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Rough Sleeping in England: Short-Term Solutions to a Long-term Problem

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The most recent street counts in England reported 4,751 people living rough in Autumn 2017. This was yet another increase in a pattern of year-on-year increases. The number had been 1,768 in 2010,¹ bad news, but then the population of England is over 55 million and the United Kingdom (UK) is still the fifth largest economy in the world. The current Government's decision to spend £28 million (around \$50 million AUD) on the recently announced Housing First pilot program to target rough sleeping² is very likely to make a positive difference, as should the reorientation of the homelessness laws towards prevention, which has been seen in Wales and now in England.³ Levels of resource that will have a real impact can be directed at rough sleeping and it will still only represent a tiny fraction of government spending.

We have been here before. Spikes in rough sleeping occurred in the late 1980s. Press reports of more and more people on the streets, particularly in London but also in other cities, prompted the development of the Rough Sleepers Initiative (RSI). Between 1990–1996, around £186 million was spent on 3,300 new spaces in homelessness services. Reductions in levels of rough sleeping were reported, but the avowed goal of the RSI, that it should not be necessary for anyone to sleep rough, was not achieved. So a further commitment was made to extend the program, which rolled out across England, with another RSI program in Scotland.⁴ In 1998 according to counts and estimates, some 1,850 people were living rough in England. By 2001, the level was around 550 people.⁵ As the RSI drew to a close and was replaced

with the Rough Sleepers Unit (RSU), a journey had been made, initial reactions had included attempts to clear the streets using the Police and criminal justice system, but service innovation followed, the tenancy sustainment teams (TSTs) developed to tackle rough sleeping — reported as successful in 2007⁶ — looked an awful lot like Housing First.

A decade later, rough sleeping started to go up again and the process restarted, not so much spending so far, but the RSI got bigger and bigger and went on longer and longer. The £28 million for Housing First to tackle rough sleeping in England is just for three pilots in Manchester, Liverpool and Birmingham. If there is a national Housing First program in England, and there probably will be, with Scotland, Wales and Northern Ireland moving in similar directions, the spending on rough sleeping will get more serious. Levels of rough sleeping will fall just as they did last time.

Housing First may even be more effective than the range of services developed last time under the RSI and RSU, depending on how it is used. As international experience teaches us, what you really need is a fully integrated homelessness strategy with a range of preventative and other services, of which Housing First is a key element, but not *just* Housing First on its own. Finland used Housing First this way, within a comprehensive multi-service national homelessness strategy, and brought down long-term homelessness significantly. Its strategy included prevention and also used a whole range of other homelessness services, such as lower intensity services and specialist provision, alongside Housing First.⁷

However, as Isobel Anderson pointed out when discussing UK homelessness policy way back in 1993,⁸ allowing the problem of homelessness to be talked about, thought about and reacted to in terms of 'rough sleeping' allows a particular narrative to be supported and particular approaches to be adopted. The thing about people sleeping rough is that they can look, feel and sound different to 'ordinary' citizens. The work of Dennis Culhane,⁹ Steve Metraux¹⁰ and others in the United States (US) broke the collective spell we had been under in the late 1990s.

They used longitudinal data to show people sleeping rough were not all coming out of the (psychiatric) wards and onto the streets, and the apparent concentrations of severe mental illness, addiction and poor physical health were among a minority who were experiencing sustained and repeated homelessness. These people were much more likely to be on the streets, or in emergency shelters, at any point in time, so if you only undertook short-term studies of homelessness, they were who you found; not all the other homeless people, who were not like them and who, in the US, were actually the majority. The CHAIN database in London shows a similar looking pattern.¹¹ Nevertheless, in the popular imagination and — still — in a lot of homelessness research, living rough is not associated with economic and social factors. Instead, people sleep rough because they are ill, or because they have 'chosen' to be there. In Australia, the work of people like Guy Johnson¹² and Cameron Parsell,¹³ alongside others, questions that narrative, just as researchers in the UK have

questioned it, but the narrative is strong, and that narrative says there's something 'wrong' with people sleeping rough.

What this does is narrow the bandwidth of discussions on homelessness and the policy responses to it. The reality is that societies that have extensive welfare, social housing and public health systems and which have organised well-resourced and integrated homelessness strategies, do not have rough sleeping in the sense that we would understand it in the UK, or Australia. Denmark, Finland and Norway have something close to a functional zero in homelessness, the odds of experiencing it are miniscule and if it is experienced, the odds that it will become sustained or recurrent, are even lower.

By, in effect, defining and responding to homelessness as if it is mainly or only rough sleeping experienced by 'different' people, has meant that the narratives around homelessness in the UK are distorted. There is less attention to deep cuts to social housing, mental health services, to welfare reform, to labour market and housing market failures and to the cutting of homelessness services. England had 38,534 bed spaces in homelessness services in 2014. By 2017 it was 34,497¹⁴ within a general downward trend since 2010. As there has been less attention given to the cuts to funding for implementing the homelessness laws. Possible associations between cutting spending on social protection and increases in rough sleeping is not even really discussed.

Narrowing bandwidth to rough sleeping also means the other aspects of homelessness, which are less visible, receive less attention. The 4,751 rough sleepers, which we cannot be sure of, the counts cover limited areas for short periods of time, people sleeping rough hide because it is dangerous, and the population fluctuates — so there are probably more — were equivalent to six per cent of the 78,930 statutorily homeless households in temporary accommodation in England in the last quarter of 2017; 73 per cent of which contained one or more dependent children.¹⁵

There are those who will protest the suggestion that rough sleeping and indeed homelessness might have structural causes, like governments not spending enough on social protection. Certainly, when rough sleeping becomes recurrent or sustained, that population, in the UK and elsewhere, has high rates of severe mental illness, addiction, life-long contact with the State — social services as a child and the criminal justice system as an adult — and experience of social and economic marginalisation and stigmatisation. They may also have taken decisions, or at least embarked on courses of action for which they had an element of responsibility, that have prolonged their homelessness. Yet simply assuming the presence of these characteristics should be read as being the main 'trigger' for rough sleeping is dangerous. American work has again shown us what we should have seen for ourselves. People may be relatively OK when homelessness first occurs and go downhill, for example it may be an inability to exit that leads to addiction, *not* addiction that triggers homelessness. Long-term and repeatedly homeless populations tend to be within certain age ranges, were typically young during periods of economic downturn and are not — which they would be if homelessness were indeed being generated solely by individual characteristics — randomly distributed across the age range.¹⁶

Talking about support and treatment needs brings us to my final point about the focus on rough sleeping in UK homelessness policies,¹⁷ which is whether rough sleeping, in itself, should be the main target. Countries ranging from Finland to the US focus attention on sustained and recurrent homelessness — associated with very high support needs — which includes, but is *not* confined to rough sleepers. As the work of the Women's Homelessness in Europe Network (WHEN)¹⁸ has highlighted, the focus on the apparently disproportionately male population of rough sleepers excludes lone women with sustained and recurrent experiences of homelessness,

whose support needs are high, but who do not sleep rough. There is also some evidence to suggest — women rough sleepers hide — that even the understanding of gender in rough sleeping itself may be underdeveloped. By focussing tightly on rough sleeping in the UK and by not challenging widely held assumptions about rough sleeping, we may well be missing the bigger picture, in terms of understanding what homelessness really is, the actual scale and experience of homelessness as a whole, and, what as a society, the UK should really be doing to bring about a lasting solution to homelessness.

Endnotes

1. <https://www.gov.uk/government/collections/homelessness-statistics#rough-sleeping>
2. <https://www.gov.uk/government/news/government-to-lead-national-effort-to-end-rough-sleeping>
3. <https://www.gov.uk/government/publications/homelessness-reduction-bill-policy-factsheets>
4. <http://researchbriefings.parliament.uk/ResearchBriefing/Summary/SN07121>
5. <http://webarchive.nationalarchives.gov.uk/20120919233902/http://www.communities.gov.uk/documents/housing/pdf/137995.pdf>
6. <http://webarchive.nationalarchives.gov.uk/20120919225519/http://www.communities.gov.uk/documents/housing/pdf/381321.pdf>
7. <http://homelesshub.ca/systemsresponses/42-strategic-response-homelessness-finland-exploring-innovation-and-coordination-within>
8. <https://www.tandfonline.com/doi/abs/10.1080/02673039308720747>
9. https://works.bepress.com/dennis_culhane/
10. <https://works.bepress.com/mettraux/>
11. <https://www.mungos.org/work-with-us/chain/>
12. <https://www.rmit.edu.au/contact/staff-contacts/academic-staff/j/johnson-professor-guy>
13. <https://researchers.uq.edu.au/researcher/1840>
14. <https://www.homeless.org.uk/facts/our-research/annual-review-of-single-homelessness-support-in-england>
15. <https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness> (temporary accommodation live tables)
16. <https://spss.onlinelibrary.wiley.com/doi/abs/10.1111/asap.12004>
17. England, Scotland, Wales and Northern Ireland each have control over homelessness strategy and there are some important variations between the four administrations forming the UK.
18. <http://womenshomelessness.org>