

# The European **End Street Homelessness** Campaign



---

## **CR Zero 2020 Connections Week 2017 – Executive Summary**

### **CR Zero 2020**

Croydon has had historically one of the highest numbers of people sleeping rough in the UK. CR Zero 2020 is a campaign led by Evolve Housing + Support, Crisis, Expert Link, Croydon Faith Based Groups, Thames Reach, delivered through the solutions group made up of members of the wider community, and endorsed by Croydon Council, to end chronic rough sleeping in Croydon by 2020.

Despite the availability of homelessness support services in Croydon, chronic rough sleeping is a rising problem in our borough. In 21<sup>st</sup> century Croydon, the fastest growing economy in the UK, we believe that no one should be sleeping on the streets and it is time to find new ways to help our rough sleepers, so we can end chronic street homelessness for good.

CR Zero 2020 is part of the European End Street Homelessness Campaign, which has been developed by World Habitat. It is a pan European movement of cities, working together to permanently house Europe's most vulnerable people and end chronic street homelessness by 2020. The campaign supports cities across Europe in a growing movement that aims to gain public support and mobilise action to end street homelessness.

Croydon is one of the two Local Authority areas in London that were early adopters of the campaign in the UK, with other UK cities joining the campaign during 2017. Those cities joining the campaign subsequent to Croydon are Brighton, Leicester, Sheffield, Torbay and Glasgow.

### **Our principles**

We believe the time has come for the whole community to work together and take action to end homelessness. Although there are unforeseen events in people's lives that mean they may lose their home and end up on the streets, no one should be trapped in an endless cycle of homelessness. Therefore, the aim is to end long term, chronic street homelessness. Past and current campaigns in America, and other initiatives in Europe, are proving that with concerted action, this is possible.

We see chronic homelessness as an issue that affects entire communities, not just those sleeping rough. As such, the campaign is focused on involving as much of the wider community as possible in identifying the problem, and the solution. The campaign will be formed around a community coalition of the willing, working together to improve the community that we live and work in.

## **The campaign in practice**

There are three key aspects to the campaign. Firstly, and crucial to the success of the campaign, is to understand Croydon's unique set of strengths and challenges through the use of a City Self-Assessment Tool, created as part of the wider European campaign.

Secondly, and critically, we survey the street population using a European wide assessment tool. We do this during 'Connections Week', which involves going onto the streets to find them and to assess their needs. This information help us to understand their individual journeys, and to target specific practices or policies for improvement, as well as track our progress over the life of the campaign.

We undertook our first Connections Week in August 2016, where over 90 volunteers from the community gathered information on who is out there, what their needs are, and what options are available to get them into accommodation. Over 60 people were engaged with during the week, and 42 completed the survey.

Our second Connections Week took place in August 2017. Over 130 people were engaged with during the week, and 102 surveys were completed. Of those surveyed, 81 reported that they had slept rough in the last year. It is these 81 people's information that this report relates to.

## **Connections Week Methodology**

The methodology used during connections week differs from that used in formal street counts conducted by local authorities. Formal street counts take place over a single night, and people are only verified as a rough sleeper if they are witnessed sleeping on the streets, or are seen bedded down.

Connections Week is less rigid, and is conducted over a number of days. Our methodology for 2017 was a modified version from that used in 2016. In 2016, connections week was limited to three outreach shifts, with no in-reach conducted. We used the learning from 2016 to improve the methodology for 2017, and included a number of in-reach session, facilitated by our partners. In-reach sessions were conducted at:

- Croydon Nightwatch
- The Well
- The Link
- WC Methodist Church
- Crisis Skylight

The decision was made to include in-reach was made to ensure that we captured as full a picture of the rough sleeping population. Street outreach will only ever capture information for those engaged in visible street sleeping. Conducting in-reach was a way of ensuring that we were able to tell the story of those rough sleepers who, for many reasons, sleep in inaccessible and hidden locations.

The decision was also taken to conduct in-reach in homelessness accommodation. Connections Week 2016 showed a high number of people reporting that they had had multiple incidents of rough sleeping in a 12-month period. Given this, the view was taken that those currently in supported housing with a history

of rough sleeping could potentially return to the streets at some point. Given this, understanding their stories will still be beneficial when considering long-term solutions. Those involved in the supported housing in-reach were:

- Evolve Supported Housing at Palmer and Alexandra Houses
- The Wellington Hostel

### **Vulnerability/Complexity**

The number of people engaged with increased by over 200%, from 64 in 2016 to 131 in 2017. However, this does not necessarily represent a real increase in the street population, but is rather an indication that the methodology used in 2017 was more effective. Twenty-one surveys were conducted with people who are currently accommodated in supported housing, and one in social housing. A further 81 people were either currently, or had recently been, sleeping rough.

The assessment tool used in Connections Week, consistent across all of the European campaign cities, looks at a number of different areas of needs and risks, and provides a point based, numerical assessment of vulnerability. Points are allocated for positive answers across 18 different groups of questions, with 18 being the maximum score. For example, someone who reports sleeping outdoors will score one point for the section on sleeping location.

The vulnerability/complexity score of an individual is defined in three separate groupings, 0-3 being low, 4-7 being medium and 8+ as being high. Each category has a recommendation for the most likely successful intervention to address the individual's rough sleeping. People scoring below three have a level of need such that advice and signposting interventions should be sufficient to help them find a sustainable route off the streets, people scoring 4-7 are likely to manage to be successful in traditional supported housing, and those scoring 8+ are unlikely to succeed in traditional supported housing due to their level of need, and will likely require longer term supported housing.

The assessment of intervention most likely to succeed is based on the experience of campaigns run both in the U.S.A and Canada, and works on the assertion that the most complex people are less likely to succeed in traditional, transitional, supported housing. This seems to be backed up by our own data, where people scoring 8+ represent 48% of people reporting multiple episodes of homelessness, despite making up only 33% of the survey group.

Currently in Croydon, there are no longer term homelessness services available.

There were more people scoring 8+ in 2017. However, this is unsurprising considering the overall increase in surveys. What is noteworthy though is the fact that the 8+ group saw the smallest proportional increase between 2016 and 2017, a 17% increase in comparison to a 180% increase in the 3-7 group.

However, given the fact that it has been shown that traditional transitional supported housing is less likely to be effective for those in the 8+ group, and that longer term supported housing that is more effective is not currently available, this means that there are 27 people for whom the system does not offer a viable route off of the streets.

### **Housing and Homelessness**

A total of 43 people reported sleeping outside with no form of shelter, the largest single group, and an increase of 43% on 2016. A further 19 report sleeping in unsuitable forms of accommodation, including on public transport, abandoned properties and tents.

The second largest group is those reporting to be sofa surfing, six people. People sofa surfing also saw the largest percentage increase in comparison to 2016, up 600%.

Of the 8+ group, 63% (17 people) report sleeping outdoors, 7.5% (2 people), report sleeping in tents, and 3.7% (1 person) reports sleeping in a shed.

### Contact with Statutory Services

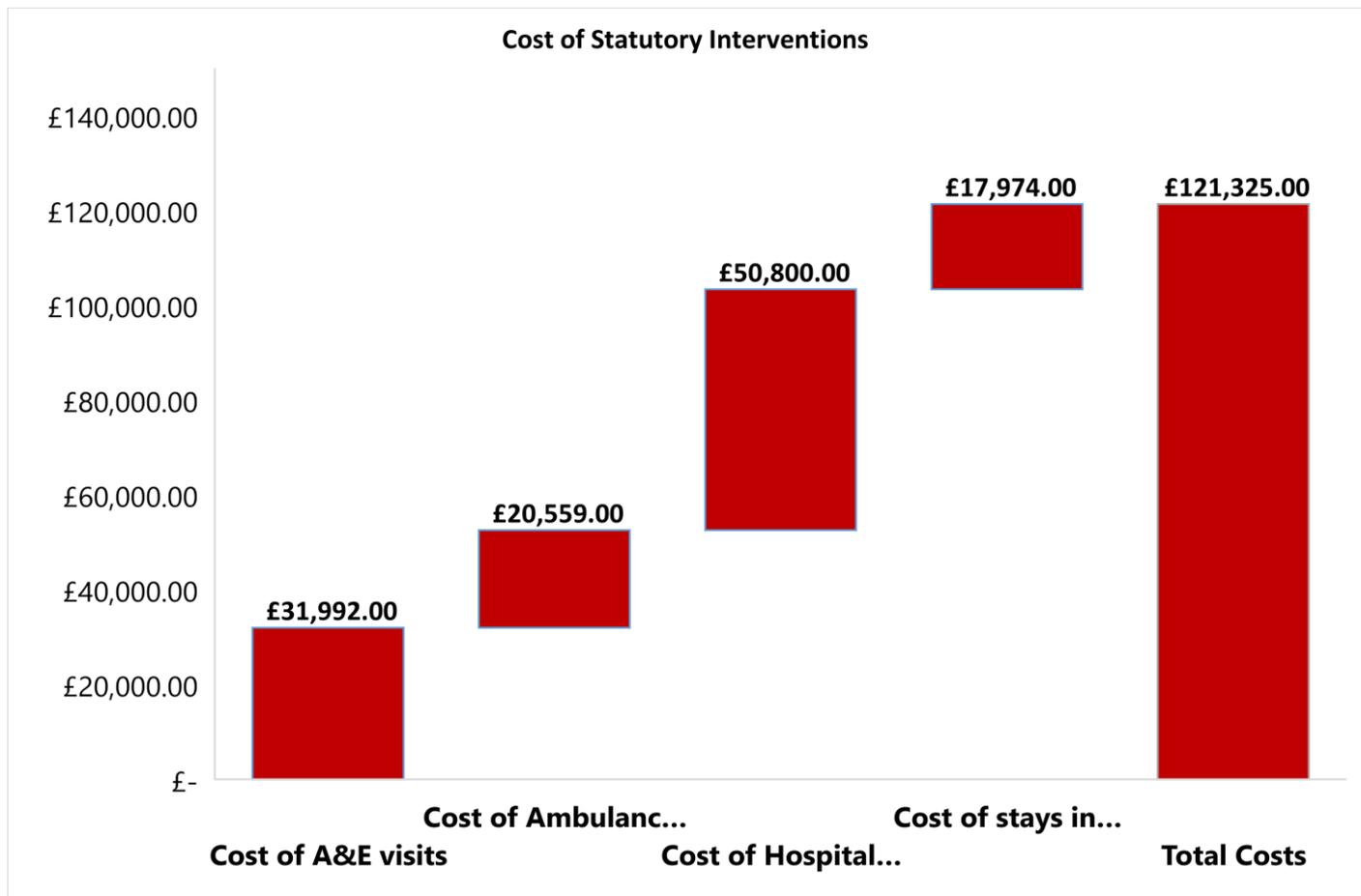
As part of the survey, people were asked how many times in the last six months they had accessed a number of different emergency health services, or been in contact with criminal justice.

Over 250 individual episodes of the 81 people surveys accessing A&E in the previous six months were recorded, and 56% of the people scoring 8+ had accessed A&E more than once in the previous six months.

There were 86 trips in an ambulance in the previous six months also recorded, more than one per person surveyed. Over 22% of the overall cohort reported using an ambulance more than once during the period and of those, 72% were from the 8+ group.

These interventions from these services come at considerable cost. While it is not possible to evaluate the costs off all interventions in this category, it is possible to estimate the costs relating to A&E visits, ambulance trips, in-patient stays, and nights in police custody.

Conservatively, and based on the assumption that in-patient stays and time in custody is limited to one night only for each episode, the 81 people surveyed used statutory services costing £121,325 in the six month period recorded.



## **Risk and Risky Behaviour**

When asked if they had been attacked or beaten up while rough sleeping, 28 people responded that they had. This equates to 35% of the people surveyed. People scoring 8+ are disproportionately represented in the group who report having been attacked, making up 54% of the group who responded positively to this question, while only making up 33% of the overall people surveyed.

Almost 27%, 22 people reported that they had threatened to harm either themselves or others in the preceding 12 months. People in the 8+ category made up 72% of the people who reported threatening harm were in the 8+ group, so are again disproportionately over represented. That is almost 60% of the 8+ group that responded positively when asked if they had threatened to harm themselves or others during the period.

Twenty-two people, 27% of all respondents, reported having some form of outstanding legal issue that would make it difficult for them to rent a home.

Eleven people, 14% of those surveyed, reported that they are forced or pressured into doing things they do not want to do. However, a further two people declined to answer. Although the number is low, people in the 8+ category are again disproportionately represented, making up 55% of the people who responded positively to this question.

Twelve people, 15% of those surveyed, reported engaging in risky behaviours. Again, as with other areas of risk, the 8+ group are disproportionately represented, making up 75% of those who report undertaking risky behaviours.

A larger number, 25 people or 31% of those surveyed, reported that their current period of homelessness was caused by some form traumatic event. 52% of those responding positively are in the 8+ group.

## **Financial Wellbeing**

Twenty-five people, 31% of the group surveyed, reported having some form of outstanding debt.

Sixty-seven people, that's 83% of those surveyed reported having no income from benefits, cash in hand or regular work. However, this is contradicted by the following question, where 37 people report being in receipt of benefits.

However, even after allowing for this anomaly, the majority of those surveyed had no source of income.

## **Emotional Wellbeing**

Only 34 people reported being engaged in any activity that makes them feel happy and fulfilled. That means that 58% of the people surveyed have nothing in their lives that brings them happiness or fulfilment.

Sixty-five, or 80% of those surveyed, are able to take care of basic needs. This has improved on 2016, when 69% of people reported the same. This should be seen as evidence of the positive impact of groups like the faith based services, and the opening of the Crisis Croydon Skylight.

Thirty-four people, 42% of those surveyed, report that their current period of homelessness is caused by a relationship breakdown.

## **Physical Health**

Nine people, 11%, reported that they had lost their accommodation due to their physical health. While this is a relatively low number, the 8+ group are again disproportionately represented.

Thirty-eight people, 47%, reported having some form of long-term physical health issue. Those people in the 8+ category make up 47% of people reporting having a long-term physical health issue.

Fifteen people, 19%, report having some form of physical disability that would impact on either the type of housing they would need, or their ability to maintain it. Over 66% of these are in the 8+ group.

Thirty-six people report not seeking medical help when they are unwell, 44% of those surveyed. This should be remembered when considering the early data in relation to costs of emergency medical interventions. Again, the 8+ group are over-represented.

Sixteen people, almost 20% of those surveyed, report not taking medications prescribed by a doctor. Of these, 75% are from the 8+ group.

One woman reports being pregnant, although she is not currently sleeping rough having been placed in Temporary accommodation. However, she is one of the people who reported having been attacked.

Twelve people, 15%, report misusing some form of medication. Of these, 75% are from the 8+ group.

### **Substance Use**

Fourteen people, 17%, report having lost accommodation due to drink or drug use. Over 64% of these are in the 8+ group.

However, a smaller group, just 5 people, think that they would have difficulty maintaining accommodation because of drink or drug use. Of these, 80% are in the 8+ group.

### **Mental Health**

Only nine people, 11% of those surveyed, reported having lost their accommodation due to a mental health issue of concern. However, as with other areas, people in the 8+ group were proportionally over represented.

Eleven people, 14% report having lost accommodation due to a learning disability, and 12 people, 15% through a learning difficulty. Five people, 6%, reported having lost accommodation due to being on the autistic spectrum. In all three areas, those in the 8+ group are disproportionately affected.

Seventeen people, 21%, reported having either a mental health issue or brain injury that would make it hard for them to live independently. Of the 8+ group, 56% responded positively to this question.

### **Demographics**

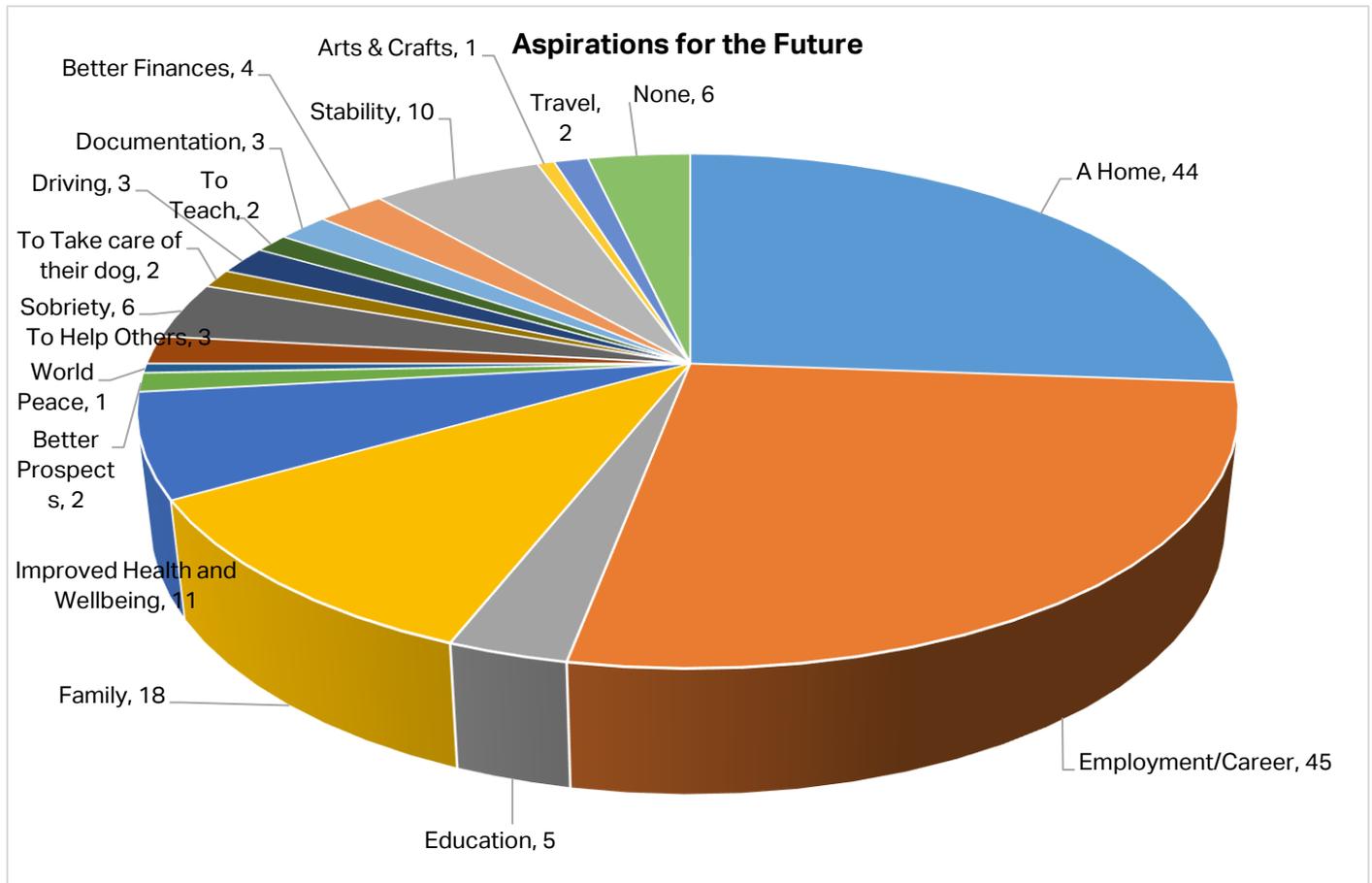
Women make up 20% of those surveyed, but 26% of the 8+ group, indicating that they are disproportionately affected by homelessness and rough sleeping.

UK Nationals account for 42% of those surveyed, but 74% of the 8+ group. This is important, as it means that having no recourse to public funds is not a barrier in finding a viable route off the street for almost three quarters of the most complex and vulnerable people.

Almost 30% of those surveyed are EU nationals, with the second largest ethnic group being Poles who make up just under 20% of all those surveyed. Ascertaining whether these EU nationals have recourse to public funds is not possible using the data collected.

Just under 19% reported being a recent immigrant to this country. Those with the lowest levels of need account for 40% of these.

## Aspirations for the future



The most commonly held aspirations were to be in employment, and to have a home, with 54% of people expressing these as aspirations they have.

Having a family can next, followed by improved health and wellbeing, stability, and sobriety, in that order.

However, for six people, there were no hopes or aspirations for the future.

### Summary:

Rough sleeping and homelessness continues to be prevalent on our streets, and chronic homelessness appears to be increasing.

Chronic rough sleeping is defined using a combination of three measures:

1. Length of time sleeping on the street
2. History of repeated homelessness
3. Needs levels (tri-morbidity/complex needs etc)

Those people defined within this data as being part of the 8+ category can be defined also as being chronically homeless.

A number of threads can be seen throughout the data, chronically homeless people are:

- Chronically homeless people are less likely to succeed in traditional homelessness accommodation.
- Chronically homeless people are more likely to have a physical health, mental health or substance misuse issue.

- Chronically homeless people are more likely to lose a home because of one of these support needs.
- The majority of chronically homeless people in Croydon have recourse to public funds, so have access to existing services.
- Chronic homelessness costs the public purse significant amounts in health and criminal justice interventions.

### **What have we done so far?**

We have formed a community coalition, working together to find the solutions to chronic rough sleeping. The group has made up, at various points, of representatives from public health, local authority, substance misuse services, the faith based groups, supported housing providers, outreach providers, the Croydon Business Improvement District, people with lived experience and individual private citizens who make up the majority of the group.

We have met numerous times, and have mapped the homelessness system, identified barriers off the street, identified what changes we need to see to remove those barriers and who we need to influence to see those changes happen.

We have formed smaller task and targeting groups to take these actions forward. There are currently five task and targeting groups covering:

- Health
- Supported Housing
- Local Authority actions
- Policy and influencing
- Housing First

There have been a number of achievements to date, including:

- Having agreement, plan and deadlines in place for a 'by name list'. This is a new concept for the UK, and is a shared recording system by use of all agencies working with the street population, including the faith based groups.
- Narcotics Anonymous now running in Croydon.
- Turning Point, the provider of substance misuse services in Croydon, are now doing outreach shifts weekly and drop-in at the Croydon Crisis Skylight.
- Healthwatch are engaging with the street pop to identify their experiences with GP's and health.

### **So why are there people still on our streets?**

There are factors such as the national housing market that this campaign is not in a position to fix. However, there are aspects of the causes of chronic rough sleeping that are within our sphere of influence to improve.

Croydon has the 13<sup>th</sup> largest number of single homeless hostel and supported housing provision out of the 33 Greater London Boroughs, and the largest number of units available of all the outer London Boroughs.

Adult single homeless services in the Borough are also generally successful in moving people on into independent accommodation, moving on average between 75% and 80% of people on successfully in any given year. In 2016, 199 people moved on successfully from the adult single homeless services in Croydon.

However, 68 people moved out in an unplanned way. Three of these people are known to have returned to the streets, but for an additional 37 their destination was unknown, and it is highly probably that a significant proportion of these people also found their way on to our streets.

We know from the data that people in the 8+ group are disproportionately affected due to their complexity of need, and that a significant proportion of the people surveyed fall into that complex needs group, meaning that finding the right accommodation to support them to manage these needs is difficult. Hostels and supported housing are generally very rule laden. Aspects of the support contracts means that support is available for an arbitrary length of time, and access to the accommodation is conditional on accepting the support. This means that people are expected to engage in a process of change at a pace that is right for the contract, and may not be right for them. Our experience tells us that people with complex needs do not thrive in environments that are ridged and inflexible.

While the hostels and supported housing services in Croydon are of good quality, and achieve success for the vast majority of the customers they serve, the system doesn't work for everyone, and those people surveyed in the 8+ group are the least likely to succeed within the system as it is.

### **What we need to make a change?**

The first year of the campaign has already seen a number of changes made to the way some agencies work. However, to end chronic rough sleeping we need wide spread systematic change.

Flexibility of approach in the supported housing and hostel services is important, and addressing any structural inflexibility deriving from Local Authority support contracts is key to seeing real systems change. This includes conditionality and arbitrary lengths of stay.

However, many changes to working practice that providers can choose are not reliant on the Local Authority. Working with people with a strengths based support models which look at what skills people have as opposed to focusing on their deficits, consistent models of co-production and collaboration with users of their services, working with negative behaviours in such a way that shows elastic tolerance and focuses on addressing the cause of the behaviour and not just punitively punishing the behaviour.

Accommodation services, however, do not work in isolation, but rely on partner agencies supporting the people residing with them with their physical or mental health, or with any substance misuse issues. Addressing these issues, or minimising the harm caused, is an important step in maintaining accommodation, and progressing to independence. If we accept that complex individuals need an approach centred on flexibility and elastic tolerance, then we need to accept that to be true for all services the person is in receipt of.

Nevertheless, there will always be some people, the most chronically homeless and complex, for whom traditional supported housing or hostels will not be effective, and we need a viable route off the streets for these people as well.

Housing First was developed in the United States, and has demonstrated high degrees of success in both housing and supporting those who are chronically street homeless with multiple and complex needs. The model has no preconditions of addressing wider social care and support needs.

One of the key principles of the Housing First model is that the accommodation is not conditional on the customer accepting support. The person can keep the accommodation as long as they meet all of the requirements of their tenancy, such as paying rent and not engaging in anti-social behaviour. The removal of this conditionality means that the support services work in ways that are truly personalised, flexible, uses techniques such as motivational interviewing to help people find their own reasons to want to change. This model has proven to be effective with complex and chronic rough sleepers, both in this country and abroad.

Currently there are 33 projects throughout the U.K. that are Housing First projects, and this data shows us that Croydon needs to be number 34.

### **What do we need to make this happen?**

Some of the things we need are tangible and easy to quantify. The easiest thing to put into figures is the development of a Housing First service. A Housing First service supporting eight customers would need £71,500 per annum in support funding, the equivalent of £17.62 per hour of support delivered. To put that figure into perspective, the eight most complex people surveyed as part of connections week cost the borough £27,556 through access to emergency health services and police custody in the preceding 12 months.

However, support is only one aspect of Housing First, and units of accommodation would be required. Housing First works most effectively with the most complex people when the accommodation is one bed, self-contained accommodation. Evolve Housing + Support have committed five units in their next development, but these are not likely to be available before 2020. However, if the Local Authority and local Housing Associations were to commit one or two units each, we would have more than enough units to make Housing First in Croydon a reality.

Outside of Housing First we need all providers, community members, housing providers, commissioners, and local and regional elected officials to commit to collaboration, bravery and trust.

The people stuck on our streets come into contact; have an impact, on a broad range of people and services. Rough sleeping affects the entire community. It affects the person sleeping rough more acutely, but it affects the person who feels intimidated on their street, the person who feels upset when they see someone in need and don't know how to respond, the businesses who want the environment they operate in to be one that attracts customers, or the statutory services who are put under increased pressure. Ending chronic rough sleeping is not the responsibility of one single agency, or even the Local Authority, it should be a shared responsibility, and solutions are to be found in working collaboratively.

We all have professional ways of working that are standard in our respective sectors, things that are 'the way we've always done it'. It takes bravery to step back and ask, "why do we work in this way?" and "is the way we work actively disadvantaging the most complex people we work with?", because the answer may not be ones we like. Moreover, it takes bravery from a Local Authority to fund a new service at a time of great austerity.

And we need trust.

Trust in the person sleeping rough to have the potential to make a positive change in their lives. Trust them to step up to the responsibility if you introduce elements of flexibility in your service delivery model. Trust them to be able to manage a tenancy with the right support.

Trust the staff in hostels and supported housing to use their skills in engaging people in a process of positive change, even if coercive elements of conditionality were removed. Trust them to actively engage people in positive change and move on as quickly as is right for the individual, even if arbitrary lengths of stay were removed.

This isn't an exhaustive list, and each ask will have more detailed specific things that need to be achieved, but by committing these few things, we can be well on the way to ending chronic rough sleeping in Croydon by 2020.