

**Focus on:**

# **ROUGH SLEEPERS**

**SUMMARY OF ISSUES**

## **National context:**

Concerns have mounted in recent years about the 'problematic street culture' sometimes associated with rough sleeping – especially begging and drinking in the street. There has been a significant shift towards enforcement measures aimed at street users involved in such activities. This study evaluated the impact of these measures on the welfare of street users in five different areas in England.

### **Key points**

- Individuals involved in street activities were highly vulnerable; almost all had experienced substance misuse and/or mental health problems, a history of trauma and homelessness.
- Local rather than national pressures led to the shift towards enforcement action in the areas studied, though central government played a key role in providing the 'tools' to enable such action. Enforcement had sharply reduced the visibility of street activities in almost all the 'hotspots' examined.
- 'Softer' forms of enforcement - especially controlled drinking zones and environmental design measures - were effective in reducing the visibility of street activities in targeted localities, but did not provide any discernible benefits for street users.
- 'Harder' forms of enforcement - particularly anti-social behaviour orders (ASBOs) - had a powerful direct and indirect deterrent effect, and were key to the reduction of street activities in targeted areas.
- When integrated with intensive supportive interventions, ASBOs could also contribute to beneficial outcomes for some street users, causing them to desist from anti-social behaviour and engage with drug treatment and other services.
- However, ASBOs and other forms of enforcement led to the geographical displacement of street activity and also sometimes to the displacement of activity (e.g. from begging into acquisitive crime).
- The researchers conclude that it is impossible to predict with certainty the outcomes of enforcement measures for any individual street user. The impacts are potentially very negative for some street users, such as diversion into more dangerous activities or spaces and the possibility of lengthy prison sentences. Enforcement is therefore a high-risk strategy, only to be used as a last resort, and never with very vulnerable street users such as those with severe mental health problems.

*(Source: The impact of enforcement on street users in England, Joseph Rowntree Foundation, July 2007).*

## **Local context:**

### **Work with mentally ill rough sleepers:**

The local authority has received Homeless Mentally Ill Initiative Grant Funding since 2005 as a result of a partnership initiative between Adult Social Care services, Supporting People, and the Homelessness Department.

Funding has been used to create a post to meet an identified need for a specialist mental health worker to be integrated into the Rough Sleepers' Team based at Plymouth Access To Housing (PATH) in Plymouth. The Approved Social Worker would work with rough sleepers with complex mental health and other needs (dual diagnosis) and those with lower level mental health needs.

The grant funding was provided by the Department of Health because approximately 65% of those who present as rough sleepers have some form of mental illness – typically in conjunction

with one or more other issues including: substance misuse; personality disorder; learning disability; physical health problems; and challenging behaviours. The existence of multiple needs is a major factor in their indigent lifestyle and, self-evidently, this is exacerbated by rough sleeping.

*(Source: Grant funding application, DoH Mentally Ill Homelessness Grant Funding Initiative 2005).*

Between the period of April 2005 and December 2006, the worker saw 824 rough sleepers, with an average of 32% of those (263) having a diagnosable mental health disorder.

The case study below (provided in the return to Department of Health dated February 06) illustrates the importance of receiving specialised mental health support to deal with rough sleepers:

Mr. A was a 73 year old man with multiple health needs, most significantly mobility problems following a stroke and emphysema. He had been intermittently sleeping rough for approximately ten years. During this time he had three tenancies in supported accommodation – all of which failed for a variety of reasons, including issues caused by his confrontational attitude, his propensity for hoarding rubbish to the point of causing a health hazard, and rent arrears accruing due to his refusal to apply for, or have any involvement with the housing benefit process. Mr. A. himself believes these evictions were illegal, and that he was engaged in a political struggle to clear his good name. He holds strong religious beliefs and compares his situation to the trials of Job – and believed that if he bore them stoically he would have everlasting life. He underwent a number of mental health assessments, all of which confirmed that he was making an informed lifestyle choice, and that he was fully conversant with the risks associated with his lifestyle. He was frequently hospitalised as a result of sleeping out in inclement weather and through being assaulted – which happened with alarming regularity. With input from the Rough Sleepers Worker, sustained assertive outreach with Mr. A. was carried out over an eighteen month period to build a trusting relationship, before bringing together a number of different agencies (including Police, Social Services, and Health) to agree a mutually acceptable care plan. Mr. A. is now settled in a Christian oriented B & B, jointly funded through Social Services and Housing Benefit, with Mr. A. also helped to secure Disability Living Allowance which enables him to secure further care and support. He has been able to receive consistent medical care there which has stabilised his heart condition, and he has made contact again with his estranged family.

Plymouth Adult Social Services have now incorporated responsibility for mentally ill rough sleepers within their mental health teams – and the Mental Health Accommodation Strategy (currently in production). Staff working within the Rough Sleepers Initiative have voiced concern about difficulties in accessing vital mental health support for rough sleepers and this will be dealt with in the new strategy.

### **Rough sleepers count:**

Formal and informal rough sleeper counts are carried out on a regular basis in Plymouth, with the following numbers noted:

Date	Count
April 27th 06	3
May 30th 06	9
June 29th 06	16
July 27th 06	14
Aug 31st 06	14
Sept 28th 06	14 (End of 'tent city')
Oct 31st 06	10
Nov 30th 06	8
Dec 5th 06	3 (Official Count)
Jan 30th 07	6
Feb 27th 07	5
Mar 29th 07	7
Apr 26th 07	5

Numbers reached a high of 17 during 2006, and there have been other notable peaks throughout the course of the year which have received a focussed response from the Rough Sleeper's Outreach Team in order to achieve reductions.

*(Source: Rough Sleepers co-ordinator data base, 2006/07).*

### **Older Rough Sleepers:**

An integral part of this Homelessness Review, the Homeless Older People's Experience consultation was a 6 month consultation commissioned by Adult Social Services in partnership with Tenant Participation, Supporting People and the Homelessness Team, to consider the experiences of older homeless people when accessing support and accommodation services, and to consider the housing needs of more chaotic older people who had a history of homelessness and rough sleeping – some of whom may have become homeless due to anti-social behaviour.

#### **Key service user perspectives from the HOPE Consultation:**

Need to improve access to information and support – especially in relation to finding appropriate accommodation, legal issues and rights, and maintaining a tenancy; Need for specialist support to deal with issues like alcohol abuse and mental health issues; outreach/floating support to enable successful transition to settled accommodation from hostels.

### **Service users said:**

“I needed legal advice about my appeal. There’s no information given out. It would be good to have a place where you could get the advice you need. When you’re out on the streets it’s serious. People didn’t seem to understand what I was saying. It was very frustrating; some people would lose their cool. I hope my story benefits someone in the future. I’ve gone through a really tough time”.

**Doug, a rough sleeper, HOPE Consultation November 2006.**

### **Plymouth’s Rough Sleeper Strategy:**

As a city, Plymouth has worked with partnership organisations through the Rough Sleepers Initiative Group to develop a different approach to working with rough sleepers in the city. The strategy adopts the premise that rough sleeping is not acceptable lifestyle, and that more proactive support will be undertaken in order to help people off the streets.

Plymouth’s Rough Sleeper Strategy forms an integral part of this review, and a copy can be viewed by following the link below:

[http://www.plymouth.gov.uk/rough\\_sleepers\\_strategy.pdf](http://www.plymouth.gov.uk/rough_sleepers_strategy.pdf)