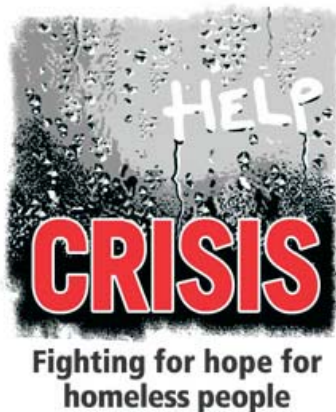


Steps Off the Street: solutions to street homelessness

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Abbreviations used in this report

DTTO	Drug Treatment and Testing Order
DWP	Department of Work and Pensions
ODPM	Office of the Deputy Prime Minister (became Department for Communities and Local Government in May 2006)
RSI	Rough Sleepers Initiative
RSU	Rough Sleepers Unit

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Summary

The success of recent programmes to help people sleeping rough has led to a reduction in the number of rough sleepers of nearly three quarters since 1998. Only a minority of homeless people engaged in street activities now sleep rough, although the great majority have done so in the past. Many are now accommodated in hostels or even permanent homes, but still spend several hours each day and night on the streets.

This report outlines practical measures that local authorities and partner agencies can take to help street homeless people to move off the streets. They include people who spend a significant amount of their time, day or night, on the streets and who display the problems and vulnerabilities associated with rough sleeping. They are often engaged in street activities such as street drinking; buying, selling and using drugs on the streets and begging. Some are sleeping rough, others have accommodation such as hostels, or even permanent housing, but are still spending much of their lives on the streets.

Many of these street homeless people have multiple needs including:

- **Drug problems:** addiction to heroin and crack cocaine is now a major cause of street homelessness.
- **Alcohol problems:** many older street homeless people with alcohol problems have been housed or have died and been replaced by younger drug users, but street drinking remains a significant problem in some areas.
- **Mental health problems** are widespread, although often masked from helping agencies by drug and alcohol abuse.
- **Physical health problems** often related to the harshness and dangers of street life and to drug and alcohol misuse.
- **Social isolation:** many street homeless people have lost contact with their families and have few or no friends.
- **Crime:** street homeless people are disproportionately affected by crime, both as victims and as perpetrators.

Many street homeless people have a combination of these needs, for example mental health problems combined with drug use. In some of the areas covered by this study, begging has caused growing concern with evidence indicating that begging is often closely linked to heroin and crack cocaine addiction. It was reported that many homeless people did want to change their way of life, when offered positive and realistic opportunities to access accommodation and services.

The research identified four best practice examples of local authority street homelessness strategies, and draws on the lessons learnt in these areas to develop guidelines for successful programmes to help street homeless people move off the streets. Programmes such as these have proved successful in some areas in helping up to 80 per cent of street homeless people to move off the streets and to start new lives.

Drawing on the best practice examples of the case study areas, the researchers recommend that the main features of programmes to help street homeless people should be:

- **Street homelessness strategies** which identify the scope of the local problems and formulate programmes to tackle them.
- **Multi-agency work** by statutory and voluntary agencies, including the housing department, social care agencies, health services and the police.
- **Needs assessments** of each known individual, drawn up by regular case meetings of the key agencies.
- **Street work** by dedicated teams which actively approach people on the streets and encourage them to take up offers of accommodation and other services, while pointing out that activities such as begging and street drinking are not permissible and could lead to legal action if people refuse services.
- **Drugs services** which are easily accessible by homeless people, including specialist services where required.
- **Day centres** which work actively to encourage people away from street living, rather than reinforcing it.
- **Alcohol services** including 'wet centres' where people can drink indoors and be encouraged to take up treatment services.
- **Hostels** which offer ready access and will accommodate drinkers, drug users and people with mental health problems, ensuring they are offered all the support they need.
- **Permanent housing** with tenancy support to ensure people do not fall back into homelessness.
- **Criminal justice services** including supportive, graduated policing which works with homelessness and other agencies to provide support, advice and referral to other agencies rather than formal legal processing. Arrest may still follow for persistent offenders.
- **Health services** which provide targeted support for homeless people along with improved access to mainstream services.
- **Employment, training and meaningful occupation** to help with reintegration into society.
- **A graduated approach** which ensures good quality services are available and which encourages people to access accommodation and support, in liaison with all agencies in contact with street homeless people.

1 Introduction

Local authorities and their partner agencies have had great success in recent years in reducing the numbers of people sleeping rough. But there remains a wider group of street homeless people who are proving more difficult to help. These are homeless people who spend a significant amount of their time, day or night, on the streets and who display the problems and vulnerabilities associated with rough sleeping, for example, substance misuse, relationship breakdown and mental and physical ill health.

They cover a broader group than those currently sleeping rough and include, for example, people who are currently staying in a hostel, but spending a significant amount of time on the streets. There is also a smaller group of previously homeless people who have been rehoused but who are still engaged in street activities.

'Street activities' are defined in this report as:

- rough sleeping;
- street drinking;
- buying, selling and using drugs on the streets;
- begging;
- people gathering in social groups and engaging in one or more of the above activities.

There is also an overlap in some areas between street activities and sex work, although this was not examined in detail in this research.

This report examines the experiences of street homeless people. It looks at the range of problems that might have led to them living on the streets. The report draws on lessons from previous research and from four local authority areas which had designed and were beginning to implement detailed strategies to help street homeless people. It outlines practical measures that local authorities and their partner agencies can take to help street homeless people to move off the streets. At the time of the research many of the programmes were relatively new and so data on long term outcomes were not available. Nevertheless, there was enough in common between the areas and in their experiences to draw useful lessons for other areas.

Background: rough sleeping and street homelessness

Since 1990 resolving the problems of rough sleeping has been a high priority of homelessness policy and services. This culminated in the setting up of the Government's Rough Sleepers Unit (RSU) in 1999. The RSU was given the target of reducing the number of people sleeping rough in England by two thirds by April 2002. An independent evaluation found that that this target had been achieved.¹

The numbers of rough sleepers were assessed on single night counts and although there has been some controversy over the use of such counts, the evaluation concluded that they were a reasonably accurate method of recording changes over time.

The evaluation also found that, although the numbers of rough sleepers had been substantially reduced, those remaining had high levels of support needs, including mental health, drug and alcohol problems and combinations of these. In particular, the proportion of rough sleepers using hard, Class A drugs appeared to have grown substantially. There was a growing awareness among agencies and local authorities of the links between rough sleeping and other street activities such as begging, drinking and drug use. Local agencies also recognised that many of those engaged in such street activities were not currently sleeping rough, although they often had a history of homelessness, including rough sleeping and living in hostels. Programmes which focussed only on current rough sleepers would not reach a significant proportion of those who were engaged in day time street activities. Some local authorities and partner homelessness agencies were beginning to develop programmes to help this wider group of people to move off the streets.

Crisis recognised that many of the clients of projects which it ran or funded fell into this wider group, which it defined as 'street homeless people'. It commissioned this research from Research and Information Services with the aims of assessing:

- who is still sleeping rough, or is otherwise homeless on the streets and why;
- the current scale of rough sleeping and other street homelessness;
- policy and service developments including accommodation and support for street homeless people;
- what measures are needed, not just to sustain the reduction in rough sleepers and street homelessness, but to reduce it further.

Research methods

The main research was carried out in late 2003 and early 2004 and consisted of:

- a review of research on the problems of street homelessness and responses to it;
- interviews with staff in national policy agencies, including the Homelessness Directorate at the Office of the Deputy Prime Minister (ODPM), the Anti-Social Behaviour Unit at the Home Office, Shelter and Homeless Link;
- case studies of four local authority areas where policies and services for street homeless people were well developed: these were Bristol, Leeds and, in London, Westminster and Camden. The case studies consisted of semi-structured interviews with policy makers and service providers in each area, including the local authority, street teams, day centres, hostels, the police and medical services. Local research and reports in these areas were also reviewed;
- in-depth qualitative interviews with a total of 25 street homeless people in the case study areas. These are covered in the companion report *The needs of street homeless people*.

Full details of the research methods can be found in Appendix 1: Research methods.

This report

The next chapter examines the numbers and need of street homeless people. Chapter 3 examines current practices in tackling street homelessness. The report concludes with an examination of how the case study local authorities are bringing together support and enforcement services in an integrated response and the debates about the effectiveness of such an approach.

The concluding chapter identifies good practice lessons from the work of agencies in developing innovative and effective responses to the challenges of street homelessness.

2 The numbers and needs of street homeless people

This chapter begins by examining the nature and extent of rough sleeping since 2002, when the programme funded by the Rough Sleepers Unit (RSU) achieved major reductions in the numbers of people sleeping rough. It then examines the support needs of street homeless people.

Rough sleepers

Single night counts

The number of rough sleepers recorded in single night counts and estimates has continued to decline since the RSU achieved its target of a two thirds reduction in 2002. In June 2005 the number stood at 459 in England, compared to 1850 in 1998, a reduction of three quarters. A single authority, Westminster, accounted for 133, more than a quarter of the national total and nearly eight times the next highest count of 17 in the London borough of Camden.

There has been some criticism of the use of single night street counts, but much of this criticism appears to be based on a misunderstanding of what such counts represent. They have never aimed to be a 100 per cent census of all rough sleepers. It has always been recognised that they will miss some rough sleepers who are hidden and those who move in and out of sleeping rough and who are not out on the night of the count. However, street teams in areas with significant numbers of rough sleepers reported that they are confident that they know the great majority of rough sleepers in their areas. Street counts are designed not to identify all rough sleepers, but to measure the relative scale of problems between areas and over time within each area. The great majority of agencies engaged in detailed street work believe they are a useful and reasonably accurate measure of these factors.²

The great majority of staff interviewed for this research said that the street counts represented real reductions in the number of rough sleepers. They believed that they were the best means of measuring changes in rough sleeping over time and still conducted regular counts, rather than keeping separate records.

All four case study areas had reduced the number of rough sleepers substantially, although in Westminster, the reduction had been 44 per cent by 2005, lower than the national average. It was recognised by all agencies interviewed that there were exceptional problems in that area. Its position in central London, with major transport termini, attracts large numbers of new arrivals from the rest of Britain and indeed the world. It has a long history of rough sleeping around the West End, Charing Cross and Victoria. It has been recognised that special and very intensive services will be needed to deal with the problems and some of them are described later in the report.

In Leeds, the numbers of rough sleepers counted increased from eight in 1998 to 23 in 2003. It was reported that a major reason for the increase had been the closure of one direct access hostel and the conversion of another from 60 beds to 30 beds with access by referral only. However, an intensive programme brought numbers down again to four in 2005.

A national agency reported that in 2003 there had also been sudden increases in a few other towns. In one, a group of drug users had been banned from all three local hostels. In another, a change of management in the night shelter meant they were less willing to work with chaotic drug users, while at the same time a key GP surgery had stopped issuing methadone prescriptions, meaning that drug users could not stabilise their use and so could not access accommodation. These experiences illustrate how local changes in policy or service provision can rapidly lead to the numbers of rough sleepers increasing again. They demonstrate the importance of keeping a close watch on numbers and on factors that might lead to an increase.

However, these were the exceptions. In the great majority of areas throughout England, the numbers of rough sleepers had decreased and stayed down, or reduced further. It was widely stated by agencies that, in particular, most young people aged under 18 and older people aged over 50 had been successfully moved

off the streets. Most of those who remain were aged between 20 and 40 and were heroin and crack cocaine users.

Many agencies pointed out that it will take longer to tackle the underlying factors which lead to people sleeping rough and that continuing services are needed to avoid the numbers rising again and indeed to reduce them further.

The number of rough sleepers over time

In addition to single night street counts, which measure basic trends, it is also important to assess the numbers of people who sleep rough over time and to record their support needs. Several areas have developed means of doing this. These records suggest that over a period of a year there are at least ten times the number of rough sleepers as are counted on any one night and the figure may be considerably higher.^{3,4}

This reduction has been in people sleeping rough on the streets. They do not measure the number of other homeless people engaged in street activities who are not necessarily sleeping rough. There have been some local audits of numbers of people engaged in such street activities, for example of beggars or street drinkers, but there appears to be no detailed information on the total numbers of people in the different categories of street homeless people and how these groups overlap.

Street homeless people have a wide range of needs including drug use, alcohol problems, mental health, physical health, social isolation, crime, begging and multiple needs, manifested by individuals or groups of people who are on the streets and who have a history of homelessness, even though they may not be currently sleeping rough. People who are still sleeping rough are even more likely to have these support needs. There is a wide range of published research on these needs, and some of the most important evidence is briefly summarised in each section.

There is also now extensive research evidence to demonstrate the overlaps between rough sleeping and the range of other street activities. Much of this evidence is summarised in *Crisis' Homelessness Factfile*.⁵

This section examines the evidence on the needs of street homeless people, drawing on previous research and the in-depth qualitative interviews carried out for this study. It includes information on:

- patterns of street living, how long people spend on the streets and what they do there;
- drug use;
- alcohol problems;
- mental health;
- physical health;
- social isolation;
- work and meaningful occupation;
- crime;
- begging;
- multiple needs.

Agencies interviewed had found that high levels of these needs are particularly concentrated among those who are still sleeping rough. The rest of this section gives detailed information on these needs.

Profile of street homeless people interviewed

In-depth interviews were carried out with 25 people who had been identified by agencies in the case study areas as street homeless in the broad sense defined in the Introduction. There have been many larger scale surveys of homeless people and it was decided for this project to focus on more in-depth qualitative interviews to identify how the range of needs interacted with each other. There were 22 men and three women in the interview sample for this report. All but two were white. A third were aged under 25, but none was younger than 19. The oldest interviewee was 50 (Table 2.1).

Table 2.1 Age range of interviewees

Age range	Number
18 – 25	11
26 – 39	9
40 +	5
Total	25

All had slept rough at some stage and 11 had been sleeping rough the night before they were interviewed. Half the sample had been sleeping rough for three years or more and five people reported having slept rough for 12 years or more. However, four people were relatively new to the experience, having slept rough for less than six months (Table 2.2). Most commonly, people had first started sleeping rough between the ages of 18 and 25, but six people had been younger, including two who had been 12 when they first slept on the streets (Table 2.3).

Table 2.2 Length of time sleeping rough

Length of time	Number
less than 1 year	4
1 year, less than 3 years	9
3 years, less than 10 years	7
over 10 years	5
Total	25

Table 2.3 Age when first slept rough

Age range	Number
under 16	4
16 – 17	2
18 – 25	12
over 26	6
Total	24

Street living

Many of the street homeless people interviewed spent long hours on the streets and had done so for several years. The average among those who spent time during the day on the streets (defined as from the time of getting up until eight o'clock in the evening) was over eight hours, with estimates ranging from four to fifteen daytime hours. This generally excluded the time people spent in day centres, activity centres or other places indoors. Some people were unable to estimate, often because there was no regular pattern to their daily lives. Two thirds of the interviewees spent time on the streets at night, defined as from eight o'clock in the evening until the time of getting up (Table 2.4).

They had spent between three and fourteen hours on the streets each night during the previous month, averaging between them ten hours a night. Around a third estimated they had been living on the streets in this way for five years or more. All the people interviewed had slept rough at some stage in their lives.

Table 2.4 Hours spent on streets each day in last month

Hours per day/night	Daytime	Night time	Total
none	2	3	-
1 – 6	8	3	2
7 – 12	10	10	6
13 – 18	3	3	6
19 +	-	-	9
Total	23	19	23

The agencies interviewed stated that while only a minority of their clients who engaged in street activities such as drug use, drinking and begging might be currently sleeping rough, many had done so in the past. The agency and client interviews identified a range of other circumstances of people who engaged in street activities.

- Some sleep in hostels at night, but spend much of the day and evening on the streets. However, very few hostels require residents to be out during the day.
- Some sleep in day centres or hostels during the day, but are out on the streets at night moving around.
- A few have been rehoused into a permanent home but have failed to settle properly and still have their social lives on the streets. For example, their social life may consist of drinking on the streets and their flats may be used communally, sometimes without heating, cooking facilities or furniture.
- People dependent on begging for a substantial part of their income have to spend large amounts of time on the streets, even if they have accommodation.

Over half of interviewees had been in accommodation the previous night, usually in hostels or night shelters, but three people were in permanent tenancies. Among those in accommodation, estimates ranged from four to 21 hours spent out on the streets during a twenty-four hour period. The interviews took place between November and January, when they were least likely to be on the streets for long periods.

Three people staying in hostels were current drug users who needed to spend substantial amounts of time on the streets obtaining money to support their habit. Two were begging to supplement their income and the third was shop-lifting. Bill (page 9) was one of those who begged, often using the hostel to sleep in during the day and going out at night.

Some interviewees who begged regularly reported that evenings were often more lucrative than day-time and this accounted for long hours spent on the streets. For example, a drug user who was currently in hostel accommodation on a methadone script had been begging on and off for ten years:

“You never get it quickly ... so I’d do eight hours solid during the night, especially near nightclubs where people are coming and going. Drunken people give more money than sober people.” [m/37]

Among the interviewees who were currently sleeping rough only one reported spending at least some of the night up and about. The remainder had sites where they bedded down. Five people shared a site with one other rough sleeper whom they trusted, three interviewees slept rough alone and two shared larger sites with ten or more other people. Between them they estimated an average of 18 hours out on the streets per day/night.

Bill

Bill, aged 30, had spent 15 years on the streets. He first became homeless when he arrived in London looking for work at the age of 15. He knew little of street life and admitted he had felt lost and confused:

"I was trying to feel part of something, my place in life. I didn't know about drugs or anything. I didn't know what hash or acid was. I didn't know what they were talking about. Then all of a sudden I was flung into it."

Needing money and unable to avoid the pressures on young men in Soho at the time, he became a rent-boy and started using drugs as a means of coping. After three or four years his escape from that lifestyle was to resort to the streets:

"I got out – it was a combination of things – I got paranoid and scared – and that pushed me onto the streets."

Bill slept rough and took to begging to sustain his drinking and drug use. Every now and then he tried hostel accommodation, but was antagonised by violence and theft from other residents and what he thought of as unnecessary rules. After years of refusing offers of hostel places from outreach workers, he had recently agreed to move into a hostel where he could get drug treatment:

"At first I didn't want to go into a hostel because they're shit holes. People would steal things, there would be violence and rules, rules, rules stuffed down your throat. I'd been approached lots of times [by CAT workers] but said 'no' because of past experiences. Then one night an outreach worker said 'I've got a place for you'. It was cold, so I went ..."

Nevertheless, the habits he had developed over the years on the streets were difficult to break:

"Sometimes I sleep in my bedroom all day so I can go out at night. I go to Soho, sit and have a drink, go begging, take some crack."

Interviewees were asked how they usually spent their time during the day. Street homeless people are often described as having 'chaotic lives', but what is striking from these interviews is how frequently people described a regular routine. This was particularly true of drug users whose lives were dominated by the need to finance their habit. Commonly, their daily routines were driven by begging;

"Have a cigarette, sometimes Shelter would wake me up with a coffee, then I'll go straight to begging. Hopefully by 1 pm I'll have £10. I'll go and sort myself out, then back to begging and hopefully have enough for a bag again before night. I'll go to the Crypt if I didn't eat during the day and have a few sandwiches, sometimes go to St. Anne's [night shelter] as well." [m/33]

or by selling The Big Issue:

"I had two pitches, I'd work through the day to 3.30 pm, meet up with a mate and score. Then go out selling again and score again. Used to go to the Crypt sometimes for food but couldn't eat a big meal. I'd eat pasties, sandwiches as and when I could. Sometimes I had to go to The Big Issue office for a Key Worker session but only because it was compulsory. If it hadn't been I wouldn't have bothered. Making money was more important than anything else." [m/34]

However, some people who were not currently using drugs seemed to be trapped in a similar pattern, as was the experience of Darren. Another drug user (Liam page 25) who had accepted a Council tenancy two months previously, was still spending time out on the streets selling *The Big Issue* all day:

"I start selling at 8 o'clock in the morning until tea time. Then maybe I'll score and then go out again to make sure I have enough [drugs] for the night." [m/30]

Another young man staying in a hostel was also trying to keep free from drugs. He described the boredom of his daily lifestyle which inevitably risked bringing him into contact with current drug users:

"I come here [a day centre] every day 10.30 to 4.00, Monday to Friday, 11.00 to 3.00 Saturday and Sunday. I get a shower, wash clothes, then have something to eat, then go to the West End. Walk about until about 10 o'clock at night. We all [hostel users] have curfews ... I have a few arguments with a few people. Seeing the same people every day it does your head in ..." [m/20]

Darren

Darren aged 24, was selling The Big Issue every day instead of claiming benefits. He described how he gradually learned to survive on the services he found when he first went onto the streets at the age of 18:

"When I first came into the city centre I didn't know owt about anything. Then I found about the Crypt, where you can get a warm drink and sandwiches. I'd go there regularly every night. Then I found out about St. Anne's ... where you can have a bath, use facilities, wash clothes. Then I found out about The Big Issue, so after that, I was able to survive basically."

Through The Big Issue, he had been helped to find accommodation but street life had also introduced him to crack cocaine and heroin and he lost various places through budgeting problems and drug use.

He had managed to come off drugs without help for two years while staying with his mother. Then his pregnant sister and her boyfriend moved in and his mother asked him to leave. He returned to the streets, selling The Big Issue again and struggling to remain drug-free. He was sleeping in an old abandoned school, which he shared with a mate who was on drugs and although Darren had used occasionally since resuming a street lifestyle, he claimed it was no longer "a big deal". However, he described a daily routine which was remarkably similar to others who were using drugs:

"I get up walk into town to The Big Issue office, get on a pitch and sell. Get something to eat, sell more, have lunch, maybe buy cigarettes. Make more money for tea, I go to MacDonal'd's for tea usually. Then to the Crypt for a warm drink and sandwich then to bed. [My mate] who shares the squat, he's on drugs but I don't do that anymore so we do our own thing during the day."

All but three of the interviewees who currently had hostel accommodation, regularly used day centres for cheap meals, washing facilities and recreational facilities. The three who did not mention day centres as part of their daily routine were either begging or shoplifting everyday.

Interviewees who were struggling to overcome past addictions reported the importance of meaningful occupation as an alternative to drug use which had dominated their lives. They were engaging with other activities offered by day centres, such as using computers and taking art classes, although not necessarily every day.

By contrast, five interviewees who described more varied daily lives were those who reported having no problems with drugs or alcohol, either currently or in the past. All were sleeping rough and using day centres for basic necessities, but also found other ways of occupying themselves during the day, which did not always involve associating with other street homeless people. One, for example, had recently discovered a creative talent and now spent his time between different day and activity centres which had specialist facilities for artistic expression, or visiting galleries and museums:

"St. Martin's had an art group and I started to get interested. I found I'm quite a creative person, good with woodwork, sculptures, painting. Now I've motivated myself I get more and more creative. My mind is racing about, doing things." [m/45]

Another, who was not eligible for benefits and was surviving on handouts, was looking for casual or voluntary work; he spent his time in libraries or when he could get a bus pass, riding on buses all day. Yet another was skilled at computer graphics and helped with the production of the day centre's magazine and also spent time in records stores listening to music. However, he too described a regular routine:

"I must be the most regular person here. I come every day, 7 days a week from 7 am till 2 pm and 9 am to 12 at weekends. I have a shower when it's still clean at 7 am, have breakfast and read the Metro. Then it's in the education department to do signs for the magazine ... Then I'll go to records stores and listen to DVDs. In the summer I go to concerts in the parks, I know people who can get me in." [m/31]

Two people were occasionally able to get casual work in clubs which enabled them to express their musical and other skills. One of these had taught himself to juggle while on the streets:

"I trained myself and now I go juggling in Spittlefields every Tuesday. I busk for money. I do it because I enjoy doing it and want people to see me. I'm good at it ... Sometimes I get asked to do juggling in clubs. I also do stage dancing." [m/20]

This young man described a wider range of social contacts than most interviewees and was still regularly in touch with people who had accommodation and did not share his lifestyle:

"Most of my friends have got places. But I'd rather keep them as friends than go and stay there."

Drug use

There is a large amount of research evidence on the widespread problematic use of drugs among homeless people without children. In the late 1990s, levels of drug use among homeless people without children in five English cities were put at between 66 and 76 per cent.⁶ The great majority of agency staff interviewed for this study believed that addiction to hard drugs, in particular heroin and crack cocaine, is now the most important factor leading to continuing street homelessness and its associated activities. They reported a large increase in such use over the past few years. They reported that a high proportion of street homeless people are chaotic drug users with high risk activities such as injecting heroin and crack cocaine together. Agencies reported that drug related deaths were common among their clients on the streets.

Many of the street homeless people interviewed had such patterns of drug use. Two thirds of interviewees were either currently using or had used Class A drugs, some of them from an early age. Eight people were current users and a further four were in treatment; one had recently completed a methadone programme but was now using heroin again once a week. Five interviewees had used hard drugs in the past, two of whom had recently come out of rehabilitation and had used drugs since, but not they claimed, in a problematic way.

Often the path into street homelessness and the development of drug dependency were interlinked in people's minds. For some, use of drugs came first, usually through friends or relatives:

"Peer pressure. My brother was using and got me into it. I started on heroin at 14, before that it was amphetamines and by the time I was 15 I had a full-blown habit. I was with my parents at the time. It took three years before I confessed to them. I had a part-time job with a builder and could manage on £10 worth [of heroin] a day. Then I got into shop-lifting and got arrested for burglary ... It led to arguments with my mum and dad and so I left of my own free will and went onto the streets ..." [m/30]

Others had resorted to the streets because of family problems and progressed into drug use as a means of coping. This was the experience of Darren:

"I started using when I first went on the streets. I didn't have any cover and needed something to keep warm ... My mum and dad split up. My dad's new wife moved in and she didn't like me, didn't want me there so she kicked me out ... I felt depressed and angry. At first I was sleeping in bushes near my dad's house, in a park. My brother told me there were homeless people in the city centre so I came into the city centre and sure enough I found them..." [Darren/24]

None of the drug users had an unbroken period of continuous use since their first experience of hard drugs. More commonly, people reported various attempts to come off, either enforced, through imprisonment, or encouraged, by entering rehabilitation, or after moving somewhere 'safe' such as returning to their parental home to deal with withdrawal as Darren had done. Some reported a rapid return to drug use after such times, for example on release from prison or after leaving rehabilitation, as happened with Kath.

Kath

Kath, now aged 22, had suffered depression and behavioural problems during her teens and was in and out of prison for non-drugs related offences between the ages of 17 and 20. During that time she started using heroin:

"... out of curiosity ... then when I was pregnant with my daughter, one day I woke up, withdrawing ... I stole the video to pay for heroin, so I had to leave my mum's."

She and her boyfriend took to the streets, begging to pay for heroin. Their daughter, now aged two and a half years old, was being fostered by her mother. She was able to see her daughter quite regularly but her family would not accept her partner:

"We got done for burglary. My dad and step-dad are very angry with him. They blame him for doing it and you can understand why ... my mum won't have him in the house."

Her mother would allow Kath to visit, but not to stay unless she came off drugs. She was in regular contact with a street work team and with their help, went into a rehabilitation unit in another city:

"I left at the end of the programme but it only took a couple of days to relapse. I came back to Leeds and stayed with my dad for a few days. Then my boyfriend got out of prison and I started using properly again then."

Another interviewee returned to drugs immediately after being taken off methadone:

"I came off methadone before because I produced a dirty sample. So I went straight back on the streets, begging to pay for drugs." [m/37]

A lack of follow up support can also lead to relapse for people leaving rehabilitation programmes. Melanie (page 19) who had recently come off methadone was clearly worried about the risk of relapse:

"Once you've come off, you're abandoned. This is the problem. It's more important to have support when you're off. You want someone to pat you on the back. But it's not considered appropriate any longer." [f/29]

This highlights the importance of continuing support for many homeless people who have been drug users.

Other users had experienced a lengthier drug-free period, even where the initial impetus had not been voluntary. Darren for example, went to stay with his mother after getting into trouble for begging:

"I got arrested for street begging one day. The copper said 'I'm not bailing you until you have an arrest address'. So I went to my mum's and stayed for two years. I came off there, she just left me to it. I had no support from anyone at the time and looking back, I wouldn't have wanted help. As long as I had somewhere I could put my head down at night." [m/24]

Some people expressed frustration at the repeat patterns drug use had imposed on their lives, as one young man reported:

"It felt alright when you were younger, but from about the age of 17 I wanted to get my life sorted ... I'd got into drugs and then into crime. I went to prison, got off drugs, came out, went back on drugs, crime, prison ... it's happened so many times ... I just can't cope with it any more. It makes me depressed getting back into drugs. I came off [the last time I was in prison] – didn't want any help with it, but not really offered any and I don't want any help now." [m/20]

A third of interviewees reported having suffered potentially life-threatening conditions as a result of their drug use, including four who had been treated for deep vein thrombosis (DVT). All were aware of the risks they had been taking and for some, the experience marked a critical turning- point:

"Being so close to death opened my eyes. I took the hard option and decided to fight back." [m/34]

One young interviewee summed up how using drugs had affected his life:

"It's affected my health. I can't get up everyday and do normal things. I can't get up, wash and clean up. I have to do drugs first. I can't do without. I've departed from my family and they've departed from me. I've lost jobs and friends in the past. It's given me a criminal record." [m/23]

Expenditure on drugs by those interviewed ranged from £20 up to £200 a day (Table 2.5). In Bristol one agency reported that the average amount was £100 a day.

Table 2.5 Amount spent on drugs per day by current drug users

Amount	Number
£20 – 30	4
£31 – 50	3
over £50	2
Total	9

Many agencies pointed out that illegal drug use and the need to raise large sums of money to support it lay at the route of many street activities.

- Many people continue to sleep rough because local hostels will not accommodate known drug users.
- Most hostels require a financial contribution from residents to cover services and meals. Some people will give priority to expenditure on drugs and will therefore not use hostels.
- Funding drug use is the overwhelming reason for begging (see below).
- Most drug users cannot make enough money from begging or other legal sources to support their habit and also resort to petty crime such as shoplifting and car crime.
- The need for regular fixes every few hours leads to a 24 hour lifestyle with people out on the streets at any time of the day or night. Drug users will be attracted to busy city centres such as Leeds, Bristol and central London because the night life there facilitates such a pattern of street life.

Alcohol problems

Traditionally, alcohol problems and street drinking were strongly associated with rough sleeping. Agencies reported that, as many of the older rough sleepers with alcohol problems have been housed or have died, the numbers have declined in many areas, although it remains a significant problem. Some of those in hostels or longer term housing return to street drinking.

Recent research has found that key reasons for street drinking are:

- the company of other drinkers – for the majority of street drinkers most of their friends also drink on the streets;
- street drinkers cannot afford pub prices;
- many hostels will not allow drinking on the premises, so people continue drinking on the streets even after they have moved in to accommodation.^{7,8,9}

In 1996, it was estimated there were between 5000 and 20,000 street drinkers in England and Wales. A review of a number of surveys of street drinkers found that between a half and two thirds were living in temporary accommodation with around a fifth sleeping rough. One survey found that 90 per cent had slept rough in the past three years. They were predominantly men aged over 35.¹⁰ A more recent survey of users of wet day centres, which allow drinking on the premises, found that 34 per cent were rough sleepers, with 17 per cent in hostels and 40 per cent in their own tenancies. Nearly all (97 per cent) had been homeless at some time, many for long periods, with 40 per cent homeless for more than five years. Many were long term street drinkers: one half had been drinking outside for more than five years.¹¹

Although alcohol problems and street drinking are concentrated among older street homeless people, it was also reported by agencies that there are younger street drinkers in some areas and that some people coming off drugs turn to alcohol as a substitute. This can happen where abstinence from drugs is a condition of obtaining a methadone prescription.

Among the street homeless people interviewed, only three acknowledged having problems with alcohol; all three were currently in hostel accommodation, but still spent a good deal of time out on the streets. Two were long-term drinkers, one of these was Bill who was also a drug user, currently on a methadone programme. The other had slept rough on and off for 20 years and had been drinking throughout that time. He first took to the streets after separating from his girlfriend and daughter, while they were living with his parents.

"It just got on top of me – arguments with my mum and dad, about not having any work. I just wanted to get out." [m/45]

Since then he had moved around the country, with periods of having work and living in private rented tenancies interspersed with sleeping rough and bouts of heavy drinking:

"I'd get itchy feet. I used to get jobs, then get fed up with them. I can't settle." [m/45]

He had always been "a pub drinker" but his drinking increased when he first slept rough and again more recently, which he attributed to having more money to spend on alcohol:

"I never used to drink as much as I do now. My drinking increased when I started selling The Big Issue, seven years ago." [m/45]

The youngest of the drinkers was Micky.

Although they did not recognise themselves as problematic drinkers, alcohol featured in the lives of other interviewees, either currently or in the past, and was often linked to, or superseded by drug use. For example, four people admitted to having been heavy drinkers in the past and all of them were now drug users.

A further two described themselves as drinking moderately at present; one of them was now trying to avoid drugs. He had been on the streets since he was aged 12 and using drugs since he was 14. He had been in

and out of prison for drugs-related offences but after his most recent discharge, was determined to stay 'clean'. However, now in a short-stay hostel, he acknowledged he was drinking regularly and spending evenings with other street homeless people:

"I've been drinking since I came out of prison ... Budweiser and Jack Daniels every other day up in the West End, only a few bottles ... I like it there, being part of the life there and I'll probably carry on going there after moving to [another hostel]." [m/20]

Micky

Micky, now 24, had first started sleeping rough at the age of 18:

"My mum and dad kicked me out so I came down to the West End. I wasn't drinking then but started about three months later. I got in with the wrong crowd, drinking 5 to 10 cans of strong lager and started getting addicted to it ... I never used drugs at all and they say drugs is worse than beer. But drink can be worse."

He was on the streets for about a year before a day centre helped him into hostel accommodation and from there, he moved into a RSI tenancy. Despite having a tenancy support worker he ran into rent arrears, was in trouble with the police for theft and had problems with his neighbours:

"I wasn't really ready for [the flat] back then ... the drink was getting on top of me."

He abandoned the tenancy and returned to the streets, travelling around the country for a year, taking casual work every now and then, before re-engaging with the services of the day centre. He was now back in a hostel and regularly taking part in activities run by the day centre. His tenure at the hostel, however, was at risk:

"I keep getting the blame for theft, so I'm trying to keep out of trouble. You're supposed to tell them where you are if you're out, but I lie and tell them I'm with friends."

In fact he was spending a good deal of time walking the streets, rather than risk eviction from the hostel for drinking:

"Last night I was out all night, not asleep but walking from Piccadilly to Paddington. I might stop off at places and just sit there, on a bench or statue plinth. Sometimes I just rest my eyes a bit ... I usually drink outside. Occasionally will take it into the hostel but you're not allowed. I got warned for it once ..."

Over half of those interviewed were neither heavy nor moderate drinkers, but two thirds of them showed other addictive tendencies. Nine people described themselves as occasional or social drinkers, but five of them were drug users; seven people said they never drank at all and six of these were either current or former drug users.

Only five people among all those interviewed reported no problems with drugs or alcohol, either currently or in the past.

In addition to the problems caused to those who are drinking on the streets, local authorities reported that many local residents felt intimidated by the behaviour of groups of drinkers. A survey in Camden and Islington found that 57 per cent of residents interviewed had felt threatened by street drinkers.¹² However, police interviewed as part of this study reported that crime and begging linked to street drinking were relatively rare compared to activities by street drug users, mainly because street drinkers did not have to raise nearly so much money to support their addiction.

Mental health

A large scale survey which administered standard psychiatric tests to homeless people in night shelters and day centres found that around six out of ten in both groups had mental health problems.¹³

The great majority of the street homeless interviewees reported suffering from anxiety, nerves or depression, often connected with their drugs use:

"I get quite depressed because of my drugs problems. I've felt suicidal at times, but that's the chicken's way out. I'm sure I can do it [come off drugs] again." [m/30]

In Micky's case, he thought heavy drinking had affected his mental health:

"Drinking's done something to my nerves. I suffer a bit from paranoia ... I'm mentally tired, I can't think straight." [Micky/24]

Around a half had seen a mental health professional at some stage in their lives. A quarter were currently on medication for mental health problems.

One interviewee gave an example of how mental health problems and heroin use could be traced back to his disrupted childhood:

"I was born a ward of court, fostered from the age of three and in and out of homes from nine to 16. I first saw a psychiatrist when I was six, and again at about 11, then on and off since. It's affected my behaviour and given me problems over the years. I put it down to that experience." [m/45]

Agencies interviewed for this study pointed out that symptoms can often be masked by drug or alcohol use and may not always be apparent to staff in contact with them.

Some agencies working with street homeless people pointed out that some of the most difficult cases are those where people are thought to have a personality disorder rather than a mental health problem. Personality disorder has been defined as:

"... a condition characterised by a gross disparity between behaviour and the prevailing social norms – the person commonly shows: a callous disregard for the feelings of other people; gross and persistent disregard for social rules; an incapacity to maintain relationships; very low tolerance of frustration; a low threshold for aggression and violence; an incapacity to experience guilt; a marked proneness to blame other people for their own 'bad' behaviour".¹⁴

These characteristics do seem to describe some of the people who have been banned from services such as hostels and day centres. However, the report quoted above shows how the term 'personality disorder' can be misapplied, including by non-medical professionals. It also outlines the difficulties of securing effective treatment for people with these difficulties. People who are banned from services (often for the safety of other users) can end up with no alternative to living on the streets.

Physical health

Homelessness and street living can clearly have adverse effects on people's health. People sleeping rough have an incidence of health problems between two and three times higher than the general population, standardised by age and gender.¹⁵ They are four times more likely to die from unnatural causes than the general population and 35 times more likely to commit suicide. The overall mortality rate of rough sleepers has been calculated at between 3.8 and 5.6 times the general population.¹⁶

A third of the street homeless people interviewed described their health currently as 'poor' and a further third as 'fair'. Some interviewees took an optimistic view of their health. For example one man who had recently been treated for septicaemia following a lung abscess described his health as 'good', on the grounds he was better than he had been for a long time and his appetite had improved. Most of those who

said their health was 'poor' or 'fair' were either current drug users or on a treatment programme and had medical problems directly associated with drug use. Four people reported having had deep vein thrombosis (DVT) with additional complications-, linked to injecting drugs:

"I've been in hospital for a month with DVT, a blood disorder and an abscess on my lung ... now I can't inject anymore. It's been very hard. All I've known for the last 12 years is heroin." [m/33]

This interviewee also felt his health was now improving as a result of staying 'clean' since coming out of hospital and moving into a council tenancy. Two people had hepatitis C. Others reported a range of ailments including asthma, pleurisy and lasting damage as a result of accidents or being attacked on the streets.

Social isolation

The majority of street homeless people interviewed were socially isolated. Three quarters said that they felt isolated or lonely at times. Around a half were not in contact with friends and a third had no contact with their family. A quarter had no contact with either family or friends. Several spoke of the rejection they felt from their families. Sean (below) was an example.

Another young man had left home two years previously because of arguments with his family and had not been in touch since:

"I miss my family. They didn't ring me on my birthday or at Christmas." [m/20]

Half the interviewees had children from past relationships but only two ever saw their children. Only three people had a partner at present.

Asked about their relationships with other street homeless people, fewer than half the interviewees could think of any friends they had on the streets; most regarded them as acquaintances or just people they recognised:

"Maybe five out of a hundred homeless people I know I'd actually call a friend. The rest are just acquaintances, faces I know." [m/37]

Sean

Sean was 19 and had been on the streets for five months. He had left home after repeated physical violence from his brother, who had mental health problems. His father was in prison and his mother had not been able to cope. He stayed briefly at his aunt's flat while she was on holiday, but she asked him to leave on her return. Since becoming homeless he had been in contact with his mother, but they would argue and there was no possibility of returning:

"I'm isolated, yes. My family don't want to know me. I feel like the black sheep. They don't want me. I don't think that's fair."

His aunt with whom he had previously had a good relationship had not been in touch:

"I've not heard from my auntie at all. I used to be able to talk to her about my problems. But she hasn't been in contact. Maybe she's got problems of her own."

Now staying in a hostel, it reminded him of his experience of homelessness as a child:

"Mum used to drink a lot when I was younger ... she lost a baby and then got into rent arrears. We moved about, different B&B's, hostels. I kept going to different schools, making different friends. It was always an upheaval."

Several interviewees mistrusted other people on the streets, usually because of the pressures many of them are under to support their substance use. As Bill reported:

"I learnt a long time ago, you don't really have friends [on the streets]. They let you down and you let people down. You don't really mean it. There are people I can talk to, but not good friends. I've known some people for a long time and I would say 'he's alright'. It's a problem of trust, when you're on drugs and drink and everyone knows. It's not like when you're a kid and you have friends you trust." [Bill/30]

Another interviewee, like Bill, had been on the streets off and on over a period of 15 years. He was now trying to establish himself in an independent council tenancy, while still using drugs. He too was sceptical about his street friendships:

"I've got a couple of friends on the streets but because they're drug users too, we're not best buddies. They're always after something." [m/30]

Street homeless people do not form a homogenous community. Their social isolation extends to disagreements among themselves about acceptable means of making money on the streets. The interviewee quoted above disapproved of some street homeless people engaged in activities he did not share. As a The Big Issue seller, he felt in competition with people who beg:

"I hate beggars. I keep a distance from them – they're the reason why we have lost a lot of custom. They've been very aggressive." [m/30]

Another interviewee was currently sleeping rough, having left hostel accommodation several months previously because, he claimed, of his dislike of other residents. He was a drug user who used to sell The Big Issue and also beg, but had now resorted to other methods to fund his habit and was now scathing about hostel-dwellers:

"Too many scroungers there, basically. They're as capable of earning money as I am." [m/33]

When interviewees were asked whom they would approach if they wanted someone to talk things over with, only six people mentioned friends. The most common response was a worker at an agency with whom they were in contact. Seven people could think of no-one at all who might be helpful to them in such a way, or simply said 'myself'.

However, for a minority of interviewees, close relationships were possible on the streets. Three people, two of them women, currently had partners who also shared their lifestyle. One of these was Melanie (page 19).

Two younger interviewees who were not in contact with their families, spoke of close relationships, similar to that of siblings, they had developed with other people they had met on the streets. One of them had been sleeping rough since the age of 12 after running away from foster care and had survived by begging. He had persistently refused offers of accommodation because he wanted to avoid contact with hard drug users, although he admitted to using cannabis regularly himself. He had recently befriended another young man who was relatively new to sleeping rough and who had had recently left a rehabilitation unit and moved to London to avoid returning to the drugs scene in his home town:

"He's my begging partner. I'm the banker. He passes it onto me and we decide what to do. We share everything, even meal tickets. We're like brothers, even argue and fight like brothers. We've only known each other since last year. We're also skipping partners." [m/19]

Another interviewee shared a rough sleeping site and had struck up a friendship as a result, although they had separate ways of obtaining money to survive:

"[My friend] lives with me in the subway. We're always together, but he begs and I busk ... If I needed to chat to anyone, it would be him, he's like a brother." [m/20]

Melanie

Melanie was 29 and had been sleeping rough for about two years before taking up the offer of a hostel, which had a Substance Misuse Unit, giving her the opportunity to come off methadone. Her heroin addiction had led to the loss of her home and subsequently a campervan that she shared with her partner.

In contrast to most of the people interviewed, Melanie's relationship with her partner had survived the pressures of addiction and sleeping rough. She described the support and comfort he offered when they were sleeping rough:

"It was very insecure. Looking back, I was very afraid. My partner invented a lullaby to get me to sleep. He used to sing me to sleep. You take comfort where you can."

Her partner had moved into the same hostel but was still using heroin and they both begged every day to pay for his drugs and 'treats' for her. Melanie was also in regular contact with both her parents, who were looking after her two year old son. They too were a source of support:

"I've put them through some awful times ... My mum came down to look for me and she found me! It was one of the most emotional moments of my life. She climbed into my blanket and gave me a big cuddle ... Suddenly there was someone who you could depend on."

Despite having both a partner and sympathetic parents to alleviate the general isolation of her life, Melanie regarded begging as an important source of social contact:

"Begging is my social life. You get regulars. You have moments of connecting with people, which you otherwise don't have the opportunity to do. It's amazing how many people want to talk to you, not through pity, more through fascination. You can afford the time. You need social interaction or you'd go mad."

Work and meaningful occupation

Two thirds of street homeless people interviewed said they would like to have work; a third currently earned money through casual work, or selling The Big Issue, or by other means apart from begging. In most cases, a street lifestyle, or having hostel accommodation, precluded a regular job. For Melanie, work appeared to be crucial to her struggle to keep clear of drugs:

"I'd love to have the opportunity. I'm desperate to have some work. Boredom is what leads back into drugs. I'd like to work simply for the benefit of self esteem. I used to do office work. Now I'll do seasonal shelf stacking for something to do." [Melanie/29]

A further two thirds of interviewees said they would use some form of daytime activity or skills centre if it was readily accessible.

For people who were currently using drugs, developing skills or recreational activities were not a priority:

"There's not enough time to do activities. You've got to spend as long as you can [selling The Big Issue] to get your first bag. That's the priority." [m/30]

Even some of those who were on a treatment programme wanted to be completely drug free before contemplating training or some form of meaningful occupation:

"When I was using, because I needed to be out there making money for my next fling. Now, I usually spend the time eating – I go to a day centre, have lunch, have a chat. It's good for socialising. I want to clean up first." [m/37]

Four of those who were in hostels, were currently seeking or taking part in training courses. Micky was one of them, taking an eight week CLAIT course which was helping to keep him occupied during the day and reduce the amount he was drinking.

Crime

Previous research commissioned by Crisis has demonstrated the extent to which street homeless people are victims of crime. A disproportionate number have been physically or sexually abused before leaving home. Nearly three quarters of rough sleepers, and 95 per cent of women sleeping rough, have been victims of crime. They are 15 times more likely to be assaulted than the general population and 35 times more likely to be wounded. Most of these crimes are more likely to be committed by members of the public than by other rough sleepers.¹⁷

Over half the street homeless people interviewed for this study had been victims of crime while on the streets and two thirds had suffered harassment, threats or other form of nuisance, usually from other street people. The most commonly reported form of crime was physical violence. Two of the more serious cases were drugs-related:

"I got jumped on by vigilante agents [for drugs]. They punctured my lung, I lost a lung through it ... Been assaulted a few times but didn't report it because I felt threatened." [m/39]

"I've been tortured with cigarette burns on my legs and arms, from dealers trying to find out where my mate was." [m/34]

Often, people had been attacked more than once, as had happened to Melanie:

"I've been beaten up a couple of times, had stuff stolen, coats taken off our backs while asleep. I was beaten up and threatened with a bottle for being a grass. A girl and her boyfriend – she took a dislike to me. I asked 'what's your problem?' and they laid into me." [Melanie/29]

A quarter of interviewees reported threats or harassment from passers-by, including one physical attack. More usually, people received verbal abuse. One interviewee who begged appeared to accept abuse as justifiable:

"I've had people spit on me or kick my cup over. I felt it was just part of it, to be expected really." [m/33]

Street homeless people are also very likely to be involved in committing crimes. Earlier research found that over four in five (85 per cent) of rough sleepers reported that they had offended at least once during their last period of street homelessness. Most rough sleepers commit relatively minor offences, with nearly two thirds reporting public order offences or theft from shops. Around a half report minor assaults. Between a quarter and a third reported more serious crimes such as burglary, theft from cars and crimes against people including serious assault and robbery.¹⁸

Half the street homeless people interviewed for this study had served at least one prison sentence. All except one of these were, or had been, drug users although two of them had been sentenced for non drugs-related offences. The most common crime reported was shoplifting; a few reported car theft, credit card fraud and robbery. One interviewee was currently shoplifting every day to pay for heroin. He used to beg when he was sleeping rough, but now in hostel accommodation had 'progressed' to shoplifting:

"I look smarter now than when I was on the streets. There's no excuse not to shave now. When I was on the streets I didn't look smart enough to shoplift, so I had to beg." [m/23]

Like many drug users whose habit started in their teens, he began stealing from his home:

"More and more stuff went missing from the house. I used to blame my sister ... when my mum found out she hit the roof." [m/23]

Prison offers the opportunity for detoxification for people with drug and alcohol problems. But follow-on care has often been lacking, meaning that people released back into street homelessness are very likely to relapse into addiction. Interviewees who had been in prison often reported returning to drug use shortly after release. This had happened to the shoplifter described above:

"I got caught doing shop-lifting and was in Brixton for three weeks. I came out intending to stay clean, but didn't know what else to do and the easiest way out was going back to drugs. Whilst I was clean I was so happy. I wanted to go back home for Christmas but I can't do that now. I'm regretting it now. It's only three weeks since I started using again and already I'm sick again. I'd put on so much weight in Brixton and now I've lost it again. I need help, I need counselling." [m/23]

Another interviewee was in prison for five years for selling drugs, although he was not using hard drugs at the time. On release, he found his wife had relinquished the tenancy and had left with their two children. Since then he had been on the streets on and off for 12 years and had started using during that time, at first begging and selling The Big Issue, but then:

"I found easier ways to earn money, if you know what I mean." [m/33]

He had himself been mugged the previous night, while sleeping in a doorway:

"I woke up and found three kids kicking and jumping on me. They took £40 off me. I didn't see the point of reporting it. I think it was because of who I was and where I was." [m/33]

Living on the streets means that homeless people are more likely to come to the attention of the police when, for example they are drunk, using drugs or committing assault. It has also been reported that the police are more likely to arrest homeless people who are drunk and disorderly as they cannot be advised to go home and sleep it off and are more likely to be putting themselves and others at risk on the streets.¹⁹ One of the drinkers interviewed acknowledged his drinking had caused problems with the police:

"It's got me into trouble with the police, criminal damage, things like that. Stupid things you do when you get drunk." [m/45]

Around half those interviewed reported having regular contact with the police. A further third said they tended to avoid contact:

"As little as possible [contact]. I've got a criminal record – it's fear of being arrested and being put back in jail. I've never seen them as someone who could help. They're seen as an enemy. If you're doing something illegal you need to keep your distance from them." [m/34]

Those who avoided contact tended to report negatively about police attitudes towards them:

"They harass you all the time, not nice to you, they call you names, kick you to wake you up. I hate them. Most of us are doing nothing wrong, just homeless people." [m/20]

However, most of those who did have regular contact with the police, tended to report positive aspects of their encounters with them, including Melanie:

"Very positive experiences. I got caught twice smoking heroin. I used to inject but on the streets it's too cold. I was smoking and they were generally sympathetic ... The begging squad were a problem for a while. Once I pleaded 'Not Guilty' and they let me off." [Melanie/29]

Another interviewee also found sympathetic treatment by the local drugs squad:

"Some have been alright. I do talk to them. They know I've not been a prolific offender ... They've always been very friendly. Even the drug squad will give me a £1 [for The Big Issue]." [m/30]

Four people made neutral comments, usually recognising the police have a role:

"Fairly reasonable. If you've done something you expect to get trouble. They've got a job to do."
[m/45]

Only one of the interviewees who had regular contact with the police was negative, but he wanted to focus on solutions:

"All they do is concentrate on drug users and not the problem. We're not bad people, we're sick people and it's not contagious. They should forward us onto rehab. There should be funding to get help. Why don't they concentrate on the drug rings who know the law and outsmart the law? They should take out the dealers." [m/23]

These views of street homeless people underline the important role of the police and that their involvement can be positive from the homeless person's point of view.

Several of the agencies working with street homeless people pointed to the close links between begging and crime.

Begging

The local authorities in all the case study areas reported high levels of public concern about the presence of large numbers of people begging on the streets. There was a particular concentration in some city centres, which has led to growing public concern for the welfare of the people who are begging and because many passers-by feel distressed or intimidated by their presence. A survey in Camden and Islington found that 44 per cent of respondents who lived in Camden had felt threatened by people begging.²⁰ However, other research has shown that there is public sympathy towards beggars. One survey found that 40 per cent of people asked what best described their attitudes towards them said that they felt sorry for them and a further 15 per cent that it was a disgrace to society. Only 11 per cent said that beggars made them angry and 18 per cent that they made them uncomfortable.²¹

There are no national figures for the numbers of people involved in begging on the streets, but some areas have started to keep detailed local records. In Bristol in October 2003, there were 285 people recorded on a database as begging, of whom 40 were persistently begging.

Agencies interviewed reported that many people begging have had a history of homelessness. In Bristol it was reported that 85 per cent had a history of sleeping rough, although they were not necessarily doing so currently. Often, they slept in hostels during the day and came out in the evenings. Some rough sleepers who were begging had lost contact with all services and were stuck in a street lifestyle, with no clear route out.

Agencies in all areas reported that most people begging were aged from 20 to their mid thirties. A Camden and Islington survey found that 67 per cent of beggars interviewed were aged under 30.²²

In all the case study areas it was reported that street homeless people from other areas came into central city locations because of the potential for begging from visitors and people having a night out. The presence of a street drug market also attracted many of them.

Over half the street homeless people interviewed were either currently begging or had done so for substantial periods in the past. Most of them begged to pay for drugs; two were heavy drinkers who had begged in the past to pay for alcohol. Ten interviewees claimed never to have begged, including three drug users who sold The Big Issue to fund their habit and a further two users who found other means to pay for drugs. The remaining five did not drink or use drugs; three of these were not claiming benefits and were surviving on handouts.

Most of the interviewees who begged estimated they usually made between £5 and £40 during a begging session (Table 2.6).

Table 2.6 Amount of money made from begging

Amount	Minimum	Maximum
£5 – 10	3	1
£11 – 20	5	2
£21 – 40	1	5
£40 – 100	-	1
over £100	-	2
Total	9	11

Generally, people only begged for as long as it took to get the amount of money they needed. As Melanie explained:

"I can make £16 to £25 in an evening. If I stayed out all night I could make much more, but you stop when you've got enough." [Melanie/29]

For her, spending the money gained from begging was a form of reward for the humiliating experience of it.

"It's compulsive, when you've got it you've got to spend it. It burns a hole in your pocket. Begging is quite degrading so you feel you should get a treat because of what you've had to do. You deserve something ... I'll buy 'treaty' foods – squash, cheesecake, Cornish pasty. Anything that will give a bit of comfort." [Melanie/29]

Most of those who begged described it as demeaning, but found it had become a necessity, as one drug user described:

"I started about ten years ago, the same time I started on drugs. It was just occasional then ... I felt terrible, I felt embarrassed, I dreaded seeing my family ... Then you just got a lot thicker skinned about it. You just get on with it because you need to feed your habit." [m/37]

However, not all those who begged regularly thought of it as shameful. One young man who had been on the streets from an early age thought of begging as a matter of survival and preferable to theft:

"It didn't bother me – I saw it as a way of surviving and I still feel the same. I won't shoplift ever. I won't even stand guard for a shoplifter." [m/19]

Melanie too had learned to find positive aspects to it:

"It provides a routine ... It is a way of regaining control. I can go out and people give me money for who I am. It can be a good thing." [Melanie/29]

Bill had observed a change in the nature of begging during the 15 years that he had been on the streets and had recently changed his begging style to dissociate himself from others:

"It was good in the days when I was young. I used to sit in a blanket by the train station and make £40 in the morning and £40 at night. It's not like that anymore. There are people begging with a can in their hand or shooting up. It affects how people see you. I walk around begging now." [Bill/30]

There was agreement among the great majority of agencies interviewed that the major reason why people beg is to fund hard drug use. Many agencies independently stated that at least 90 per cent of money raised from begging is spent on heroin and crack cocaine. This experience of agencies is reflected in research findings.

- Research in Westminster found that nearly all the hard drug use among street homeless people occurred among beggars and three in four of them said that most of their money raised from begging was spent on drugs.²³ An agency interviewed for this study which works on the streets in Westminster with homeless people estimated that at least 90 to 95 per cent of beggars were on Class A drugs.
- Monitoring in Bristol found that 95 per cent of people begging were addicted to heroin.
- In Camden, 90 per cent of beggars arrested by the police tested positive for Class A drugs.
- In Leeds, 60 out of 62 people begging (97 per cent) who were surveyed by the police said they were addicted to heroin and that they used the money gained to pay for their habit.
- Crisis research found that group interviews with agencies and people begging reported that the main reason people begged was to buy drugs.²⁴
- Interviews with voluntary agencies working with rough sleepers throughout the country found that the great majority estimated that 90 per cent or more of money given to beggars was spent on drugs.²⁵
- Police officers interviewed in Manchester, Leeds and Brighton for research by the Rough Sleepers Unit (RSU) estimated that at least 90 per cent of beggars had a heroin addiction. In London the estimates ranged from 75 per cent to 90 per cent.²⁶ (RSU, 2001).

The evidence is that the great majority, probably at least 90 per cent, of begging is to fund an addiction to heroin and crack cocaine and that at least 90 per cent of money raised is likely to go towards drugs.

Agencies reported that the great majority of people do not raise enough money from begging alone to support their drug addiction and they also commonly engage in petty crime such as shoplifting. In Bristol it was found that 95 per cent of beggars had a history of criminal activity in addition to any convictions for begging.

By contrast, it was stated by agencies that begging by street drinkers is much less common. Drinkers do not need to raise nearly so much money to fund their addiction and often do so more communally, for example by sharing benefit payments between drinking companions. A survey of 50 street homeless people in Westminster found that there was virtually no overlap between the third who were regular street drinkers and the third who regularly begged: only one street drinker begged.²⁷

Two of the heavy drinkers interviewed had begged in the past. Micky had started begging while struggling to maintain his tenancy:

"When I had the flat, I used to beg every night for about four hours. I was spending it on drink ... I had rent arrears, I got so far into debt, I left and went travelling round the UK for a while."
[Micky/24]

The other drinker quickly switched from begging to selling The Big Issue, leading to an increase in the amount he drank from the extra money earned.

Multiple needs

Many street homeless people have combinations of the problems outlined in this chapter. Agencies reported that many use alcohol and drugs to self-medicate for mental health problems, which are often disguised from helping agencies. These problems can help to create and perpetuate homelessness. Homeless people with drug problems have to resort to begging and crime to raise money to pay for drugs. Other problems can include lack of education, learning difficulties and illiteracy. Some become barred or alienated from all services designed for them.

Street homeless people who are addicted to hard drugs and who beg are also likely to have a range of other problems. A survey of 65 beggars in Glasgow and Edinburgh found that many had disrupted childhoods,

time in care, parents who abused alcohol and drugs and physical and sexual abuse. Fifteen had been in psychiatric care and two thirds had received custodial sentences.²⁸

Around half the street homeless people interviewed had multiple needs, most commonly a combination of drug use, associated medical conditions and mental health problems. Liam is an example.

Liam

Liam aged 30, had been using heroin for 15 years. He had recently accepted a Council tenancy after being discharged from hospital where he had been treated for DVT. He was waiting for services to be installed before moving into the flat and was currently staying with a friend. Since leaving hospital he had reduced his intake of heroin and crack cocaine:

"I used to be on £30 a day, but now I'm down to £20 a day."

He had been selling The Big Issue every day for five years. He was also epileptic, triggered by drug use and currently had a groin infection but had not yet sought treatment for it. He admitted to having bouts of depression and suicidal thoughts as a result of his drugs problems and self-medicated for this by *"what I can buy on the black market"*.

He had various attempts to come off drugs in the past and was planning to try again after moving in to his flat:

"After Christmas I'll go and see [the drugs worker]. I was on methadone before but don't want to do that again. I'll just lock myself away and do it."

A resettlement worker was helping apply for a grant for furniture *"but I haven't seen her for a couple of weeks, so I need to contact her"*.

He had lost tenancies in the past because of problems associated with his drug use but was determined it would not happen again:

"I'll definitely keep hold of this flat. I know I can handle it, pay the bills. I just have to make sure I keep it going. The resettlement worker will help."

Hope for the future: the desire to change

Some agencies interviewed said that many people were trapped in a downward spiral and appeared to have little self-motivation for change. But the interviews with street homeless people suggested that the great majority see life on the streets very negatively and are desperate to change their lives, even if they cannot currently see any way out. If there is a street culture, it is one in which people feel trapped, rather than a positive choice they have made. Many see getting off drugs as central to making the changes. Most have been through treatment in the past and so have a realistic assessment of the difficulties involved.

Interviewees were asked to identify the best and worst aspects of their way of life. Only three people presented a wholly positive view of their lives at present. All three saw their current situation as an improvement on previous experiences. One, for example had been on heroin for 12 years but had recently come out of a treatment unit and was avoiding drug users he used to know on the streets. He had been rehoused in a council tenancy, with support:

"I'm getting back on the rails, forgetting the past and looking to the future. I'm waking up every morning not 'turkeying', there's food in the cupboards and I'm not starving from morning till night time." [m/33]

Bill, after 15 years on the streets saw moving into the hostel as a positive step in his life, even though he was still drinking heavily, taking crack from time to time, and spending a good deal of time on the streets begging to pay for it:

"Being in here, being on methadone, having a better opportunity."

A young man who had been sleeping rough since the age of 12 had established some good relationships with other people on the streets and this had given him a sense of being part of a family which he had previously lacked:

"[My life] isn't what it should be and what it can be, but it's better than it was. Living in foster care didn't feel like a family. There are people out there I can trust, it's like a family to me." [m/20]

However, most people portrayed a very bleak picture. Seven interviewees could think of nothing positive at all in their lives. Usually, they gave short but expressive answers to this set of questions: "Terrible", "Crap", "Nothing good about it".

One described it as a matter of survival. Others felt they were simply waiting to move on, as Melanie described it:

"It's not a life, purely survival. The same thing day in day out. You know you have to do the same routine. You're focussed on getting your money, how you're going to sleep and get out of the cold." [m/34]

"In limbo. Trying to prevent myself from slipping backwards while waiting to move forwards." [Melanie/29]

For one young man who was currently sleeping rough, finding a hostel place represented a significant step:

"I've not really got a life at the moment. As soon as I get into a hostel, I'll have something to work towards. I'm just living through it. Some people like living on the streets ... but not having somewhere to go ... I like to be by myself for an hour or so. You're always on show, like living in a circus." [m/20]

Those who were able to identify some positive aspects to their lives, often did so by contrast to previous experiences:

"I've come off drugs, I'm in a hostel, I'm out the jail." [m/20]

Others pointed to their own strengths as positive elements:

"[My life is] dull, lonely, isolated. I want to get resettled from here but need help with the drugs. But I'm clean, tidy, I can be responsible. I'm quite well educated. I can do quite a lot of things." [m/23]

One drug user who had been sleeping rough for 15-20 years and was now on a methadone programme, was realistic about the scale of his problems:

"I've got problems that I've got to sort out. I'm under quite a lot of stress. Drug use is still a problem. I feel isolated at times, even though there are lots of people around me. I don't really mix well and suffer from depression quite a lot." [m/45]

But he also acknowledged the progress he had made:

"I'm trying to sort them out. I've halved those problems in two years. I'm working to a programme with support." [m/45]

Bristol's Streetwise programme which is aimed at beggars estimated that 80 per cent of those contacted on the streets do want to engage and to change their lives.

Meeting the needs

The evidence from previous research and from the agencies and street homeless people interviewed for this research is that street homeless people have a wide range of needs, including combinations of mental and physical health, drug and alcohol use, social isolation, begging and involvement with the criminal justice system.

The challenge is to design support services which are accessible and effective and to find means of encouraging people to take up these services. The next chapter examines how this might be achieved.

Many street homeless people have a range of these needs, for example mental health problems combined with drug use which is financed by begging and crimes such as shoplifting. However, when they are challenged and offered positive and realistic opportunities to access accommodation and services, many street homeless people do want to change their way of life.

3 Innovative services: a route off the streets

Services to help them off the streets need to meet their often complex and inter-related needs. Key services include:

- street work, contacting homeless people on the streets and helping them to access accommodation and support services;
- hostels;
- longer term homes;
- day centres;
- drug services;
- alcohol services;
- criminal justice, including the police and prison services, with which many street homeless people are in any case in frequent contact;
- health services;
- training, education, employment and meaningful occupation.

But these services, however effective, cannot work in isolation. They need to work together within the framework of local strategies designed to meet all the complex needs of street homeless people. The following sections examine first the role of street homelessness strategies and multi-agency work, before turning to the role of individual services.

Street homelessness strategies

Housing authorities now have a duty to produce homelessness strategies. ODPM has issued detailed guidance to authorities which states that they should cover all homeless people, including those on the streets. They should be closely linked to other strategies including Supporting People, Community Care Plans, Drug Strategies, Health Strategies and Crime and Disorder Strategies.²⁹

Case study local authorities who had drawn up street population strategies emphasised that these go wider than homelessness, since not all of those who are engaged in street activities are currently homeless, although most have a history of homelessness, including sleeping rough and staying in hostels. They need to be closely integrated with homelessness and related strategies.

An example is the *Camden Street population strategy 2003-2005*. It sets out three core objectives.

- To build on the two thirds reduction in rough sleeping already achieved, so that there are fewer than 20 people sleeping rough at any one time and to have reduced this figure as close as possible to zero by April 2005. By June 2005 the numbers had reduced to 17.
- To reduce the numbers of people begging on the streets by 50 per cent by April 2004 and 66 per cent by April 2005.
- To demonstrate a reduction in the public's fear of street crime linked to the activities of the street population.

The objectives demonstrate the twin purposes of street strategies: to help people to move off the streets and to meet wider public concerns about community safety.

The Camden strategy identifies key partners as:

- The Housing Department;
- The Supporting People programme;
- The Crime and Disorder Reduction Partnership;
- Camden Environment Department;
- The Anti-Social Behaviour action Group;
- The Social Services Department;
- The Police;
- The Primary Care Trust;
- The Mental Health and Social Care Trust;
- Neighbouring local authorities;
- Voluntary organisations;
- ODPM.

It was proposed that the Street Population Strategy became an integral part of Camden's Homelessness Strategy.

The strategy reviews the work of the wide range of agencies providing services to the street population and identifies gaps in services with proposals for filling them.

Multi-agency work

All the case study areas had identified multi-agency work as essential to an effective strategy.

A key technique in all areas was a regular case conference meeting of front line agencies to agree actions on individual street homeless people. For example, in Westminster a 'Task and Targeting' group met weekly for around an hour and a half to plan actions on up to 70 known clients. Camden had a similar arrangement, with joint work co-ordinated by a Head of Street Population Services.

In Leeds, weekly meetings of agencies included the Shelter street team, the housing department, the police and the Anti-Social Behaviour Unit. They co-ordinated intensive casework on individual street homeless people. Staff from several of the key agencies, including the police and the Drug Action Team, worked in the same offices under the aegis of the Community Safety Unit. They were planning to recruit a Street User Co-ordinator.

In Bristol, the Streetwise Team was established to work with people begging in the city. It was managed by the Single Homeless and Rough Sleeping manager and consisted of:

- a full time co-ordinator based with the city council;
- a full time police co-coordinator;
- two full time drug treatment workers based with Bristol Specialist Drug Services.

Agencies in some areas stated that there had been some initial resistance to joint work, particularly between voluntary agencies and the police, with some suspicion about each other's objectives and work methods. However, although some voluntary agencies were still resistant to joint work, there had been a recognition that different agencies had different but complementary roles. These can be summarised as follows.

- The role of **voluntary agencies** is to work with and for street homeless people, seeking the best services for them and the most effective routes off the streets, while taking into account wider public concerns and the law.
- The role of **local authorities** is to represent the wider community interests, including not just the needs of street homeless people, but also residents' and business concerns about street activities.
- The role of **the police** is to enforce the law and protect the public, including street homeless people, from crime, while taking into account the welfare of vulnerable people.

In the case study areas all the key agencies reported that, as joint work had developed, there had been a growing respect for the agencies' different roles and a recognition that they were complementary. For

example, action by voluntary agencies to help street homeless people move off the streets helped to reduce public concerns and crime both against and by street people. Equally, police action against street drug markets helped to persuade some street drug users to take up treatment options. There were areas of continuing debate, such as the use of legal action against beggars and whether voluntary agency street workers and the police should patrol together. But in general it had been found that all agencies were working together increasingly closely and that the weekly case meetings did succeed in reaching agreement on the best actions on individual cases.

ODPM guidance on homelessness strategies makes recommendations for successful joint work between homelessness agencies including:

- agreeing the roles and responsibilities of all participating agencies from the outset;
- effective sharing of information between agencies;
- joint training and visits between agencies;
- an agreed individual officer or agency to facilitate the process of joint work.³⁰

The detailed implementation of joint work between agencies in the case study areas is discussed further in the following sections.

Assessing needs

A key role of the weekly case meetings was the assessment of the needs of individual street homeless people. While people are still on the streets and possibly not cooperating with helping agencies, information sharing is critical to the success of effective assessments. It was reported in some areas that some voluntary agencies were still unwilling to share information on clients. Effective information sharing depends on:

- a written protocol on information exchange which meets legal requirements and protects legitimate concerns about confidentiality;
- a commitment by agencies and individual staff to joint work;
- the development of shared objectives and trust between agencies.

Problems over information sharing, even when confidentiality protocols are in place, almost always came from agencies rather than their clients. Staff who wanted to develop more effective information sharing believed that agencies resistant to developing such sharing often appeared to be concerned more about the perceived independence of their own agency from external scrutiny than the welfare of clients.

In some areas, databases of clients have been developed, which can be used both for planning support to individuals and for monitoring wider trends, for example the relationship between begging and drug use.

Once clients have engaged with services, then there are powerful assessment tools available, for example *The multiple needs assessment and care management pack* produced by the Homeless Multiple Needs Partnership.³¹

It is extremely difficult to carry out a comprehensive needs assessment for clients who are still on the streets. To tackle this problem, Camden was developing an assessment centre project, based on similar models in Glasgow and Liverpool. The objectives were:

- to provide street based clients with a comprehensive assessment away from a street setting;
- to provide a rapid access to services;
- to test the viability of the assessment centre model in central London, bearing in mind the potential 'honey pot' effect of such a resource in central London;
- to explore models of best practice.

The assessment centre opened in May 2003 and had targets of:

- a 50 per cent reduction in the number of people engaging in street activities in the area in the first six months;
- 80 per cent of client assessments leading to successful access to appropriate services within seven days;
- 80 per cent of assessed clients not returning to street activity within the locality.

The centre was based in a large local hostel and had 14 beds, separate from the main hostel. The beds were available for stays of up to seven days. The assessment team operated within the statutory sector to enable easy access to statutory services. In the second half of 2003, there were 102 clients, of whom 64 per cent moved onto other accommodation, 44 per cent accessed drug treatments and only 25 per cent returned to street activity.

Street work

Improving the effectiveness of street work was central to achieving the national target of a two thirds reduction in the numbers of people sleeping rough. During the 1990s three successive Rough Sleepers Initiative (RSI) programmes had seen initial reductions in the numbers of rough sleepers, followed by a period of years when numbers remained static. The most important change in work methods was the adoption of a more assertive role in persuading people to accept support and to move into accommodation. The evaluation of the programme found that key elements in the success were:

- a focus on intensive street work, with up to three quarters of staff time spent on the streets, compared with less than a third in some areas previously;
- persistence by outreach staff, with contact attempted every day with individual rough sleepers in their patch;
- abandoning the policy of leaving people alone who were not initially willing to engage with staff and instead contacting them as often as possible;
- a switch from what might be characterised as a 'social work' approach, which sought to meet a wide range of needs on the street, to a more interventionist stance aimed at a very specific and limited goal of moving the client into accommodation, from where more detailed assessment could be made and support put in place – this resulted in more people moving into hostels and receiving better support while they were there;
- detailed action plans for individual clients, particularly longer term entrenched rough sleepers;
- strong management of teams, with a focus on achieving targets;
- team, rather than personal, caseloads so that more intensive work is possible with all rough sleepers, because they are contacted whenever any member of the team is doing street work;
- the funding of approved social workers to work on the streets with rough sleepers – in Westminster, the specialist Joint Homelessness Team worked with rough sleepers with mental health problems;
- close work with other agencies including the police, day centres, medical services, hostels and any other services in regular touch with rough sleepers – joint planning for individuals ensures the most appropriate action is coordinated between all the services;
- diversion of newly arrived rough sleepers to their home areas, with arrangements for accommodation and support in that area.³²

Agencies in the case study areas stated that they needed to carry this successful approach over into work with a wider group of street homeless people, if numbers of people on the streets were to be further reduced.

In Leeds, the Rough Sleepers Service had extended its street work to cover the wider client group of street users and the service was in the process of being reconfigured and re-tendered to broaden its client base.

In Bristol, the separate Streetwise team was set up to target the large number of people begging in the city. They undertook street work on three or four nights a week until 4 am so as to engage with street people who were active late into the night.

In Camden, a Street Population Outreach Team for street users who were not sleeping rough had worked alongside the Contact and Assessment Team which targeted rough sleepers. In 2003, in recognition of the overlaps between the two groups, a new Street Services Team had been commissioned to provide outreach services to all people engaged in street activities across the borough. It also had the wider brief to develop a street management role in partnership with other agencies in order to meet community safety concerns. There was also a specialist street mental health service able to undertake street assessments on clients and secure access into accommodation and treatment.

Westminster had radical plans to move away from street work by October 2004 and to direct people towards building based services. There would still be a Street Rescue Service to contact new arrivals and people incapable of going to a building based service.

Camden and Westminster had particular areas where street homeless people tended to congregate and focused intensive street work on these areas with a roving service elsewhere.

All the case study areas were major regional or national centres and had identified that a significant proportion of street homeless people were relative newcomers to the area. Some were attracted by the easy availability of drugs or opportunities for begging. There is no evidence that they came for employment opportunities. All areas emphasised that it was important to intervene as early as possible and to help newcomers to return to their home areas. This was particularly important for young people before they became drawn into street activities including drug use and sex work.

Drugs services

Effective drugs services are critical to meeting the needs of the many street homeless people who are drug users.

ODPM has published *Drugs services for homeless people: a good practice handbook*.³³ It identifies a range of problems which make it difficult for homeless people to access drugs services.

- Many homeless people, particularly rough sleepers, cannot demonstrate high commitment to treatment, which statutory services often demand. They may have other more pressing concerns, such as mental health or the need to find accommodation, before being ready to tackle their drug problems.
- Long waiting periods for treatment adversely affects the motivation of many drug users. This especially impacts on homeless drug users.
- Strict standards of attendance and compliance make it difficult for many chaotic homeless people to engage with or sustain treatment.
- The lack of a stable address can make it difficult to stay in contact.
- Travel problems, especially in rural areas, can make it difficult to get to services.
- Opening hours may be geared to people who are working, for example offering services in the early morning or evening, which may be inconvenient for homeless people.
- Homeless people may be seen by some services as too difficult to help or disturbing to other clients.
- GPs are an important route into drug treatment, but research has found that homeless people can experience difficulties in accessing GP services.

The case study areas all emphasised the importance of rapid access to flexible treatment. In Bristol, for example, two street drugs workers were able to assess people within a day of referral and arrange an immediate prescription for methadone treatment. Of the 40 people identified as persistent beggars, 22 had accessed treatment run by the Bristol Specialist Drugs Service. Only one person had left treatment and he had returned to his parents. The manager of the drugs service pointed out that they would expect up to a third of their clients to leave treatment in the first six months, so the retention rate was exceptional.

A methadone prescribing service for former street homeless people based in a hostel in Camden also showed high success rates. Of 45 clients assessed, all were placed on the scheme. There was a target of 50 per cent still in treatment after 16 weeks, while a rate of 88 per cent was achieved. Average injections a day dropped from 7.1 to 3.1 after eight weeks and there was a reduction of 86 per cent in the number of people selling drugs or shoplifting in the eight week period.

However, such schemes were not available in all areas and a Home Office report found that:

*"The availability of drug treatment in prisons was of better quality and more immediate...some offenders, desperate to get treatment, considered committing a street crime to gain access to it. Equally perversely, some non-offenders were found to have requested day admission to prison for the same reason."*³⁴

A government report found that when prisoners do benefit from detoxification facilities in prison there was sometimes little opportunity to follow this up with support after release.³⁵ Street homeless people interviewed for this research reported the same problems.³⁶

Substantial resources were being directed into drugs services for offenders.

- The Criminal Justice Interventions Programme was spending £447 million over three years to identify drug users who are committing crimes to fund their habits at every stage of the criminal justice system. It guides people into treatment and offers an after care programme to resettle people.
- Arrest referral schemes are partnerships between police, local drug agencies and Drug Action Teams (DATs) to identify drug users at arrest and encourage them to take up treatment or other support.
- Drug Treatment and Testing Orders (DTTOs) are intensive community sentences which include a requirement to attend treatment, mandatory drug testing and court reviews of progress.

However, simply offering ready access to services is not always enough. Research found that some agencies in London believed there were now good gateways to drugs services, but that some people were choosing not to access them.³⁷ Agencies in the case study areas had therefore developed a graduated approach to encourage people into services (see page 40).

Day centres

Many street homeless people rely on day centres for support and services. In 1996 it was estimated there were around 250 centres nationally, used by 10,000 people each day.³⁸ Not all users are street homeless people. A survey of London day centre users found that 36 per cent were sleeping rough, 27 per cent were in temporary accommodation and 37 per cent were in permanent housing.³⁹

Traditional day centres, which might have provided little more than free or cheap food and a place to sit, were criticised by some homelessness agencies interviewed as merely supporting street living, rather than helping people to move away from the streets. Other day centres have developed a more proactive approach. For example, St Giles Trust in London identified 100-150 people who regularly used the centre to support a chaotic existence. They remodelled their services by allocating a care manager to each, who will assess their needs and help them to access services, with the aim of moving towards independence.⁴⁰

A number of local authorities were reviewing the work of day centres as a part of their homelessness strategies. Key factors identified by authorities in the case study areas were:

- The need for day centres to target street homeless people with high needs and to ensure more appropriate alternative provision for people who were housed but who used day centres because they were isolated and lonely.
- The importance of close work with street teams, so that day centres could provide a local building where street homeless people could be taken to meet their needs away from the street.

Alcohol services and wet centres

A recent review of support for street drinkers concluded that: *"There is little evidence of the most effective ways to tackle the complex health and alcohol problems, poor motivation and chaotic life styles of many*

street drinkers". For many years detoxification was seen as the first step for street drinkers and many have participated in repeated detoxification. But the same research reported that such practices may be harmful.⁴¹

One approach for providing services to street drinkers has been specialist day centres which allow drinking on the premises, known as 'wet' centres. The research into wet centres found only eight operating in the UK. They create a place indoors where street drinkers can consume alcohol and gain access to services. They aim both to help drinkers to begin to tackle their alcohol and other problems and also to reduce the nuisance caused to the community by street drinking.

The research into wet centres found that, as with day centres, many users had their own accommodation: 40 per cent had a tenancy, 34 per cent were rough sleepers, 17 per cent were in a hostels and nine per cent staying with friends. But the great majority, 97 per cent, had been homeless at some time. Many had long histories of homelessness, with 40 per cent homeless for more than five years. They had high levels of other needs with 90 per cent having physical health problems and 84 per cent being depressed and low in mood.

One in five (19 per cent) of users said that their drinking had reduced or was more controlled since attending the centre, but nearly as many (15 per cent) reported their drinking had increased, suggesting that centres have some way to go before identifying truly effective interventions with this group. While 84 per cent of users thought that wet centres were beneficial, only 24 per cent thought they were helpful in sorting out personal problems.

However, there is some evidence that wet centres do reduce street drinking when they are open, by transferring it indoors.^{42,43}

In the case study areas for this research, agencies in Westminster identified the importance of wet centre provision in the immediate neighbourhoods where people were drinking, but there were difficulties of finding suitable properties, especially if planning permission for change of use is required. One solution mentioned was the possibility of a range of small scale provision within existing services, such as hostels and day centres. Such provision could be combined with Controlled Drinking Areas which prohibit street drinking, so that street drinkers could be directed to a wet centre. Without such alternatives, it was recognised by the police and homelessness agencies that banning drinking in certain areas might simply displace it to neighbouring areas.

In Camden, it was recognised that wet centres could become simply a way of removing drinkers from the streets and that there was a need for positive engagement with users, although even if they did not opt for treatment, the provision of activities could help to reduce drinking.

Hostels

Hostels are usually the first step off the streets for rough sleepers and offer the opportunity for people to access services, such as drug treatment, which are very difficult to deliver effectively on the streets.

Agencies reported that, in general, the availability of hostel beds for street homeless people had greatly improved and that this had a major impact on the number of rough sleepers. The key factors were not so much an increase in the total number of beds as a number of other developments.

- Targeting a quota of vacancies on street homeless people.
- Providing quick access beds with a rapid assessment of needs.
- Ensuring that continuing drinkers and drug users were not excluded from access. In one of the case study areas, it was reported that there was a lack of hostel provision for known drug users, whereas in the other areas hostels had adopted policies and practices which enabled them to accommodate drug users.
- It is now much more common for hostels to allowing drinking in at least some parts of the premises, for example in people's own rooms or in some communal areas. But it is also important to provide for people who do not want to share facilities with drinkers.
- Many hostels were providing more intensive support, including by specialist staff working, for example, with drug users. But it was reported that there are still wide variations in the standards of support provided in hostels.

- Reducing evictions and bans to the minimum necessary for the safety and welfare of residents. Alternatives such as anger management courses for disruptive residents were being explored.
- Improving move-on opportunities from hostels, with effective tenancy support, so as to release hostel beds and ensure the resettlement of formerly homeless people.

Agencies identified the need for further improvements in hostel provision including:

- Reducing the high turnover of staff. In one hostel, where staff stayed on average only between six and 18 months, it was pointed out that as well as problems of inexperience, this meant a lack of continuity of care for residents. Many staff did not have time to build a trusting relationship with residents, who had often never had a reliable relationship with anyone. The turnover was thought to result from high stress levels among staff and the relatively low grading and pay of posts.
- The need for more specialist high support provision to target people who had been excluded from other accommodation because of disruptive or violent behaviour. Camden was actively exploring such options.
- It has been seen that many street homeless people are already staying in hostels. Local authorities believed that hostels should see themselves as not only providers of accommodation, but as also having a role in ensuring that residents who were engaging in street activities were steered into more constructive alternatives. It was thought they should be actively seeking to engage with residents who were known to spend a large amount of time on the streets.

Permanent housing

The long term aim of all homelessness programmes is to ensure that people are settled in secure housing, with any support they need to sustain it. There is now extensive research and guidance on the most effective means of achieving this. It is the prime aim of local authority homelessness strategies.

Earlier research has identified the essential role of effective tenancy support, provided for as long as it is needed, in ensuring that former street homeless people are successfully resettled.^{44,45}

Criminal justice services

The great majority of street homeless people are in regular contact with the police and many have a criminal record, including time spent in prison.⁴⁶ These contacts mean that criminal justice services were increasingly seen by agencies interviewed as not simply negative events in the lives of street homeless people, but also as a positive opportunity to offer support services and a route off the streets. Close work between police and homelessness agencies was a recent development in many areas.

Previous research by Crisis found that between eight and nine out of ten street homeless people have regular contact with the police.^{47,48}

Ballintyne identified three broad styles of policing street homelessness.

- **Enforcement policing** reacting to individual, usually minor offences related to public begging, street drinking or disorder. This often results in people being charged and processed through the criminal justice system.
- **Supportive, graduated policing** where officers provide support, advice and referral to other agencies rather than formal processing. Minor offences may be dealt with by informal and formal cautioning rather than arrest in the early stages. Arrest may still follow for persistent offenders.
- **Individualised policing** where local officers take responsibility for managing and reducing problems in their area, in effect reaching an accommodation about acceptable and unacceptable behaviour. It is still offence driven and aimed at managing crimes rather than resolving underlying problems.

Most police officers have little experience of providing support to street homeless people. In all the case study areas, specialist police units had been developed to work on street activities. Homelessness agencies regarded it as essential that dealing with street homeless people should continue to be undertaken by such

specialists. Specialist police who were interviewed stated that they felt there were limitations to the enforcement approach and saw partnership work as essential. They all wanted more positive alternatives to offer to street homeless people. As one senior officer put it: it is pointless to arrest people for street offences such as begging unless they can offer an alternative lifestyle. A survey commissioned by the RSU found that sentences for begging are usually a conditional discharge, a small fine of around £10 - £20, or a day's imprisonment, which usually means immediate release, since offenders have already been in custody for that time. All the police officers interviewed for that survey regarded using this procedure in isolation as a waste of time, as it did not provide a long term solution.⁴⁹

Research into the problems of people with mental health problems who were in contact with the police, over a third of whom were homeless, found that they were repeatedly arrested, but received inadequate treatment for their problems. The cost of arresting these people was more than the cost of their use of community health services, social services and the emergency services.⁵⁰

However, interviews with street homeless people for this research found that those in contact with the police could often have a positive, or at least understanding, view of their role.⁵¹

A range of alternative methods of policing had been developed in the case study areas.

- The police were key participants in street homelessness strategies and becoming increasingly involved in joint work with the local authority and homelessness agencies. All the participants interviewed welcomed the new collaborative working and regarded it as essential to their local street homelessness strategies.
- They were moving away from enforcement and individualised policing as described above, towards supportive, graduated policing.
- The police had close links with street workers and played an active role in the case meetings in each area.
- In some areas there were joint patrols by police and street workers and in one area with hostel workers. However, other homelessness agencies believed that joint patrols blurred the distinction between police work and support work and could undermine confidence in the independence of voluntary street work agencies.
- All police services have arrest referral schemes which encourage offenders to take up drug treatment. Many street homeless people could benefit from such an intervention, since the majority have drug problems and are frequently arrested. However, it had been found in some areas that the regular referral schemes were failing to engage street homeless people with chaotic lifestyles and offending patterns. Such people are rarely engaged by offering an appointment at some future date: they need immediate contact and rapid access to services.
- Since 1990, local authorities have had the power to ban street drinking in defined areas and these powers were extended in 2001. There are around 70 such areas around the country. In these areas, the police can confiscate alcohol from street drinkers and arrest people who refuse to hand over the alcohol. Case study local authorities and the police had found these powers useful, but some agencies interviewed recognised that they could simply lead to displacing drinkers to neighbouring areas unless alternatives, such as wet centres (see page 33), were available. It was reported that street drinkers had been known to move from commercial areas to residential areas such as housing estates, causing even greater concern to local residents.
- Local authorities employ many people who work on the streets, in one area it was estimated there were around 700 such staff. Some of these can help with street homelessness programmes. For example, in Westminster street wardens were being trained in signposting street homeless people towards services.
- Some authorities were considering the use of Acceptable Behaviour Contracts, which are voluntary agreements where people agree with local agencies to stop offending behaviour.

Prisons also have a key role in providing services to many street homeless people. A third of prisoners are not in permanent accommodation before they go to prison and up to a third lose their homes while they are in prison. One in twenty prisoners were sleeping rough immediately before going to prison. One in ten of short term, repeat prisoners reported that they slept rough when they left custody the previous time.⁵² Home Office research found that half of ex-prisoners were using heroin daily and fewer than half had somewhere secure to live.⁵³

Agencies pointed out that prison offered the opportunity to engage street homeless people with services. For example, Camden was planning a project to identify known street homeless people in Pentonville prison and to provide support to reduce re-offending and street activity.

Prison also offers the opportunity for detoxification for people with drug and alcohol problems. But in the past follow-on care has often been lacking, meaning that people released back into street homelessness are very likely to relapse into addiction.⁵⁴

Almost two thirds of the drug users interviewed for this research had served at least one prison sentence. Often they reported returning to drug use shortly after release. Some had repeated patterns of drug use, crime, imprisonment, followed by returning to the streets and drug use.⁵⁵

A senior police officer interviewed for this study pointed out that arresting people for minor offences which result in a short term prison sentence was in itself a cause of street homelessness, since they often lost their accommodation while they were in prison. This points to the need to reduce the use of short term prison sentences from street homeless people in favour of more constructive alternatives such as Drug Treatment and Testing Orders and to improve support services and after care for those who do go to prison.

Health

The difficulties that street homeless people have in accessing health services have been extensively documented.⁵⁶ Key problems include difficulties in registering with a GP and lack of access to community mental health, drug and alcohol services.

There were a number of specialist teams in the case study authorities which targeted street homeless people. They included:

- A primary care team in Leeds, No Fixed Abode, which included GPs, community psychiatric nurses, drugs workers and workers to provide support on issues such as housing and benefits. They had an active list of around 1000 patients, of whom around 60 per cent were opiate dependent. A good practice manual for professionals has been produced by the founder of the team.⁵⁷
- In Westminster, a specialist mental health team, the Joint Homelessness Team, works with street homeless people. From October 2000 to mid 2003, they arranged over 130 psychiatric hospital admissions directly from the streets, helping some of the most vulnerable people. However, they reported that they have found that street homeless people admitted to hospital often take longer to recover and may require more intensive rehabilitation. This has put pressure on the local psychiatric hospital and the possibility was being explored of establishing a specialist in-patient unit for former rough sleepers to provide the necessary extra support.

There has long been a debate about the relative merits of either improving access for street homeless people to mainstream health services or developing specialist services which can be highly effective in meeting their needs, but which might be seen as reinforcing their exclusion from the mainstream. Many agencies interviewed argued for a combination of both approaches as the most effective practical means of improving services for this group.

A report for the RSU found that most areas with concentrations of rough sleepers had specialist health services for them.⁵⁸ It concluded that they work best when linked to mainstream services so that people can rejoin the mainstream as they become more settled. The report pointed in addition to the long term economic benefits of providing earlier treatment for homeless people and preventing more complex, longer term illnesses which are more costly to treat. There are opportunities for developing targeted services with the new Personal Medical Services (PMS) funding. In 2003 there were 86 PMS schemes around the country which targeted homeless people.

Employment, training and meaningful occupation

Agencies reported that a drug culture or street drinking provides a social life for many street homeless people, although one that many want to escape from. They also fill people's time with activities to raise money for their habit, often by begging. Coming off drugs can mean a lack of other interesting activities and a loss of social contacts. It has been seen how isolated many street homeless people are. Lack of an alternative social life and meaningful activities leads to a high risk of relapse into addiction and street activities.

Two thirds of street homeless people interviewed for this study said they would like to have work. Two thirds of interviewees said they would use some form of daytime activity or skills centre if it was readily accessible.

Many agencies, including several in the case study areas, have developed a range of activities to offer users a positive alternative to street living and to help them develop or rediscover social and work skills. In addition, eventual entry or re-entry into work is likely to be very important in reintegrating a formerly homeless person into society. The agencies running these employment and training services and the local authorities regarded them as important parts of their homelessness strategies and the local authorities were supportive of them.

ODPM have produced a policy brief on different types of schemes.⁵⁹ They include:

- training in basic literacy and numeracy skills;
- advice and training to prepare people for work and to search for a job;
- work placements to gain experience of employment;
- employment agency work;
- supported employment;
- social enterprises which re-invest their profits in the business or in supporting the community – engaging with a social enterprise can be the first step towards mainstream employment;
- foyers, which offer accommodation and training to young people;
- for people who are not yet ready, or who may never be ready, for employment in the open jobs market, meaningful occupation can provide a range of engaging and educational activities to build self confidence, help develop social relationships and provide a positive alternative to street life.

A comprehensive example from the case study areas was in Westminster, where the Connection at St Martin's has developed a wide range of activities and training for homeless people, many in partnership with other agencies. They included:

- vocational and careers advice;
- vocational guidance including job search, career guidance and advice and support;
- pre-vocational training which includes personal development and IT skills and a service to support people with dyslexia;
- a Connexions Service for homeless young people;
- a specialist service for people with substance misuse problems who do not access mainstream vocational training, as part of the DWP Progress2Work programme;
- a meaningful occupation programme for homeless people to take part in interesting and useful activities away from the streets including art, creative writing and discussion groups.

An interesting project, Skylight, has been developed by Crisis. Having opened in 2002, Skylight is an activity centre which aims to provide homeless people with a range of opportunities to use or develop their skills and interests. It offers a diverse range of cultural, educational and general interest activities. It is open 7 days a week and free to all, with over 45 different activities available, such as art and drawing, IT, creative writing, bicycle repair, theatre skills, DIY, dance and movement, karate, circus skills and others.

Participants become members of Skylight and access is not restricted to people who are homeless; users from the local community and businesses are encouraged. However the primary purpose is to provide space in which to engage and motivate people who are otherwise socially isolated or excluded. Around 30 per cent of users are staying in hostels or night shelters, 12 per cent are sleeping rough and 15 per cent are living in other forms of temporary accommodation.

The Skylight Café opened in May 2004. It is a social business, staffed by homeless people, providing NVQ level training and aiming to integrate the café into the local community.

Among the ways Skylight seeks to enable homeless people to re-engage and re-integrate with society are by:

- broadening their skills and developing new ones;
- allowing them to focus on interests and abilities rather than problems;
- encouraging them to feel valued;
- facilitating social interaction with people who are not homeless.

A survey of users asked what they had gained from attending Skylight: the most common responses were making friends (over 70 per cent), new skills (around 70 per cent) and something to do (over 50 per cent).

While there has been some research into the effectiveness of employment and training schemes for homeless people, at the time this research was conducted, there appeared to be little in relation to meaningful occupation. Although staff and users report positively on it, more detailed evaluation would be useful to identify what role it might play in successful resettlement.

Traditional training programmes for street homeless people often focused on 'life skills'. Although there is no clear definition of these, they are often taken to include housekeeping skills such as shopping and cooking. Early research into resettlement programmes for rough sleepers concluded that there was little demand from former rough sleepers for this type of help and no evidence that it was important in ensuring successful resettlement.⁶⁰ However, such activities are still sometimes organised by, for example, some day centres.

Gaps in services

Agencies in all four case study areas identified some continuing gaps in local services.

Area 1 identified the need for:

- better and speedier access to drugs services;
- better treatment services for people with a dual diagnosis of mental health and substance abuse problems;
- more hostel beds;
- better support in hostels to keep residents away from continued street life during the day;
- a 'wet' day centre facility for continuing drinkers;
- more permanent accommodation for continuing drug users.

Area 2 identified the need for:

- day centres which allowed people to drop in rather than have to have an appointment for a particular service;
- smaller hostels dispersed throughout the city;
- a specialist dual diagnosis service for people with mental health and substance misuse problems;
- improvements in the support provided in hostels, including more continuity of hostel staff, more counselling sessions, more activities to counter the boredom of residents who had given up drugs, and a more intensive resettlement service with one support worker overseeing the whole process;
- better information sharing by voluntary agencies;
- extending rough sleepers monitoring records to include other street activity;
- clearer outcome targets.

Area 3 identified the need for:

- better access to drugs services;
- better access to psychiatric services for drug users;
- closer involvement of health services in the programme;
- a specialist mental health service for homeless people;
- more effective joint work by voluntary agencies;
- better access to hostels for continuing drinkers and drug users, including a hostel for continuing drinkers;
- better liaison with prisons;
- settled accommodation for continuing drinkers;
- more effective and longer term tenancy support.

Area 4 identified the need for:

- a 'wet' day centre in the city centre;
- more direct access hostel beds;
- more hostel beds providing specialist support;
- more effective services to help people return to their home areas;
- more meaningful occupation services in hostels.

The graduated approach

All the case study strategies were meeting both the needs of street homeless people and wider community concerns about street activities. They had all developed a graduated series of responses to meeting these twin objectives. It was striking that there was a growing consensus between the service providers and the law enforcement agencies on the most effective approach. It was reported that, even two or three years previously, there was a divide between voluntary agencies, which often saw their role as offering services and if necessary trying to persuade people to take them up and law enforcement agencies, often the police, who saw their role as responding to street crimes and enforcing the law. Local authorities had a dual role, with some service provision functions and some law enforcement functions. Local authorities were also responding to different public demands to help street homeless people and to take action on perceived community safety problems.

The great majority of staff from agencies across the spectrum stated how agreement on programmes and joint work had developed in a relatively short period. The details differ, but in outline the most effective approach was agreed to be:

- Develop a street homelessness strategy, identifying the needs of street homeless people and the services necessary to meet these needs.
- Ensure that adequate services are in place to offer positive alternatives to street activities. In particular, fast access to accommodation, flexible drugs services and mental health services are essential.
- Commission a street services team to work with homeless people and others engaged in street activities.
- Provide an intensive day and night time street presence which identifies all those engaged in street activities.
- Contact all those engaged in street activities and offer positive alternatives including accommodation and treatment, or at least harm minimisation, for substance abuse.
- Hold regular, usually weekly, case conferences of the key agencies, including the police to agree action on the people who are proving reluctant to take up services.
- Where people are trapped in a cycle of begging and drug use and are refusing services a graduated response should be made. First it is explained, by the street team and / or the police, that begging is not permitted and that they risk arrest if they persist, while again encouraging people to take up services. If they are found begging again they might then be issued with a more formal warning. This might be followed by a police caution and finally by arrest. Begging has recently been made a recordable offence, this means that persistent offenders can be given community penalties that could include drug, alcohol or mental health treatment. Some areas have then moved to obtaining

an injunction. Some were exploring acceptable behaviour contracts. At each stage the objective is to encourage people into services rather than into the criminal justice system.

There is a continuing debate about whether criminal sanctions, or the threat of them, are useful in tackling the problems of begging. Many homelessness charities, including Crisis, Shelter, Homeless Link and Groundswell have argued against using the criminal justice system. Some of the key arguments are:

- People who beg are among the most damaged, vulnerable and socially excluded, often with histories of homelessness, and with drug, alcohol and mental health problems.
- Begging is degrading and dangerous, few if any do it by choice.
- Arresting and prosecuting people who are begging is costly and ineffective. It treats the problem as one of anti-social behaviour rather than social exclusion. People who are convicted may have to beg again to pay any fines and a day or two in prison does nothing to help them with their problems and may make them worse.
- Criminalising people who are begging further excludes them from society.
- There are already adequate laws to deal with people who behave aggressively in public places and these should be used where necessary, rather than criminalising begging itself.
- Taking action against people who are begging may just displace them to other areas, or drive them to commit more serious crimes to raise the money they need.
- Surveys show the majority of the public are sympathetic to beggars and do not want to see them prosecuted.⁶¹
- What people who are begging and other street homeless people need is ready access to accommodation and support services that can help them to resolve their often multiple problems.

The agencies which favour using at least the threat of legal action as a last resort argue that:

- Legal action should only be threatened or used against the minority of people who have refused offers of services and that the aim should be to encourage people to take them up. In practice, it was said that the great majority of people do want to engage with services and do stop begging, although sometimes only after it had been made clear that they will not be able to continue with their current pattern of street life.
- Legal action should only follow persistent refusal to take up services and in practice clarity about the unacceptability of begging had helped to persuade the majority to engage with services.
- The great majority of people begging (for example, 95 per cent in Bristol) already have convictions for crimes such as robbery, vehicle crime, burglary and shoplifting. In practice very few get to the prison stage. Out of 285 beggars in Bristol there had been, by October 2003, only three prison sentences and four suspended sentences.
- The danger of displacing people to other areas is recognised and similar action is needed in all areas where there is persistent begging.
- It has been found that action against begging has if anything also reduced street crime in those areas. It was thought that this was because most beggars cannot fund their drug habit from begging alone and also commit crimes. Action to get them into services which reduce or cure their drug use will also lead to a reduction in other criminal activity. This effect has been reported from case study areas in Bristol, Camden, and Leeds. In Westminster police stated there was no evidence of any increase in street crimes following action against beggars.

Some of the voluntary agencies interviewed had initially been opposed to any police action against people who were begging, but had now changed their minds and were actively involved in joint work with them. The point was put by some agencies doing street work that many of their clients were dying from dangerous drug use, such as injecting crack, and that they could not wait for long term work with them to have some possible effect. A doctor working with street homeless people had initially been opposed to compulsory drug treatment orders but had found in practice that they can work with people who had previously refused treatment. Agencies implementing the graduated approach argued that it was working and that large numbers of people were being helped off the streets, many of whom subsequently expressed gratitude that they had been pressed into changing their lives. For example, in Bristol the number of persistent beggars had reduced from more than 25 to around six by the autumn of 2003.

In practice, it seems that there is a large degree of agreement between voluntary agencies, local authorities and the police on both sides of this debate. All are agreed on the main features of the nature of the problem and key elements in strategies to tackle it.

- Begging is a serious problem that must be tackled, most of all for those who find themselves trapped in it.
- Most people who are begging have a high level of support needs.
- It is essential to be able to offer people rapid access to positive alternatives, including accommodation, treatment services and meaningful occupation.
- The work of street outreach teams should be extended to cover people who are begging but not necessarily sleeping rough.
- The criminal justice system is not the best way to deal with people who are begging and its use should be avoided.
- An essential element of programmes is closely co-ordinated joint work between agencies.

None of the service providers support legal action against people simply because they are sleeping rough, or indiscriminate prosecutions of people who are begging. The area of disagreement among service providers is on the question of whether the threat of arrest and its very occasional use can help to encourage some people to engage with services, or whether it is counter-productive and should never be used. But it would be a mistake to over-emphasise the extent of this difference by comparison with the large areas of agreement between agencies. Further research on the role of the police in street homelessness programmes and what actions are most effective in helping people to move off the streets would be useful.

Outcomes

Although many services for rough sleepers have been operating for a number of years, many of those for other street homeless people were relatively new and therefore information on outcomes of their work was limited. However, where it is available it indicates a high level of success for the new approaches.

- The numbers of rough sleepers have reduced by up to 80 per cent.
- In the quarter July to September 2005, the assessment centre for street homeless people in Camden had 42 users. Three quarters (31 people) moved on to further accommodation. Only one in six (seven people) returned to street activity after accessing the centre's services.
- The number of people begging in Camden recorded in a 24 hour audit had reduced from 96 in April 2004 to 15 in October 2005 an 85 per cent reduction with a target of a 90 per cent reduction by April 2006.
- A drug service in a hostel in Camden had achieved a reduction of 86 per cent in the number of people selling drugs or shoplifting over an eight week period.
- In 2003/4 over half of persistent beggars (22 out of 44) in Bristol had accessed drug treatment.
- The number of persistent beggars in Bristol had been reduced from over 200 in 2002 to around five in monthly audits in 2005, a reduction of around 98 per cent.

All case study areas reported continuing reduction in the numbers of people sleeping rough, begging and engaging in other street activities. They had developed a range of new services to achieve these results. The final chapter draws together the lessons from the agencies and street homeless people who were interviewed.

4 Conclusions: developing a successful street homelessness strategy

Although detailed programmes for people sleeping rough have been operating in some areas since the early 1990s, strategies to help a wider group of street homeless people are relatively new. Nevertheless, clear patterns of good practice are emerging, pointing the way to the successful development of street homelessness strategies. This final chapter summarises some of these findings. It identifies common lessons that can be drawn from all four case study areas and from previous research.

A written strategy

All the case study areas had produced specific street activities strategies as part of, or closely related to, their homelessness strategies. ODPM have issued detailed guidance on homelessness strategies identifying the key stages as:

- consulting local agencies;
- a needs assessment;
- an audit of services;
- a programme for planning and implementing the strategy.⁶²

The same process applies to street homelessness strategies. They should ensure the full range of accommodation and support services outlined below are readily available to street homeless people.

Inter-agency work

The strategy should establish a partnership between key local agencies including:

- The Housing Department;
- The Social Services Department;
- The Supporting People programme;
- Voluntary organisations;
- The police;
- The Crime and Disorder Reduction Partnership;
- The Drug Action Team (DAT);
- The Environment Department;
- The Health Authority and Primary Care Trusts.

A smaller group of front line staff should meet regularly, probably every week, to review individual cases and agree action on them.

Street work

In areas with significant numbers of street homeless people, a street team should be commissioned to make early and regular contact with people on the streets with the aim of informing them of the accommodation and services available and persuading them to access these services, as well as explaining any legal consequences of engaging in prohibited street activities. They need to be active and assertive in their contacts with street homeless people in persuading them to engage with services.

Needs assessment and support plans

The street teams should build a database of all known street homeless people and others engaged in street activities, recording their needs and plans for meeting these needs.

Many will have multiple needs. As soon as practical, a structured needs assessment should be drawn up for each individual, with a support plan, specifying a lead agency to manage the plan and which agency will be providing which services. These should be regularly reviewed at the case conference meetings, for as long as people are still on the streets. The plan should ensure continuing support after people have been accommodated, for as long as it is needed.

Accommodation

The street homelessness strategy should ensure that the local homelessness strategy contains a programme for hostels which includes:

- access to hostels for people with high support needs, including drug users and drinkers and separate provision for people who do not want to share with substance users;
- access to emergency beds at night;
- a range of provision to meet different needs, including specialist provision for people with serious behavioural disorders;
- support needs assessments and care plans for residents, put in place within the first week;
- professional support to those with mental health, alcohol and drug problems;
- support to sustain residents in hostels and ensure a positive move to longer term housing;
- a reduction in evictions and bannings from hostels to the minimum;
- the professionalisation of hostel management with adequate training, qualifications and salaries.

It is essential that there are adequate move on opportunities to permanent housing, along with tenancy support for as long as it is needed.

Drugs services

Addiction to heroin and crack cocaine is the single most important support need of most street homeless people. ODPM have issued detailed guidance on drugs services for homeless people.⁶³ The street homelessness partnership should work with the DAT to ensure that flexible services, offering rapid access, are available to all street homeless people. Many street homeless people have been through treatment and relapsed. It is essential that secure housing and follow on support is available to formerly street homeless people when they come out of treatment.

Day centres

Local day centres should be reviewed to ensure that they are working closely with street homelessness teams and providing services which positively encourage people to move off the streets. Day centres can provide a suitable base for street teams to interview clients and for the provision, for example, of low threshold drugs services. The aim should be that access to comprehensive services including advice, assessment, support and accommodation should be available from one building.

The need for local wet centres to provide alternatives for street drinkers should be reviewed in each area. *Wet day centres in the United Kingdom: a research report and manual* provides detailed good practice guidance on assessing the need for and operating wet centres.⁶⁴

Re-integrating into society

The extreme social isolation of many street homeless people, means that services to help them develop new social contacts are an essential part of helping them to resettlement. These should include:

- employment and training opportunities;
- meaningful occupation for those unable to work;
- help with developing new social contacts.

Services providing meaningful occupation and helping to build social networks are relatively under-developed and few of those that do operate have been thoroughly evaluated. There is a need to research and develop models of good practice in this field.

Criminal justice

The police should be members of the street homelessness partnership, with one or more specific officers specialising in work with street homeless people, depending on the numbers of people involved. The street homelessness strategy should set out a graduated response to encouraging people who are begging to move off the streets and to engage with drugs services. This would replace arrests of beggars without previous efforts to engage them with services. There should be further research into the most effective types of police activity in helping street homeless people to move off the streets.

The strategy should ensure that all available services are designed so that they can be used effectively for this very vulnerable group. This should include arrest referral schemes which refers drug using offenders who have been arrested into treatment with the help of a support worker. The scheme is voluntary and does not affect the person's criminal charges. There is also scope for the use of Drug Treatment and Testing Orders.

The street homelessness strategy should include plans to provide advice and support in prisons to people who are at risk of homelessness when they leave.

There is continuing debate between homelessness agencies, local authorities and the police on the most effective ways that the criminal justice system can help street homeless people. It would be useful to conduct more detailed research on these issues, including the view of homeless people on their contacts with the system.

Health services

All health services including primary care, drug, alcohol and mental health services should be reviewed to ensure they are accessible to street homeless people. In areas with significant numbers specialist services should be considered with links to mainstream care once homeless people have resettled. A range of research and guidance has been published with recommendations and examples of good practice.⁶⁵

Targets and monitoring

Some of the street homelessness strategies included clear targets for further reductions in rough sleeping and other street activities and means of monitoring them. All strategies should include such targets and it should be clear which agencies are responsible for achieving which aspects of the targets.

Street homelessness: the way out

After the success in reducing the numbers of people sleeping rough, local authorities and their partners are making further inroads into the problem of rough sleeping and are identifying ways of meeting the needs of wider groups of street homeless people and others engaged in street activities. Some of the most advanced areas were reviewed in this research and they have set tough targets for further substantial reductions. They have already achieved some significant successes. If these programmes are pursued and developed further, there is every prospect of ensuring that street homeless people at last have a route off the streets.

Appendix 1: Research methods

Interviews with policy makers and service providers

Staff in national policy agencies were interviewed, including the Homelessness Directorate at the Office of the Deputy Prime Minister (ODPM), the Anti-Social Behaviour Unit at the Home Office, Shelter and Homeless Link.

Four local authority areas where policies and services for street homeless people were well developed were selected as case studies. These were Bristol, Leeds and, in London, Westminster and Camden. Semi-structured interviews using a topic guide were carried out with policy makers and service providers in each case study area, including representatives from the local authority, street teams, day centres, hostels, the police and medical services. Local research and reports in these areas were also reviewed.

Interviews with street homeless people

In-depth, qualitative interviews were carried out with 25 street homeless people in the four case study areas. The sample was designed to be purposive. Interviews were carried out at two hostels, four day centres and the offices of a street outreach team. Providers were chosen broadly to reflect a range of services, age groups and support needs within the known street homeless population of each area.

Selection criteria for inclusion in the study were: people who were currently sleeping rough, or staying in hostel accommodation, or who had a history of homelessness, and who had also spent a substantial amount of time during the day or night out on the streets for at least the previous month. Agency staff were asked to identify clients who met the criteria and were available on the interview dates. Participants were selected at random from those eligible until the target number for each agency was met. Each was offered cash or vouchers to the value of £10 for giving their time.

The interviews sought to explore:

- the circumstances which led people onto the streets;
- the nature and extent of street activities and connections between rough sleeping and activities such as drug use, begging and street drinking;
- the nature and extent of contacts on and off the streets;
- services currently used and others difficult or impossible to access;
- sources of income and other resources;
- health and general well-being;
- the scope for further services to help reduce street living.

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