



# Battered, broken, bereft

Why people still end up sleeping rough

# Foreword



We have become shamefully accustomed to them. The pile of blankets in a shop doorway. The stolen supermarket trolley containing all someone's worldly goods. The slumped figure with a dog on a string.

They are the ever-present casualties of modern life, the

ones for whom an education, holding down a job, tending a family, became too much. They have become objects of anxiety much like the days when the crutches and amputations once marked the war wounded – refugees from a harsh, wild reality beyond the settled lives that most of us lead.

They frighten us, these casualties. Some hustle for money, some are off their heads on drink or drugs, some bay at the moon. But mostly, I think, they frighten us because they are mute reminders and an awful warning. 'This is how it can end up if you're not careful, don't stay at school, hold down a job, earn a wage, care for your kids.'

It is easiest for us just to call them 'the homeless', a collective noun which removes their individuality, as we might talk about 'football fans' or 'schoolkids'. Give them a collective name and they become just a moving part of the cityscape, marked out as different – and shrouded from us – by the grime that can accumulate when you don't have a roof over your head.

Yet every one of these men and women has a personal story to tell. And the most shocking characteristic of their

tales is how, once upon a time, their life was just like yours or mine. These cautionary shadows once had homes and jobs and families, social lives, passions and hobbies. It is not that once-upon-a-time they were *like us*. They *are us*.

The question we want answered is 'how did it come to this?' This report attempts an answer. Here you will find the testimony of those who know – the people who work with homeless people and those who find themselves homeless. It is based on the first national survey of outreach workers across England and looks at startling statistics from the largest survey of people who have slept rough.

Sleeping rough is – mercifully – unknown to most of us. But the factors which trigger it are familiar to everyone – family rows, divorce, drink, drugs, the loss of a job, a health problem, a relationship gone bad.

All these problems are aggravated by the current economic crisis. But what shines through from these accounts is the resilience and sheer determination of people to survive. It takes courage of an order that most of us will never have to display.

I have been a supporter of St Mungo's services for homeless people for many years. It would be much better if their services weren't needed. But they are, and more urgently than ever.

I hope this report will help you to understand how we can help people who are really no different to the rest of us.

**Jeremy Paxman**

# Summary of findings

This report examines how and why rough sleeping is increasing in England today. Taking evidence from the largest ever national survey of English street outreach workers<sup>1</sup> and the largest annual survey of rough sleepers,<sup>2</sup> as well as personal testimonies from our clients, it paints a bleak picture of people who are ill, alone and failed by public services.

## The national picture

We found that outreach workers from every region of England<sup>3</sup> are seeing an increasing number of rough sleepers in their day to day work and most stated that there was not enough emergency accommodation available:

- 3 out of 5 stated that rough sleeping in their area has increased over the last year<sup>1</sup>
- 71% of respondents do not believe that there is enough emergency accommodation in their area.<sup>1</sup>

## Mental ill health

Perhaps the most shocking finding is that the number of people with mental health problems sleeping rough is going up. Services are failing these people and their illnesses are serious:

- 57% of outreach workers believe that the number of rough sleepers in their area with mental health problems has increased over the last five years<sup>1</sup>
- 44% of our residents who have slept rough had one or more mental health problems<sup>2</sup>
- People who have slept rough are over 15 times more likely to have a diagnosis of schizophrenia than the general population.<sup>2</sup>



## Relationship breakdown

Relationship breakdown contributes to the homelessness of many men who have slept rough. The men we interviewed talked of how they had resisted asking for help, before reaching out too late to find there was no safety net to catch them. We found that:

- Relationship breakdown is the largest single trigger of rough sleeping cited by outreach workers<sup>1</sup>
- 42% of male rough sleeping was caused by a relationship breakdown<sup>2</sup>
- Outreach workers from across England told us that they feared a dramatic increase in the numbers of young people on the streets, as changes to housing benefit make young people homeless. Particularly at risk will be those

who have difficult relationships with their parents.<sup>1</sup>

## Domestic violence

Women only account for 19% of our residents who have slept rough, however, the proportion of women for whom domestic violence led directly to rough sleeping is astonishingly high. Again, when these women needed protection and a place to be safe there was no help available and they were abandoned to the streets. Services for these women are being cut and the homelessness duty owed to them is not being met.<sup>4</sup> We found that:

- 35% of women who have slept rough left home to escape domestic violence<sup>2</sup>
- Women made homeless by domestic violence who and sleep rough on average have more needs than those who avoid rough sleeping.<sup>2</sup>

<sup>1</sup> St Mungo's (2011) Outreach Worker Survey, n = 104

<sup>2</sup> St Mungo's (2011) Client Needs Survey, n = 1,518

<sup>3</sup> Outreach workers identified themselves as from London, the East of England, East Midlands, North East, North West, South East, South West, West Midlands or Yorkshire and the Humber

<sup>4</sup> Housing Act 1996, Homelessness Act 2002

# Homelessness is on the rise



The numbers are all going in the wrong direction. Homelessness is on the rise: 11,820 applicants were accepted as homeless between April to June 2011, 17% higher than the same quarter of 2010.<sup>5</sup> The number of rough sleepers on the streets of London has increased 8% in the last year.<sup>6</sup>

We found that outreach workers from every region of England are seeing an increase in the number of rough sleepers in their day to day work:

- 3 out of 5 believe that rough sleeping in their area has increased over the last year
- 71% of respondents to our national outreach worker survey do not believe that there is enough emergency accommodation in their area

- It has been estimated that at least 1,169 homelessness service bed spaces in England were lost from March 2010 - March 2011.<sup>7</sup>

<sup>5</sup> DCLG (September 8 2011) *Statutory Homelessness: April - June Quarter 2011* England London: DCLG

<sup>6</sup> Broadway (2011) *CHAIN Street to Home Annual Report 2010/ 2011* London: Broadway

<sup>7</sup> Homeless Link (2011) *Survey of Needs and Provision: Services for homeless single people and couples in England* London: Homeless Link

# A call to action – prevention is possible

The causes of the current rise in rough sleeping are less the result of macroeconomic failure and more the result of public service failure.

Today's rough sleepers may be unemployed, but the underlying reasons for their homelessness are unmet support needs. When we understand this, we can see that finding ways of stemming the flow of new rough sleepers on to the streets must go beyond building more housing and creating more jobs to ensuring high quality and timely support reaches those most at risk.

We know that this Government is acting to prevent anyone from spending a second night on the streets and this approach seems to be having results.<sup>8</sup> Progress made by the Ministerial Working Group on Homelessness, which works across a wide range of policy areas, demonstrates that the Government understands that there is no one solution to the crisis of street homelessness.

However, we fear that this welcome approach will not go far enough to reverse the worrying trend of more people arriving on the streets – this research, drawing on evidence from across England, shows that we need a revision of how, when and to whom we offer help.

There is a need to protect and invest in the quality of services that support the most vulnerable members of our society. If these services continue to be cut then more people will be left with no option apart from sleeping rough. A priority has to be ensuring that cuts to the availability of emergency accommodation are reversed. While recent additional Homes and Community Agency Homeless Change Programme funding was welcome, we need to ensure that supply keeps up with demand.

Many of the people who have told their stories in this report approached statutory services for help, sometimes repeatedly, only to be turned away. Central Government, local authorities and service providers must work immediately to ensure that:

1. **There is better support available to prevent vulnerable people from becoming homeless, particularly around mental health and domestic violence.**
2. **Local authorities adapt their housing advice services to maximise early intervention opportunities for vulnerable people.**
3. **Investment is made in emergency accommodation.**

## Conclusion

We believe that cuts are causing street homelessness. It is truly shocking that rough sleeping is on the rise. We know it can be prevented if the right support is provided when people need it. It is in this context that cuts in 'Cinderella' services such as mental health and domestic violence are of particular concern. As funding is taken away, services close, or thresholds for accessing support are raised, meaning that people do not get the support that they need to avoid sleeping rough.

Rough sleeping leads to extreme hardship for people who are already vulnerable. It also puts strain on the public purse.<sup>9</sup> Cuts that cause rough sleeping lead to increased costs elsewhere. People sleeping rough lead to considerable costs for public services, especially health services,<sup>10</sup> they also often require intensive support to rebuild their lives as they start to recover from homelessness. It would be more cost effective to ensure that services have the resources to prevent people from ending up on the streets in the first place.

We simply cannot afford the human, let alone the financial costs, of ignoring contemporary routes to rough sleeping. This report clearly illustrates the need for better quality, more effective support from all services in a position to prevent people from sleeping rough. People may well be battered, broken and bereft – but we must not abandon them to the streets.

<sup>8</sup> HM Government (2011) *Vision to end rough sleeping: No Second Night Out nationwide* London: DCLG

<sup>9</sup> Homeless Link, *Costs of Homeless* <http://www.homeless.org.uk/costs-homelessness>, retrieved on October 18 2011

<sup>10</sup> Homeless Link, St Mungo's, National Housing Federation (2011) *Homelessness is a health issue*

# Mental ill health

## More people with mental health problems are sleeping on the streets

The findings of our outreach worker survey shows that the number of people sleeping rough with mental health problems is increasing. We do not have all the reasons for why this is happening, but it is clear that mental health services are under pressure.

In February 2011 it was confirmed that there were plans to cut 6,000 posts over the next five years from mental health trusts across the UK.<sup>12</sup> A mental health trust that St Mungo's works with is cutting 100 inpatient beds and restructuring the Community Mental Health Team to operate with fewer staff, in an area in which the council is also closing four mental health day centres.

There has been an increase in the number of new residents with mental health problems in our emergency shelters.<sup>13</sup> A number of respondents to St Mungo's outreach worker survey pointed to the reduction in support offered by mental health services as a reason for the rise in numbers of people with mental health problems on the streets. Concerns expressed included those centred on the fact that mental health services are increasingly only able to work with very serious cases; those who fall just below this level are left without the support.

*I went to Tower Bridge, climbed up, went to go forward and somebody grabbed me, pulled me down. I said to him, 'it's falling apart, it's all falling apart. I don't know what's going on. I've got nothing no more, what the hell am I supposed to do?' - Linda*

- **More people with mental health problems are sleeping on the streets:** 57% of English outreach workers surveyed said the number of rough sleepers in their area with mental health problems has increased over the last five years. Only 4% believe that numbers have decreased. 44% of our clients who have slept rough have at least one mental health problem.
- **People on the streets have serious mental health problems:** People who have slept rough are over 15 times more likely to have a diagnosis of schizophrenia than the general population.<sup>11</sup>
- **People with mental health and drug or alcohol problems are denied treatment:** 72% of our clients who have slept rough and have mental health problems misuse drugs or alcohol or have in done the past. People with this dual diagnosis find it particularly difficult to receive appropriate mental health support.

*"The cuts to mental health services are meaning more mental health patients are hitting the streets as rough sleepers. The thresholds to accessing inpatient mental health beds and statutory services have been raised to exclude rough sleepers and those with dual diagnosis."*  
Outreach worker – East of England

*"[There is an] increase in those discharged from community care support as no longer meet the matrix for learning disability or mental health, especially personality disorder"*  
Outreach Worker – South East



## People on the streets have serious mental health problems

Many of our clients have suffered from complex trauma throughout their lives. A recent survey of our clients in four hostels found that half were abused or neglected as children, 23% were abused physically and 12% were abused sexually.<sup>14</sup> In previous St Mungo's research 85% of interviewees and questionnaire respondents had either a diagnosed mental health problem or had concerns about their mental health; only one in six, or 17%, of the general population have a diagnosed mental health problem or concerns about their mental health at any one point in time.<sup>15</sup>

Those on the streets do not just have low level problems with their mental health, they have serious and enduring conditions. Schizophrenia affects around 1% of the UK population aged 16-74 at any one time; however our client needs survey shows that 21% of our clients who have slept rough have been diagnosed with or are believed to have schizophrenia (16% diagnosed).

We have found that 24% of our clients have attempted suicide,<sup>16</sup> a Salvation Army study in 2009 found that 36% of homeless people had attempted suicide at least once.<sup>17</sup>

## Matty's story

*The police identified Matty as a vulnerable person and visited him at his flat, which they found to be without heat or lighting as well as being filled with rubbish and human excrement. It was being used as a 'dosshose' by local drinkers and there was strong suspicion that Matty was being exploited for money. The police also suspected that there were underlying mental health issues.*

*Even when sober, Matty seemed to have cognitive difficulties. During the course of our work with Matty, he spent time in two residential detox facilities. On both occasions the host services said that the treatment failed as a result of Matty's 'dementia'. However, despite two referrals, Social Services in borough A insisted that Matty was simply an alcoholic and therefore not in need of their help.*

*Matty was evicted from his flat by his son and given temporary accommodation in borough B, an area he was not familiar with. He regularly became lost and disorientated and spent nights sleeping rough. He was often prey to other street-drinkers who assaulted him if he did not surrender his money, post office card and travel pass.*

*Efforts to have Matty rehoused were frustrated by bureaucratic disagreements between services within borough A and between boroughs A and B. The matter was bounced around legal departments for six months, in winter, while Matty remained homeless, his health deteriorating. Eventually he was referred into St Mungo's services, over a year after he had been first been identified as vulnerable by the police.*



<sup>11</sup> 16% of our clients who have slept rough have a diagnosis of schizophrenia. The prevalence in the general population is generally given as 1%

<sup>12</sup> Figure taken from Freedom of Information requests, published by Guardian Online *NHS cuts to jobs: the list in full* <http://www.guardian.co.uk/news/datablog/2011/feb/23/nhs-cuts-list>, retrieved on October 10 2011

<sup>13</sup> St Mungo's (2011) Client Needs Survey Analysis – Draft. Further information available on request

<sup>14</sup> St Mungo's (2011) *Health Survey of the Homeless Population in 4 Hostels in London: Initial Results* London: St Mungo's (available on request)

<sup>15</sup> St Mungo's (2009) *Happiness Matters* London: St Mungo's

<sup>16</sup> St Mungo's (2011) *Health Survey of the Homeless Population in 4 Hostels in London: Initial Results*

<sup>17</sup> The Salvation Army (2009) *The Seeds of Exclusion* London: Salvation Army

“There continues to be a shortfall in mental health services for rough sleepers (I think if the NHS were given a target around MH and rough sleeping it might lead to this area being taken more seriously). Drug & alcohol services exist but do not really do enough in terms of accessing street homeless and engaging them, as opposed to expecting them to come in to services” Outreach worker – London

## People with mental health and drug or alcohol problems are denied treatment

People with drug or alcohol and mental health problems often struggle to engage with mental health services because of this dual diagnosis. Many statutory services will not work with people who are using drugs or alcohol. Many people, however, struggle to get sober without access to mental health services. In practice this means that some of the people most in need of mental health treatment do not receive the support they need.

This failure leads to people sleeping rough. Our client needs survey found that of those clients with a history of rough sleeping who have mental health problems, 57% currently misuse drugs and/or alcohol; when those who have misused drugs and/or alcohol in the past are included then the figure rises to 72%. A recent report by the Joseph Rowntree Foundation and Homeless link found that the overlap between substance use and homelessness was widespread.<sup>18</sup>

## What could make a difference?

### 1. Mental health services equipped to take the risk of homelessness into account

Mental ill health is a strong predictor of homelessness; early intervention can divert people away from the damaging consequences of rough sleeping. We need to direct more resources into Community Mental Health Teams to manage these issues. Their chronic underfunding and focus on acute mental health problems looks set to continue. The result will be that more people who are ill are left in desperate need, with nowhere else to go but the streets.

### 2. Recognise dual diagnosis as a multiple need that can and should be treated

St Mungo's believes that drug and alcohol problems are often inextricably bound up with mental health problems. Addressing these simultaneously with people who have a 'dual diagnosis' has been proven to lead to better outcomes for our clients and is an approach that should be adopted throughout mental health services. Dual diagnosis is dealt with poorly throughout statutory services that people at risk of homelessness come into contact with.<sup>19</sup>

Statutory housing advice and support services need to recognise that relatively low or modest levels of mental ill-health and drug or alcohol problems combine to form a multiplicity of need, making a person extremely vulnerable and in need of help.

# Relationship breakdown

## Not enough help for men when relationships break down

The current economic climate is causing more people to experience relationship difficulties with their partner;<sup>20</sup> a Relate survey has found that a quarter of families argued more because of the recession.<sup>21</sup> This is cause for concern as, according to outreach workers, relationship breakdown is the most common trigger of rough sleeping, often combining emotional trauma with the need to find new housing. By its very nature, relationship breakdown means that people can no longer go to those to whom they were close for support.

Men are more at risk of depression and isolation after divorce,<sup>22</sup> The men that we spoke to had all waited until they were in desperate need before asking the local authority for help. They all approached housing advisors for help when they had no one else to turn to. Instead of getting the advice they needed they were more often subject to petty wrangling between local authorities over who should take responsibility for them.

The advice and assistance they did receive was most often limited to being given a list of telephone numbers, some of which were obsolete, others were almost continuously engaged.

Everything was going sweet and then basically the boat just turned over, capsized - David

- **No help for men when relationships breakdown:** Results from St Mungo's national survey of outreach workers suggest that relationship breakdown is the most common trigger of male rough sleeping. Men are more at risk of depression and isolation after a divorce and many do not get adequate advice and assistance.
- **Young people with nowhere to go:** High levels of youth unemployment, a shortage of shared housing and changes to housing benefit may combine with family relationship breakdown to push more young people into rough sleeping.

*When Derrick's relationship with his girlfriend broke down, he approached the local council for help. They said there was nothing to be done as he could not prove residence despite living there for 12 years. Eventually he ended up sleeping rough and kept trying the council for help. They gave him phone numbers; he repeatedly used up phone credit without getting through to anyone that could help him. Finally, a security guard overheard him and made a call for him to an emergency shelter.*

**James' story:** - "I worked for 30 years as precision engineer for an aerospace company. After getting divorced I had to hand over the deeds to my house and moved into shared accommodation. I started to work as a security guard. The tenancy in this accommodation was terminated so I moved in with my brother. He's got his kids to look after and I didn't want to get in the way for too long.

*I started to sleep on the common in a dried-up pond. My brother would bring me food and clothes. I felt exposed at night, I was sleeping in some bushes but a group of kids found me and they harassed me, they urinated on me."*

*James approached borough A for help because that was where he had been living. Borough A however, sent him to Borough B, as the part of the Common he was sleeping on was in that borough. He eventually found help to get a shelter place via the street outreach teams and a day centre he started attending.*

<sup>18</sup> McDonagh, T (2011) *Tackling homelessness and exclusion: Understanding complex lives* York: Joseph Rowntree Foundation

<sup>19</sup> Cockersell, P (2011) "Homelessness and mental health: Adding clinical mental health interventions to existing social ones can greatly enhance positive outcomes" *Journal of Public Mental Health* Vol.10. No. 2

<sup>20</sup> Pleasance, P and Balmer, NJ (2011) "On the Rocks: Recession-related Life Problems and Relationship Stability." *Child and Family Law Quarterly*, Vol. 2011, Issue 4 (In press, reference refers abstract; [https://iris.ucl.ac.uk/research/browse/show-publication?pub\\_id=338022&source\\_id=1](https://iris.ucl.ac.uk/research/browse/show-publication?pub_id=338022&source_id=1), retrieved 3 October 2011)

<sup>21</sup> Relate, Press Release (September, 2009) *A quarter of families arguing more because of the recession*

<sup>22</sup> Royal College of Psychiatrists, *Men and Depression* <http://www.rcpsych.ac.uk/mentalhealthinfoforall/problems/depression/mendepression.aspx>, retrieved 3 October 2011

## Young people with nowhere to go

When responding to our survey, several outreach workers mentioned changes to housing benefit for young people when asked 'Are you concerned about the impact of spending cuts on rough sleepers over the next 12 months?' and 'Do you think that any other changes in Government policy will significantly affect rough sleepers over the next 12 months?' They were particularly worried about a shortage of low cost shared accommodation that young people would be able to access.

Under existing housing benefit rules, under 25s in private accommodation are restricted to housing benefit that covers the cost of single room in a shared house. However, in January 2012 the rules change so that all of those under 35 in private rented accommodation will receive only enough housing benefit to cover the cost of a single room in a shared house. Fears were expressed that this will squeeze the available accommodation and put many young people at risk of having no roof over their heads at all.

*Borough A had accepted responsibility for Mark but housed him in borough B as they had no accommodation available.*

*Earlier this year he ended up having to leave his bedsit accommodation due to a run-in with an ex-drug dealer who threatened him, which resulted in him becoming homeless again. Because there was no provision for homeless people in borough B, borough A sent him to St Mungo's shelter in borough C, but the boroughs argued over who was responsible, leading to delays in getting his prescription sorted out.*

*Cuts in housing benefit will have a massive impact on under 25 year olds, limiting their access to private rented accommodation, and reducing homeless services will give less access to homeless [people] which will increase rough sleeping.*

Outreach worker – North West

*Changing housing benefit for one bed flat rate from age group 25 to 35 plus in January 2012 will put huge pressure on shared accommodation market in private rented sector, which currently has insufficient housing benefit tolerant landlords providing Houses in Multiple Occupation's for under 25s.*

Outreach worker – London

*Particularly at risk are young people with behavioural problems, for example ADHD, who may find it more difficult to live with their parents or others in shared accommodation.*

Outreach worker – East of England

As youth unemployment continues to rise, more young people remain living at home and there is a higher risk of breakdown in family relationships as pressure is placed on time and space.

The latest figures show 1,103,000 unemployed 16-24 year olds; an increase of 7.5% on the same period last year.<sup>23</sup> Research commissioned by Centrepoin estimated that 3,800 young people slept rough in 2007/8, representing a 4-7% increase on the previous year's figures.<sup>24</sup>



## What could make a difference?

### 1. New advice standards to help all of those in housing need

Local authorities still have a duty to provide advice and assistance. Simply handing over a sheet of phone numbers does not help people avoid rough sleeping; new guidance should be published making it clear that those threatened by homelessness have a right to high quality advice and assistance.<sup>25</sup>

### 2. Housing advisors better equipped to spot the most vulnerable

Housing advice sessions often represent the last chance to help someone avoid sleeping on the streets. Our clients' experiences are further evidence to support the call, made in the recent report *Tackling homelessness and exclusion: Understanding complex lives* to improve the training of housing advisers.<sup>26</sup>

Housing advisors need to be able to spot someone who is at risk of sleeping rough. It is important that they do not simply see sessions as a tick box exercise but assess individuals holistically; e.g. taking into account the vulnerability that can come from a multiplicity of relatively low level needs. Housing advice sessions are an opportunity

to signpost people to health and other services. Advisors must be trained to take advantage of this opportunity

### 3. More emergency housing options available

Central and local government need to do more to ensure that investment in emergency housing is protected. While we welcome recent investment made through the Homelessness Change Programme, most of the investment was made in improvements to existing hostels rather than in new beds. Cuts in emergency accommodation bed spaces triggered by Supporting People funding cuts hit people judged as not in priority need especially hard, often leaving them with little choice other than to sleep rough.

<sup>23</sup> Office for National Statistics, *Labour Market Statistics, September 2011: Table A06*, <http://www.ons.gov.uk/ons/rel/lms/labour-market-statistics/september-2011/table-a06.xls>, retrieved 3 October 2011

<sup>24</sup> Quilgars, D, Fitzpatrick S and Pleace, N (2011) *Ending youth homelessness: Possibilities, challenges and practical solutions* York: University of York

<sup>25</sup> The Government should look at the *Homeless Persons Advice and Assistance (Scotland) Regulations 2002 (SSI 2002 No.414)* This regulation sets out in detail the minimum advice and assistance that local authorities must provide to homeless applicants and applicants threatened with homelessness who are either not in priority need or, if in priority need, have become homeless intentionally

<sup>26</sup> McDonagh, T (2011) *Tackling homelessness and exclusion: Understanding complex lives* York: Joseph Rowntree Foundation

# Domestic violence

## Survivors of domestic violence are sleeping rough

Many people would assume that those who have been subject to domestic violence would always get the support that they need. However, we found that 35% of our female clients who had slept rough were made homeless by domestic violence. Shocking as this sounds, it is likely that these figures underestimate the real levels of domestic violence experienced by our clients. Our clients often do not acknowledge threatening or controlling behaviour, emotional, psychological and financial forms of domestic violence, seeing them as the norm in their relationship.<sup>29</sup>

We found that it is those most in need who most often end up sleeping rough. Analysis of our client needs survey showed that it is often the most vulnerable women made homeless by domestic violence that sleep rough:

- Of the women who have been made homeless by domestic violence and have slept rough, 90% use drugs or alcohol problematically or have done in the past, compared to 58% of women who have been made homeless by domestic violence and who have not slept rough.

*I became homeless because I got pregnant at 14, my mum threw me out and after that I got married. My husband raped me and beat me up. So I ran to London to escape him and have been on the street ever since - St Mungo's Client<sup>27</sup>*

- **Survivors of domestic violence are sleeping rough:** Our rough sleeper survey showed that over a third of women who have slept rough left home to escape domestic violence. The most vulnerable survivors of domestic violence are more likely to sleep rough.
- **Services are not providing a safety net:** In March 2011, 60% of refuges for female survivors of domestic and sexual violence and 70% of domestic violence outreach teams did not have funding agreed from 1 April 2011.<sup>28</sup>
- **Women are let down by those that they turn to:** Women who have survived domestic violence often find it hard to get support in finding safe accommodation.

- Of the women who have been made homeless by domestic violence and have slept rough, 64% have a significant medical condition, compared to 45% of women who have been made homeless by domestic violence and who have not slept rough.

## Services are not providing a safety net

Refuges provide safe and secure temporary accommodation for women who are survivors of domestic violence. A report by Crisis published in 2006, before recent dramatic cuts, suggests that over 40% of homeless women who had been subject to domestic violence wanted, but had not received, support to help them deal with their experiences.<sup>30</sup>

We fear that if this survey was repeated the new figures would be even worse. There have never been enough services for survivors of domestic violence available nationally,<sup>31</sup> and historically there has been a particular shortage of services that accept women with drug or alcohol problems.

In March 2011 60% of refuges for women who have experienced domestic and sexual violence and 70% of domestic violence outreach teams did not have funding agreed from 1 April 2011.<sup>32</sup> The Chief Executive of Eaves, an organisation that supports women who have experienced violence, handed back her OBE in protest at the scale of the cuts.<sup>33</sup>

<sup>27</sup> St Mungo's (2009) *Happiness Matters*, London: St Mungo's p. 9

<sup>28</sup> Women's Aid, Press Release (March 07, 2011) *Women's Aid's survey reveals fear that over half of refuge and outreach services could face closure*

<sup>29</sup> St Mungo's is currently reviewing its internal policy so that we can better identify those who have experienced domestic violence.

<sup>30</sup> Reeve, K, Casey, R and Goudie, R (2006) *Homeless Women: Still being failed yet striving to survive* London: Crisis

<sup>31</sup> Women's Aid, Press Release (March 07, 2011) *Women's Aid's survey reveals fear that over half of refuge and outreach services could face closure*

<sup>32</sup> Women's Aid, Press Release (March 07, 2011) *Women's Aid's survey reveals fear that over half of refuge and outreach services could face closure*

<sup>33</sup> Gentleman, A. (15 February, 2011) "Women's refuge chief returns OBE in protest over cuts" *Guardian Online*

<http://www.guardian.co.uk/society/2011/feb/15/women-refuge-chief-protest-cuts>, retrieved 3 October, 2011

## Women are let down by those that they turn to

Local authorities have a legal duty to house people who are vulnerable after having been forced to flee their homes after experiencing, or being threatened by, domestic violence. Evidence gathered in 2009 by the Brent Homeless User Group and Crisis, through a 'mystery shopper' exercise,<sup>34</sup> supports our clients' testimonies that council officials are often dismissive of the problems and dangers faced by women who have experienced domestic violence.

A recent Local Government Ombudsman (LGO) report documents a case in which a council apologised and paid compensation to a woman who was forced to sleep rough after she was 'deprived [...] of the opportunity to have her case properly assessed on two occasions.'<sup>35</sup> In another recent case the LGO catalogued a number of failures made by a local authority in the way that it dealt with a woman made homeless by domestic violence; the LGO recommended that she be paid £500 in recognition of the distress that was caused.<sup>36</sup> It has been argued elsewhere that local authorities interpret legislation in a manner designed to minimise the occasions on which they have a duty to provide accommodation to survivors of domestic violence.<sup>37</sup>



*Maria, 36, has had more than one violent partner. She left one who sexually assaulted her when her son was six weeks old and then moved in with a man for seven years who became violent after the first couple of years. She describes him as 'the very worst', 'he was so violent', 'I still have nightmares from him', 'that's where I got the stab wounds from on my arm, I had 43 stitches', 'he broke my knee and that's why I walk with a limp', 'he's done me enormous injuries'. She ran away 'many many times' but he always used to find her until she came to London. She says she used to think it was her fault, she used to think 'why is somebody beating me, it must be something I've done' and then forgive him and make excuses. She finally left when their daughter was one year old.*

## What could make a difference?

### 1. Local Authorities must act on their duty to protect those who have experienced domestic violence

No-one should be forced to choose between returning to a violent home or sleeping on the streets.

### 2. More places where at risk women can be safe

As refuge services are cut, it becomes more important than ever that women who have suffered from, or are at risk of, domestic violence are given the support and access to accommodation that they are legally entitled to. We need increased investment in refuge and housing provision for women fleeing domestic violence; including more specialist provision to accommodate those with a range of complex needs such as substance use and health problems.

<sup>34</sup> Brent Homeless User Group (2009) *Mystery Shopping Report* Brent Homeless User Group and Crisis: London

<sup>35</sup> Local Government Ombudsman (2011) *Homelessness: How councils can ensure justice for homeless people* London: Commission for Local Administration in England p. 8

<sup>36</sup> Local Government Lawyer (October 14, 2011) *Ensure officers understand statutory responsibilities on homelessness, LGO tells council*

<sup>37</sup> Rubens, T (2008) "Domestic Violence and Priority Need" *Journal of Housing Law* Vol. 11 Issue 2

# Conclusion: Battered, broken, bereft.....and abandoned

Unless you're half dead there's no chance of a place - **Derrick**

There are opportunities to help each group identified in this report, before people are forced to resort to living on the streets. We believe that Government must focus on those opportunities so that no one is left without help in their darkest hour:

A recent report from the Joseph Rowntree Foundation and Homeless Link found that there were stages to most people's experience of acute disadvantage. They often started with troubled childhoods, then substance misuse at a young age, followed by a progression over 7-8 years to become 'officially homeless,' staying in hostel accommodation or applying to the council as homeless.

During this time there were many opportunities to support people away from the streets. The average age for people to sleep rough for the first time was 26.<sup>38</sup>



Service reform need not be costly; particularly if the right interventions reach people in time to prevent rough sleeping, from which we know it is a much longer journey to recovery.

In the context of a prolonged economic downturn, taking away services that help some of the most vulnerable members of society will continue to lead to an increase in the level of homelessness.<sup>39</sup> As we can already see, not least through the increase in people with mental health problems on the streets, cuts are already driving up the number of rough sleepers.

This report clearly illustrates the need for better quality, more effective support from all services in a position to prevent people from sleeping rough. People may well be battered, broken and bereft – but we must not abandon them to the streets.

<sup>38</sup> McDonagh, T (2011) *Tackling homelessness and exclusion: Understanding complex lives* York: Joseph Rowntree Foundation

<sup>39</sup> This trend shows no sign being reversed. New research from Crisis has described 2010 as a turning point in homelessness, suggesting that numbers will continue to rise as the lagged effects of the recession and impact of cuts as people lose their income and home. See Fitzpatrick, S, Pawson, H, Bramley G, and Wilcox, S (2011) *The Homelessness Monitor: Tracking the Impacts of Policy and Economic Change in England 2011-2013* London: Crisis





St Mungo's opens doors for homeless people. Mainly based in London and the South, we provide over 100 accommodation and support projects day in, day out.

We run **emergency** services – including street outreach and emergency shelters. We support homeless people in their **recovery** – opening the door to health care, and getting more homeless people into lasting new homes and training and work than any other charity. And we **prevent** homelessness through our high support housing and support teams for people at real risk.

By opening our doors, and our support services, we enable thousands of homeless and vulnerable people change their lives for good every year.

Some of the pictures featured in this report were taken by Neil Allan and Deborah Kershaw as part of St Mungo's Street Stories Oral History project and exhibition. For more, see [www.mungos.org/streetstories](http://www.mungos.org/streetstories)

Photo of Jeremy Paxman by Dave Williams

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