



Homelessness and rough sleeping

 Birmingham, UK 4 October 2019 publicaffairs@contacts.bham.ac.uk

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Participants

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On 4 October 2019, the University of Birmingham convened a roundtable on the subject of homelessness, bringing together experts from academia, local government, the NHS and civil society. The session was chaired by Professor Andy Lymer in his role as Director of the Centre of Household Assets and Savings Management (CHASM).

What are the key drivers behind rising levels of homelessness?

There is a lack of affordable homes. More people are finding they do not have the necessary income to meet the rising cost of housing. Recent welfare reforms have not helped; housing benefit has been frozen in the last few years, while housing costs have continued to rise.

The welfare system seems to be set up for people to fail. Homeless people are finding it harder to meet the criteria for support and so more people are falling out of the system without a safety net. Austerity has led to the social security threads being snipped away, so that when vulnerable people’s shallow support networks fail, the system lets them down. This is a national issue that is visibly playing out in our core cities, such as Birmingham where 23 homeless people died in 2018.¹

Years of austerity measures have hit public services hard. Prevention services and economic regeneration schemes have been cut back and this has fuelled the rise in homeless numbers.

Of particular concern is the lack of preventative services around issues such as mental health and substance misuse. Funding cutbacks have

ensured that the focus has shifted from tackling the underlying issues to managing a crisis. Where funding is available, it is too often channelled into short-term programmes that do nothing to tackle the systemic issues.

What are the main challenges?

Attitudes towards homeless people have changed in recent decades. Back in the 1970s, there was an emphasis on providing vulnerable people with good and affordable homes in places where you could bring up a family and find work. We have gone from that to a short term social subsidy that is only available to the ‘deserving’ poor.

As a society, we have regressed in terms of what we are willing to accept. A roof over people’s heads is not good enough; people need to have a home where they feel safe, secure and connected to a community. Further emotional and financial support is also necessary once people do move into accommodation.

Serious issues exist around our accommodation offer for homeless people. In some cases, people are housed in unsuitable settings where they don’t feel safe or feel socially isolated, which can drive people back onto the streets where there is at least a sense of community. Others can become trapped in supported accommodation. They may be able to secure paid employment, but still struggle to pay the costs of their rent.

Access to housing and employment is important. But the problem is that we expect people to cope with the benefits system and the demands of work on top of all the other issues they may be dealing with such as mental ill



Image: A young participant in the MST4Life™ programme, which aims to build resilience.

health, substance misuse and chronic loneliness.

In healthcare, there seems to have been a deliberate policy change away from a harm reduction model towards a recovery model. In the last five years there has been a marked decline in the general health of homeless people, while the number of people requiring urgent care has risen sharply.

Cases of hepatitis C, HIV and sepsis are rising and more patients are having limbs amputated. Medical professionals report having to perform resuscitations on an almost daily basis.

Those at most risk of dying on the streets are those who have a dual diagnosis of mental illness and drug dependency. Increasingly, patients are declining access to healthcare because the hospitals don't have the facilities to help them.

This lack of support is driving some people into crime so they can access alcohol and drugs services in prison.

We should also be aware of the particular challenges facing vulnerable women. In society's eyes, the homeless community has a male face. Women are less visible because they are more likely to avoid the streets because

they fear sexual exploitation and are more likely to be trapped in abusive relationships.

How can we address these challenges?

The Vagrancy Act 1824 should be scrapped as this legislation criminalises the homeless. However, we must ensure that we don't replace the Act with similar forms of street control such as Public Spaces Protection Orders (PSPOs). Forcing people off the streets by using PSPOs actually makes the problem worse because people are being dispersed, making the job of providing support and dealing with the underlying issues even harder.

In Birmingham, there is a particular concern that such heavy-handed measures could be used to clear the streets ahead of the 2022 Commonwealth Games, which will be held in the city.

We shouldn't brush the issue of homelessness under the carpet, pretending that we don't have a problem. Instead, we should face up to the challenges and show that homeless people are our citizens too. There needs to be a compassionate approach.

The Commonwealth Games need

to deliver a genuine social legacy for Birmingham, addressing issues such as financial destitution and

social isolation, which can affect all people including the homeless. Some sort of resettlement fund or Jimmy Carter style 'habitat for humanity' programme could be part of the legacy.

A radical approach is needed to reduce drug use on the streets and prevent drug-related deaths. Government should allow cities to trial drug consumption rooms, which are safe and sterile environments where addicts can take drugs under medical supervision. Similar facilities have been introduced in several countries in Europe and have been found to reduce drug-related deaths while also making the streets safer.²

Access to good employment is key to helping people escape homelessness – and avoid it in the first place. But employers also need to ask themselves what they are doing to support staff who are facing hardship. Domestic violence, relationship breakdown and being evicted from a rented property are common causes of homelessness, and employers can help to support their staff.

Mental skills training (such as the MST4Life™ programme developed by Dr Jennifer Cumming in partnership with St Basils)³ can help build resilience among homeless people and those at risk of homelessness. The evidence shows that if you can keep young people in education then they are far less likely to become homeless later in life, and building resilience is one way to achieve this.

Further work needed

Support workers build up large amounts of anecdotal evidence about what works, but there needs to be a more robust evidence base to show which interventions are most effective and why.

Universities can help develop this

evidence base by establishing links between practitioners and academics with expertise in social and economic analysis, and then securing research funding.

There is a particular need for longitudinal studies to provide reliable data on what is happening.

Working in partnership is important. A collaboration between researchers at the University of Birmingham and St Basils has been successful because they have been able to co-create interventions. A step-by-step process of learning, designing and evidencing has led to the creation of an effective programme for building resilience among young people.

More research needs to be carried out on the effect on young people of families being made homeless. Families are being forced to stay in Bed & Breakfast accommodation and this is having a detrimental impact on educational performance of young people. Research is also needed to establish the extent to which there is a link between special educational needs and homelessness. This is an overlooked issue, as mental ill health and addictions can sometimes mask the fact that certain behaviours may result from learning difficulties.

Recommendations

- **Repeal the Vagrancy Act 1824:** This outdated legislation criminalises homeless people and makes it harder for them to access the support they need. Similarly, the use of PSPOs to clear the streets should be curtailed as this is counterproductive.
- **Trial a drug consumption room:** Government should allow cities to trial specialist facilities where people can use drugs under medical supervision. Evidence from other European countries suggests this could reduce drug-related deaths and make the streets safer.

- **Invest in prevention services and long-term programmes:** Funding is urgently needed for prevention services and long-term interventions that tackle the underlying causes of homelessness and rough sleeping.
- **Welfare reform:** Changes to the welfare system have meant that more people are slipping through the cracks and becoming homeless. A review of the system needs to take place to stop this from happening.
- **Take steps to increase the number of affordable homes and bring down housing costs:** The lack of affordable homes is a big driver of homelessness and needs addressing as a matter of urgency.
- **Use the 2022 Commonwealth Games to inspire social change:** We should use the opportunity of hosting the games in Birmingham to deliver lasting benefit to all citizens, which includes homeless people. The authorities should avoid using heavy-handed measures to clear the streets, such as PSPOs. Instead, plans should be put in place to tackle the underlying causes of homelessness and improve the quality of life for people on the streets. With the eyes of the world on us, we can offer Birmingham as an example of how to address complex social issues using sport and the legacy of the games as a catalyst.

Endnotes

1 ONS, Deaths of homeless people in England and Wales: 2018, available at: <https://www.ons.gov.uk/people-populationandcommunity/births-deathsandmarriages/deaths/bulletins/deathsofhomelesspeopleinenglandandwales/2018>.

Note: these statistics mainly include people sleeping rough or using emergency accommodation such as homeless shelters and direct access

hostels, at or around the time of death. An upper age limit of 74 years is applied to avoid accidental inclusion of elderly people who died in some institutional settings.

2 Guardian, How 'fixing rooms' are saving the lives of drug addicts in Europe (21 November 2018), available at: <https://www.theguardian.com/world/commentisfree/2018/nov/21/fixing-rooms-saving-lives-drug-addicts>.

3 For more information about the MST4Life programme, visit <https://stbasils.org.uk/how-we-help/our-services/mental-skills-training-for-life/>.