



On my own two feet

Why do some people return to rough sleeping after time off the streets?

A St Mungo's research report
July 2018

St Mungo's
Ending homelessness
Rebuilding lives

About the research team

This research took place as part of a research course delivered at St Mungo's Recovery College. The college is a pioneering, inclusive learning programme, based on the principle that learning can be a transformative experience. All activities at our college are underpinned by our recovery ethos. The learning experience is based on principles of co-production; courses are designed, delivered and attended by St Mungo's clients, staff and volunteers, and they are also open to the general public. The college provides a supportive educational environment in which people have the opportunity to sample a wide range of subjects and wellbeing activities alongside a diverse group of peer learners. We have hubs in London and Bristol and we are planning on expanding our offer through other Recovery College hubs and in St Mungo's services.

Each of the research course students received training in the principles of social research, ethics, safeguarding and boundaries, data protection and confidentiality, research design, data collection and analysis techniques, and creating recommendations. Students co-produced all aspects of the project, with guidance and support from the course tutor, Lucy Holmes (St Mungo's Research Manager). Lucy managed the project budget, set the overall research topic, and provided support with fieldwork. The team created the research questions, designed the study instruments, identified themes for – and contributed to – the analysis, and shaped the final report. Most of the team have personal lived experience of homelessness, and many of sleeping rough.

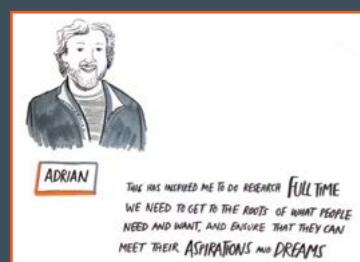


Image: www.sandrahowgate.com



Acknowledgements

The research team would like to thank all the participants, particularly all the St Mungo's clients who shared their experiences so openly. We hope that our report has done you proud and makes a difference. We would also like to thank the staff at St Mungo's services who helped to arrange our fieldwork visits and made us feel so welcome.

Thanks also to everyone who supported our training and the project, and to those whose advice helped shape the research course: Michelle O'Mahony from Kantar TNS; Jane Thompson from Railway Children; Viola Brisolin, Emily Catlow, Kerri Bissoonauth, Robyn Casey, Emma Webb and Barry Wilson from St Mungo's; Paula Harriott from Prison

Reform Trust; and Kati Turner from St George's, University of London. Thanks, too, to the Sustainable Housing Unit, Salford University, for donating some smart tote bags to the team. We're grateful to you all for your help.

The illustrations in the report were created by Sandra Howgate, who joined us on the last day of our course to capture our conversation: www.sandrahowgate.com

The photographs used in the summary and full report were taken by Chris, a member of the research team, and represent places in London where members of our team and people that we spoke to have slept rough.

Foreword



Outside In are pleased to do the foreword for the research on why some people return to rough sleeping after time off the streets.

Outside In is a client involvement group who help to improve St Mungo's services. We are the voice of St Mungo's clients – run by clients, for clients.

We know how important it is to get involved – with your own recovery, with services and with your community. Getting involved in volunteering can help you make friends, learn skills and get ready for work.

We are pleased that this research has been done as the issues with rough sleeping are so complex that it is hard to help people to accept help to make the necessary changes in their lives. We are also pleased that the researchers had experiences of homelessness and this probably helps to understand the issues. The importance of 'peer research' is that people with experience of these problems are going to know better how to approach the work.

It is extremely important that research is done to understand why people go back to rough sleeping. Many rough sleepers are dying or need urgent medical treatment – we have to help them end their homelessness and rebuild their lives.

Outside In members know this is important because many of us have slept rough and those who haven't have lived in unstable or unreliable accommodation.

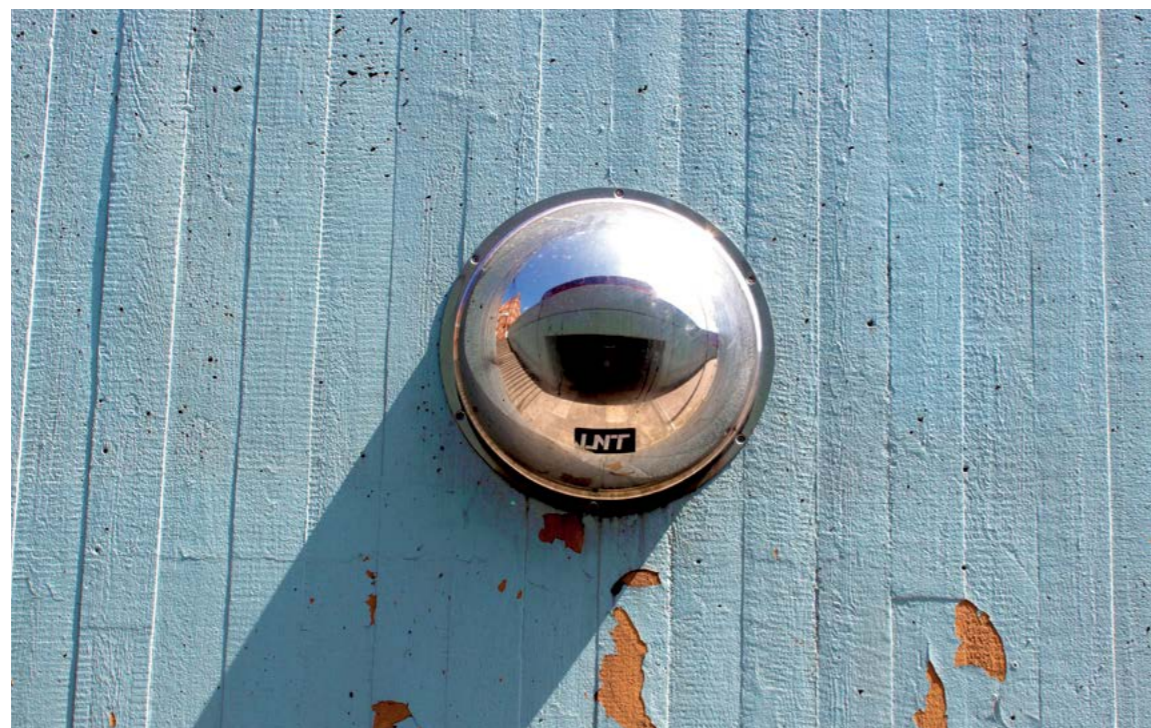
We would like to see this research spread far and wide, and we want to see the recommendations taken up by people with the power to make change. We would like to see more targeted psychotherapy so everyone can benefit. We would also like to see better emergency services for people sleeping rough now.

Outside In



Contents

Foreword	Page 3
Executive summary	Page 5
1. Introduction	Page 9
2. Methodology	Page 13
3. Findings	Page 17
3.1 Push factors	Page 18
3.2 Pull factors	Page 28
3.3 Holes in the safety net	Page 34
3.4 Accessing help and support	Page 43
4. Conclusions and recommendations	Page 49
5. References	Page 56
6. Appendix	Page 61



Executive summary

This report describes the findings from a small-scale, exploratory, qualitative research project that considered the question *'why do some people return to sleeping rough after time off the streets?'*

The research was conducted by a group of peer researchers, through the St Mungo's Recovery College. The researchers were people who had experienced homelessness; many had slept rough in London and elsewhere. The researchers worked in partnership with the St Mungo's Research Manager to co-produce the research. The team worked together to design the research question, data collection instruments and sampling frame, to conduct interviews and focus groups with St Mungo's clients and staff, to identify themes for analysis and to shape the final report.

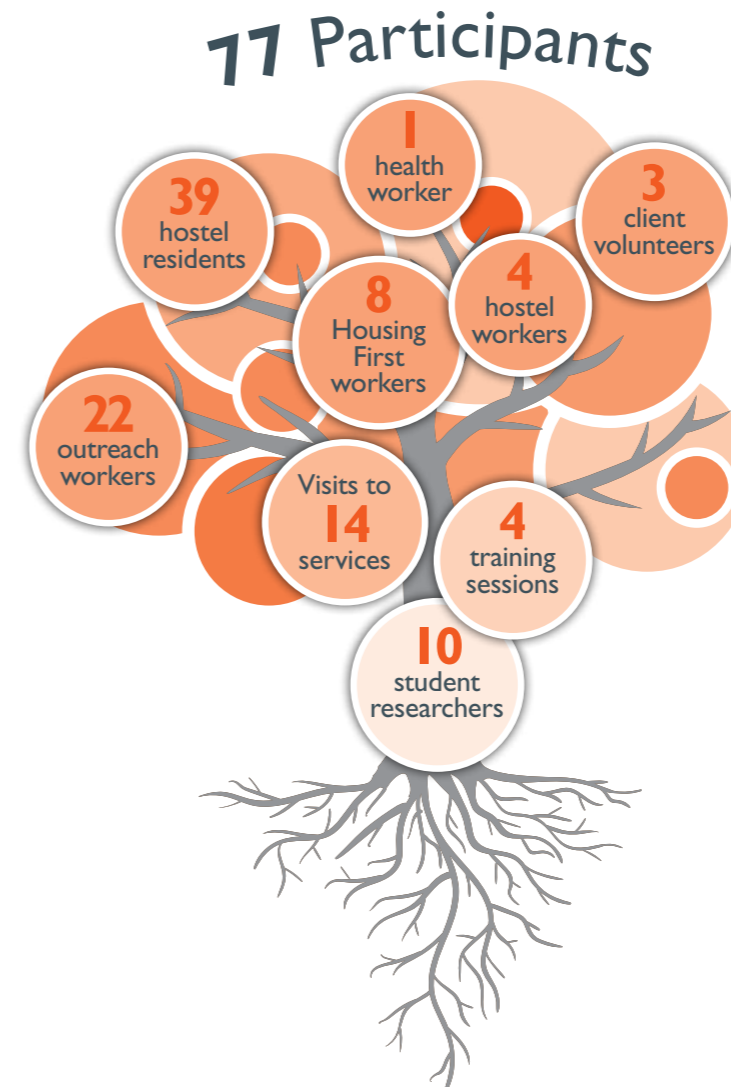
We identified four key areas for analysis: push factors; pull factors; holes in the safety net; access to services. We have categorised the things people told us, and we have tried to represent them without bias or prejudice. We recognise, however, that life is messy and our categories are imposed by us onto our data.

We wish to emphasise that all of these things act together to create pressure on a person. Some push factors will be enough on their own to cause a person to leave. Others will have a small effect on their own, but grow and multiply over time to have a bigger impact. Many of the people we spoke to described experiencing more than one push factor either all at the same time or on different occasions. The push factors we heard about include:

- Being evicted (for rent arrears or for behaviour) or leaving temporary shelters when they close.
- Being asked to leave after relationship breakdown (partner or family).
- Leaving prison after a sentence or being held on remand.
- Leaving accommodation because it didn't meet needs (e.g. no couples, no pets) or was poor quality.
- Leaving because of noise or anti-social behaviour; or excessive rules and regulations.
- Leaving informal accommodation (sofa-surfing) because of being asked to leave or feeling like a burden.
- Leaving accommodation because of isolation and loneliness.
- Escaping criminal victimisation (e.g. abuse or tenancy hijack).

Although rough sleeping is dangerous and unpleasant, there are nonetheless things which draw people back. The pull factors we heard about include:

- Feeling competent in survival (compared to feeling incompetent managing a tenancy).
- Knowing (how) you can meet your basic needs.
- Feeling 'addicted' to the streets.
- Freedom of living life free from rules/constraints.



- Life on the streets is busy and interesting (compared to boredom or loneliness or lack of occupation in accommodation).
- Having people around (other rough sleepers, and members of the public showing care).
- Being pulled back to dangerous/abusive relationships.

When push factors and pull factors work together, they can exert an irresistible pressure on someone, leading to them 'choosing' to return to rough sleeping, or seeing no alternative when a crisis comes along. Successful solutions to repeated rough sleeping must recognise both push and pull factors, otherwise they will fail to equip people to resist this pressure.

Holes in the safety net are the missing protective factors that – if present – could help prevent a person returning to rough sleeping. They may not trigger rough sleeping episodes, but combine to weaken someone's protection from it, so when a crisis or trigger happens, they are less able to avoid returning to the streets. Holes in the safety net include:

- Having survived rough sleeping before.
- Lacking a social network with resources to help (either having exhausted that option, or not having a family or friends who can help).
- Trauma and unmet health needs, and lack of support with these.
- Difficulties maintaining a tenancy (and lack of support with this), and not knowing legal rights.
- Inability to secure a new tenancy (no deposit, landlords won't take you, council won't house you).

Our research suggests that people who have slept rough before, are living in poverty and who do not have strong networks are at risk of returning to the streets when faced with a crisis, because they are less able to deal with problems that arise.

We also asked people about their experience of accessing services to help prevent or resolve rough sleeping. We found that accessing services to help can be hard. Some of the

things that stop people successfully getting help include:

- Demands are too high (e.g. around punctuality, abstinence, distance to travel).
- Inconsistency from service providers (including not providing support they should).
- Having experienced rejection in the past (potentially triggering memories of past trauma).

Conversely, the characteristics of positive support are:

- 'Unconditional positive regard' (being optimistic and believing in someone).
- Flexibility and informality.
- Developing trust.

We have identified a number of recommendations that would help prevent people from returning to rough sleeping after time off the streets. These grouped in four categories: access to good quality, appropriate and secure accommodation; access to support to rebuild lives after rough sleeping; specific support for issues relating to criminal victimisation and offending; and further research.

The full recommendations may be read on pages 50 to 54 of the main report, and are summarised below:

1. Access to good quality, appropriate and secure accommodation

Recommendation 1

The UK Government should provide sufficient funding, guidance and support to ensure local authorities commission high quality supported accommodation.

Recommendation 2

Local authorities should commission high quality supported accommodation to meet the needs of those who are vulnerable to rough sleeping.

Recommendation 3

The UK Government should remove access barriers to the private rental sector for people who have slept rough.

Recommendation 4

The UK Government should reform tenants' rights in line with Scotland.

Recommendation 5

The UK Government must drive an increase in stable, long-term accommodation for people who have slept rough.

2. Access to support to rebuild lives after rough sleeping

Recommendation 6

Local authorities should ensure that everyone who has slept rough has access to tenancy sustainment support for as long as they need it.

Recommendation 7

Support services and local authorities should build tenants' awareness of legal rights and sources of support.

Recommendation 8

Service providers should support people who have slept rough to build long-term resilience to life's ups and downs.

3. Specific support for issues relating to criminal victimisation and offending

Recommendation 9

The Ministry of Justice and the Ministry of Housing, Communities and Local Government must work together to prevent prison leavers returning to the streets by improving screening and support.

Recommendation 10

Homelessness service providers must have adequate policies to deal with domestic abuse.

Recommendation 11

Homelessness service providers supporting people in tenancies must ensure that staff are adequately trained to recognise and respond to threatened or ongoing tenancy hijack, including advocating for their client in any police investigation or landlord action.

4. Further research

This exploratory research project has highlighted a number of questions that should be answered by further research projects:

- What is the current provision of 'floating' tenancy sustainment services for people who have slept rough, and how has this changed in recent years?
- What has been the impact of the cuts to central Government budgets for local authorities and other statutory services, and how has this affected access to services for people who have slept rough?
- How prevalent are the causes of evictions and abandonments from supported housing, and what works to reduce their number?
- What are the impacts of psychotherapeutic support for people who have slept rough, and what works to obtain the most positive impacts?
- What are the long term impacts of i) supported accommodation, ii) tenancy sustainment support and, iii) Housing First services, and what are the costs and benefits associated with each?



I. Introduction

This report describes the findings from a small-scale, exploratory, qualitative research project that considered the question:

Why do some people return to sleeping rough after time off the streets?

The research was conducted by a group of peer researchers, through the St Mungo's Recovery College. This section of the report considers the context in which the research took place. The following section describes the method used to answer the research question. The bulk of the report outlines the team's research findings and, finally, sets out a number of recommendations for central and local Government, service providers and others.

Rough sleeping in the UK

There is an official definition of rough sleeping, which is used for the purpose of counting and estimating the number of people sleeping rough. The definition is:

- *“People sleeping, about to bed down (sitting on/ in or standing next to their bedding) or actually bedded down in the open air (such as on the streets, in tents, doorways, parks, bus shelters or encampments). (Bedded down is taken to mean either lying down or sleeping. About to bed down includes those who are sitting in/on or near a sleeping bag or other bedding).*
- *“People in buildings or other places not designed for habitation (such as stairwells, barns, sheds, car parks, cars, derelict boats, stations, or ‘bashes’).*

“The definition does not include people in hostels or shelters, people in campsites or other sites used for recreational purposes or organised protest, squatters or travellers.”¹

We have not sought to impose any definition in our questioning or project design and instead we allowed people to define rough sleeping for themselves. The people we spoke to who had experience of rough sleeping mostly rejected the phrase ‘rough sleeper’ as an identity, while

accepting the phrase ‘sleeping rough’ to describe an activity. When describing themselves, many people preferred to use the word ‘homeless’ to ‘rough sleeper’, which felt less stigmatising. One of the people we spoke to, who has experience of repeatedly sleeping rough, described it like this:

*“When you think of ‘smooth sleeping’, you think of comfort, you think of duvet, you think of warmth, you think of maybe having the TV on to fall asleep, you know. A door that you can lock, somewhere safe for your possessions, that’s smooth sleeping. So spin that, rough sleeping is the exact opposite.”
(Gus, male client)*

On a single night in autumn 2017 local authority estimates suggested that 4,751 people slept rough across England, compared to 1,768 in 2010.² Using a similar method of counting, Welsh local authorities counted 188 people sleeping rough on a single night in November 2017, up from 82 the previous year.³ Across the nations of the UK counting methods vary, meaning that it is not possible to directly compare trends. Despite this, England and Wales have both reported increases using their counting methods, while Scotland, using a different method, has reported a decrease since 2009-10.⁴ Northern Ireland has not instigated a similar counting method so it is not possible to report trends over time.

¹ Ministry of Housing, Communities & Local Government (MHCLG) (2018a)

² MHCLG (2017)

³ Welsh Government (2017)

⁴ Homelessness Monitors for England, Wales, Scotland and Northern Ireland <https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/homelessness-monitor/>

Our research took place in London, where rough sleeping is most highly concentrated. The number of people sleeping rough in London is counted more comprehensively than in other areas using the Combined Homelessness and Information Network (CHAIN), a multi-agency database used by homelessness services. At the time this report was written the 2017-18 CHAIN annual report was not yet available, but the previous year's report showed that:

- A total of **8,108** people were seen sleeping rough in London during 2016-17.
- Of these, **1,036** were people who had returned after a gap of at least one year where they were not seen sleeping rough, the highest *number* of returners recorded over the last four years.
- The *proportion* of returners has remained reasonably stable at 12.8% in 2016-17 compared to 12.3% in 2015-16, 11.6% in 2014-15, and 11.3% in 2013-14.⁵

While our study did not use the same definition of 'returning' (i.e. more than a year gap between episodes of rough sleeping), this trend in the CHAIN figures suggests that returning to rough sleeping has become more common in London.

Despite such high levels of rough sleeping, the Homeless Link Annual Review 2017 identified a reduction in the number of accommodation projects and day centres, and in the number of bed spaces available to single homeless people in England.⁶ It also found that more than a third (39%) of homelessness services reported a drop in funding.⁷ A recent National Audit Office (NAO) report found that, while local authorities have been increasing funding for homelessness services since 2010, there has been a 59% real terms decrease in Supporting People funding.⁸ Supporting People funding

was originally ring-fenced, but this protection was removed in 2009. This funding stream pays for the support element of supported housing, and the support that someone may receive to live independently.

As we will explore throughout this report, people become homeless and sleep rough for many reasons, and in the context of social and political systems. Research has shown that "*individual, interpersonal and structural factors all play a role – and interact with each other – and the balance of causes changes over time*".⁹ The single biggest cause of statutory homelessness (i.e. homeless people and families to whom local authorities owe a duty of accommodation) is now the end of an assured shorthold tenancy, far outstripping mortgage repossession, relationship breakdown and parental exclusion.¹⁰ While most rough sleepers are not classed as statutorily homeless, they live in a competitive and challenging housing market where landlords are able to end tenancies without reason after six months.¹¹ Further to this, the cost of private rented accommodation has risen three times faster than earnings in England since 2010 (eight times faster in London)¹² and sustained low economic growth means real earnings still lag behind 2008 levels a decade on.

There has been a great deal of research into the causes of homelessness and rough sleeping in particular. Researchers have taken different approaches to interpreting the various personal and society-level circumstances that seem to cause homelessness. UK and international research has found evidence that the balance between individual and 'structural' or systemic causes varies between countries depending, to some degree, on the size and nature of the welfare safety net.¹³ Importantly, recent

research from Bramley and Fitzpatrick has disproven the well-intentioned claim that homelessness could happen to anyone, and that we are all just two pay cheques away from the streets, by demonstrating that certain groups face a far greater risk of homelessness. These researchers found that homelessness is not distributed randomly but concentrated amongst people who grew up and live in poverty, and who live in disadvantaged local economies.¹⁴ Bramley and Fitzpatrick's analysis also shows that for most people "*the probability of falling into homelessness is slight in the extreme because they are cushioned by many protective factors*".¹⁵

Many Government policies directly affect people in housing crisis, including (but not limited to) the benefit cap, the ongoing freeze of the Local Housing Allowance, and the rollout of Universal Credit (UC). For example, the majority (93%) of local authorities surveyed for the *Homelessness Monitor: England 2018* felt the full rollout of UC would increase homelessness in their area.¹⁶ Recent research has explored the use of welfare conditionality and found that "*benefit sanctions do little to enhance homeless people's motivation to prepare for or seek work. They cause considerable distress and push some extremely vulnerable people out of the social security safety net altogether*".¹⁷ In late 2017, the NAO found that the Government had not fully assessed the impact of welfare reforms on homelessness.¹⁸

Despite the difficult social security welfare environment, the Government recently enacted a significant new piece of legislation, the Homelessness Reduction Act (2017). This Act significantly extends the duties of local authorities to provide meaningful assistance to eligible people at risk of homelessness, whether or not they have a duty to accommodate them.¹⁹ In particular, the Act extends the period during which people classed as 'threatened with homelessness' can access help from 28 to 56 days, it places a duty on local authorities to provide more advice and support to a wider group of people, and places greater duties on other public bodies (such as prisons) to refer people at risk of homelessness to their local authority. The Government has provided additional funding to support local authorities to meet their new duties.

There have been a series of Government initiatives in recent decades to try to reduce rough sleeping, from the Rough Sleepers Initiative launched in 1990 to No Second Night Out nationwide in 2011. None have specifically sought a solution to *repeated* rough sleeping. The current Government has committed to a new strategy to meet its commitment to halve rough sleeping in England by 2022 and end it altogether by 2027. The new strategy is expected in the summer of 2018, shortly after this report is published.

⁵ Mayor of London (2017: 3)

⁶ Homeless Link (2018a: 13)

⁷ Ibid.

⁸ National Audit Office (NAO) (2017: 28)

⁹ Fitzpatrick et al. (2018: 2)

¹⁰ Fitzpatrick et al. (2018: 63)

¹¹ UK Government (2018)

¹² NAO (2017: 7)

¹³ Bramley and Fitzpatrick (2017: 97-99)

¹⁴ Ibid.

¹⁵ Ibid, p112.

¹⁶ Fitzpatrick et al. (2018: 87)

¹⁷ Johnsen et al. (2018: 1)

¹⁸ NAO (2017: 7)

¹⁹ For more information on the Act see guidance from the Chartered Institute for Housing (2017)



2. Methodology

Why peer research?

Peer research involves the group of individuals being studied working within the research team and conducting the project. In this case, the peer researchers were people who had experienced homelessness; many had slept rough in London and elsewhere. The peer researchers worked in partnership with the St Mungo's Research Manager, from the very beginning of the project until the very end, to co-produce the research.

There are many benefits to carrying out a research project using this method, for data quality and for everyone involved. Carrying out peer research can create a level of trust between the participant and the researcher, meaning the participant feels that the researcher can relate to them in some way and so they feel relaxed and are willing to open up about their experiences.²⁰ In turn, the data that is collected is of good quality. Peer researchers can also be role models for participants; influencing their lives and prompting them to think about how their experience can be used to make a positive contribution.

Carrying out peer research gives individuals the opportunity to build upon their existing skills and knowledge which can support them in future projects or employment.²¹ The power dynamics within the research team are balanced; the peer researcher role is not that of a client. They are "treated as assets with the skills, knowledge and experience to help develop solutions to issues rather than simply people with needs".²² This allows the peer researchers to build their confidence, contribute positively to the research project, and results in personal growth.

The professional researchers are able to design their project in a sensitive manner, based on the advice of peer researchers. They are able to make informed decisions in partnership with peer researchers to ensure their project

is designed with participants' needs in mind. When analysing data, the research team have the advantage of gaining the informed perspective of the peer researchers.²³ Overall, using a peer research method was extremely beneficial to all parties involved in this project.

Peer researcher training

The research methods training took place at St Mungo's Recovery College. The training covered a broad range of topics with the aim of preparing the peer researchers to carry out a research project. We learned about different types of research methods, and confidentiality and safeguarding procedures. We had a number of guest speakers; some who had done similar projects and were able to share their experiences with us and others who were able to give advice on how we could be successful in our research.

As a group, we decided the project's aims, the questions we wanted to ask and how we would go about gathering our information. We agreed to visit St Mungo's services to conduct interviews with current and former clients as well as the staff members who provide day to day support. We looked at different ways of identifying themes that emerged from our findings and how we would analyse the data. The peer researchers worked in partnership with the St Mungo's Research Manager to make decisions about the project.

Project design

The team settled on a qualitative, small-scale exploratory approach, to allow us to understand the 'how' and 'why' behind the numbers. Our overall aim was to answer the question **'why do some people return to rough sleeping after time off the streets?'** We also aimed to find out about the experiences people had when trying to access

²⁰ Weinstein and Bowpitt (2012)

²¹ Ibid.

²² Involve/National Institute for Health Research (NIHR) (2018: 12)

²³ National Care Advisory Service (NCAS) (2013)

services and how this differed between when they were sleeping rough and when they were housed. We aimed to find out what people thought needed improving about services and what they considered to be an ideal service for people experiencing homelessness. We felt it was important to find out about the barriers people faced when accessing services and about the reasons why some people abandoned or disengaged from services. These aims guided us throughout the process of conducting interviews.

The team carefully considered and discussed the questions we would ask participants. We gave all the staff and clients who were interviewed an information sheet that explained the aims of our research, what it involved and how the information they shared would be used. Our questions for people with lived experience of homelessness focused on their specific journey, what they felt contributed to their circumstances and their experience of accessing services. We asked participants about both positive and negative aspects of their experience and what they thought was required to improve services for homeless individuals. Our questions for the staff members focused on their experience of supporting people who have slept rough repeatedly and the reasons behind it. We asked how they encourage people to engage with them and the reasons why people sometimes disengage from services. We decided to include specific questions about the experiences of women who sleep rough and how their experience differs from that of men because we know that women are more vulnerable to exploitation and tend to be more hidden when homeless.²⁴

All of the peer researchers participated in the fieldwork, which was a mixture of one-to-one interviews, joint interviews and focus groups. The majority of interviews took place within St Mungo's hostels in London. After the fieldwork began, the team made some changes to the questions because of the responses we were receiving and to ensure the interviews flowed well. We wanted to ensure that we collected data of good quality and in line with the aims of our research.

Please refer to the report appendix (page 61) to see the questions we asked and more information about the people who kindly told us about their experiences.

Ethical decisions

We decided only to interview clients of St Mungo's services, partly because it was easier and quicker to arrange in our short window of opportunity, and also because we knew they would have access to appropriate support afterwards if they needed it.

We audio recorded interviews when the participant gave permission and we had these transcribed and anonymised to protect people's privacy. The quotations in this report are anonymised and attributed to different names, but they are all from real people who gave informed consent to take part.

We decided that the research team would not undertake fieldwork at services where they were, or had been, a client. Sometimes the researchers encountered people they had known previously, and these situations were dealt with on a case-by-case basis so that everyone felt comfortable.

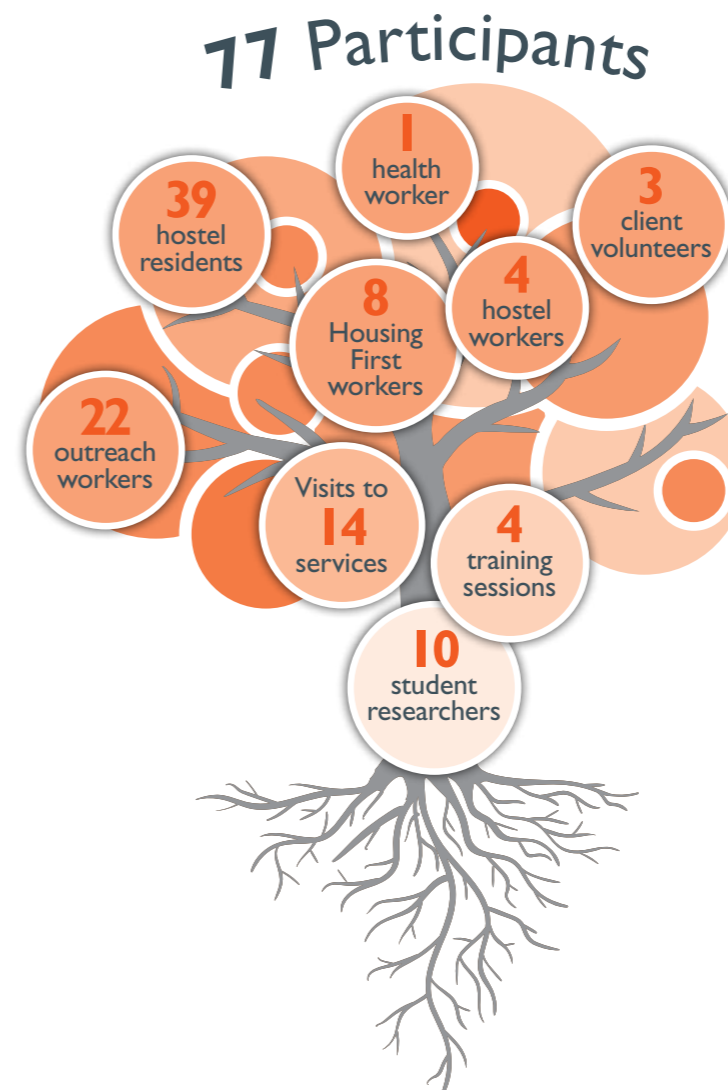
Limitations

The research we conducted has some limitations. Firstly, the majority of participants we interviewed were not currently sleeping rough; we mostly spoke to people who were accommodated in hostels. We chose not to speak to people on the street for ethical, practical and safety reasons, but we recognise that we may have missed out on hearing other perspectives. The clients we met all had experience of rough sleeping, but some had been off the streets for some time, so their experience may not be up to date, and their memory of relevant experiences may have diminished. All of the clients we spoke to reported that they had returned to rough sleeping after time off the streets; their

definitions of 'time off the streets' varied, however. For some, returning meant going back to rough sleeping after a few days on someone's sofa or in a night shelter, while others had experience of long-term repeated rough sleeping spanning years or decades.

We spoke solely to clients and staff of St Mungo's services. While we heard from people about their experiences of using, or working for and alongside, other services, we recognise that this may mean their experiences do not tell the whole story. We also limited our project to London, but people's experiences in other areas may be different. We also acknowledge that our relatively small scale qualitative study cannot identify how common or uncommon different experiences are in the whole population.

Finally, we spoke to people who are still receiving support from homelessness services. While some are now living independently, we did not reach out to many people who were further along in their recovery. We also did not speak to people who continue to resist service interventions. This may have affected what we learned.



²⁴ St Mungo's (2014) and Bretherton and Pleace (forthcoming 2018).



3. Findings

In this section we set out our analysis of what our research participants told us. We have categorised the things people told us, and we have tried to represent them without bias or prejudice. We recognise, however, that life is messy and our categories are imposed by us onto our data.

We have organised our findings into four areas: 'push factors'; 'pull factors'; 'holes in the safety net'; and 'access to help and support'. We have tried to outline the wide range of reasons that people described returning to the streets, but there will be others that we didn't capture, and we are not able to say how common or rare each reason might be.

Although we have imposed categories onto what people told us, we wish to emphasise that all of these things act together to create pressure on a person. For example, push and pull factors can occur together, as shown in these words from Alex, a Housing First worker, describing how loneliness, and the importance of having friends, both push and pull a person to go back out on the streets:

"People just feel very cut off, isolated and lonely. [...] On paper, they've got what they wanted - they're in their flat, but if they've got nothing meaningful to do with their time, to get up and, you know, get out there and keep busy, the thoughts just keep coming back to, 'What's he doing? What's she doing?' You know, that can be a big temptation for people to just go back to that familiarity, which is completely understandable, you know."

(Alex, Housing First worker)

We have further analysed whether the push factors are 'structural' (not specific to the individual) and 'individual' (things which relate to each person's own situation). It is important to recognise that individuals do not live in a vacuum – we live our lives in the context of the place where we live, the civic institutions we interact with, and the people around us.

We also recognise that the reasons why people sleep rough could be categorised still further; some of them are 'proximal' causes and some are 'distal'. Proximal causes are immediate triggers that mean someone has to sleep rough right then. Distal causes are things which may have happened a long time ago, or things that are not specific to that person, but which have contributed to the circumstances in which they find them self. In our study we encountered both. The push and pull factors are mostly proximal causes of rough sleeping, and the holes in the safety net mostly describe distal causes; events or characteristics that the people we met believed contributed to repeat rough sleeping.

This section addresses:

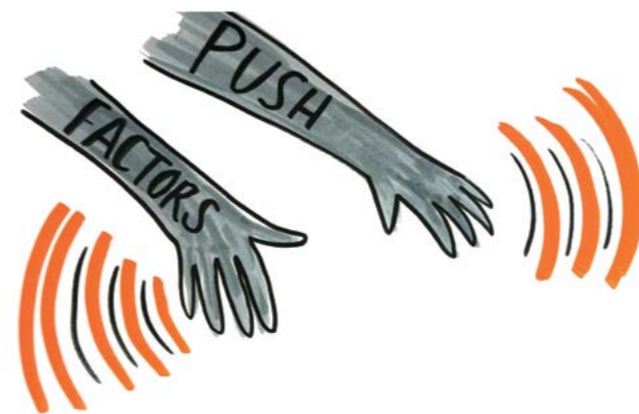
- 3.1. Push factors
- 3.2. Pull factors
- 3.3. Holes in the safety net
- 3.4. Accessing help and support

3.1. Push factors

We have used the phrase 'push factors' to describe all the things that can happen to a person that either force them to leave a place, or make them choose to leave. Some push factors will be enough on their own to cause a person to leave. Others will have a small effect on their own, but grow and multiply over time to have a bigger impact. Many of the people we spoke to described experiencing more than one push factor either all at the same time or on different occasions.

This section describes three important push factors:

- Being asked or forced to leave
- Choosing to leave accommodation
- Escaping criminal victimisation



In this section we set out our analysis of what our research participants told us. We have categorised the things people told us, and we have tried to represent them without bias or prejudice. We recognise, however, that life is messy and our categories are imposed by us onto our data.

We have organised our findings into four areas: 'push factors'; 'pull factors'; 'holes in the safety net'; and 'access to help and support'. We have tried to outline the wide range of reasons that people described returning to the streets, but there will be others that we didn't capture, and we are not able to say how common or rare each reason might be. In our study we encountered both. The push and pull factors are mostly proximal causes of rough sleeping, and the holes in the safety net mostly describe distal causes; events or characteristics that the people we met believed contributed to repeat rough sleeping.

This section addresses:

- 3.1. Push factors
- 3.2. Pull factors
- 3.3. Holes in the safety net
- 3.4. Accessing help and support

'It's time to go' – being asked to leave

The end of a tenancy is now the most common cause of homelessness in the UK.²⁵ We heard from people who had lost tenancies, through no fault of their own, when landlords wished to increase the rent or reclaim the property to sell. We also heard from people who had been illegally evicted from low-cost, low quality accommodation, sometimes with no or little notice and with no reason given.



²⁵ Fitzpatrick et al. (2018: 63)

People we spoke to also told us about being evicted because they had broken the terms of their tenancy, either by failing to pay rent and accruing arrears, or because their behaviour was unacceptable. Of those who described accruing rent arrears, some acknowledged responsibility for making choices that caused this, while others said it was the result of administrative errors with benefits, or serious problems with budgeting, sometimes made worse by lack of education, mental health problems or substance use. This is further addressed in section 3.3, about holes in the safety net. Not only does eviction for non-payment of rent risk pushing people back onto the streets, it also costs housing providers significant sums of money; estimates of the cost of a failed tenancy range between £4,000 and £8,000.²⁶

"The other thing I've witnessed once is someone gets their own flat, they can't read or write, they don't open any post, and before they know it they're back on the streets again. To them it was all just a blur."

(Christian, hostel worker)

Of those people who were evicted because of their own behaviour, some said they recognised that this was their own fault, while others felt they had been on the receiving end of bad behaviour and were evicted after lashing out in response or in defence. One person with experience of sleeping rough, Max, described losing his flat through eviction for – amongst other things – allowing other homeless people to stay on his floor:

"Because someone was trying to steal my boots in the middle of the night. [...] I lost the plot. I got kicked out, basically. I don't think it was any fault of my own. Can't have him stealing my boots when I'm sleeping."

(Max, male client)

"The second time that I was rough sleeping was my fault. So if I wasn't causing trouble for myself, I wouldn't have made myself intentionally homeless."

(Ross, male client)

²⁶ McCabe (2018)

In the most serious situations, where someone is evicted because of their own violent behaviour, it is very challenging for support services to help. Eviction in these circumstances can be fast, leaving little time to prepare for the next step. In these cases, the person concerned can end up back on the streets very quickly if they are unable to access alternative accommodation. Ideally, people who are evicted from supported housing would be moved into alternative provision, but they may decline this move.

"Where it's violent incidents they'll just get immediately evicted so no in-reach support could have been given leading up to it, because it came out of nowhere. We're kind of stumped in those situations because they won't get immediately replaced because of the nature of why they were evicted."

(Charlotte, outreach team worker)

During our fieldwork we spoke to people who had stayed in temporary winter shelters, including 'Severe Weather Emergency Protocol' (SWEP) accommodation. Although this accommodation is designed to be basic, short term and purely for emergencies, for those people who used it the closure of such accommodation felt similar to being evicted. The people who told us about this described it in the same terms as returning to rough sleeping for other reasons.

"They're nice people, but they told me I can stay there until Friday because Friday, apparently, the cold snap finishes. So, then I have to go back on the streets."

(Isaac, male client)

Another theme which emerged was people being forced to leave accommodation at the end of a partner relationship or when family members asked them to leave. People we spoke to described a variety of reasons why they had to leave home because of family members; some were long term conflicts, others after a big argument about a significant issue like sexuality. Others left when relationships ended, some recognising that it was better to leave the tenancy to their former partner, particularly where children were involved.



“I think they have a sense of failure as well [...] the overwhelming thing is of failure, that they want the place so much, whatever they got given or whatever-, and they’ve managed to be evicted.”
(Beth, peripatetic health worker in hostels)

Leaving institutions

When we were planning the research we expected we might hear from people who had ended up back on the street after leaving an institution like hospital, the army or prison. In the group of people we spoke to no one mentioned having returned to the streets from a hospital (either physical or mental health services). On the contrary, we spoke to people who had been helped off the streets by health service staff after being hospitalised. Physical health problems were also mentioned as a key reason why people accept help and come indoors; as life on the streets becomes physically less bearable, so the alternatives become more acceptable or attractive.



Being asked to leave accommodation can be either an individual or structural trigger for rough sleeping. The end of a relationship is a deeply personal matter that cannot necessarily be prevented. The end of a tenancy may be perfectly legal and planned. People we met returned to sleeping rough, however, because they were not in a position to secure another tenancy or even informal accommodation quickly enough. This means that the eviction was an immediate cause of their sleeping rough, but the ultimate cause was not having the wherewithal (money, knowledge, or friends or family with spare space) to secure another place to live. This is discussed in more detail in section 3.3, about holes in the safety net.

Another theme in our interviews and focus groups was the impact on individuals of being forced to leave accommodation. In particular, workers identified that people who had been evicted could become angry where they perceived injustice, or feel shame where they blamed themselves for failing to maintain their accommodation or find an alternative. This chimes with other research about homelessness, which has identified shame and stigma as significant problems for homeless people,²⁷ and which may impact on their behaviour and ability to secure accommodation. The issue of shame shaped a recent peer-led edition of homelessness magazine *The Pavement*,²⁸ which cited ongoing research from Groundswell that found “70% of homeless or unstably housed people interviewed either agreed or strongly agreed with the statement, ‘I feel ashamed of my situation.’” (*The Pavement*, 2018: 6).

²⁷ For example, Fall (2014) and Sanders and Brown (2015)
²⁸ *The Pavement* (2018)

We did, however, hear from former prisoners who had been released and ended up sleeping rough immediately. Their experiences varied, and some important themes emerged. We know from other research that as many as one-third of people who sleep rough have been in prison²⁹ and that accommodation is very important for released prisoners, as problems with accommodation are closely related to difficulties finding employment and likelihood of reoffending.³⁰

One issue we heard about was people who had been held on remand (kept in prison awaiting their trial or sentencing) being released without any plan or accommodation.

“If you’re remanded in jail and you’re not convicted, they’ve got no obligation to see housing in the jail because they don’t know when you’re getting out.”
(Jo, female client)

We also heard from people who served sentences, and knew their release date in advance, but still ended up on the street. For some, this was a result of unplanned moves or lack of support, like Jon, who told us of repeated experiences of leaving prison and returning to the streets:

“Every time I got out of prison, I would have nothing set up. There was all good talk about it, the services outside, but when it came to getting out, something would go wrong, you know. I would move prisons, or something would happen to make it not happen, sort of thing. I would end up back at my mum’s – that would last a month, two months, back on the drugs, whatever. Mum’s kicked us out so homeless and then back to prison eventually.”

²⁹ Mayor of London (2017)

³⁰ Brunton-Smith and Hopkins (2014) The impact of experience in prison on the employment status of longer-sentenced prisoners after release: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/296320/impact-of-experience-in-prison-on-employment-status-of-longer-sentenced-prisoners.pdf and Cooper (2013) No Fixed Abode: The implications for homeless people in the criminal justice system: <https://howardleague.org/wp-content/uploads/2016/04/No-fixed-abode-report.pdf> and Williams et al. (2012) Accommodation, homelessness and reoffending of prisoners: results from the Surveying Prisoner Crime Reduction (SPCR) survey: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/278806/homelessness-reoffending-prisoners.pdf

³¹ Shelter (2018) Help if you’re homeless: ex-prisoners: https://england.shelter.org.uk/housing_advice/homelessness/your_situation/ex-prisoners_get_help_if_youre_homeless

“The prison service is unpredictable. I’ve been moved prisons at short notice and literally everything I had sorted out got ruined because I wasn’t there to finish it off and get the addresses. Everything that I needed to do, I couldn’t do.”
(Jon, male client)

A member of staff at a hostel told us about other obstacles in the system that can mean prisoners are released straight onto the streets, pointing out that something as simple as the time of day you get released can affect your likelihood of sleeping rough. A key problem that worker identified was people in prison not being able to work with their local authority or accommodation providers in advance to arrange somewhere for their release; instead having to attend in person when they’re out. While this appears to contradict guidance for homeless prisoners,³¹ it appears to be the experience of people working in the sector:

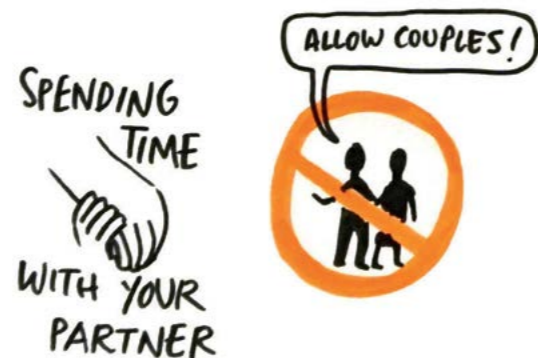
“You get released from prison, who knows at what time and, you know, you’ve got to travel all the way back. You might not even get there in time to be seen that day. You might get there and you haven’t actually got all the- [...] You have to know your NHS number. You have to know all this information to get assessed for housing, which most people are not going to know. [...] How can you expect someone not to re-offend, or how can you expect someone to have any type of chance, when you’re literally just released homeless. It is literally a scandal.”
(Christian, hostel worker)

'I can't stay here' – leaving accommodation

People we met described a range of reasons for leaving accommodation. A theme that emerged was that people described choosing to leave, but then outlined ways in which their accommodation had been unbearable for them. We observed a tension between the idea of making oneself 'intentionally homeless'³² according to official guidance, and making a rational choice to leave a situation that has become unsafe, unsanitary or unhealthy. Other people described feeling forced to choose between accommodation and their partner; a situation which they did not feel represented true choice.



We heard from both clients and staff about people turning down or choosing to leave accommodation which did not suit their particular needs. Examples included supported accommodation which could not accept couples, either as policy or because separate or joint rooms were not available. In our sample we only encountered this from mixed-sex couples, but it was not limited to single-sex hostels; people told us about not being able to stay somewhere as a couple even if the hostel accepted both men and women.



"There's no couples accommodation, the local authorities don't accept people as a couple, only single homeless people. [...] So it's a massive barrier, and one won't come in without the other. And if there's one bed that's available for a male and not a female one, yeah it's a logistical nightmare."

(Charlotte, outreach team worker)

Similarly, we heard from people who had not been able to bring pets to the accommodation they were offered, and choosing to sleep rough again rather than give up their pet. This was not the case for all pet owners; indeed, we met more than one person who had a pet with them in their hostel.³³ However, some described previously having returned to the street in order to live together with their pet.



"If I didn't have my dog, I'd do something already. I'd have taken my life a long time [ago]. Me and my dog, we live together. [...] Nowhere in London takes you with dogs. They want you to get rid of your dog. Are you mad? My dog is like my baby."

(Penny, female client)

Workers from both hostels and outreach teams told us that the variety of accommodation on offer to homeless people is too limited and several gave the example of there not being enough single-sex accommodation for women. People we spoke to described homeless women not wanting to stay in the only (mixed-sex) accommodation offered to them but, instead, choosing to sleep rough.

"There isn't much choice out there for women in terms of hostels and accommodation. So, yes, we would, sort of, refer someone in and a lady will say, 'this is not for me, I can't live there.'"

(Gemma, outreach team worker)

"This borough doesn't have a female-only hostel and I think sometimes that is very difficult. Yes, it can just be very difficult for a number or all the reasons you can imagine, like, living with males, and sometimes males who are perpetrators of domestic violence. It could be very difficult. I think that's something that would benefit."

(Christian, hostel worker)



We also heard about people choosing to leave accommodation because they found it unpleasant to the point of being unsuitable to their needs. Problems described included excessive noise (particularly at night), anti-social behaviour from other tenants (such as deliberately waking someone up), conflict between tenants, and arguments over shared areas or facilities. Having problems with a noisy environment was not limited to congregate or shared accommodation (like hostels); we heard from a Housing First worker whose client left independent

accommodation because of, amongst other things, long-term noisy building work nearby.

"At 11 o'clock someone's banging on the doors saying, 'Someone owes me money.' Not my door, but it's loud enough for me to hear the shouting and screaming. It woke me up. I ended up going to sleep at 6:00am."

(Syed, male client)



Some people who had left supported accommodation said they had resented the rules and regulations associated with living in a hostel. Rules that were mentioned included not being able to have overnight visitors (thus keeping people from enjoying relationships), and requirements around substance use (such as living in a 'dry' hostel). One interviewee described knowing that the rule of abstinence was there for good reason but nonetheless not being able to keep to it, while others said that insisting on abstinence was an unhelpful way to promote recovery.³⁴

"I was in a zero-tolerance house, where I had to keep clean. It was my own fault I picked up a drink, and I owned it. [...] The other people in the house had to be kept safe, they were all in recovery and all clean. So yes, I had to go."

(Gus, St Mungo's client)

"You know, the rules and regulations are stupid, you know what I mean? [...] What, you think because he smoked a joint, you'll kick him out? That's another problem for someone else. You're just passing the buck, and no one's helping anyone, do you understand what I'm saying?"

(Mark, male client)

³² MHCLG (2018b)

³³ For more information about how hostels can welcome pets along with their owners, finding rented accommodation that will accept pets, and getting help with the cost of veterinary care, see: <https://www.moretodogstrust.org.uk/>

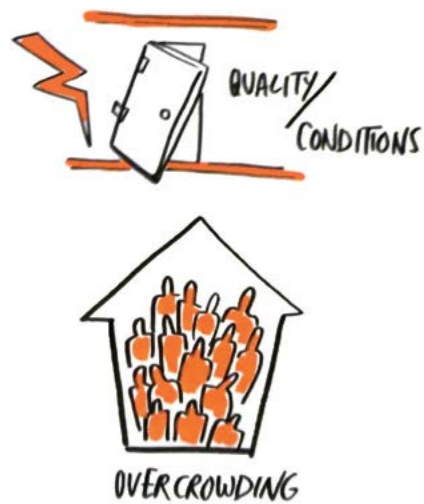
³⁴ The nature of hostels in the UK is variable; while some require abstinence from substance and alcohol use, others do not impose requirements other than those required by law. For more information about the nature of hostel provision in the UK, see Pleace (2018).

“There were a couple of times that I was at one or two services and the list of rules, it was like, ‘really?’ You couldn’t even breathe. That’s how it felt like. You couldn’t even breathe without them knowing, you know what I mean? It was, like, ‘no. Better off on the streets.’”

(Val, female client)

“I think especially the longer people had spent on the streets beforehand, coming from, sort of, deciding their schedule, to an environment where suddenly there are so many rules, many of which maybe don’t even seem to make much sense. I think the feelings that invokes and that it may trigger around powerlessness, unfairness, that kind of stuff, it can bring up some quite deep trauma for people, and it can just be something that people don’t want to have to put up with or deal with.”

(Gavin, Housing First worker)



The poor quality of accommodation was also mentioned as a reason for choosing to return to rough sleeping. People we spoke to described moving into accommodation that was dirty or in poor repair, and many mentioned overcrowding as a problem. This was a problem our interviewees had encountered in both supported and independent accommodation.

“They put me in [area of London], and there were always rats and my bed was fucked. Everything was out of place. The drawers were on the floor, and I told them that’s not adequate for me to stay in. Health and safety, man.”

(Syed, male client)

“It was dirty. It was stinking. That’s what made me leave [...] There was mess everywhere in the toilet, in the shower. I just said, ‘no, mate. Ta.’ Turned around and gone, went back on the street.”

(Darren, male client)

As well as people who chose to leave formal accommodation (like flats or hostels) we also heard about people leaving informal accommodation. For example, people told us about feeling they had overstayed their welcome with friends or family, and returning to rough sleeping so as not to feel like a burden. This is similar to what other research has found.³⁵ When people chose to leave varied; some people stayed with friends and family until they had exhausted that option, while others preferred not to rely on informal accommodation, but to avoid it so as not to put pressure on relationships. As we will discuss later in section 3.3. about holes in the safety net, not everyone has a wide range of people in their life, particularly people with enough space or money to accommodate and support them.



“I just didn’t want to put a headache on anyone. Everyone’s got their own problems to deal with, let alone look after someone else and try and care for them. Obviously, my mental state wasn’t the best. So then I just, yes, stayed on the streets.”

(Syed, male client)

While some people told us about leaving for practical reasons like conditions or noise, others returned to rough sleeping as a result of feeling isolated and lonely. In our study, this was more strongly linked to independent accommodation than accommodation where people lived closely alongside other people, like hostels. When people talked of returning to rough sleeping because of isolation, this was caused by different things. Location was a key issue; in London, where we did our study, it is not uncommon for people to be housed a long way from where they slept rough. This geographical isolation can cause people to feel cut off from people they know; both friends and family and support staff in services.

“Quite often people have to move away from the area where they’ve been rough sleeping, just because of the housing market and, you know, the availability of properties. They go somewhere where they don’t know people. The hostel workers, or whoever has been working with them, they’ve moved them on and are now not really involved, although there should be some kind of aftercare.”

(Katerina, outreach team worker)

Isolation can be social as well as geographical. When people move away from the streets, and from homelessness services, they may lose touch with friends. They may lose touch deliberately, for example if they are trying to stop drinking or using drugs, or they may drift out of contact with people who are living a very different life on the streets. People we met described social isolation leading to loneliness and worsening mental health.

“Once you’re in that flat, that’s it, you’re by yourself. You might be, like, ‘I can’t cope with this,’ you know what I mean? You need to have people around. When you’re in a hostel you’ve got people around you. You can go and talk to members of staff, you know what I mean? Have a laugh and a joke with other people. You haven’t got that. It’s a real lonely life, being in a flat. I just don’t think there’s enough support, really, for it. There never has been and I don’t think there ever will be.”

(Paul, male client)

Different types of isolation can work together, too. If someone is housed a long way away, and does not have friends they see regularly, and if they do not have links to their new local area through services, work or learning, friends or neighbours, they can quickly become vulnerable to victimisation, or returning to old ways.

³⁵ Centrepont (2015) and London Assembly Housing Committee (2017)

“I’ve got a client at the minute who’s returned to the streets. [...] They were given some flat in [an area] where they didn’t really know anyone and then, eventually, that’s kind of gone wrong and they ended up coming back here, because they know services here and they know people here. I guess they got a bit isolated and ended up hanging out with the wrong people and ended up being quite bullied.”

(Kieran, outreach team worker)

We asked workers whether they felt able to tell when someone they were supporting was about to leave their accommodation. Workers told us that situations varied, and it was not always possible to see the signs that someone was about to leave. However, workers also told us about some things to look out for, including the person spending more and more time away from their accommodation, spending time on the streets and with old acquaintances, missing appointments and meetings with support workers, and changes in physical and mental health and substance use.

‘I couldn’t stop them’ – escaping criminal victimisation



An issue that was mentioned by staff, although not by St Mungo’s clients who took part, was the issue of ‘tenancy hijack’ or ‘cuckooing’. This describes a situation where a vulnerable person’s accommodation is used by drug users or dealers as a place to use or deal drugs, making it dangerous and breaching conditions, thus jeopardising the tenancy. Staff described clients who had fled their tenancy because they felt unable to challenge or evict the people

causing problems. Tenancy hijack was described both as a cause of tenancy abandonment and of eviction. There are known links between this issue and organised crime (including ‘county lines’, exploitation and trafficking).³⁶

Not only does this activity put the tenants at risk of violence, criminalisation, victimisation or exploitation, it may also put their current and future accommodation at risk. If the tenant does not involve the police (perhaps out of fear of retribution) they may be held responsible for anti-social behaviour or crime committed at their home. This may lead not only to eviction but to that person being barred from other accommodation in future.

As the following words from Martin, an outreach worker, demonstrate, people who experience push factors, or who have more holes in their safety net, are more vulnerable to this sort of targeted victimisation, as well as to repeat rough sleeping:

“What would happen is they’d meet somebody down at the local drug and alcohol service, or just on the street, who, kind of, befriended them. They were, kind of, quite lonely and glad of some company, took them back to their flat, and the next thing they know that person had then let in five of their friends and refused to leave. You know, threatened them or started dealing drugs from their flat, and then the person had to flee the flat, because they felt powerless in the situation, I suppose, and scared that if they did call the police and tried to stay there, there would be reprisals. They preferred to then just return to the streets than have to manage that situation, and that was actually surprisingly common.”

(Martin, outreach team worker who previously worked in tenancy sustainment)

Another form of criminal victimisation that has driven people to leave accommodation is abuse within the context of a partner relationship (both short and long term) or an exploitative situation involving a current, former or potential sexual partner. In our study this

predominantly arose in conversations with and about women, concerning male abusers. However, we recognise that this is a problem also experienced by men, and in the context of same-sex as well as mixed-sex relationships.



We heard about abusive situations that caused people both to leave their own homes and to avoid or leave places where they could stay informally, as they perceived the risks on the streets as less dangerous than the risks of staying.

“They’ll give me drugs to smoke, and when I wouldn’t sleep with them, I have to leave.”

(Maggie, female client)

“The places I did find to sleep, I got raped or beaten up so I just chose to sleep on the streets. That was safe. [...] I was sofa surfing or the streets. Sofa surfing, I was quite vulnerable where I was staying, most places, so it was safer to find somewhere on the streets to sleep.”

(Steph, female client)

People told us that not only was abuse – or the threat of abuse – enough to push them back onto the streets, but it also caused them to make efforts to conceal themselves once on the streets. This could mean both moving around and hiding from view. One person, Steph, told us about how her attempts to hide from a violent ex-partner had the unintended consequence of concealing her from the local outreach team, and delayed her getting help.

“I went from my [ex-partner] because the police moved me out of there, domestic violence. He found where I was living, so I just stayed on the street, different places where he couldn’t find me.”

(Steph, female client)

Push factors summary

This section has described the push factors that meant people had to leave their accommodation, either by choice or against their will. During our study we heard about a wide range of push factors, including eviction for rent arrears, eviction for unacceptable behaviour, leaving prison, leaving because accommodation was unsuitable, unsanitary or unsafe, leaving because of loneliness and isolation, and fleeing violence or abuse.

Importantly, we found that the line between being forced to leave and choosing to leave is blurred and may even be a false distinction. While some people leave accommodation without being formally asked to leave, this may simply be them leaving a difficult situation that would ultimately result in their eviction. Similarly, some people leave accommodation for rational reasons, resulting in them being viewed as ‘intentionally homeless’ but, for them, it not feeling like a choice to sleep rough so much as a choice to escape a bad situation.

The next section considers the other type of pressure people experience – pull factors drawing them back towards the streets.

³⁶ National Crime Agency (NCA) (2017)

3.2. Pull factors

We identified pull factors as well as push factors, and we also heard a great deal about how difficult and dangerous it is to live on the streets. We share these findings to show why people appear to choose or express that they have chosen to return to rough sleeping.

This section outlines our pull factors:

- Feeling competent
- Feeling free
- The importance of community
- Dangerous relationships



'I know the ropes' – feeling competent

We heard from people who had slept rough repeatedly that knowing the ropes – where to access what you need – made living on the streets sustainable for a time. Indeed, many people described being able to meet most, if not all, of their physiological needs while rough sleeping; being able to find food, water, a place to use the toilet and wash, somewhere to do laundry and get clothes, and a place to sleep that is relatively dry and sheltered. Some people also felt able to find a level of security while on the streets and sufficient resources to meet immediate needs, and an order or routine.

**MOST OF MY NEEDS
CAN BE MET ON THE
STREETS...**

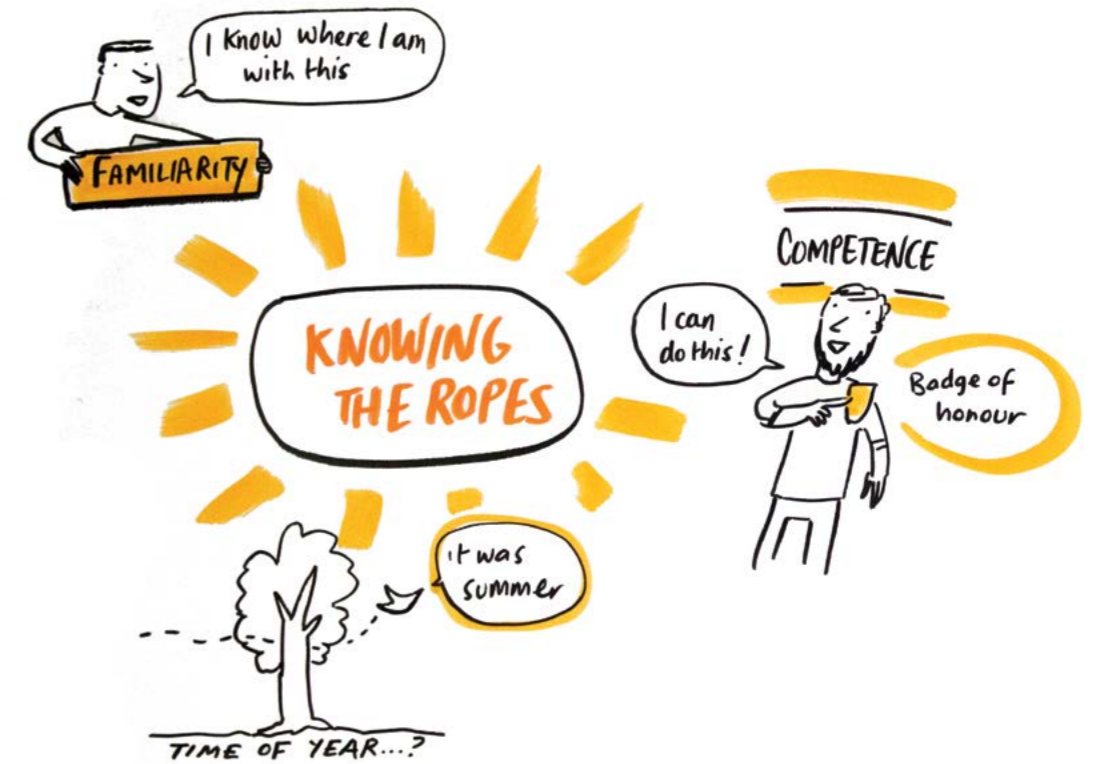


“Before you know it, you’re walking out the door, and you go, ‘well, I know what I’m doing, I’ve been here before. I know where to go. I know where to get fed, watered, clean.’”
(Duncan, male client)

“I could always get food, I had loads of regulars.”
(Simon, male client)

As a research team we discussed this in detail, as it presents a challenge to anyone trying to solve the problem of rough sleeping, and to keep people safe. There is some discussion about whether providing emergency services to people on the streets actually encourages and prolongs rough sleeping. In 2011 a local authority in London proposed a bylaw (later overturned) to reduce and regulate soup runs in a particular area, because of concerns that providing food encouraged people to sleep rough in the area, thus exposing them to heightened risks.³⁷ From our study it is impossible for us to conclude whether provision of on-street services encourages or prolongs rough sleeping, or even whether it is a question worth considering. However, it is important for us to recognise that this was something the people we met said to us. We return to this issue in the summary of this section on page 33.

³⁷ Wellman (2011)



As well as knowing how to live on the streets, people we spoke to described experiencing feelings of pride, or self-esteem, because they were competent within that context. We observed in some people's comments a sense of achievement in becoming capable or skilled in surviving, and in others a stated ambivalence to sleeping rough. This was not described as a long-term or permanent state; many of the people we met told us that their health getting worse meant they felt less able to survive, and that was their reason for coming into and staying in accommodation.

“If I go back on the streets, I’ll go back on the streets. It’s not going to bother me, you know what I mean?”
(Robbie, male client)

“It got easier the longer I stayed out, the longer I was sleeping rough, the more easy. I became more resilient to the weather. I became more resourceful with things that I found. [...] It was a major contributor to it. It just became more easy to live rough.”
(Billie, female client)

“I found life on the streets, you’ve got to know what you’re doing, it’s not that bad. Because of my situation at the moment, I’ve got ailments, I have to come indoors now because the weather is getting bad for my body and if I stay out any longer, I’d be dead by the time I’m at 40, 50.”
(Darren, male client)

More than once we heard someone describe being 'addicted' to the streets. For some people, becoming acclimatised meant they felt more comfortable outside than in; they became used to rough sleeping, although they knew it to be harmful. This comparison with addiction (notably often described by people with other addictions, to substances, alcohol or gambling) illustrates the similar sense of being pulled back to something even when it is known to be damaging, dangerous or unhealthy. It also shows how a person can, at the same time, both enjoy and hate doing something.



“I used to like, in the summer, I used to love being homeless. It’s great. You know, winter, that is a struggle. [...] The last winter I spent out, I didn’t think I was going to survive it. [...] You’ll always be a rough sleeper. It’s like once an addict, always an addict. It’s always in your blood. So, when I first moved back in here, I found it very hard. I couldn’t sleep in the bed, because I wasn’t used to it. I had to make a bed up on the floor, and, like, every, like, a couple of days a week, or something, I used to go and sleep out. I found it really hard to adjust. It just becomes a way of life.”

(Layla, female client)

The people we met told us about many reasons why sleeping rough is dangerous, scary, unhealthy, unpleasant and depressing. Even those people who talked about feeling addicted, or capable, or resourceful or ambivalent still did not describe rough sleeping as a desirable way of life. However, our findings help to demonstrate the importance of approaches like No Second Night Out, which seek to get people off the street before they become ‘entrenched’ in rough sleeping and street life,³⁸ by showing how rough sleeping can become a way of life even when it is not a true life choice.

‘Getting away from it all’ – feeling free

As well as describing feeling competent and resourceful, people told us about some aspects of living on the streets that they characterised as positive. One of these was the excitement of not knowing what was going to happen, or of getting involved in risky, dramatic or unusual events. This related both to a sense of being constantly occupied in the business of surviving, and also in being privy to exciting or interesting things. One person in particular described in detail the interesting things he had seen that made him feel he had access to an unseen city, and had a somehow privileged view of London that most people are denied.

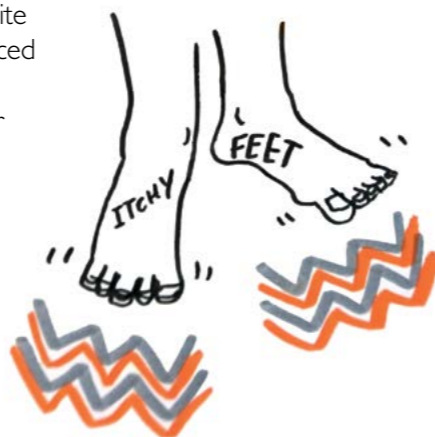


“When you’re on the street, it’s a different sort of entertainment. It’s the excitement, because anything can happen. Some good things happen. [...] It’s very, very dangerous, rough sleeping, but it’s also very exciting, because you see different things.”

(Paul, male client)



Alongside the draw of interesting or exciting activities, people also described freedom as a significant pull factor that encouraged them back out to the streets. For some, this related to ‘getting away from it all’; finding time and space to concentrate solely on oneself. Others more closely identified this with the physicality of being outdoors, or a need to be on the move. These are also seen in people who go missing, and there are many commonalities that may be observed, such as avoiding contact with others, seeking out natural environments and experiences, and looking for quiet places.³⁹ Some people in our study described this in the context of their own wellbeing and of finding some respite from pressures experienced in accommodation by returning (even briefly or temporarily) to sleeping rough.



“Slept on the beach a couple of times to get away from it all. No phone, nothing. [...] It was alright, I didn’t mind it, I enjoyed it.”

(Derek, male client)

“As I say, you get addicted to it. I’ve been asked a few times, even when I was sleeping rough, even in bad weather, ‘you want to get in a hostel?’ and I’d say, ‘No, I’m staying out. I don’t want your hustle and bustle of being in a hostel,’ you know? I like to be out and getting on and being my own boss, you know?”

(Kevin, male client)

“I used to love being outside, man. No hassle, no nothing. You know? I just used to love being out, you know?”

(Paul, male client)

“I’ve got a client who’s currently still got a property, but is choosing to rough sleep anyway. [...] The thing that hit me the most was the difference in them after returning to the streets, of how much lighter they felt. [...] They spoke about feeling really claustrophobic, really overwhelmed with the responsibility, and, actually, just the practical nature of sleeping within four walls, which is a very different environment from being outside with the elements, good and bad, you know, and the freedom that came with that.”

(Kirsty, outreach team worker)



A related but materially different issue was the attraction of freedom from rules, or even the law, that some people experienced whilst sleeping rough. For some, this was slightly different to the push factor of rules being too strict; instead they felt drawn to an environment with no rules, or rules that could be largely ignored without consequence. In our study this was commonly related to the use of substances (including problematic drinking) and the anti-social behaviours that go alongside that, including begging.

‘With a little help from my friends’ – the importance of community

Earlier in the report we discussed how isolation in accommodation can act as a push factor. In that section, we quoted people who had felt cut off geographically or socially from friends, family and support workers. The related pull factor is how living on the street, in an area of your choosing, provides access to two main sources of community.



The first source of community is other people who are sleeping rough. One of the peer research team, who has experienced rough sleeping, liked the word ‘chums’ to describe people who are not close enough to be friends, but are friendly and supportive. People we spoke to for the study described a range of friendly relationships on the streets that provided companionship, entertainment and moral support. When people spoke about this as a pull factor, it was both in terms of the individual people (often named and described to the researchers) and of the appeal of having ready access to chums, day and night.

³⁸ National Crime Agency (NCA) (2017)

³⁹ Holmes (2016)

A second source of community on the street comes from members of the public. People who had slept rough told us about passers-by, neighbours, local business owners and others who showed them care and support in the form of cash, food or clothes donations, passing the time of day, and generally smiling and chatting. The researchers observed a tension between people feeling ignored or invisible while on the street, but also describing receiving more care and attention from well-wishers than they experienced when living indoors. Despite this tension, some people we spoke to strongly emphasised the pull of this care, and some described engaging in street activities (or even maintaining a certain appearance) that continued to attract this positive, affirming attention.



“Everyone knew me on the street. So, you get handouts, sandwiches, teas and coffees in the morning. Money. [...] I kind of miss being homeless. I’d be very honest. [...] Everyone knew me, everyone liked me. [...] I knew everybody on the streets. People would come and give me coffee, sandwiches, beers, money. I was very happy like that.”
(Isaac, male client)

‘I just can’t stay away’ – dangerous relationships

A final pull factor that we heard about was a more dangerous, negative draw – that of returning to the streets because of an abusive partner. This was spoken about in terms of risk rather than positive attraction, and is closely related both to being unable to live with a partner in some accommodation, and to fleeing violence at home. One worker we met, Christian, was based in a hostel where a psychologically-informed approach has helped to reduce the number of people voluntarily returning to the streets to an extremely low level. He had noticed that the very small number of abandonments could be attributed to abusive or coercive relationships:

“I was thinking about relationships. [...] We haven’t had many abandonments in the last three years, I think maybe two, and that’s because they had been in a relationship with domestic violence and the person’s not allowed to live here [...] and then people have left to go and, like, even live with that person in a family place, or on the street, rough sleeping. I think that is really difficult, and it’s so difficult to re-engage in that process because if you love someone and you’re in a relationship with someone it’s very, very difficult. In that instance, you can refer people to domestic violence services and we can try doing, like, coaching and motivational interviewing and all that kind of stuff, but it is very, very difficult.”
(Christian, hostel worker)

Pull factors summary

The research team used Maslow’s hierarchy of needs⁴⁰ as a framework to shape our discussion about how well people’s needs can be met on the streets. From what people told us, it appeared that some people who sleep rough feel able to meet many (if not all) of their most fundamental physiological needs, and many of their other needs, while living on the streets. For example, people told us that they felt better able to find resources, security, friendship, a sense of belonging, status and freedom on the streets – at least in the short term. Similarly, we observed that some people found it easier to achieve the Five Ways to Wellbeing (connect, be active, take notice, keep learning, give)⁴¹ when they were on the streets, compared with living alone in a flat. Living on the streets can place an individual into close contact with others, compared to potential isolation living alone. Living on the streets requires a high level of activity, simply to survive. As mentioned by one of the people we met, being on the street gives you an insight into interesting activities, and allows you time to take notice of changing surroundings. It requires that you learn new skills, and many people who had slept rough described how they would regularly give material items, advice and support to others.

The research team observed that people need to replace these sources of wellbeing or needs fulfilment when they moved off the streets, if they were to break the pull back to rough sleeping. Moving into accommodation requires a period of readjustment where one may need to substitute which needs are being met; having better physical shelter but becoming more isolated until one makes new connections. In the early days, the pull factors of an established street life are competing with the draw of a hypothetical life yet to come. For someone who is also experiencing challenges in their accommodation or the draw of a relationship, the combined pressure of push and pull pressures may prove overwhelming.

A theme that emerged, however, was that some pull factors dissipate as time passes, as people age. What seems exciting in your twenties can lose its appeal later in life, particularly as health declines:

“When you’re young, you don’t think about it. It’s a game. It’s just an adventure, you know what I mean? Until say, about 38, maybe 40, you might start realising, ‘this is not me any more,’ but by that time, you’re an alcoholic, or you could be a drug user, you know what I mean? Your body’s all fucked up.”

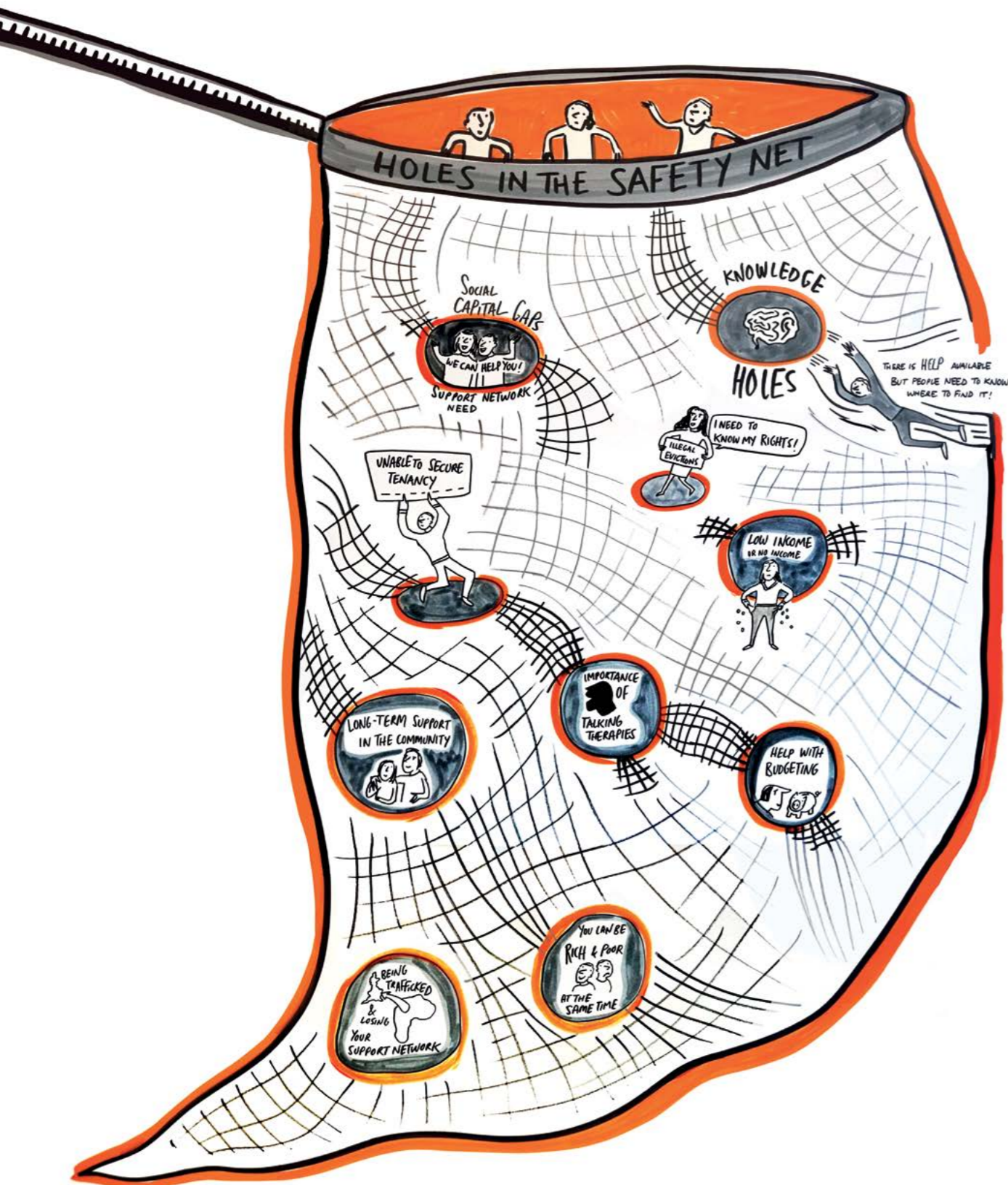
(Howard, male client)

The next section explores how people’s resilience to push and pull factors may be affected by the holes in their safety net.

⁴⁰ Maslow, A.H. (1943)

⁴¹ Government Office for Science (2008)

3.3. Holes in the safety net



We have outlined the push and pull factors that people told us influenced their return to rough sleeping. However, the research team observed that those push and pull factors alone are not enough to explain why people return to rough sleeping. After the initial interviews, the researchers started to prompt people for more detail about why rough sleeping was their only option in a crisis. They probed to find out why people were not able to find a new tenancy, or stay with someone, to avoid the streets.

Our analysis of the data we collected showed up a further set of factors that influenced return to the streets. The push and pull factors previously described are 'proximal' causes – immediate triggers that influence people in the here and now; things that act on people on a personal level. There are also contributing factors which seem to make people more susceptible, which we have categorised as 'holes in the safety net'. This phrase is meant to explain how people might have certain additional things affecting them that make them more likely to return to rough sleeping than other people facing a similar trigger. Those people with holes in their safety net are not protected by the same things that prevent most people from sleeping rough when faced with a crisis.

An important factor the researchers identified was that, for people who had previously slept rough, the streets are no longer unknown. Rough sleeping is a known quantity; something that they have already faced and survived. We observed that, while fear is not a positive emotion, it may have a protective effect if it causes people to try all possible options before rough sleeping. For people we spoke to who had coped well with rough sleeping, this protective fear was not present to the same degree; the door back to the street was already slightly open.

It is important to note that, in the UK, the social security welfare system is a vital safety net for the majority of the population. Apart from people without recourse to public funds⁴² most people faced with homelessness are entitled to access state benefits of one type or another. However, it is important to note that while the majority of the people we met were in receipt of some benefits, they were not 'statutorily homeless'.⁴³ This means the local authority did not have a duty to accommodate them, and their options were therefore reduced. Importantly, households (usually women⁴⁴) with dependent children will usually be owed a statutory duty, and therefore protected from rough sleeping.

This section describes four challenges described by the people we met:

- Lack of social capital
- Underlying trauma and lack of support
- Inability to secure a new privately rented tenancy
- Issues with maintaining a tenancy

⁴² UK Visas and Immigration (2016)

⁴³ MHCLG (2018b)

⁴⁴ Forthcoming research from St Mungo's (Bretherton and Pleace, 2018) about women and rough sleeping suggests that women are likely to be protected from rough sleeping by the welfare state because they are likely to have dependent children, and that women who do sleep rough are more likely to have complex needs than men.

‘Nowhere to turn’ – lacking a support network



An important protective factor, providing a backstop when all else has failed, is a person’s social support network. For many of the people we met, informal support and accommodation had been available to them in a limited way and for a limited time. In the previous section we described how some people returned to rough sleeping when they felt they had exhausted the patience, goodwill and resources of friends and family. However, we identified two further problems people faced with this aspect of their safety nets: friends and family not having spare resources; and not having a positive support network at all.

People reported having only a small number of people they could turn to and who, themselves, had few resources. In practical terms, their friends and family members did not have spare bedrooms or spare money with which to support them for any length of time. Drawing on informal support meant accepting help from people who could ill afford to give it, even if one felt able to ask. The people we met had ended up back on the streets not only because they had faced a crisis of some sort, but also because they did not have access to the same informal support that others may have, in the shape of friends with spare rooms, or family with enough wealth to support them.

“[I] was sort of sleeping on a friend’s sofa, but he had a family setup as well, two children and a wife and all that. [...] His wife ended up feeling obliged to feed me, you know, having the family meals. If I was there, she wouldn’t want me to sit there while her husband and the kids were eating, for me not to eat, so it ended up being a sort of, they were obliged, almost, to help.”

(Gus, male client)

Other people we spoke to told us that they simply did not have people in their life to turn to for help. The reasons for this were various in our study, and have been illustrated by previous research.⁴⁵ Some of the people we met had experienced significant breakdowns in family relationships which caused them to leave home, as described in the earlier section about push factors. For others, family conflict and division had occurred long before, sometimes in childhood, and meant they had no one to turn to during later crises.

“If I had a stable relationship with my family, of course I wouldn’t be homeless, because I could have just stayed at my aunt’s, my uncle’s, my grandparents’, my cousin’s, but obviously I didn’t have that relation with them, so I couldn’t turn to anybody, not even my mum or dad.”

(Ross, male client)

For others, the breakdown of family relationships and functioning had resulted in them growing up in the care system. Previous research has shown that young people leaving care are particularly vulnerable to homelessness,⁴⁶ and our study further demonstrates that this can have an impact not just at the point of transitioning out of the care system, but for many years to come. The number of care leavers who later experience homelessness is not available because care leavers are not monitored long-term, but the risk to people’s later housing stability is increasingly well-evidenced.⁴⁷

One risk area for young people who grow up in care is running away; as many as one in eight young runaways sleeps rough while away.⁴⁸ In our study, we met people who had run away from home or care in their childhood and teens, and who saw this as a contributory factor in their later homelessness.

“I was just 13 the first time I came down to London. I think I was down here for about a week before the police picked me up, took me back home.”

(Val, female client)

‘Dad was a violent drunk’ – underlying trauma and unmet health needs

For many of the people we met, their limited social support network was either a cause or result of other underlying traumatic experiences that represented another hole in their safety nets. This trauma can also weaken a person’s resilience (“the ability to recover quickly from setbacks, and deal with problems and difficulties”⁴⁹) and make them more vulnerable to returning to the streets when something goes wrong.

There is a large and growing body of research evidence showing that a high proportion of homeless people have experienced trauma or ‘adverse childhood experiences’ in their early life.⁵⁰ Common experiences in the early lives of homeless people with multiple and complex needs include (but are not limited to):

- childhood abuse
- domestic violence
- parental substance use
- poor experience at school
- substance use
- being thrown out by parents or carers
- problematic or street drinking
- victimisation
- offending

⁴⁸ Rees and Lee (2005)

⁴⁹ What Works Centre for Wellbeing (2018)

⁵⁰ E.g. Fitzpatrick et al. (2013) and Fitzpatrick et al. (2012)

⁵¹ Public Health England (2018)

⁵² Homeless Link (2018c)

⁵³ St Mungo’s (2014)

- sofa surfing
- mental health problems.⁵¹

Increasingly, homelessness services in the UK are designed to be ‘trauma-informed’, in order to address this serious issue.⁵²

In our study, we heard about a wide range of traumatic experiences people had faced. Some people perceived a clear causal link between adverse childhood experiences and their later homelessness. One person told us about spending time out of the house in his teens to escape his violent home life, and then getting involved with a group of friends with whom he started to use drugs, which later led to him becoming homeless for the first time, and created holes in his safety net. Others had experienced significant bereavements, family suicide, mental health crises, violence and neglect, abandonment, parents in prison, and family homelessness.

“Like, my mum, she was an alcoholic. My dad, he was in and out of jail. My brother, he hung himself. I’ve had deaths in the family and that, and all of that.”

(Jo, female client)

“My dad was an alcoholic. He used to beat up my step mum. She used to then beat me and my brother up because she used to get beaten up by him, so it was just like, on a rotation.”

(Jerome, male client)

Traumatic events we heard described were not all confined to the past; for many of the women we spoke to the more recent trauma of having children removed was continuing to affect their ability to cope with other aspects of life. Previous research by St Mungo’s found that nearly half of the charity’s female clients were mothers, of whom 79% had had their children taken into care or adopted.⁵³ The following words from two workers illustrate the sensitivity required from support staff to understand and respond to this trauma, to prevent it causing repeat rough sleeping:

⁴⁵ E.g.: Fitzpatrick et al (2018: 63); Centrepoint (2016); Llamau (2018); Homeless Link (2018b)

⁴⁶ Homeless Link (2018b)

⁴⁷ The National Audit Office has called for better understanding of the long-term outcomes achieved for young people who have grown up in care. NAO (2015:10)

Christian: “So, any, kind of, big, traumatic life event. Also, anniversaries. Anniversaries of, like, a child’s death or anything like that, people then are maybe more likely to use, and that using then may start off a, kind of, snowball effect of them, like, really, really using, disengaging”

Beth: “I think every female in here has had children removed so, you know, on Mother’s Day, the way it’s handled is so sensitive, so that people are aware of the things that will trigger.”
(Christian, hostel worker and Beth, peripatetic health worker in hostels)



Traumatic experiences – including periods of rough sleeping or even serious isolation in independent accommodation – can manifest in mental ill health immediately or later. Amongst the people we met, and amongst homeless people more widely, mental ill health and poor wellbeing is widespread.⁵⁴ For some of the people we met, their struggles with mental ill health had started early. For others, problems had emerged more recently. As we described earlier, worsening mental health can be a push factor that causes someone to return to the streets. It can also be a hole in someone’s safety net, making it harder for them to cope with problems that arise once they are housed.

“For me it was, like, to do with my mental health. [...] Back when I was diagnosed I was told at the age of 16 just to grow up, get on with it, basically, they’d tell you. Nothing they could do for you. [...] They didn’t understand it then, I know that. So that didn’t really help.”
(Val, female client)

⁵⁴ St Mungo’s (2016)

⁵⁵ Rethink Mental Illness (2018)

⁵⁶ Turning Point (2016)

“Well, my mum died when I was 17 and they gave me a flat. I lost that about a year-and-a-half in, because I started taking drugs. I had an undiagnosed mental condition, and I lost my flat and from there I was spending, like, over ten years homeless.”
(Maggie, female client)

A problem that we heard from both people with experience of rough sleeping and staff members was the difficulty in getting access to support for mental health problems. Sometimes this was because of high demand and insufficient supply causing long waiting lists, and for other people they were turned away from mental health support services because of their substance use. (Needing support with both your mental health and substance use is known as ‘dual diagnosis’,⁵⁵ and is a well-known barrier to accessing support, although services should work together to provide support⁵⁶). This is addressed in more detail in the later section on accessing help and support.

“There was a doctor who referred me to see a psychologist, and there was a two-year waiting list. I could have been dead in that time, you know what I mean?”
(Val, female client)

Recent research by St Mungo’s heard from staff working in homelessness services that getting access to mental health services was a significant problem for people sleeping rough. This study has found that worsening ill health, particularly when not treated, is both a push factor that causes people to return to rough sleeping, and a hole in someone’s safety net, that makes them less able to avoid returning to the streets when a crisis hits.

“In some cases, they would return to rough sleeping if their mental health was deteriorating or the substance misuse gets out of control when they move in, or they generally struggle to, you know, understand how being indoors is, and they feel quite lonely. So, they prefer to come back to the streets sometimes.”
(Olga, Housing First worker)

“Just the experience of being homeless, quite apart from any of the many terrible things that often happen to our clients, in itself is extremely traumatic and damaging. So, I think it’s essential that people working in the field need to have good psychological understanding.”
(Raph, Housing First worker)



‘I had it, but couldn’t keep it’ – issues with maintaining a tenancy (managing/ coping)

At one hostel where we conducted a focus group, the residents all have experience of long-term and recurrent homelessness and rough sleeping. A number of the group had been independently housed, some more than once, and this group was particularly keen to discuss the challenges of having one’s own tenancy. This issue was also a key area mentioned by outreach team workers, who deal with a wide range of people who are rough sleeping, many of whom have had, and lost, their own tenancies. The words of Katerina, an outreach worker, illustrate the importance of recognising the challenges of maintaining a tenancy, if support services are to prevent people returning to rough sleeping:

“I think, like, getting your own flat is like this golden ticket. In services it’s what everyone is working towards, but then, actually, people aren’t always prepared for the reality of what that’s going to be like, and not a lot of work is done, when the person moves, to ensure that they know where to turn for help and that they are not isolated and that they know where everything is in their local area. [...] People were left to flounder a little bit and sink or swim, I suppose, and if they don’t have the tools, or if they don’t have the links

in that area and they don’t know where to turn, it can just all become quickly quite overwhelming and arrears build up. Debts to water companies, council tax, and things like that, and sometimes it’s just easier to give up on it all and go back to a simpler life.”

(Katerina, outreach team worker)

One area of concern people raised was that of financial management: paying bills, budgeting for necessities, and avoiding debt. People described a range of reasons that might explain their problems with money management, including a lack of formal education, disrupted schooling, problems with numeracy skills, and ongoing substance use. The peer researchers further identified a number of other possible explanations, including undiagnosed acquired brain injury, specific learning disabilities like dyscalculia or unidentified learning difficulties.

“The services I needed that didn’t exist were help with managing budgeting. That’s a weak point of mine, you know? That’s what used to make me go in rent arrears, and made me homeless in effect.”
(Obi, male client)

“The other thing we find and question a lot of the time is have people got learning disabilities that were never picked up, you know, or never acknowledged.”
(Monica, hostel worker)

Another theme that emerged was the stress caused by the complexity of managing a tenancy. Managing finances is just one aspect. People we met also described feeling overwhelmed or daunted by the demands of keeping a home clean, maintaining good relationships with landlords and neighbours, and dealing with the bureaucracy of utility and other providers. Housing First services support people with complex life histories and needs to move straight into their own homes. Alex, a Housing First worker we spoke to explained how the stress of maintaining a home can affect people – not necessarily being the sole trigger to returning to the streets, but by slowly wearing down someone’s resilience:

“Something that sounds relatively straightforward, like changing the electricity meter from a quarterly bill to a key meter, or something like that, that you’d think would be quite straightforward, but just gets dragged on and on and on for various reasons. Things like that can really build up with people and it gets to, like, a breaking point where something will happen, and it will snap and it’s like, ‘forget it.’”
(Alex, Housing First worker)

“I’m confident, but at the same time it’s just [...] running a home, it’s a challenge. So whatever avenue or resources, or anything that would help me to always hold onto my flat would be appreciated. [...] Anything to help me never lose my home would be helpful.”
(Obi, male client)

All of these areas of concern are, naturally, made more difficult to manage by both the physical effects of substance use or problem drinking,



and the financial impact of addictions (whether to substances, alcohol or gambling). Ongoing addiction combined with past experience of failure can put people off wanting to try again. Howard, a client who is living in a hostel told us that he hopes to live in supported housing indefinitely, and he has no desire to live on his own, or in his own tenancy, again.

“I’ll tell you the truth, I don’t want another flat, because I got two, and I got evicted because I drink, and I didn’t pay my rent and all that, you know?”
(Howard, male client)

In the earlier section about push factors we described how eviction from a tenancy can be a trigger for someone returning to rough sleeping. When people are evicted illegally from privately rented accommodation, the speed of eviction can make it difficult either for them to find alternative accommodation, or for support services to provide useful assistance. Amongst the people we spoke to, there were examples of landlords (official and unofficial) breaching people’s tenant rights, but without knowing your rights or how to defend them, rough sleeping may feel like the only option. Gus told us this had meant he left a flat faster than he should have had to:

“The second time was really being sort of illegally evicted by a landlord. Literally, I’m changing the locks next weekend, I’ve sold up’ [...] Things have changed nowadays, you know, landlords can’t just do that anymore. I probably wasn’t aware of my rights, so I probably could have dug my heels in a bit, but through lack of knowledge of my rights I went.”
(Gus, male client)

‘No one would take me’ – inability to secure a new tenancy

When the peer researchers started to prompt people about why rough sleeping was their only option, a key issue that arose was the difficulty in accessing independent accommodation during a crisis. The people we spoke to identified a range of barriers that had stopped them simply finding a new place to live when they had to move on.

Many of the people we spoke to who had slept rough described trying to access accommodation through local authorities with no success. Reasons for this varied, and included not being deemed priority need (and therefore not being owed a duty of accommodation) and being deemed to be ‘intentionally homeless’.



“[The council] said to me, ‘Oh, so now that you’ve chosen not to stay there we no longer have to provide you with accommodation.’ [...] I found that really rude and offensive to be honest but hey, what can you do?”
(Syed, male client)

“I think when you’re homeless, you feel like you’re a priority [...] You’re pleading all but, you know, tears in your eyes, ‘help. I need support. I need help,’ and they’re, like, ‘well, I’m afraid we don’t class you as vulnerable enough or high enough priority.’”
(Gus, male client)

The impact that being turned away has on people’s behaviour and emotional wellbeing is discussed in more detail in the next section about accessing help and support. In terms of accessing accommodation, however, many of the people we met simply did not perceive the local authority as a source of practical help.

When we spoke to people who had been faced with returning to rough sleeping, we also heard about attempts to access privately rented accommodation. There are multiple reasons for this: inability to pay access costs (deposits, agency fees, rent up front); difficulty in competing for properties with higher income renters; and landlords’ reluctance to let to formerly homeless benefit claimants.

In London, where we did our study, the private renting sector is highly competitive and expensive. The *Homelessness Monitor: England 2018* shows that the ability of people on low incomes to afford private rented accommodation has decreased. One London borough representative quoted in that research anticipated that within a few years “no household will be living in the private rented sector and claiming Universal Credit”.⁵⁷ The research goes on to emphasise that in areas of housing pressure – like London – low income tenants simply cannot compete with higher income renters.⁵⁸



⁵⁷ Fitzpatrick et al. (2018: 13)

⁵⁸ Ibid. p14.

Where accommodation is available and affordable, people we spoke to found that the lack of a deposit or agency fees placed another insurmountable barrier in their way. None of the people who mentioned this spoke about help to rent or deposit guarantee schemes; it may be that they were not aware of these schemes, had not been told about them, or they were not eligible for some reason.⁵⁹

“The problem is, most people get a qualified-for housing benefit, and the problem’s not getting somewhere to stay, it’s getting a deposit. I was in a flat, and I paid all my rent. [...] Eventually, I got evicted, and you end up in a position where, you are eligible for housing benefit, you can move into a place and pay the rent no problem, so I’ve been paying my rent for three or four years for my flat, but the problem is, you don’t actually have that initial deposit. [...] The second time I started rough sleeping was for the same reason. It was just the same reason, I had no deposit.”

(Paul, male client)

“[The landlady] gave me two months. Yes, two months’ notice to quit. She was selling. So, the date came and that was it, I just left and just went to see the outreach team really. [When asked why he didn’t find another place] I didn’t, sort of, know what to do really, you know? I didn’t have a deposit.”

(Dan, male client)

Other people described using up what financial resources they had on immediate needs when they left their accommodation. Syed described using up almost the last of his money on emergency accommodation for himself:

“For the first two weeks I was paying out of my own pocket for hotels [...] I didn’t run out of money in two weeks, I just ran out of money to spend £60-70 on a hotel every day. It’s a lot of money. I just felt like, you know what? I’ll keep some money for food and what not. I’ll survive.”

(Syed, male client)

While none of the people we spoke to mentioned being turned away by landlords, the researchers observed a number of issues that would be likely to limit people’s access to private accommodation, including having a pet, using substances (including alcohol), unemployment, lack of references, and claiming benefits. Recent research by Sheffield Hallam University for Crisis has explored this in detail.⁶⁰

Holes in the safety net summary

In this section we reviewed what we heard about holes in the safety net: lack of informal support options; trauma and unmet health needs; trouble maintaining a tenancy; and barriers to accessing new accommodation.

Our findings support previous research⁶¹ that shows that, while any of us could be threatened with homelessness (through fire, flood, a landlord selling up), most people have a protective safety net – formal or informal – that saves them from rough sleeping. People who do sleep rough start off with a weaker safety net, and sleeping rough weakens it still further. This makes them even more vulnerable to subsequent rough sleeping. When people who have slept rough are housed, they face the challenge of battling to resist the push factors, and trying to find something to help cut the ties of pull factors (or replace them), whilst struggling to repair a battered safety net. The next section considers people’s attempts to access help to end their homelessness and rebuild their lives.

⁵⁹ Rent deposit and help to rent schemes help people access private rented sector housing. They are provided by local authorities, and may vary between areas. To find a scheme in your area, visit <https://www.crisis.org.uk/ending-homelessness/housing-resource-centre/>

⁶⁰ Reeve et al (2016)

⁶¹ Bramley and Fitzpatrick (2017)

3.4. Accessing help and support

This, the final section describing our findings, is concerned with the things that helped and hindered people trying to access support to prevent or resolve their repeat rough sleeping. The researchers asked the people we met about their experience of trying to access help and support. There was a very wide range of responses, including suggestions for using empty buildings as emergency shelter; expanding provision of day centres that provide basic support, potential improvements to existing accommodation-based services, supported flat sharing, and descriptions of Housing First style accommodation plus support. Below we have summarised the characteristics that people told us make services more or less easy to use.

‘It’s too much to expect’ – demands placed on users

Physical and geographical accessibility was felt to be a significant factor in whether people engaged fully with support on offer. In the earlier section about push factors we explained how challenging it can be to be accommodated in a new area. Even within the same borough, the distance between accommodation and services can be considerable. This can present a barrier in terms of money (to pay for travel), time (to spend travelling), health (both anxiety provoked by travelling and physical health problems) and access for people with disabilities.

“I have a client who has to get three buses in order to get to the only drug and alcohol service in the borough [...] Asking her to travel quite a distance when she’s clearly unwell and needing drugs or substances of some sort, is trying to forego them in order to do this, but then the actual journey time in itself becomes a huge barrier.”

(Kirsty, outreach team worker)

As well as the location of a service presenting a barrier, further design factors can have an impact. This may occur when the ethos of a service – based on assumptions or evidence about what works – means making access conditional upon users’ behaviour. Workers described this to us particularly in terms of drug and alcohol services, which expect users to demonstrate their commitment to recovery by complying with certain requirements.

“If you have someone who’s five minutes late for a group, you’re not allowed to attend. [...] The drug service is, like, ‘if someone hasn’t got the motivation then we can’t help.’ They’re, like, ‘oh. You’ve got no motivation.’ It’s, like, ‘do you think you’d have any motivation if you had years of trauma, you’ve lived on the street, you’re now in a hostel? You’ve got addictions.’ So, yes, big barriers in the drug service as well.”

(Christian, hostel worker)

Services which experience high demand may also introduce strict rules about service use in order to manage the volume of work. This may inadvertently create access barriers for the people who most urgently need their support.

“I mean, a couple of times I went to the council [...] and it was like, ‘yes come back in a week,’ [...] Then something would happen, I wouldn’t be able to go to the appointment and then it was always like that. You know, when you are sleeping rough and whatever, it is hard to keep track of things.”

(Jon, male client)

It was not possible for us to draw firm conclusions about the reasons for the perceived inflexibility or inappropriate design of services accessed by people at risk of repeat rough sleeping. However, some of the workers we spoke to suggested that service design was sometimes driven by contracts or funding, rather than evidence about appropriate or successful interventions.

“So, for example, the alcohol service, the contract was changed last year and a different service style of managing it and they revised how they deliver the service. Previously, they used to offer a lot of one-to-one key works, which were great. [...] They don’t do that now, you have to go to their site and go to a group and that’s putting a lot of people off, going to the groups. People who have, kind of, social anxiety issues, people who just don’t want to, like, expose these very traumatic issues that they’ve had in past, or listen to other people’s. Like we’ve had people who have gone there and come out and said, you know, ‘I’m more depressed now than when I went in’, you know, ‘I want to drink more.’ So, it’s been counter-productive for some people.”

(Alex, Housing First worker)

“Flexibility and ease of access to drug services and alcohol services, I think, is a really, really important one. Something that is, sort of, creeping backwards, as the longer I’ve worked in this field the harder it seems like it’s been to access treatment in any form. [...] Every year it seems like there are an extra few hoops to jump through to get on a methadone script for one, or go to any sort of treatment.”

(Faith, Housing First worker)

‘They didn’t do what they should have’ – inconsistent support

Not all services we heard about place barriers in people’s way, but we were told about inconsistency, and about some services not behaving in the way they should. One way in which services were not felt to behave consistently was in how they responded to users who were accompanied by a worker, compared to those who attended alone. It is not possible in the context of this study to explore the reasons for this, but previous research has looked into the experience of homeless people asking service providers for help and found that local authorities were not responding appropriately in all circumstances.⁶²

“Our local Jobcentre Plus are quite receptive, in my experience, you know? They will take note when someone has experienced homelessness or whether they have some mental health issues, but what I’ve found is that if those clients go to present themselves sometimes they won’t be taken seriously.”

(Brigid, outreach team worker)

Another problem we heard about was reluctance amongst substance use services to work with people experiencing problems with their mental health and the converse, mental health services turning away people with problems with drinking or substance use. These services are supposed to work together to support people with a ‘dual diagnosis’ of mental ill health and substance use,⁶³ but workers told us that the reality was sometimes different. As research has shown, not only can this result in people going untreated, it can also have a damaging impact on crisis services like Accident and Emergency departments, the ambulance service and the police, who bear the brunt of untreated conditions.⁶⁴ Access to mental health services for residents of one hostel was so problematic, one of the workers told us, that a significant proportion of people’s personalised budgets was being spent on therapists.

“Substance misuse services will not work with someone with mental health problems unless they have addressed them first, as they see it, whereas mental health services will not take someone on if there are substance misuse issues, because they say they need to sort that out first. Quite often what you get is people to-ing and fro-ing between the two and being rejected by both, which doesn’t do anything to help build up any kind of trust in services as a whole.”

(Christina, outreach worker)

“A lot of mental health services, if you were using substances, often you’re told, ‘we can’t offer you any support. Come back when you no longer use substances and then we can look into it.’ When often, you know, people are self-medicating for past traumas and mental health issues... And then it’s very difficult to stop using substances without some sort of mental health input, whether it’s medication or it’s, like, therapies, and that barrier is huge.”

(Christian, hostel worker)

‘Who needs your help anyway?’ – the effects of repeated rejection

Both people with lived experience and workers told us that the impact of repeatedly being turned away or denied a service could be significant. Being let down by services damages trust not only in that person or organisation, but sometimes it damages people’s trust in all services on offer. Similarly, having being refused support several times can make people feel that there’s no point in asking any more, and they simply stop engaging.

“People don’t trust the services, because they don’t know what’s out there for one thing, but also, maybe they don’t trust them because they’ve felt let down by them before. So, I think that would be another barrier.”

(Camila, outreach worker)

“Do you know how many times I’ve been down the council? It’s ridiculous. Waiting hours and hours, for them to tell me they’ve got nothing. Ridiculous.”

(Isaac, male client)

“It’s hard, because I did try to go to the council, but they don’t take single women. It doesn’t matter if I was beaten, I said, ‘Do you know what? I’d rather be on the street than have your help’.”

(Frances, female client)

As well as being turned away or deemed ineligible by service providers, another barrier people face in accessing appropriate help and support is their own fear about the response they will receive. People told us about feeling anxious accessing some services in case people there judged them or made them feel inadequate. Being put off by fear of judgement (whether imagined or based on previous experience) can have serious implications for a person’s health, wellbeing and accommodation prospects.

“When I first came here [...] people weren’t using their GPs, didn’t like going to the GPs, didn’t like sitting in the waiting room, being stigmatised again, because they may not smell as fragrant as everybody else. We’ve actually got two GPs in this area who will see people from the hostels outside of normal working hours, so they’re not sat in a waiting room with housed people. So, me being in the hostels was to encourage people to start thinking about their health where they weren’t thinking about their health.”

(Beth, peripatetic health worker in hostels)

“People just don’t like healthcare professionals sometimes. They’ve had really bad experiences. We were talking about this earlier, where they’re frightened of people. Even, it can be the doctor’s receptionist. Do you know what I mean? So, they won’t go because they’ve been treated so badly and made to feel so-...”

(Miriam, hostel worker)

⁶² Dobie et al. (2014)

⁶³ NICR guideline NG58 (2016)

⁶⁴ Turning Point (2016)

'The best key worker in the world' – positive approaches

As well as hearing about negative experiences and barriers to help, we also heard about some of the things that people found helpful in combatting their push and pull factors, and in plugging the holes in their safety net. A number of things emerged as being particularly helpful, particularly around workers' approach and characteristics.

The team did not conduct an in-depth review of psychology or psychotherapy literature. However, the concept of 'unconditional positive regard'⁶⁵ helps to describe a characteristic of key workers that arose in our data. Unconditional positive regard means supporting someone even when they resist, or do not achieve their goals, or take backward steps. People we met commented that the best key workers are truly committed, and provide unwavering support, even in the face of challenge or failure.

"I had the best key worker in the world. [...] I think everyone wants that worker that's willing to go the extra mile. We understand that they have a large caseload and a lot of work to do, but she was amazing. I was so lucky. [...] She was engaging. She influenced. She was, 'you can do it. You're quite capable.' You know, she was really pushing me. Yes, so, that was the best thing for me. Having a brilliantly well-trained, open-minded, flexible worker. That trusted my inner wisdom as well, and that listens. That's the main thing."
(Gus, male client)

"In terms of engaging people the onus is on us. Being, like, just optimistic no matter what, being really hopeful for the future and being, yes, excited to be here and being excited to work with people is so important, and then you see that energy."
(Christian, hostel worker)

"It's mainly being given the belief that, yes, there is something for you. Something waiting. Something's going to happen for you."
(Joanne, female client)

Other characteristics of effective support were that it should be flexible and informal, in order to develop trust and to encourage engagement. Workers and St Mungo's clients alike identified this flexibility as an important component of a constructive client/worker relationship.

"I think more flexibility for meeting people out in the community [...] going out there and delivering it to them and, kind of, meeting them half way."
(Alex, Housing First worker)

"We tend to, like, take people out for coffees to get to know them when we first start working with them. That really helps with them engaging with us, because it just feels like there is less of a power dynamic, I think. They're more relaxed, and they might open up."
(Faith, Housing First worker)

The personality and background of the person delivering support was also mentioned as important to the development of a trusting and supportive relationship. Some of the people with experience of homelessness we spoke to emphasised the importance of getting on with support workers, of being able to connect. At least one person suggested that workers with their own lived experience could be easier to relate to because of that shared experience.

"I think being able to relate to someone. Sometimes you just don't connect with people. It's nothing personal sometimes, it's just the way it is."
(Jon, male client)

"[Staff with lived experience] know how to talk to you, they don't judge."
(Simon, male client)

Some of the staff members we heard from also mentioned this, and suggested that an important aspect of practising in a reflective manner was recognising when a client simply was not getting on with a worker, and when a change of support staff could make a positive difference.

Accessing help and support summary

For many of the people we met with experience of repeated rough sleeping, accessing services was not straightforward. Even when appropriate services exist, there may be many barriers to accessing them, both practical and personal. For individuals, prior experience of being turned away or treated negatively can make them reluctant to approach services. Services themselves may be designed in ways that make it difficult for certain groups to gain access, particularly those people with the greatest need. Our study found that the services that work best for people at risk of repeat rough sleeping are those which promote access, take a flexible and consistent approach, and are person-centred with unconditional positive regard.

The next and final section of this report outlines our recommendations for changes to policy and practice that would help to protect people who have slept rough from returning to the streets.

⁶⁵ Rogers (1951)



4. Conclusions and recommendations

Our report has outlined many reasons why people return to sleeping rough after time off the streets. Some have to do with the nature and quality of accommodation; others concern the actions of other people. Some reasons are more personal, and involve loneliness, isolation and lack of support. We also identified gaps in people's financial or personal resilience that meant they were unable to protect themselves from shocks.

In certain circumstances, people may believe that returning to the streets will fulfil some of their needs, and they may prioritise those needs that can be met on the street even at the cost of being sheltered, particularly when there is a problem with their accommodation. To succeed in keeping people from returning to rough sleeping, we must address push and pull factors, and close the holes in individual and societal safety nets.

Our recommendations focus on how to prevent people who have already escaped the streets from returning. For this reason, we have not outlined the ways in which interventions in early life might address some of the issues that lead to later homelessness, although this was mentioned often by our interviewees.⁶⁶

“Something has gone really badly, normally at the beginning of our residents’ lives, and it has just been nothing for years, and years, and years, and then all of a sudden here we are 40 years later. There should be much more focus on youth services and, like, supporting young victims of abuse or who are in traumatic situations, or people in care, care leavers. Much more support.”
(Christian, hostel worker)

Our recommendations are grounded in our belief that services supporting people who are sleeping rough (or have slept rough, or are at risk of sleeping rough) should aim both to end their homelessness and to rebuild their lives. We believe that everyone who has slept rough should be able to access the right accommodation for them and support to end their homelessness for good.

⁶⁶ This is increasingly well explored in the literature, as described earlier in section 3.3 and, for example, through the work of the Early Intervention Foundation <http://www.eif.org.uk/>

4.1. Access to good quality, appropriate and secure accommodation

Recommendation 1

The UK Government should provide sufficient funding, guidance and support to ensure local authorities commission high quality supported accommodation.

- Supported accommodation should be subject to nationally consistent regulation and oversight with proportionate sanctions for providers who fail to comply. MHCLG and the Regulator of Social Housing should determine and oversee the quality of accommodation. The Government should also explore the case for involving the Care Quality Commission in regulating the support provided in all supported accommodation.
- The Government must guarantee sufficient funding for support accommodation. This is best achieved by maintaining funding for housing costs in the benefits system, and addressing the shortfall in support funding caused by the removal of the Supporting People ring fence.

Recommendation 2

Local authorities should commission high quality supported accommodation to meet the needs of those who are vulnerable to rough sleeping.

- Local authorities should provide a range of supportive accommodation options to account for the range of local needs. This may include hostels, women-only services and Housing First services.
- Supported accommodation providers should implement best practice approaches, using psychologically informed environments and trauma-informed care, providing consistent person-centred support. Local authorities should encourage and enable providers to implement such approaches.
- Local authorities and supported accommodation providers should develop and implement effective outcomes frameworks to build quality and drive innovation and best practice.

Recommendation 3

The UK Government should remove access barriers to the private rental sector for people who have slept rough.

- The Government should improve the affordability of private rental sector housing, particularly in London, by ending the freeze on the Local Housing Allowance (LHA) rate early, and re-aligning the LHA with market rents.
- The Government should fulfil its commitment in the 2017 Autumn Budget to provide £20 million to private rented sector access schemes “to support people at risk of homelessness to access and sustain tenancies in the private rented sector”.⁶⁷
- Local authorities should deliver and publicise help-to-rent schemes which incentivise landlords to provide housing for individuals who depend on benefit payments to meet their housing costs and tenancy support to sustain their accommodation.
- The Government should drive availability of private sector accommodation for people who have slept rough by removing disincentives for landlords to rent to this group, including allowing Universal Credit claimants to request direct payments to landlords, and expanding the use of social letting schemes.

In order to protect renters as the market share of the private rental sector increases, the next recommendation (4) should be adopted in parallel.

Recommendation 4

The UK Government should reform tenants’ rights in line with Scotland.

- Following the example of Scotland, the Government should reform tenants’ rights to enhance security of tenure, including removing section 21 (‘no fault’) evictions, extending lease lengths, and placing limits on rent increases.⁶⁸

In order to ensure that changes to tenants’ rights do not impact negatively on the availability of private rental properties, the previous recommendation (3) should be adopted in parallel.

Recommendation 5

The UK Government must drive an increase in stable, long-term accommodation for people who have slept rough.

- The Government should increase the stock of social housing units available to people who have slept rough.
- The Government should increase the number of social housing tenancies available to people moving on from rough sleeping using the Clearing House model, which provides ring-fenced accommodation and tenancy support for former rough sleepers.

⁶⁷ HM Treasury (2017: 64)

⁶⁸ Private Housing (Tenancies) (Scotland) Act 2016

4.2. Access to support to rebuild lives after rough sleeping

People who have survived sleeping rough may need support to help them rebuild their lives. This support should take account of the range of push and pull factors people may experience, as well as helping to build their resilience to future challenges.

Recommendation 6

Local authorities should ensure that everyone who has slept rough has access to tenancy sustainment support for as long as they need it.

- Local authorities should ensure appropriate levels of ongoing support are available for as long as required to people exiting rough sleeping into independent accommodation, whether directly from the street or through supported housing pathways, and regardless of tenure or housing sector.

Recommendation 7

Support services and local authorities should build tenants' awareness of legal rights and sources of support.

- Local authorities must fully implement the Homelessness Reduction Act and implementation must be monitored both locally and nationally.
- Local authorities, supported housing providers, housing associations and private lettings agencies and landlords should ensure that all new tenants (whether social or private) are informed about their rights as a tenant, including but not limited to the distribution of the How To Rent guide in England and Wales, and a Tenant Information Pack in Scotland.⁶⁹

Recommendation 8

Service providers should support people who have slept rough to build long-term resilience to life's ups and downs.

- Health and Wellbeing Boards, through Joint Strategic Needs Assessments, should identify barriers to accessing mental health services faced by people who have slept rough, and promote solutions. In particular, they must ensure that secondary mental health services do not exclude people with substance use issues ('dual diagnosis') from treatment (as per NICE guideline NG58⁷⁰).
- Local commissioners (local authorities and Clinical Commissioning Groups) in areas with high concentrations of people sleeping rough should commission specialist therapeutic support services (such as psychotherapy or counselling) for people who have slept rough.
- Local homelessness service providers should explore access to existing befriending and/or loneliness services for their clients and, where necessary, create new such services in their local areas, in order to make these services available to people who have slept rough.

⁶⁹ MHCLG (2018c)

⁷⁰ NICE guideline NG58 (2016)

- Everyone who has slept rough should have access to work and learning support in their area, to promote positive occupation and prevent boredom, isolation and loneliness. This should include specialist support based on pilots such as STRIVE, a Government-funded homelessness skills and employment support pilot, created to fill a gap in skills and employment support for homeless people with multiple and complex needs. Existing provision models (such as St Mungo's Recovery Colleges) should be embedded into more areas and regions.

4.3. Specific support for issues relating to criminal victimisation and offending

Recommendation 9

Ministry of Justice and MHCLG must work together to prevent prison leavers returning to the streets by improving screening and support.

- MHCLG and the Ministry of Justice (MoJ) must work together to prevent prison leavers returning to the streets by identifying key risks, improving prison release protocols, increasing emergency accommodation options to prevent any prison leavers falling through the gaps in housing and support services, and monitoring housing outcomes for prison leavers.
- MoJ must ensure that all convicted and remand prisoners are consistently screened for risk of rough sleeping on release and that from October 2018 all prisons are meeting their new duty, under the Homelessness Reduction Act (2017), to refer people to local authorities if they are threatened with becoming homeless within 56 days.⁷¹

Recommendation 10

Homelessness service providers must have adequate policies to deal with domestic abuse.

- Service providers must ensure that staff are trained to recognise and respond to all forms of domestic abuse, including when and how to make referrals to specialist services, safeguarding teams or Multi Agency Risk Assessment Conferences (MARAC).

Recommendation 11

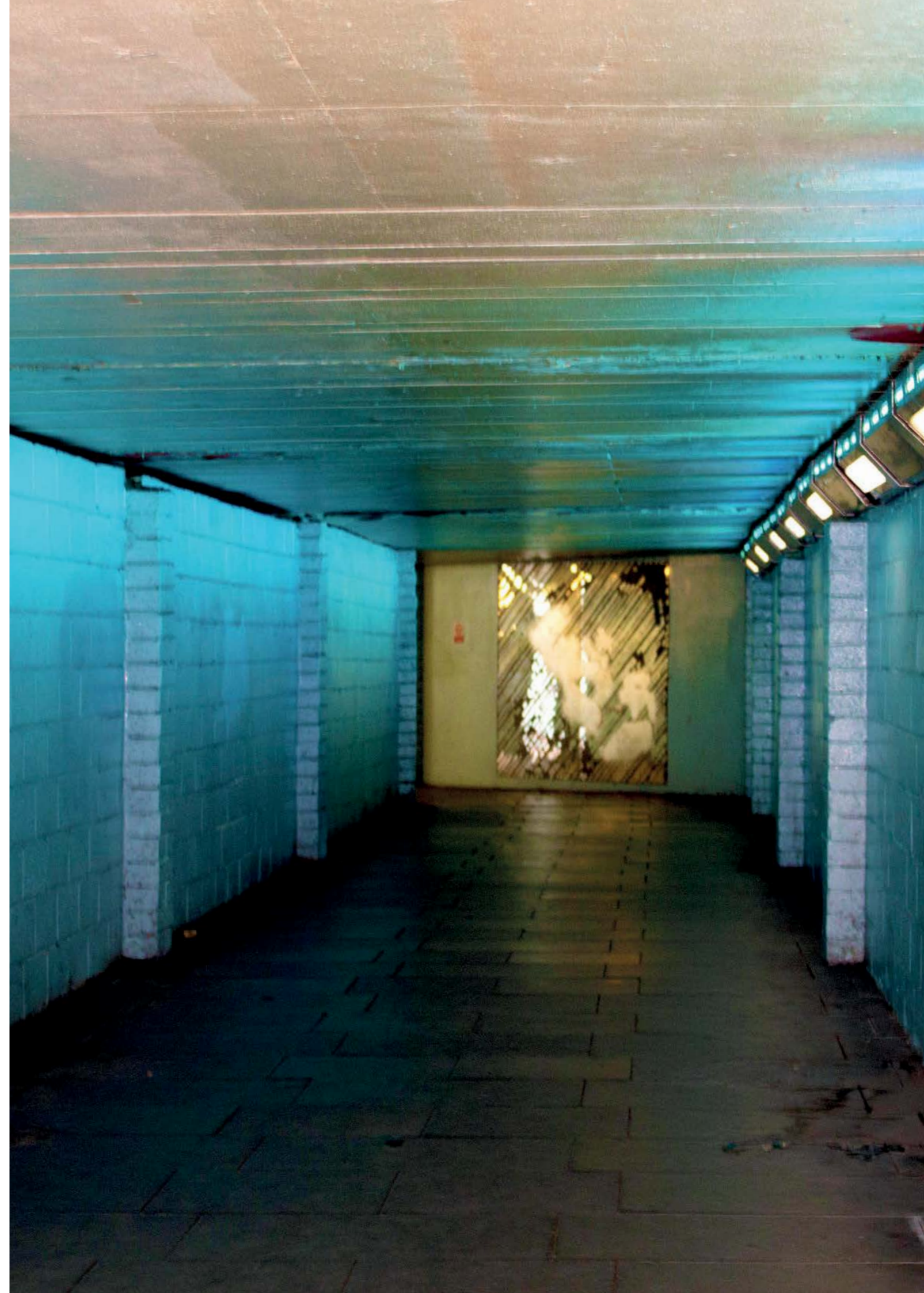
Homelessness service providers supporting people in tenancies must ensure that staff are adequately trained to recognise and respond to threatened or ongoing tenancy hijack, including advocating for their client in any police investigation or landlord action.

⁷¹ MHCLG (2018d)

4.4. Further research

This exploratory research project has highlighted a number of questions that should be answered by further research projects.

- What is the current provision of 'floating' tenancy sustainment services for people who have slept rough, and how has this changed in recent years?
- What has been the impact of the cuts to central Government budgets for local authorities and other statutory services, and how has this affected access to services for people who have slept rough?
- How prevalent are the causes of evictions and abandonments from supported housing, and what works to reduce their number?
- What are the impacts of psychotherapeutic support for people who have slept rough, and what works to obtain the most positive impacts?
- What are the long term impacts of i) supported accommodation, ii) tenancy sustainment support and, iii) Housing First services, and what are the costs and benefits associated with each?



5. References

Bramley, G. and Fitzpatrick, S. (2017) 'Homelessness in the UK: who is at most risk?' in *Housing Studies*, volume 33, issue 1. <https://www.tandfonline.com/doi/full/10.1080/02673037.2017.1344957>

Bretherton, J. and Pleace, N. (2018 forthcoming) *Women and Rough Sleeping: A critical review of current research and methodology*. (London, St Mungo's).

Brunton-Smith, I. and Hopkins, K. (2014) *The impact of experience in prison on the employment status of longer-sentenced prisoners after release*. (London, Ministry of Justice). https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/296320/impact-of-experience-in-prison-on-employment-status-of-longer-sentenced-prisoners.pdf

Centrepont (2015) *Out Of Reach: Young People's Experience of Rough Sleeping and Sofa Surfing*. (London: Centrepont). <https://centrepont.org.uk/media/1707/out-of-reach-exec-summary.pdf>

Centrepont (2016) *Families Under Pressure: preventing family breakdown and youth homelessness*. (London: Centrepont). https://centrepont.org.uk/media/1701/families-under-pressure_final.pdf

Chartered Institute for Housing (CIH) (2017) *What you need to know about the Homelessness Reduction Act 2017* [online] (London, CIH). Accessed 31.05.2018 <http://www.cih.org/resources/PDF/Policy%20free%20download%20pdfs/What%20you%20need%20to%20know%20Homelessness%20Reduction%20Act%202017.pdf>

Cooper, V. (2013) *No Fixed Abode: The implications for homeless people in the criminal justice system*. (London, The Howard League for Penal Reform). <https://howardleague.org/wp-content/uploads/2016/04/No-fixed-abode-report.pdf>

Dobie, S., Sanders, B. and Teixeira, L. (2014) *Turned Away: the treatment of single homeless people by local authority homelessness services in England*. (London, Crisis). <https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/housing-models-and-access/turned-away-2014/>

Fall, K. L. (2014) *Homeless men: exploring the experience of shame*. (Iowa, PhD thesis, University of Iowa). <https://ir.uiowa.edu/cgi/viewcontent.cgi?article=5494&context=etd>

Fitzpatrick, S., Pawson, H., Bramley, G., Wilcox, S., Watts, B. and Wood, J. (2018) *Homelessness Monitor: England 2018*. (London: Crisis). https://www.crisis.org.uk/media/238700/homelessness_monitor_england_2018.pdf

Fitzpatrick, S., Bramley, G. and Johnsen, S. (2013) 'Pathways into multiple exclusion homelessness in seven UK cities' in *Urban Studies*, 50(1), 148-168. <http://journals.sagepub.com/doi/abs/10.1177/0042098012452329>

Fitzpatrick, S.; Bramley, G.; Johnsen, S. (2012) *Multiple Exclusion Homelessness in the UK: An Overview of Key Findings*. (Edinburgh, Heriot Watt University). https://www.hw.ac.uk/schools/doc/MEH_Briefing_No_1_2012.pdf

Government Office for Science (2008) *Five ways to mental wellbeing* [online] (London, Government Office for Science). Accessed 31.05.2018 <https://www.gov.uk/government/publications/five-ways-to-mental-wellbeing>

HM Treasury (2017) *Autumn Budget 2017*. (London: HM Treasury). https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/661583/autumn_budget_2017_print.pdf

Holmes (2016) 'I just felt like I was in a cage: examining the accounts of returned missing adults with mental health issues' in *Illness, Crisis and Loss*, Volume: 25 issue: 1, pages 5-26. <http://journals.sagepub.com/doi/full/10.1177/1054137316675716>

Homeless Link (2018a) *Support for single homeless people in England, Annual Review 2017*. (London, Homeless Link). https://www.homeless.org.uk/sites/default/files/site-attachments/Annual%20Review%202017_0.pdf

Homeless Link (2018b) *Young and Homeless 2018*. (London, Homeless Link). <https://www.homeless.org.uk/sites/default/files/site-attachments/Young%20and%20Homeless%202018.pdf>

Homeless Link (2018c) *Trauma Informed Care and Psychologically Informed Environments* [online] (London, Homeless Link). Accessed 31.05.2018 <https://www.homeless.org.uk/trauma-informed-care-and-psychologically-informed-environments>

Homeless Link (2017) *Five key changes in the Homelessness Reduction Act* [online] (London, Homeless Link). Accessed 31.05.2018 https://www.homeless.org.uk/sites/default/files/site-attachments/Homelessness%20Reduction%20Act%20Briefing%20Nov%202017_0.pdf

Homeless Link (2014) *No Second Night Out Across England*. (London, Homeless Link). <https://www.homeless.org.uk/sites/default/files/site-attachments/20140211%20NSNO%20England%20Wide%20Report%20FINAL.pdf>

Involve and National Institute for Health Research (NIHR) (2018) *Draft Guidance on co-producing a research project* (Southampton, NIHR). http://www.invo.org.uk/wp-content/uploads/2018/03/Copro_Guidance_Mar18.pdf

Johnsen, S., Watts, B. and Fitzpatrick, S. (2018) *Welfare Conditionality – Sanctions, Support and Behaviour Change: Final Findings, Homelessness*. (York, University of York). <http://www.welfareconditionality.ac.uk/wp-content/uploads/2018/05/39273-Homelessness-web.pdf>

Llamau (2018) *What causes youth homelessness?* [online] (Cardiff, Llamau) Accessed 31.05.2018 <https://www.llamau.org.uk/what-causes-youth-homelessness>

London Assembly Housing Committee (2017) *Hidden homelessness in London* (London, London Assembly). https://www.london.gov.uk/sites/default/files/london_assembly_-_hidden_homelessness_report.pdf

Maslow, A.H. (1943) 'A theory of human motivation' in *Psychological Review*. 50 (4): 370–96.

Mayor of London (2017) *CHAIN Annual Report, Greater London April 2016-March 2017* (London, Greater London Authority). <https://files.datapress.com/london/dataset/chain-reports/2017-06-30T09:03:07.84/Greater%20London%20full%202016-17.pdf>

McCabe, J. (2018) 'The battle to sustain tenancies' in *Inside Housing* 23.05.2018 [online] Accessed 31.05.2018 <https://www.insidehousing.co.uk/insight/the-battle-to-sustain-tenancies-11-56400>

Ministry of Housing, Communities & Local Government (MHCLG) (2018a) *Homelessness data: notes and definitions*. (London, MHCLG). <https://www.gov.uk/guidance/homelessness-data-notes-and-definitions>

MHCLG (2018b) *Homelessness code of guidance for local authorities*. (London, MHCLG). <https://www.gov.uk/guidance/homelessness-code-of-guidance-for-local-authorities/chapter-9-intentional-homelessness>

MHCLG (2018c) *How to rent: the checklist for renting in England*. (London, MHCLG) <https://www.gov.uk/government/publications/how-to-rent>

MHCLG (2018d) Policy Fact Sheet: Duty to refer specified public authorities: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/682995/Final_Duty_to_refer_policy_factsheet.pdf

MHCLG (2017) *Rough Sleeping Statistics Autumn 2017, England* (London, MHCLG). https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/682001/Rough_Sleeping_Autumn_2017_Statistical_Release_-_revised.pdf

National Audit Office (NAO) (2017) *Homelessness: Report by the Comptroller and Auditor General*. (London, National Audit Office). <https://www.nao.org.uk/wp-content/uploads/2017/09/Homelessness.pdf>

NAO (2015) *Care leavers' transition to adulthood: Report by the Comptroller and Auditor General*. (London, National Audit Office). <https://www.nao.org.uk/wp-content/uploads/2015/07/Care-leavers-transition-to-adulthood.pdf>

National Care Advisory Service (NCAS) (2013) *Peer research: How to make a difference*. (Loughborough: SOS Children's Villages, Loughborough University, Catch 22). <https://www.catch-22.org.uk/wp-content/uploads/2015/03/Peer-Research-How-to-Make-a-Difference.pdf>

National Crime Agency (NCA) (2017) *County Lines Violence, Exploitation and Drug Supply*. (London, NCA). <http://www.nationalcrimeagency.gov.uk/publications/832-county-lines-violence-exploitation-and-drug-supply-2017/file>

NIHR guideline NG58 (2016) *Coexisting severe mental illness and substance misuse: community health and social care services*. (Southampton, NIHR). <https://www.nice.org.uk/guidance/ng58/chapter/recommendations>

Pleace, N. (2018) *Using Housing First in Integrated Homelessness Strategies*. (London, St Mungo's). https://www.mungos.org/wp-content/uploads/2018/02/ST_Mungos_HousingFirst_Report_2018.pdf

Private Housing (Tenancies) (Scotland) Act 2016. Available at <http://www.legislation.gov.uk/asp/2016/19/contents/enacted> Accessed 31.05.2018.

Public Health England (2018) *Evidence Review: adults with complex needs (with a particular focus on street begging and street sleeping)*. (London, Public Health England). https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/680010/evidence_review_adults_with_complex_needs.pdf

Rees and Lee (2005) *Still Running II: Findings from the second national survey of young runaways*. (London, The Children's Society). <https://www.childrenssociety.org.uk/what-we-do/resources-and-publications/publications-library/still-running-ii-findings-second-national>

Reeve, K., Cole, I., Batty, E., Foden, M., Green, S. and Pattison, B. (2016) *Home – No Less Will Do: homeless people's access to the Private Rented Sector*. (London, Crisis). https://www.crisis.org.uk/media/237166/home_no_less_will_do_crisis.pdf

Rethink Mental Illness (2018) *Drugs, alcohol and mental health* [online] (London, Rethink Mental Illness) Accessed 31.05.2018. <https://www.rethink.org/diagnosis-treatment/conditions/drugs-alcohol-and-mental-health>

Rogers, Carl R. (1951) *Client-centered Therapy: Its Current Practice, Implications and Theory*. (Boston: Houghton Mifflin).

Sanders, B. and Brown, B. (2015) 'I was all on my own': experiences of loneliness and isolation amongst homeless people. (London: Crisis). https://www.crisis.org.uk/media/20504/crisis_i_was_all_on_my_own_2016.pdf

St Mungo's (2016) *Stop the Scandal: an investigation into mental health and rough sleeping*. (London, St Mungo's). <https://www.mungos.org/publication/stop-scandal-investigation-mental-health-rough-sleeping/>

St Mungo's (2014) *Rebuilding Shattered Lives: Getting the right help at the right time to women who are homeless or at risk*. (London, St Mungo's). <https://www.mungos.org/publication/rebuilding-shattered-lives-final-report/>

The Pavement (2018) January/February 2018 issue [online] Accessed 31.05.2018 <http://www.thepavement.org.uk/downloads/PavementLI12.pdf>

Turning Point (2016) *Dual Dilemma: the impact of living with mental health issues combined with drug and alcohol misuse*. (London, Turning Point). http://www.turning-point.co.uk/media/1138757/dual_dilemma.pdf

UK Government (2018) *Evicting tenants (England and Wales)* [online] (London, www.gov.uk). Accessed 31.05.2018. <https://www.gov.uk/evicting-tenants/section-21-and-section-8-notice>

UK Visas and Immigration (2016) *Public Funds: Guidance on public funds foreign nationals can claim* (London, Home Office): <https://www.gov.uk/government/publications/public-funds>

Weinstein, M. and Bowpitt, G. (2012) *Service users as peer researchers*, presentation to the Alternative Futures Conference [online]. Accessed 31.05.2018. <https://studylib.net/doc/5237452/service-users-as-peer-research-interviewers>

Wellman, A. (2011) 'Council backs down from soup run ban' in *Inside Housing* 02.11.2011 [online] Accessed 31.05.2018 <https://www.insidehousing.co.uk/home/home-council-backs-down-from-soup-run-ban-29310>

Welsh Government (2017) *National rough sleeper count, November 2016 – Experimental statistics*. (Cardiff, Welsh Government). <https://gov.wales/statistics-and-research/national-rough-sleeping-count/?tab=previous&lang=en>

What Works Centre for Wellbeing (2018) *Glossary* [online] (London, What Works Centre for Wellbeing). Accessed 31.05.2018. <https://measure.whatworkswellbeing.org/homepage/glossary/>

Williams, K., Poyser, J. and Hopkins, K. (2012) *Accommodation, homelessness and reoffending of prisoners: results from the Surveying Prisoner Crime Reduction (SPCR) survey*. (London, Ministry of Justice). https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/278806/homelessness-reoffending-prisoners.pdf



6. Appendix

6.1. Interview and focus group topic guide for people with lived experience of repeated rough sleeping

Thank you for agreeing to take part. I will ask you some questions, please answer them as fully as you like. If you don't understand the question, please ask me to repeat it. Before we start, is there anything you want to ask me?

Overall experience

- What is your history of rough sleeping?
- Why did you sleep rough the first time? (Prompt: why was there no alternative to sleeping on the streets?)
- How long were you out for the first time?
- Why did you sleep rough on later occasions? (Prompt: were your reasons the same? How were they different? Why did you have no choice but to sleep rough?)
- What led to you coming inside the most recent time? (Prompt: for example, were there any health reasons?)

Earlier life

- Is there anything about your earlier life that you think contributed to you later sleeping rough? (Prompt: either in childhood or the more recent past)

Defining rough sleeping

- What does the phrase 'rough sleeping' mean to you? (Prompt: does it only mean sleeping outdoors? Would a tent count, or a squat?)
- Have you ever identified yourself as 'a rough sleeper'? (Prompt: would you have used that phrase about yourself? Is there a better word or phrase that you prefer?)
- When does someone stop being a 'rough sleeper'? (Prompt: is it about the length of time indoors, or about the security of your accommodation, or something else?)

Experiences on the streets

- What was your experience of accessing services? (Prompt: for example, medical, housing or homelessness advice, outreach, police, benefits/job centre).
- How did you find out what help was available?
- Were there any barriers that prevented you accessing a service you wanted to? (Prompt: for example, were you moved away from a location in a way that stopped you accessing a service?)
- Were there any services that you wanted, but that didn't exist? What?
- What did you find most helpful?
- Was there anything you found unhelpful, or which made you leave a service?
- What would the perfect service look like – what would it do?

Improvements and recommendations

- What could have prevented you from returning to rough sleeping after that first time?
- What improvements are required to services to stop people returning to sleeping rough after getting off the streets?
- What advice would you give to someone at risk of sleeping rough now?

Optional final question

- Is there anything different for women, compared to men who sleep rough?

Thank you for your time, we appreciate your help.

6.2. Interview and focus group topic guide for staff working in services

Thank you for agreeing to take part. I will ask you some questions, please answer them as fully as you like. If you don't understand the question, please ask me to repeat it.

Overall experience

- What is your experience of supporting clients who have returned to sleeping rough after time off the streets?
- What reasons do you come across for people returning to rough sleeping?
- If you have any personal experience of sleeping rough, would you like to share your insights with us?
- Are you aware of local services that you can tell your clients about? How do you share this information?
- What are the barriers to your clients accessing services i) on the streets and ii) once in accommodation?

Service responses

- Does your service support people leaving prison or hospital? How do you deal with or plan for that?
- Have you had any experience working with people leaving the armed forces? What impact does that have?

Ensuring engagement

- How do you get people to engage, and stay engaged with your service?
- What causes people to gradually disengage from your service? (Prompt: whether it's a personal issue or that the service is not appropriate for them)
- (FOR HOUSING FIRST SERVICES: Under what circumstances would a client disengaging be a cause for concern?)
- What causes people to completely abandon the service (if they do)? (Prompt: whether it's a personal issue or that the service is not appropriate for them)
- For what reasons are people evicted from this service (if they are)?
- (FOR HOUSING FIRST SERVICES: Would anything cause you to withdraw the service from a client?)
- Can you tell when someone is about to leave or disengage in an unplanned way?
- What steps do you take to prevent it from happening?

Improvements and recommendations

- What improvements are required to services to stop people returning to sleeping rough?
- Is there anything that should be done differently for women, compared to men who sleep rough? What?

Thank you for your time, we appreciate your help.

6.3. List of participants

Pseudonym	Client/ staff	Role	Contact method
Ross	Client	Hostel resident	I-I interview
Darren	Client	Hostel resident	I-I interview
Simon	Client	Hostel resident	I-I interview
Lucas	Client	Hostel resident	I-I interview
Maurice	Client	Hostel resident	I-I interview
Syed	Client	Hostel resident	I-I interview
Obi	Client	Hostel resident	I-I interview
Howard	Client	Hostel resident	Focus group 1
Christopher	Client	Hostel resident	
Duncan	Client	Hostel resident	
Wale	Client	Hostel resident	
Kendra	Client	Hostel resident	
Steve	Client	Hostel resident	
Robbie	Client	Hostel resident	
Kevin	Client	Hostel resident	
Paul	Client	Hostel resident	
Kerry	Client	Hostel resident	
Derek	Client	Hostel resident	I-I interview
Val	Client	Client volunteer	Focus group 2
Angus	Client	Client volunteer	
Joanne	Client	Client volunteer	
Sally	Client	Hostel resident	Joint interview 1
Mark	Client	Hostel resident	I-I interview
Alex	Staff	Housing First worker	
Christian	Staff	Hostel staff	
Monica	Staff	Hostel staff	Focus group 3
Miriam	Staff	Hostel staff	
Beth	Staff	Peripatetic health worker	
Dan	Client	Hostel resident	I-I interview
Jon	Client	Hostel resident	Joint interview 2
Steph	Client	Hostel resident	
Raph	Staff	Housing First worker	Focus group 4
Gavin	Staff	Housing First worker	
Lizzy	Staff	Housing First worker	
Rachel	Staff	Housing First worker	
Faith	Staff	Housing First worker	
Eleanor	Staff	Housing First worker	

Pseudonym	Client/ staff	Role	Contact method
Fatima	Client	Hostel resident	Focus group 5
Bob	Client	Hostel resident	
Max	Client	Hostel resident	
Isaac	Client	SWEP client	Joint interview 3
Oliver	Client	Hostel resident	
Charlotte	Staff	Outreach worker	Focus group 6
Carl	Staff	Outreach worker	
Eva	Staff	Outreach worker	
Charity	Staff	Outreach worker	
Victoria	Staff	Outreach worker	
Adam	Staff	Outreach worker	
Przem	Staff	Outreach worker	Focus group 7
Martin	Staff	Outreach worker	
Kirsty	Staff	Outreach worker	
Kieran	Staff	Outreach worker	
Maya	Staff	Outreach worker	
Christina	Staff	Outreach worker	
Katerina	Staff	Outreach worker	Focus group 8
Jo	Client	Hostel resident	
Jerome	Client	Hostel resident	
Alan	Staff	Hostel staff	Focus group 9
Olga	Staff	Housing First worker	
Brigid	Staff	Outreach worker	
Billy	Staff	Outreach worker	
Jolyon	Staff	Outreach worker	
Mariola	Staff	Outreach worker	
Alison	Staff	Outreach worker	
Gemma	Staff	Outreach worker	
Barney	Staff	Outreach worker	
Femi	Staff	Outreach worker	
Camila	Staff	Outreach worker	Joint interview 4
Penny	Client	Hostel resident	
Halle	Client	Hostel resident	Joint interview 5
Frances	Client	Hostel resident	
Layla	Client	Hostel resident	Joint interview 6
Billie	Client	Hostel resident	
Maggie	Client	Hostel resident	Joint interview 7
Liliana	Client	Hostel resident	
Rita	Client	Hostel resident	
Linda	Client	Hostel resident	

St Mungo's, Fifth Floor, 3 Thomas More Square, London E1W 1YW

Tel: 020 3856 6000

www.mungos.org

 facebook.com/StMungosUK  twitter.com/StMungos

St Mungo Community Housing Association, a company limited by guarantee
Charity No. 1149085 • Company No. 8225808 (England and Wales) • Housing Association No. LH0279

© St Mungo's 2018

St Mungo's
Ending homelessness
Rebuilding lives