



STOP
the scandal

Nowhere safe to stay:
the dangers of sleeping rough
October 2016

St Mungo's
Ending homelessness
Rebuilding lives

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Foreword

St Mungo's comes face to face with the realities and effects of homelessness on people every day. Nevertheless it is impossible not to be shocked by the new research in this report. It reveals just how dangerous rough sleeping is.

Too many people are dying on our streets and too many are living with damaging long term consequences of not having a roof over their head and the support they desperately need.

The number of people sleeping rough continues to rise, doubling since 2010. Unless action is taken, the problems identified in this report will get worse.

Some of the people interviewed for this report had truly appalling experiences when they asked for help. Taxpayers should not have to pick up the bill of agencies failing to intervene at an earlier stage. People should not be instructed to risk their lives sleeping rough in order to access support.

St Mungo's ambition is to reverse the increase in rough sleeping in England in the next five years. In the areas where we work, we aim to halve the number of people sleeping rough by 2021.

Measures set out in the Homelessness Reduction Bill could play a crucial role in helping us to achieve this ambition. If it passes into law, the Bill will place new duties on local authorities in England to help prevent and relieve homelessness for everyone who asks for help.

This is an historic opportunity to improve the current homelessness legislation. It is an opportunity government and Parliament must not miss.

There is also an urgent need for a new, national strategy to end rough sleeping. As a country, we can stop the scandal of rough sleeping and we must start by ensuring nobody is turned away by their council when they have nowhere safe to stay.



**Howard Sinclair, Chief Executive of
St Mungo's**

I. Executive Summary

I.1. Sleeping rough has a high cost for individuals and society

People are dying while sleeping on England's streets. In London alone an average of one rough sleeper has died every fortnight since 2010. The risk of being attacked is high and people sleeping rough are being violently killed. According to press reports about 97 people who died while sleeping rough in England in the past five years, almost a quarter experienced violent deaths

In a recent survey of over 200 people sleeping rough in Westminster more than a third, rising to 44 per cent of female respondents, said they had been attacked or beaten up since they started rough sleeping. Eighteen per cent said they had threatened or tried to harm themselves, or someone else, in the last year.¹ Ten out of 40 St Mungo's clients interviewed for this report told us that they had been the victim of physical assaults while sleeping rough.

- ➔ One client had been attacked by two men while he slept on a park bench. One attacker stabbed him with a pen then the other kicked his back.
- ➔ A man tried to stab a female client in the leg with a needle containing heroin.
- ➔ Children threw rocks and bottles at a client while he slept; on another occasion a man asked him if he was okay before striking him in the face and breaking his jaw.
- ➔ A client had his face stamped on while he was asleep.
- ➔ Several clients said that they or people they had known who were sleeping rough had their sleeping bags set on fire or had been urinated on while they slept.

"I've been beaten up quite a few times sleeping in doorways, or even in cars, they smash the window in on top of you, spit on you, urinate on you, try and set you on fire. I've had all of those things happen to me."

Nine of the 40 people we interviewed for this report said that they had considered or attempted suicide while homeless.

"It's a very lonely, frightening thing having to walk down a darkened alley to find somewhere to go to sleep where there's rats and needles. It messed up my head so bad that I don't want to live in the world anymore. I don't care if I die tomorrow... Being on the street ruined me. Ruined my whole life."

Rough sleeping has a lasting impact on an individual's mental and physical health, as well as on important personal relationships. Of the 1,036 people who have slept rough currently living in St Mungo's supported accommodation, 74 per cent have a mental health problem, 65 per cent have a drug or alcohol problem, 49 per cent have a physical health condition that has a substantial effect on their health and 217 live apart from their children who are under 18.

I.2. People ask for help, but still end up sleeping rough

Under current homelessness legislation it is common for local authorities to offer extremely limited support to people who do not meet priority need criteria, even if they are at immediate risk of sleeping rough.

Thirty-three of the 40 people we interviewed for this report had slept rough the night after asking a council for help because they were homeless. In 2015-16, half of 672 UK nationals who used the London No Second Night Out service for new rough sleepers had asked councils for help in the 12 months before they started sleeping rough.

¹ Westminster Homeless Action Together survey (2016) <http://www.westminsterhomelessactiontogether.org/>

Homelessness Law in England

Under the 'main homelessness duty', councils must secure settled accommodation for households that meet tightly defined priority need criteria. These criteria include living with dependent children, being pregnant, or 'vulnerable' as a result of mental illness, handicap or physical disability.

People who do not meet the priority need criteria are not owed a housing duty by councils. If people are found to be in priority need, but are considered to have made

themselves homeless intentionally, then councils have a duty to provide temporary accommodation for a period that will allow them to find alternative accommodation.

In 2012, priority need was abolished in Scotland, meaning that anyone who is unintentionally homeless is entitled to settled accommodation. In 2015, local authorities in Wales were given more duties to prevent and relieve homelessness regardless of whether people are in priority need or intentionally homeless.

Housing Options

The Housing Options approach was introduced in England in 2003. It was intended to enable councils to better support people to avoid or resolve homelessness outside of the legislative framework described above. For example, initial interviews could be used to identify and find solutions for problems without undertaking a full assessment under the legislation.

The experiences of clients interviewed for this report add to already compelling evidence that these initial housing options interviews are now widely used to discourage people from applying for the main homelessness duty.² Interviews with our clients suggest

that it is now common for people to be subject to this 'gatekeeping' without receiving any meaningful support to avoid or resolve their homelessness.

Clients told us that after an initial interview, housing advisors said that they could not help or could only provide very limited support because clients were not a priority (in some cases because their mental and physical health problems were not severe enough to make them 'vulnerable'), or because they hadn't yet been evicted, they did not have a local connection to the council or they had made themselves homeless intentionally.

Eight of the people we interviewed described positive experiences of a housing options service. They reported being helped to access private rented, social or supported housing and felt they were treated well.

34 people described negative experiences of housing options. Some people we interviewed received assistance

limited to a single sheet paper with the phone numbers of landlords and letting agents. Others were given material assistance to help them survive when sleeping rough, such as socks, food or a tent. One client we interviewed was told to look for hostels, but not told where he could find them. After walking the streets for hours looking for hostels, he ended up sleeping in a bin shed.

² Crisis (2014) *Turned Away: The treatment of single homeless people by local authority homelessness services in England* http://www.crisis.org.uk/data/files/publications/MysteryShopping_Report_FINAL_web.pdf

Several councils appear not to offer any support to people who do not meet priority need criteria unless they are already sleeping rough. Councils told five clients we interviewed that they should sleep rough in order to access support from council funded outreach and accommodation services.

“We decided to go to the local council and they told us that we had to sleep rough for three nights in a row before they could actually do anything to help us. We just felt complete despair.”

Clients were distressed after visiting housing options because they weren't offered any help, but also because they felt that they had been treated insensitively and not been listened to.

“I felt ashamed of myself, that for the first time in my life I'd actually sat there and asked someone for help, and it was like I didn't even get paid attention to. I felt a little bit heartbroken.”

Three of the clients interviewed for this report said they felt suicidal immediately after leaving housing options, one told us that he attempted suicide while waiting for the council to help him.

1.3. Rough sleeping is on the rise

The level of rough sleeping in England continues to rise. In 2010, government statistics recorded 1,768 people sleeping rough in England on any one night. By 2015 that figure had more than doubled to 3,569.³ In London, a total of 8,096 people were seen sleeping rough in 2015/16, up from 7,581 during the previous year.⁴ It is unacceptable that an increasing number of people continue to be exposed to the serious dangers associated with rough sleeping.

Housing costs, welfare reforms and a shortage of

supported housing are all factors that have contributed to the rise in rough sleeping. Migration from central and eastern European countries is also a factor, particularly in London. It is not our intention to discuss all of the causes of rough sleeping in further detail in this report. We have previously published research into the events and experiences that lead people to sleep rough.⁵

Our new research has revealed a deeply troubling situation where people are not being helped until they have serious and enduring problems. We believe that the system for assisting people who are at risk of sleeping rough in England requires fundamental reform.

1.4. Recommendations

- ➔ MPs and government ministers should support the Homelessness Reduction Bill to help prevent and relieve homelessness. The government should fully fund the implementation of this new legislation.
- ➔ The government should urgently bring forward a new strategy to end rough sleeping. This should recognise the dangers of rough sleeping and include a clear commitment to ensure nobody, no matter where they are in England, is turned away by their council when they have nowhere safe to stay.
- ➔ The Department for Communities and Local Government should provide funding to enable local authorities to prevent homeless people from being turned away without any help to avoid the dangers of rough sleeping.
- ➔ Local authorities should make preventing rough sleeping a priority by establishing clear strategies and dedicating the necessary resources.

³ Based on street counts and estimates undertaken by local authorities, published by DCLG
<https://www.gov.uk/government/collections/homelessness-statistics#rough-sleeping>

⁴ Mayor of London (2016) CHAIN Annual report – Greater London, April 2015 – March 2016
[https://files.datapress.com/london/dataset/chain-reports/2016-06-29T11:14:50/Greater London full 2015-16.pdf](https://files.datapress.com/london/dataset/chain-reports/2016-06-29T11:14:50/Greater%20London%20full%202015-16.pdf)

⁵ St Mungo's (2013) *No More: homelessness through the eyes of recent rough sleepers*
http://www.mungos.org/press_office/1622_st-mungo-s-says-no-more-to-rising-rough-sleeping

2. Evidence included in this report

We interviewed 40 St Mungo's clients for this report. They were interviewed in August 2016, when they were residents in St Mungo's supported accommodation projects in London and the South West of England.

All of the clients we interviewed had previously slept rough after approaching a council housing service (referred to in this report as 'housing options') for help. Many more St Mungo's clients fit these criteria, but we only had capacity to interview 40 for this report. At the time of taking part in the interviews all of the clients were being supported to resolve housing and other problems.

Interviews were undertaken by Dan Dumoulin, Senior Policy and Research Officer at St Mungo's, and Katy Jones, Research Fellow at the Sustainable Housing & Urban Studies Unit (SHUSU), University of Salford.

Demographic information was captured for most of the interviewees (36 out of 40). Their average age was 41; two thirds were male and one third female; 75 per cent were UK nationals with the others each having a different nationality.

For this report, St Mungo's also commissioned Kantar Media to find press reports on people who died while sleeping rough between August 2011 and August 2016. Their search produced reports on 97 different rough sleepers who had died during this period, which were analysed by Kantar and St Mungo's in order to learn more about these deaths. We know that many more people have died while sleeping rough during this period.

Analysis of CHAIN data on rough sleeping in London is also included,⁶ as is analysis of data from the St Mungo's 2016 Client Needs Survey of 1,036 clients who have previously slept rough.

We also spoke to managers of housing options teams in eight different councils across England.

We are extremely grateful to everyone who contributed to this report, especially to our clients who shared their experiences. Some of the content in the report is distressing. We have reported only what our clients told us, often in their own words, and what we have learnt from our analysis of other data sources. Our intention is to raise awareness of the inherent dangers of rough sleeping.

⁶ The Combined Homelessness and Information Network (CHAIN) is a multi-agency database recording information about rough sleepers in London. The system is commissioned and funded by the Mayor of London and managed by St Mungo's – see <https://data.london.gov.uk/dataset/chain-reports>

3. Sleeping rough has a high cost for individuals and society

3.1. Many people die while sleeping rough. People sleeping rough are at high risk of being victims of crime, including being violently assaulted or killed.

In London, between April 2010 and March 2016, 129 people who had slept rough in London died in the same year in which they were seen sleeping rough.⁷ This is equivalent to a person who is, or has recently been sleeping rough, dying every two weeks in London alone. Of these people who died, half (64) had a recorded mental health support need. Their average age at death was 44, 89 per cent were male and 55 per cent were UK nationals.

St Mungo's hired Kantar Media to find and analyse press reports about people who died while sleeping rough across England, including in London, in the five years between August 2011 and August 2016.⁸ They analysed reports on the deaths of 97 people who had died while sleeping rough during this period.

Of those who died 81 were male and seven female. Where their nationality was known 68 were British. Their average age at death was also 44. Two of the 97 deaths were suicides, almost a quarter (21) were violent deaths. These were generally the result of attacks that were apparently unprovoked, or which were committed by other people sleeping rough. The reports show that during this period people died while sleeping rough in every region of England.

It is likely that many more than 97 people have died while sleeping rough across England during this period. There is a shortage of data on rough sleeping in most places in England outside of London. There are currently no statistics showing the total number of people who sleep rough in England each year, or what happens to them.

Case study

In January 2016 Daniel Smith's body was found by firefighters in a burning tent in Salford. He had been sleeping rough for two years at the time of his death.

Daniel had been beaten to death with a hammer. He had a brain haemorrhage, a fractured skull, multiple fractures to his eye socket and lacerations on his face. Both cheek bones, nose and upper and lower jaw were fractured. He was alive but incapacitated when the tent he was in was set on fire.

Two men who were sleeping rough at the time have been jailed for life for murdering Daniel. Their attack was triggered when Daniel urinated on one of their mattresses. Daniel had mental health, drug and alcohol problems. At the time of his death both he and his attackers were high on the now illegal drug Spice.⁹

Almost all of the clients we interviewed said that they did not feel safe on the streets. Ten out of 40 told us that they had been the victim of physical assaults while sleeping rough. Some of these clients had been attacked more than once, attacks were often committed by strangers and extremely violent.

- ➔ One client had been attacked by two men while he slept on a park bench. One attacker stabbed him with a pen then the other kicked his back.
- ➔ A man tried to stab a female client in the leg with a needle containing heroin.
- ➔ Children threw rocks and bottles at a client while he slept; on another occasion a man asked him if he was okay before striking him in the face and breaking his jaw.

⁷ CHAIN analysis of CHAIN data on people who died while they were sleeping rough

⁸ Kantar undertook a Boolean search of media databases for the period using terms associated with rough sleeping and dying.

⁹ Usah, C., 1 August 2016, 'Defendant accused of murdering homeless man denies killing his friend while high on Spice' *Manchester Evening News* <http://www.manchestereveningnews.co.uk/news/greater-manchester-news/daniel-smith-salford-tent-trial-11691846>; Pidd, H., 13 July 2016 'Homeless man was beaten and burned by men high on spice, court hears' *Guardian* <https://www.theguardian.com/uk-news/2016/jul/13/homeless-man-attacked-burnt-two-men-high-synthetic-cannabis-spice-daniel-smith-luke-benson-adam-acton>

- ➔ A client had his face stamped on while he was asleep.
- ➔ Several clients said that they or people they had known who were sleeping rough had their sleeping bags set on fire or had been urinated on while they slept.

I've been beaten up quite a few times sleeping in doorways, or even in cars, they smash the window in on top of you, spit on you, urinate on you, try and set you on fire. I've had all of those things happen to me over the years. Once or twice it was other addicts trying to rob you, or because you had grievances with them. More than that, it's kids, young kids in gangs trying to be, you know, the big man.

Male client

In a recent survey of over 200 people sleeping rough in Westminster more than a third, rising to 44 per cent of female respondents, said they had been attacked or beaten up since they started rough sleeping. Eighteen per cent said they had threatened or tried to harm themselves, or someone else, in the last year.¹⁰

People sleeping rough are also at a high risk of having documents, cash and other belongings stolen from them. One client we interviewed told us that he was particularly upset that certificates for qualifications he had earned in prison were stolen.

I've seen girls sleeping in the subway and blokes attacking them and taking their money. One man – I was just chatting to him, being friendly. Next minute he's taking my money out of my bag when I'm asleep.

Female client

A female client we spoke to told us that she had been involved in prostitution while sleeping rough, and that this had made her feel especially vulnerable.

There are a lot of opportunistic bastards out there. If you agree to go and do it you're vulnerable. If you go and have sex with them for money, if you go and let them use you, just for a bit of alcohol, just for somewhere to sleep and a shower, then it can get pretty nasty.

Female client

We also heard how people sleeping rough are aware of the risks and often look to sleep where they are unlikely to be found, such as in a park or abandoned building. Even in areas where street outreach teams operate, it is likely that some people sleeping rough will not be found by outreach and will remain at risk. It is also likely that efforts taken by people to conceal themselves mean that they are not included in rough sleeping statistics, such as the annual street count published by the Department for Communities and Local Government (DCLG).

3.2. People's mental health deteriorates while they are sleeping rough

It's a very lonely, frightening thing having to walk down a darkened alley to find somewhere to go to sleep where there's rats and needles. It's the scariest thing a person will ever go through, and I'm a big-arsed man. I don't get scared, easily but trust me, it's frightening. It just messes you mentally, it messes with your head. It messed up my head so bad that I don't want to live in the world anymore. I did feel I don't want to be around anymore. I don't care if I die tomorrow...Being on the street ruined me. Ruined my whole life.

Male client

St Mungo's street outreach teams often work with people living on the streets who have enduring mental health problems, including schizophrenia, bipolar disorder and post-traumatic stress disorder. St Mungo's research published earlier in 2016 found that four in 10 people sleeping rough in England have recorded mental health problems,¹¹ and that the number of people with mental health problems sleeping rough is increasing.

¹⁰ Westminster Homeless Action Together survey (2016) <http://www.westminsterhomelessactiontogether.org/>

¹¹ St Mungo's (2016) *Stop the Scandal: an investigation into mental health and rough sleeping* <http://www.mungos.org/documents/7021/7021.pdf>

This research also found that experiencing a mental health problem often makes it more difficult to move off the streets, while sleeping rough makes it extremely difficult to use mainstream mental health services.

The small number of specialist homelessness mental health services are facing cuts or disappearing entirely. St Mungo's will publish another report on mental health and rough sleeping in November 2016, which will provide further evidence on the availability of mental health services for people sleeping rough in England.

Without specialist mental health support, the mental health of people sleeping rough often deteriorates to crisis point before they receive treatment. One client told us how his mental health steadily deteriorated while he was on the streets. Eventually he was sectioned under the Mental Health Act after visiting a housing options service covered in his own vomit and excrement.

All but one of the clients we interviewed for this report who spoke about mental health said that rough sleeping had a negative impact on their mental health.

I didn't feel like a human. I felt like I was a stray dog, like I was a burden to everyone.

Male client

We also heard how feelings of loneliness, rejection and low self-esteem led to depression and self-harm. Nine out of the forty clients we interviewed said that they had considered or attempted suicide while homeless. Three said that the way they were treated by housing options services made them consider suicide (see section 4.2).

You feel like killing yourself. I got so depressed, but I'm still here so I didn't go through with it, but I felt like, yes, walking out in front of traffic. I thought I had nothing to live for.

Male client

Recent research into suicide by people in mental health care has revealed the number of patient suicides among people who are homeless had increased over the period of the study (2004-2014), with an average of forty deaths per year.¹²

Clients told us that it was hard to sleep on the streets because of uncomfortable surfaces, anxiety, fear and being cold. This lack of sleep makes mental health and other problems worse. Several clients told us that they turned to drugs or alcohol in order to sleep. Substances were also used to self-medicate for depression, bereavement and anxiety.

Mental health problems that started or were made worse by sleeping rough often continue even when people move off the streets. Of the 1,036 people who have slept rough currently living in St Mungo's supported accommodation, 74 per cent have a mental health problem.¹³

3.3. Sleeping rough contributes to enduring drug and alcohol problems

A lot of people sleeping rough end up going on heroin because they know it doesn't matter how cold or rainy it is, if you're a heroin addict and you're on heroin, as long as you've had your fix you wouldn't feel the cold.

Male client

Not all people who sleep rough have a drug or alcohol problem, but many do. According to CHAIN, 54 per cent of people who slept rough in London during 2015/16 had an alcohol or drug problem. For some of the clients we interviewed substance use had contributed to their homelessness, for others substance use started or increased as a direct result of sleeping rough.

¹² University of Manchester (2016) *The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness. Making Mental Health Care Safer: Annual Report and 20-year Review* <http://research.bmh.manchester.ac.uk/cmhs/research/centreforsuicideprevention/nci/>

¹³ Figures taken from St Mungo's (2016) Client Needs Survey

Once you start getting wrapped up in the drink you're using that to cover up a lot of things that are going on in your head. It blanks all your problems away, like my partner, kids, parents and all the troubles with my housing. You're just using drink to make it easier.

Male client

Several clients had engaged in illegal activities such as begging or theft in order to get money to spend on drugs or alcohol. Two had been involved in prostitution.

Dependency on drugs or alcohol often remain when people move off the streets. 65 per cent of former rough sleepers living in St Mungo's accommodation have a drug or alcohol problem. Many clients who spoke about mental and physical health problems said that these were made worse by drug or alcohol use.

3.4. Sleeping rough damages people's physical health

Rough sleeping is extremely damaging for people's physical health. It results in individuals experiencing pain and suffering, as well as meaning that they make frequent use of health services.

Previous St Mungo's research looked at the records of people of who were homeless, including people sleeping rough, who used specialist homeless health care services. The average number of health visits was over 50 in 12 months.¹⁴

A specialist primary care service found homeless people with alcohol dependency were 28 times more likely to have emergency admissions to hospital than general the public.¹⁵

A 2010 Department of Health study found that people who are homeless are 3.2 times more likely than the general population to have an inpatient admission to hospital.¹⁶

This high level of service use means that rough sleeping is expensive for the NHS. The Department of Health study also found that homelessness, including rough sleeping, costs the NHS £85.6 million in inpatient, outpatient and accident and emergency costs.

Clients we interviewed for this report told us that substance use, constant cold, a lack of rest, poor personal hygiene, physical assaults and sleeping in poorly ventilated locations all contributed to physical health problems while sleeping rough.

My health is worse, I was coughing blood because I always sleep on the wet floor and at that time it was raining a lot.

Female client

The health problems reported by clients include respiratory problems such as pneumonia and cellulitis, foot problems and chronic back problems. Being homeless is recognised as increasing the risk of developing tuberculosis (TB), one in 10 TB patients in London is homeless or vulnerably housed.¹⁷ Hepatitis C and HIV are also more prevalent in homeless populations than the general population.¹⁸

One client remarked that sleeping rough made their cerebral palsy worse. Another slept rough with a broken leg, as well as fractures to bones in his hand and face, after being hit by a police car.

¹⁴ St Mungo's (2013) Health and Homelessness: Understanding the costs and role of primary care services for homeless people <http://www.mungos.org/documents/4153/4153.pdf>

¹⁵ Data from central London CCG (2011), reported in St Mungo's (2013) Health and Homelessness: Understanding the costs and role of primary care services for homeless people <http://www.mungos.org/documents/4153/4153.pdf>

¹⁶ Department of Health: Office of the Chief Analyst (2010) Healthcare for single homeless people

¹⁷ London Assembly (2015) Tackling TB in London https://www.london.gov.uk/sites/default/files/FINAL_TacklingTBinLondon.pdf

¹⁸ Beijer, Wolf and Fazel, (2012) 'Prevalence of tuberculosis, hepatitis C virus, and HIV in homeless people: a systematic review and meta-analysis' *The Lancet* Volume 12, No. 11. [http://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(12\)70177-9/abstract?rss=yes](http://www.thelancet.com/journals/laninf/article/PIIS1473-3099(12)70177-9/abstract?rss=yes)

After sleeping rough I've got COPD (chronic obstructive pulmonary disease). I was living in a bin room in the flats where I used to live. I think that's what caused it to tell you the truth: all that rubbish. I went to NSNO (No Second Night Out) and I collapsed there, I ended up in hospital for about three or four weeks.

I told housing options I was sleeping in a bin room, but they weren't bothered. They said, 'as long as you've got a place to stay, a roof over your head.'

Male client

People are often left with long term physical health problems as result of sleeping rough. Of the 1,036 people who have slept rough currently living in St Mungo's supported accommodation, 49 per cent have a physical health condition that has a substantial effect on their health and requires ongoing treatment or medication, such as chronic pain, arthritis, heart disease and lung problems.

3.5. Sleeping rough damages people's relationships

Clients we interviewed told us how rough sleeping damaged their relationships with friends and family.

Several said that they had avoided seeing people they knew because they were ashamed that they were sleeping rough, or because they were embarrassed by their physical appearance or smell. Some said that they did not want 'to be a burden,' while others said that people no longer wanted to spend time with them.

No one wanted to know me because of my smell and stuff like that. People wouldn't have me in their houses. People wouldn't talk to me and they'd look at me differently. It really made me feel like I was hated.

Male client

Clients who were parents told us that they found it hard to be separated from their children while sleeping rough and while getting their life back on track. While no one who lives in St Mungo's supported accommodation lives with their children, 217 of our residents who have slept rough have children under 18 years old. Many of their children are now in state or family care, leading to additional costs for individuals and society. Levels of ill health, offending and homelessness are higher among children who have been taken into the care system. The state spends an average of £29,000– £33,000 per year for a child in foster care, and £131,000– £135,000 per year for a child in residential care.¹⁹

¹⁹ National Audit Office (2014) *Report by the Comptroller and Auditor General; Department for Education – Children in care* <https://www.nao.org.uk/wp-content/uploads/2014/11/Children-in-care1.pdf>

4. People ask for help but still end up sleeping rough

People often do not receive the support that they need from local authorities to avoid sleeping rough. In 2015-16, half of 672 UK nationals who used the London NSNO service for new rough sleepers had asked councils for help in the 12 months before they started sleeping rough.

Of the 40 clients interviewed for this report, a total of 34 described negative experiences at a housing options service they had used, eight described positive experiences.²⁰

Those with positive experiences reported being offered or helped to find private rented, social or supported housing and felt they were treated well by advisors.

Negative experiences included receiving no or insufficient help to avoid sleeping rough, and/or experiencing extremely poor customer service. Their experiences are described in detail in the following sections of this report.

I went back to the housing and they said I wasn't vulnerable. My face was busted up, busted mouth, busted black eyes, broken ribs, and they said I wasn't vulnerable, so I kicked off in the housing, and I said, 'Well, what have I got to do? What is vulnerable to you?'

Male client

Under current legislation local authorities can offer extremely limited support to people who do not meet certain criteria, even if they are, or are at immediate risk of, sleeping rough. Duties towards people who are sleeping rough and ask for help can consist of undertaking an assessment and providing information about the likely availability of appropriate accommodation.

4.1. The assessment process is often superficial. People are not being offered the support that they are entitled to.

The experiences of clients we interviewed for this report suggest that interviews at council homelessness or housing options services are often short and superficial. Interviews lasted for as little as 10 minutes, one client was told that the fact he 'looked normal' suggested that he was not vulnerable. Several clients thought that advisors undertaking the interviews were not interested in their experiences.

Our clients' experiences reflect those reported in Crisis' 2014 mystery shopping report, which found that people were often denied a full assessment by housing options services.²¹

If you're lucky, you get 10 or fifteen minutes. They don't let you explain yourself. They don't let you tell them your story. They give you a number and then say keep calling us back and we'll see what you can do for you.

Male client

One client told us that on several visits he had twenty minute interviews with advisors. These interviews consisted of going through a checklist. Each time he was 'cut off' and did not get a chance to talk about how they had self-harmed or lived in children's homes after being sexually assaulted.

It is common for local authorities to try to avoid owing people the main homelessness duty. One housing options manager that we spoke to suggested that a shortage of temporary accommodation means that they try to make a 'non-priority decision' whenever they can. Another said that in some local authorities, not the one he worked for, there is a tendency for single people to be automatically viewed as not meeting priority need criteria.

²⁰ Six clients described both positive and negative experiences

²¹ Crisis (2014) *Turned Away: The treatment of single homeless people by local authority homelessness services in England*
http://www.crisis.org.uk/data/files/publications/MysteryShopping_Report_FINAL_web.pdf

Several clients told us that they had visited housing options by themselves and received little meaningful support. They had then gone again with a support worker, or a professional had contacted housing options to advocate on their behalf, and were offered more substantial and appropriate support.

'Now I won't go to the council by myself. I'll always go there with either my solicitor or my advisor. So now I think because obviously I have got someone that has showed me my rights they can't exactly show a blind eye and they have to pull their finger out. So I think that's the only thing that's actually getting me what I'm actually entitled to. If it wasn't for that, I don't think they'd try to help me.'

Male client

St Mungo's London NSNO workers spend considerable amounts of time persuading housing options teams that clients are entitled to housing under the homelessness legislation. Between April 2013 and June 2016, 187 people had long stays in NSNO while local authority decisions about their entitlement to the main homelessness duty were challenged. These challenges often resulted in councils accepting a duty. Sixty-three of these clients left NSNO to move into council provided temporary accommodation, after sleeping rough and accessing support from NSNO.

Some clients interviewed for this research were given in-depth assessments when they approached their local council. These clients tended to have very severe physical or mental health problems, or had been made homeless as a result of domestic violence. They were generally positive about the assessors who helped them to find housing, saying that they were friendly and worked to ensure they could stop sleeping rough as quickly as possible.

4.2. People are not given any support to avoid sleeping rough.

Thirty-three of the 40 people we interviewed for this report had slept rough the night after asking a council for help.

'There was a young guy doing the assessment and he was training a girl. She looked like she was about to cry. I heard him to say to her, "It's really, really hard but we can't do anything. We have limited resources and our priorities have to be other people."'

Male client

'I got beaten up by the canal while sleeping out rough, I got fellows coming up standing on my head. I was left there while my face was all busted up...Housing options wouldn't help me. They didn't care.'

Male client

Councils told five clients we interviewed that they should sleep rough in order to access support from the housing options service (see section 4.3). Others received assistance limited to a single sheet of paper with the phone numbers of landlords and letting agents. Several were repeatedly told to come back the next day and eventually stopped doing this as they were not being offered any useful support.

A few clients who we interviewed were given material assistance to help them survive when sleeping rough, such as socks, food or a tent. One council offered to put a client's bag in storage while he slept rough. Clients were also given advice about where to find food banks or private letting agents. A client went to a private letting agent that the council recommended to them, only to be told that they did not work with people who were sent by the council. Another was told to look for hostels, but not told where he could find them. After walking the streets for hours looking for hostels, he ended up sleeping in a bin shed.

One client was told that he had intentionally made himself homeless after his flat was broken into and vandalised by a gang. Another was physically removed from a housing options office by the police after throwing himself on the floor and begging for help.

Case study

Client A started sleeping rough after his mother told him that they would move house together, but then moved by herself and ended the tenancy without telling him. Client A was sectioned while sleeping rough due to fears that he would attempt suicide. He was then held in a psychiatric hospital before moving into temporary accommodation funded by a mental health trust.

When the mental health trust decided that Client A no longer needed support for mental health, they requested he leave the temporary accommodation and told him to ask the council for assistance with housing. The council refused to house him as they decided he had no local connection. He then slept rough for another two months before visiting another council that provided him with more temporary accommodation.

Before being admitted to psychiatric hospital he was drinking heavily and smoking large amounts of cannabis. He stopped this substance use while in hospital and temporary accommodation, but started it again when sleeping rough for the second time. He thinks that this problematic substance use restarted as a result of sleeping rough again.

“For me, that was probably the worst time, I thought, I’ve done all of that, I’ve gone into mental health hospital, got better, I’m not smoking cannabis, I’m not drinking alcohol anymore and then I’ve come one big circle back to square one again.”

Three of the clients interviewed said they felt suicidal immediately after leaving housing options, one told us that he attempted suicide while waiting for the council to help him. Most clients we interviewed told us that they felt worse when leaving a housing options service than they did when they arrived. This was often because they had not received the assistance to find accommodation that they had been hoping for.

“I had to keep going back to the council, it didn’t help my mental health. It sent me to drink because I wasn’t getting anywhere. They could have been a lot more helpful... I went to a bridge once... The council should listen to people more seriously. I could have gone over that bridge because I wasn’t getting listened to.”

Female client

Several clients told us that they had also been upset by the way council advisors had talked to them and their lack of sensitivity.

Case study

A council housing advisor told one of a client that he was buying and renovating houses. The client asked, “Can you rent me one of yours? The advisor replied “Oh, no, they’re not for clientele like this. They’re for an upper clientele.”

Case study

A client had told a local authority homelessness advisor that she had HIV. She describes an incident that happened later in the assessment “I did have a problem with one of the women. I asked for a pen, and – sorry, I get a bit upset – and she didn’t have one, so she asked one of her colleagues for a pen. She said, ‘Oh, give us one that you can throw away.’ After she took the pen off me, she got out her hand spray. She tried to make it look like she was whispering to him, but she made it loud enough for me to hear – about me being diseased.”

Another client who was sleeping rough was led to believe that he would be offered supported housing, but then did not hear anything for the next two weeks during which he continued to sleep on the streets. His probation officer then came back from holiday and phoned the council to seek an explanation for the delay.

The probation officer was told the housing advisor working on the case had also gone on holiday and that the housing options service had forgotten about the client.

Several clients reported feeling angry as a result of the way in which they were treated at housing options, two said they left as they were worried that they would become violent. Clients also reported feeling a sense of despair and being reduced to tears.

“I felt ashamed of myself, that for the first time in my life I’d actually sat there and asked someone for help, and it was like I didn’t even get paid attention to. I felt a little bit heartbroken.”

Male client talking about visiting housing options for the first time

4.3. Councils tell people that they need to sleep rough in order to access homelessness support.

Five clients we interviewed said that the housing options service told them that they could only access council housing and support services after sleeping rough. This happened in several local authority areas in London and the south of England. Clients were told to sleep rough and call Streetlink, the national rough sleeper phone line run by St Mungo’s and Homeless Link.

“We decided to go to the local council and they told us that we had to sleep rough for three nights in a row before they could actually do anything to help us. We just felt complete despair.”

Male client

“...A council housing options advisor said ‘sleep somewhere that they, [the street outreach team] can find you and they’re meant to be there on the second night’”

Female client

Streetlink makes referrals to street outreach teams, in areas where such teams exist, so they can try and locate people sleeping rough and help them access accommodation. The teams often do not find people who have been referred to them; people who sleep rough often sleep in different locations from one night to the next because this is perceived as safer than repeatedly sleeping in the same place.

As shown above, sleeping rough is inherently dangerous and puts people at risk of long term harm. Even if people are found by street outreach teams, it is unacceptable for people who ask councils for help to be instructed to sleep rough in order to access support.

5. Conclusion

This report shows how extremely dangerous rough sleeping is. People are regularly dying on our streets and people sleeping rough are often the victims of violent attacks. Rough sleeping has damaging long-term impacts on people's mental and physical health, as well as key relationships.

We have heard disturbing accounts of people's experiences of asking councils for help. The people we interviewed for this report asked councils for assistance to find accommodation and avoid sleeping rough. Too often they were not given meaningful help – in some cases they were instructed to sleep rough in order to access support. In many cases people felt worse about their situation after visiting councils, in three cases they considered suicide.

Too many people are not being helped off the streets until they have serious and enduring problems. Despite the negative experiences of approaching a housing options service for help, all of the 40 people we interviewed for this report were eventually referred into supported accommodation, funded by councils, often after being found sleeping rough by a council funded street outreach team.

St Mungo's believes that the system for assisting people who are at risk of sleeping rough in England requires fundamental reform.

6. Recommendations

- ➔ MPs and government ministers should support the Homelessness Reduction Bill to help prevent and relieve homelessness. The government should fully fund the implementation of this new legislation.
- ➔ The government should urgently bring forward a new strategy to end rough sleeping. This should recognise the dangers of rough sleeping and include a clear commitment to ensure nobody, no matter where they are in England, is turned away by their council when they have nowhere safe to stay.
- ➔ The Department for Communities and Local Government should provide funding to enable local authorities to prevent homeless people from being turned away without any help to avoid the dangers of rough sleeping.
- ➔ Local authorities should make preventing rough sleeping a priority by establishing clear strategies and dedicating the necessary resources.

Lead author: Daniel Dumoulin, with Beatrice Orchard, Sara Turner and interviews by Katy Jones

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