



United Kingdom 2004

## **Street homelessness eradication strategies**

Minutes of the peer review meeting, London  
5-6 May 2004





## 1. Welcome and opening

Participants assembled at the House of Commons. The Peer Review Manager, *Nicola Oberzaucher* of the European Centre for Social Welfare Policy Research, welcomed the participants to the second of eight social inclusion peer reviews to be held in 2004, and thanked the officials of the Homelessness and Housing Support Directorate and Department of Work and Pensions for hosting the meeting in such beautiful surroundings.

*Terrie Alafat*, Director of the Homelessness Directorate of the UK's Office of the Deputy Prime Minister (which used to be called the Rough Sleepers Unit), welcomed participants to the Houses of Parliament and apologised that Lord Rooker, Minister of State for Regeneration and Regional Development, was unable to be present owing to his parliamentary duties.

She outlined the selection of visits that had been arranged for that evening: to a hostel for older people, one for young people, a "rolling shelter" and two street outreach sessions, one in Westminster and the other in Camden.

Welcoming the group, she noted that the unit is still learning, and is looking forward to the exchange.

### *The social inclusion peer review programme*

*Hughes Feltesse* of the European Commission's Employment and Social Affairs DG thanked the British government for launching the social inclusion peer reviews on such a solid basis, noting that it is never easy to be among the initiators.

The first objective of the peer review is that the representatives of the peer countries should learn how the English street homelessness strategy has worked; we hope for a frank, direct and objective account of what works well *and* what didn't work as intended – or even didn't work at all.

The second objective is more ambitious: to facilitate the transfer of policies and arrangements which have proved effective in combating poverty and social exclusion. In this sense, the primary target of the lessons learnt is policy-makers. However formulating these lessons can be supported by wide discussion. It is important to add that the aim of the peer review is not competition – the Commission will not be ranking policies.



This leads to the third objective – to improve the effectiveness of policies against poverty and social exclusion. Such policies are often looked at sceptically – economic growth is assumed to be the solution for them. We are therefore looking for success stories of policies that work. These can then be adopted in 2006.

The peer review process and the open method of co-ordination were adopted at the Lisbon summit in 2001. The open method of co-ordination is now mature but peer review is not only the instrument in its implementation. The Social Inclusion Programme also includes a transnational action programme, which supports networking, exchange and the mobilisation of actors. This comprises 31 projects involving over 150 local authorities, research centres etc., which were selected out of over 1,000 proposals. Furthermore, the Social Protection Committee organises peer review meetings to examine the National Action Plans for Social Inclusion.

He encouraged participants to fill in the evaluation form, to help improve the organisation of peer review seminars in the future.

## 2. Introduction to the Rough Sleepers Unit

### **Terrie Alafat and Gordon Campbell, Directors, Homelessness and Housing Support Directorate, Office of the Deputy Prime Minister**

Tackling social exclusion was a top priority for the incoming Labour government in 1997. It set up a Social Exclusion Unit, which commissioned a series of reports on particularly vulnerable groups. The first of these, published in July 1998, was *Rough Sleeping*.<sup>1</sup> The Prime Minister showed his concern for the issue in 1999 when he said “On the eve of the 21<sup>st</sup> century, it is a scandal that there are still people sleeping rough on our streets. This is not a situation that we can continue to tolerate in a modern and civilised society.”

He translated this concern into a commitment by taking the unusual step of establishing a dedicated unit to tackle the problem, and bringing in outsiders to staff it. The new Rough Sleepers Unit (RSU) was given the following targets:

- To reduce rough sleeping by at least two-thirds from its 1998 baseline by April 2002;
- To continue to reduce rough sleeping to as near zero as possible.

1 <http://www.socialexclusionunit.gov.uk/publications/reports/html/rough/srhome.htm>



At the start the unit found a confused situation, with overlapping activity by government, local authorities and NGOs. It was quickly decided that the best way to work would be to make key voluntary organisations responsible and then hold them to account. Half of them were in London, where the unit commissioned NGOs direct to work in defined territories. The other half were outside London, and work through local authorities.

Policy, as set out in 1999 in *Coming in from the Cold*, has three strands:

- Helping vulnerable rough sleepers get off the street immediately – the same night;
- Preventing a new generation of rough sleepers from forming, especially young people leaving care and people being discharged from prison or the armed forces;
- Rebuilding people's lives through education, training and employment.

The Rough sleepers Initiative helped build an understanding of how rough sleepers end up on the streets. The main problems they faced then, and face today, are:

- drug and alcohol misuse (in some areas 90% of rough sleepers are heroin addicts)
- mental health problems
- poor basic skills and a lack of education
- family breakdown and domestic violence
- abuse (an especial problem among young car leavers)

Implementation of the policy was allocated a revenue budget of £120 million (c. €176 million) over three years, buttressed by a capital budget for housing and funding from other government departments.

The focus was on making a single agency which was held accountable for results, and which worked in partnership with other departments, authorities and voluntary organisations. In London, rough sleeping hotspots were agreed, and voluntary organisations were commissioned to carry out projects directly. Outside London, local authorities were encouraged to prepare a rough sleeping strategy and to focus action on key areas.

To intensify street work, over 20 assertive multidisciplinary outreach teams were set up, and over the past four years have helped 3,000 people a year into accommodation. They have also put people in contact with other services and



– especially important for young people – with their families. The front line members of the teams befriend the rough sleepers, and are backed up by specialists in drugs and mental health.

Backing this up, the number of beds available was increased from 4,000 to 6,700, a figure which includes 1,000 flats with warden support. An additional £1.9 million (c. €2.8 million) was devoted to targeted drug services. Dedicated mental health support received an extra £1 million (c. €1.5 million) a year in the London Borough of Westminster alone. As many clients refuse to claim benefits in the normal way, the unit also set up a pilot outreach benefits service.

After people have been persuaded to stop sleeping in the streets, they need continued –often lifelong – support. To counter the tendency for homelessness to recur, the initiative created six Tenancy Sustainment Teams for London, and developed new methods of supporting tenancies in the rest of England, focusing on major cities such as Leeds, Liverpool, Manchester and Bristol. This tactic appears to have reduced the share of people who, once housed, relapse into homelessness, from 15% to 4%.

The RSU also encouraged a wide range of innovative schemes to provide ex-rough sleepers with meaningful occupation, training and employment. These ranged from furniture recycling enterprises to a national rough sleepers' football league.

Prevention work focused other three most common routes into rough sleeping – from care, from prison and from the armed forces.

The results are that then one-night count of rough sleepers for England fell rapidly for the first three years, dropping by two-thirds from 1,850 in 1998 to 650 in 2001. Since then the rate of decrease has slowed, but the headcount is down to about 440 today. These fall into the same three groups as at the start: 1/3 are hard-core service resisters, 1/3 relapses and 1/3 new cases.

The keys to success are:

- High level political commitment from the start – which meant that the unit got quick decisions;
- The unit was promoted as a flagship part of the “Modernising Government” agenda –policy was created with the full participation of NGOs and professionals in the field (at one time over half the staff were non-civil servants);



- A clear target, which helped achieve 'buy-in' from local authorities and NGOs;
- Resources to back up delivery – these were carefully targeted and related to performance, so that money followed success;
- An emphasis on partnership work through accountable bodies.

With the targeted reduction in rough sleeping achieved, from 2002 onwards the Rough Sleepers Unit was given another target: to end the use of bed and breakfast hotels to accommodate families with children, except in emergencies (the target is now 99.3% achieved).

It also continued to work on sustaining the fall in rough sleeping, as part of a broader homelessness strategy set out in *More than a Roof*<sup>2</sup> and backed up by the new responsibilities to tackle homelessness that were given to local authorities under the Homelessness Act 2002. The new approach relies on:

- a strong focus on prevention, based on the recognition that homelessness is about more than housing;
- sustaining results, including through legislative change such as the Bed and Breakfast order
- clear responsibility at local level with long-term strategies in place (funding has been strictly targeted);
- links with other strategies, including wider homelessness, drugs, alcohol, anti-social behaviour and crime reduction

### *Discussion*

*Peter Juul* (Denmark) asked how users could be involved. *Gordon Campbell* replied that consultations were undertaken, both directly with individual users, and through user groups such as Groundswell.

*Freek Spinnewijn* (FEANTSA) commented that an EU target is needed, but the problem is how to measure it, as different counting methods are contested. A single-night count gives a much lower number than a count over longer period. *Gordon Campbell* replied that the single-night method was suggested by the very NGOs that now criticise it, and the most vocal critics are recording lower numbers than the RSU does. Although this method admittedly understates the total number of people affected by homelessness, it does give a good estimate. Counts are carried out between midnight and 6 a.m. and the definition takes in

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2 More than a Roof – A report into tackling homelessness, Office of the Deputy Prime Minister, 2003



anyone lying down with bedding – in the streets, parks, bus stations etc. Mobile people, actually not bedded down, are counted separately.

Counts are made by an RSU staff member (especially in a new area), plus people from NGOs, local authorities, other government departments, and anyone who is interested. It is always done in pairs. The police are involved in a low-key way.

*Aase Lunde* (Norway) asked how NGOs are chosen. *Gordon Campbell* replied that they are often self-selected, but for the large London contracts, a bidding procedure comprising a tender, presentations and negotiations is used. This has been hard on some organisations such as the Salvation Army, who have lost all their street work contracts.

### **3. Street homelessness eradication strategies in a European context, including a comparison between approaches in England and France**

#### **Professor Jan Vranken, University of Antwerp**

The session is designed to set a framework for tomorrow's discussion of relevance and transferability, by identifying patterns and issues.

First of all, it is important to recall that the Rough Sleepers Unit Report covers only England. Other parts of the UK, notably Scotland, have their own policy rough sleepers.

**Rationale:** Why was the unit set up? Because of a sharp rise in rough sleeping in the mid-1980s: in central London the figure rose from around 100 to between 1,000 and 2,000. 1991 saw the launch of the Rough Sleepers Initiative (RSI), and 1998 the publishing of a review of relevant research by Geoffrey Randall, followed by the Social Exclusion Unit's report *Rough Sleeping*. This led to the establishment of the dedicated unit, and the development of the strategy as a test case of the government's exclusion policy. The strategy defined rough sleeping as "one of the most extreme manifestations of homelessness", and the target was set of reducing it to as near zero as possible, but by at least two-thirds, by April 2002. Its success would be followed by its integration into broader homelessness policy.



Its **baseline** was the figure of 1,850 street homeless in England in June 1998 (620 of whom were in London), measured on a one-night basis. The flow count in one year may be as high as ten times the one-night count. The flow count is useful to estimate demand for housing, but the single-night count, carried out by experienced staff, remains a good indicator.

**Objectives:** The strategy was designed to reduce the number of people sleeping rough to the minimum, to prevent newcomers joining the rough sleeping population and to achieve lasting integration into society for former rough sleepers. It aimed to be a “new and coherent approach” as distinct from the uncoordinated efforts of different agencies.

It is difficult to identify the strategy’s goals, as these were defined on several levels which have no clear interrelationship, and were repeatedly revised. They were based on six principles:

- tackle the root causes
- pursue approaches that help people off the streets, and reject those which sustain a street lifestyle
- focus in those most in needs
- never give upon the most vulnerable
- help rough sleepers to become active members of the community
- be realistic about what we can offer those who are capable of helping themselves

These led to a number of key proposals for change, including increasing the number of bed spaces available, creating more flexible options, providing services at the times they are most needed, ensuring a continuum of care leading to a settled lifestyle, and providing opportunities for meaningful occupation.

**Target groups:** The strategy places a high value on prevention: “Prevention is the only means of ensuring a lasting and sustainable end to the problem of rough sleeping.” Preventive measures were targeted at groups at risk of becoming homeless, namely care leavers (1/4 to 1/3 of rough sleepers), other vulnerable young people, ex-offenders (1/2) and ex-service personnel (1/5 to 1/4).

But it can be argued that the strategy has other “hidden” target groups as well, including volunteers in day centres and shelters, the potential clients of social businesses set up to reintegrate rough sleepers, and the general public who have a concern for public order.



The strategy addresses many of aspects of the EU social inclusion strategy – employment, education, housing and health – and also several methodological issues: indicators, prevention, and partnership between public authorities and NGOs. However one aspect could perhaps be strengthened – the participation of the target group.

**Management:** As regards institutional arrangements, the policy was co-ordinated by the Department of Environment, Transport and the Regions (DETR), which set up the Rough Sleepers Unit and brought in Louise Casey, former Deputy Director of the homelessness charity Shelter to head it. The strategy benefited from a budget of £145 million (c. €210 million) over three years for London, plus a further £34 million (c. €50 million) under the Homeless Action Programme outside London, as well as grants to help rough sleepers outside London with mental health, drug or alcohol problems.

Political support was ensured by means of a ministerial committee, set up to monitor progress. It involved the Home Office, Department of Health, Department for Education and Employment, Department of Social Security, Ministry of Defence and Treasury, and it met twice.

The **means** adopted fall into four categories:

- Street work – carried out by 25 to so Contact and Assessment Teams (CATs). These are multidisciplinary teams, run by voluntary organisations but also involving statutory personnel, which cover discrete areas, operating between midnight and 6 a.m.;
- Hostels – 850 new bed spaces were provided in London;
- Permanent housing – some 1,000 new housing association homes in London were targeted at ex-rough sleepers (in addition to the 4,000 previously provided);
- Health care and other support – including 60 drug, alcohol and mental health specialists and six Tenancy Sustainment Teams.

The qualitative **results** are that the target of a two-thirds reduction in rough sleeping was met three months early (in 1991), and that since then the number has been reduced by a further 10%. The ‘hard core’ that remains are predominantly heroin or crack addicts in middle age. They are more difficult to help because the strategy is not adapted to their accumulated, complex and specific needs; what worked for the first 1,400 people may not work for the last 450.



Some issues that it may be useful to address are the professionalisation of staff, providing more “wet” places, which allow gradual integration, and addressing the attractiveness of and habituation to street life.

The initiative also resulted in some good practices:

- the CATs
- the preventive approach
- integrated character; trajectories
- turning the strategy into a sustainable policy

The success of **CATs** relies on the time spent on the streets, persistence, a detailed action plan, with limited goals and a clear focus, team work, collaboration with other agencies, and the policy of diverting newcomers to their home areas. But what explains why they worked better in some places than others? It may be important to have on hand specialist staff to deal with young people and with drug, alcohol and mental health problems? It may be important that the police are involved in a low-key way, and that homelessness and crime are tackled using different tools.

The **preventive approach** relies on breaking the “production lines” of rough sleeping. This has an indirect component – housing, education etc. – and a more direct element concerned with working with the target population.

- lessening the pull effect involves destroying the myth of the camaraderie of street life, discouraging giving to beggars, and offering services aimed to move people away
- lessening the push factors involves improving general policies against exclusion, making affordable housing available, and rebuilding lives. This last part, empowering people and helping them to rebuild social networks, is the most difficult part

**Trajectories** should become a more central element of the strategy: they imply the identification of entry points and stages, and the provision of a series of facilities through which a rough sleeper can progress: for instance from street to temporary hostel to long-term hostel to permanent housing. Such a trajectory need to be fitted in with the client’s life events. It implies comprehensive programmes, co-operation between agencies, the presence of independent experts to guide and counsel clients, and committed follow-up.

**From strategy to sustainable policy:** The time-limited and target-driven initiative is giving birth to a sustainable policy since the Homelessness Act 2002.



This imposes the new duty on local authorities to develop a policy on homelessness, and includes rough sleepers in homelessness policy. This institutionalisation of homelessness policy implies some sort of “homelessness governance”, which means co-ordination between different types of actors (public, private and NGO), different levels (national and local) and different policy domains (departments). It requires national co-ordination and steering, at ministerial level.

The Act also obliges local authorities to work in partnership with other agencies, both statutory and voluntary, in combating homelessness, and to assist the statutory homeless until the household secures permanent accommodation. It gives them broader powers to help homeless people and extends the definition of “priority need for accommodation” to include the key groups at risk of sleeping rough.

Some of the tasks the policy has to undertake are:

- creating better, regular and more in-depth information, to complement one-night street counts, including flow counts and more qualitative information on homeless people
- building a more diversified set of indicators
- taking an integrated and ‘positive’ approach, which build links to homelessness and employment policies for example
- taking a preventive approach, implying permanent monitoring of the “production lines” of rough sleeping
- further developing and generalising reintegration trajectories, implying collaboration between the social, employment, education, health and police services
- ameliorating the low status and working conditions of hostel staff, and ensuring better training to cope with challenging clients
- following up of ‘returnees’, both socially and spatially
- answering ethical questions – even rough sleepers have rights, so to what extent should their decisions, however mistaken, be respected?

Some of the key issues in the **policy debate** are:

- the definitions of homelessness, of rough sleeping, and of their interrelation
- the method used to count homeless people, and especially rough sleepers
- the explanatory models – there is a complicated set of deprivations. Is the lack of low cost housing a factor? Are we talking about rough sleeping or rough sleepers?



- which approach to take – a cohesive set of measures, not just a collection of good practices

### *Discussion*

*Preben Brandt* (Denmark) commented that in Denmark the rapid growth in rough sleeping happened seven years later than in the UK. He asked why this might be, and how we can know that the subsequent drop is the result of the RSU's work, rather than of other trends.

*Geoffrey Randall* replied that there is no generally accepted explanation for the rapid increase of rough sleeping in the 80s. Factors might include: cuts in social housing, a large rise in unemployment, cuts in benefits and cultural changes, especially rising drug use (the last factor being even more of a problem nowadays) – but none of these changes can explain it alone. Nor would structural changes, such as lower unemployment, explain the current fall in street sleeping. The RSU learnt the lessons of past interventions. previously, money for street outreach was given to NGOs, but without the sharp focus on results.

*Cecile Kellens-Greisch* (Luxembourg) asked whether effective work with rough sleepers encourages queue jumping – would it encourage people to go onto the streets to get housing faster? *Gordon Campbell* thought not. In many cities in the North, there is in any case a surplus of empty council housing. But in the South-East there is a big housing shortage. However the CATs take a person's history into account, so would discover any attempts to queue-jump. The "rapid intervention team" is now being introduced to get a roof over people's heads while research goes on. Prior to the RSI, there was an initiative to invest in housing for rough sleepers, but this was not enough. Housing is not irrelevant, but sustainability relies on tackling all the relevant factors.

*Riitta Granfelt* (Finland) felt that identity is an issue, and that it would be interesting to interview ex-rough sleepers to see how they have rebuilt their identity. *Gordon Campbell* replied that no research exists. It is complicated by the fact that ex-rough sleepers may find it traumatic to revisit damaging episodes in their lives.



#### 4. Site visits

Participants divided into five groups to visit:

- a young people's hostel in Greek Street, run by Centrepoint
- a "rolling shelter" in Seymour place, run by St Mungo's
- an older people's hostel, Graham House, run by Thames Reach Bondway
- a street session in Westminster
- a street session in Camden

#### 5. Key aspect 1: Prevention of street homelessness and mainstreaming (national structures and partnerships)

*Gordon Campbell* thanked participants for the papers they had submitted and the subsequent comments and questions. Participants then introduced themselves briefly.

##### **Maryse Marpsat, Institut National des Etudes Démographiques, France**

Humanity dictates that one should try to prevent rough sleeping. But what does prevention mean? There is immediate prevention and there is long-term prevention.

Short-term prevention seems important, because people who have only recently become homeless are easier to help, as Dutch research shows. Efficient resource use dictates that one target care leavers, ex-prisoners and ex-servicemen.

But homelessness also has long-term causes. For instance US research shows that ex-servicemen's problems are due not to their experiences in war, but to experiences in their youth.

In the French case housing is relevant. The share of rent in the household budget is rising, and now makes up 20% of the average tenant's budget, before housing benefit. But for poor households 40% of their budget goes on housing (33% in the social/public sector and 51% in the private sector). After housing benefit the share drops to 16% of the household budget (10% in the social/public sector and 26% in the private sector), which is similar to the figure for the whole population. Hence the importance of social housing. It is not being built fast enough.



What is the right balance between providing specific services for the homeless and having the homeless use services for the general public? Does the provision of specific services risk stigmatising the homeless?

The last 15 years have seen a rise in precarity – if not precisely of poverty. Poverty is decreasing because the number of poor old people is decreasing, while the number of working poor is increasing. The “*parc social de fait*” – i.e. cheap privately rented housing for single room occupancy – is disappearing. NIMBY – “Not in my back yard” – attitudes mean that we are building less social housing, yet slum clearance means that even more is needed.

### *Discussion*

*Freek Spinnewijn* (FEANTSA) observed that targeting is important. It works, but the question is how far to go. Some countries would think it strange that the UK has social housing companies that target black and ethnic minority people. Some researchers claim that the EU and the USA have similar levels of homelessness, despite the different social models. Is this true?

*Maryse Marpsat* answered that it is hard to say if we have found the correct balance between targeted and general measures. *Pascal Noblet* added that services for the homeless have grown in extent, but homeless people do not use them. Even where health care is free, for example the French *couverture maladie universelle* (CMU), homeless people have health problems. So you have to target.

*Peter Fredricksson* queried the idea that a stigma attaches to the use of targeted services. In his view, the point is that generalist service providers discriminate: for instance doctors and dentists sometimes refuse to take CMU clients. *Pascal Noblet* noted that if there is a lot of housing in the city, it is easier for landlords to evict.

*Peter Juul* commented that in Denmark the homeless will not use the normal free health services. So ethically speaking you have to reach out and at the same time keep pressure on the mainstream system and incentivise it to serve homeless clients. Politicians have to take a firm stand, refuse NIMBY attitudes, face the music – and eventually things will settle down.

*Preben Brandt* revealed that his 1992 thesis showed that 95% of rough sleepers mentioned some childhood problems. This tells us that they had never learnt



to handle modern life. So, whether we like it or not, we have to provide special services for them.

*Gordon Campbell* outlined the situation in the USA, which has examples of the best and the worst types of provision. President Bush appointed an NGO specialist to draw up a ten-year homelessness strategy. The Interagency Council on Homelessness starts from a position of having very little knowledge. It knows that rough sleeping is concentrated in the main cities, and involves some black people, drug addicts and alcoholics, but is predominantly a mental health issue. They tackle massive numbers on a very basic level, providing hostels which are in effect warehouses with very few services. At the other extreme, the Times Square Hotel renovation in New York is half for the homeless and half for working people – and you cannot tell the difference. Outreach services are terrible – the only option they offer is a hostel of such low-standard hostel that people refuse to use it.

*Freek Spinnewijn* contrasted the approach to targeting in Britain, where social housing companies see it as a priority to house the homeless, with that of Belgium, where they take no such responsibility.

## 6. Key aspect 2: Local level service delivery

### **Geoffrey Randall, Research and Information Services, UK**

*Gordon Campbell* welcomed Michael Coombs of the child poverty team of the Department of Work and pensions, who joined the group. He then introduced Geoffrey Randall, has consulted on and influenced UK homelessness policy over many years. Geoffrey Randall added that the British government's readiness to subject itself to external evaluations of its work is a very positive thing.

What are the success factors of the work of the Rough Sleepers Unit?

- **Local responsibility:** Previously, the central government's RSU was more active, but now in London as well as elsewhere, local authorities have the legal responsibility for street homelessness – as they have for both housing and social services. The Homelessness Act 2002 gave them the new responsibility of drawing up a homelessness strategy.
- **Partnership:** But local authorities cannot do everything by themselves. They need to bring the different parties together to plan and deliver services: these include statutory agencies, voluntary organisations and non-profit housing associations as well as the health services, including drug, alcohol



and mental health specialists – as well as the police. It is the police who have most contact with rough sleepers – and rough sleepers are often engaged in crime or victims of it.

- **Assertive street work:** 1990-1999 saw three three-year Rough Sleepers Initiatives. Many elements were similar to today's approach, but a lot of the street teams aimed to make street life comfortable (by distributing food, sleeping bags etc.) rather than dissuade people from sleeping rough. Surveys showed that one-third of rough sleepers would refuse accommodation even if it was offered (for reasons of mental health, or because they spent their money on drugs etc.) so an early recommendation was to be more assertive. Now, if people refuse services they are badgered – and it works. Street workers convey the message that it is not acceptable to sleep on the street if services are available.
- **Quality of accommodation:** What sort of accommodation do you offer? The old style was virtually rough sleeping with a roof, with more rules than you might want. You have to have something to offer that is of good quality, and is available *tonight*. It should be open round the clock; generally offer single rooms; be clean, be safe, and have support on hand. In short, it should be of a comparable standard to student accommodation. You should minimise dropout and eviction. Early on, the eviction rate was 50%, but nowadays hostels will only evict for absolute refusal to pay rent, or for violence.
- **Range of accommodation:** You need to offer a range of different types of hostels, for young people, women, drinkers and drug users, as well as some specialist hostels with very high levels of support. One deterrent to taking up accommodation offered is the other residents, and another is drink bans. Drinking is therefore commonly tolerated (this is easier if single rooms are available, as drinking can be banned in common rooms). A sufficient supply of **permanent housing** also needs to be assured: one initial problem was hostels were full – because there was nowhere for their tenants to move on to. **Tenancy sustainment** encourages social landlords to offer places.
- **Staff:** Professional, well-trained staff are needed. Volunteers, however well-meaning, could not change rough sleepers' behaviour. Specialists are needed to cope with varied support needs: as the lower-need people are moved off the streets, we are left mainly with heroin and crack addicts in their 20s and 30s.
- **Targets, monitoring and evaluation:** Most hostels are run by NGOs. Initially the government made grants under rather loose conditions. The first evaluation found that NGO performance varied a lot, so despite the doubts of civil servants, performance related payment was introduced so that only



the practices that worked were funded. Clear targets and clear measures were introduced. This made a huge psychological difference to the way the work was done. Beforehand, overlapping voluntary organisations would visit the same people at different times in the night, and the count got stuck. Now, the interventionist management style means voluntary organisations realise they have to deliver.

### *Discussion*

*Peter Fredricksson* commented that Finland has been trying to abolish 'hostels' since 1985. But in the UK, the term does not just mean basic temporary accommodation, but covers a much wider range of support facilities. Is it possible to develop the concept? *Gordon Campbell* answered that all sorts of hostels exist – good and very poor. A lot of hostels are very unpopular because of the inhabitants, physical conditions and quality of staff. If you put over a hundred challenging men in a building with very little communal space and few facilities, then you have a problem – and staff tend not to stay long.

In London, the RSU has been developing smaller hostels, but there are still eight large ones with over 100 beds. The largest in London houses 450 men (and there used to be one with 1,200 beds). Outside London, government money has not been spent, and there are still old-style hostels and night shelters. The RSU is therefore bidding for £90 million (c. €130 million) over four years to remodel them. There will be a difficult period while the hostels are closed while conversion is under way.

*Riitta Granfelt* asked whether any hostels allow heroin use. In Finland they have nowhere to start with heroin users. *Geoffrey Randall* replied that some do, using it was a way to get people into treatment, and others do not, because of possible legal problems. Legal reform is needed. *Gordon Campbell* explained that the Misuse of Drugs Act makes it illegal for landlords to allow premises to be used for the supply or use of drugs. So NGOs have to convince the authorities that no drugs are being supplied, and that the premises are being used to control use and minimise harm.

*Freek Spinnewijn* mentioned that the Netherlands has had positive results from setting up "user rooms" where heroin is supplied to addicts free of charge. *Geoffrey Randall* added that up until a few years ago registered addicts in the UK could get heroin from a doctor. Many agencies – including the police – are



pragmatic: they don't arrest drug users, but direct them to a hostel. *Gordon Campbell* clarified that the state does not supply drugs. The problem is that once drug use takes hold, dealers move in and it destroys the area. The concern is supply, not use.

*Peter Juul* said that Denmark treats a hostel room as the person's home – so drug possession is at the individual's risk. Direct rent payment can also be arranged in Denmark. Eviction is very difficult in Denmark, and this acts as a disincentive to landlords to take in rough sleepers. They are therefore starting a system whereby the local authority rents the flat, and can then rotate tenants. Denmark has also opened around 50 "alternative care houses", known as "freak houses for freak existences", whose residents manage their own lifestyles (these would be known as "supported housing" in the UK). Some men want old-style "lodgings" that do not exist any more.

*Preben Brandt* asked whether the assertive approach could coexist with a more tolerant one. Could one try to reduce the harm rough sleeping does to people at the same time as encouraging them to move off the street? *Geoffrey Randall* said that the "social work" approach, based on building individual relationships, does work. But large groups – the "cardboard cities" – were broken up by the more assertive approach. People get stuck, and sometimes need a forceful intervention, some kind of shock. This might also be a stay in hospital.

*Gordon Campbell* added that the assertive approach was a way to achieve the targeted results. The old style was relationship without outcome. Now people pull away after six months if they do not achieve a result. For instance there are some rough sleepers on Victoria Street (outside the review venue) who have been in and out of accommodation for five years. They know whom they can ask for help if they need it. But the teams do not waste time on them.

*Hughes Feltesse* asked whether **health** services were provided on a targeted or a mainstream basis. *Geoffrey Randall* replied that it is recognised that homeless people don't take up mainstream health services, so they provide specialist services. You have to do both. Certainly once people are in permanent accommodation, you should mainstream them.

The situation as regards social **housing** depends on location. In the North there is almost a surplus of social housing, albeit of low quality. As rough sleepers have extreme needs and are present in low numbers, it is agreed they should



get priority. London has a pool of some 5,500 units of accommodation reserved for rough sleepers. It is managed using two tools:

- A central **clearing house**, which sits between the housing associations and homelessness agencies. The agencies make a referral, and the rough sleeper says where he or she would prefer to live, and moves when a flat becomes available. Then the local Tenancy Sustainment Team (TST) moves in and works out an individual support plan. Support is thereafter available on demand, whenever needed, to prevent the tenancy being lost.
- The **CHAIN database**, accessible on a restricted basis over secure internet connections, allows users to be tracked as they move between the streets and various types of accommodation, and helps build a picture of the problem. Privacy laws oblige outreach workers to ask the rough sleeper's permission for their data to be included, but very few refuse. Access to the data is restricted, and it is only the street teams who have unlimited access to upload information, but does include some hostel staff. There are 3,500 people in the database, many of whom are once-only contacts entered when the database was first constructed. The data is not detailed, and no medical records are held, though they do mention whether alcohol, drugs, mental health or violence are at issue. Case records are held by the agencies.

*Jane Everton*, Assistant Director in the Homelessness Directorate of the ODPM, testified that CHAIN helped them to see that the main problem was not a continual flow of new people onto the streets, but "churn" i.e. recycling of existing clients. CHAIN helps direct agency support to best effect.

*Geoffrey Randall* added that UK registered addicts used to be able to get heroin from a doctor, but this was changed several years ago. Tenancy support is now also seen as a prevention issue. Initially it was thought that people might need support for six months, but it is now recognised that a longer period is appropriate. *Gordon Campbell* mentioned that in April 2003 a new funding stream called "Supporting People" went online. It is a huge investment – £1.7 billion (c. €2.5 billion) p.a. – of which around 30% goes on homelessness.

*Freek Spinnewijn* queried the withdrawal of funding from some NGOs. Low quality may be a consequence of shortage of funds. More capital funding may be needed, to enable NGOs to comply with fire regulations when renovating hostels for instance. *Geoffrey Randall* said that NGOs provide the flexibility and humanity that statutory services find hard to do – there is no doubt that they provide the best front-line services. Nevertheless, 15 years ago, rough sleep-



ers were largely dealt with by voluntary organisations that had been doing the job for a hundred years or more, and were providing the wrong sort of services. Previous funding did achieve some reductions in rough sleeping, but not to the extent achieved by the RSU. There is no reason to accept an amateurish approach – after all we do not accept it in the case of health services. *Jane Everton* confirmed that NGO finding is now better organised through contractually fair funding compacts, which are comprehensive, have measured outcomes, and include overhead costs.

*Freek Spinnewijn* asked why not just close the hostels down? *Geoffrey Randall* recalled that in the 1980s there were 25,000 hostel beds in London. Now there are 12,000 – but only 2,000 for immediate access. So half the hostel beds have been closed. They are not an effective use of resources as they recycle people onto the streets.

*Peter Juul* asked how the government makes the local authorities act. *Gordon Campbell* called the method a mixture of “love and loathing”. Government first convinces local authorities that what they do counts. There is then a stick-and-carrot approach: compliance might result in recognition in the Queen’s birthday honours list, while non-compliance might result in a cut in the rate support grant.

*Livia Popescu* reported that Romania is far from the mainstream. Social service delivery is local. Since privatisation, only 1% of housing is now public. Most shelters are run by NGOs, because they are mostly funded internationally, although international organisations are now withdrawing in view of EU accession. There was no government support until 1999, but now a small amount is allowed by law.

## **7. The relevance of the Rough Sleepers Unit for and transferability to the Peer Countries**

*Professor Jan Vranken* introduced the session, which examined whether and under what conditions the RSU’s strategy might be applied elsewhere. He set out some of the key issues:

- Services are delivered mainly by NGOs, with at least partial public funding, in both the UK and France. Nevertheless there are two contrasting models: in the former the strategy is targeted and pragmatic, whereas in the latter



it is universal and based on citizens' rights. Thus in France emergency services and even some long-term shelters are provided with no conditions as to residence or legality of stay. This seems to differ from the RSU's strategy of providing services to people who are originally from the area.

- The different levels of government that exist – local, possibly regional, and national, hinder transfer. There are also issues of co-operation between ministries, strength or weakness of local authorities, and strategies of prevention: the direct/immediate/person-based versus the indirect/long-term/policy-based approach, the choice of which depends on the welfare regime among other things.
- What level of service should be delivered?
- What is the most outstanding good practice: the Contact and Assessment Teams (CATs)? The preventive aspect? The relationship between policy and street work?

### *Discussion*

*Peter Juul* (Denmark) suggested that we should have a bottom-up approach to co-ordination, not a top-down one, and we should ensure user involvement (as is the case in Denmark and Sweden). *Gordon Campbell* commented that in the UK the RSU made the sweeping assumption that what rough sleepers want is "a place they can call their own" with help on hand in time of crisis.

*Peter Fredricksson* (Finland) asked what the role of different actors at different levels is, and on what principles and values the services are organised (such as the principle of involving users).

*Martin Börjeson* (Sweden) raised the issue of the role of knowledge building in the UK strategy. Is practice based on intuition or information? *Gordon Campbell* replied that it is based on knowledge.

*Aase Lunde* (Norway) asked how the RSU has innovated in management terms. *Gordon Campbell* and *Geoffrey Randall* replied that it is completely untypical of UK government practices. A high proportion of the staff are seconded from NGOs for 3 to 6 months. Their experience of NGOs enables them to be tough with NGOs in a way civil servants could not be.

*Nicola Oberzaucher* (peer review organisation) asked whether such a high-profile approach could be sustained. Do things eventually revert to normality?



*Gordon Campbell* pointed out that the RSU met its three-year targets, then met its two-year targets. Now it is back to mainstreaming and proper policy development. As of one month ago the RSU has an “implementation team” of five and another team working with local authorities to ensure that no children are in bed and breakfast accommodation. The rest of the 45 staff are now in mainstreaming or analysts.

Will the situation relapse? It is true that the building of social housing has slowed down, but between 2002 and 2006 the £22 billion (c. €32 billion) Sustainable Communities programme will build up social housing. Work will continue on tenancy support, domestic violence, young people in care etc. There is the danger that focus will be lost – but not everything can be tackled by a “task force” approach.

*Freek Spinnewijn* commented that the sustainability of the approach probably depends on the scale of the problem. The Scottish homelessness strategy takes a broader and longer-term approach – but the problem is more manageable there. *Gordon Campbell* rejoined that Scotland missed its target by a long way. Scotland took a more generalist approach, and achieved a 33% results, compared with England’s more focused approach which achieved a 66% result. *Geoffrey Randall* clarified that Scotland’s target was the same as the UK’s previously: to make it unnecessary for anyone to sleep rough. This test is satisfied by having as many hostel beds as there are rough sleepers. But this approach does not target the number of people actually sleeping rough.

*Martin Börjeson* (Sweden) noted that discussing transferability relies on comparing definitions, and that the social indicators being developed in the EU would be a help here.

*Hughes Feltesse* (European Commission) raised several more questions:

- the organisation of partnership, between departments as well as with other actors
- monitoring and evaluation processes
- data
- tenancy support

*Pascal Noblet* asked whether people were tracked long-term. *Gordon Campbell* explained that CHAIN now contains a ten-year history for some people.



*Maryse Marpsat* asked about the position of illegal immigrants, including refused asylum seekers. *Gordon Campbell* said that asylum seekers granted “leave to remain” have full access to social services, so can obtain housing. Illegal immigrants do not show up on the streets. They either help themselves, or stay with relatives etc. but day services say anecdotally that they are seeing more illegal immigrants turning up for breakfast, a shower, to see a nurse, get clothes etc. They then disappear during the afternoon. *Freek Spinnewijn* noted that in Spain, undocumented immigrants are a major rough sleeping problem.

### *Relevance to each peer country*

#### **Norway**

*Siri Ytrehus* (FAFO, Norway) reported that Norway’s national anti-poverty plan includes a four-year homelessness reduction strategy, delivered by local authorities in the seven largest cities. The UK’s policy is relevant, as a method of delivering solutions to vulnerable groups. But in Norway delivery would have to respect local authority autonomy, and have a strong focus on prevention and services at street level.

Norway is currently building up mental health and substance misuse services at local level, and may have to change practice in existing services, as their single contact person cannot match the broad knowledge base of the CATs. There is no self-help organisation for the homeless, and they are looking at how to set one up.

The main questions arising are:

- should help be given only to those in shelters?
- should drug addicts be expected to get clean before they can expect help?
- what is the role of private organisations in housing supply?
- how ambitious should one be as a welfare state?
- where is the line between reintegration and social rehabilitation?
- should the housing offered contain aspects of institutional care?
- how can we put the RSU’s work in context of social inclusion?
- can we define sub-goals more directly related to the various target groups?

#### **Denmark**

*Preben Brandt* (speaking from the point of view of an NGO) said that in Denmark rough sleepers are overlooked, as they offend the country’s self-image of



a rich welfare state. There is therefore a lack of research on causes and numbers. Street workers had ignored them until a health worker discovered that one of them has brain damage. This leads to the conclusion that street workers should be professionals, and should include qualified nurses. This should be a quality standard.

Homelessness has physical, structural and personal causes and solutions. He offered a definition of homelessness which includes a psychological element: "a person is homeless when he or she does not have a place to live that can be considered to be stable, permanent and of a reasonable housing standard. At the same time, this person is not able to make use of society's relations and institutions (understood in the broadest sense, such as family networks and private and public institutions of all kinds) due to either apparent or hidden causes relating to the individual or to the way in which society functions".

Different agencies need to agree clear responsibilities and share information, or people will fall through the safety net. If street homelessness in Denmark follows the pattern that Britain experienced, but lagged by several years, then the peak is still to arrive.

The UK model could be used to develop a homelessness strategy and action plan for rough sleepers, in which one lead authority drives the delivery of the outcomes.

## **Finland**

*Peter Fredricksson* said that the number of homeless people in Finland has fallen from 20,000 in 1987 to 8,500 today. It is important to measure the profile of homeless people, and to consider their rights and responsibilities, both basic and subjective.

Finland has a mix of specialist and mainstream services. Tenancy support by "housing counsellors" has proved very cost-effective, and pays for itself over three years. A new profession is developing, which combines social work with property management. They are employed by the property companies. As regards housing supply, affordable housing is part of the housing programme, and there is a surplus in the north and east of the country. The institutional framework is different in that municipalities are strong and have independent taxation powers.



*Riitta Granfelt* raised a series of issues:

- how is the issue of gender addressed (for instance in dealing with women ex-prisoners)?
- is it a step-by-step method?
- how do you persuade young people to stay in accommodation?
- are there hostels that allow drug use?
- does progress up the reintegration ladder depend on people controlling their drug use?

*Jan Vranken* commented as follows:

- Although gender is important, not much mention is made of it.
- The image of ladder is a good one: “The first step is the hardest”, and then the ladder branches out.
- Should the low-threshold services be integrated into the general ones?
- Complete integration is difficult. The UK believes it is possible – indeed a number have become street outreach workers. In Denmark, just sleeping quietly at home is enough to qualify as integration. But is it really integration?
- How to increase participation of users?
- Is it possible to give NGOs too much weight?

## **FEANTSA**

*Freek Spinnewijn* outlined the shadow peer review that FEANTSA had carried out among its member organisations. The strong points of the RSU’s work are the same as those of a good homelessness strategy in general:

- a legislative base
- partnership with NGOs
- local authority role
- funding

They are therefore relevant to policy on homelessness. The main issues are:

- the regional focus is weak – some rough sleepers move and are lost track of, especially in London
- hostels – what type of services should they provide?
- transferability – the strategy has been developed at the national level, which would not be possible in many countries
- the political perception of homelessness: in the UK there is a holistic view, but in other countries there is not. Indeed in some countries the problem of



rough sleeping is not even distinguished from that of homelessness in general

- we need to get the definitions right before we promote good practice
- rough sleeping is not an issue everywhere – it affects a small number of people and is very expensive to deal with
- the strategy depends on its legal base, not just on political will. Many countries lack this
- the local authority role – not just having the power, but forcing them to act
- NGOs – weak on some countries
- funding – you can't give local authorities the responsibility without the money to fulfil it
- the research dimension is rather weak. Effective homelessness strategies tend to have a strong research approach.

FEANTSA would aim to persuade the EU to make the commitment to there being no need to sleep rough by a certain date.

## France

*Maryse Marpsat* commented on the counting methodology. The survey carried out by INSEE in 2001 of those sleeping rough – i.e. in the streets and in other places unfit for habitation – shows about 5,000, of whom about 2,700 in Paris – including non-French-speakers. This survey was done at food distribution points, so some people may have been missed.

A second survey of people contacted by outreach services in Paris carried out in 2002 by INED, and including some of those living in squats, shows up 3,000-4,500 in an average week, including 750-1,000 who never used shelters. In an average day the figures are 600-900, including 130-230 who never used shelters. The main reason for avoiding the hostels is previous bad experiences there.

Comparison between England and France:

- England has good co-ordination of outreach (Paris has about 30 outreach services), and good co-ordination with other services
- England offers high quality accommodation. We need ensure that affordable public housing is available, including *pension de famille*, i.e. one's own flat in a house with a warden.

Debates in France: the survey of outreach services showed that they were very different. All thought contact was important, but some respect the client's



decision, while others worry about encouraging people to stay on the street and/or the risk that they may die if left outside.

Questions: Is it wise to exert pressure on rough sleepers to detoxify – as an alternative to prison for example? US evidence shows that if you exert pressure and they afterwards relapse, it becomes a psychological barrier to future attempts. It is important to be realistic about the scope for reintegration. Knowing more about the trajectories of people who had come of the streets would help suggest solutions.

*Gordon Campbell* commented that drug stabilisation and harm minimisation is the first step, which can lead to rehabilitation if the client wants. Detoxification is not an obligatory part of homelessness policy. But the police can offer a drug testing and treatment order (DTTO) as an alternative to prison. Denmark has just passed a law that makes drug treatment within 14 days a right. The result is a 50% increase in take-up, with the number of people under treatment rising from 8,800 to 12,000.

## **Luxembourg**

*Roland Maas* said that the data, which only comes from the closure of squats, shows a one-night total of about 200 rough sleepers. It is increasing, especially among young people and women. There is no research on the causes, but without reducing the complexity of the problem to one dimension, high rents may be involved. The last count was in 1996 as part of the FEANTSA observatory. There is no definition of street homelessness apart from that. CATs seem to be a good idea, and control of newcomers. But there is some doubt if the methods are applicable in such a small country as Luxembourg. Some “NIMBY” attitudes have become apparent during negotiations between different parishes to decentralise services.

Points of debate (regarding prevention and the reintegration process) are transfer from the first to the second labour market via social employment, and the stigmatisation that targeted services may lead to.

Transferability is hard to assess because of the difference in the size of the countries and the lack of data. Further study is needed. Some elements are included in Luxembourg’s NAP/incl.



## Romania

*Livia Popescu* said that there are two dangers: transfer without assessing the needs of the host country, and transfer without care for the context. The government may use transfer to legitimate, or to blame.

There is no official concept of rough sleeping. The data is questionable, and it is hard to say how each county arrives at a total, but it probably, as in France, includes those sleeping in “unfit places”. The total is 7,000, of whom 5,000 are in Bucharest.

As for the causes, the housing shortage has worsened over the last ten years. There is much overcrowding as 60% of units have 1 or 2 rooms. State expenditure is between 0.1% and 1.25% of the state budget. Most of the stock is privatised, which poses problems for tenants as regards cost and the supply of utilities. Those who cannot pay are in danger of eviction by the tenants’ committee, as utilities are billed in common for all inhabitants of each block. There are few universal services apart from education. Therefore everything depends on insurance. Many children are in residential care.

The 1992 national plan – more a policy statement than a strategy – said that homelessness is an aspect of poverty and aimed to eliminate it by 2012. But it has no firm targets.

Transferability: useful aspects include

- the relationship between central government, local authorities and voluntary organisations.
- the preventive approach
- teamwork – the multidisciplinary street work
- follow-up of people in permanent housing

There is no coherent approach in Romania, and all the system is under construction, so the peer review is very useful.

*Carmen Manu* added that all benefits come out of the same budget, so no funding is available. The main homelessness issue is street children.



## Sweden

*Martin Börjeson* is encouraged by the results in England, which show that it is possible to achieve impressive results, even with the worst-off group. Yet there is a problem of definitions: some of this work is done in Sweden, but is counted not as work on homelessness, but on drug addition or mental health.

As for transferability, one of the most important political issues in Sweden at the moment is the balance between central and local government. The English initiative is at first glance a central government one, but in fact involves new roles for local authorities as well.

## 8. Conclusions and lessons learned

### **Charlie Chappell, Office of the Deputy Prime Minister**

The three key points are:

1. Effective leadership is important. This was provided by the ministerial committee and bilateral committees between ministers, local authorities and NGOs.
2. Homelessness does not equal housing. It relates to a number of welfare factors. It is important to rebuild sustainable independent lifestyles.
3. The financial resources – they are justified by the opportunity cost of not acting.

The strategy worked for England, because it has improved life for 10,000 people who were sleeping rough. Elements of it can work in other countries.

#### *Key lessons for each peer country:*

Denmark: the transfer of the policy from national to local government;

Romania: effective leadership; the way the street teams work; developing preventive measures;

UK: the money made the policy credible, and changed people's attitudes;

Luxembourg: co-ordination at each level between ministries (of health, housing, families) and local authorities and NGOs;



Finland: low threshold, mobile, multi-agency, multiprofessional principles in organising the service (this is undeveloped in Finland);

EU (FEANTSA): targeting; political commitment; courage and creativity of government – all could create a very good EU strategy;

France: high quality services to people who normally get bad ones;

Norway: setting a clear goal and a definite starting point;

Sweden: taking the users' perspective into account.

## **9. Resumé and closure**

*Hughes Feltesse* expressed his deep appreciation to the peer review's organisers and contributors. The contributions were of a high level and contained a wealth of information. They stimulated a very interesting and fruitful debate, which could be applied in the daily work of all the participating governments as well as at EU level.

The seminar has ambitious goals, as part of the EU's social inclusion strategy, which aims to make a decisive impact on social exclusion by 2010. There is no doubt that the review achieved its first objective, that of mutual learning, and that it will lead to bilateral action. However as for transferability, there will always be the problem of differing systems of institutional responsibility. However the transfer of methodology is certainly possible.

One of the key debates is on the balance between targeting and mainstreaming, and the conclusion, albeit not a very precise one, is that one should keep a good balance. The need for indicators was also shown up, and there should be developed at the EU level. A Eurostat subgroup, which involves INSEE, is at work on this, and can go further in achieving compatibility between different definitions. However it is not certain that we need a common EU definition – we have to be pragmatic.

Another issue the review brought out, the role of NGOs – will be further investigated in later peer reviews, including the one to be held in Helsinki in September.



Unofficially, we can say that the UK experience is a success story. It will influence NAPs/incl (National Action Plans for Social Inclusion) and the JIMs (Joint Inclusion Memoranda) for accession countries. It will also be taken into account in the revision of the Nice objectives.

The report will be published in one month on the Social Inclusion Peer Review website.