

# **Rough Sleeping**

## **Needs Analysis, January 2020**

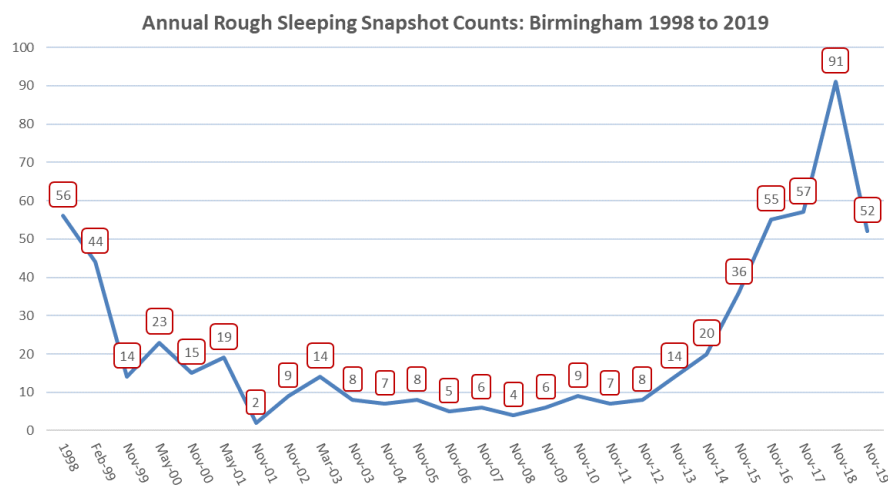
*More than a Roof: Rough Sleeping Trends & Caseloads*

*Note: Headline Rough Sleeping Street Count (Snapshots) updated using local data as of April 2020*

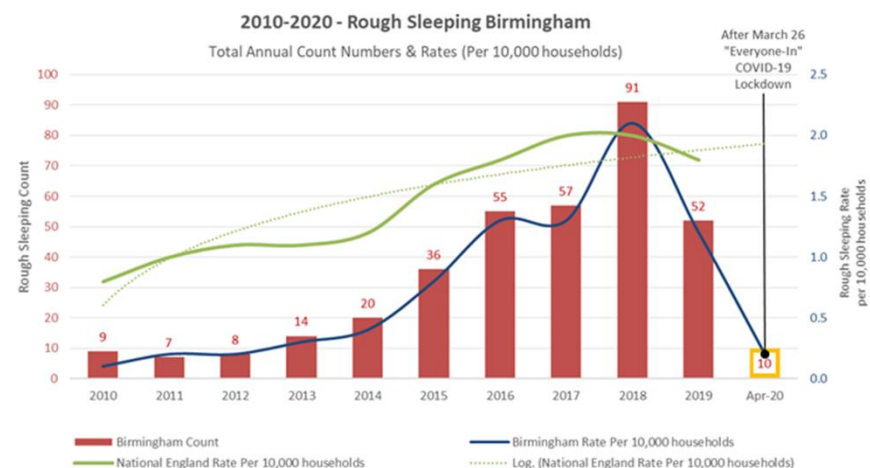
## Rough Sleeping Trends

In England, locally collected statistics on rough sleeping provide a readily available measure to compare annual trends. As the counts (which can include estimate counts) are based upon a single snapshot taken on one night of the year, they have limited utility beyond benchmarking numbers and rates per ten thousand households across England.

This is because many individuals that form part of the overall homeless numbers can be included or excluded. Examples of potentially undercounted groups include, people that periodically sleep rough, including those who are living in hostels, supported and other types of short-term accommodation, including 'sofa surfers' staying with relatives or friends.



The number and rates of people recorded sleeping rough across England rose sharply (by 160%) between the period 2010-2017, 160%. Birmingham has broadly followed national trends, recording a 20-year peak in November 2018 of 91 people, where the rate rough sleeping for the first time was above the national average for the first time.



In November 2019 the first annual reduction in rough sleeping was recorded. With a count of 52 local intelligence (including additional quarterly street counts) indicated a continuing downward trend into 2020. On 26th March 2020, as part of its emergency COVID-19 public health measures, the Government issued an 'Everyone-In' instruction to local housing authorities to accommodate all people known to their local services as rough sleeping rough. Including those traditionally excluded due to having no recourse to public funds, numbers on streets fell to as low as 10 people by April 2020.

## **Rough Sleeping Local Caseload Profile**

### **Age and Gender Profile**

Local caseload statistics recorded over the course of July 2019, based on contacts made with the city's commissioned outreach service, indicates that there are up to 116 individuals known to be sleeping rough. The overall demographic profile reveals, 4% are aged under the age of 25 years; 86% are aged 25 to 49 years; and 10% are aged 50 years & over. The gender profile of this total is: 85% male (98) and 15% female (18). The average age of female rough sleepers in Birmingham was 37 years and for males 38 years.

### **Local Connections**

Most of the total rough sleeping caseload (90%) had a connection with Birmingham in terms of the length of time staying in the city and associated social networks such as family members or friends. 10% of the total had connections in neighbouring areas: Solihull, Dudley, Walsall and locations further afield Liverpool, London and outside of the UK. Regarding immigration and nationality status, 75% of the people were UK nationals (86 people); 22% were European Union nationals (26 people) and the remaining 3%, were nationals from outside of the UK (4 people).

### **Immigration and nationality status.**

Immigration and nationality status which determines eligibility for housing benefit and welfare assistance, can present bureaucratic and legal barriers with regards to supporting non-UK nationals move off the streets and into accommodation. The need to provide documentary evidence concerning employment and habitual residency are some of the barriers many migrant communities face when confronted with homelessness.

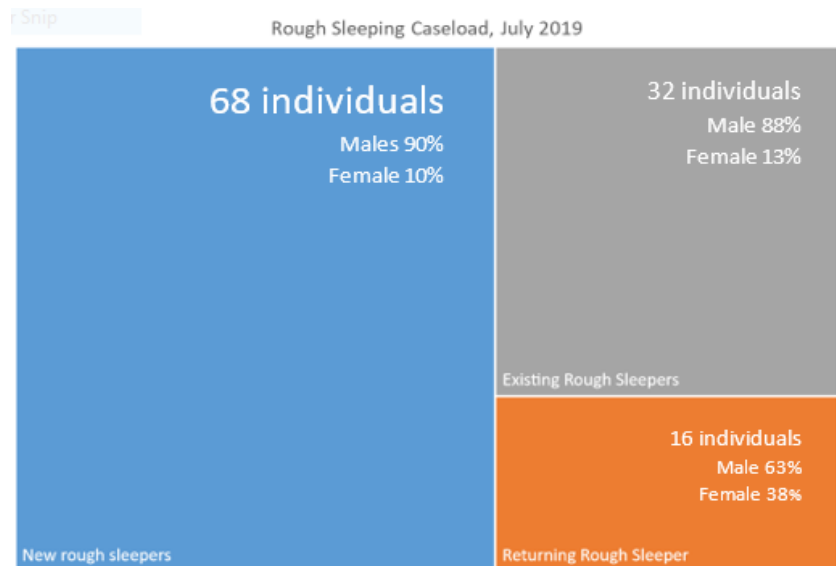
Most of Birmingham's EU nationals that are rough sleeping comprise of people from one of the 8 EU Accession State countries: Poland (8), Romania (3), Latvia (2), Lithuania (1), Hungary (1).

### **Migrant Homelessness**

It is likely that homelessness and rough sleeping amongst migrant communities in this needs analysis is undercounted, due to number of factors in what is a continuously changing legal framework. As well featuring in less visible forms of homelessness situations such as 'sofa surfing' they are also potentially at greater risk of exploitation such as 'modern slavery' and trafficking, alongside eligibility barriers that divert them from approach services.

## Caseload volumes, new, existing and former rough sleepers

In July 2019 the combined caseload comprised of 116 individuals known to rough sleeping outreach services consisted of 68 new arrivals (59%); 32 existing cases (28%); and 16 returning former rough sleepers (14%).



Over the same monthly period in (July 2019) data captured in relation to people who were no longer rough sleeping and making planned exits into accommodation included 60 individuals. A further two were taken into custody and the same number of people were no longer in contact with the rough sleeping outreach services. Of the 60 people supported to make planned exits into accommodation, 41 moved into supported housing, 8 moved into

Housing First tenancies (council housing); 3 into sheltered housing and one into private rented accommodation. The remaining moves into accommodation included staying with friends (3); staying with family (3); and returning to previous home (1).

## Support Needs of Rough Sleepers

Prolonged periods of rough sleeping can make it more challenging for support workers to engage some individuals to take up support in order to break away from sleeping rough. This type of entrenched rough sleeping is often associated with multiple and/or complex needs, including mental ill health or experience of trauma. Exclusion or evictions from accommodation due to factors such as, risk to other residents, risk to staff, debt and rent arrears results in some struggling to access the support services they need, with their physical and mental health needs escalating into patterns of entrenched rough sleeping. In these instances, a Housing First intervention are the best solution to break cycles rough sleeping – the July 2019 profile identified around 10-11% of cases (existing & returning rough sleepers) have been assessed for a Housing First intervention.

## Health Needs

Poor health (physical and mental) amongst homeless rough sleepers, compared to the overall population is well-documented in national and international research<sup>1</sup>. There is greater prevalence of physical ill-health related to skin conditions, leg ulcers and respiratory illnesses such as tuberculosis. As substance misuse is more common amongst this group, there is a higher risk of blood borne viruses such as HIV and Hepatitis C.

A recent review of local data<sup>2</sup> collected from over 900 homeless patients from the Birmingham based Health Exchange<sup>3</sup> service undertaken in 2018, illustrates some of the common health and support needs amongst the rough sleeping homeless population:

- Hepatitis C which involves lengthy and costly treatment was more prevalent – at 6.3%, compared with 0.7% for overall population.
- Over 13% of homeless men had a substance dependence, compared with 4.3% of men in the general population. For women the figures were 16.5% and 1.9% respectively.

More than a fifth of the homeless population have an alcohol dependence, compared with 1.4% of the general population.

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<sup>1</sup> Prevalence of tuberculosis, hepatitis C and HIV in homeless people: A systemic review and meta-analysis, Volume 12, Lancet, 2012.

<sup>2</sup> Healthcare issues amongst the homeless in Birmingham, Vibhu et al, Institute of Clinical Sciences, College of Medical and Dental Sciences, University of Birmingham, 2018

<sup>3</sup> Health Exchange is a primary care general practice (GP) service for homeless people in the Birmingham area provided by Birmingham and Solihull Mental Health Foundation Trust.