-five per cent of those responding to the survey referred to shelter or 'having a roof over my head'. Several people talked of the comparatively pleasant environment of hostels, 'nice and comfortable and warm'.

Twenty-six per cent referred to food, 'good meals at regular times'. Twenty per cent of interviewees talked about safety and security for themselves and their belongings; 17 per cent referred to the facilities, in particular showers and laundry facilities; and 12 per cent referred to friends or company – hostels can address the loneliness many homeless people feel, 'meet people in same situation, can share experiences'.

'You get your meals, a warm bed, use the facilities, watch TV, shower, make a drink whenever you want. Simple things that people take for granted.'

¹⁴ House of Commons, Official Report, 24 May 2007, Column 1532W.

Longer-term support

Thirty-nine per cent of people referred to the longer-term support provided in hostels. This included help with finding long-term accommodation, going to college, getting work, addressing drug and/or alcohol use, family issues, health problems and managing debt.

Six per cent of people referred specifically to staff, and several people found the rules and structure of hostels helpful as 'an organised and structured environment'. Other people saw hostels as places for change, with the ultimate goal of moving on to permanent accommodation, 'starts you on road to get a job and a place'. Hostels were also seen as ways of leaving behind old lifestyles, 'gets me off the street and out of trouble'.



'An opportunity to go to college or get qualifications, help with finding work, moving on, and benefits.'

Ultimately, good hostels are seen by many homeless people as a secure place to address their problems and integrate them back into society: 'Foundation. I feel a part of society again. Feel more human.'

The '16-hour' rule

Those who are studying for more than 16 hours per week are deemed to be full-time students, and in general are not entitled to housing benefit. This '16-hour' rule makes it extremely difficult for young homeless people in hostels and foyers to access the training and education they need to get their lives back on track. Ministers have recently agreed to consider whether it might be practicable to define limited exemptions from the 16-hour rule for specific groups, such as young people living in supported accommodation.



Stephanie's story (aged 22)

Stephanie left her family home after experiencing domestic abuse and attempting suicide. She spent the first night walking the streets, and was refused help by the local authority.

'I walked out... I really wanted to harm myself, I couldn't stop crying, and I didn't know what to do I... needed somebody to talk to.

The next night I got emergency accommodation at a hostel – they said they could only give me one night. It was horrible, really dirty, a sad place to be... didn't really see any other women there either. I slept in my coat and shoes.

I went to the Homeless Persons Unit every day, but they said they didn't have a duty to house me... wanted to call my parents to see if I was telling the truth. I called every agency I could think of, and finally I found one that helped me. They saw that I couldn't handle it, and they took care of it...

I was housed in a women's hostel. It's nice to have a room, a place to stay... the staff were amazing. I'm playing and writing songs again, rehearsing for a dance opera, and I've started voluntary work. Not being at home has been such good medicine.'



'It's nice to have a room, a place to stay... the staff were amazing.'



‘It is frightening. People are drinking, taking drugs and selling alcohol. Someone tried to commit suicide. So in the night, it is better to sleep outside.’



Problems with hostel accommodation

Over one-half (57 per cent) of those who stayed in hostels mentioned problems with other residents, including drug and alcohol use, violence, theft, bullying, noise and arguments. Almost one-fifth (18 per cent) said that drug users in hostels were a problem. Substance users made it particularly difficult for some residents to tackle their own substance use problems. ‘It’s not a place to go if you want to stay clean.’

Ten per cent of those surveyed said that they felt unsafe in hostels, or referred specifically to incidents of theft and violence.

Overcrowding, a lack of bed space, and sharing rooms or limited facilities with others were also identified as problems. Nine per cent of those questioned specifically complained of a lack of privacy, and a small number of people complained about poor conditions, ‘the food, not very hygienic, the smell, not very clean’.

Ten per cent of the interviewees referred to rules, in particular around curfews, complaining that they were too numerous, unnecessarily restrictive, or simply hard to adjust to.

Priorities for hostel accommodation

All those who had experience of staying in hostels were asked what they felt the Government should prioritise when investing in hostels (see Figure 3). Forty-five per cent mentioned providing more bed spaces. The next most common response was improving facilities – common examples given were improved cooking and laundry facilities, more regular cleaning, better bedding and enhanced security.

Some people specifically mentioned the need for providing more specialist support to, and separate accommodation for, those with drug and/or alcohol problems.

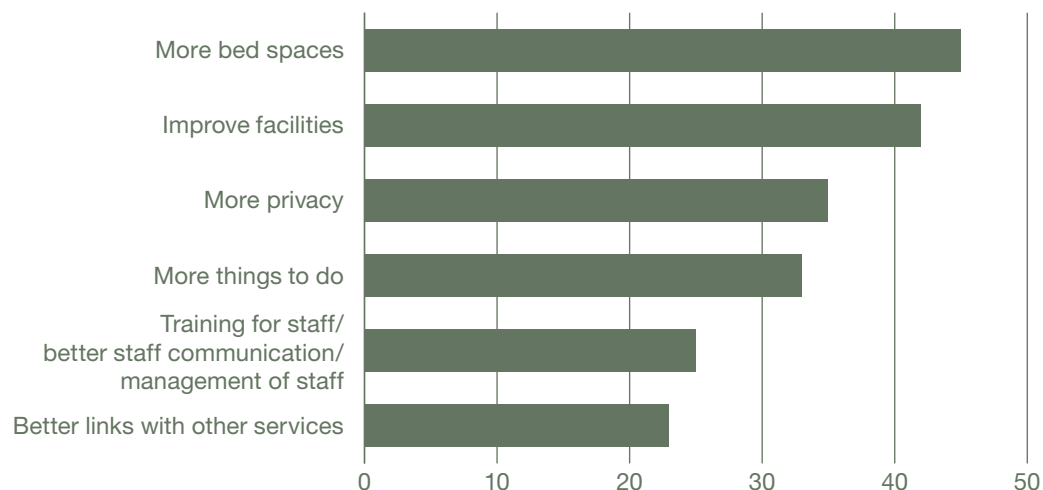
Shelter believes that an increase in bed spaces could be brought about most effectively by ensuring people move on from hostels and free up existing beds, rather than simply building more hostels (see Moving on, page 32).

‘I’ve got my own place, I’ve got freedom. I want to change my life.’

The responses indicated a need to ensure that more hostel staff have the resources to enable them to focus on providing support and encouraging residents to be active and move on in life, rather than simply managing the accommodation: ‘A more hands-on service with user involvement – access to skills training.’



Figure 3: How respondents felt money should be invested in hostel accommodation



Base: all those who had stayed in hostels (187) (respondents were able to tick more than one box)

Sunil's story (aged 47)

After his marriage broke down, Sunil was forced to leave the family home. He slept briefly on his nephew's sofa before sleeping rough for three years, drinking to stop himself feeling the cold. Eventually, a drop-in clinic helped Sunil find a hostel to stay in.



'At 11 o'clock, there's tea, milk, bread, jam, everything there, you go and eat there in the morning. [They] helped me find this hostel. It's alright. Everybody's nice. I like things to be friendly. I used to work in the restaurants, and the other day I cooked chicken curry for everyone, even the staff said it was lovely. I've got my room, freezer, washing machine, everything. I've got my own place, I've got freedom. I want to change my life. I don't drink if I'm downstairs here. I'm going to get detox. They're going to help me every Thursday, to read and write and operate the computer. If I can give up the drink, I can buy my own car, my own house, I can do everything.'

Services

There is considerable diversity and good practice in existing service provision, but much of this is under-resourced and struggles to deal with the complexity of problems that people in this consultation have reported.

Access to help from local authorities

The consultation asked interviewees about their experience of trying to access help directly from local authority offices by making a homelessness application. Sixty-four per cent of interviewees specifically remembered making a homelessness application, or presenting as homeless, within the last two years (see Figure 4).

Around one-third were provided with temporary accommodation, and just under one-fifth received information or advice. The remaining people remembered being told that they were not in priority need or had no local connection. Some people reported quite negative responses, for example, one person was told he was ‘fit to live in a tent’ and another was simply advised to ‘get a job’. Six people were told to go onto the local authority’s housing waiting list.

Although many people were referred to services or advised of a course of action to take, this advice did not often culminate in securing accommodation. ‘I was told to look for private rented accommodation but I couldn’t afford the deposit.’

‘We need... [s]omebody specially trained to deal with homeless people, rather than just queue at the window, take a ticket, wait... no eye contact, on the computer – and gone. Someone more friendly and open.’

Figure 4: **What was the result of your homelessness application?**

	Percentage
Provided with temporary accommodation	30
Signposted to other services	19
Not in priority need	11
Found to be intentionally homeless	10
No local connection	7
Found not to be homeless	6
Provided with mediation	1

Base: all those who recalled making a homelessness application (164)





Challenging budget cuts

Many of the housing, support and health services provided for street homeless people are funded by local authorities through Supporting People funding. The Audit Commission has concluded that the Supporting People programme has resulted in better housing-related services for 1.2 million vulnerable and socially excluded people. However, the Supporting People budget has been reduced from £1.8 billion in 2003/04 to £1.69 billion in 2007/08, and the Treasury has been pressing for further reductions.

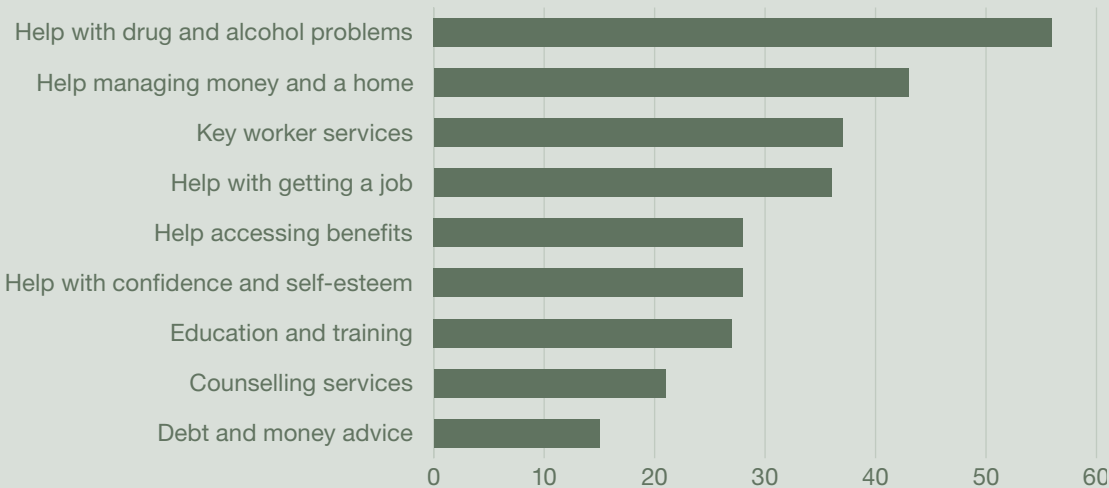
Shelter believes that the CLG should allow the overall budget to rise, and ministers should ensure that local councils maintain funding on services for street homeless people.

Figure 5: Interviewees who had been in touch with an outreach worker while sleeping rough in the last year

	Inner London	Outer London	Outside London	Average
Percentage approached by an outreach worker	70	30	42	47

Base: 235 respondents answered this question.

Figure 6: Which three services do you think are most important to help homeless people find and keep a home?



Base: those selecting between one and three priorities (239)

‘They need better services in health care and counselling, and better trained staff.’



Outreach

Forty-seven per cent of those interviewed had been in touch with an outreach service in the last year, but this varied considerably by region (see Figure 5).

The results do show that outreach services reach a significant proportion of rough sleepers effectively but that this type of service is not reaching many of those who sleep rough, including people who habitually sleep rough in outer London.

Priorities in service provision

Interviewees were asked to select three out of nine services that they felt were most important in helping homeless people find and keep a home (see Figure 6). Over one-half (56 per cent) of interviewees identified help with drug

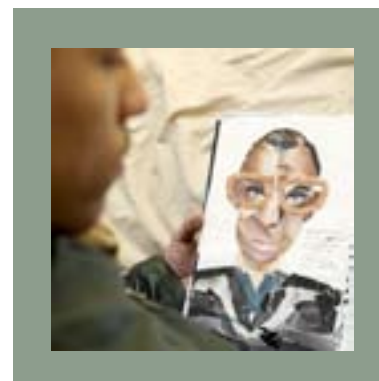
and alcohol problems. Over one-third of interviewees said help managing money and/or a home (43 per cent), provision of key worker services (37 per cent) and help to get a job (36 per cent) were priorities.

Seventy-eight per cent agreed that being homeless makes it almost impossible to have legal paid work. Forty-eight per cent agreed that being homeless makes it hard to access health services.

The in-depth interviews highlighted inadequacies in local authority responses to these particular homeless people. Four of the nine interviewees were refused help by their local authority, despite repeated visits, resulting in homelessness. 'I got no help at all from the council. Nothing at all. They just literally said go away... but go away where?'

Three of the in-depth interviewees spent the night they visited the local authority sleeping rough, and a fourth person slept in an emergency shelter that she found herself. One interviewee with drug problems began using drugs again, and a person with mental health problems described contemplating suicide. One woman who was homeless after fleeing domestic abuse, contemplated returning home because of her problems finding housing.

Interviewees said that they needed staff at local authorities to be better trained and more understanding.



Moving on



Eighty-two per cent of those consulted agree that 'the biggest problem facing people on the streets today is a lack of permanent "move-on" accommodation'.

‘[T]he most important challenge facing hostels for rough sleepers is access to suitable move-on accommodation and support.’

Nowhere to go

In Shelter’s consultation, 73 per cent of interviewees had stayed, or were staying, in hostel accommodation. However, 70 per cent of these people said that at some point they had tried, and failed, to find a suitable hostel space. This demonstrates a fundamental problem of a lack of move-on accommodation which would free up bed spaces.

The identification of this need is in line with the CLG’s recent review of hostels for rough sleepers in London, ‘the most important challenge facing hostels for rough sleepers is access to suitable move-on accommodation and support’.¹⁵

Research conducted in 2005¹⁶ found that 45 per cent of hostel bed spaces across England and Wales were occupied by people waiting to move on. The shortage of move-on accommodation is caused by a number of factors, most influential of which has been the sell-off of almost two million council homes under the right to buy and the failure to replace those homes with more social rented stock.

Chris’s story (aged 35)

Chris slept rough for four years. A new relationship and the help of outreach workers motivated him to move to a hostel and tackle his drug and mental health problems.

‘You just feel like you’ve lost everything – even your self-worth... I was sleeping on the church steps, and the outreach people came down, motivated me, and then I got into this place...

It’s only since being off the streets... that I’ve been getting help for my drug problem. I have HIV and depression, and I’m on anti-depressants. I had pneumonia last year, from sleeping out... just caught it in time. I get on well with Broadway’s mental health worker, she’s done a lot for me... paying attention to me, not just giving me an answer then forgetting or shoving you off...

I’m getting there slowly... I feel I know where I want to go, where I want to be, tackling my drug problem... so it’s progress. I think it’s both a change in me and... the help I’ve been given.’

¹⁵ Randall, G, and Brown, S, *Review of rough sleepers in London*, CLG, Research and Information Services, 2007.

¹⁶ Homeless Link, *National move-on report*, 2005.



Young people face an average benefit shortfall of £35 a week.

Towards a solution

Shelter is pleased that the recent Housing Green Paper has committed the Government to increase the building of new social rented homes to 45,000 per annum by 2011, and indicates

there will be further increases in the years that follow. The Housing Corporation must ensure that a substantial number of those new social homes are supported housing for vulnerable people, such as those with mental health or substance dependency problems.

Even though more social homes are being built, many street homeless people will be deemed as having 'no priority need' for homelessness assistance and, therefore, are unlikely to be allocated social housing. For many, the alternative accommodation on offer in the private rented sector will prove hard to access, insecure and inadequately supported. However, the benefit shortfalls people face, between the rent they owe and the housing benefit they receive, often leaves them in debt, facing eviction and the revolving door of homelessness.

Young homeless people (under the age of 25) are particularly affected by the single room rent restriction on housing benefit, which limits their entitlement to the cost of a room in shared accommodation. In practice, it leaves them facing an average benefit shortfall of £35¹⁷ a week. For young single homeless people the situation is tough. It can be a struggle to find other tenants who are willing to share a house with someone who has just left a hostel. In addition, landlords are concerned that young people may fall behind with rent payments, due to the single room rent restriction, and may therefore be reluctant to take them on as tenants.

Liam's story (aged 35)

When Liam left hospital, the local authority refused to help him with housing. He was sleeping rough and on a hostel waiting list for several months before a drop-in centre helped him find a place at a hostel.

'When I left hospital I got put onto the streets. I got sent to the council but they refused me housing. They said a young man on his own wasn't suitable for housing...

Single guys on their own don't get a chance... I'm hoping to get moved on now, into supported housing... going for a proper mental health diagnosis soon. I'm trying to get off the drugs and be a proper father to my son.

They should have housed me through the hospital, at least into a B&B. They shouldn't have put me out on the street.'

¹⁷ Harvey, J, and Houston, D, *Research report no 243: Research into the single room rent regulations*, Department for Work and Pensions, 2005.



I sometimes miss life on the street
All the great people I used to meet
It wasn't all good, a lot of strife
Funny old life is street life

Drink, fights, hunger and drugs
Dealers who take us for mugs
I hope one day to get clean
It ain't easy though, know what I mean

When I come off the Crack
I will try to look forward not back
Forget, the misery and the strife
And try to get on with my life

Have to make a brand new start
Before I tear myself apart
So say a little prayer for me
If I can do it, we will soon see

Tracey Raines

Messages from street homeless people to the Government

‘Realise that we are normal people and not someone who is less than anyone else.’

Fifty-seven people said that more, or more affordable, homes are needed. Thirty-nine people said that more hostel bed spaces are needed.

Fifty people said they needed help

and support with issues such as drug and alcohol dependency, finding a job, education and training, managing finances, building confidence and self-esteem, addressing family problems and resettlement.

People wanted more day centres, outreach workers and other services to provide this support. People wanted to be treated as individuals, with support tailored to their specific needs, ‘don’t treat us all the same’.

Fourteen people suggested that members of the Government should visit homeless people on the streets and experience rough sleeping themselves to understand the problems faced by street homeless people.

‘Give us support.’

A further 17 people felt that a greater understanding of and respect for homeless people is needed, both by the Government and by the public.

‘The PM needs to come and live on the streets for a couple of nights and see what it’s really like.’

‘It’s good that you have come round and have a feel of how we live here and how we feel. I hope that our voices are heard.’

Recommendations

The following recommendations have been formed from the issues identified through Shelter's consultation with street homeless people.

- **Rough sleeper counts** should be supplemented by more sophisticated surveys to provide a better assessment of needs and to pick up hidden rough sleeping. The Government should give greater prominence to these surveys.
- **Street outreach services** have been highly beneficial to many, and need to be expanded. The work of these teams must remain focused on the welfare needs of rough sleepers and not just on getting people 'off the streets'.
- To ensure that people with **multiple and complex needs** (such as drug, alcohol and/or mental health needs) are dealt with sensitively and appropriately, good practice in training staff and joint working should be increased.
- Every local authority should have an effective **discharge policy** to ensure that no one leaving a hospital, prison, or the armed forces ends up on the streets.
- **Supporting People** funding should be increased, at least in line with inflation, over the next three years, and the ringfenced budget for street homeless people should be maintained.
- The **Hostels Capital Improvement Programme** must continue to improve physical standards and expand services. Service provision must take into consideration the varying levels of time and support needed to enable each individual to move on into training or employment and alternative accommodation.
- Every local authority should have a **tenancy sustainment service** to help people, particularly those forced to use the private rented sector, with the practicalities of moving into their new home and maintaining their tenancy.
- **More social rented housing** must be built and include specialist supported housing for those who need it.
- The new **local housing allowance**, and particularly the **single rent room restriction** for young people under the age of 25, must not leave vulnerable homeless people facing unsustainable benefit shortfalls.
- The **16-hour rule** for housing benefit (preventing full-time study beyond 16 hours) should be abolished, so young homeless people can benefit from education and training in hostels and foyers.

Methodology

Shelter's consultation is based on 257 consultation interviews and nine in-depth interviews across 23 organisations in England.

Broadway, a homelessness and housing support charity based in London, was commissioned by Shelter to undertake the consultation with street homeless people and the in-depth interviews in London. Here, 150 interviews were conducted across eight agencies. In-depth interviews with nine people form the basis of the case studies in this report.

Shelter secured the participation of 15 agencies outside of London in hostels and day-centre services in Oxford, Manchester, Nottinghamshire and Lincoln, and conducted a further 107 interviews.

Overall, the organisations represented range from large homelessness agencies, through to smaller community organisations often supported by local churches as well as other funding sources. All participants received a £5 supermarket voucher to thank them for their time and co-operation.

Interviews were conducted only with people with access to public funds. Therefore, this study excluded recent migrants from the A8 and A2 states.

Interviewing teams of two to three people visited each organisation to conduct the research. Teams often included interviewers with direct experience of homelessness.

Respondent profile

Gender

Eighty-two per cent were male and 18 per cent female.

Age

Twenty-one per cent were under the age of 25, with the largest age group being 26 to 45 (53 per cent). Eighteen per cent were between the ages of 46 and 55, and 14 per cent were 56 or older.

Ethnicity

In terms of ethnicity, 78 per cent were white, with 84 per cent of this group describing themselves as White British. Seventeen per cent described themselves as Black and less than five per cent were Asian, mixed ethnicity or other. Twenty-eight nationalities are represented across the sample.

Health

In respect to health, 41 per cent of all respondents reported a physical ailment and 30 per cent had a mental health problem. Twenty-eight per cent identified an alcohol problem and a similar proportion (27 per cent) a drug use problem. Seventeen per cent received incapacity benefit and 13 per cent collected a disability living allowance.

Everyone should have a home

We are the fourth richest country in the world, and yet millions of people in Britain wake up every day in housing that is run-down, overcrowded, or dangerous. Many others have lost their home altogether. Bad housing robs us of security, health, and a fair chance in life.

Shelter helps more than 170,000 people a year fight for their rights, get back on their feet, and find and keep a home. We also tackle the root causes of bad housing by campaigning for new laws, policies, and solutions.

Our website gets more than 100,000 visits a month; visit www.shelter.org.uk to join our campaign, find housing advice, or make a donation.

We need your help to continue our work.
Please support us.

In partnership with



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