Helping rough sleepers off the streets

A report to the Homelessness Directorate
by Geoffrey Randall and Susan Brown

June 2002
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Foreword

The 1998 Social Exclusion Unit report into rough sleeping highlighted how vulnerable people were being failed. Everyone agreed it was time to change - the human costs of doing nothing or carrying on as before were simply too great.

In December 1999 the Government published its strategy to tackle rough sleeping which was wide-ranging, innovative and ambitious. It challenged charities, local authorities, central Government, members of the public and homeless people themselves to tackle rough sleeping in a new way. It set out a vision of a society where no one need sleep in a doorway.

We are closer now than ever to realising this vision - this is a tribute to countless individuals and organisations around the country who have helped deliver a better future for homeless people. It’s also a tribute to the many homeless people who themselves have taken the often difficult step to rebuild their lives away from the streets.

Whilst progress has been made, and the Prime Minister’s target on reducing rough sleeping has been met, there are still some vulnerable people sleeping rough and many more at risk of ending up on the streets. Our job is far from done.

This excellent report gives information to both policy makers and service providers that will help us all learn from what has worked, and what hasn’t. It is a valuable tool to develop new approaches and new ways of working not only with those sleeping rough but wider groups of homeless people too.

Louise Casey
Director
Homelessness Directorate

Acknowledgements

So many people contributed to the research for this report that we do not have the space to name them all individually. We are particularly grateful to the residents of hostels and rolling shelters and also the TST clients, who agreed to be interviewed about their experiences of sleeping rough and coming off the streets. We would like to thank the TST workers for giving their time to discuss individual case histories.

At the agencies listed in Appendix 3, we met 75 managers and front-line staff who were also very generous with their time, views and information about their work.

We would like to mention Joanne Fearn and Jennifer Handowski at Broadway who were always extremely helpful in responding to our requests for data and Helen Austerberry for her excellent client interviews.

Finally, we must thank Camilla Sheldon, Neil O’Connor, Jane Everton, Ian Brady, Louise Casey and their colleagues in the Homelessness Directorate: we have much appreciated their advice, support and comments throughout this project.

Abbreviations used in the report

CATs Contact and Assessment Teams
DOH Department of Health
DTLR Department for Transport, Local Government and The Regions*
JHT Joint Homelessness Team
RSI Rough Sleepers Initiative
RSL Registered Social Landlord
RSU Rough Sleepers Unit
TSTs Tenancy Sustainment Teams

Quotations are reported verbatim from client interviews and the respondent’s gender and age are given in the form: ‘m/48’. This is followed by an abbreviation for the case study City where hostel residents were interviewed:

Bl Bristol
Bn Brighton
Ln London
Mn Manchester

or the length of tenancy of TST clients in the form: ‘18 months’.

* The Homelessness Directorate has now incorporated the work of the Rough Sleepers Unit (RSU) and is based within the Office of the Deputy Prime Minister (ODPM) following the re-organisation of the DTLR.
Summary

The evaluation
The Rough Sleepers Unit (RSU) was set up by the Government in 1999 with the aim of reducing the number of people sleeping rough in England by two thirds by April 2002. This report is an evaluation of the work of the RSU in helping rough sleepers to move off the streets and into long-term homes.

The number and profile of rough sleepers
The RSU achieved its target by November 2001. The remaining rough sleepers have high levels of support needs, including mental health and substance abuse problems, particularly the use of hard drugs.

Street work
The work of the new Contact and Assessment Teams (CATs) has been central to the reduction in the number of rough sleepers, although the reduction achieved has varied in different areas.

The target was itself central to the radical changes made in the nature of street work.

Around two thirds of those still sleeping rough in London have refused offers of accommodation. Some rough sleepers see some benefits in street life, including a feeling of community and security, in addition to the hardship.

The report identifies a range of key factors in successful CATs work. There will be a continuing need for street services, although possibly on a reduced scale or in different formats depending on need.

While there were some notable successes of mental health and substance abuse specialists working with CATs, it would be worthwhile to evaluate their work in more detail.

Work to help new rough sleepers move back to their home areas is still very limited and the scope for expanding it should be considered.

There is a need to enhance the coverage and accuracy of databases of rough sleepers, which should be co-ordinated with plans for a mapping of needs for all Supporting People client groups.

The police are now working closely with homelessness agencies in tackling anti-social street activities. Most people engaged in these activities are not homeless, but they contribute to a street culture, which underpins and encourages rough sleeping.

Many local authorities are also working closely with homelessness agencies and the police. Town centre management policies can reduce rough sleeping and other anti-social activities. But such actions are only effective if positive alternatives are on offer to people sleeping rough, including good quality hostels and day centres.

Street activities are encouraged by people who give money to beggars and more public education is needed, so that donors understand that most people begging are not homeless and that a high proportion of money given to beggars is spent on hard drugs.

There is a need to review the activities of day centres for homeless people, including a feeling of community and security, in addition to the hardship.

Access to hostels has been greatly improved for rough sleepers. In each area, there is a need for hostels, which do not impose eligibility criteria, which exclude many rough sleepers, for example a ban on drug users. Further training is needed for hostel management on the legal position on accommodating drug users.

Many hostels are still not providing adequate support to residents with high needs. There are still too many evictions from hostels and abandonment by residents.

The provision of very low standard night shelters with dormitory accommodation, where people stay for short periods and which are closed during the day, can also help to perpetuate an unsettled way of life and offer no way out of street living.

There is a need for a comprehensive review of hostels including access to them for rough sleepers and improving the quality of support provided by them. The Homelessness Directorate is actively planning a programme to raise hostel standards, including the development of a hostel inspectorate.

Permanent housing
Pre-tenancy work with former rough sleepers is inadequate. There is a need for specialist pre-tenancy teams and good practice guidance for them.

In all areas, local authorities and RSLs should review the scope for ensuring that former rough sleepers have access to a suitable permanent home when they are able to manage it, along with any necessary support.

The Rough Sleepers Initiative (RSI) which preceded the RSU provided housing stock in London, which has made a major contribution to the programme. However, some people with higher support needs still appear to be having problems in accessing it.

There are continuing concerns over the problems of the shared housing stock for rough sleepers in London and the conclusions of a Housing Corporation funded report on its future should be taken forward (Edwards, Woodward and Fearn, 2001).

Exclusions from the local authority housing register can make it difficult or impossible to re-house some rough sleepers and hostel residents. Specialist panels should review excluded applicants and wherever possible agree support packages for them.

In areas of high housing demand, schemes should be extended to help with moves to temporary and permanent accommodation in other areas, including both social and private rented sectors.

Tenancy Sustainment Teams (TSTs) and other tenancy support services appear to have achieved very impressive success rates in helping clients to sustain tenancies. Specialist TST workers are a valuable additional resource, which can enable individually, tailored support programmes including specialists in mental health, substance misuse, youth work and employment workers. The report makes a number of detailed recommendations for future developments in TST work.

There is a need for a wide range of accommodation, with differing levels of flexible support, including small-scale specialist accommodation for very vulnerable people.

There is a need for more move-on opportunities from permanent housing reserved for rough sleepers into other social housing stock.
**Health care and other support**

The strategy has achieved improved access to specialist substance misuse workers and to treatment. However, some of the substance misuse services for rough sleepers may have been inappropriate for the client group, with high drop out rates from treatment programmes. The Homelessness Directorate will be reviewing these services and issuing guidance to local Drug Action Teams who will take over responsibility for co-ordinating and funding future programmes.

Specialist mental health services were generally a very effective part of the strategy. The main concerns expressed by agencies were a perceived need for more comprehensive coverage and for the development of more specialist multiple needs services.

There were continuing difficulties of access to primary health care for rough sleepers and other homeless people. The ODPM and DOH should jointly review health care provision for homeless people, including examination of effective schemes, which are already operating.

**Managing the strategy**

Local authorities should continue to take a leading role in developing rough sleeping strategies. Their new duties to produce homelessness strategies under the Homelessness Act 2002 should help to develop further the role of local authorities in tackling rough sleeping.

Inter-agency work has developed greatly over the past three years and this process should be continued.

As the numbers of rough sleepers reduce, there will be scope to reduce the amount of direct work on the streets. There will be a need to set new targets for the number of rough sleepers and to refine targets for other aspects of the programme.

Preventive work of various kinds is in its infancy and needs detailed evaluation and development.

The Homelessness Directorate should consider developing good practice in hostels, preventive work and should monitor local authority homelessness strategies. There is also a need for wider dissemination of good practice in all services. This could be done by the new Directorate and by successful projects providing consultancy, advice and training to agencies in other areas. Each aspect of the programme should have a means of evaluation designed in from the beginning of funding. The case for a good practice web-site could be investigated.

There is a strong case for the central government funding for areas with significant numbers of rough sleepers, to consolidate the gains made and to build on the success of the strategy. Preventive work should be evaluated and successful approaches extended to other areas. Funding might be concentrated on a smaller number of the most effective agencies, while avoiding the creation of monopoly providers where possible.

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The Government’s Rough Sleepers Unit (RSU) was established in 1999, with a brief to reduce the number of people sleeping rough by two thirds by April 2002.

The DTLR commissioned this research from Research and Information Services as a part of its evaluation to assess the progress made by the RSU strategy set out in its programme Coming in from the Cold (DETR/RSU, 1999). The RSU strategy included a wide range of programmes, which aimed to:

- help rough sleepers to move off the streets, with the support of specialist teams of street workers;
- improve access to hostels for rough sleepers and the quality of support provided for them in the hostel;
- provide help in preparing for resettlement into a permanent home;
- ensure they were able to sustain their new tenancies;
- help rough sleepers to engage in meaningful occupation, training and employment.

It also initiated a range of policies and projects designed to help prevent people falling into rough sleeping in the future.

This report covers the first four aspects of the programme outlined above, concerned with helping rough sleepers to move off the streets and to resettle successfully into permanent housing. The RSU carried out separate evaluations of other aspects of the programme. The report makes recommendations for the future development of work with rough sleepers.

Prior to the RSU programme, government action on street homelessness had operated through a Rough Sleepers Initiative (RSI) which ran from 1990 in central London and which was extended to 36 other areas of England in 1997. An evaluation of the RSI found that there had been steady improvements in its effectiveness, but that the number of rough sleepers had, after reductions in the early years, reached a plateau and that it had not yet achieved its objective of making it unnecessary for anyone to sleep rough (Randall and Brown, 1999).

The evaluation of the RSI made a wide range of recommendations to contribute towards the achievement of the two-thirds reduction in rough sleeping. The recommendations included:

- Area contracts with individual agencies, or consortia of agencies, to provide street outreach work in specific geographical areas. The agencies would be contracted to deliver the two-thirds reduction in rough sleeping and report on progress directly to the RSU.
- The adoption of a more assertive style of street outreach work to persuade and help people sleeping rough into accommodation.
- The involvement of specialist mental health and multi-needs workers with outreach teams, particularly to help longer term entrenched rough sleepers.
- Close co-operation between outreach teams and the police, including action against anti-social behaviour on the streets.
- The provision of more productive opportunities for former rough sleepers, through employment, training and other activities.
- The greater use of Mental Health Act assessments for rough sleepers with mental health problems.
- An emphasis in all homelessness services on encouraging people away from street lifestyles, rather than reinforcing them.
• The provision of day centre type facilities during the night as a first step off the streets.
• Priority beds in hostels for rough sleepers in areas where there was excess demand for hostel beds, with access through outreach teams.
• A supply of free, short-term emergency beds for immediate access by rough sleepers who could not immediately enter direct access hostels because, for example, they were not claiming benefits.
• A range of different types of hostel, including those which offered specialist support for people with mental health and substance abuse problems.
• More effective support for former rough sleepers in generalist hostels.
• Reductions in the number of people evicted and banned from hostels.
• High quality tenancy support for all former rough sleepers, continuing for as long as they needed it.
• More emphasis on the prevention of homelessness, with, for example, family mediation schemes for homeless young people. A separate budget for experimental and pilot schemes.
• An adequate supply of move on and permanent housing for former rough sleepers, including supported housing.
• Close monitoring of local programmes by the RSU.

Many of these recommendations were reflected in the RSU’s national strategy on rough sleeping Coming in from the Cold (DETR/RSU, 1999). The programme included:
• 22 multi-disciplinary Contact and Assessment Teams (CATs), including seven in London and 13 in other areas of the country. These replaced outreach teams and carry out assertive street work to help and encourage people sleeping rough to move into accommodation.
• Night Centres in London, Bristol and Manchester, providing café facilities and support for rough sleepers who were not yet ready to accept a hostel bed or who been excluded from hostels.
• Funding of hostels and temporary shelters with the aim of ensuring there were sufficient beds available for rough sleepers who wanted them.
• Extra funding to hostels to provide support for vulnerable people.
• Specialist hostel beds for people with drug, alcohol and mental health problems.
• A new information and monitoring system in London, which tracked the use of various services by rough sleepers.
• Funding of extra support services for rough sleepers with drug and alcohol problems.
• Action with the Department for Work and Pensions to improve benefits take up and ensure that rough sleepers without identification can move into hostels.
• Tenancy Sustainment Teams (TSTs) to support former rough sleepers who have moved into a new home. They included specialist youth, substance misuse, mental health and employment workers.
• Schemes to help former rough sleepers into employment, training and other meaningful occupation.
• Schemes, some in co-operation with other government departments and organisations, to prevent homelessness among high risk groups including people leaving care, prison and the armed forces.

This evaluation consisted of:
• A review of documents and reports, including those produced by RSU, funded agencies and responses to a consultation questionnaire circulated by RSU.
• Case studies of major areas of rough sleeping, including inner London, Bristol, Brighton, Manchester and Oxford. The case studies included interviews with staff in agencies working with rough sleepers including the RSU, CATs, TSTs, hostels, local authorities, the police and specialist agencies working with homeless people with mental health and substance abuse problems.
• In-depth qualitative interviews with a small sample of former rough sleepers in hostels and permanent accommodation.
• A review of case files held on TST clients.

Further details can be found in Appendix 3, Research methods

This report examines:
• The number and profile of people sleeping rough: those who have been helped and those who are still on the streets.
• The links between rough sleeping and other street living such as begging and drinking.
• The role and effectiveness of CATs and specialist staff in helping people move off the streets.
• The role of other agencies, including social services, the police and other voluntary agencies.
• The effectiveness of hostels in providing for rough sleepers and helping them to move on to permanent housing.
• The effectiveness of pre-tenancy work in helping former rough sleepers to settle successfully into permanent housing.
• The provision of permanent housing for former rough sleepers.
• The impact of TSTs in helping former rough sleepers to maintain their tenancies.
• Other specialist support for rough sleepers.
• The management of the strategy.

The report concludes with detailed recommendations for taking forward the programme with rough sleepers in the context of broader local and national homelessness strategies.
By November 2001, the RSU strategy had achieved its target of a two-thirds reduction in the number of people sleeping rough, as recorded in counts on a single night in areas with significant numbers of rough sleepers. This chapter examines the numbers of people sleeping rough, their characteristics and support needs.

How many rough sleepers?

In June 1998, there were an estimated 1850 people sleeping rough on any one night in England, of whom around two-thirds (1200 people) were outside London (Randall and Brown, 1999). Street counts in the main areas of rough sleeping in November 2001 found that this had reduced to around 550 people.

The benefits and limitations of assessing the numbers of people sleeping rough through counts on a single night were discussed in detail in the evaluation of RSU (Randall and Brown, 1999). In summary, such counts represent a snapshot on only one night. They miss some people who move in and out of rough sleeping. Single night counts are, of course, subject to some fluctuations over time. Indeed, in at least one area a lower number had been recorded prior to the count in November 2001. The 1999 RSU evaluation concluded that counts are a valid means of measuring the relative scale of problems between areas and of changes over time, within acceptable margins of error. The great majority of agencies interviewed for this evaluation also agreed that single night street counts are a useful and reasonably accurate method of measuring trends over time and that the counts have been properly carried out, in accordance with the tested methodology prescribed by RSU and previously used under RSU. All the agencies interviewed agreed that there had been substantial real reductions in the number of people sleeping rough in all areas, including among long term entrenched and vulnerable rough sleepers.

A few staff believed that certain rough sleepers, particularly young people, women and those from minority ethnic groups, slept rough in hidden places and were under-recorded. However, there is currently no hard evidence that this is a significant problem and CATs reported that they do identify the great majority of rough sleepers in their areas.

In addition to measuring the number sleeping rough on any one night (the stock figure), it is also important to measure the number of people sleeping rough over time (the flow), as this will give an indication of the level of demand for services and accommodation. There are currently no national records of the flow of rough sleepers and most areas do not have such local records. In London, a record of people contacted by CAT is kept in the CHAIN database, which identified 3031 individuals on the streets in 2000/01, compared to a single night count of 319 in May 2001. This suggests that the number sleeping rough over a period of a year was around ten times the number on any one night. Earlier research on counts in different areas identified a similar ratio of rough sleepers counted on a single night to those identified over a year (Randall and Brown, 1999).

There were differing views among agencies on the flow of new rough sleepers. Some believed that the flow was not diminishing, but that people were now being moved more quickly off the streets, so reducing the numbers on any one night. The picture is partly confused by differing definitions of “new rough sleepers” and whether they are new to the area, or are first time rough sleepers. Some agencies report that a half or more of rough sleepers are newly arrived in their areas, however they may well have slept rough elsewhere. In London, one in three new rough sleepers are seen only once. The CHAIN database indicates some reduction in the flow of new rough sleepers. In 2000/01, 1191 rough sleepers were contacted for the first time by CATS in the central London area, compared to an estimated 1900 new outreach contacts in 1997/8 in a broadly comparable area (HSA, 1998 and 2001).

There are, however, some difficulties in comparing the 1997/8 and the 2000/01 data. The 1997/8 figure may be inflated because they included larger numbers of people who were engaging in street activities but not sleeping rough. CATs staff interviewed stated they now had better knowledge of those who were actually sleeping rough and were more rigorous about not engaging with non-rough sleepers. On the other hand, the later figures result from more intensive work over a wider area and will therefore identify people who might have been missed in 1997/8. It is not yet clear to what extent people recorded as new rough sleepers, or who are seen only once, are in fact continuing rough sleepers who are moving areas, or are people who have slept rough previously.

Some areas do appear to have relatively high proportions of rough sleepers who are newly arrived in the area. In Bristol, records indicated that 45 per cent were new arrivals, and in Brighton the proportion reached two thirds, a proportion that had increased with the movement of many of the longer term rough sleepers off the streets. Once again, however, they may not be new to rough sleeping. A more detailed review of recording methods is planned by ODPM.

The support needs of people sleeping rough

The high level of support needs of rough sleepers, including mental health, substance abuse and multiple problems has been extensively documented in previous research (Randall, 1998), (Randall and Brown, 1999).

All the case study areas examined pointed to a large increase in hard drug use among rough sleepers over the past two to three years, including cheap heroin, crack cocaine and multiple drug use. The majority of respondents to the DTLR’s consultation about the RSU strategy noted this increase (Martin Hamblin GfK, 2001). Drug misuse now seems to be overtaking alcohol misuse as the major support need, as older rough sleepers finally move off the streets or die. A 1998 review of previous research on rough sleeping found that surveys consistently reported around one in five of rough sleepers had drug problems, rising to about a third of young people aged under 26 (Randall, 1998). In a small scale 2001 survey of rough sleepers, over half (52 per cent) said they regularly used non-prescription drugs, of whom two thirds (67 per cent) said that they used heroin (Baker, 2001).

The Thames Reach CAT in central London estimated that over half of their clients had drug problems, a proportion which had approximately doubled since 1999. In Brighton and Hove, records showed that around 80 per cent of rough sleepers had heavy heroin use, with 25 per cent having alcohol abuse problems. Indeed, some agencies now see drug addiction as the core problem for many clients, with rough sleeping as a subsidiary symptom. Drug use can both create and prolong rough sleeping; for example a survey of drug misusers in Bristol found that a third had become homeless following prosecution or imprisonment for drug related offences (Baker Brown Associates, 1997).

A review of earlier research found that mental health problems were widespread among rough sleepers, with over half suffering such problems (Randall and Brown, 1999). In the November 2001 count in London, 11 per cent of rough sleepers were assessed as having severe mental health needs, with a further 33 per cent having other mental health problems such as personality disorders. This suggests that a substantial proportion of those still on the streets have mental health problems, although many may be difficult to help by conventional means.

Some agencies reported that additional needs, which might have been previously underestimated, include learning and literacy difficulties, although no records were identified on these problems. Many rough sleepers have multiple needs combining two or more of the above problems.

The evidence also suggests a continuing high proportion of rough sleepers with histories of time spent in institutions.
A small scale survey of rough sleepers in 2001 found that around a quarter have spent time in local authority care, a similar figure to that found in previous surveys of rough sleepers (Baker, 2001). However, the nature of this care is not generally young people who need just left care, but older rough sleepers who were in care as children.

Several agencies interviewed mentioned that the proportion of rough sleepers who have spent time in prison might have increased. This factor was also raised in responses to the DTLR consultation about the RSU strategy. The 2001 survey found that two thirds (64 per cent) had served a custodial sentence, compared to around a half in earlier surveys (Baker, 2001), (Randall, 1998).

There may have been some reduction in the proportion of rough sleepers who have served in the armed forces. Earlier surveys found that around a quarter had been in the Services at some stage, while the 2001 survey recorded a figure of 14 per cent. This may reflect the movement from the streets of many older rough sleepers, although it still remains relatively high.

**Rough sleeping and street living**

There is now much greater awareness among agencies of the importance of other street activities such as begging, drinking and drug use for the creation of a street culture, which can encourage rough sleeping. Street activities can provide a route into sleeping on the street. For example, some people start by joining street drinking schools. This in turn can lead to begging and they might also be drawn into sleeping out with their drinking companions. However, contrary to public perceptions, many of those engaged in street activities are not homeless. For example, the local authority in one case study City estimated that 90 per cent of beggars were not homeless.

Street activities have also become an integral part of the lives of some drug misusers. The CAT in Brighton reported that:

“Drug dependent petty offenders who engage in pushing drugs, aggressive begging, shoplifting, etc. are a large group. These individuals are frequently engaged in visible ‘social nuisance’ behaviour and whilst they may be homeless, frequently have little motivation to alter their life styles in a way that promotes longer term stability unless their behaviour is disrupted by the police. The provision of rapid access to detox has proven to have a positive impact upon this group.”

There is a wide overlap between begging and drug misuse. A survey by Manchester police found that 36 out of 40 beggars said that they begged to feed a drug habit and that the money made from begging tended to be the same amount that they spent on drugs.

Some local authorities have broadened their rough sleeping strategies to deal with street living. There is accordingly much greater co-operation between police and voluntary agencies and an emphasis on police action, for example on begging and street drug dealing, as a key factor in reducing street living. The role of various agencies in tackling these problems is examined in the next chapter.

Helping rough sleepers off the streets

The 1999 evaluation of RSI found a lack of clarity in many areas about the aims and objectives of street outreach work with people sleeping rough and that there were wide variations in performance (Randall and Brown, 1999). Only one in five teams spent at least 52 per cent of their time on street work. Some were supporting rather than challenging street lifestyles, including working with beggars and street drinkers who were not sleeping rough. The report recommended that:

- the sole purpose of street outreach teams should be assertive work to persuade and help people sleeping rough into accommodation;
- where people sleeping rough had recently arrived from another area, they should be offered help with returning to their home area;
- agencies should be invited to tender for area contracts for outreach work with a target of a two thirds reduction in rough sleeping in their areas;
- other local agencies with knowledge of rough sleepers, including the police, should be closely involved in outreach work;
- there should be a case management approach with entrenched rough sleepers, with action plans drawn up for individual clients.

**The work of Contact and Assessment Teams (CATs)**

New Contact and Assessment Teams (CATs) were established by the RSU and have adopted the model proposed in the 1999 report.

The emphasis on targets for reducing numbers on the streets was generally seen by agencies interviewed as crucial to achieving the change of approach. What one agency described as the “inescapable target” of street counts proved the most important incentive to change ways of working and achieve substantial reductions in the number of rough sleepers. Some frontline staff believed there had been an overemphasis on the one target of single night counts, suggesting that this might emphasise short-term moves into hostels at the expense of longer-term work. The research did not find, however, any evidence that this had occurred. Indeed, some of the more successful CATs believed that it was more effective to focus solely on helping people to move from the streets, with longer term resettlement work undertaken by different agencies. This is discussed further in Chapter 5.

Our interviews with hostel residents who had slept rough found that two thirds had been helped by an agency to find accommodation after their last episode of sleeping rough. Two thirds had either been in direct contact with CATs when they were sleeping rough, or had accessed CAT services via other agencies. Half of those in contact with CATs had found them helpful, the others had mixed views. Some of these reported having to wait some time before they were found sleeping rough, although most were impressed with how quickly they got into accommodation once contacted.

“Slow, but once they got them, fantastic. The people were great - it happened in 36 hours, having waited 5 weeks for them to come round and see us.” [f/27/Ln]

A long wait for CATs was more likely to be reported by interviewees in London than elsewhere. One man was unhappy about having to sleep on the same site to be sure of being picked up:

“You can wait weeks and weeks. You have to tell them where you’ll be sleeping. Once people know you’re sleeping in the same place every night, it’s not safe, you’ll end up in hospital; or all your stuff gone. They’ll rob you for drink and drugs. They [CAT] don’t realise how dangerous it is.” [m/54/Ln]
Another preferred self-referral into hostel accommodation and could not see the point of CATs:

I’d rather refer yourself. You used to be able to do that. I don’t want all and sundry knowing my business. What’s the point of the middle man?... [Self-referral] is better for those of us who are capable. Gives a sense of achievement and much quicker - you’re not waiting on them to turn up. [w/27/Ln]

Outside London, people appreciated the speed of the CATs response:

I went to [a day centre] to get an address and they put me in touch with the CAT. They came to visit on site to do an assessment and I got a bed that night. It caught me by surprise. I’m used to bureaucracy moving slowly. I was surprised. [m/48/Bn]

A third of hostel residents reported having previously had help to find accommodation when they had been on the streets. However, some of this help could have been before CATs were established.

CATs were seen by most agencies interviewed as one of the major successes of the RSU strategy and have been central to the reduction in the number of rough sleepers. The great majority of areas achieved substantial reductions in the number of rough sleepers, after initial reductions in earlier programmes followed by a period of years when numbers had been static. Their work was seen as being much more focused and assertive than most previous outreach work.

The numbers of rough sleepers proved more difficult to reduce in some areas than others. For example, while the overall reduction in London from June 2000 to November 2001 was 48 per cent, the reduction ranged from 87 per cent to nil in different areas. It is not clear to what extent this could be attributable to different approaches by CATs. There were some misgivings among staff in some areas about a more assertive approach to street work. On the other hand, one agency operated CATs in two contiguous areas where the reductions were 35 per cent and 68 per cent, suggesting that the differences cannot necessarily be attributed to differences in operational policies or management. Some agencies believed the differing success rates resulted from different client profiles, for example more entrenched rough sleepers, and to variations in the flow of new rough sleepers.

However, in London, those areas with a high numbers of contacts per CAT worker, were in general helping a similar proportion into accommodation to those areas with a lower number of contacts. Of the seven London CATs, the team with the highest number of contacts per worker over a four month period achieved a reducing rate of 47 per cent of contacts, which compared well with other teams achieving lower numbers of contacts per worker (Figure 1). This suggests that the number of contacts per worker is not by itself, a constraint on success.

Throughout London during 2000/01, CATs contacted 3031 people on the streets, of whom half (56 per cent) were already known to them. One in three (30 per cent) of the new contacts were seen only once on the streets during that year and were not helped into accommodation. It seems likely that most of these already had accommodation and had spent one night out, or they found accommodation very rapidly, or they moved to sleep rough elsewhere. Of the remaining 2534, 1679 (66 per cent) were helped into accommodation (Figure 2). Around half of these (810) were helped only once, with the others helped on multiple occasions. Of those helped into accommodation 687 (41 per cent) were known to have returned to the streets (Figure 1).

Agencies reported that a significant proportion of those remaining on the streets had been banned from existing provision or chose not to use it, often because of restrictions on drug use, or the cost of service charges which reduces the disposable income of residents.

These views are supported by research evidence. A survey of rough sleepers commissioned by the RSU found that one in five said they had been barred from emergency accommodation (Baker, 2001). Data from the November 2001 street count in London show that more than two thirds (69 per cent) of those known to CATs had refused offers of accommodation. A further four per cent were known to have accommodation, but were sleeping out. These findings indicate the challenge ahead in reducing numbers further.

Previous research estimated that around two thirds of rough sleepers would be willing to accept an immediate offer of suitable accommodation and the RSU target was similarly set at a two thirds reduction in rough sleeping (Randall and Brown, 1999). The CATs in London managed to help close to this figure (59 per cent) into accommodation, but there is clearly a substantial flow of people out of hostels as well as into them, or in and out of other temporary accommodation, and then back onto the streets. If the success of the CATs is to be sustained, there is clearly a need to ensure that people do not continue to return to the streets in large numbers. Means of achieving this are examined in the following chapters.

It is also important to recognise that while it would be an oversimplification to say that significant numbers of people choose to sleep rough, there are some perceived advantages to it for some people, along with the hardships. The majority of hostel residents interviewed described their first experience of sleeping rough in wholly negative terms, usually because they had found it frightening or they had been cold. However, only a third of these continued to describe subsequent episodes negatively. Two thirds found they had adapted to street life or found methods of coping.

Often people referred to the companionship they found among other people on the streets, particularly if they had suffered traumatic experiences in the past:

My friends are on the streets, I feel comfortable on the streets. I feel secure and safe with friends. You feel attached, a bond. We’re all young and have been through serious major stuff, we understand each other and know how to help each other. How to help and when to push them. [m/22/Ln]

For some, this sense of security was a reason for returning to sleeping rough, even though accommodation and support was available to them:

I have had lots of contact, help, outreach, hostel, but I felt so comfortable being on the streets I kept going back to it. [m/33/BI]

One young man was very frightened the first time he had slept rough:

I was worried someone would stamp on my head while I slept. [m/27/Ln]

He went on to describe how it became easier and that the anonymity he felt in London helped with begging. He also illustrated how people can be drawn into the wider street culture:

I saw someone begging so decided to do the same. People gave me money, some good people. I made £25 in one hour. It became easy, I felt no shame - I couldn’t believe the amount of money I made. At home in Middlesbrough, if I begged I’d have been overwhelmed with shame if they recognised me.... Now I have no fear, I know the safest places to sleep. [m/22/Ln]

A quarter reported positive experiences of sleeping rough the first time, either because they enjoyed the novelty of it:

An adventure, not so bad. In the 70’s I was young. Found shelter in a haystack or a car park. It was new, meeting new people [m/50/Ln]

or they found it easy to access services that would help sustain the lifestyle:

Never had any trouble with it. You never get hungry or go without clothes, if you know where to go. [m/54/Ln]
Only a quarter of people thought anything might have helped them avoid subsequent episodes of sleeping rough. Here, people tended to blame themselves, either for not tackling their drink or drugs habits, or for not having the motivation to find services that would help:

I should have acted more quickly myself - seen it coming, gone to the Council or approached the referral system. I knew about the homeless unit at the Council, which would've been a starting point. I didn't know about the CAT system, though. [f/27/Ln]

One interviewee however, felt that access to drugs counselling at an early stage might have diverted him and his partner from the route to rough sleeping:

Proper dry counselling. I couldn't get help before, as I didn’t fit into the category to get help.... It’s impossible to give up drugs if you’re with someone who’s using, you have to do it at the same time. It’s taken us becoming homeless to get help. I started using only a small amount - its easy to help... It’s taking too long, though. [f/27/Ln]

Many agencies, particularly those outside central London, have suggested that some of the most successful outreach work is due to a change towards a more assertive and persistent style of street work. The key factors in this change have been:

- A focus on intensive street work, with up to three quarters of staff time spent on the streets, compared with less than a third in some areas previously.
- Persistence by outreach staff, with contact attempted every day with individual rough sleepers in their patch.
- Abandoning the policy of leaving people alone who were not initially willing to engage with staff and instead contacting them as often as possible.
- A switch from what might be characterised as a ‘social work’ approach, which sought to meet a wide range of needs on the street, to a more interventionist stance aimed at a very specific and limited goal of moving the client into accommodation, from where more detailed assessment could be made and support put in place.
- Detailed action plans for individual clients, particularly longer term entrenched rough sleepers.
- Strong management of teams, with a focus on achieving targets.
- Team, rather than personal, caseloads so that more intensive work is possible with all rough sleepers, because they are contacted whenever any member of the team is doing street work.
- The funding of approved social workers to work on the streets with rough sleepers. In Westminster, the specialist Joint Homelessness Team worked with rough sleepers with mental health problems.
- Close work with other agencies including the police, day centres, medical services, hostels and any other services in regular touch with rough sleepers. Joint planning for individuals ensures the most appropriate action is co-ordinated between all the services. This co-operation includes detailed inter-agency information sharing on individuals and joint planning of both overall services and action on individual clients.
- Diversion of newly arrived rough sleepers to their home areas, with arrangements for accommodation and support in that area.

These features represent a distillation of good practice and not all CATs have implemented all of them. Some teams still spend only a third of their time on the streets and information sharing is still an unresolved problem in some areas.

CATs also contained specialist staff including substance abuse, mental health and young people’s workers. It is more difficult to assess the impact of the specialist staff. Although, in general, agency managers believed their contribution had been useful, there was a continuing debate on the relative advantages of secondments from specialist agencies, where they could continue to receive clinical supervision, and direct employment by the CAT agency, where they could be more fully integrated into the work. Some specialists have had notable successes. For example, work in Westminster by the statutory mental health team has demonstrated the scope for greater use of mental health legislation in helping to move people from the streets and into hospital.

The very high proportion of current rough sleepers with substance misuse problems raises the question of whether all CATs staff should work with drug users, or whether separate specialist workers are necessary. Some agencies believe specialist substance abuse workers in CATs have helped to ensure access to hostels, which might otherwise have felt unable to accept drug users. Other agencies believe that having separate specialist workers adds an additional layer of bureaucracy to helping rough sleepers. It was suggested by some that there should be a clear focus among all CAT workers on helping people with substance misuse problems to make the first step into accommodation and that specialist support should then be available there. Many agencies identified the need for local authorities to be closely involved in the planning and funding of these services.

Agencies in areas with specialist CAT workers for young people found them a valuable addition to the expertise of the team. In the West End of London, for example, where there was a concentration of young rough sleepers, they were thought to have made a particular contribution to reducing the numbers.

Some areas, particularly those with high demand for social housing, identified the need for quick action to divert new arrivals back to their home areas. Some cities attract a large number of newcomers, both to the area and to rough sleeping. For example, in Bristol, it was reported that only one person found in the last street count had also been in the previous count. In these areas, a rapid response is needed to prevent the person being drawn into street culture and to encourage them to return to a place where they have some roots and social connections, which are not street based. Some areas, which attract such newcomers, such as central London and Brighton, are also areas of very high housing demand with severe shortages of social housing. Here, it is important to get the message across to recent arrivals that they are unlikely to qualify for housing in the area.

Work to divert rough sleepers to their home areas has tended to take a lower priority than booking people into a local hostel. Diversion work could be enhanced. Where diversion is used, it is important to have made arrangements with agencies in the home area to provide access to accommodation and services. Agencies gave examples of homeless people being sent to other areas without any arrangements being made for them at their destination, or of agencies referring clients to temporary accommodation in areas, which already have high demand for beds. By contrast, there are examples of schemes which make planned arrangements for people to move to other areas to both temporary and permanent accommodation. For example, in Brighton and Hove, the YMCA run the Y Contact Scheme which relocates young rough sleepers who have no prospects of housing in the area into supported and social housing, mainly through the YMCA network. They were planning to relocate 30 young people each year. The London Connection day centre for homeless young people now focuses on discouraging young people newly arrived in central London from staying in the area and helping them to return to their home areas.
A number of areas have developed their own databases to record personal details of rough sleepers and to track their progress into accommodation. However, their coverage has been patchy. For example, in the CHAIN system in London, the support needs of rough sleepers were recorded in only 38 per cent of cases in 2000/01. It appears that some front line staff had concerns about data protection laws and the privacy of clients. Further work is likely to be needed to overcome these barriers to accurate data collection, which is essential both for effective individual casework and for the monitoring of wider trends.

**Policing and town centre management**

There has been increasingly active involvement of the police in some areas in town centre management and rough sleeping programmes. There has been closer co-operation between them and homelessness agencies. Agencies in the areas examined had evidence that most people engaged in street activities, such as begging and substance abuse, were not homeless. For example, the police in Bristol reported that 90 per cent of beggars arrested could provide a home address. However, agencies had found that street living can provide a route into rough sleeping. In some areas there are dedicated homelessness units in the police service. The improved joint work was seen as a positive development by all of the agencies interviewed. The great majority of voluntary agencies had found that street living can provide a route into rough sleeping. In some areas there are dedicated homelessness units in the police service. The improved joint work was seen as a positive development by all of the agencies interviewed. The great majority of voluntary agencies’ staff expressed support for action against begging and street drug dealing, several estimating that 90 per cent or more of money given to beggars is spent on drugs.

The police know many of the rough sleepers in their areas and joint work with CATs has enabled the development of a new style of operation, with police taking a more active approach to dealing with begging, street drinking and drug use. They are able to use the Criminal Justice Act and the Police Act 2001 to introduce controlled drinking areas where police can confiscate alcohol and break up drinking schools. The local authority can also introduce by-laws to tackle begging and street drinking.

These programmes were sometimes linked with Community Safety Strategies. A possible future development for local authorities is the use of street wardens to help with control of these activities.

Some agencies pointed to links between rough sleeping and street drug dealing. Disrupting the drug trade is important not only to help rough sleeping in particular areas. But additional help is also needed for the people sleeping rough if they are not simply to be displaced to other areas.

Agencies emphasised that it is important that enforcement and opportunities for treatment work together and some projects already achieved this, for example Project Lilac in central London.

The police in some areas had also encouraged people on the streets to make use of the homelessness services available. In some areas, homeless people found by the police were given advice on accommodation and other help available and referred to the specialist agencies. Manchester police have produced a guide for all officers who are in contact with homeless people, detailing the services to which they can be referred. The majority of staff interviewed thought that it was not effective for police and CAT staff to patrol together, as this could compromise the independent status of CATs. However, close working relationships have been developed in many areas and this is seen as a key factor in assertive outreach work.

Previously, in many areas, people on the streets were offered a service by outreach teams, whether or not they were sleeping rough. The focused approach of CATs meant that there was a much more effective concentration on rough sleepers. In some areas there were plans for separate, but parallel, services for other street users, such as drinkers, alongside a greater emphasis on law enforcement. For example, the London Borough of Camden have set up outreach teams to work with people on the street who are not sleeping rough. The teams aim to re-connect people with services such as substance abuse and mental health services.

These teams are separate from, but operate in close co-operation with, CATs working with rough sleepers. Many people on the streets are hostel residents and many hostels could do more to ensure that more productive and less anti-social activities are available to residents.

Local authorities, CATs and the police have worked together to achieve the successful closure of large rough sleeping sites. These were a particular feature of some central London areas and they powerfully reinforced a street culture. The major sites have now been eliminated. However, it was reported that rough sleepers still had a tendency to return to these sites and that they needed to be closely monitored.

The police and local authorities recognise that there is a risk that more assertive policing and town centre management policies to design out rough sleeping sites can simply result in displacement to adjacent areas. Some gave examples of this having happened. This can create worse problems if, for example, drinkers move from commercial areas onto housing estates. It can also further alienate rough sleepers from the services on offer. However, this effect is minimised if there are positive alternatives on offer, including suitable hostel beds, day centres and off-street drinking facilities.

It was emphasised that the provision of alternatives needs to precede the designing out of rough sleeping opportunities, so that such action helps to concentrate the minds of clients and agencies alike on positive alternatives. It is also important to co-ordinate action with neighbouring local authority and police areas.

Public perceptions that people who are begging and street drinking are homeless affects the ability of the police to take action against them. Police representatives reported critical responses from members of the public when they act against beggars. Police and court powers to deal with begging are limited. A survey commissioned by the RSU found that sentences are usually a conditional discharge, a small fine of around £10 - £20, or a day’s imprisonment, which usually means immediate release, since offenders have already been in custody for that time (DTLR/RSU, 2001). All the police officers interviewed for the survey regarded this process as a waste of time as it did not provide a long-term solution. Some police officers suggested that the Courts’ power to direct treatment for drug addicts by using Drug Treatment and Testing Orders should be more readily available in cases of people arrested for begging. In some areas all people arrested for begging are referred for help to CATs or similar support schemes.

The willingness of the public to give to beggars also sustains street living and attracts beggars to certain areas. Most of the agencies interviewed supported schemes to discourage giving to beggars and for diverting money into charitable donations. However, they recognised that these schemes are open to misrepresentation by misinformed people who regard them as attempts to remove visible poverty from the streets by use of the law. Such schemes in the case study areas were reported to have had very limited impact on begging. Further thought needs to be given to joint publicity and public education by statutory and voluntary agencies.

Further action on begging might include a review of the legislation, which is seen as ineffective by many agencies, and further public education on the impact of giving to beggars.

Some agencies were concerned that the work of some voluntary groups could be counter-productive and reinforce street lifestyles. This was often said of soup runs, which are usually operated by volunteers who do not appreciate that the problems of people on the street do not include a lack of food. They too often send out a message that street living is acceptable and should be supported. There are, in London in particular, a very large number of such services, which can act as a magnet for other people who are not currently sleeping rough.

In common with other street activities, this can contribute to a street culture and even potentially draw new people into it. They can also give a false impression of the scale of rough sleeping in an area.
Helping rough sleepers off the streets

Action to reduce such activities can so easily be misrepresented as an attempt to “starve the homeless”, that it is understandable that attempts to tackle the problem have been very cautious. As in the discouragement of giving to beggars, there is an important role here for voluntary agencies to work to reduce these aspects of street culture. They have a particular responsibility because they are likely to carry more credibility than statutory agencies.

Agencies also pointed out that the provision of very low standard shelters with dormitory accommodation, where people stay for short periods and which are closed during the day, can also help to perpetuate an unsettled way of life and offer no way out of street living.

Where groups are carrying out work which is counter-productive, it will be important to involve them in the rough sleeping and wider homelessness strategies, so as to channel their efforts into more productive provision.

Day and night centres

There has been some progress in reforming day centres, many of which, some agencies argued, were previously merely supporting street lifestyles. However, more remains to be done in this field. A lead has been given by St Giles Trust in London, which identified 100-150 individuals, who regularly used their day centre to support a chaotic existence. They have remodelled their services with the aim of ensuring that users move towards independence with the allocation of a care manager who will assess all their needs and help them access the necessary services, with the ultimate aim of independence, while recognising that some will need long term support (Mason, 2001).

Wet day centres, which allow drinking on the premises, have helped to tackle the problem of street drinking and enabled police to take action, without simply displacing the problem to neighbouring areas. In Oxford, for example, it was reported that a wet facility open during the day had made a noticeable difference to street drinking. There is widespread support among agencies for further provision, although it is recognised that there are severe difficulties in finding suitable properties that will not cause nuisance to neighbours. Wet day centres can also facilitate contact with some long-term rough sleepers. One alternative suggestion was for separate rooms to be set aside in hostels, where residents would be allowed to drink and to invite in a limited number of guests. This might also help to overcome the problems of planning permission for such facilities. However, this would not be suitable in dry hostels, which are popular with people who want to stop drinking, or who do not have a drinking problem.

A recent survey of rough sleepers found a demand from them for day centres to open at night and the RSU funded such services in London, Bristol and Manchester (Baker, 2001). Most agencies with night centres in their areas reported they have helped to bring previously difficult to reach groups indoors, as a means of beginning work with them. Some agencies, however, believed they are not ideal and that many of their clients would prefer to use a hostel if a suitable place was available. For example, one estimated that, out of 20 users, only two or three would not use a hostel. It was thought to be difficult to do much constructive work with people over night and there is a need to ensure that users are linked into support services during the day. Direct referral rights to hostels during the night are important, so that users can be swiftly transferred to a hostel. Night centres can also help to reconnect people who have dropped out of the hostel system, or been banned. However, agencies emphasised they should not become substitutes for hostels, which should be equipped to deal with people with multiple needs and behavioural difficulties.

Currently there is little organised information about, or evaluation of, day centre services, which appear to vary widely in focus and effectiveness. Some day centres’ staff themselves identified a need for a comprehensive review of day and night centre services. Some agencies believed that some centres, particularly in central London, should work exclusively with rough sleepers. It would be useful to evaluate their impact in more detail and to identify effective methods of working with rough sleepers in day and night centres.

Many of the developments in street level services have been successful in helping people sleeping rough to move off the streets. Some agencies thought that, as the numbers of rough sleepers reduce, there will be scope to reduce the amount of street work. There will be a need to set new targets for the number of rough sleepers and to refine targets for other aspects of the programme.

The next chapter examines the effectiveness of hostels in providing a first step off the streets and into permanent housing.
The first step off the street for the majority of rough sleepers is still into a hostel. For example, in London in 2000/01, 78 per cent of accommodation outcomes for CAT clients were moves into hostels, including the temporary “rolling shelters” funded by RSU. Only six per cent went straight from the street into permanent housing.

This chapter examines the extent to which the availability of hostel beds has been expanded for rough sleepers, the support provided for residents, the role of temporary shelters and how the quality of hostel provision could be improved.

Access to hostels for people sleeping rough

Ready access to hostel beds is an essential part of a programme to help rough sleepers. In general, agencies reported that the availability of beds had been greatly improved by the RSU programme. There were still, however, some difficulties in certain areas and for particular client groups, such as drug users and those with behaviour problems. There can also be difficulties finding places for people with pets and for couples. A recent survey of rough sleepers found that one in six said they had a partner on the streets (Baker, 2001).

While further improvements could be made in the nature and quality of provision, in many areas there is generally no longer an absolute shortage of beds. This has been achieved by:

- Funding additional provision where it was needed.
- Easing access criteria, so that people with support needs can be admitted. Some hostels reported accepting all, or virtually all, of the rough sleepers who were referred to them. Some agencies believed that some hostels are still over-restrictive, but on the other hand there is a need to continue to provide drug and alcohol free hostels for people who want this type of accommodation.
- Reserving beds for rough sleepers, with priority given to CAT referrals.
- Appointing specialist staff to provide additional support.
- Reducing eviction and bans for people who present management problems. Some hostels now have a policy of no long-term bans. This has often involved joint work with other agencies to agree support plans for those with high needs and difficult behaviour. Some areas have special inter-agency meetings to review all cases where an individual is a danger of eviction or banning by a hostel. Reserving hostel beds for rough sleepers and giving priority to CATs has been critical to this success. Previously, even hostels specifically funded to provide for rough sleepers were often occupied by other client groups. Staff are now more likely to see their hostel as a part of a rough sleeping strategy, through their links to the RSU and to other local agencies. Inevitably, agencies wishing to refer non-rough sleepers have complained that they now have reduced access to hostels. Some agencies pointed out that giving priority to rough sleepers could potentially act as an incentive to rough sleeping. This risk highlights the continuing need for rigorous assessment of people claiming to be rough sleepers and to make alternative provision for other groups people who need hostel places.

Some hostels were still resistant to accommodating known drug users and feared the legal liabilities of the managing agencies. However, there appeared still to be misconceptions among some hostels, or an unwillingness to provide for such people and further training would be useful.

Support for hostel residents

The ability to help hostel residents to move on to permanent housing is critical. In part this depends on pre-tenancy work (see Chapter 5), but the management and support provided by hostels is also central to ensuring that people do not return to the street.

Increasing the proportion of rough sleepers accommodated in a hostel usually increases its management problems. The challenge facing hostels was evident from our interviews with hostel residents.

Two thirds had stayed in a hostel previously and all but one had slept rough after leaving a hostel. Almost two thirds of those who had previously used hostels had been evicted from at least one. A half of all those interviewed said they had preferred at some stage in the past to sleep rough rather than use accommodation and six people thought it possible they might do so again. (Table 3.1).

Table 3.1 Interviewees’ previous hostel stays

<table>
<thead>
<tr>
<th>Whether had ever …</th>
<th>(number)</th>
</tr>
</thead>
<tbody>
<tr>
<td>…stayed in a hostel previously</td>
<td>21</td>
</tr>
<tr>
<td>…left rough after leaving a hostel</td>
<td>20</td>
</tr>
<tr>
<td>…preferred to sleep rough than use a hostel</td>
<td>16</td>
</tr>
<tr>
<td>…been evicted from a hostel</td>
<td>13</td>
</tr>
<tr>
<td>Total</td>
<td>* (29)</td>
</tr>
</tbody>
</table>

Only half of interviewees (14 people) were definite they would not sleep rough in future, although two thirds said that on balance they would prefer to stay in hostel accommodation than sleep rough. While the great majority described their first experience of sleeping rough in wholly negative terms, the majority subsequently saw some positive aspects to sleeping rough and half found they had got used to street life, or found methods of coping. Only half of interviewees (14 people) were definite they would not sleep rough in future, although two thirds said that on balance they would prefer to stay in hostel accommodation than sleep rough.

The most common reasons people gave for preferring to sleep rough than stay in some hostels were associated with safety. This was either because of the prevalence of drug use in them:

- Full of people with needles - waking up in the middle of the night and nearly stepping on a dirty needle - it makes me angry. You can’t find a hostel without drugs. [m/22/Ln]
- or violence:

- Sometimes - it’s safer. In most shelters you get aggravation and you can’t escape from it. In the open you can see the aggravation coming and you can hide, where no-one can see you. [m/50/Ln]

Some people positively felt safer being on the streets with their friends, and for some, this meant sharing their drink and drugs habits:

- Yes - all my friends were on the streets. We could drink and take drugs together. It felt more secure there- it’s hard to explain, we were all together. [m/22/Ln]
The difficulties of providing for drug users were illustrated by one woman interviewed who had been using heroin for many years and liked having the company of other users on the streets. She wanted to keep the money she might have had to pay in hostel service charges to pay for her habit. Now that she had been drug free for three and a half years, staying in a hostel which had rigorous policies against drug use was particularly important to her, and she was willing to pay the hostel charges to avoid associating with people who were still using drugs.

The cost of hostels and their rules were put forward as reasons why rough sleepers might be unwilling to use them:

People look at two things: 1) rent - so much money comes off benefits if you’re in hostels, and 2) you’re told what to do. When you’re sleeping rough, you have all your money to yourself for drink and drugs and you can do your own thing, you’re not tied down, you make up your own mind what you want to do. [m/57/Ln]

People adapted to living on the streets:

You don’t have to pay service charges. You would rather buy your own food. You have to live by their [hostels’] rules. People get used to the streets, feel comfortable with it, like institutionalised people get used to their life, it’s the same with people living on the streets [m/22/Ln].

However, most people interviewed generally preferred hostel accommodation to sleeping rough, although some qualified this by saying what mattered was the quality of the hostel accommodation.

The half who were clear they would not sleep rough had either formulated a definite plan:

1) Off drugs and I want to stay off. That’s the main one. I’ve done 10 years of it and it’s time for me to move on. [m/34/Bn]

or experience had led them to look for a different way of life:

2) I’m doing things in a certain order - I’m determined to find suitable accommodation first. I’ve always found a job first, then accommodation, but now realise it’s better to have a sound base... I have to have that permanent base, I need the stability. [m/52/Bn]

Around a third were still unclear about whether they would sleep rough in future. For example, a recent arrival at a rolling shelter did not know what the longer-term possibilities would be:

I hope not [to sleep rough again], but I’m not ruling it out as this is just a temporary hostel, if they can’t find us a permanent place [m/37/Ln]

Among the uncertain group was a man who was trying, without counselling or other help, to tackle his drinking so as to be able to move on to a dry hostel, where he had stayed before, but had been evicted for drinking:

I want to keep myself clean so I can move on [to a longer stay hostel]. I’ve got a drinking problem - been drinking since I was 15. I can drink in my room here, but not in the public rooms. The move on hostel is stricter - you can’t drink there. Got caught before, drinking in my room there and they told me to leave. So I went back on the streets... [m/38/Bn]

While among those who thought it likely they would return to the streets, was a young man who was severely depressed and had low self-esteem:

I don’t feel like helping myself. I feel I don’t deserve a nice life as I’ve done terrible things in the past - I made my mother feel bad and my father feel bad... the only reason I’m in a hostel is it’s winter and too cold. I’ll be back on the street in spring. [m/22/Ln]

Almost two thirds could think of ways of avoiding sleeping rough in the future. Most common was through changing their own behaviour or by self-help of some kind. For some, this meant keeping away from the temptation to drink or use drugs:

In every addict’s life, you get triggers - especially if you see people who are using. It all depends on who you put yourself with - if I keep with people who are clean, I’ll stay clean. [m/34/Bn]

whereas for others, it meant making sure they did not lose their hostel place:

Not to misbehave and disrespect the hostel workers. Go to keyworker sessions, go to college, keep out of trouble and keep away from the streets. [m/22/Ln]

Broadly, interviewees fell into three levels of support need:

• People who had slept rough as a result of a life crisis, which may have been associated with, or resulted in, substance misuse. They had relatively few episodes of rough sleeping before being in touch with services and support to tackle their problems. They were now planning, or engaged in, meaningful activities (including work) and positive about the future and successful resettlement. They were unlikely to require long-term support.

• People with substantial deep-seated problems, including drink and drugs. They were not necessarily all long-term rough sleepers. Some had been in and out of tenancies, hostels and insecure accommodation, with short episodes of rough sleeping. Those who had long term histories of sleeping rough had also been in and out of the system and often made repeated efforts at detoxification. They were now at a point when they were seriously committed to tackling their problems and had some insight into underlying causes. Some were aware of consequences of not accessing services and support to help their tenancy to succeed, although not all intended to give up substance use. Some were engaging with meaningful activities, even if not work. They seemed likely to need medium or long-term support of the type offered by TSTs.

• People with substantial deep-seated problems, including alcohol and drugs, but not being realistic about their resettlement prospects and the support they might need. They were not yet fully ready to tackle their problems and were not currently receiving pre-tenancy support. Although some might successfully resettle with support, most seemed likely to have further episodes of rough sleeping, unless there was some early intervention to provide more intensive support.

Examples of hostel residents with each of these levels of support needs are presented as case studies in Appendix 1.

There are continuing questions over the capacity of some generalist hostel staff to manage former rough sleepers with high support needs. The high proportion of residents returning to the streets (see below) means that CATs are having repeatedly to help the same people back into accommodation.

Hostel work is widely seen by homelessness agencies as an entry-level job, relatively low paid and with unsocial hours. It can be difficult to recruit suitable staff and posts are often filled by young people with little relevant experience. Some posts are poorly paid, often substantially lower than equivalent staff in supported housing projects. The quality of training appears to vary widely. There is high turnover and staff will often move on after a year or two.
Hostel keyword covers a wide range of support and lack of it. It was reported that in some hostels residents are not seen by a keyworker for up to four weeks. Many will have left before they receive any assessment of their needs. In London, monitoring records show that the support needs of nearly half (48 per cent) of hostel residents were still not known by the time they left the hostel. Individual needs assessments and care plans should be drawn up at the earliest opportunity. Assessments can also help to identify those residents who do not need to be in a hostel and release beds by moving them on. There is a need for more effective training for all frontline staff, particularly in substance abuse and mental health problems.

Accommodating persistent and chaotic drug users, who now form a high proportion of rough sleepers, continues to be a problem. They are sometimes unwilling to pay hostel service charges, typically around £30 a week, because of the priority they give to expenditure on drugs. The RSU paid a subsidy on some hostel beds to reduce the cost of service charges to residents. Agencies reported that this had helped with the problem of some rough sleepers refusing offers of a hostel bed in the short term. However, some staff believed that the provision of cheaper or free accommodation could only be an initial response, to enable work to begin with this group. They would not be able to re-settle in the longer term, until they can take responsibility for their budgeting and housing costs and this entailed, at the minimum, the reduction and control of their drug use. Support to achieve this should run in parallel with the provision of accommodation.

The appointment of specialist staff to provide additional support was generally seen by agencies as a success, enabling hostels to accommodate people such as drug users, for whom they could not previously provide sufficient support. However, several agencies questioned the expertise of some specialist staff, pointing out that they were sometimes generic hostel staff who had a few months’ experience, but little or no specialist training or qualifications. This was particularly the case with some substance abuse workers.

The effectiveness of some provision has been questioned by specialist drug agencies. For example the Greater London Drug and Alcohol Purchasers Group stated in their response to the DTLR consultation on the RSU programme:

“Some host (homelessness) agencies effectively retain managerial veto over the managerial lead and clinical judgements of substance misuse specialists. This appears to have resulted in (for example) one of the new hostel based substance misuse services failing to develop an effective case management / treatment model of care.... We are concerned that the most complex needs of clients are therefore not receiving the specialist, intensive support they need.

“An effective commissioning framework should provide a separation of powers between commissioning and delivery. The homelessness agencies acted as proxy commissioners as well as being heavily involved in the delivery and management of substance misuse work. This arrangement could never provide the level of accountability offered by a purchaser / provider split.”

The response argued for a joint commissioning partnership with homelessness agencies and led by substance misuse specialists.

Future funding for such services will be channelled through local Drug Action Teams (DATs) which should have the necessary expertise. Guidance on services for homeless people will be issued to them through the new Homelessness Directorate at ODPM, in conjunction with the Home Office Drug Strategy Directorate and the National Treatment Agency.

The growth in specialist posts in hostels has also made it more difficult to retain generic staff, many of whom want to move on rapidly to become specialists. Hostels running specialist units themselves reported difficulties in recruiting specialist staff to run them. However, they did point to increased retention rates with residents and successes in stabilising them. There is a need to develop training and clear targets for specialist staff. There is further discussion below (see Chapter 6).

One approach might be to separate housing management functions in hostels from expert support work, with upgraded posts paying higher salaries and with restrictions on night work for specialist staff when, in any event, such work is not usually needed. In one hostel, which adopted this structure, arrears had been brought down from 16 per cent to five per cent of rent due. The Supporting People programme will bring together funding for supported housing, including hostels, under local authority control and offers the opportunity to review and improve hostel work.

Half of hostel residents interviewed for this research had either taken up new activities, usually creative, computing or recreational, since moving in to the hostel, or they were looking for, or engaged in, training or work. However, the more settled residents were more likely to be represented in the interview sample, with two thirds having been in their hostel for over six weeks compared to only a third of all former rough sleepers in RSU-funded hostels in London. It is therefore more likely that they would have taken up such activities.

Asked what difference having work would or did make, the most common response was that it would help to sort out their lives. One man summed up what others expressed in various ways: Independence, building of friendships, having enough money to get by. I’ll bring me things I’ve never had before - enjoyment, job satisfaction. I’ll get a lot from doing something I want to do. It’s time I started giving something back to society. [m/34/Bn]

Some hostels have found that the provision of opportunities for meaningful occupation reduces the number of disputes and incidents between residents and staff. While the development of meaningful occupation programmes has been widely welcomed, there is a need to define their objectives, identify effective work practices and to develop more outcome-based performance indicators. Some staff suggested more relevant training should be offered, for example in manual trades, where suitable employment would be available. However, some residents interviewed said that gaining a degree of computer literacy had benefited their confidence and self esteem, even if it did not lead to a job.

Although some hostels continue to ban residents without giving clear reasons or a right of appeal, in others there is now a greater effort to reduce evictions and bans, to ensure residents do not return to the streets. Some hostels are now using short-term suspensions, sometimes for only one hour. One provider, for example, never evicts for rent arrears, but finds other means of tackling the problem. Another carries out a detailed “risk of eviction assessment” to tackle behaviour which might result in eviction. The assessment is completed jointly by the keyworker and resident to identify the behaviour and what action can be taken to modify it. In Bristol, hostels have to record all evictions and exclusions and the reasons for them. It was reported that this had helped to reduce the number of such exclusions. In Manchester, clients of the CAT who have been banned from hostels are offered support visits which can be as frequent as daily, with the result that hostels have been prepared to offer a second chance to those residents. In some areas inter-agency groups meet to review difficult clients. This can result in previously banned residents being offered another chance and support programmes are agreed to try to ensure that similar problems are reduced in the future. A transfer to another hostel can be an alternative to eviction and mutual arrangements have been made between hostels for such transfers.
CATs report that there are small groups of rough sleepers who have been banned from existing provision because of their anti-social and even dangerous behaviour and who are difficult to accommodate. They include alcoholics and sex offenders. Usually they have prison records and may suffer from personality disorders which are regarded as untreatable by most agencies. Thames Reach estimates from an analysis of its client records there are around 75 such rough sleepers in London. A recent survey of rough sleepers found that one in five had been barred from emergency accommodation (Baker, 2001). There is a need to develop models of specialist provision for this group and some agencies were working on plans for this. Outside larger cities, provision might be made on a regional basis.

Despite all the developments in providing extra support, resettlement rates varied widely and in general hostels still failed to resettle most of their residents. In London, for example, in August to November 2001, 44 per cent of hostel residents stayed less than six weeks. Only 29 per cent of people leaving made a positive planned move out of hostels, 15 per cent were evicted and 43 per cent were abandonments or unplanned departures.

There is a need to reduce the number of evictions and bans from hostels and the number of abandonments, which remain a significant route into rough sleeping. In London during 2000/01, 687 rough sleepers had previously been helped into accommodation by CATs and had returned to the streets. This represented 41 per cent of those who had been helped into accommodation. This high rate of return to the streets is not solely the responsibility of the hostels. In the past, around half of persistent rough sleepers appeared to use hostels as a temporary respite from rough sleeping, rather than as a first step towards resettlement (Randall and Brown, 1999). This means that simply offering the opportunity of resettlement from a hostel will not be enough; it is necessary to work actively with residents to encourage them to plan for positive changes to their lives.

Rolling shelters

The RSU funded a programme of temporary hostels known as rolling shelters which, like the winter shelters in earlier programmes, provided immediate access to beds for people who had previously been reluctant to use ordinary hostels. Sometimes this reluctance sprang from an unwillingness to apply for benefits and to pay the cost of a hostel bed, or a more general dislike of the regime in hostels. Rolling shelters opened in different buildings for a limited life, so as to avoid them becoming long-term accommodation. The aim was to move people rapidly onto to longer stay temporary accommodation as a prelude to resettlement. They were also intended to provide a quick additional supply of beds, pending the longer-term provision of hostel beds for rough sleepers. The initial target of 120 beds was achieved, with the aim of reducing these beds over time.

Agencies believed that the shelters had been successful in reaching difficult clients. They met, or came close to their performance targets, including 99 per cent of referrals from CATs (target 99 per cent), 100 per cent of residents staying at least seven days having a resettlement plan (target 100 per cent). Four out of five stayed longer than seven days and of these 71 per cent had a positive move on from the shelter, rather than eviction or abandonment (target 70 per cent). However, over two thirds of residents cited benefits as their main source of income, suggesting that problems over claiming benefits only affected a minority of shelter residents. This finding suggests that there may be a case for moving shelter residents onto a paying basis, with the help of housing benefit, at the earliest opportunity.

The flexibility provided by shelter beds is a useful extra option in the range of provision for rough sleepers. However, there was a widespread view among agencies, including among those who had managed shelters, that opening and closing in different buildings has been excessively costly. Many thought alternative means of limiting stays should be found, perhaps by closing and reopening the same buildings. However, others pointed out that temporary use of buildings sets a time limit on any negative impact on the local community.

Moving on from hostels

Where there were any difficulties of access to hostel beds, these were reported in most areas to relate to a lack of adequate move-on accommodation, rather than absolute shortages of beds. The cost of keeping people in hostels is so high that early move-on for those who do not need high support will almost always be cost effective.

There was reported to be a need for more long-term supported hostels. This type of provision would overlap with a range of other types of supported accommodation, such as shared housing and lodgings for those who are not ready, or who may never be ready, for independent accommodation.

The difficulties of enabling moves to permanent housing raises questions of the supply of such housing and whether additional supply, including in the private sector, could be accessed. These questions are examined in the next chapter.

Raising standards in hostels

Some agencies argued that, in London, provision for rough sleepers should be concentrated on a smaller number of specialist hostels. Others believed that the exceptionally high support needs of rough sleepers should be shared more equally between a number of hostels, so as to avoid a concentration of problems. However, if rough sleepers were dispersed in this way it would be more difficult to ensure that adequate specialist support was available for them in each hostel.

With the success of CATs and tenancy sustainment in permanent housing (see the next chapter), hostels appear to be a weak link in the chain from street to permanent housing. Although many are doing excellent work with a very difficult client group, some could be characterised as an expensive, temporary shelter for people who cannot be helped by other social care agencies. Many of these hostel residents return to the streets. Low standards of accommodation and care are tolerated in some hostels, which would not be acceptable in, for example, registered care and residential homes.

There is a need for a comprehensive review of the role and management of hostels, which should include:

- Access for people with high support needs, including continuing drug users, drinkers and those with multiple needs.
- Access at times when people sleeping rough can be contacted, including during the night.
- A wide diversity of provision to meet different needs, including those who want an alcohol and drug free environment and special provision for people who have been banned from other accommodation and those who are potentially dangerous.
- A focus on people who need the relatively expensive care provided by hostels, with ready access to more independent accommodation for others in housing need who do not need support.
- Linked diversion schemes and family mediation. There has been a tendency by agencies to see hostels as the first option for newly homeless people. The aim should be to ensure hostels are a last resort to provide for those who have no alternative.
- Support needs assessments and care plans, which are put in place within the first week of residence, in conjunction with pre-tenancy support staff.
- The provision of professional support to those with mental health, alcohol and drug problems.
- Support to sustain residents in the hostel and to ensure a positive move to longer-term housing.
- A reduction in evictions and bannings to the minimum.
- The provision of meaningful occupation and training linked where possible to employment opportunities.
- The professionalisation of hostel management with adequate training, qualifications and salaries.
The ultimate aim for any programme for people sleeping rough must be their long-term resettlement into permanent housing and reintegration into society. In the past, many rough sleepers have been trapped in a cycle of rough sleeping and temporary accommodation, usually hostels, interspersed by stays in other institutions, often prisons. The RSU programme aimed to break this cycle by the provision of:

- Support to former rough sleepers to help them prepare for permanent housing, usually known as pre-tenancy or resettlement work.
- Routes into permanent housing including, in the major areas of rough sleeping, new social housing reserved for former rough sleepers.
- Support, provided by Tenancy Sustainment Teams (TSTs), to ensure that former rough sleepers did not lose their tenancies because they lacked independent living skills.
- A wide range of programmes designed to prevent homelessness among former rough sleepers and people at risk of rough sleeping. These included advice and support services and programmes for meaningful occupation, which provide training and employment related activities.

This chapter examines pre-tenancy work, permanent housing and tenancy sustainment work. Preventive programmes were the subject of a separate evaluation by the DTLR.

**Pre-tenancy work**

The need for tenancy support is evident from the fact that around two thirds of rough sleepers have had independent accommodation at some stage and have lost it. Four out of five hostel residents interviewed for this research had previous experience of managing a tenancy or a home they owned: over half had been a private tenant and a half had been local authority or housing association tenants at some stage.

The most common reasons given for leaving their first secure accommodation were drink or drugs related, or relationship breakdown. Long term drug users in particular reported a series of tenancies, usually private rented, which they had lost because of their chaotic lifestyle and offending. For example, one interviewee estimated he had lost as many as thirty tenancies as a result:

*Drugs, always drugs - spending the rent money on a gram of gear ... the last time two burly blokes came round and told me to pack and go. [m/37/Ln]*

He described the difficulties of returning to accommodation after periods of time on the streets:

*It’s a massive strain trying to pay the bills. Paying Housing Benefit straight to landlords helped enormously, but it’s still a struggle to keep everything going. [Having been] homeless reinforces those difficulties, so in a way it’s a relief when you become homeless again ...Once out of the system, life is simple. People give you things - food, clothes. It’s easy, it’s all laid on.*

Most commonly, people slept rough immediately after losing a tenancy, although some reported having stayed with friends or relatives before having to resort to the streets.

Over half reported having had two or more types of mental health or substance use problems in previous tenancies. A similar proportion reported having had problems associated with depression, nerves or anxiety. Two thirds of these thought they would need some help and support after moving into a tenancy. The same proportion had suffered loneliness or isolation. A third thought drinking had contributed to previous tenancy problems and a further third referred to problems relating to drug use. Almost all of these thought they would need help with drinking or drug use after they moved.
Two thirds of those wanting to move directly into permanent accommodation thought they would need help to prepare for moving on. Most commonly, people wanted practical help with finding furniture, budgeting, lifeskills and services.

The majority of those with permanent move-on aspirations after their current hostel thought they would need help before and after moving into permanent accommodation. The most common types of support people thought they would want was with their drinking or drug use and budgeting:

\[I\text{ need help managing addiction - information and access to medication, counselling and detox. Also help with debt management - I have a lot of debt hanging over me that I haven’t dealt with. I stuck my head in the sand before about financial things. I need a sensible approach to money and not allow myself to get carried away with drugs. [f/27/Ln]}\]

The majority of hostel residents interviewed had discussed move-on possibilities with an agency worker, usually their keyworker, a resettlement, TST or CAT worker, or with a combination of these. However, it has been seen that more settled residents were more likely to be in the interview sample and therefore to have discussed plans for moving on.

Most of the staff interviewed pointed to weaknesses and gaps in the current arrangements for pre-tenancy support. There appears to be considerable confusion over the division of responsibilities for pre-tenancy work with hostel residents. In some cases it was intended that CATs would carry out this work, but it was commonly reported that street work had taken priority. Where generalist hostel staff had been funded for this work, it also appeared that immediate day to day management concerns often squeezed out pre-tenancy work. Some TSTs reported that there were often no designated pre-tenancy workers in hostels and that referrals were prepared by ordinary hostel staff. The majority of referrals came without any detailed assessment and support needs were sometimes understated so as to secure rehousing for clients. Referrals have been made where, in the opinion of TSTs, people were clearly not ready for independent housing. Some thought that performance indicators which focussed on the number of people referred for housing could encourage this process.

The degree of pre-tenancy support, if any, received by former rough sleepers seems to depend on which hostel they are in. In many cases it appears to be inadequate and in some non-existent. In some hostels it is even difficult to identify which staff are supposed to be providing the service. There appear to be no common assessment methods or work practices, with no agreement on what type of support should be provided and when. There are no standard agreed procedures for handing over to TSTs.

An earlier evaluation of outreach and resettlement work found that they were very different tasks, which were difficult to combine and that it was also difficult to combine resettlement (or pre-tenancy) work with hostel management (Randall and Brown, 1995).

There does appear now to be a gap in provision at this stage and it is suggested that pre-tenancy work is reviewed. This and previous evaluations have found an inherent conflict of priorities where generalist hostel staff attempt to undertake pre-tenancy work. It requires a particular set of skills and adequate time allocated to the task. For this reason, the best option might be for the appointment of specialist staff, possibly independent of hostels, whose sole responsibility is pre-tenancy work. Their brief could be also to ensure that hostel residents did not return to the streets. One option might be to incorporate this function into TSTs, serving hostels in their geographical areas. Clients who are rehoused in other areas would be passed on to the TST in that area, with agreed referral protocols.

There is a need for good practice guidance on pre-tenancy work, much of which could be drawn from existing guidance on resettlement. This includes:

- Comprehensive standard needs assessments, leading to action and care plans, within a week of the resident entering the hostel.
- Identification of key problems with which the client needs help, focusing on identifying the most suitable housing option, the level of support needed and skills for tenancy sustainment.
- Ensuring any other support needs such as mental health, drugs and alcohol abuse are met by specialist agencies.
- Help with meaningful occupation, employment and training.
- Joint work with the TST in the area of move on housing, to ensure that a seamless service is provided.

**Access to permanent housing**

In some areas, shortages of suitable permanent accommodation are seen as barriers that might affect longer-term prospects for reducing rough sleeping. In others, there is no shortage of social housing and strategies need to focus on the suitability of the stock, its location and on tenancy support.

A substantial amount of social housing stock was funded under the RSI. In London there were nearly 4000 RSI bedspaces, due to increase to nearly 5000. In 2000/01 there was a relet rate of 14 per cent. In that year, including new lettings, there were 787 permanent homes for letting to former rough sleepers.

The RSI stock continues to be an invaluable resource. In London, some delays in the nomination process have been reported. Some agencies related this to the inadequacies in pre-tenancy work discussed above. There is also some concern over access to RSI tenancies for those with higher support needs. TSTs reported that clients with limited rough sleeping history and low support needs were being housed and argued that they could provide support for those with higher levels of need.

There are continuing concerns over the use of shared housing, which have been identified in successive evaluations of the RSI (Randall and Brown, 1991, 1996 and 1999a). Shared Solutions, a recent Housing Corporation funded evaluation of RSI shared housing, pointed to the problems of:

- High turnover of 103 per cent in three years.
- Relet times of four months on average because of the unpopularity of shared properties.
- A rate of tenancy failure of 26 per cent, nearly twice as high as for RSI self-contained accommodation.
- Most tenants were not in their accommodation by choice.
- Tenancy support that is often inadequate and which does not appear to be correlated with the existence of SHMG funding, which is provided for such support.
- A lack of move-on options from shared tenancies.

Shared housing could be a valuable resource if used as short to medium term accommodation, especially for young people, as has been recommended in previous evaluations of rough sleeping programmes. Indeed, some young people’s agencies in different areas of the country believe that a period in shared housing, with varying levels of support, should be the normal route for their clients. Some young people prefer a period in shared housing, but even where they do not, it has a role to play in successful resettlement. Centrepoint, for example, argued in its response to the RSU consultation that:

“Shared supported housing plays an important role in resettling people into permanent accommodation. However young people are often unwilling to accept shared accommodation. It is therefore important that service providers work with young people to manage their expectations, and that, except in exceptional circumstances, a period of time in shared supported accommodation becomes the norm on the route to independent accommodation.”

Other young people’s housing projects agreed. Young people benefit from the more informal support, which can be offered in such a setting. It also enables agencies to assess young people’s eventual readiness for independent housing. Shared housing can also be useful as training flats, including for some older homeless people who need to develop independent living skills.

Shared solutions makes detailed recommendations for resolving the problems of shared housing and evidence from this evaluation supports those conclusions.

Agencies see a need for a wide range of accommodation with differing levels of flexible support, including small-scale specialist accommodation for very vulnerable people, such as substance misusers. Referral agencies reported that some current supported housing schemes appear to provide poor quality, or very limited, support and there is a need for more monitoring and control through Supporting People. There is also a need for more move-on accommodation to release places in supported housing. Other young people will need continuing high support for many years, for example some residents of high care projects funded by the RSI and the DOH Homeless Mentally Ill Initiative (HMI).

Agencies stated that there is also a need for more move-on from RSI accommodation into other RSL stock. Some RSLs mistakenly believed that tenants housed through RSI were a separate category of tenant. In fact, they have the same rights to transfers as other RSL tenants. Transfers would meet the needs of tenants who now have partners or children and also release stock for other former rough sleepers. It would also help people to leave behind the rough sleeper label. In areas where no permanent housing was funded under RSI, former rough sleepers are housed directly into local authority and RSL stock. Where there is an adequate supply of social housing, the major concern is to provide a home of the right type and with the necessary support. In areas of high demand for social housing and high private sector housing costs, there remain problems over access to permanent housing for rough sleepers, as for other groups of people in housing need.

Exclusions from the local authority housing register can make it difficult or impossible to re-house some rough sleepers and hostel residents, particular if there is no housing stock in the area, which is earmarked for former rough sleepers. A model developed in some areas is for such applicants to be reviewed by specialist panels and for agreed support packages to be put in place. They can then be offered another chance in social housing. Without such opportunities, people can remain trapped in a cycle of rough sleeping and hostels.

The Homelessness Act 2002 ends local authorities’ ability to operate blanket exclusions and in the case of individual exclusions they must demonstrate that the person’s behaviour has not changed and would still make them unacceptable as a tenant. Their behaviour must be such that the local authority would be entitled to a possession order if the applicant were a tenant and the authority must notify the applicant in writing of the reasons for their decision. Applicants who consider they should no longer be treated as ineligible can reapply. These measures should make it easier for agencies supporting former rough sleepers to work in partnership with the local authority to ensure they are not excluded from social housing, as long as adequate support programmes are in place.

In areas of high housing demand, some agencies have established schemes to help with moves to temporary and permanent accommodation in other areas, including both social and private sectors. For example a project run by Brighton Housing Trust helped 93 people to move between April and November 2001, half of whom had been rough sleepers. The help includes arrangements for support, employment and training in the receiving areas.

There is some scope for use of the private rented sector for former rough sleepers, although research has found that it is not usually suitable for people with high support needs, except for a few specialist schemes that incorporate support for tenants (Randall and Brown, 1994).

Support for tenants and the Tenancy Sustainment Teams (TSTs)

The evaluation of RSI (Randall and Brown, 1999) confirmed the importance of resettlement work and recommended that funding of adequate support should have priority in future programmes. Two problems were identified with previous arrangements for resettlement work in London:

- Teams covered a wide geographical area and had to spend a large amount of time travelling rather than with clients. Working in many different local authority areas also limited the degree of local knowledge and contacts with other support services that could be developed by staff.
- The support offered by resettlement teams was usually limited to between six months and a year. Tenancy problems could still arise after that time.

The RSU funded a new structure of Tenancy Sustainment Teams (TSTs) which replaced the former resettlement teams and changed their role. They were funded on an area basis and they provided support for as long as it was needed. In addition to generalist support workers, teams also included specialists in mental health, substance abuse, youth work and employment workers. TSTs in London appear to have achieved very impressive success rates in helping clients to sustain tenancies, with at least 95 per cent of clients having a positive outcome after a year. However, these figures included tenants who were already well established before TSTs were set up. Success rates with new tenants may over time prove to be lower.

TSTs have also made arrangements for CATs to refer people known to be tenants who are seen on the streets back to their TSTs, as they are at risk of renewed rough sleeping.

TSTs are keen to take on clients with higher needs and there is scope for such a service to bridge the gap between general needs stock and supported housing.

In some areas outside London there appears to be some confusion in the organisation of pre-tenancy work and TST work. For example, in some areas, TSTs appear to be the old resettlement teams under another name and in such areas the scope for introducing longer term floating support could be examined. The nature and effectiveness of support varies, especially when it is provided in-house by RSLs, rather than by specialist teams. However, there have still been some notable successes, such as reduction in tenancy failure rates among young people in the first six months from 75 per cent to 10 per cent in Brighton.
Twenty-three case records of TST clients were discussed with staff and in-depth interviews were conducted with an additional seven clients. TSTs have identified the need to provide a wide spectrum of support. Evidence from our sample of TST clients shows the extent of support needed. Three in five (18 people) had needed help with rent payments and around half (14 people) had needed help with paying other bills. Two thirds (12 people) had problems with rent arrears, including four who were now making regular repayments and whose tenancies were thought to have stabilised. For some, arrears had mounted to levels, which seemed impossible to tackle:

I’m useless with money. I don’t get the priorities right and spend a bit too much ... Debts got to around £3000. I couldn’t see any light at the end of the tunnel and I did think of leaving, but [worker] helped me sort out the bills. It’s down to about £800 now. [m/25/2 years]

Almost half the sample (14 people) had mental health support needs; a quarter (eight people) were heavy drinkers and a further two were recovering alcoholics. A similar proportion (seven people) were current drugs users and a further four had significant problems in the past with drugs, but were now clean. Five people had physical health problems (Table 5.1).

Table 5.1  Clients’ support needs

<table>
<thead>
<tr>
<th>Support needs</th>
<th>number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent arrears</td>
<td>16</td>
</tr>
<tr>
<td>Mental health</td>
<td>14</td>
</tr>
<tr>
<td>Alcohol use</td>
<td>8</td>
</tr>
<tr>
<td>Drugs use</td>
<td>7</td>
</tr>
<tr>
<td>Physical health</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>*</td>
</tr>
<tr>
<td>(Base)</td>
<td>(18)</td>
</tr>
</tbody>
</table>

* more than one type of need was possible

Two in five of the sample (12 people) had tenancies which were assessed by TST staff as stable and not thought to be at risk. A fifth (six people) had problems, but were not immediately at risk although this was a possibility. A further fifth (six tenants) were definitely at risk of losing their tenancies and were receiving intensive support (Table 5.2).

Table 5.2  Tenancies at risk

| Stable, not at risk | 12     |
| Uncertain, possibly at risk | 6     |
| Definitely at risk   | 6      |
| Surrendered/abandoned/evicted | 6     |
| Action to evict      | 12     |
| Total                | *      |
| (Base)               | (30)   |

Six tenancies which had failed were also in the sample: two people who had surrendered their tenancies voluntarily, two who had abandoned and two people who had been evicted. In addition to these latter two, action to evict had been taken against ten other tenants, including four who had recovered from the crisis and were now stable.

A third of the sample (ten people) had, in varying degrees, continued their rough sleeping habits while in the tenancy, including four out of the six people whose tenancies had ended. A quarter (seven people) were in regular contact with rough sleeper friends - either people still on the streets or in hostel accommodation. For example, in one case history examined, a man in his early thirties, who had never had a tenancy before and needed regular prompting from his TST worker about paying bills, which he tended to ‘forget’ about. He spent a lot of time wandering around picking up bits and pieces from skips but not making a home of his flat. He was returning regularly to the hostel where he had last stayed to see friends and was still in touch with the homeless circuit. Another TST client interviewed had been on the verge of abandoning several times. He had run into debt and did not get on with his neighbours:

I was fed up with the flat and wanted to get out. I had a row as soon as I moved in - I was working, getting up at five in the morning and they [other residents] weren’t working, playing music all hours. I soon put a stop to that. Then I got behind with the rent, Housing Benefit all mixed up and I didn’t know how to deal with it. [m/49/2 years]

He had no cooker and was still going to Day Centres for meals and to meet his friends:

You can have a good laugh on the streets. I could easily go back out there. I still see mates on the streets at Day Centres, where I go for meals. But I won’t have them round to stay.

However, his TST worker had helped him sort out his arrears, he was on the point of having a cooker re-installed and felt more optimistic about keeping the tenancy:

I feel I’ve got to stay now, but I wouldn’t mind moving to a different area.

Five people were maintaining a street lifestyle that was drink-related. One of the cases we examined was currently in crisis because of the tenant’s street drinking lifestyle. He was a member of a drinking school and regularly brought his friends back to his flat, often leading to disturbances with neighbours. He had been living without electricity for two years and there was a significant fire risk as a result of the newspapers he hoarded to make paper mache sculptures and the candles he used for lighting. Rent arrears had been mounting and he had an possession order. His TST was hoping to negotiate a stay on proceedings and to persuade the housing association to move him to a safer place where his support needs could be met.

Four tenants in the sample had drug abuse problems that involved contacts with the drugs street culture. Specialist TST workers are seen as a valuable additional resource which can enable individually tailored support programmes, including specialists in mental health, substance misuse, youth work and employment. Research in Bristol found that most drug users who were tenants or former tenants of social housing were reluctant to approach their landlords for support, even on matters directly related to housing. This makes it difficult for social landlords to identify those whose tenancy may be at risk because of drug misuse and illustrates one of the advantages of specialist support (Baker Brown Associates, 1997).
One of the TST cases provides an example of specialist support. A mental health specialist worker had been working with a young man intensively for 6 months to keep him in the tenancy. He was at risk of losing it, either through eviction for non-payment of rent, or though abandoning, because of the pressures he was under. He was a multiple drug user with mental health problems as a result of sexual abuse as a child. He was not managing his finances, had outstanding bills and was heavily in debt to drug dealer friends. In addition, he was suffering depression. The TST worker had been able to intervene and negotiate with the housing association about arrears payments. The housing association had been co-operative and had deferred action to evict. The worker had also lodged an appeal against a DSS ruling about his client’s benefits, which he was optimistic of winning. In addition, he had referred the young man to a specialist drugs agency and for psychotherapy via the Community Mental Health team. The worker believed that the tenancy was safe and the tenant was beginning to stabilise.

Another TST client we interviewed admitted he would never have referred himself, or thought of talking to his housing association about feeling lonely or depressed, although he had found them very approachable about repairs and other aspects of his tenancy. His TST worker suggested he seek help talking to his housing association about feeling lonely or depressed, although he had found them very approachable about repairs and other aspects of his tenancy. His TST worker suggested he seek help.

There were times of loneliness, because of moving out of the hostel and not having people always around ... [My worker] comes to see me once a week. Sometimes just pops in for a cup of coffee, other times, he helps me fill in forms and things. He suggested I see a doctor to get help. I’ve never had a doctor since I was a kid, but I suffer from depression and anxiety so now I’m having psychotherapy. It was a bit strenuous at first but I’m taking my time with it. [m/42/2 years]

The 1999 evaluation of RSI found that engagement in employment and training offered an important route back into society for former rough sleepers and recommended that clients should be linked into such schemes as soon as they could benefit from them, while recognising that some would only be able to achieve productive activity rather than paid employment. Encouraging meaningful occupation was seen as an important part of their new role by TSTs. Some teams had specialist workers. For example, a worker attached to a TST team, funded to help clients find meaningful occupation had proved a valuable resource, as this allowed generic and specialist workers to concentrate on tenancy management and support. In one case, a long-term rough sleeper had been a chaotic street drinker and also had mental and physical health problems. He had been re-housed for six months and was trying to stay dry. The team’s mental health worker and substance misuse worker were working jointly with him on aspects of his tenancy while the meaningful occupation worker had helped him find an introductory computing course to occupy his time. There was a relapse in his drinking over the Christmas period when he had brought back to his flat some of his former drinking friends, which caused problems with neighbours and the housing association. Despite this, he was continuing to engage with the TST workers, still wanted help to control his drinking and was planning to enrol on another course.

For others in the sample, work and training represented more than having something to do, but gave them aspirations. For example, a young man had been on the streets since his early teens, after leaving care. He was now settled in his flat, managing to pay his bills and was now planning to start some basic training:

I’m hoping to do a basic skills course - I have dyslexia and didn’t get much schooling. I would like to have other plans, but I’m being realistic. I want to do the course and get some paperwork behind me - for what you want in life, what you dream for. [m/25/18 months]

For another tenant, work would lead to a more positive lifestyle:

It’ll give me a social life. I won’t be hanging around with the people I’ve been hanging around with. I’ll have a lot more money. Live a normal life. [m/25/2 years]

However, some tenancy difficulties can begin when a client starts work and comes off benefits. Five people in our sample of TST clients had tenancy problems relating to employment - usually because of a reduced income. In one case, the TST were too late to be able to intervene to save a tenancy. The client had successfully maintained it for five years, but when he got a job, found he could no longer manage his money and ran into rent arrears and other debts. He had a poor relationship with his Housing Officer and failed to respond to warning letters. By the time the TST worker became involved, eviction proceedings had begun and the client failed to engage with repeated offers of advice and support. The build-up of arrears and demands had a destabilising effect, resulting in the tenant being sacked from his job and he was unable to offer arrears repayments to avoid eviction.

In some areas, tenancy support is being extended to other tenants at risk of homelessness, including local authority and private sector tenants. For example, a well-established tenancy support team in Brighton and Hove is successful in preventing homelessness in 97 per cent of cases referred to it. In Camden floating support to tenants with alcohol problems has resulted in a 98 per cent retention rate among tenants at risk of homelessness.

Future developments in tenancy support could include:

- Closer and more structured links between TSTs and pre-tenancy work, so that both processes used the same assessment tools and TSTs are in contact with clients as soon as it is known in which area they would be housed. This might be achieved by combining pre-tenancy work and TSTs into the same organisations.
- Extending tenancy support to all tenants who might be at risk of homelessness. This includes 16 and 17 year olds and people with a previous history of homelessness, as well as tenants in rent arrears or causing nuisance to neighbours. There is evidence that tenancy sustainment work with tenants at risk of homelessness can be very cost effective (Randall and Brown, 1999b). Some local authorities are already funding such work. Wider tenancy sustainment work would entail a support needs assessment of all tenants likely to be at risk before the start of the tenancy, rather than simply reacting after the tenancy had run into problems.
- Such support can also be extended to private tenants funded by Supporting People from 2003 and by transitional housing benefit in the interim.
- Further development of opportunities for work, education and training.
- A more effective focus of resources through withdrawing from RSI tenants who clearly do not need support.
- All referrals of former rough sleepers for permanent housing could be made through TSTs (who might also carry out pre-tenancy work) and be accompanied by a comprehensive needs assessment and support plan.

While TSTs have proved successful in reducing the number of former rough sleepers who become homeless again after tenancy failure, there does appear to be a gap in services at the pre-tenancy stage which could be filled by the appointment of dedicated staff to work with applicants for permanent housing.

The next chapter examines the other specialist support needed by many former rough sleepers.
People sleeping rough have a high incidence of substance abuse, mental and physical health problems and combinations of these. Such problems can prevent people from taking up offers of accommodation, or lead to them returning to the streets. Action to tackle these problems is an essential part of a rough sleeping programme and the RSU and partner agencies funded a wide range of services to meet these needs.

**Substance misuse**

In many of the case study areas, records showed that drug addiction, particularly heroin and crack cocaine were now even more common than alcohol abuse among rough sleepers. Agencies’ views were sought on the overall impact of the extra services funded for rough sleepers. There was a separate evaluation of the programme in nine regional centres outside London funded by the Department of Health with Drug and Alcohol Specific Grants (DrugScope, 2001).

Improved access to specialist substance misuse workers and to treatment was widely welcomed by agencies. There is continuing debate among homelessness and drug agencies about the balance between, on the one hand, harm minimisation, which helps rough sleepers with substance misuse problems to manage them as part of moving off the streets and, on the other hand, treatment and rehabilitation. Rapid access to treatment is seen by agencies as essential for rough sleepers who want to tackle their addiction. A wait of several weeks or months can mean the initial motivation is lost. However, specialists argue that pushing people into treatment who are not ready to see it through can be counter-productive and even dangerous.

Some of the substance misuse services for rough sleepers have been criticised by specialist drug services and homelessness agencies as inappropriate for the client group, with high dropout rates from treatment programmes. The interim report on the projects outside London found that:

“...many of the clients had left detoxification or residential rehabilitation indicating that they may not have been ready for such abstinence based programmes. The pressure to encourage clients to become drug and alcohol free can result in dangerous practice and is associated with increased relapse and overdose....There was some evidence that some of the projects were using harm reduction approaches, even though they felt the RSU did not consider this appropriate.” (DrugScope, 2001).

The London Borough of Camden found that, of 42 clients referred by CATs to their Substance Misuse Team, only four had gone on to long term treatment options. Many homelessness and drug agencies interviewed and those responding to the DTLR consultation on future rough sleeping programmes believed there should be more emphasis on the role of harm minimisation, in addition to treatment, for rough sleepers who might take many months or even years before they were ready for full rehabilitation. There is a need for longer-term accommodation for people who are continuing to abuse drugs and alcohol. Although only 20 per cent of people in hostel based substance misuse units funded by the RSU had accessed detoxification or rehabilitation services during April to July 2001, this does not necessarily mean that there should be an increase in earlier access to treatment for former rough sleepers. There is a need for both harm minimisation and treatment in all services for rough sleepers.

Some substance misuse workers in homelessness agencies were seen by specialists as lacking adequate training and expertise. Some of the agencies were themselves seen as lacking sufficient expertise and were thought to be offering inappropriate and ineffective services. There were also seen to be inadequately links with mainstream services leading to failures in follow-up after detoxification. Many agencies pointed to the importance of ensuring adequate follow on care for homeless people who had been through treatment.

Future commissioning and funding of drug services for homeless people will be co-ordinated through local Drug Action Teams (DATs). The new Homelessness Directorate in the ODPM, the Drug Strategy Directorate (DSD) in the Home Office and the National Treatment Agency will be issuing guidance to DATs to enable them to commission appropriate services for homeless people.

**Mental health**

The RSU funded around 40 specialist mental health posts in CATs, hostels, day centres and TSTs across London. About half of the funding was for specialist hostels previously funded by the DOH under the Homeless Mentally Ill Initiative (HMI).

There is a particular concentration of people sleeping rough with mental health problems in central London. A Joint Homelessness Team (JHT) has been funded by DOH and the RSU to work with them, including work on the streets.

There has been no recent detailed evaluation of this aspect of the programme, but agencies interviewed thought that specialist mental health services were generally a very effective part of the strategy. For example, the JHT in Westminster reported that specific funding for this work had enabled them to employ qualified social workers to focus on getting assessments, including Mental Health Act assessments, for entrenched rough sleepers. They were able to undertake intensive street work with CATs, and with the police, as well as on their own. This ensured access to hospital treatment for people who previously had been impossible to help, including those whom CAT workers had been unable to engage. In the first year, 50 people in these circumstances were moved off the streets. Between October 2000 and September 2001, they referred 33 people into specialist hospitals, some by use of mental health legislation. Over three-quarters (79 per cent) had been sleeping rough for more than a year and over half for more than three years. They were clearly reaching long-term rough sleepers who were extremely ill and vulnerable.

Clients were also helped on discharge from hospital and it was found that normally they needed supported housing. It was thought that as some of the more entrenched rough sleepers moved off the streets, others started to consider such a move.

More generally, the main concerns expressed by agencies interviewed were a perceived need for more comprehensive coverage of specialist mental health services and for the development of more specialist dual diagnosis services which would integrate mental health, drug and alcohol specialists into multiple-needs teams. The view was also expressed that, while techniques had now been developed for people sleeping rough with severe and enduring mental illness, it was still difficult to help some people with personality disorders and specialist work needed to be developed for this group. A more detailed evaluation and review would be useful, including the scope for developing specialist multiple needs teams.

**Primary health care**

A review of research on rough sleeping found extensive evidence of the difficulties encountered by people sleeping rough in accessing health services, including primary health care (Randall, 1998). This evaluation did not specifically re-examine this problem, but many agencies pointed to the continuing difficulties of access to primary health care for rough sleepers and other homeless people. They also complained of a lack of involvement by health authorities in rough sleeping strategies.

There are some specialist health services for homeless people. One example is the Luther Street medical centre for homeless and vulnerable people in Oxford, a partnership between statutory and voluntary agencies. They have open access, with no appointments needed and can offer consultations of between 20 and 40 minutes, much longer than usual GP consultations because of the complexity of needs of many patients. They have specialists in drug abuse in the practice and offer a full health service including chiropody and dentistry, as well as complementary medicine funded by a charity.

While there is evidence that specialist support services have developed in effectiveness, there could usefully be a more detailed evaluation of specialist services, including consultation with professionals in each specialist.
MANAGING THE STRATEGY

The RSU programme was delivered and managed by a partnership of voluntary and statutory agencies, which included local authorities and central government. This chapter examines the roles of local authorities, of inter-agency work and of the RSU.

Local authorities
In the case study areas outside London, the local authorities took the lead in rough sleeper strategies, which developed in line with RSU plans. The involvement has extended beyond housing departments and sometimes included town centre management and Chief Executives.

Local authorities in case study areas outside London had assigned specific staff to co-ordinate the strategies and in some instances had funded other agencies to help with this task. It had generally been given a higher priority than in earlier RSU funded programmes and some said that the RSU had been instrumental in encouraging this development. They now saw it as a key local authority function. In some cases they had taken the programme further, to develop wider strategies for dealing with problems created by street living.

In London, the picture was much more variable, with some authorities taking a very active role and others being much less involved. In part this might reflect the history of strong central government involvement in inner London. It might also reflect the fact that rough sleepers more easily cross local authority boundaries and might therefore be seen as beyond the responsibility of any one borough. However, key boroughs such as Camden and Westminster had very active engagement in rough sleeping strategies, which were highly praised by partner agencies.

Although social services in all areas have had some involvement, many agencies said that it was often less than might be expected in view of the high levels of needs among rough sleepers. Many social services departments were reported to be preoccupied with the needs of groups towards whom they have a clear statutory duty, such as children and young people leaving care. Rough sleepers can sometimes be seen as non-residents, who in any case do not request a service. Seeking out such unmet needs is often not seen as a priority.

Other agencies see the role of the local authority as essential to the success of the strategy and have noted major advances where they have taken a stronger lead. Some agencies would like to see the local authority role extended further in future programmes.

Local authorities’ new duties to produce homelessness strategies under the Homelessness Act 2002 encompass a duty to produce a strategy for rough sleepers, where they have not yet done so. This should help further to develop the role of local authorities in tackling rough sleeping.

Inter-agency work
Inter-agency work has developed significantly over the past three years, with statutory and voluntary agencies working together on both strategies and individual clients.

For individual clients, joint case conferences now take place in several areas and are seen as a very effective way of improving services. They can involve CATS, hostels, social services, health services and the police. In some instances, local policy makers are also involved in discussion of individual cases to ensure they are aware of the range of problems and that suitable solutions are available. Joint work also helped several agencies, including hostels, social services and the police to examine how to fill gaps in their services for rough sleepers. Several agencies pointed to the importance of developing common assessment procedures as an aid to joint work.

At its best, joint work enables a flexible service tailored to each individual client’s needs where, for example, accommodation, medical treatment, social support and law enforcement issues can all be considered together and can complement each other. So for example, targeted police activity might discourage street drug dealing and drinking, at the same time as CATS and hostels are ensuring that suitable accommodation is available for people sleeping on the streets. Specialist mental health and substance abuse workers, along with medical staff and hostel key workers might then ensure that vulnerable individuals have access to support and treatment, while ensuring they do not return to the streets and are started on a resettlement programme for eventual permanent re-housing.

However, despite the successes, the involvement of social services and health services is generally not as close as other agencies would like. Local authorities’ new homelessness strategies should enable and encourage the further development of joint work.

In some areas, new agencies were brought in where previously projects had failed to make any significant reduction in the number of rough sleepers. Agencies in those areas generally recognised that this had been a positive development and challenged local providers, while naturally leading to initial difficulties over inter-agency work. These developments have highlighted the importance of avoiding reliance on near monopoly providers in some areas.

The role of the RSU
There was very wide support among homelessness agencies for the RSU strategy and appreciation of the expertise of RSU staff and the support given by them. Most agencies were clear that the reduction in the number of rough sleepers would not have happened without the Unit. Some pointed to the usefulness of the RSU in bringing in advisers from outside the area to bring a new perspective on longstanding problems.

The great majority of agencies expressed strong support for the use of targets. While a few argued against the strong reliance on street counts, no detailed alternatives were put forward.

There is strong support for the continuation of the funding and strategic leadership provided by the RSU and a belief that, without both, the numbers of rough sleepers could rapidly increase again.

The role of the RSU in ensuring strong leadership from central government is seen as critical by most staff interviewed. There is some support for further strengthening the role of local authorities, but the great majority wants to see the continuation of a central body.

The Homelessness Directorate at DTLR now covers the work of the Rough Sleepers Unit. It perhaps might have an extended remit to cover street living. It might also develop good practice in hostels and preventive work and monitor local authority homelessness strategies. Many agencies also saw a need for better dissemination of good practice. This could be done by the new Directorate and by successful projects providing consultancy, advice and training to agencies in other areas. A rolling programme of inspections and evaluations of different aspects of the strategy could help to improve the effectiveness of such services as hostels, substance abuse, mental health, multiple needs and the use of permanent RSI stock. Each aspect of the programme should have systems of evaluation designed in from the beginning of funding. The case for a good practice website could be investigated.

It is to be expected that agencies would argue for the continuation of central government funding, but there is a strong case for this. Many agencies are concerned that Supporting People might not give sufficient priority to rough sleepers and argue for ring fenced funds. The numbers of people sleeping rough are volatile and could arise again without a continuing programme of both prevention and street work. Funding might be concentrated on a smaller number of successful agencies, while avoiding the creation of monopoly providers where possible.
The number and profile of rough sleepers

The RSU strategy achieved its primary target of a reduction by two thirds in the number of people sleeping rough as recorded on single night counts. Such counts are a reasonably accurate method of recording changes over time. Evidence from this and previous evaluations suggests that the number sleeping rough over a period of a year is approximately ten times the number counted on any one night. While the total numbers of people sleeping rough have substantially reduced, the remaining rough sleepers continue to have a high level of support needs, including mental health, drug and alcohol problems and combinations of these. The proportion of people with problems of hard drug use appears to have grown substantially over the past three years. There may have been an increase in the proportion of people sleeping rough with prison records.

There is now much greater awareness among agencies of the links between rough sleeping and other street activities such as begging, drinking and drug use. However, the majority of people begging are not homeless, although it appears likely that most do have drug problems.

Street work

The work of the new Contact and Assessment Teams (CATs) has been a major success of the strategy compared to previous outreach work. CATs have been central to the achievement of the target of reducing the number of rough sleepers, although the reduction achieved has been variable.

The target was itself central to the radical changes made in the nature of street work.

Around two thirds of those still sleeping rough in London have refused offers of accommodation. The target was itself central to the radical changes made in the nature of street work.

Some rough sleepers see some benefits in street life, including a feeling of community and security, in addition to the hardship.

Key factors in successful CATs work with rough sleepers include:

- an assertive and persistent style which actively discourages people from sleeping rough and advocates the advantages of moving into accommodation;
- detailed action plans for individual clients;
- team caseloads so that there is daily contact with individual on the streets;
- close joint work with other agencies particular the police and hostels;
- diversion of newly arrived rough sleepers back to their home areas;
- strong management with a focus on achieving targets.

There will be a continuing need for CATs, although possibly on a reduced scale as the numbers of people sleeping rough are reduced.

While there were some notable successes of mental health and substance abuse specialists working with CATs, it would be worthwhile to evaluate their work separately and in more detail, to assess the need for such specialists on the streets, or whether they would be more effectively concentrated on work with clients after they have moved into hostels.

Work to help new rough sleepers move back to their home areas is still very limited and the scope for expanding it should be considered. It should always involve ensuring that clients will have access to accommodation and any necessary support in their home areas.

There is a need to enhance the coverage and accuracy of databases of rough sleepers, both for effective individual casework and for monitoring trends, which should be co-ordinated with plans under Supporting People for a mapping of needs for all Supporting People client groups.

The police are now working closely with homelessness agencies in the major areas of rough sleeping and this has greatly enhanced the effectiveness of both. Police action is essential in tackling anti-social street activities such as drinking, drug dealing and begging which themselves have an impact on rough sleeping. Most people engaged in these activities are not homeless, although they do contribute to a street culture, which underpins and encourages rough sleeping.

Many local authorities are also working closely with homelessness agencies and the police, with, for example, town centre management policies, which reduce rough sleeping and other anti-social activities. As a result, the large rough sleeping sites have been closed and many of their users re-housed. Such actions are only effective if positive alternatives are on offer to people sleeping rough. The alternatives includes good quality hostel beds and day centres where, for example, alcohol is allowed. Without these, action will often simply displace the problems to neighbouring areas.

Street activities are encouraged by people who give money to beggars and more public education is needed, so that donors understand that nine out of ten people begging are not homeless and that a high proportion (estimated at 90 per cent) of money given to beggars is spent on hard drugs.

There is a need to review the activities of day centres for homeless people, to ensure they do not simply support street lifestyles, but instead positively help clients to resettle. Centres, which open at night, can help to make contact with people who do not currently use hostels.

Some of the work of some voluntary groups can be counter-productive and reinforce street lifestyles. For example, soup runs too often imply that street living is acceptable and should be supported. There are a very large number of such services, which can act as a magnet for other people who are not currently sleeping rough. In common with other street activities, this can contribute to a street culture and eventually draw new people into it.

Where groups are carrying out work which is counter-productive, local agencies should seek to involve them in the rough sleeping and wider homelessness strategies, so as to channel their efforts into more effective provision.

Hostels

Access to hostels has been greatly improved for rough sleepers, to the extent that there is no longer a shortage of suitable beds in many areas. It is important that sufficient beds are reserved for rough sleepers and that at least some hostels do not impose eligibility criteria which exclude many rough sleepers, for example a ban on drug users. Further training for hostel managements on the legal position on accommodating drug users would be useful.

Many hostels are still not providing adequate support to residents with high needs. Generalist staff too often lack adequate skills and training and there is a high turnover of staff. There are doubts about the expertise of some specialist staff such as substance misuse workers. There is a need to develop training and clear targets for specialist staff.

There are still too many evictions from hostels and abandonments by residents. In London, for example, 44 per cent of hostel residents stayed less than six weeks and only 29 per cent made a positive planned move out of hostels.

The provision of very low standard night shelters with dormitory accommodation, where people stay for short periods and which are closed during the day, can also help to perpetuate an unsettled way of life and offer no way out of street living.
There is a need for a comprehensive review of hostels which should include:

- Ensuring access to hostels for people with high support needs, including drug users and drinkers and separate provision for those who wish to live in abstinent regimes.
- Taking referrals during the night as well as daytime.
- Ensuring a wide diversity of provision to meet different needs, including specialist provision for people with serious behavioural disorders.
- Continuing access to free shelters, but with arrangements to move residents to a paying basis as soon as practicable, particularly for those already claiming benefits.
- Alternative independent accommodation for homeless people who do not need support.
- Diversion schemes and family mediation to ensure hostels are used only by those who have no alternative.
- Support needs assessments and care plans put in place within the first week of residence.
- Professional support to those with mental health, alcohol and drug problems.
- Support to sustain residents in hostels and ensure a positive move to longer term housing.
- A reduction in evictions and bannings to the minimum.
- The professionalisation of hostel management with adequate training, qualifications and salaries.
- Detailed good practice standards, including targets and performance monitoring.
- A system of independent inspection and registration to encourage and enforce best practice.
- A rebranding of hostels, including possibly a name change, to improve their attractiveness to homeless people.

The Homelessness Directorate is actively planning a programme to raise hostel standards, including the development of a hostel inspectorate.

### Permanent housing

**Pre-tenancy work with former rough sleepers is inadequate.** There is a need for specialist pre-tenancy teams and good practice guidance covering:

- Comprehensive standard needs assessments leading to action and care plans, within a week of the resident entering the hostel.
- Identification of key problems with which the client needs help, focusing on identifying the most suitable housing option, the level of support needed and skills for tenancy sustainment.
- Ensuring any other support needs such as mental health, drugs and alcohol abuse are met by specialist agencies.
- Help with meaningful occupation, employment and training.
- Joint work with the TST in the area of move-on housing to ensure that a seamless service is provided.

In all areas local authorities and RSLs should review the scope for ensuring that former rough sleepers have access to a suitable permanent home when they are able to manage it, along with any necessary support (see below).

The Rough Sleepers Initiative (RSI) which preceded the RSU provided housing stock in London, which has made a major contribution to the programme. However, some people with higher support needs still appear to be having problems in accessing it.

There remain continuing concerns over the problems of the shared RSI housing stock in London and the conclusions of a Housing Corporation funded report on its future should be taken forward (Edwards, Woodward and Fearn, 2001).

Exclusions from the local authority housing register can make it difficult or impossible to re-house some rough sleepers and hostel residents, particular if there is no housing stock in the area which is earmarked for former rough sleepers. Specialist panels should review excluded applicants and wherever possible agree support packages for them. They can then be offered another chance in social housing.

Without such opportunities, people can remain trapped in a cycle of rough sleeping and hostels. In areas of high housing demand, schemes should be extended to help with moves to temporary and permanent accommodation in other areas, including both social and private rented sectors.

Tenancy Sustainment Teams (TSTs) and other tenancy support services appear to have achieved very impressive success rates in helping clients to sustain tenancies. Key factors have been basing teams in specific geographical areas and offering continuing support, not time limited. Outside London, some TSTs appear to be the old resettlement teams under another name and in such areas the scope for introducing longer term floating support should be examined.

Specialist TST workers are a valuable additional resource which can enable individually tailored support programmes including specialists in mental health, substance misuse, youth work and employment.

Future developments in tenancy support could include:

- Closer and more structured links between TSTs and pre-tenancy work. This might be achieved by combining pre-tenancy work and TSTs into the same organisations.
- Extending tenancy support to all tenants who might be at risk of homelessness.
- Support to private tenants, funded by Supporting People from 2003 and by transitional housing benefit in the interim.
- The further development of meaningful occupation, employment and training schemes.
- A more effective focus of resources through withdrawing support from tenants who clearly do not need it.
- Making all referrals of former rough sleepers for permanent housing through TSTs (who might also carry out pre-tenancy work), accompanied by a comprehensive needs assessment and support plan.

There is a need for a wide range of accommodation, with differing levels of flexible support, including small scale specialist accommodation for very vulnerable people. Referral agencies reported that some current supported housing schemes appear to provide poor quality, or very limited, support and there is a need for more monitoring and control through Supporting People. There is also a need for more move-on accommodation to release places in supported housing. Some people, for example some of the residents of specialist high care projects for previously homeless mentally ill people, will need continuing high support for many years.

Agencies stated that there is a need for more move-on from RSI accommodation into other social housing stock. This would meet the needs of tenants who now have partners or children and also release stock for other former rough sleepers. It is also important for people to be able to leave behind the rough sleeper label.
Health care and other support

The strategy has achieved improved access to specialist substance misuse workers and to treatment. However, some of the substance misuse services for rough sleepers may have been inappropriate for the client group, with high drop out rates from treatment programmes. There is a need to review the balance of harm minimisation and treatment services for rough sleepers. The Homelessness Directorate will be reviewing these services and issuing guidance to local Drug Action Teams who will take over responsibility for co-ordinating and funding future programmes.

Specialist mental health services were generally a very effective part of the strategy. The main concerns expressed by agencies were a perceived need for more comprehensive coverage and for the development of more specialist multiple needs services, which would integrate mental health, drug and alcohol specialists into multi-needs teams. A more detailed evaluation and review would be useful, including the scope for developing specialist multiple needs teams.

There were continuing difficulties of access to primary health care for rough sleepers and other homeless people. The ODPM and DOH should jointly review health care provision for homeless people.

Managing the strategy

Local authorities should take a leading role in developing rough sleeping strategies. Their new duties to produce homelessness strategies under the Homelessness Act 2002 will help to develop further the role of local authorities in tackling rough sleeping.

Inter-agency work has developed greatly over the past three years and this process should be continued.

There is very wide support among homelessness agencies for the RSU strategy and appreciation of the expertise of RSU staff and the support given by them.

As the numbers of rough sleepers reduce, there will be scope to reduce or change street work. There will be a need to set new targets for the number of rough sleepers and to refine targets for other aspects of the programme.

Regular street counts should continue in areas with counts of more than ten rough sleepers, in order to monitor the impact of future programmes.

Preventive work of various kinds is in its infancy and needs detailed evaluation and development.

The Homelessness Directorate should consider developing good practice in hostels, preventive work and monitoring local authority homelessness strategies. There is also a need for wider dissemination of good practice in all services. This could be done by the new Directorate and by successful projects providing consultancy, advice and training to agencies in other areas. A rolling programme of inspections and evaluations of different aspects of the strategy could help to improve the effectiveness of such services as hostels, substance abuse, mental health, multiple needs and the use of permanent RSI stock. Each aspect of the programme should have a means of evaluation designed in from the beginning of funding. The case for a good practice website could be investigated.

There is a strong case for the continuation of central government funding for areas with significant numbers of rough sleepers, to consolidate the gains made and to build on the success of the strategy. Preventive work should be evaluated and successful approaches extended to other areas. Funding might be concentrated on a smaller number of the most effective agencies, while avoiding the creation of monopoly providers where possible.

Case studies from hostel interviews

**Category A**

People who had slept rough as a result of life crisis which may have been associated with, or resulted in, substance use. They had relatively few episodes of rough sleeping before getting in touch with services to tackle problems. They were now planning or engaged in meaningful activities (including work) and felt positive about future and successful resettlement. It is unlikely they would require long-term TST support.

‘Alex’ [m/30]

Alex had a nervous breakdown resulting in a period in hospital. After discharge, he moved into a local authority tenancy, where he continued to have bouts of illness, but without access to any support:

I became agoraphobic - a result of being isolated - no medical support, nothing to draw on. I didn’t go out, I didn’t pay bills, stopped opening the post and the bills mounted up - over two years the debts mounted up and I lost the tenancy. I wouldn’t answer the door unless I knew it was a friend who did my shopping. I lost all social contacts, even my family, who were ashamed because of the breakdown.

He found himself on the streets, with few resources to cope:

There’d been nothing in my background or education to help deal with it. I’d never gone 2 days without a shave or a change of clothes. Having no belongings was very difficult. It was very hard to be outside:

To survive, he found himself resorting to petty crime which increased his sense of vulnerability:

I stole a pint of milk one morning. I went back a week later with 40p to pay it back. I realised how soft I was compared to people on the streets and felt very vulnerable.

By word of mouth, he picked up information about services that were available for street homeless people and was quickly identified by workers as a newcomer to the streets:

I was on the streets for 7 days. Suddenly I found services I’d never known about - I took advantage of the vans and they told me about the drop-in at the cathedral. The cathedral people were very nice, very attuned to spotting new faces and they noticed I hadn’t been before. They helped me get into a B & B for two nights.

He was horrified by conditions and other residents in the B&B, with two or three people sharing a room:

It was a terrible place, I felt physically threatened and dread to think what would have happened if I’d stayed longer.

He was very relieved when, after two nights, a CAT worker found him a place in a medium-term hostel, where he had been staying for 15 months. Hostel life was difficult for A to adjust to - it was a territory he had never visited before:

There’s no getting away from other people. It was hard to get used to the comings and goings - people constantly knocking on your door - some people don’t have boundaries. There are people here with drug histories and alcohol histories and I didn’t socialise much.
After an incident in which he was attacked by another resident, he relapsed into agoraphobia, which was aggravated when he contracted hepatitis and he lost 3 stone in weight. However, he found the support unfailingly supportive and as he recovered heath, they gradually encouraged him to engage:

*Every day I had to come in [to the office] to sign for my post so that forced me into contact. Then they started to make suggestions - like trying out the art classes. The more activities I engaged in, the more I realised how functional I am, compared to a lot of other people here.*

Alex ended up running the art classes and providing support in the IT sessions. The hostel is actively engaged with the local neighbourhood and offers some of its facilities as a local resource. Alex found himself increasingly drawn to community activities, including producing a regular community newsletter and making costumes for the hostel residents to parade at the local festival. He enrolled for an intensive teaching course after which he found work as a part-time tutor at a local AEL.

In the meantime, his Independent Living Adviser at the hostel helped him negotiate with the local authority housing officer about arrangements for storing his belongings from the flat he had lost and for paying off his rent arrears by small weekly instalments. Having done so, he had been offered a local authority flat not far from the hostel and he was planning to move in shortly. He believes his agoraphobia is ‘no longer an issue’ and is committed to continuing his involvement with the local community activities:

*In some ways I have had a journey that was easier to follow than others... Part of my remittance should be to feed back. I feel very lucky... I’ve encountered a lot of people here who are not able to do what I can do... and I was lucky to have been picked up so quickly, to have been ‘caught’ before I got used to it [street life] or something awful happened.*

**Category B**

People with substantial deep-seated problems, including drink and drugs. They were not necessarily all long term rough sleepers, but may have been in and out of tenancies, hostels, or insecure accommodation and had short episodes of rough sleeping. They were now at a point when they were seriously committed to tackling problems and having some insight into underlying causes. Some were aware of consequences of not doing so and accessing services and support to help tenancy succeed, although not all would detox. Some were engaging with activities, even if not work. They were likely to need medium to long-term TST support.

**‘Chris’ [m/35]**

Chris was in the ‘dry’ flat of a hostel, where he was referred by a day centre. He had been sleeping rough after splitting up with his girlfriend and their three year old daughter in Germany:

*I was broke, homeless and in a foreign country. I was scared. I’d been sacked from work - they gave me a week’s work to get the money to get home, but my passport was out of date.*

He had been drinking heavily since he was 15, when his father died of an alcohol-related illness. His mother had remarried soon afterwards:

*...he was practically a saint. No vices, he treated my mum really well, nothing like my dad. But I hadn’t really come to terms with dad’s death. The rebellious thing came out and it’s been with me ever since.*

He left home young, but was bright, found work and picked up new skills quickly:

*I’ve done lots of things... I have a lot of skills. What I’ve done, I’ve been good at... but the drinking has always caused problems, sometimes to a lesser extent, but I always end up losing work or a relationship or a place to stay.*

He had a series of partners who, he thought in retrospect, he might not have got involved with if his drinking had been under control. He had been in and out of tenancies, prison and rehabilitation, interspersed with brief episodes of sleeping rough, but never for longer than a month, managing always, somehow, to find work. His found his life had fallen into a pattern of repeat situations which he was now determined to break:

*I made a decision I wasn’t going to drink anymore when I left Germany.*

In the hostel detoxification unit he was following the Alcoholics Anonymous 12 Step Programme to which he felt committed:

*Now I have the honest desire to move on. I want to keep the ‘treatment’ in my life and part of my life. See the problems before you get there... There’s so much of life I want to get out of.*

He was keen to get back into work and had enrolled for a 15-week Career Assessment course:

*Everything I do this time, I’ve got to build up from a solid basis. People have got to know the real me, so I’m not betraying myself to be someone I’m not.*

**Category C**

People with substantial deep-seated problems, including drink and drugs, but not being realistic about resettlement prospects and support they might need. Most were not yet fully ready to tackle problems and some were not currently receiving pre-tenancy support. Although some may successfully resettle with support, most seem likely to have further episodes of rough sleeping without some positive intervention.

**‘Fraser’ [m/22]**

Fraser had came from a dysfunctional family. He believed his problems started when his brother started injecting solvents:

*I should have told my mother, but I was afraid to. She was very strict with us, beat us. We were terrified of her.*

He blamed himself for his brother’s death:

*He died in my arms, just like a sack of potatoes. I was responsible, I should have told someone. I* caught him.

His own emotional instability and drink-related violence caused him to leave home:

*I was drunk and hit my own sister - cut both our heads open. The family didn’t want to know me, they disowned me.*

and had also been evicted from at least one hostel:

*I smashed a window - I was so angry at seeing needles left all over the place.*

He had slept rough on and off for about eighteen months and at one point had held a private rented tenancy with his fiancé, but the relationship had broken down:

*She couldn’t deal with my emotional state, frightened by my intensity. I’m not mad but emotionally unstable.*

When we interviewed him he was regularly visiting the day centre he had used during his periods on the streets and was having counselling sessions there with a specialist mental health keyworker:

*Without him I would crack up. He’s my saviour.*
Nevertheless, he was hoping to be rehoused in a self-contained flat, which he thought would take about 6 months to come through. He did not think he needed any pre-tenancy help:

No, I’ve done it before (with my fiancé). You have to learn to budget yourself. No-one can help you do that.

nor did he think he might need any help or support after moving in:

No, I’m qualified to live by myself... Before, it wasn’t the tenancy that was the problem, it was the relationship.

despite this optimism, he admitted that since moving in to his current hostel he had been:

begging for money for drink again.

1 Total number of rough sleepers contacted, excluding 356 clients who did not have a street contact within the year.
2 Once-only new contacts, not helped into accommodation. May have found own solution or moved elsewhere, or may reappear as known contacts next year.
3 Individuals who entered some form of accommodation at least once.
4 Contacts who were diverted elsewhere, some of whom returned to the streets.
5 Figure deduced, i.e. rough sleepers who were not once-only contacts, were not diverted elsewhere and did not enter accommodation.
6 Figure deduced, being the difference between the number who entered accommodation at least once during the year and the number known to be in accommodation at the end of the year, i.e. rough sleepers not known to be in accommodation at end of year. These may have found own solution or moved elsewhere or be included in the number known to have returned to the streets.
7 People who entered accommodation at least once and were still in accommodation, but not necessarily the same unit, at the end of the year.
8 Clients who returned to the streets after entering accommodation during the year. Some of these will have re-entered accommodation during the year, others will be last recorded as street contacts.
9 Contacts who were last seen on the streets, excluding once-only contacts not helped into accommodation. This will include people who entered accommodation and returned to the streets and people who did not enter accommodation. Some of these may move elsewhere or find their own solution during the year; others will reappear as known rough sleepers next year.

(Source: Rough Sleeping Register Annual Report, 1 April 2000 to 31 March 2001, HSA, 2001)
APPENDIX 3 RESEARCH METHODS

Review of documents and reports
Documents and reports generated by the work of RSU were analysed for evidence on the effectiveness of different aspects of the programme. These included internal RSU documents, published reports and monitoring data, results from Phase 1 of the evaluation, the Rough Sleeping Register, Clearing House reports, hostel records and reports produced by participating agencies.

Area case studies
Case studies were carried out of the operation of the rough sleepers programmes in a selection of major areas of rough sleeping. The areas were selected because all had major problems of rough sleeping before the start of the RSU programmes and represented a range of different types of authority in different areas of England. The areas studied were:

- Central London
- Brighton and Hove
- Bristol
- Manchester
- Oxford

The case studies consisted of a review of local reports on the programme, semi-structured interviews with local agencies, including the local authority and qualitative interviews with clients.

Interviews with agencies
Semi-structured interviews were held with 75 managers and front line staff in 41 organisations. Detailed topic guides covering the areas for discussion were sent in advance. Agencies were asked to provide copies of relevant reports and statistics about their work. The organisations interviewed are listed below.

Brighton
- Brighton & Hove Borough Council
- Brighton Housing Trust
- CRI CAT
- New Steine Mews Hostel
- St Patrick’s Trust
- St Thomas Community Base
- Youth Advice Service

Bristol
- Bristol Churches Housing Association
- Bristol City Council
- Bristol Drugs Project
- Broadmead Initiative
- CAT
- Priority Youth Housing
- Salvation Army
- Second Step

London
- Centrepoint
- ECHO King George’s Hostel
- look ahead
- NHBHA
- Salvation Army
- St Botolph’s
- St Martin’s Night Centre
- St Mungo’s
- Thames Reach
- The Passage Day Centre and hostel
- City of Westminster
- London Borough of Camden
- City of London
- The London Connection
- Homeless Link
- Westminster JHT

Manchester
- City Centre Project
- Counted In
- Manchester City Council
- Open House
- Police Homelessness Unit
- Social Services

Oxford
- CRI CAT
- Elmore Team
- Luther Street Medical Centre
- Oxford City Council
- Simon House Hostel

Interviews with clients
Hostel residents
In depth, qualitative interviews were carried out with 29 former rough sleepers who were currently staying in RSU funded hostels. The hostels were selected to reflect the range of different types of provision, including a night shelter, a rolling shelter, a hostel for young people, a longer stay hostel for people with medium to high support needs and a hostel with detoxification facilities. Fifteen interviews were in London, the remainder were carried out in the other four case study cities. Interviewees were selected at random from current residents.

The interviews fell one short of the target of 30: a fire in the last hostel in the sample meant the interviewer was unable to return within the timescale allocated for fieldwork.

Using a topic guide, the interviews explored in detail: previous episodes of sleeping rough, views on CATs, experiences of hostels, including any evictions or abandonments, previous tenancies and reasons they had ended, support needs, plans for moving on, pre-tenancy support received and post-tenancy support wanted.

The demographic profile of interviewees shows the sample broadly matches the known rough sleeper population: there were 26 men and three women and all but two were white. A quarter (7 people) were aged 25 or under; one half (14) were between 26 and 39 and a quarter (8 people) were 40 or over. The oldest interviewee was 57.

TST clients
The experiences of 30 tenants in contact with TSTs were explored, either by in-depth qualitative interview, or in discussion with TST generic and specialist workers and by reference to their case notes. The sample was structured, in consultation with the TSTs, to reflect a range of age groups, length of tenancy and support needs.

Seven clients were interviewed in TSTs’ offices. In the event it proved impractical to meet the original target of 20 interviews in this way, because of the requirement for a cross-section of types of tenant and support need, and the chaotic life-styles that some such tenants were leading. For the same reason it was not feasible to arrange home visits for the interviews. Material for the remaining 23 cases was collected from three TST teams, through one-to-one interviews with generic and specialist workers, including mental health, substance abuse and youth specialists, a meaningful occupation worker and a street TST worker. The sample included six tenancies which had failed.

Interviews both with clients and workers focussed on support needs, pre-tenancy support, history of rough sleeping, previous tenancies if any, reasons for their ending, risk factors to current tenancy and how these were being tackled, work and training and move on plans. The six failed tenancies were explored for reasons for failure, pre- and post-tenancy support if any, whether any other interventions might have helped and the client’s current circumstances if known.

There were four women and two black clients in the sample; the remaining 24 were white men. A fifth (6 people) were aged 25 or under, four out of ten (12 people) were between 26 and 39 and a third (10 people) were between 40 and 59. Most (26) had been long-term rough sleepers of two years or more and five people had slept rough for more than ten years. There was an even spread between relatively new tenants of less than a year (eight people), those who had been in their tenancy for between one and two years (11 people) and those who had been tenants for more than two years (eight people). Two people had held their tenancies for as long as six years.
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