



Streets Ahead – Good Practice in Tackling Rough Sleeping

The Client's Perspective

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Groundswell UK

**Groundswell UK
5 Stockwell Mews
London
SW9 9GX**

**T: 020 7737 5500
F: 020 7733 1305
E: info@groundswell.org.uk
W: www.groundswell.org.uk**

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1. Introduction

Groundswell UK is a registered charity that believes that homeless people are not the problem, but must be part of the solution to homelessness. Groundswell is the leading user involvement and self-help organisation working in the field of homelessness in the UK. It provides training in service user involvement, conducts research to ensure homeless people’s opinions can help shape policy and gives out small grants to groups of people with experience of homelessness who want to start up their own projects. See www.groundswell.org.uk for more information.

The aim of this research is to examine service provision for rough sleepers – from a client’s perspective. We wanted to find out from people who had in the past slept rough but were currently in accommodation what the barriers were to them accessing accommodation, whether they wanted services to approach them or not, what made services helpful and not helpful and which interventions had been most important/significant. This report is written by Groundswell, who are feeding into a larger piece of work ‘Streets Ahead: Good practice in tackling rough sleeping’ being conducted by Homeless Link, who were commissioned by Communities & Local Government (CLG).

Groundswell’s Core Beliefs

- Homeless people are not the problem - they must be part of the solution.
- Homeless people hold the key to solutions in their experience and knowledge
- Homeless people have a right to information to make choices about their own lives.

Groundswell’s Key Aims

- Enable homeless people to set up and run their own projects
- Increase homeless people's influence in policy and decision making
- Increase homeless people's meaningful involvement in the services they use

Groundswell approached this task by working closely with a team of **peer researchers**, all of whom have personal experience of homelessness and have received training in facilitating groups and research. We began the process, by convening a meeting of three ex-rough sleepers, who helped us sharpen both the questionnaire itself and our approach to delivering the research, their responses have been included in the findings. Our peer researchers then interviewed a further 22 people with experience of rough sleeping in London, Leeds and Oxford. In addition to responding to the questionnaire, interviewees were also given the opportunity to have their opinions recorded with a video camera, the results of which are available in an accompanying DVD.

We were clear at the beginning of the interviews that, for the purpose of this research, a successful intervention is one that leads to clients coming in off the streets and into some sort of accommodation. We were clear to explain to participants that this was the definition of success we were using for this research and that it is not necessarily the view of Groundswell. There was some difficulty for many of the participants in separating the “success” related to moving into accommodations and the other successes that enabled people to be ready and able to move on to accommodation; most prominently addressing drug and alcohol, health and mental health issues. Obviously people view their own personal situation holistically and relationships between issues are difficult if not impossible to unpick: “everything revolves around drugs, everything, it’s all drug related, people get evicted because of drugs, people are just left outside because of drugs”.

Groundswell UK would like to thank the participants who agreed to share their experience in the hope that their views would improve services not necessarily for themselves but for those coming after; many thanks also to the projects who agreed to have us and promote the research, especially the individuals who took responsibility for booking clients in and ensuring we had the space to conduct interviews. We are pleased that Mike Seal has been able to contribute to this report, putting the findings into a broader context. Thanks finally to Groundswell researchers Mark Flynn and Corinne Davidson and filmmaker Viv Galvagna.

2. Demographics

Groundswell made contact with hostels and publicised the interviews with A2 posters. We conducted 25 interviews in total: 5 in London – 3 at the Groundswell offices and 2 at Bethany House, an Irish Centre Housing project; 11 in Leeds at Ladybeck House, an English Churches Housing Group (ECHG) project; and 9 in Oxford at Lucy Faithful House, also an ECHG project. People were given a £10 incentive for participating in the interview, which lasted, on average, 28 minutes. We captured the views of people who have experienced sleeping rough but are now in accommodation. In addition to the interviews, 8 people also chose to speak to camera on their views of the services they received while sleeping out and how they think services could improve. The DVD is published alongside this report.

The questionnaires were developed by the Groundswell team and then worked on by three people who had experienced sleeping rough. One of the areas we looked at in this session was the types of services they had accessed while sleeping rough; among those suggested were services that would not be categorised as “street outreach” services including General Practitioners, Accident and Emergency, Peers and websites. Although assessing the value of these services falls outside the remit for this report, Groundswell felt it important to include this information in response to the input from rough sleepers in developing the questionnaire. The full questionnaire is appended to this report.

In terms of ethnicity, 72% of people we spoke with self identified as British or White British, the others a mix between Black British (8%), Asian (4%), Mixed race (8%) and Caribbean (4%). Warnes et al: 2003 found that the ethnicity of local rough sleepers and hostel residents reflect to some extent those of the local community. At the same time several reports and surveys suggest that homeless people from minority ethnic groups are more likely than white British people to stay with relatives or friends or in hostels, and are less likely to sleep rough. On the other hand, in December 2002, the *Homelessness Directorate* reported that "black and minority ethnic communities continue to be over-represented among those accepted as homeless." The size of the minority ethnic population was 4.6 million in 2001, or 7.9 per cent of the total population of the United Kingdom. All told this sample seems a high representation of Black and minority ethnic communities, however we would see this as a positive, due to the tendency for the perspectives of these groups to be often under-reported.

The spread of ages seems fairly representative with 20% under 25, although this is hard to estimate as regional figures vary widely. For instance, Edinburgh, and to a lesser degree Birmingham, have much younger street populations than London – 35% of rough sleepers in Edinburgh were aged 25 years or less compared to just 15% in London.

The decreasing prevalence of women as the age goes up is broadly consistent with national trends (Warnes et al: 2003).

Positively, we interviewed a high percentage of women. We view this as a good thing, as women's perspectives are often underrepresented. (Croft-White & Parry-Crooke: 2000, Webb: 1994). We managed to speak with 8 women (32%), who are often under-represented in statistics on rough sleeping. According to several profiles of rough sleepers and hostel residents (Warnes et al: 2003), 80 to 88% of single homeless people are male.

We had a deliberate spread of the length of times that people had been rough sleeping, with 32% under six months, 24% up to a year, 28% up to two years and 16% over 2 years. There is a preponderance of people who have been sleeping rough under six months as several studies show that six months is a watershed in terms of the nature of the experience of rough sleeping (Randall and Brown: 1996, 2002, SEU:1998), so we wanted a fair spread of those before and after this watershed period. We also had a fairly even spread of those for whom rough sleeping had been a recent experience i.e. up to a year ago (56%) and those who had more of a distance from it. We wanted both so that we could have the contribution of some with raw current experiences and some who had had more time to reflect on their experiences. We thought the mix would create an interesting dynamic.

3. Barriers to Accessing Accommodation

Participants were asked to comment on the barriers they faced when sleeping rough and trying to access accommodation; the most significant barriers were lack of appropriate accommodation, drug and alcohol issues, lack of information or knowledge on what services were available, discrimination against couples, and not feeling that hostels, generally the only provision open to them, were a safe space.

3.1 Lack of appropriate accommodation

5/25 said that the single most significant barrier they faced was a lack of available appropriate accommodation. Many more listed this as an additional barrier in addition to drug and alcohol issues. Ham (1996) noted some years ago how many hostels for rough sleepers still tend to exclude those who are most needy and that there is preponderance of old style hostels, as opposed to smaller units that people preferred. (Neale: 1997). Hopefully the introduction of the *Hostels Improvement Grant* and the paces of change initiative by the CLG will mean that this is a changing situation, but at present the situation appears to remain.

Recommendation:

- Groundswell recommends that there is continuation of the policy to build smaller housing units for rough sleepers.

3.2 Drug and alcohol use

3 out of 25 people said that their drug addiction was the main barrier for them accessing accommodation. A further 10 said that it was an additional barrier to accessing accommodation. 10 out of 18 people who said they had additional support needs said it was related to drug use. Many people strongly related getting support around drug and alcohol issues as the first necessary step towards gaining accommodation. "The first thing for me was to get myself off the gear, once I got off the drugs then I think my head would have been lot more stable to cope with every other day to day thing". In addition to this people indicated that maintaining a drug habit meant that they didn't have time to get to appointments or make contact with people who could have helped them to access accommodation: "I had a very bad drug problem: so I was always off doing little missions to get money at the other end – so that took a lot of time during the day". Finally people were unable to access accommodation unless they were clean.

Many pieces of research show that homeless drug users still have problems accessing services (Scottish Exec: 2001, Rosengaard: 2001, London Drug Policy Forum: 1999) and that it is one of the main reasons for a person's exclusion (Carter: 1999). Many hostels have a condition of entry being that people are already in treatment, which does not seem to take the nature of street homelessness into account.

Recommendation:

- Groundswell recommends that people's drug use and mental health should not be seen as a barrier to them accessing hostels, and that there should be hostel provision available where being in treatment is not a condition of entry.

3.3 Lack of information and knowledge

16% of the people we spoke with said that the main barrier to them accessing accommodation was a lack of knowledge of what services were available. Many more throughout the interviews indicated that there was not enough information about, one individual was sleeping rough for four years off and on outside of the city centre and had no idea of the services that existed “ it took half a dozen times in and out of prison for me to be aware of this service which is street services reconnection in Oxford”. Participants made suggestions on how to advertise services including billboards and free newspapers in doctors’ surgeries and community centres, as often they would stay in out-of-the-way places for safety and not be found by street services. In addition to this, some were confused by the information they had received, being told different stories from different services. One individual talked about having more information about decisions being made about them by services: “When meetings are being held by services the homeless person should be in on it.”

Recommendation:

- Groundswell recommends that people with experience of rough sleeping should be utilised to draw together information on local services and, help devise a promotional strategy on how to disseminate this information to current rough sleepers.
- Groundswell recommends that the following services and information points are better utilised in communicating with rough sleepers: soup runs, GPs, peers and A&E departments.

3.4 Lack of accommodation for couples

Three people indicated that there was no accommodation available for them and their partner; one couple were offered places individually several times but refused to be separated: “me wife and me we can’t be separated, we need each other”. The report *Double Bind*, conducted by St Mungos in 2003, noted that while 10% of their clients encountered through outreach were in couples they found that fewer than 1% of bed spaces in the capital are for homeless couples. Dodson (2007) has written recently about the discrimination that couples face in hostels, and in gaining support, couples being labelled as trouble or that they will inevitably be co-dependent, when evidence can show the opposite (Fals-Sewart: 2000). Many couples will prefer to stay on the street, rather than be separated from their partner.

Recommendations:

- Groundswell recommends that hostels should acknowledge that ‘personal relationships’ between homeless people exist and are often a positive and stabilising force. Hostels need to recognise where they discriminate against couples and seek ways to make relationships between homeless people possible in hostels.

3.5 Fear of provision available

Another 3 indicated that they were afraid, or 'intimidated' by what they had heard or knew about hostel accommodation: 'Fear of the people I would bump in to in hostels, I heard horror stories about being dumped in a building full of smack heads'. More recent studies by Groundswell (2006) have revealed that many people do not see hostels as a place of safety, but of last resort. Similarly Butchinsky (2007) notes that many hostels for rough sleepers are seen as one of their more desperate options, rather than one of choice, and that they are used for respite, rather than as their starting point for re-engaging with services. One person indicated that his fears were unfounded and that people who do not engage with outreach services may need assurance of the type of accommodation they might be going into: 'help them see how good hostels can be, I thought hostels were scary places until I came here.' Another participant said that he had no idea that by accepting a place in the hostel he would improve his chances of getting a flat.

Recommendation:

- Groundswell recommends that government policy agendas should continue to emphasise the need for hostels to be seen as safe spaces and places of change.

3.6 Staff attitude

In interviews there was a strong indication that the most unhelpful element of service provision could be staff attitude. If staff attitude was negative people were unlikely to engage with a service: "The staff attitude was bad, it was like they were on a power trip". Some felt looked down upon: "I felt like they don't care, they made me feel like the lowest of the low". Many studies of hostels would concur that this is an issue (Neale: 1997, Rosengard: 2001) and it has been one of the consistent concerns Groundswell has noted in research we have conducted of late (Groundswell: 2005, 2006, 2007). When we asked if there had been a particularly useful person and what was it about them that had been useful, people talked largely about listening and attitude and perseverance: "she understood where I was coming from", "she had empathy, sympathy, she went above and beyond her job description". Some felt that their contact with services had come too late: "I needed help from social services, they didn't help until it was too late and my kids were taken away, I went to them before it (drug misuse) got too bad, but they didn't want to know".

There was an indication that lack of self-esteem kept people on the streets: "It broke down my confidence so I was just like an, you know like, old piece of furniture, how can I say, just there's - not much importance to me like or anything" and if services perpetuate this people are less likely to find the motivation to do something about their situation.

Recommendations:

- Groundswell recommends that one element of the auditing of hostels should be how residents rate their treatment by staff.
- Groundswell recommends that the person specification for recruiting hostel staff should include 'commitment to the client group' and 'ability to relate to the client group'.

3.7 Rules and regulations

The second most common issue that people found unhelpful was around rules and regulations: specifically not being allowed to access accommodation with partners, pets or when under the influence of drugs and or alcohol. Some mentioned the lack of flexibility around rules for accessing accommodation – “they let me stay some nights, but not others if I was late booking in” “When I was released from prison I had an argument with the manager of the night shelter and got barred for 3 months”. Another participant talked about being kicked out of a Night Shelter at 7.30 in the morning, when asked where she went at 7.30 she replied: “Just sat outside on the street and people look down on you like you’re worth nothing and that puts you down even more, makes you feel worthless”.

Again our recent reports have found that many homeless people find that the rules in hostels are draconian, at times unnecessary and do not respect their rights (Groundswell: 2005, 2006, 2007). Regarding pets, while they may present a problem in terms of health and safety, for some homeless people they are paramount. The 2001 Blue Cross report ‘Homeless People and Pets’, found that having pets, as well as them being an essential source of company, is a sign that the homeless person is starting to take responsibility and regain dignity, something we should not take away from them.

Recommendations:

- Groundswell recommends that clients should be formally involved in the formation and review of the rules and regulations in hostels, and that the dignity and rights of residents should have precedence over more operational concerns and convenience.
- Groundswell recommends that hostel provision should be developed that allows for people to have pets.

4. Approach

Most participants said they wanted to approach services themselves, some indicated that going through other services increased the waiting time and that outreach workers seemed to have very full case loads: “would rather come into a place than be found because you get sorted a lot quicker”. One person indicated that they had felt so hassled by street outreach services waking him up every morning that he had moved to the outskirts of town. However another said “someone waking you up with a cup of tea and a bacon sandwich is dead good.”

A vocal minority who wanted to be approached indicated that outreach services should keep revisiting people who at first refused help: “because what I always found is that if someone comes up to you and you can be drugged up, well I was drugged up and you cant make an assumption in 5 or 10 minutes – if someone kept coming back and checking on you and got to know you or a bit more about your lifestyle about what your needs were and why you was on the streets I think that would be a lot better.” One participant suggested that outreach services should bring forms with them when they come out on the streets, another that there should be more services on the weekend. Another argued that outreach was essential, partly because it was the only way he had found out about services and partly “because you know there’s someone out there what cares, especially when you’ve got no family and that.”

There were a significant percentage of people who said they did not access services at all while sleeping rough. This is an interesting split. The majority are a counter to some of the philosophy behind street outreach teams and, in mental health, assertive outreach teams, in that most people want to find out about services themselves. "Leave them until they are ready, or until they ask. Just let them know you're there when needed." Parallel research into youth services working with those young people who are NEET (not in employment, education or training) found similar results (Seal: 2005) in that the majority wanted to access services and information under their own volition. As said before, a vocal minority, over a quarter, said they wanted services to come to them however and wanted to be reached out to, so this is not an argument for not having such services, it is a question of emphasis.

5. Services and Interventions

In the interviews participants were asked to complete a grid where they rated 11 services or sources of support and advice, including soup runs, faith based day centres, non faith based day centres, police, criminal justice, local outreach teams, faith based outreach teams, peer interaction, GPs, Accident and Emergency, and websites; we developed this list of services with a group of ex-rough sleepers so we could get a full picture of the services people were accessing that enabled them to a) survive and b) get into accommodation. They were asked to rate each service's delivery around 13 possible needs that they might have had in the time that they were sleeping rough on a scale of 1 to 4; 1 being not helpful at all and 4 being very helpful. While one of the interventions was specifically around housing, the rest related to everything from health to benefits advice.

5.1 Interventions

People were asked what three interventions were most significant/ important to them; 45% said housing, 45% said food and clothing, 36% said someone to talk to. As all the people we spoke with were in accommodation, it is safe to assume that, in the main, while on the street their objective was to move on to accommodation; until this was possible people needed to survive. While being fed and having someone to listen to doesn't obviously link to accessing accommodation there are indirect links, for example: "when you're dressed clean and that, you feel better going to some of these places (other services) than you would in rags...if you go somewhere looking like a bag of shit basically, yeah right, a lot of people look down on you, yeah, if you've gone there looking a bit smart you'll feel better about yourself." While having someone to talk to: "helped me realise that at the end of the tunnel there is light and you just have to keep plodding on." Being recognised by someone, having someone spend time with you and listen to you was repeated throughout the interviews, to develop trust and begin reengaging with a world that had largely looked down on you and avoided you: "I wanted people out there to recognise me and give me the love and support because obviously I've never had that".

5.2 Soup Runs, GPs and Accident & Emergency

A high percentage of people only accessed soup runs, their peers and a GP during their time sleeping rough. Perhaps this is understandable given other research (Groundswell: 2006) where we found that majority of rough sleepers did not know about services prior to becoming street homeless. However, this also says something about the importance of working with people where they are at in terms of change, at their point of understanding, and in the way that they can respond to.

Interestingly, as said, people across the board accessed soup runs the most, and there could be a link here. The aforementioned research into the needs of NEET young people (Seal: 2005) found that they preferred to access non-specialised services that were hands off, allowed to people to engage on their own terms, and that they preferred a drip feeding of information with attempts for intense engagement putting them off. Soup runs and drop in centres were seen as useful in providing someone to talk to; many saw this as an important intervention and tend to have an ethos as presented above. They would seem to be an ideal starting point for information for rough sleepers. Drop in centres will tend to act as information points and this is a sign that the sector should be commended for. However, presently services such soup runs tend not to act as a gateway to other services. In regards to services and advice provided they were mostly seen to be not helpful at all. Many soup runs do not see this as their role, and many professionalised agencies do not value them. There have also been public debates of late, with professionalised agencies saying that soup runs perpetuate the problem and calling for them to be curtailed. These findings would seem to point towards soup runs having a continual and even renewed function, necessitating some closer working between the voluntary and professional sectors rather than a distancing.

Also significant in people accessing information on available accommodation, health and other services were peers. *“Someone to talk to, someone who had been through, you know, what I had been through and understood from, you know, like a victim’s point of view”*

Without formal training this is not surprising. Peer education schemes would seem to be a vital link here. Again, our previous research has shown and called for an increase in peer education schemes (Groundswell: 2005, 2006, 2007). They are both what people value and also develop valuable skills for those who take part in them.

Recommendations:

- Groundswell recommends that there should be a balance of street services that people access of their own volition and ones that seek to take information out to homeless people.
- Groundswell recommends the emphasis for street services should be voluntarism, and generalism over specialism.
- Groundswell recommends that GP surgeries, soup runs and faith based projects should be seen as appropriate first contact places for information on further services.

5.3 Day Centres

Over all people found non faith based day centres to be helpful and at times very helpful in regards to providing food, clothing, shower and laundry etc, leisure activities and a safe space. GP's were found to be helpful to very helpful in offering services around health and mental health and drug and alcohol advice. As mentioned previously, many felt it was necessary to sort out their addiction issues before they were ready or able to begin accessing accommodation. Although people accessed Accident and Emergency slightly more than GP's, they felt they were not very helpful or not helpful at all in these areas. Various studies (Crisis: 2002, North et al: 1996) have shown that those rough sleepers, and there are many, who cannot access GP's will use A&E, often inappropriately and unsuccessfully. Given previous comments about GP's being a key source of access for Rough Sleepers, it seems that we still have a way to go with making GP's accessible for rough sleepers and need to use them as an initial point of information beyond medical services.

Recommendations:

- Groundswell recommends that government policy should continue to encourage GP's to register rough sleepers, including providing support to them to undertake prescribing duties.
- Groundswell recommends that Accident and Emergency providers should have access to good information on local services for people sleeping rough. See Health Link www.health-link.org.uk

5.4 Local Council Outreach and Faith Based Outreach

Local council outreach were seen overall to be the most helpful service in accessing accommodation. When people talked about a service that had been most helpful it was mostly in regards to street services. Individuals were praised for their "good connections" with other services and their "push" when it came to securing a place in a hostel. Even the participant who moved out of town to avoid street outreach was finally pleased with their service that got him into a hostel "really quickly". In Oxford people felt that the street services team was not big enough to work with all the people sleeping rough. While invaluable and again, bearing in mind previous comments about approach, they should not be the only source of access to accommodation and information. Day centres and faith based outreach teams were also seen to be not very helpful to helpful at supporting access to housing, as was the criminal justice system

5.5 Criminal Justice Services

41% of people had accessed criminal justice services, on average finding them not helpful at all, although they were more helpful than any other service provision around help with benefits, scoring an average of 2.22 on a four point scale of helpfulness and an average of 2.6 in regards to help with housing. Examining the context of people's comments, the compulsory element of many of these services could be a factor.

People indicated that services were most helpful when they had the time and tenacity to work through the systems alongside them to enable access to accommodation, provide for basic needs like shower, food and clean clothes and offer support around dealing with addiction, especially gaining access to prescriptions enabling people to safely come off drugs or alcohol. "My drug worker (has been most helpful), I can pick up the phone and talk to her." The important element here seems to be having a consistent person working with them. Again our previous research has emphasised

this need for someone central (Groundswell: 2005, 2006, 2007). This does not need to go against the nature of multi-agency working; indeed, given previous results it may be more informal mechanisms such as peer support, soup runs and faith based organisations that would be best placed to undertake such a role, given many agencies being tied to their specialisms or the person's time in their accommodation.

Recommendation:

- Groundswell recommends that multi-agency working should include the identification of a lead person to help a client negotiate the care system, possibly through voluntary or faith based agencies.

5.6 Partnership working

There was an interesting geographical divide when it came to what clients perceived as effective partnership working between organisations. In Leeds there was a very high proportion of clients who thought that agencies worked well together, while in Oxford over half of the participants said that they did not. Hopefully the emphasis in the Quality Assessment Framework on partnership working and more recent government initiatives to tighten up strategic working via the development of homeless strategies will ameliorate this.

In regard to partnership working, participants said that services shouldn't be funded to do the same jobs in the same area and that inconsistent information across services was frustrating: "Co-operate more together, you are told one thing from one service then another from another service, going round in circles, some people just give up after that...". Most of the participants who had spent time in prison said that there should have been better partnership working between probation and local authorities: "should have better liaison with probation service, there is a high number of people on probation who are homeless".

Recommendations:

- Groundswell recommends that agencies should see the development of multi-agency working as a priority skill to develop in workers.
- Groundswell recommends the Government should continue to prioritise multi-agency working in homeless strategies.

5.7 Enforcement

Most people we spoke with had had contact with the police and 81% of those who had said that they had been "badly treated" - "You wouldn't treat a dog in the same way if a dog wanted to sit down and go to sleep people would let it" - including being told to move on, shaken out of sleeping bags and threatened with arrest. One said they "kicked me to wake me up and told me to move on", another said "they wake you up take your photograph, threaten you with arrest if you come back". Almost all of the people who had had contact with the police had found them not helpful at all in providing any service or advice. One said that the police will arrest you for trying to beg for the three pounds you need to stay in the hostel or arrest you for sleeping in a doorway - "you can't win". This is broadly consistent with many homeless people's experiences of policing (Fooks & Pantazis: 1996, Ballintyne: 1999), although one would have thought closer working between street teams and the police of late would have ameliorated this somewhat. One aspect of service where the police did

well was in providing information, 5 people said they had been given information. Participants also stated that the Police were quite helpful in providing a safe space. This was most likely to be related to being able to stay in the cells. While some indicated they had been locked up for the night, only one indicated that he “used to do stupid stuff just to get a bed” in a cell for the night. However, this safe space would seem to be an issue of last resort, if it is still true that only 24% of homeless people will initiate contact with the police.

Most people said that they did not believe that homeless people cause a public safety/crime/antisocial behaviour problem; although a couple thought this could be the case largely as the result of people drinking and taking drugs on the street. One pointed out that people turn to drink and drugs as a result of becoming homeless and that needles, especially, provided a real risk but until there were safe spaces for people to use this would continue to be a problem.

Recommendation:

- Groundswell recommends that policing responses to street homelessness should continue to be broadened out from enforcement and made more consistent through improved police involvement in strategic, multi-agency work on rough sleeping.

5.8 Referral procedures

There was a strong indication that people found referral procedures difficult to understand and waiting times for referral too long. Most favoured the idea of self-referral as they thought they would be able to access accommodation faster this way. More specifically, people questioned the use of local connection from two perspectives – firstly when they were drug users, and also when the services people needed did not exist in an area and they had to move to another area. People who used drugs felt that there was a contradiction in drug users needing to get away from their drug using lifestyle, which was inevitably often centred in a locality, and then judged for not having a local connection – “I didn’t know nobody over here and nobody could judge me and nobody had a story about me and I found that a lot easier”. This sentiment was echoed in research carried out in the East Midlands by Groundswell where one individual said “If I stayed there, all like the drug dealers knew where I was living and stuff. There was quite openly drugs on that estate... so I had to move...”.

The issue of people moving for services should be ameliorated by the development of effective homelessness strategies, but also by recognition that where people are moving from non metropolitan areas, or areas with minimal services, to areas where there are specific services that people need, they should not be discriminated against by the criteria of local connection.

Recommendations:

- Groundswell recommends that the guidance should recognise that drug users may need to leave their local area as a part of their recovery and should not be denied services through the criteria of local connection.
- Groundswell recommends that people who are moving from non metropolitan areas, or areas with minimal services, to areas where there are specific services, should not be discriminated against by the criteria of local connection.

6. Conclusion

We discovered many similarities between the rough sleepers that we interviewed, in terms of people's experience with services, the barriers they faced and the positive assistance they have received. However most believed a good service would treat them as individuals with a unique combination of needs couched in a unique background of experience and would acknowledge that at different stages they required different sorts of support.

Many acknowledged that although they wanted to be able to approach services rather than being approached by services, at some point they needed a 'push' to help them to re-engage with services to assist them in moving on and would encourage service providers to not give up at first refusal and find ways to give people information about what services are available and how those services might impact on their choices.

Soup runs, GP and peers are most likely to be accessed by people sleeping rough for support, services and information; it seems sensible that we utilise these points of contact better when trying to help people move on from street homelessness.

Street outreach services are the most helpful in getting people into accommodation, and in Oxford in particular, people believed that there were not enough people undertaking outreach.

Apart from the lack of housing, which people saw as the most significant barrier and their most significant need, support and care around drug and alcohol abuse was the second biggest support need and barrier to accessing accommodation. People indicated a need for services where people could safely use and get support around how to work through their addiction. They stated that being thrown out on the streets at 7am from Night Shelters is likely to make it more difficult to work through addiction and impacts severely on the individual's self esteem.

It is clear from our research that people who have experienced rough sleeping have both the desire and the capacity to make services better, and it is imperative that systems are created to continually utilise this untapped and valuable source of expertise.

7. Recommendations

Groundswell recommends that:

- A.** An information card is developed on what is available locally for people sleeping rough (see Health Link Information Pack on London). Use Soup Runs, Accident and Emergency and GP's to disseminate this information, teaching individuals how to explain the options.
- B.** Outreach services and day centres should put more resources in to assisting people with benefits.
- C.** There is continuation of the policy to build smaller housing units for rough sleepers.
- D.** People's drug use and mental health should not be seen as a barrier to them accessing hostels, and that there should be hostel provision available where being in treatment is not a condition of entry.
- E.** People with experience of rough sleeping should be utilised to draw together information on local services and, help devise a promotional strategy on how to disseminate this information to current rough sleepers.
- F.** Hostels should acknowledge that 'personal relationships' between homeless people exist and are often a positive and stabilising force. Hostels need to recognise where they discriminate against couples and seek ways to make relationships between homeless people possible in hostels.
- G.** Government policy agendas should continue to emphasise the need for hostels to be seen as safe spaces and places of change.
- H.** One element of the auditing of hostels should be how residents rate their treatment by staff.
- I.** The person specification for recruiting hostel staff should include 'commitment to the client group' and 'ability to relate to the client group'.
- J.** Clients should be formally involved in the formation and review of the rules and regulations in hostels, and that the dignity and rights of residents should have precedence over more operational concerns and convenience.
- K.** Hostel provision should be developed that allows for people to have pets.
- L.** There should be a balance of street services that people access of their own volition and ones that seek to take information out to homeless people.
- M.** The emphasis for street services should be voluntarism, and generalism over specialism.
- N.** GP surgeries, Soup Runs and faith based projects should be seen as appropriate first contact places for information on further services.

- O.** Government policy should continue to encourage GP's to register rough sleepers, including providing support to them to undertake prescribing duties.
- P.** Accident and Emergency providers should have access to good information on local services for people sleeping rough. See Health Link www.health-link.org.uk
- Q.** Multi-agency working should include the identification of a lead person to help a client negotiate the care system, possibly through voluntary or faith based agencies.
- R.** Agencies should see the development of multi-agency working as a priority skill to develop in workers.
- S.** The Government should continue to prioritise multi-agency working in homeless strategies.
- T.** Policing responses to street homelessness should continue to be broadened out from enforcement and made more consistent through improved police involvement in strategic, multi-agency work on rough sleeping.
- U.** The guidance should recognise that drug users may need to leave their local area as a part of their recovery and should not be denied services through the criteria of local connection.
- V.** People who are moving from non metropolitan areas, or areas with minimal services, to areas where there are specific services, should not be discriminated against by the criteria of local connection.

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