

DYING ON THE STREETS

The case for moving quickly to end rough sleeping
June 2018

Contents

➤ Foreword	Page 3
➤ 1 Introduction	Page 4
➤ 2 Rough sleeping requires rapid relief	Page 6
➤ 3 Records and reviews: ensuring no death goes ignored	Page 8
➤ 4 Outreach: supporting people to leave the street	Page 10
➤ 5 Mental health and substance use: breaking down the barriers to accessing support	Page 12
➤ 6 Emergency accommodation: providing safety away from the street	Page 16
➤ 7 Conclusion	Page 19

Acknowledgements

We would like to thank everyone who contributed to this report, especially the street outreach professionals who responded to our survey. We are also grateful to members of the St Mungo's client involvement group Outside In, who participated in the development of this report.

With further thanks to the health and homelessness professionals, commissioners, policy makers and researchers who shared their expertise.

Foreword



The survey results show that too many deaths are going ignored, and access to emergency accommodation and mental health services for people sleeping rough is getting harder.

A number of years ago, on an icy Christmas Eve, I was asked by the police to go into a garden to try and identify the body of a man who had been found dead that morning. I immediately recognised him as someone who had been sleeping rough and in contact with our outreach service. I had previously spoken to him to find out what we could do to help him off the streets. He was very guarded and gave little information about what help he needed or how he found himself on the streets. Sadly, he died before help could be given. I felt unprepared, sad, confused and shocked that someone could die in this way. The memory of this man has always stayed with me and with it the feeling that more needs to be done to prevent similar injustices occurring again.

It is tragic that years later, people are still dying on the streets. This report by St Mungo's helps to explain why it can be so hard to escape the streets and what should be done to prevent further deaths. It is based on a national survey of outreach teams who, like my own, work with people sleeping rough night and day.

The survey results show that too many deaths are going ignored, and access to emergency accommodation and mental health services for people sleeping rough is getting harder. The results don't surprise me, providing swift interventions to some of the most vulnerable members of our society is a daily challenge for outreach services all over the country. I do hope the survey results, and this report, encourage policy makers to sit up and listen.

Dying on the streets should be unthinkable. It is certainly preventable. Something needs to change to ensure that all services are adequately resourced to reach out to those who find themselves in the lonely and often frightening world of rough sleeping, and that no death goes ignored.

The rising number of deaths has finally caught public attention in recent months. This is to be welcomed. But awareness and empathy are not enough. Now is the time for action. We can stop people from dying on the streets, but only by moving quickly to end rough sleeping. I hope the Government uses its forthcoming rough sleeping strategy to do this. The price of failure is too high.

Hannah Hunter
St Mungo's street outreach manager, Westminster

I. Introduction

Last year in England, more than 4,700 people slept rough on any one night, and a far larger number experienced rough sleeping during the course of the year.¹ The number of people sleeping rough has risen by 169% since 2010, when the Government introduced the current method of counting.

As the number of people sleeping rough has risen, so too has the number of people dying on the streets. The only area with consistent data on this is London, where 158 people who were sleeping rough died between 2010 and 2017.² That is an average of one death every fortnight. More than half of those who died had a mental health support need recorded.

In the UK as a whole, while rough sleeper deaths are not consistently recorded, recent reports suggest that the number of homeless people dying on the streets or in temporary accommodation has increased dramatically. Analysis by the Guardian and the Bureau of Investigative Journalism suggests that the number of homeless deaths rose from 32 in 2013 to 77 in 2017.³

In the first four months of 2018 alone there have already been 40 recorded deaths, higher than the figure for the whole of 2013 and an average of more than two deaths every week. In total, this suggests that at least 318 people experiencing homelessness have died in the UK since 2013.⁴

Overwhelmingly, the deaths of these individuals are premature and entirely preventable. The average age of death for a man who dies whilst homeless is 47. For a woman, it is just 43.⁵

This is nothing short of a national scandal. Rough sleeping is the most visible form of homelessness, and dying on the streets is its most appalling consequence. The recent rapid increase should be a wake up call for Government.



IN LONDON, 158 PEOPLE WHO WERE SLEEPING ROUGH DIED BETWEEN 2010 AND 2017

St Mungo's has long campaigned to reduce the harm caused by rough sleeping. In February 2016 we launched our 'Stop the Scandal' campaign which shone a light on the widespread experience of violence, mental health and physical health problems faced by people sleeping rough.⁶

Our campaign called on the Government to commit to a new strategy to end rough sleeping, and we are pleased that the Government has responded and will be publishing a national rough sleeping strategy later this year. Alongside the implementation of the Homelessness Reduction Act, this strategy presents a vital opportunity to make sure no one else dies as a result of sleeping rough.

To gather evidence on what is and is not working about current responses to rough sleeping, we carried out a national survey of street outreach services in March and April 2018. 71 responses were received from a variety of different providers, including but not limited to St Mungo's. We received responses from services operating in every region in England.⁷ We asked 37 questions, mostly multiple choice and some open ended, to build a better picture of the situation on the frontline.⁸

¹ Ministry for Housing, Communities and Local Government (2018), *Rough Sleeping Statistics Autumn 2017, England (Revised)* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/682001/Rough_Sleeping_Autumn_2017_Statistical_Release_-_revised.pdf

² Analysis of data from the Combined Housing and Information Network (CHAIN). This figure is the number of people whose death was recorded on CHAIN within the same calendar year as being seen rough sleeping.

³ The Guardian (2018), 'At least 78 homeless people died in UK over winter; figures reveal' <https://www.theguardian.com/society/2018/apr/23/at-least-78-homeless-people-died-in-uk-over-winter-figures-reveal>

⁴ *ibid.*

⁵ Crisis (2012), *Homelessness Kills* https://www.crisis.org.uk/media/236799/crisis_homelessness_kills_es2012.pdf

⁶ St Mungo's (2016) *Stop the Scandal* https://www.mungos.org/wp-content/uploads/2017/12/Stop_the_scandal_Feb2016-1.pdf

⁷ We would like to thank Homeless Link for providing the contact details for each service. In distributing the survey we requested only one response per service.

⁸ Findings comes from St Mungo's' national street outreach survey 2018.

Summary of the main findings from our national street outreach survey

- **79% of respondents said rough sleeping had risen in their area in the last five years**, compared to just 3% who said it had fallen and 13% who said levels had stayed the same.
- **Only 21% of respondents said their outreach service had seen a real terms increase in funding in the last five years**. 31% reported a funding decrease, despite the rise in the number of people sleeping rough.
- **63% of respondents were aware of someone who had died while sleeping rough in their local authority area in the last year**. However, only 23% had any experience of a review being carried out in their area following the death of someone sleeping rough.
- **64% of respondents said access to emergency accommodation for people sleeping rough had got harder compared to five years ago**.
- **70% of respondents said access to mental health services for people sleeping rough had got harder compared to five years ago**, and 42% said the same for access to substance use services.

These findings are an indictment of current responses to rough sleeping. With access to vital emergency accommodation and support services getting harder and harder, it is unsurprising that the number of people dying on the streets is rising. Urgent action to provide rapid relief from rough sleeping is needed to turn this around.

Summary of our recommendations

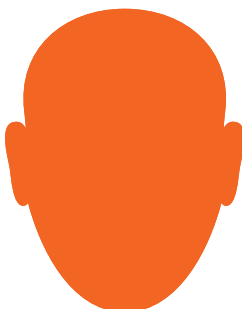
We are calling on the Government to commit to the following in the forthcoming national rough sleeping strategy:

1. Ensure multi-agency reviews always take place following the death of anyone sleeping rough, and numbers are recorded at the national level.
2. Increase funding for StreetLink to raise public engagement and awareness of the service, improve the quality of alerts submitted and the ability of outreach services to respond to referrals.
3. Create a specific funding pot for rapid relief from rough sleeping that promotes joint funding from health and local authority budgets for assertive outreach.
4. Invest in specialist mental health services for homeless people in all areas with high levels of rough sleeping.
5. Guarantee rapid access to drug and alcohol services for people sleeping rough, regardless of local connection or recourse to public funds.
6. Ensure that assessments under the Care Act are available on the streets to all people sleeping rough.
7. Guarantee emergency accommodation for individuals at immediate risk of rough sleeping, and expand access to No Second Night Out (NSNO) services.
8. Fund innovative emergency accommodation options including pop-up assessment hubs, female-only emergency accommodation and emergency accommodation with immigration advice for migrants sleeping rough.
9. Improve the accuracy and speed of decision making on immigration applications and prioritise applications from people who are sleeping rough.
10. Require a refresh of all local homelessness strategies to plan and integrate these new rapid relief measures.

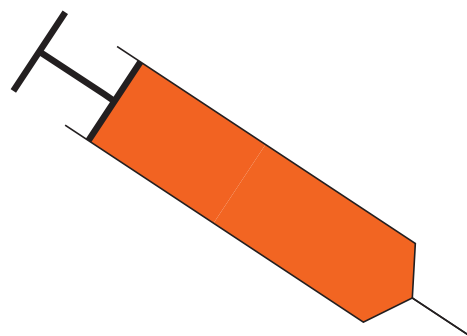
Survey respondents said access to vital services for people sleeping rough has got harder during the past five years



64% said emergency accommodation has got harder to access



70% said mental health services have got harder to access



42% said substance use services have got harder to access

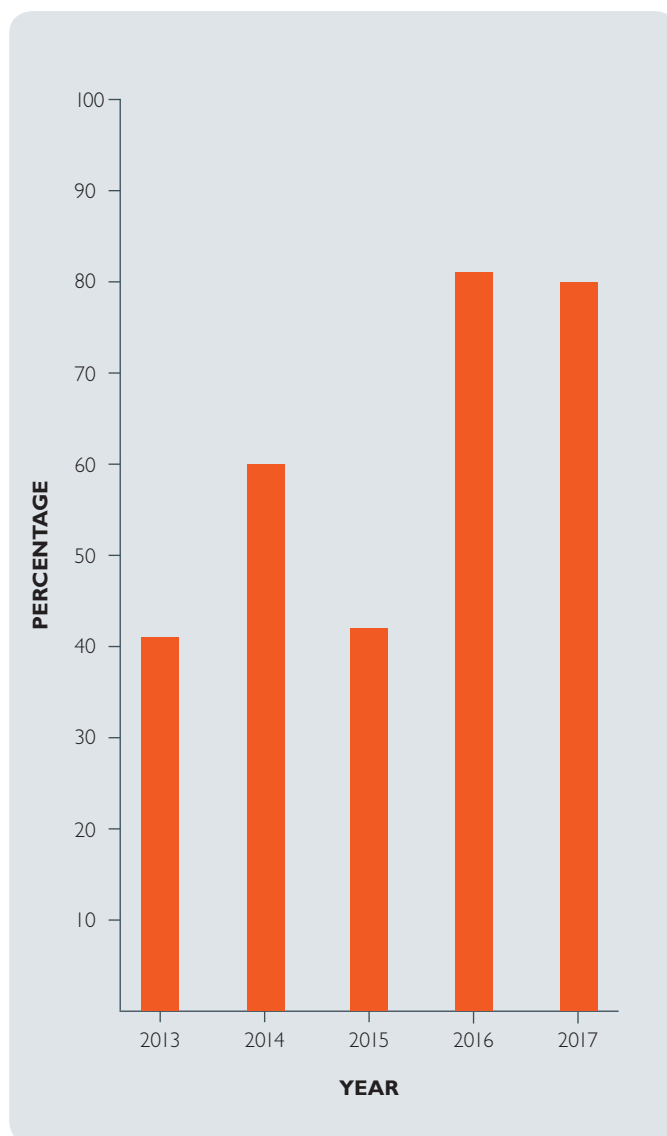
2. Rough sleeping requires rapid relief

Rough sleeping is above all else extremely dangerous. Our 'Stop the Scandal' campaign highlighted the dangers associated with sleeping rough, including greatly increased chances of poor health, violence and ultimately death. Those affected by homelessness are ten times more likely to die than those of a similar age in the general population.⁹

We know that in London alone, 158 people sleeping rough died between 2010 and 2017.¹⁰ That's an average of almost one death every fortnight. The average age of death for a man who dies while homeless is 47. For a woman, it is just 43.

Across the UK the situation is even more shocking, as numbers appear to be rising rapidly. The Guardian and the Bureau of Investigative Journalism recently asked all UK local authorities how many verified rough sleepers have died in their area in the last five calendar years. From these responses they calculated that at least 318 people have died while homeless since 2013, and the number of people dying each year had more than doubled from 32 in 2013 to 77 in 2017.¹¹ Until local authorities are required to accurately record the deaths of people sleeping rough, these figures are the most comprehensive that are available outside of London. They are shocking and demand action.

Those who die on the streets are some of the most vulnerable people in society. Of the rough sleepers who have died in London since 2010 and had their support needs previously assessed, 9 in 10 needed support for mental health, drug, or alcohol problems (69% alcohol, 37% drugs, 56% mental health).¹² Most notably, mental health support needs among those who have died has recently increased dramatically with 80% of this group recorded as having a mental health problem in 2016 and 2017, up from 29% in 2010 and 60% in 2014.¹³



PROPORTION OF PEOPLE WHO DIED WHILE SLEEPING ROUGH IN LONDON WHO HAD A RECORDED MENTAL HEALTH PROBLEM

⁹ Robert.W.Aldridge et al (2017) 'Morbidity and mortality in homeless individuals, prisoners, sex workers, and individuals with substance use disorders in high-income countries: a systematic review and meta-analysis', published in The Lancet.

¹⁰ Analysis of data from CHAIN.

¹¹ The Guardian (2018), 'At least 78 homeless people died in UK over winter; figures reveal'

<https://www.theguardian.com/society/2018/apr/23/at-least-78-homeless-people-died-in-uk-over-winter-figures-reveal>

¹² Analysis of data from CHAIN. 140 of the 158 who were recorded as having died had their support needs assessed, and of these 128 were recorded as having an alcohol, drugs or mental health support need.

¹³ Ibid. In total 79 people died with a recorded mental health support need between 2010 and 2017, out of a cohort of 140 who died and were assessed.

We also know that violence is an all too common experience for people sleeping rough. In a 2016 survey of over 200 people sleeping rough in Westminster, more than a third, rising to 44% of female respondents, said they had been attacked or beaten up since they started rough sleeping. Around a quarter of those who died across England since 2010 experienced violent deaths.¹⁴

Non-UK nationals represent a significant proportion of both the rough sleeping population and recorded deaths. 46% of the 158 people who died in London since 2010 were non-UK nationals, including 28% from Central and Eastern Europe.¹⁵ Latest figures from 2016 showed that 55% of London's rough sleeping population were non-UK nationals.¹⁶ Migrants who have No Recourse to Public Funds (NRPF) are particularly vulnerable, unable to access benefits and increasingly prevented from accessing essential healthcare and other support. It is essential that any attempt to prevent the deaths of people sleeping rough recognises the challenges faced by this group.

Clearly, the most effective long term way of stopping this scandal is preventing people sleeping rough in the first place. Reforming welfare entitlements and increasing the supply of genuinely affordable housing are critical to achieving this. For those who do end up sleeping rough, stable, affordable accommodation with the right support should be made available as soon as possible. There are a variety of approaches to doing this, such as good quality supported housing, the 'Clearing House' (which allocates housing association tenancies, linked with tenancy support for people who have slept rough in London) and Housing First models. These approaches have a strong evidence base for providing sustainable housing for people with a history of rough sleeping, and should be funded and rolled out far more widely.

Naturally these changes will take time, but while being pursued, urgent action is required to prevent more people dying on the streets. Every night spent sleeping rough increases the likelihood of harm and death and with the number of people affected at a record high, we cannot afford to delay.

This report focuses on interventions which can be rolled out immediately and help people within hours of their arrival on the street, or sooner – street outreach, emergency accommodation, and support for substance use and mental health problems. There must also be changes to recording and reviewing the deaths of anyone sleeping rough. These changes should be underpinned by a requirement for refreshed local homelessness strategies which integrate new interventions and ensure link up with other local health and housing strategies.

While this is not enough on its own to end rough sleeping, it is a necessary approach to protect more people from the injustice of dying on the streets.

¹⁴ St Mungo's (2016) Stop the Scandal https://www.mungos.org/wp-content/uploads/2017/12/Stop_the_scandal_Feb2016-1.pdf

¹⁵ Analysis of data from CHAIN

¹⁶ Ibid.

3. Records and reviews: ensuring no death goes ignored

The best way to stop people from dying on the streets is to end rough sleeping. But for those who do suffer the injustice of a death on Britain's streets, we need to do more to ensure individuals and their relatives get the respect and due process they deserve. This requires an accurate record of every death and a guaranteed review to ensure that lessons are learnt.

Too often when someone dies while sleeping rough this does not happen. Death certificates do not record the deceased person's housing status and as a result it is very difficult to count the number of people who die while sleeping rough. On top of this, the vast majority of deaths do not even make it close to a review.

Under the Care Act (2014), if there is a safeguarding concern in relation to a death, the case should be referred to the local Safeguarding Adults Board (SAB). If the SAB decides there is a possibility that abuse or neglect contributed to an individual's death, they should carry out a Safeguarding Adults Review (SAR). A SAR is a process for all local agencies to identify the lessons that can be learned from serious safeguarding cases.

Out of the hundreds of deaths that have occurred in recent years, reports suggest only eight have resulted in a review.¹⁷ This is despite the fact that abuse and neglect (including self-neglect) is widely experienced by people sleeping rough. The paucity of reviews is due to a combination of factors, including differing interpretations of the meaning of abuse and neglect, budgetary pressures, unclear referral processes between agencies and SABs, and a reluctance to refer cases.

This points to wider issues with how the Care Act is applied to people sleeping rough, who are too often not given the assessments and support they should be entitled to across the board.

CASE STUDY –

Review into the death of individual sleeping rough in Brighton and Hove

Brighton and Hove Safeguarding Adults Board (SAB) carried out a Safeguarding Adults Review (SAR), concerning a homeless individual called X, who died in December 2014 aged 59.¹⁸ At the time of their death X was in contact with or known to a number of local services in Brighton and Hove.

The review concluded that whilst a range of services were in place, there was a lack of a 'person-centred' approach, and identified that safeguarding was not being adequately used as mechanism to improve outcomes for homeless individuals with complex needs.

Following the SAR and a 2015/16 review of deaths of homeless people, the SAB brought together professionals from agencies across the city to look closely at the services and interventions provided to people currently experiencing homelessness. This multi-agency audit identified examples of existing good practice and explored the challenges and difficulties faced by agencies when supporting homeless individuals.

¹⁷ The Guardian (2018), 'Hundreds of deaths of homeless people 'going unexamined'

<https://www.theguardian.com/society/2018/may/24/hundreds-of-deaths-of-homeless-people-going-unexamined>

¹⁸ Brighton and Hove Safeguarding Adults Board (2017), *Safeguarding Adults Review: X*


<http://www.hampshiresab.org.uk/wp-content/uploads/X-Safeguarding-Adult-Review-Final-Publication-April-2017.pdf>

Findings from the survey

- **In most areas someone has died sleeping rough in the last year.** 63% of respondents said this had occurred in their local authority area, compared to 30% who said it had not. 7% did not know if any people had died while sleeping rough.
- **Only a minority of deaths of people sleeping rough are being reviewed.** While 63% of respondents had seen a death locally, only 23% had any experience of a Safeguarding Adults Review being carried out in their area when someone sleeping rough dies.¹⁹ 11% said such reviews are never carried out.
- **There is a serious lack of awareness and transparency over reviews and when they are being carried out.** 66% of respondents said they did not know whether a Safeguarding Adults Review is carried out when a person dies while sleeping rough in their area.
- **Reviews are more likely to take place when adult social care teams are closely involved in supporting outreach services.** Respondents who said their service received funding from adult social care, or had staff with specialist training in this area, were twice as likely to report experience of a review being carried out into the death of someone sleeping rough. 50% of these respondents said reviews sometimes or always take place, compared to 23% of total respondents.

Recommendations

- **Ensure multi-agency reviews always take place following the death of anyone sleeping rough,** to learn lessons and ensure that similar tragedies do not occur again. This would also ensure visibility and public awareness of homeless deaths, which may otherwise go ignored. This could come through a new requirement to carry out SARs in all such cases, or by mirroring the way in which learning disability deaths or domestic homicide cases are reviewed.
- **Collect statistics on the deaths of people sleeping rough at the national level.** Require systematic recording of all deaths by local authorities, including characteristics of the individual and cause of death. Alongside this, create a national repository to collate the outcomes of all reviews, with an annual 'review of reviews' published to learn lessons on a national scale.
- **Require housing associations or homelessness service providers to be represented on Safeguarding Adults Boards.** This would ensure more effective reporting of people who die while homeless, and increase the potential for learning from those deaths.



**63% OF SURVEY
RESPONDENTS WERE
AWARE OF SOMEONE
WHO HAD DIED WHILE
SLEEPING ROUGH IN
THEIR LOCAL AUTHORITY
AREA IN THE LAST YEAR,
BUT ONLY 23% HAD ANY
EXPERIENCE OF A REVIEW
BEING CARRIED OUT.**

¹⁹ 9% of respondents said this 'always' happens, 14% said this 'sometimes' happens.

4. Outreach: supporting people to leave the street

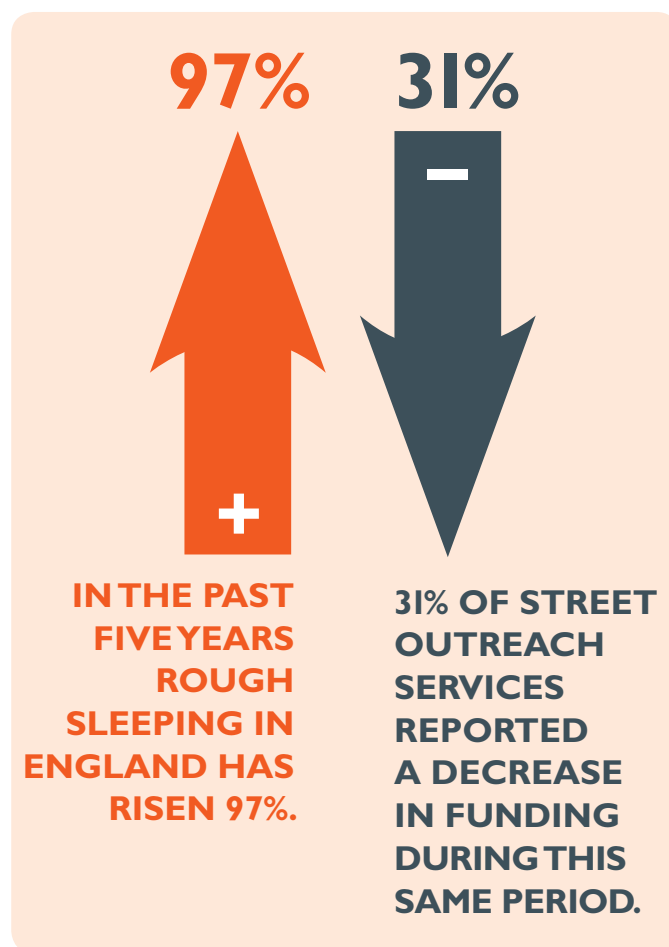
Street outreach is crucial to providing rapid relief from rough sleeping. Outreach services are needed to locate and engage people who are sleeping rough. They do this by working at night and in the early morning, using their knowledge of local rough sleeping sites and by following up StreetLink referrals.

The role of outreach services is not only to identify people sleeping rough, but to support each and every one to leave the streets. For example, the St Mungo's assertive outreach model is underpinned by the knowledge that rough sleeping is harmful and dangerous and that, with the right assessment and support, people can and will make positive choices to move away from sleeping rough.

Assertive outreach relies on a team of skilled outreach workers with the knowledge, skills and persistence to build trusting relationships, communicate the dangers of rough sleeping and present the alternative options. Outreach services need to build relationships with a wide variety of local partners to enable them to support individuals sleeping rough quickly and effectively. Key partners will vary depending on the local area, but are likely to include accommodation services and day centres, mental health services, substance use services, the police and community and volunteer groups focused on rough sleeping.

StreetLink is also valuable in assisting outreach teams. This service allows members of the public in England and Wales to log an alert online or by phone when they see someone sleeping rough. The alert is then passed on to the relevant local authority or outreach service to follow up. When it is used well, StreetLink is a powerful tool for assisting outreach services to identify rough sleepers quickly. Since the new website and app was launched in December 2017, over 100,000 people have registered as StreetLink supporters. This included 70,000 people who registered during the cold weather spell in late February/early March 2018, a dramatic increase over the same period in 2017.²⁰ In the latest quarter (Jan-March 2018) over 54,000 alerts about rough sleepers were logged with StreetLink.

There is clearly a growing potential for StreetLink to be regularly used by large numbers of people. However, any increase in public awareness and use of the service must be matched by an increase in outreach resources to respond effectively.



Findings from the survey

- **Almost a third of outreach services have seen a reduction in real terms funding over the past 5 years.** 31% of services reported a decrease in funding during this period, compared to 21% who reported a funding increase. 27% said their funding had stayed the same.
- **Funding cuts are translating into a fall in the number of staff on the ground.** Almost half (47%) of services which have had their funding cut have also reduced their total number of paid staff, compared to 7% of services which have not seen their funding cut.

²⁰ StreetLink data provided by Homeless Link.

- **Staffing cuts are' limiting the work outreach services can do.** Services which have seen a decrease in the number of paid staff are less likely to be working with a variety of local partners, such as drug and alcohol services, the police and community groups.
- **Few services have staff with specialist training.** 30% of services have staff with specialist training in mental health, 41% in substance use, 26% in social care and 14% in immigration. In London, where the migrant rough sleeping population is highest, only 23% of services have any workers with specialist training in immigration, while 77% have none at all.
- **Funding for outreach services is most likely to come from local authority housing and homelessness budgets, while funding from NHS or public health budgets is less common.** 44% of services reported receiving funding from local authority housing related support budgets and 41% from their local authority homelessness prevention grant. Only 6% of outreach services reported receiving any funding from NHS budgets, and less than 5% from local authority substance misuse budgets. 14% of services reported receiving funding from local authority public health budgets and the same proportion received funding from adult social care budgets.

Given the dramatic increase in the number of people sleeping rough across the country, it is deeply concerning that a third of outreach services have had their funding cut. This is impacting the ability of these services to do their jobs effectively and their ability to develop strong multi-agency approaches to tackling rough sleeping.

The lack of specialist training in services is another cause for concern. In London over three quarters (77%) of services have no workers with immigration training. According to the most recent figures non UK nationals make up 55% of London's rough sleeping population.²¹ For some, resolving their immigration status is key to moving off the street, but immigration decisions can take a very long time and accredited immigration advice is not readily available for people sleeping rough. In our survey, only 56% of respondents said people sleeping rough in their area with No Recourse

to Public Funds (NRPF) had access to immigration advice. Having an accredited adviser available to or embedded within outreach teams can be key to overcoming this.

Given the variety of different bodies who have a role to play in reducing rough sleeping, including the NHS and local public health departments, the limited funding sources for outreach services are a further cause for concern. As a result, outreach staff with specialist training in mental health, substance use, social care and immigration are worryingly rare and this is acting as a barrier to getting people sleeping rough the support they need.

Recommendations

- **Increase funding for StreetLink to raise public engagement and awareness of the service,** improve the quality of alerts submitted and the ability of outreach services to respond to referrals. Long term certainty over funding is required to make the necessary improvements.
- **Create a specific funding pot for rapid relief from rough sleeping that promotes joint funding from health and local authority budgets for assertive outreach and other specialist rough sleeping services.** This would increase the number of multi-disciplinary outreach teams.
- **Create a national commissioning framework for street outreach services,** to show what good practice looks like and encourage and support joint commissioning of services by councils and other local bodies.
- **Improve the accuracy and the speed decision-making on immigration applications and prioritise applications from people who are homeless.**

²¹ Analysis of data from CHAIN.

5. Mental health and substance use: breaking down the barriers to accessing support

Mental health and substance use problems are common among people sleeping rough. Of the 1,036 people who had previously slept rough and were living in St Mungo's supported accommodation in 2017, 74% had a mental health problem, and 65% had a drug or alcohol problem.²²

Support needs are particularly prevalent in the cases of people who have died sleeping rough – 9 in 10 rough sleepers who died in London since 2010 had a mental health, drugs, or alcohol support need.²³

Breaking this cycle by getting people the support they need will be an essential part of ending people's homelessness and preventing deaths.

Mental health

People sleeping rough with a mental health problem tend to live on the streets for longer.²⁴ Many are stuck in a vicious cycle where their poor mental health is an obstacle to engaging with services that can help them move off the street, while at the same time their homelessness acts as a barrier to getting that mental health support which is desperately needed.

Mental health problems result in many people being trapped sleeping rough in this way, increasing their risk of preventable and premature death. Shockingly, 80% of people who died sleeping rough in London in 2017 had a mental health support need, rising dramatically from 29% in 2010.²⁵

Investing in specialist mental health services for people sleeping rough can provide an effective solution, as well as lifesaving help for people who might otherwise be neglected or passed around multiple services without getting the support or treatment they need. Such services were established as part of the Homeless and Mentally Ill

CASE STUDY –

Assertive Contact and Engagement service, Bristol

The ACE service works to improve access to mental health services for people with complex needs who find it difficult to access mainstream services, including people who are sleeping rough and people at risk of homelessness. ACE employs engagement staff, a psychologist and two part-time therapists.

The service operates through hubs in Central, North, East and South Bristol, allowing the service to reach the whole city. The service is commissioned by Bristol CCG and managed by St Mungo's in partnership with One25.

ACE staff also reach out into hostels and other community settings, facilitating open access and drop-in groups for clients. ACE takes referrals through a duty line staffed Monday to Friday and at weekends, accepting referrals from carers, services and concerned individuals as well as self-referrals.

Recently, the service employed specific engagement workers, such as speakers in Arabic and Somali, to improve the quality of outreach to individuals from these communities and increase the chances of supporting them off the streets.

Initiative (HMII), run by the Department of Health in the 1990s, but have since been subject to major budget cuts or been lost entirely.

Previous research carried out by St Mungo's showed that only 32% of the areas where 10 or more people are sleeping rough on any one night commission mental health services actively targeting people sleeping rough. In 68% of areas with these high levels of rough sleeping, local authorities and clinical commissioning groups (CCGs) did not identify any locally commissioned mental health services for people sleeping rough.²⁶

²² St Mungo's (2016) *Nowhere Safe to Stay: the dangers of sleeping rough* https://www.mungos.org/wp-content/uploads/2017/12/Nowhere_safe_to_stay.pdf

²³ Analysis of data from CHAIN.

²⁴ Stop the Scandal research found evidence that people with mental health problems are stuck sleeping rough for longer; St Mungo's (2016) *Stop the Scandal* https://www.mungos.org/wp-content/uploads/2017/12/Stop_the_scandal_Feb2016-1.pdf

²⁵ Analysis of data from CHAIN.

²⁶ St Mungo's (2016) *Stop the Scandal: the case for action on mental health and rough sleeping*

<https://www.mungos.org/wp-content/uploads/2017/07/Stop-the-Scandal-the-case-for-action-on-mental-health-and-rough-sleeping.pdf>

These findings should be understood in the context of a squeeze across mental health budgets. Research by the King's Fund found that approximately 40% of mental health trusts in England received a reduction in their budgets in cash terms in 2012/13–2013/14 and 2013/14–2014/15, rising to almost 50% in 2014/15–2015/16. Latest data for 2016/17 shows a significant improvement, but does not change the underlying picture of services being severely overstretched²⁷. In this context, specialist services can easily be overlooked.

We know that without specialist support the mental health of people sleeping rough often deteriorates to crisis point before they receive treatment. It is essential that we prevent this from happening and ensure specialist services are in place if we are to support people off the streets.

Findings from the survey

- **Essential mental health services are not available to people sleeping rough in most areas.** Only a minority of respondents said mental health services were available to people sleeping rough in their area; these include assessment and on street support (28%), dual diagnosis services (32%), and talking therapies (40%).
- **Mental health services have become harder to access for people sleeping rough.** 70% of respondents said that access to mental health support for people sleeping rough has got harder in their area during the last five years, compared to just 5% who said it had become easier, and 25% who said it had stayed the same.
- **Fewer respondents reported the use of safeguarding for rough sleepers in the areas where access to mental health services has got harder.** Among respondents who said access to services had got harder in their area, only 45% said assessments under the Mental Health Act were available to people sleeping rough and just 28% said the same of assessments under the Care Act. In contrast, of the

areas where access to mental health services was reported to have got easier or stayed the same, 59% said assessments under the Mental Health Act were available for people sleeping rough and 41% said the same for the Care Act.

- **The vast majority of areas are not providing mental health services to people with No Recourse to Public Funds who are sleeping rough.** Only 22% of respondents said secondary mental health services were available to individuals with NRPF²⁸.

In the section of the survey where respondents were invited to give comments on the barriers to accessing mental health services for people sleeping rough, the most common issues raised were the lack of service provision and an absence of partnership working. Too few services actually go out to people on the street, with current approaches failing to engage people who have been sleeping rough for a long time. For people sleeping rough away from the area where they have the strongest local connection, especially individuals with NRPF, getting access to these services is often impossible.

Several respondents remarked that access to the above services was theoretically possible, but in practice 'notoriously difficult' and ineffectual for people sleeping rough. Low awareness of the realities of homelessness amongst mental health professionals was the thread that ran through many of the responses. The lack of interaction between mental health and substance use services was both a cause and manifestation of this, often leading to mental health services refusing to support someone with serious addiction problems.

This linked closely to a wider problem of stigma in the health system, as well as inflexibility when supporting people sleeping rough (e.g. not adapting for people who struggle to keep to appointments). Cultural and language barriers for migrants were also cited as barriers.

²⁷ The Kings Fund (2018) 'Funding and staffing of NHS mental health providers: still waiting for parity' <https://www.kingsfund.org.uk/publications/funding-staffing-mental-health-providers>

²⁸ This follows Government changes, which extend charging people with NRPF for using community services.

Survey responses on mental health

“There is no on street mental health service like there used to be. There is limited beds [sic] spaces for people who need sectioning/need short impatient care. There is an issue with dual diagnosis and neither service wanting to take responsibility.”

Yorkshire and the Humber service

“[There is an] attitude of some MH [mental health] professionals that rough sleeping is a lifestyle choice rather than a MH issue. Sometimes it can feel like they are more concerned that the rough sleeper will be in hospital for a long time taking up the space rather than what is in the best interests of the rough sleeper.”

London service

“[There are] significant cultural barriers [and a] large Indian cohort who barely have any input around MH. Often MH services fail to understand the issues clients have, wanting homelessness and other presenting issues to be addressed first.”

London service

“Clients can present to team as unwell, however they can't get a mental health worker to come out and assess them. Clients [often] fail to attend appointments and thus their case is closed. There is NO assertive mental health street work.”

South West service

“Until they [the client] engage with the drug and alcohol services, the mental health team will not engage with any client or [will] diagnose [that] their mental health is due to their substance taking.”

West Midlands service

Substance misuse

Research by Crisis found that drug and alcohol use accounts for just over a third of all deaths among the homeless population.²⁹ People sleeping rough have seven to nine times the chance of dying from alcohol related diseases and twenty times the chance of dying as a result of drug-use. Providing rapid access to substance use services is absolutely essential in any attempt to reduce the number of people dying on the streets.

In 2013, the Health and Social Care Act transferred responsibility for commissioning substance use services from primary care trusts to local authorities, who are now responsible for commissioning detoxification provided in residential alcohol and drug treatment services. These services provide a vital function in addressing substance use problems among people sleeping rough and are an important intervention to

support people to move off the street, as well as maintain their independence thereafter.

However, as with other areas of the health system, substance use services are severely stretched and failing people sleeping rough. The King's Fund estimate that public health budgets have already been cut (in real terms) by £85 million, with a 5% reduction in budgets from 2013/14 to 2017/18.³⁰ Faced with increasing demand, this squeeze is being felt by substance use services.³¹

In addition, the Care Quality Commission recently identified system-wide failings in the provision of these services, with nearly three in four providers failing in at least one of the fundamental standards of care that everyone has the right to expect, and raised concerns about a lack of specialist training for at-risk groups.³² These failings are particularly concerning given the vulnerability of people sleeping rough.

Findings from the survey

- **Most areas do not provide substance use services which are accessible to people sleeping rough.** Only 48% of respondents said community detox services were available to people sleeping rough in their area, 41% for residential detox and 43% for dual diagnosis services. Just 19% of respondents said Care Act assessments were accessible for people sleeping rough. Access to substitute prescriptions (e.g. methadone) is the only service that most respondents reported being available (89%).
- **Access to substance use services is getting harder for people sleeping rough.** 42% of respondents said access had got harder during the last 5 years, compared to just 13% who said it had got easier, and 46% who said it had stayed the same. Respondents who said that access to substance use had got harder were also less likely to have outreach workers with specialist training in this area, compounding the problem and making it even harder to get rough sleepers the support they need.
- **Poor access to substance use support correlates with a rise in rough sleeping.** 83% of respondents who said access had got harder noted an increase in rough sleeping in their area, compared to 71% among those who noted that substance use support had got easier.

²⁹ Crisis (2012) *Homelessness Kills* <https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/health-and-wellbeing/homelessness-kills-2012/>

³⁰ The King's Fund (2017) *Chickens coming home to roost: local government public health budgets for 2017/18* <https://www.kingsfund.org.uk/blog/2017/07/local-government-public-health-budgets-2017-18>

³¹ Freedom of Information requests analysed by the Independent show that the 118 councils that replied to are spending a total of £452m on alcohol and drug misuse strategies from public health grants this year, compared with £535m in 2013/14 – a cut of 15.5 per cent; The Independent 'Drug and alcohol treatment funding slashed across England by 16% in four years' <https://www.independent.co.uk/news/uk/home-news/spending-on-drug-and-alcohol-treatment-slashed-by-105m-in-four-years-a7912531.html>

³² Care Quality Commission (2017) *Briefing: substance misuse services* http://www.cqc.org.uk/sites/default/files/2017/11/30_briefing_sms_residential_detox.pdf

- **Over half of all areas are not providing substance use services to people with No Recourse to Public Funds who are sleeping rough.** Only 48% of respondents said substance use services were available for individuals with NRPF in their area. This could be the result of government changes which extended NHS charges for overseas visitors to community services.

In the section of the survey where respondents were invited to give comments on the barriers to accessing substance use services for people sleeping rough, the most common issues raised were the lack of service provision and an absence of partnership working. Too few services actually go out to people on the street, with current approaches failing to engage people who have been sleeping rough for a long time. For people sleeping rough away from the area where they have the strongest local connection, especially individuals with NRPF, getting access to these services is often impossible.

Even where substance use services do exist and the individual has a local connection, they are still very difficult to access. This can be due to strict eligibility criteria, stigma, a lack of staff specialism, service design or location.

A very small minority of respondents believed that the only barrier was the unwillingness of rough sleepers themselves to engage, which was not cited in the mental health section.

Survey responses on substance use

“The public health budget for substance use has been dramatically cut. All providers have been rolled into one service trying to see everyone. The main issue is that residential rehab placements have been significantly reduced”

East of England service

“The drug and alcohol service have shut down their offices in a local town, rough sleepers are expected to turn up for taxis to get to their appointments, this is unlikely and near impossible. The accommodation arm of the drug and alcohol service have no outreach capacity and have no idea who is rough sleeping in their area unless we tell them about it.”

South West service

“There is little outreach to people on the streets who are unable to access services due to their chaotic lifestyle but may need some pre-assessment work.”

London service

“The service provider has not been very assertive in their approach and people with the most complex needs are unable to manage the assessment process. Engagement with group work has been set as a requirement before substitute is provided which has failed those with the greatest need”

South East service

“We are in a rural area and the hoops that people engaging with drug and alcohol service when they are sleeping rough [have to jump through] are so high for those trying to get into detox. We have to create other pathways, people are detoxing themselves on the streets!”

South East service

Recommendations

- **Invest in specialist homeless mental health services in all areas with high levels of rough sleeping,** and issue guidance for mainstream services in other areas to reach out to people on the streets. Services should be able to coordinate and carry out mental health assessments, treatment and support with people sleeping rough, on the street if necessary.
 - **Guarantee rapid access to drug and alcohol services for rough sleepers, regardless of local connection or recourse to public funds.** Central government should establish a fund to cover the cost of treatment and support for the first four weeks of treatment, available across local authority boundaries. This should cover detox and harm reduction options (e.g. substitute prescribing) as appropriate. Most cases will then be funded by the responsible local authority thereafter.
 - **Require housing associations or homelessness service providers to be represented on Health and Wellbeing Boards.** The Department of Health and Social Care should make this mandatory to ensure partnership working
- benefits people sleeping rough, and strategies are developed to support this group. Joint Strategic Needs Assessments (JSNAs), Sustainability and Transformation Plans (STPs), and local planning structures should also be required to identify the needs of people sleeping rough.
- **Ensure that assessments under the Care Act are available to all people sleeping rough,** and prioritise applications from people with care and support needs who are sleeping rough. This should be done on the streets if necessary, through partnership working between assessors and outreach teams, to ensure plans are in place to protect and support vulnerable rough sleepers and prevent deaths.
 - **Roll out training for health professionals in homelessness awareness,** including GPs, mental health practitioners, and drug and alcohol professionals, to ensure a good working knowledge of the experiences and specific support needs of people sleeping rough, and to reduce the stigma experienced by those accessing services.

6. Emergency accommodation: providing safety away from the street

It is shocking that a safe place to stay is not always readily available when someone needs it. This makes mental illness, addiction, violence and death significantly more likely.

There is nothing unrealistic about providing rapid relief for anyone who finds themselves sleeping rough. We know emergency accommodation can be activated quickly when temperatures drop during the winter. When the severe weather emergency protocol (SWEP) is initiated.

Emergency accommodation should provide immediate, safe shelter for people sleeping rough. It can be basic and is only intended as temporary, but it is crucial in alleviating the worst dangers of rough sleeping. Emergency accommodation provides an opportunity to assess individuals, connect them to support services, and help them into more permanent accommodation.

We believe that emergency accommodation should be available throughout the year, regardless of season, whenever someone faces the prospect of a night sleeping rough.

There are a variety of accommodation services which offer rapid relief from rough sleeping, including No Second Night Out (NSNO) services, winter shelters, rolling shelters, and direct access hostels. However, these are often heavily over-subscribed. A lack of adequate move on accommodation, including supported housing, is keeping people in these services for longer than they need to be. This is filling up spaces and preventing new rough sleepers from gaining access to vital emergency accommodation.

Findings from the survey

- **Access to emergency accommodation for people sleeping rough has got harder.** 64% of respondents said access to emergency accommodation for people sleeping rough in their area has got harder over the past five years, 7% said it had become easier, and 29% said it had stayed the same.
- **Pressure on emergency accommodation is closely related to more people sleeping rough.** Respondents who said access to emergency accommodation had got harder were more likely to say that the number of people sleeping rough in the area had increased, compared to those who said access had become easier or stayed the same (85% to 65%).
- **No Second Night Out services seem to be particularly successful at preventing rises in rough sleeping.**³³ 70% of respondents in areas which had avoided an increase in numbers sleeping rough had an NSNO service in their locality, compared to 34% of areas which had seen a rise.
- **Despite its success, NSNO remains unavailable in many areas.** Only 40% of respondents said NSNO was available in their local authority area, compared to 82% who said SWEP accommodation was available in their area.
- **Emergency accommodation options for individuals with No Recourse to Public Funds are slim.** Only 22% of respondents said emergency accommodation was available to individuals sleeping rough with NRPF in their area. The figure in London is only marginally higher, at 31%.

³³ Homeless Link (2014) *No Second Night Out Across England* <https://www.homeless.org.uk/sites/default/files/site-attachments/20140211%20NSNO%20England%20Wide%20Report%20FINAL.pdf>

CASE STUDY – No Second Night Out

In the last national rough sleeping strategy 'Vision to end rough sleeping: No Second Night Out nationwide' (2011), the government called on every local authority to adopt the No Second Night Out (NSNO) standard. There are five principles that form the NSNO standard:

1. New rough sleepers should be identified and helped off the streets immediately so that they do not fall into a dangerous rough sleeping lifestyle.
2. Members of the public should be able to play an active role by reporting and referring people sleeping rough.
3. Rough sleepers should be helped to access a place of safety where their needs can be quickly assessed and they can receive advice on their options.
4. They should be able to access emergency accommodation and other services, such as healthcare, if needed.
5. If people have come from another area or country and find themselves sleeping rough, the aim should be to reconnect them back to their local community unless there is a good reason why they cannot return. There, they will be able to access housing, recovery, voluntary and community services, and have support from family, friends.

NSNO services are assessment and reconnection services, helping people new to rough sleeping by supporting them to access appropriate accommodation and services, or to return to their home area within the UK, or abroad.

London NSNO service

The London NSNO service is a pan-London service, funded by the Mayor of London and delivered by St Mungo's. Outreach services operating across all London boroughs can refer new rough sleepers to one of three NSNO assessment hubs where individuals can have their needs assessed in safety, away from the street. The NSNO

team then works with the individual to build a 'single service offer', based on the best option available to enable them to stop sleeping rough. If an individual refuses the single service offer and no longer wants to work with NSNO then they are asked to leave the hub and all London outreach teams are informed and can follow up if the client is subsequently seen sleeping rough. The service is highly successful in getting people off the street quickly and into accommodation. 84% of rough sleepers who accessed NSNO during 2016/17 did not sleep rough again.³⁴

The London NSNO service aims for clients to stay for up to 72 hours, but this is increasingly exceeded due to failings elsewhere in the system. The average length of stay at the NSNO assessment hubs increased from under five days in 2011-12, to over 12 days in 2014-15, before rising to a record 16 days in 2017/18.³⁵ 65% of cases in 2017/18 were held up due to external factors. This includes 21% whose longer stay was caused by the inability to secure appropriate move-on accommodation during their NSNO stay, and 14% whose longer stay was due to problems or delays in accessing benefits. Other significant factors include the long waits for processing and finding evidence in local connection or immigration cases, which leave individuals in limbo.

In addition to these external problems in the system, 28% of longer stays were due to the client (e.g. refusing engagement or a lack of ID) and 7% were due to internal factors with the service (e.g. an issue with casework or a lack of staff availability).

Longer stays have a significant knock-on effect, making it more likely that hubs will be forced to turn away new clients because they are at full capacity. Unlocking more move-on accommodation options is vital to ensuring emergency accommodation can keep helping more people off the streets.

³⁴ Analysis of CHAIN data

³⁵ Analysis of CHAIN data, including the primary reason for NSNO stays of over 10 days in 2017/18

In the section of the survey where respondents were invited to give comments on the barriers to accessing emergency accommodation for people sleeping rough, one of the key factors raised was the inability of services to cope with the increasing complexity of individuals' needs. This was often due to being unable to deal with substance use, a dual diagnosis of substance use and mental health needs or anti-social behaviour. A lack of service capacity and cuts in provision were frequently cited too.

Other barriers included strict rules enforced by accommodation services (e.g. times of arrival, bans on pets), and local connection rules restricting access to those with an established connection to the area. We also know that many women who have experienced violence or abuse will find mixed services unsafe and undesirable, and avoid them as a result.³⁶

Survey responses on emergency accommodation

"We do not have the accommodation to send them to. We are the only night shelter in our area and we only have 7 beds [...] soon to increase to nine which is still under what is needed."

South East service

"The council have now ring fenced all of the supported housing beds including direct access hostels. This means to get someone into a hostel you have to go through the council. You can no longer go direct to the hostel!"

Yorkshire and the Humber service

"Accommodation options are dry houses and therefore anyone with drug or alcohol issues are not eligible. We have capacity for 6 people at a time in a whole district. This is very limited."

South West service

"The number of rough sleepers with multiple and complex needs has increased and many providers are unable to manage the support needs or risks of the individual."

South East service

"NSNO is regularly closed [to new clients]', and many rough sleepers are migrants in our area who either believe they will only be offered a 'reconnection' to a home country or do not want to leave the area in London they are in and so refuse NSNO."

London service

Recommendations

- **Guarantee emergency accommodation for individuals at immediate risk of rough sleeping.** The Government should pilot a programme of emergency assessment hubs for anyone at immediate risk of sleeping rough so that everyone who needs it has Somewhere Safe to Stay, and does not have to sleep rough first in order to access services. The Somewhere Safe to Stay pilot should pave the way for a national rollout and an eventual duty to provide this emergency shelter for people at immediate risk of rough sleeping once the approach has been tested and proven.
- **Fund 'pop-up' assessment hubs for those already sleeping rough.** This approach can be introduced to an area quickly by capitalising on space and resources that currently exist in the community. Pop-up hubs should bring key services, including health and substance use, together under one roof for a period of intensive assessment and support.
- **Expand access to No Second Night Out (NSNO) services to help people newly sleeping rough off the street quickly, by re-launching the NSNO standard and providing funding to support implementation across the country.** As part of this, the Government should ask all local authorities to set out their approach to working with newly identified rough sleepers in line with the NSNO principles in their local homelessness strategy.
- **Provide a package of emergency accommodation and immigration advice for individuals sleeping rough who need help to resolve their immigration status.** The Ministry for Housing, Communities and Local Government and the Home Office should fund emergency accommodation to prevent undocumented migrants from becoming, or remaining destitute, as well as immigration advice to help individuals resolve their immigration status so they can move on from rough sleeping.
- **Provide female-only emergency accommodation options.** These services would allow women at risk of violence to come inside safely to be assessed and should be able to offer specialist support for victims of domestic violence and abuse.
- **Remove the threat of transferring funding for supported housing to local authorities, and maintain funding in the welfare system.** This will improve move on rates and free up more spaces in emergency accommodation.³⁷

³⁶ St Mungo's (2014) *Rebuilding Shattered Lives* <https://www.mungos.org/wp-content/uploads/2017/07/Rebuilding-Shattered-Lives-the-final-report.pdf>

³⁷ St Mungo's (2017) *Ending rough sleeping: the role of supported housing* https://www.mungos.org/wp-content/uploads/2017/09/Ending_Rough_Sleeping_SH_Report_0917.pdf

7. Conclusion

There is nothing inevitable about the rising number of people dying on the streets. With improved support and new interventions we can prevent the tragedy of future deaths and ensure people sleeping rough get the help they desperately need.

The failings in the system which is supposed to get people off the streets are clear – overstretched outreach and support services, inadequate provision of emergency accommodation, and a failure to take safeguarding responsibility for the lives of some of society's most vulnerable people. Urgent action is needed to change all of this.

We cannot allow the injustice of unnecessary and premature deaths of people sleeping rough to continue. The Government's forthcoming national rough sleeping strategy is an opportunity to make changes that will save lives, but it must respond to the scale and urgency of the growing crisis on our streets.

Lead author: Rory Weal, with Beatrice Orchard

Follow us on

 www.twitter.com/StMungos

 www.facebook.com/StMungosUK

Become a St Mungo's e-campaigner
at www.mungos.org/campaign

For more information contact:

St Mungo's, Fifth Floor,
3 Thomas More Square, London E1W 1YW

Tel: 020 3856 6000 Fax: 020 3856 6001

www.mungos.org

St Mungo Community Housing Association is a registered charity and a limited company registered in England and Wales
Registered Charity No. 1149085 Company No. 8225808
Housing Association No. LH0279

St Mungo's
Ending homelessness
Rebuilding lives