

# Ending Street Homelessness in Vanguard Cities Across the Globe: An International Comparative Study

## Final Report

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## Disclaimer

All opinions and any errors contained in this report are the sole responsibility of the authors and should not be assumed to reflect the views of the Oak Foundation, IGH, the named local researchers, or any other stakeholders who supported this research.

## Executive Summary

Street homelessness is one of the most extreme, and visible, manifestations of profound injustice on the planet, but often struggles to achieve priority attention at international level. The Institute of Global Homelessness (IGH's) *A Place to Call Home* initiative, launched in 2017, represented a concerted effort to support cities across the globe to eradicate street homelessness. A first cohort of 13 'Vanguard Cities' committed to a specific target on ending or reducing street homelessness by December 2020. Our independent evaluation of this initiative found that:

- Two Vanguard Cities – Glasgow and Sydney – fully met their self-defined target reductions for end 2020. In addition, Greater Manchester, while it did not meet its exceptionally ambitious goal of 'ending all rough sleeping', recorded an impressive 52% reduction against baseline.
- Overall, there was evidence of reductions in targeted aspects of street homelessness in over half of the Vanguard Cities. In most of the remaining cities data limitations, sometimes as a result of COVID, meant that it was not possible to determine trends. In only one Vanguard City – Edmonton – was there an evidenced increase in street homelessness over baseline levels.
- Key enablers of progress in reducing street homelessness included the presence of a lead coordinating agency, and coordinated entry to homelessness services, alongside investment in specialized and evidence-based interventions, such as assertive street outreach services, individual case management and Housing First.
- Key barriers to progress included heavy reliance on undignified and sometimes unsafe communal shelters, a preoccupation with meeting immediate physiological needs, and sometimes perceived spiritual needs, rather than structural and system change, and a lack of emphasis on prevention. Aggressive enforcement interventions by police and city authorities, and documentary and identification barriers, were also counter-productive to attempts to reduce street homelessness.
- A key contextual variable between the Vanguard Cities was political will, with success in driving down street homelessness associated with high-level political commitments. An absolute lack of funds was a major challenge in all of the Global South cities, but also in resource-poor settings in the Global North. Almost all Vanguard Cities cited pressures on the affordable housing stock as a key barrier to progress, but local lettings and other policies could make a real difference.
- The impact of the COVID-19 crisis differed markedly across the Vanguard Cities, with people at risk of street homelessness most effectively protected in the UK and Australian cities. Responses were less inclusive and ambitious in the North American and Global South cities, with more continued use of 'shared air' shelters, albeit that in some of these contexts the pandemic prompted better coordination of local efforts to address street homelessness.
- IGH involvement was viewed as instrumental in enhancing the local profile, momentum and level of ambition attached to reducing street homelessness in the Vanguard Cities. IGH's added value to future cohorts of cities could be maximised via a focus on more tailored forms of support specific to the needs of each city, and also to different types of stakeholders, particularly frontline workers.

## Background

Street homelessness is one of the most extreme, and visible, manifestations of profound injustice on the planet, but often struggles to achieve priority attention at international level. The Institute of Global Homelessness (IGH's) *A Place to Call Home* initiative, launched in 2017, sought to address this glaring gap in international efforts to protect vulnerable people worldwide from endemic hardship. It represented a concerted effort to support cities across the globe to eradicate street homelessness, with a first cohort of 13 'Vanguard Cities' committing to a specific numerical goal, or goals, on ending or reducing street homeless to be met by 31st December 2020.

The Vanguard Cities were located across all six continents, including four cities in Europe (Greater Manchester and Glasgow in the UK, Brussels in Belgium, and Rijeka in Croatia), three cities in North America (Chicago and Little Rock in the US, and Edmonton in Canada), two cities in South America (Montevideo in Uruguay, and Santiago in Chile), two cities in Australia (Adelaide and Sydney), one city in Africa (Tshwane in South Africa), and one city in Asia (Bengaluru in India).<sup>1</sup>

The goals set by these cities ranged from ending street homelessness entirely in their city, to ending it in a particular neighbourhood, or within a certain subpopulation, to achieving specified proportionate reductions of various kinds.

This independent evaluation, funded by the Oak Foundation, sought to monitor progress towards the achievement of these numerical goals and, crucially, to draw out the core components of successful interventions that may be transferable to other contexts. Further key aims included assessing the added value offered by the involvement of IGH and capturing the impacts of the COVID-19 pandemic.

## Progress towards ending street homelessness

Two of the Vanguard Cities - Sydney and Glasgow – fully met the targets that they had set for themselves for the end of 2020. In Sydney's case that meant reducing all inner-city street homelessness by 25%, while in Glasgow there was overwhelming qualitative evidence that the goal to drive down city centre rough sleeping by 75% had been achieved (to fewer than seven people at any one time).

In three other Vanguard Cities - Adelaide, Greater Manchester and Montevideo - the numerical goals were not met, but there was evidence of progress. In Greater Manchester, which set itself the most ambitious target of all - to completely end all rough sleeping - there was an impressive 52% reduction against baseline. In the case of Montevideo, where the aim was to reduce the number of people on the street by 25%, there likewise appeared to have been positive progress, with a reported decrease of 15% (albeit that data issues cast a degree of doubt on this finding). In Adelaide, while a 50% reduction target was not met, there was a reduction in street homelessness amongst those who were also 'chronically' homeless.

In one Vanguard City - Edmonton – there was an evidenced increase in street homelessness from the baseline position. In the remaining seven cities, data sparsity, sometimes associated with COVID-19 restrictions, made it impossible to assess whether targets were met. However, in both Tshwane and Santiago there was some evidence of progress with regard to relevant target groups of older people experiencing street homelessness.

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<sup>1</sup> Please note that, while the participants in the *A Place to Call Home* initiative are generically described as 'cities', in some cases they encompass larger conurbations or smaller, more specific geographical areas, as captured in Table 1 below.

Overall, therefore, we have evidence of reductions in street homelessness in over half of the Vanguard Cities during the *A Place Called Home* initiative (Adelaide, Glasgow, Greater Manchester, Montevideo, Tshwane, Santiago and Sydney).

### **The structural conditions for success**

The matter of political will was integral to success or failure in addressing street homelessness across the Vanguard Cities. Sydney and Greater Manchester were stand out examples where creditable progress in driving down street homelessness was associated with high-level political commitments. However, even where ‘gains’ were made under supportive administrations, a core concern was embedding them for the longer-term. Ensuring that relationships are built with officials, not just politicians, and also, where possible, capturing progressive policies in legal form, may help to reduce the risks of retrograde steps.

A related, and similarly fundamental, contextual difference between the Vanguard Cities lay in the level of resources at their command to address street homelessness. While an absolute lack of resources was, as one would expect, a major challenge in all of the Global South cities, there were also resource-poor settings in the Global North, with Little Rock and Rijeka key examples here. There is no doubt of the need for additional funds in these contexts if street homelessness is to be eradicated.

Almost all Vanguard Cities, both rich and poor, cited high pressure on the affordable housing stock as a key challenge to progress. However, there was evidence of initiatives and ideas in the Vanguard Cities that could make a positive difference. In Glasgow, for example, a local (social) lettings initiative has seen a substantial boost in housing allocations to homeless people, while in Chicago an Expedited Housing Initiative, funded by federal COVID-response funds, has established a centralised pool of private lettings accessible to homeless households. In Tshwane, many interviewees stressed the scope for converting empty government buildings into low-cost housing, and for harnessing the private sector development process to expand affordable housing opportunities.

### **Lessons on ‘what works’ in practice**

Pivotal to success in reducing street homelessness was the presence of a lead agency, whether from the state or NGO sector, heading up targeted and coordinated efforts. In contexts where this was absent there tended to be a highly fragmented response to street homelessness from multiple struggling and disconnected services, who sometimes duplicated efforts or even impeded one another.

A second systems-level factor core to successful interventions in the Vanguard Cities was the presence of some form of coordinated entry systems for homelessness services; mechanisms that identified, profiled and tracked the people affected. Linked with this, effective individual-level case management has emerged as a key enabler of progress, particularly for those with more complex support needs.

The importance of moving away from a one-size-fits-all approach, towards more specialised interventions that target responses to the diverse needs of specific subgroups, was recognised in many participating cities. This encapsulates the provision of appropriate services for women, children, older people and other vulnerable groups, and also culturally sensitive responses to Indigenous and Aboriginal people and other groups affected by racial and associated forms of prejudice.

Crucial, also, was investment in evidence-based interventions, especially: assertive street outreach services; rapid access to decent emergency and settled accommodation; practical, financial and

emotional support with sustaining settled housing, including Housing First wraparound support for those with more intense needs; and access to mental health, substance misuse and other specialist support for those who need it, without high conditionality barriers.

## **Lessons on ‘what doesn’t work’ in practice**

Across the Vanguard Cities, there was an overwhelming emphasis on emergency interventions, once people were already in crisis, rather than on more preventative models. Even highly predictable pathways from institutions, such as hospitals and prisons, into street homelessness, often failed to attract concerted prevention efforts.

A continuing reliance on undignified, and often inhumane and unsafe, communal shelters was evident in most cities in both the Global North and South. With little if any preventative function, and in most cases failing to provide an onward route to more appropriate and settled housing, a focus on shelters represents a level of ambition limited to managing rather than reducing or ending street homelessness.

Particularly in those cities where the political will to address street homeless is weak or non-existent, people at risk of sleeping rough are often left to depend on the charity of committed individuals and local voluntary organisations and faith groups. These local activists can provide vital emergency help, particularly in the absence of a secure housing and welfare safety net. However, heavy dependence on faith groups in particular could bring an unhelpful emphasis on meeting people’s immediate physiological needs, and sometimes their perceived spiritual needs, rather than structural and system inadequacies. The direct involvement of certain religious denominations on service provision can also drive high conditionality thresholds for access. Moreover, the overt religiosity of some of these settings could raise access barriers and be off-putting to some people experiencing street homelessness. One relevant disconnect identified was the very high prevalence of Indigenous people amongst the street homeless population in some cities where the homelessness service sector was dominated by, or at least heavily orientated towards, Christian organisations.

A particularly damaging form of intervention is aggressive enforcement against people sleeping in the streets or in encampments, especially where these actions are unaccompanied by offers of accommodation and support. These harmful interventions by police and city authorities have historically been common in the North American and Global South contexts, but there had been welcome moves away from such approaches in recent years in a number of these cities, sometimes precipitated or accelerated by the COVID-19 pandemic. This historic emphasis on harsh enforcement is less evident in Europe and Australia, where the police can at least sometimes be viewed as constructive partners in addressing street homelessness.

In many Vanguard Cities, an absence of required identification documents was often a key barrier to service access. For those who were migrants into the country in question, this could be linked to their immigration status, but even national citizens’ access to basic humanitarian services was often restricted by lack of documentation, or restricted to those with a ‘local connection’ to the relevant municipality.

## **The differential impact of COVID-19**

The impact of the COVID-19 crisis differed markedly across the Vanguard Cities. In the two UK (Glasgow and Greater Manchester) and Australian (Adelaide and Sydney) cities, street homelessness was radically reduced, or even virtually eliminated, at least for a time, via targeted action to bring ‘everybody in’, making extensive use of empty hotel rooms and other forms of, largely self-contained,

emergency accommodation. In Glasgow the opportunity was taken during the pandemic to end the (limited) use of communal shelters altogether and replace it with more appropriate provision.

Pandemic responses seem to have been less ambitious and inclusive in the North American cities where heavy reliance on communal shelters remained, albeit that mitigation measures, such as social distancing and 'decompression', were implemented to varying degrees, and hotels were used in a limited way for those who were at especially high risk or needed to quarantine. More positively, there were moratoria on rental evictions in the US during the pandemic, as there was in several other Global North countries. Also, as in the Global Financial Crisis over a decade earlier, there was an influx of federal and state funds designed to assist those struggling with rent arrears, albeit that the funding available was judged insufficient.

Brussels occupied a middle ground between the North American and UK/Australian response to homelessness during COVID, with triage systems established, while in the Global South cities there were grave concerns about the impact of the pandemic on people experiencing street homelessness, many of whom relied on informal work for their survival. That said, in both Bengaluru and Tshwane a widely acknowledged positive effect of the COVID-19 crisis was better coordinated local efforts to address street homelessness, while in Montevideo and Santiago, national government was eager to provide additional temporary accommodation open all day and night for those at greatest risk.

In a range of cities, improved collaboration between homelessness and health services was reported during the COVID-19 crisis, and in some cases a reconceptualization of street homelessness as a public health emergency precipitated a more inclusive and less conditional public policy approach to those affected, including migrants. A key challenge is going to be to maintain and build on these improvements in the post-pandemic world.

## **Maximising the added value of IGH**

The involvement of IGH was often viewed as instrumental in driving up the local profile and momentum attached to reducing street homelessness in the Vanguard Cities. A sense of widened horizons and raised ambitions was prevalent in the participating cities, alongside enhanced capacity building via coaching support and leadership programmes, improved data collection, and the leveraging of much needed additional resources. Opening up local actions to international endorsement and scrutiny was another central contribution that IGH was seen to make. One widely acknowledged added value of IGH's work was to facilitate access to good ideas or innovative practice from elsewhere with, crucially, these ideas often garnered from the peer learning opportunities, as well as via the direct advice, offered by IGH.

There is a case for future cohorts in the *A Place to Call Home* programme to be rebalanced to include more Global South cities, where the extent of needs is greatest and the scope for added value from IGH probably largest. This inclusive imperative has to be balanced with the necessary infrastructure being in place within candidate cities to set and monitor the achievement of measurable targets, alongside a plausible theory of change that provides a roadmap for progress. Whatever mix of future cities IGH elect to work with, some refinements to the Institute's 'offer' would help to maximise its added value. Key here would be a focus on more tailored technical support specific to the needs of each city, and also to different types of stakeholders. In particular, reaching out to frontline workers, and connecting them to each other in different parts of the world, would be a much welcomed contribution, now much more practicable given the widespread use of virtual platforms. More generally, Global North cities may benefit most from assistance in implementing effective 'upstream' prevention, whereas Global South cities often require help leveraging additional resources to provide



even minimally adequate interventions of all types. Setting clear parameters on what it is feasible and optimal for IGH to do will be crucial in maximising the Institute's added value in the coming years.

## Conclusion

The *A Place to Call Home* initiative encompassed an extraordinarily diverse set of cities across the Global North and South. Nonetheless a high degree of commonality in what is *needed* to address street homelessness was evident in these very different places:

- outreach services which are assertive (not just 'checking in') and have a decent emergency accommodation offer to make;
- access that is as rapid as possible to long-term housing in ordinary communities;
- support to help maintain that accommodation where needed, including Housing First-style support for those with more complex needs;
- a move away from inhumane and undignified communal shelters;
- a rejection of exclusionary conditionality thresholds, and unnecessary ID requirements;
- access to an income, either through work or secure welfare protection, that it is possible to live on, without having to rely on faith groups and charities for food and other basic necessities; and
- a concerted effort to identify and prevent key routes onto the streets.

Where there is massive divergence between the cities is in *how* these necessary interventions and approaches can be secured, and the challenge is of course much greater in the Global South and other resource-poor settings. Many of the barriers to ending street homelessness are about access to affordable housing and other material goods; these are indispensable to progress. Yet there are many other barriers that are not fundamentally about money. Rather, these obstacles lie in the realms of ideology, theology, politics, prejudice, ethics, governance and bureaucracy. A philosophical as well as material shift is required to end the avoidable hardship of street homelessness in cities across the globe.

## A note on methods

This was a mixed methods study, with both quantitative and qualitative elements, encapsulated in an international comparative case study design. Alongside the analysis of relevant quantitative data, including Point-In-Time counts and administrative data on street homelessness levels and profile, local research teams were commissioned to undertake two waves of in-depth qualitative fieldwork in each city. In total, 82 senior stakeholders and 128 frontline workers participated in the Wave 1 fieldwork across the cities, and 69 senior stakeholders and 90 frontline workers in the Wave 2.

## Chapter 1: Introduction

Street homelessness is one of the most extreme, and visible, manifestations of profound injustice on the planet (Springer, 2000; UN Habitat, 2000). It affects people in both the Global North and the Global South (Tipple & Speak, 2009), but research and practice interventions have tended to proceed down parallel paths in different world regions, inhibiting the potential for mutual learning (Busch-Geertsema *et al*, 2016).

Moreover, and notwithstanding important recent developments, such as the UN Economic and Social Council Resolution in June 2020 which adopted a formal definition of homelessness<sup>2</sup>, acute housing need has often struggled to achieve the same level of priority at an international level as the satisfaction of other basic needs, such as for food, water, healthcare and education.

It is within this context that the charity Depaul International partnered with DePaul University in Chicago to establish the Institute of Global Homelessness (IGH) in 2014 to spearhead a global movement to end street homelessness<sup>3</sup>. One key aim of IGH is to build the 'infrastructure' required for key stakeholders across the globe to communicate effectively about the nature, causes and impacts of homelessness, and to share promising approaches and interventions that may be transferable to other places.

To that end, IGH supported the development of the 'Global Framework on Homelessness'<sup>4</sup>, a definitional typology which sought to provide a common reference point for exchanges on homelessness within and across world regions, building on a rich seam of earlier conceptual work (Springer, 2000; Tipple & Speak, 2005, 2006; Edgar *et al*, 2007; Cross *et al*, 2010; Kok *et al*, 2010; Amore *et al*, 2011; Speak, 2013; Busch-Geertsema *et al*, 2016).

For the purposes of this report we define *street homelessness* as encompassing people in the following situations captured within that Global Framework:

- a) Sleeping in the streets or in other open spaces (such as parks, railway embankments, under bridges, on pavement, on river banks, in forests, etc.)
- b) Sleeping in public roofed spaces or buildings not intended for human habitation (such as bus and railway stations, taxi ranks, derelict buildings, public buildings, etc.)
- c) Sleeping in their cars, rickshaws, open fishing boats and other forms of transport
- d) 'Pavement dwelling'- individuals or households who live on the street in a regular spot, usually with some form of makeshift cover
- e) Living in tents or encampments, where relevant in the particular city context.<sup>5</sup>

In 2017, IGH launched the *A Place to Call Home* initiative, an international effort to support cities across the world to end street homelessness, as defined above, by 2030. The foundation for this effort was to be the pioneering work of a small group of cities working towards goals

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<sup>2</sup> <http://ighomelessness.org/wp-content/uploads/2020/03/IGH-CSocD-Policy-Briefing-1.pdf>

<sup>3</sup> <http://ighomelessness.org>

<sup>4</sup> <https://ighomelessness.org/igh-announces-the-first-global-framework-on-homelessness/>

<sup>5</sup> These categories corresponding to Categories 1a-d and 3f of the Global Framework

related to ending street homelessness by 2020. The idea was that these ‘Vanguard Cities’ could show what is possible, and how cities might provide peer support for each other, clearing the path for future cohorts of cities to work towards ending street homelessness over agreed future timelines.

The 13 Vanguard Cities that took up the initial challenge laid down by IGH ranged across all six continents, and included: four cities in Europe (Greater Manchester and Glasgow in the UK, Brussels in Belgium, and Rijeka in Croatia); three cities in North America (Chicago and Little Rock in the US, and Edmonton in Canada); two cities in South America (Montevideo in Uruguay, and Santiago in Chile); two cities in Australia (Adelaide and Sydney); one city in Africa (Tshwane in South Africa); and one city in Asia (Bengaluru in India).

Each of these Vanguard Cities committed to a specific numerical goal, or goals, to be met by 31st December 2020. These goals ranged from ending street homelessness entirely in their city, to ending it in a particular neighbourhood, or within a certain subpopulation, to achieving specified proportionate reductions of various kinds. The specifics of these goals and progress towards them are considered in detail later in this report.

However, IGH is concerned not only with *whether* relevant numerical targets on reducing street homelessness are met, but also with *how* progress identified towards these goals has been achieved. Investigating what interventions are used, how effective or otherwise they are, and what explains their success or failure, is crucial information not only for future cohorts of cities participating in the *A Place to Call Home* initiative, but also for other local and international stakeholders seeking to make progress on eradicating this extreme form of injustice.

These considerations form the backdrop to the approach taken in this independent evaluation of the *A Place to Call Home* initiative, which was undertaken between September 2019 and September 2021, thus bridging the immediate pre- and post-COVID 19 period. An international comparative study, funded by the Oak Foundation<sup>6</sup>, its core aims were as follows:

- To monitor progress towards the achievement of the numerical goals set by the Vanguard Cities to end or reduce street homelessness by the end of December 2020;
- To identify what works, and doesn’t work, to end street homelessness;
- To draw out the core components of successful interventions that may be transferable to other cities/contexts;
- To assess the added value offered by the involvement of IGH in cities’ efforts to eradicate street homelessness, and how this can be maximized in the future; and
- To capture the lessons, both positive and negative, of relevant responses to street homelessness during the COVID-19 pandemic.

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<sup>6</sup> <https://oakfnd.org/>

The structure of the remainder of this report is as follows. In Chapter 2 we describe the methods deployed in the study, before, in Chapter 3, briefly describing the context of each of the 13 Vanguard Cities. In Chapter 4 we review the extent to which the cities met their numerical goals for ending or reducing street homelessness, and in Chapters 5, 6 and 7 we examine various aspects of what worked, and what did not work, in reducing and ending street homelessness in these cities. In Chapter 8 we reflect on the added value contributed by IGH to these efforts, and how this may be maximised in the future, before offering overall conclusions in Chapter 9.

The impacts of the COVID-19 pandemic on the responses to street homelessness are threaded throughout the report, as appropriate, rather than presented in a separate chapter, and are also highlighted in the individual city profiles. As shall be seen, these pandemic impacts were many and varied across the Vanguard Cities, with some profoundly positive as well as distressingly negative consequences of the COVID-19 crisis for people directly affected by street homelessness.

## Chapter 2: The Methods

### Introduction

This was a mixed methods study, with both quantitative and qualitative elements, encapsulated in an international comparative case study design. Aspects of the methodology evolved after the commencement of the research. This was in response to a range of factors, not least the varied situation with regard to research capacity that we found in each of the 13 cities once we were ‘in the field’, and the impact of the COVID-19 outbreak.

We provide a brief summary below of each of the stages of the research task, before reflecting at the end on the challenges and limitations inherent in conducting this type of international comparative research and how we sought to mitigate them.

### Commissioning of local research teams

We began by commissioning appropriately qualified local research teams in the Vanguard Cities to undertake the required fieldwork in each setting, as described below. In the majority of these cities, in both the Global North and South, Oak funding routed through the Corra Foundation<sup>7</sup> was used to directly commission researchers identified by the evaluation team, sometimes with the help of IGH, local partners or via our existing networks. However, in Edmonton a local partner took responsibility for the commissioning and costs of some of the qualitative research, while in Glasgow and Greater Manchester, most of the fieldwork was undertaken directly by UK-based members of the evaluation team.

In all cases, local research teams had to agree to abide by the ethics and data protection arrangements applied by the lead evaluation partner (Heriot-Watt University (HWU) in the UK). A detailed Data Protection Impact Assessment was developed, taking into account the wide variety of contexts across the global cities, but at the same time ensuring adherence to EU/UK data privacy laws so that the evaluation team could lawfully receive data from the local researchers.

### Tasking of the local research teams

In all 13 cities, the local research teams were charged with the following two principal tasks:

- a) *In-depth interviews with key stakeholders*: these were generally senior or strategic figures with an overview of relevant developments in the city. Depending on the city context, these stakeholders included representatives of city/local authorities, NGOs, community or faith groups, and academics.
- b) *Focus group discussions with frontline workers*: these discussions sought to capture the perspectives of service providers and frontline workers dealing with the day-to-day realities of street homelessness in their cities. The frontline workers who participated

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<sup>7</sup> A Scotland-based charity with vast experience in disbursing small grants in varying contexts across the world. <https://www.corra.scot/>

varied depending on the city context and the nature of relevant services, but included street outreach workers, shelter staff, health service staff, police officers, members of faith communities, civil servants, etc. One key function of these interviews with frontline workers was to identify whether there may be a gap between the agreed policy in a city, as articulated by senior stakeholders, and the day-to-day reality as experienced or perceived by direct service providers.

Two waves of fieldwork were conducted in each city. Ideally, we were seeking to interview (substantially) the same key informants and frontline workers in both waves of fieldwork, so that these would take the form of ‘repeat’ interviews and lend the project a longitudinal dimension. However, where someone had moved on from their role, or was no longer willing or able to participate, an appropriate substitute was recruited. In some cities it was more practical or effective to interview frontline workers one-to-one than in focus groups, particularly during the COVID lockdown.

The original plan had been to conduct the Wave 1 stakeholder interviews and focus groups in January/February 2020, to capture relevant perspectives when the *A Place to Call Home* initiative was active, with Wave 2 then undertaken in January/February 2021, to capture reflections shortly after it had ended. In the event, the intercession of the COVID-19 pandemic meant that Wave 1 and 2 fieldwork timetables had to be somewhat extended. Nonetheless, by July 2021 two waves of fieldwork had been completed in all cities, with the exception of Brussels where the decision was made to cease fieldwork after Wave 1 for non-COVID related reasons.

As can be seen in Table 2.1 below, in total there were 82 stakeholder interviews conducted in Wave 1 and 68 in Wave 2, with 128 frontline workers participating in Wave 1 focus groups (or one-to-one interviews), and 90 participating in Wave 2.

**Table 2.1 Participants in Qualitative Fieldwork**

City	Key Stakeholders (Wave 1)	Frontline Workers (Wave 1)	Key Stakeholders (Wave 2)	Frontline Workers (Wave 2)
Adelaide	6	13	6	9
Bengaluru	10	26	4	6
Brussels	8	9	-	-
Chicago	5	-	5	4
Edmonton	5	6	6	7
Glasgow	6	10	6	12
Greater Manchester	5	7	6	8
Little Rock	7	6	6	4
Montevideo	6	6	6	6
Rijeka	5	6	4	6
Santiago	6	12	6	12
Sydney	7	13	8	7
Tshwane	6	14	5	9
<b>Total</b>	82	128	68	90

## Developing standardised research instruments

The evaluation team developed bespoke qualitative research 'toolkits' for both waves of fieldwork, including topic guides, consent forms, information sheets, context narrative pro-formas, and other ancillary documents - all of these materials are available to view online<sup>8</sup>.

These 'standardised' research instruments were designed to facilitate comparative analysis and conclusions across the Vanguard Cities, maximising the robustness and comprehensiveness of the findings. At the same time, it was crucial to develop instruments that were flexible enough to be deployed appropriately in highly varied city contexts across the globe, and suitable for implementation by diverse local research teams. We therefore engaged in extensive consultation with the local researchers and partners, and IGH, before revising and finalising these instruments, attempting always to strike a balance between maximising comparability across cities and sensitivity to local context and priorities.

## Analysing the data

For interviews conducted in English, local researchers were asked to securely upload audio recordings to a trusted UK-based transcription service. For interviews conducted in languages other than English, local researchers undertook the transcription and translation tasks themselves, and a separate process for secure uploading of these transcripts was established.

In all cases, local researchers also submitted to the evaluation team a 'context note' on the research process and key substantive points emerging. In addition, they were asked to assemble and pass on to the core research team useful research reports, policy statements or other relevant written materials that they identified during the course of their work. Local research teams also sometimes played a role in the assembly and analysis of the statistical evidence on trends in street homelessness in particular cities, depending on its nature and on whether the evaluation team were able to access this data directly.

The evaluation team then set about analysing the raw data, in the form of full transcripts, and other assembled material, into thematically organised, case study reports for each city. Structured pro-formas were deployed in the analysis of both Wave 1 and Wave 2 data, to aid systematic comparison of the findings across cities, maximising rigour and consistency in the analysis of this mainly qualitative material.

## Reflections on methodology, scope and limitations

The use of standardised research instruments, albeit tailored where necessary for local city contexts, coupled with a unified analytical process, has afforded us an invaluable opportunity to undertake genuinely comparative international research on homelessness (see Shinn, 2007). Outside of Europe, where the European Observatory on Homelessness<sup>9</sup> and, occasionally, other bodies are supported by the EU to undertake comparative research amongst Member States (for example, Stephens *et al*, 2010), opportunities to undertake

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<sup>8</sup> <https://i-sphere.site.hw.ac.uk/ending-street-homelessness>

<sup>9</sup> <https://www.feantsaresearch.org/>

cross-national primary data collection in this field are exceedingly rare (though see Toro *et al*, 2007 for an exception). This present study is the first that we are aware of that attempts to do so across sites in both the Global North and Global South.

At the same time, the evaluation team were acutely aware that the 13 Vanguard Cities encompass an array of extremely disparate environments, amongst whom any form of crudely numerical or mechanistic comparison would be wholly inappropriate. This is why an in-depth, qualitative, case study-based methodological approach was adopted, to ensure that the comparisons made were appropriately contextualised and 'system embedded' (Stephens, 2011).

Equally, while the identification of contrasts and continuities between the cities is of central interest, as is the extraction of overarching findings and lessons that may be applicable elsewhere, we are alert to the pitfalls of naïve '*policy transfer*' that assume that interventions can be unproblematically transplanted from one place to another (Dolowitz & Marsh, 2000; Pawson & Hulse, 2011). We would emphasise that 'transferable' lessons are not at all the same as 'generalizable', that is, universally applicable. Taking proper account of relevant contextual factors in judging the potential wider applicability of interventions is core to the realistic evaluation tradition – focused on '*what works, for whom, in what circumstances*' (Pawson & Tilley, 1997) – that has inspired and guided this study.



## Chapter 3: The Context

### Introduction

This chapter sets the backcloth for the remainder of the report and our more detailed findings by sketching out the context in the 13 Vanguard Cities. It covers the broad profile of people affected by street homelessness in these cities, the existing responses in these localities around the time they joined the *A Place to Call Home* initiative, and the process by which they signed up to become a Vanguard City. More contextual detail is offered in Appendix A which provides standalone profiles of each Vanguard City.

### The cities

As noted in the Chapter 1, the 13 cities participating in the first cohort of the Vanguard Cities programme are distributed across all six continents, encompassing both the Global South and North, and are highly varied with respect to both scale and urban form. Thus, they include large city-regions (with a population of 8.5 million in the case of Bengaluru, and 2-3 million in the cases of Greater Manchester, Chicago, Tshwane), medium-sized cities (with a population of 1-1.5 million in the cases of Edmonton, Brussels, Montevideo, and 600,000 in the case of Glasgow), more geographically contained areas within larger city-regions (Sydney, Adelaide and Santiago), and smaller freestanding cities (Little Rock and Rijeka).

While most of the participating cities have diverse populations, the level of racial, ethnic and linguistic heterogeneity is especially noteworthy in Tshwane, Brussels and Rijeka. Tshwane and Brussels are especially varied contexts in terms of language, with Brussels also having a very large foreign-born/immigrant population and as such significant ethnic diversity. This is also the case in Rijeka, where there is a large minority of Serbs, and smaller numbers of Bosniaks and Italians living in the city, with the majority Croats. Indigenous peoples are an important group in Edmonton, Adelaide and Sydney.

### The profile of people affected by street homelessness

Data availability on street homelessness varies enormously between the cities (see Chapter 5). However, some key points of similarity and difference in terms of the profile and circumstances of the people affected can be drawn out as follows<sup>10</sup>.

- **Gender:** in every city where data is available, the great majority of the street homeless population is male. In Greater Manchester and Chicago, for example, men account for 80- 85% of the street homeless population, while in Bengaluru, three-quarters of the street population are male.
- **Age and family circumstances:** street homelessness populations are dominated by adults aged between 25 and 65. In most cities where data is available there appear to

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<sup>10</sup> Please note that all percentages and other data presented here are intended to be illustrative and are drawn from the best evidence available to us at the time of writing. We recognise that many of these statistics will fluctuate to at least some extent over time.

be very few unaccompanied minors (under 18s) experiencing street homelessness. Bengaluru is a clear exception with many street homeless children experiencing street homelessness in the city. Little Rock and Brussels also report some unaccompanied minors sleeping rough. Street homeless families with dependent children are found in all of the Global South cities, and to some extent in North America too, but almost never in Europe or Australia.

- **Labour market status:** it is unusual in Australia and in Europe for people experiencing street homelessness to be in paid employment (with the exception of some undocumented migrants), but this is very common, or even the norm, in Global South cities and, to a lesser extent, in North American cities.
- **Racial and ethnic disparities:** there are clear racial and ethnic disparities in experiences of street homelessness across the cities, where data allows us to comment on this. For example, in Chicago Black people account for three-quarters of the unsheltered homeless population, despite comprising less than one third of the general population in the city.
- **Indigenous populations:** Indigenous peoples are radically over-represented in the street homeless population in Edmonton, Adelaide and Sydney.
- **International and internal migration:** in Brussels, it was reported that ‘mobile’ EU citizens and third country nationals make up the vast majority (circa 80%) of those experiencing street homelessness. Seasonal migrants are reported to account for about one third of the rough sleeping population in Bengaluru. In Greater Manchester, around one in 10 of those sleeping rough were nationals of other EU countries.
- **Support needs:** addiction problems are thought to be a significant issue amongst the street homeless population in most cities in the Global North, and also in Tshwane, but this was not the case in Bengaluru where the proportion with drug or alcohol problems was reported to be low and the numbers with physical disabilities high. Data on the prevalence of mental health problems is patchy, but this is reported to be a common issue among the street population in most cities in both the Global North and South.
- **Encampments:** encampments appear to be a part of the street homelessness landscape in Little Rock, Chicago, Edmonton and to a very small degree towards the beginning of the IGH programme in Greater Manchester, but there is no evidence of them in Glasgow. Large-scale informal settlements rather than encampments are characteristic of many African cities, including Tshwane.
- **Marginalisation:** unique to Bengaluru are caste divides. Three-quarters of the street population are understood to be from marginalised ‘low’ caste populations.

## Existing responses to street homelessness

In this section we summarise responses to street homelessness in the Vanguard Cities before or at around the same time as they joined the IGH *A Place to Call Home* initiative. Our analysis indicates that these cities could be placed into three broad clusters:

- *Global South cities:* Tshwane, Bengaluru, Montevideo and Santiago;
- *Resource poor/uncoordinated Global North cities:* Rijeka, Brussels, and Little Rock;

- *Better resourced/coordinated Global North cities:* Chicago, Edmonton, Glasgow, Greater Manchester, Adelaide and Sydney.

### ***Global South Cities***

In these Global South cities, the sheer scale of the problem, and a lack of resources, infrastructure and/or political will, tended to precipitate a crisis-focussed or even rudimentary response to street homelessness, with forceful tactics used against people experiencing street homelessness by police and similar agencies in some cases.

In Tshwane, pre-COVID, there was only one city-owned night shelter, intended to cater for a maximum of 150 people, but a lack of appropriate management and alternative provision sometimes meant 800 people crowding into this facility with limited access to social services or basic amenities. There was said to be an abundance of food services in the city centre, and also some outreach and health services, often provided by faith groups, but little in the suburbs where many of those experiencing street homelessness congregated.

In Bengaluru, responses were somewhat more developed but still crisis-focussed, with supply falling far short of demand. A number of Government-funded shelters managed by NGOs operated in the city, but offered far fewer places than that required by a 2012 Indian Supreme Court mandate. Government payments for these shelters were often released late and failed to cover support services. There were some street outreach services operating in the city, and a growing emphasis on providing health, employment and housing support to those on the street, as well as helping people get IDs so they could access benefits.

In Montevideo and Santiago the national government was closely involved in the delivery of interventions for people experiencing street homelessness. Montevideo's homeless system had a 'one door' policy coordinating entry to the cities shelter system (which was abolished later, after a change of government), and a street outreach team at the Ministry of Social Affairs (MIDES). A 'Housing First' project, offering settled housing and support to a small number of homeless people with complex support needs, was planned in 2017, but frequent changes of staff and leadership in the relevant Ministry impeded progress. 'Housing First' projects were also planned in Santiago de Chile where rather large shelters were opened only for some cold winter months and closed over the summer.

### ***Resource-poor/uncoordinated Global North Cities***

Three Global North cities were also heavily crisis-focussed in their response to street homelessness, with little scope for offering settled housing or wider support, and very limited focus on preventative interventions. These cities seemed to suffer from an acute lack of resources and/or coordinated infrastructure to tackle street homelessness.

This was most clearly the case in Rijeka, where very limited services offered only basic support. There were two shelters for homeless people and a separate housing 'community' for homeless women (partially) funded by the City of Rijeka. Some improvement in services came in 2018 when Depaul Croatia initiated homelessness-related activity in the city, namely a day centre, outreach work, and a gardening project.

In Little Rock, services were more extensive but still heavily crisis-focussed and under-resourced, with a strong focus on shelter provision, outreach to address subsistence needs, and programmes focused on addiction or other issues, rather than rehousing or homelessness prevention. Access to shelter, much of it dormitory style, including that aimed at families with children, was often heavily conditional on sobriety and work search activities. There was also considerable free food provision in the city pre-COVID, largely offered by faith groups. The city lacked effective co-operation between relevant stakeholders or co-ordinated entry to the homelessness system, despite efforts to make progress in these areas.

In Brussels, similarly, the focus was on the provision of emergency accommodation and long-term hostels rather than on rehousing and prevention of street homelessness. Part of the explanation was said to be that a high proportion of the street homeless population were not Belgium citizens, so there was little political will to take responsibility for their situation, and acute difficulties were faced in coordinating responses across the complex governmental and NGO structures in the city.

### ***Better resourced/coordinated Global North Cities***

In the final set of cities – Sydney and Adelaide in Australia, Glasgow and Greater Manchester in the UK, Edmonton in Canada, and Chicago in the US –service responses were considerably more developed, balancing various forms of crisis or temporary accommodation with efforts to more permanently rehouse those experiencing street homelessness, though in most cases preventative interventions remained under-developed.

In both North American examples, Edmonton and Chicago, there were large-scale pre-existing homelessness programmes, accompanied by considerable strategic planning and oversight. In Edmonton, in 2018, 25 organisations were contracted to deliver over 50 programmes under the Plan to Prevent and End Homelessness, with programme elements including Housing First, Permanent Supportive Housing, Rapid Rehousing, Assertive Community Treatment and Intensive Case Management. An updated plan signalled an increased focus on affordable housing, prevention and poverty reduction. On an even bigger scale, Chicago’s homelessness response encompassed some 150 projects delivered by 45 providers, with the City funding an extensive shelter system and street outreach programme. Areas of focus included veteran and youth homelessness, domestic violence responses, ‘targeted encampments’, and employment and income. Efforts were also being made to transition to a stronger focus on prevention/diversion, rapid rehousing and greater provision of permanent supportive housing.

In the two Australian cities, too, there were multiple initiatives to reduce the street sleeping population. In Adelaide this included the Street to Home Assertive Outreach and Housing First projects both operated by the NGO Neami. The Adelaide Zero Project was officially launched in 2017 and had 40 partners attempting to reach ‘functional zero’ homelessness within the city. In Sydney, the main drive for reducing street homelessness came from the Department for Communities and Justice and various NGOs. Crucially, however, these were backed by a specific undertaking from the then state Premier who had specified ‘reducing homelessness’ as a flagship commitment when taking up office in 2017. Post-2017 efforts also built on much

pre-existing activity, including the Way2Home Housing First initiative that has been operating since 2010, and which encompassed both assertive outreach and homeless health outreach dimensions.

In the UK cities, Greater Manchester and Glasgow, a defining feature is the longstanding statutory obligation on local authorities to permanently rehouse certain categories of homeless people. In Glasgow's case, as elsewhere in Scotland, this rehousing obligation extends to single people at risk of street and other forms of homelessness. In Greater Manchester, the locally-initiated 'A Bed Every Night' programme offered a range of emergency accommodation for anyone sleeping rough or at risk of doing so. Both cities host major Housing First and similar programmes as well as making significant investments in outreach teams and specialist homelessness support services.

### Joining the IGH initiative

A first tranche of cities (Edmonton, Chicago and Adelaide) applied for and were signed up to the IGH Vanguard City programme in 2017, with six further cities joining up in 2018 (Greater Manchester, Tshwane, Brussels, Rijeka, Little Rock and Glasgow). Bengaluru, Sydney and Santiago came on board in 2019.

Some combination of elected politicians, city officials, and NGO leaders were the key players in terms of cities' decision to apply to the initiative. The relative importance of these different players varies across the cities, however. In some, including Greater Manchester, Little Rock and Edmonton, elected politicians appeared to play a central role. In Montevideo and in Santiago officials within the relevant Government Ministries were the driving forces.

In other cities, NGOs or coalitions of NGOs played the central role. In Bengaluru, for example, main players were the Impact India Consortium and Dream Network India, which are coalitions of NGOs. In Brussels, one particular NGO – Infirmiers de Rue –played the leading role and faced significant obstacles getting sign up from the mayors of Brussels' 19 municipalities.

In Sydney and Glasgow, sign up was driven by collaborations or partnerships between NGOs and city officials/politicians. In Sydney, the key organisation was the then recently established End Street Sleeping Collaboration, while in Glasgow, the main players at the point of sign up were the local authority (at political and officer level) and Homeless Network Scotland (a Glasgow-based membership organisation), with the Glasgow Alliance to End Homelessness (a partnership of voluntary and statutory sector agencies now jointly responsible for commissioning most homelessness services in the city) subsequently taking ownership of this agenda.

Vanguard Cities also appeared to have a range of motivations for applying to join the initiative. Stakeholders in both Adelaide and Sydney, for example, were said to be keen to be part of the programme for the support, international recognition and to learn from others. In Greater Manchester, involvement was perceived as providing a link to global networks and know-how to achieve reductions in street homelessness as well as to externally validate the highly ambitious goal selected, while in Glasgow an opportunity to benchmark performance

against other similar cities was especially valued. In Rijeka, key stakeholders hoped that participating in the initiative would help improve homelessness services and aid reliable data collection in the city. In Brussels, it was envisaged that the IGH programme would help push forward a pre-existing campaign to house homeless people and raise public and political awareness. Montevideo and Santiago stakeholders voiced a more general enthusiasm to participate in international activities.

In several cities, a key factor appears to have been that signing up to the programme aligned closely with existing goals or targets. This was most clearly the case in Sydney, Greater Manchester, and Brussels. Existing links or relationships with IGH also appear to be an important background motivation, with service-based partnerships in Rijeka and Little Rock relevant in laying the ground for these cities to sign up. In Tshwane, sign up seems to have evolved as natural 'coming on board' following involvement in several IGH gatherings since around 2015. High-profile, motivational visits from senior IGH players, particularly the Chair, Dame Louise Casey, were an important element of the sign up process in many of the cities.

## Conclusions

An extraordinarily diverse set of cities participated in this first wave of the IGH *A Place to Call Home* initiative, with vastly different scales, geographies, governance structures, cultures, resources and infrastructure for tackling street homelessness. Most importantly, some Vanguard Cities entered the initiative as service-poor environments, with little existing pre-the IGH initiative to coordinate or galvanise efforts across the city's stakeholders, whereas others were already service-rich contexts with complex pre-existing strategies and structures attempting to drive down street homelessness. It is also clear that the impetus for involvement in the IGH programme varied widely amongst these contrasting cities, as did the key players involved in the signing up process. All of these contextual factors might be expected to have implications for the evaluative questions considered in this international comparative study, and are therefore picked up throughout the forthcoming chapters in this report.

## Chapter 4: The Numbers: Setting Targets and Making Progress

### Introduction

This chapter reviews the quantitative targets set by the cities and the progress made towards achieving these numerical goals by the end of 2020. It closes by focusing on measurement issues, and the quality and comprehensiveness of the available data across the cities.

### Setting targets

Table 1 summarises the targets committed to under the programme in the 13 Vanguard Cities. This section draws out some key differences between the types of target adopted and the motivations and factors influencing the selection of these targets.

Only one city – Greater Manchester - opted for the most ambitious version of a reduction target, that is ‘ending street homelessness’ overall. This is especially notable in the Greater Manchester context given the geographic scope of the target across 10 local authority areas.

Glasgow was the only city to have opted for two targets specifically as part of the IGH programme – first to reduce city centre rough sleeping by 75% and second, to reduce scattered intermittent short-term rough sleeping by 50%. The first target, favoured by some key stakeholders in the city, rests on a street count that does not follow the usual markers for rigour (see Busch-Geertsema *et al*, 2016). The second target, by contrast, relies on administrative data generated through the statutory homelessness system that is considered reasonably (but not entirely) inclusive. City stakeholders opted for a 2030 end date for that component of the target, with the City Council setting this target for the ‘Glasgow Alliance to end Homelessness’ to meet on its establishment in February 2020.

Four cities – Rijeka, Montevideo, Chicago and Sydney - elected to reduce levels of overall street homelessness across the whole territory specified by a particular proportion. Most ambitious in terms of the proportionate scale of the reduction aimed for was the Rijeka target of 50%. Montevideo, Chicago and Sydney had all planned to reduce street homelessness in the city by 25% by the end of 2020. In Montevideo and Chicago this more modest target was selected because it was seen as (at least potentially) achievable. In Montevideo in particular this reflected some level of pessimism regarding the likelihood of improved responses. In Sydney, the IGH target acted as a midpoint along the way to a more ambitious target being pursued by the City of Sydney Council and the New South Wales government for the state as a whole – a 50% reduction 2019-25.

Two cities – Bengaluru and Little Rock – opted to reduce street homelessness overall by a specific proportion in a particular sub-area of the city or city-region. In Bengaluru, a 25% reduction in street homelessness was sought in two of the eight administrative zones of the city (the South and the West), selected because these are where urban homelessness were concentrated. While the key organisations involved counted anyone without shelters as ‘street homeless’, the state government insisted that street counts did not include ‘pavement dwellers’ residing in a tarpaulin/temporary coverings that they have set up themselves. This

meant that measurement of progress against the target did not account for improvements (or otherwise) for this group.

In Little Rock, the 25% reduction target was specific to a small area in the city centre where homelessness services and street homelessness were concentrated. This reflects a recognition among those involved that Little Rock was starting this reduction drive from a low base in terms of the effectiveness of street homelessness responses.

Two cities – Edmonton and Brussels – opted for reduction targets focused on a specific subpopulation of street homeless households. In Brussels, the goal was to reduce street homelessness among the ‘documented’ by 80%. The ‘documented’ subgroup referred to those with access to social rights, mainly Belgian nationals, but represented a minority of the street population. Achieving the Brussels target would therefore have been consistent with high numbers of people remaining street homelessness. The target, however, was seen to be a means of helping the lead organisation (IDR) its broader 400Toits campaign, but it has been challenging for stakeholders to find an effective fit between the IGH goal and this pre-existing campaign.



**Table 1: Summary of IGH Vanguard City reduction targets**

<i>City</i>	<i>Extent of reduction aimed at</i>	<i>Additional criteria for the target group</i>	<i>Geographical scope</i>	<i>Comments</i>
Adelaide	50%	Chronic street homelessness	The City of Adelaide (Central Business District, North Adelaide and Parklands)	While the definition of ‘chronic street homelessness’ used in Adelaide includes people who have experienced street homelessness, but may have moved to temporary accommodation, data provided for our study exclusively captures people sleeping rough, who are not temporarily sheltered, and who are chronically homeless
Bengaluru	25%	All street homelessness	2 of 8 city administrative zones (South and West, essentially ‘Old Bengaluru’)	Government insists that counts exclude ‘pavement dwellers’ so target does not fully meet IGH definition of street homelessness
Brussels	80%	‘Documented’ people on the street (with social rights)	Brussels City Region	‘Documented’ rough sleepers means mainly Belgian nationals, who form only a minority (around one fifth) of all people experiencing street homelessness
Chicago	25%	All street homelessness	City of Chicago	Two key data sources at point of sign up to the IGH programme, but the preferred ‘Street Outreach programme enrolment’ measure has proved problematic given challenges with the Homelessness Management Information System. Annual PIT count data also available to track progress
Edmonton	100%	Chronic homelessness (not only <i>street</i> homelessness)	City of Edmonton	Target doesn’t fit IGH programme as extends to all chronic homelessness
Glasgow	a) 75 % b) 50%	a) City centre visible rough sleeping b) ‘Scattered’ rough sleeping	a) City centre b) City of Glasgow	While the IGH programme required a 2020 end date, Glasgow opted for Goal (b) - 50% reduction in ‘scattered’ rough sleeping’ - to be reached by 2030
Greater Manchester	100%	All street homelessness	All ten Greater Manchester local authorities	Some initial efforts to shift to language of ending ‘the need’ to sleep rough, but high-profile mayoral commitment means ultimately widely understood and accepted to mean ‘absolute zero’
Little Rock	25%	All street homelessness	Vanguard area of the city, Central Business District	Some uncertainty about precise geographic scope among key stakeholders, but clear in enhanced PIT count documentation seen by the research team
Montevideo	25%	All street homelessness	City of Montevideo	There was considerable uncertainty about how to reach the target
Rijeka	50%	All street homelessness	City of Rijeka	The majority of the target group live in derelict buildings, sheds, etc., with only a few on the streets
Santiago	25%	Street homelessness amongst those over 50 who have been on the street for more than 5 years	5 city areas in the country (three of them in Santiago)	Because of budget problems and the pandemic, activities were later focusing on only two (instead of three) neighbourhoods of Santiago. The agreement with IGH announces a period until 2022 for reaching the target
Sydney	25%	All street homelessness	City of Sydney	IGH target fits well with existing programmes and targets
Tshwane	50%	Street homelessness amongst those over 65	Six wards out of 104 (city centre)	Over 65s were chosen because of their extreme vulnerability

Edmonton focused their target on *chronic* homelessness, which they aimed to end by 2020. *Chronic homeless* means someone who had experienced homelessness for 12 months or more or someone who has four or more episodes in the previous 3 years. This target was not limited to street homelessness and covers those who are chronically homeless and residing in emergency/provisional accommodation also. It did not therefore fit with the parameters of the IGH programme, but was embedded in Edmonton's own strategic plans and documents. Key stakeholders note that almost all those who are street homeless are chronically homeless and thus covered by the target, but this claim is in tension with stakeholders' acknowledgement that *non-chronic* rough sleepers were under-represented on the By-Name List, which was biased towards those who stood to benefit from chronic-homelessness focussed services.

In the three remaining cities – Santiago, Adelaide and Tshwane – targets focused both on a sub-population of street homeless individuals and on a geographic sub-area within the city/city-region. Adelaide's target was to reduce chronic street homelessness within the central city boundaries by 50% by 2020. Chronic street homelessness referred to those who have been sleeping rough for 6 or more consecutive months or have had three or more episodes (defined as one day or more) of rough sleeping in the last 12 months. Adelaide followed a separate target to reach Functional Zero<sup>11</sup> for the whole city, with the IGH goal viewed as a midpoint goal en-route to ending all rough sleeping as defined using the Functional Zero methodology.

In Tshwane, the goal was to reduce street homelessness amongst over 65s by 50% by 2020, in recognition of the extreme vulnerability of this group. While the Tshwane's IGH goal is about older people, it appears that this primarily reflected efforts to satisfy IGH encouragement to be more specific, with key stakeholders in fact interested in tackling street homelessness across the age spectrum. In any case, data limitations meant there was no way of measuring progress against the target as available data is not broken down by age.

In Santiago, the target focussed on over 50s who have been on the street for five years or more. While the target originally applied to three areas within the city, and two more elsewhere in Chile, only two of these areas (both in Santiago) were identified.<sup>12</sup> Due to the late implementation of the programme in Santiago, the deadline for reaching the target was prolonged to the end of 2022 in the written agreement.

## Trends and progress towards achieving the quantitative goals

In order to measure progress towards a set quantitative target it is necessary 1) to have a baseline number matching the target group and the area for which a reduction is aimed at and 2) to have a clear idea what the endpoint number should look like if the target is achieved.

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<sup>11</sup> Functional Zero in this case was defined as achieved when the number of people experiencing street homelessness in the Adelaide CBD was less than the number of people proven to have been rehoused per month (using a 6-month rolling average).

<sup>12</sup> Due to budget cuts it was not possible to select a third area in Santiago. And with the pandemic the extension to areas outside the capital was given up.

It would also be useful to have some midpoint data in order to see whether progress has been made towards meeting the target.

In most Vanguard Cities, but not in all, a baseline number enumerating street homelessness existed, albeit that some of these 'baselines' were not very reliable or did not cover the target group precisely. Data were either collected by street counts (as was the case in Bengaluru, Greater Manchester, Little Rock, Montevideo, Rijeka and Sydney, and as one of several options in Brussels, Chicago and Glasgow) or extracted from administrative data/By-Name Lists (as was the case in Adelaide and Edmonton, and as one of several options in Brussels, Chicago and Glasgow).

In some cities with multiple baseline measures the numbers varied considerably according to the method chosen. In Chicago, for example, the administrative data extracted from the Homelessness Management Information System (HMIS) relate to those people enrolled in the Street Outreach Programme (SOP) which covered 861 persons in January 2018, while the point in time (PIT) street count for January 2018 found 1,375 "unsheltered" persons. The SOP measure is well understood by stakeholders to not be comprehensive, but was seen as a preferable measure by some as it provides real-time data linked to client records, unlike the PIT count. In Glasgow the administrative data of the HL1 forms used for applications through the statutory homelessness system include two questions on past experiences of sleeping rough for any household member (during the last night/during the three months preceding the application). This is a fundamentally different way of looking at street homelessness than the numbers visible on a given night in the city centre, and produces numbers many times greater.

Differences between winter and summer counts were another source of variation, as can be seen for the numbers in Sydney, where 433 people experiencing street homelessness were counted in a street count in February 2017 (summer) while the numbers in August 2017 (winter) were considerably lower (386). This difference between winter and summer numbers was also reported for Montevideo, where a considerable portion of shelter beds were only available during the winter. The reduction observed in Montevideo between street homelessness levels in summer 2019 and winter 2020 therefore might also have been influenced by this effect. Despite a sharp increase of homelessness in general, it was at least possible to reduce street homelessness to some extent in this period.

The relationship between the baseline numbers reported and the population sizes of the cities targeted also varies hugely. So, for example, very small absolute numbers were reported from both Adelaide and Glasgow (city centre count), but so too from Greater Manchester once one takes into account the large area (ten local authorities) covered there. On the other hand, relatively small numbers in Little Rock and Rijeka have to be seen in relation to the relatively small size of these cities, and to a significant undercount in the latter. In Sydney a relatively small area was covered, but numbers are likely to represent a concentration of street homelessness in this inner-city area as part of a much larger metropolitan region.

**Table 2: Baseline and midpoint numbers and trends**

City	Base line number (and date)	Midpoint number (and date)	Endpoint number (and date)	Target met?	Comments on trends	Comments on data
Adelaide	34 (Dec 2018)	43 (Dec 2019)	25 (Dec 2020)	<b>No</b>	While the 50% reduction target was not met, there was a decrease compared to the baseline.	This refers to people sleeping rough (i.e. not temporarily sheltered) who are also chronically homeless by Adelaide’s definition.
Bengaluru	2,781 (Dec 2018)	2,107 (Nov 2019)	No data available; count not undertaken because of COVID	<b>Unknown (unlikely target was met)</b>	Decrease between baseline and midpoint data; no clear trend thereafter.	Counts exclude ‘pavement dwellers’.
Brussels	759 (Nov 2018)	No data available	No data available	<b>Unknown</b>	No reliable data for “documented” street homelessness.	Baseline data unusable as no information on whether ‘documented’.
Chicago	a) HMIS SOP: 861 (Jan 2018) b) PIT count: 1,357 (Jan 2018)	a) 704 (Jan 2020) b) 1.529 (Jan 2020)	a) not yet available b) 702-1,454	<b>Unknown (unlikely target was met)</b>	Unlikely that target was met. More reliable PIT count for Jan 2020 shows increase. 2021 PIT count based on changed methodology due to COVID-19 and provides range estimates. SOP number will be available when HMIS data requests reinstated.	HMIS SOP number is not comprehensive, only captures those engaged with outreach services. 2021 PIT count based on different methodology, so endpoint PIT data not comparable with baseline/mid-point.
Edmonton	1,404   (Nov 2017)	993 (June 2019)	1,738 (Dec 2020)	<b>No (increased)</b>	After reduction at midpoint clear increase until Dec 2020. Endpoint numbers higher than baseline.	Data as per August 2020. The By Name List database is regularly cleansed with numbers reducing over time from initial data provided. Covers sheltered as well as unsheltered chronic homeless people.
Glasgow	a) City centre:22-28 (Sept/Oct 2018) b) 712 (within past three month) 407 (night before) (Oct-Dec 2018)	a) stable (Sept/Oct 2019) b) not yet available (2024)	a) under 7 (Sept/Oct 2020) b) not yet available (2030)	<b>Yes (one out of two targets; relevant date not yet reached for second target)</b>	Pre-COVID, target (a) stable, while target (b) rising.	a) City centre number not based on street count that conforms to accepted methodologies b) HL1 data reasonably but not fully comprehensive.

Greater Manchester	241 (Nov 2018)	137 (Nov 2019)	115 (Nov 2020)	<b>No (but positive progress)</b>	52% reduction achieved 2018-20. 57% reduction from peak in 2017.	National Government mandated point in time street count with audited methodology.
Little Rock	266 (Jan 2019)	No data available	No data available, due to COVID	<b>Unknown (unlikely target was met)</b>	No available data.	Enhanced PIT count methodology for Vanguard Cities target area used at baseline. Usually PIT counts occur every two years. 2020 count did not happen at all due to COVID-19.
Montevideo	1,043 (April 2019, summer)	No data available	885 (July 2020, winter)	<b>No (but positive progress)</b>	Reduction by 15%, but winter numbers are usually smaller than summer numbers (there is additional shelter space in winter).	
Rijeka	40+ (Nov 2018)	No data available	No comparable data available.	<b>Unknown</b>	Data collected towards end of the project cover prevalence numbers of outreach service and positive outcomes (“move ons”) for large proportion. But it remains unclear whether target was met.	Baseline is a serious undercount.
Santiago	153 persons of target group in two neighbourhoods (2019)	No data available	118 persons of target group in two neighbourhoods (Dec 2020)	<b>Unknown (target date not yet reached but positive progress)</b>	Tendency in right direction, reduction by 23%. Target set for 2022.	Due to late start, further delayed by Covid, no midpoint data and activities reduced to two instead of three neighbourhoods.
Sydney	a) 433 (Feb 2017, summer) b) 386 (Aug 2017, winter)	a) 373 (Feb 2019, summer) b) 254 (Aug 2019, winter)	a) 334 (Feb 2020, summer) b) not available, due to Covid restrictions (Aug 2020, winter)	<b>Yes</b>	Summer numbers reduced by 23% in Feb 2020; Feb 2021 show a reduction of 37% (to 272 people).	
Tshwane	No data available	No data available	No data available	<b>Unknown</b>	No data available, but key informants judge tendency “in the right direction”.	

As can be seen in Table 2 above, in only six of the 13 Vanguard Cities can we be sure whether or not they met their target; two of these cities did meet their target and four did not. In the other seven cities, lack of data availability means there can be no certainty about whether targets were met; in three of this clutch of cities we have grounds for surmising that it is unlikely that the target was met, in another three it is impossible to say, while in the remaining city the target date has not as yet been reached.

Of the six cities with available endpoint data, the best results in terms of progress achieved against target were in Sydney, where the target was to reach a 25% reduction of all street homelessness in the city by 2020. If we compare summer numbers in the city, they showed a decrease by 23% by February 2020, while the numbers for February 2021 indicating that a reduction of 37% on baseline was achieved by that point. Though endpoint data was not strictly speaking available in Glasgow at the time of writing, there was overwhelming qualitative evidence that the city had managed to reach one of its goals, to reduce city centre rough sleeping by 75% by the end of 2020, with a broad-based consensus that not more than seven rough sleepers at a time were to be found in the city centre at that time.

In Greater Manchester, while the target was not met, progress against their ambitions 'ending rough sleeping' target was substantial, with a 52% reduction against baseline. This was actually a significantly larger proportionate reduction than that achieved in Sydney; Greater Manchester's failure to reach target simply reflecting a much more ambitious target.

In the case of Montevideo, where the aim was to reduce the number of people on the street by 25%, the target was likewise not met but there appears to have been positive progress, with a decrease of 15%. However, an important caveat here is that data from 2020 was counted in winter in Montevideo, when usually more shelter space is available than in summer (the period of the count in 2019).

In Adelaide, too, while the 50% target reduction in the number of people sleeping rough who were chronically homeless was not achieved, there was a decrease (of 26%) on baseline. As with Glasgow, though, it is worth noting the narrowness of the target group and relatively small numbers involved.

The remaining city for which endpoint data was available had a less positive outcome. In Edmonton, where the ambitious goal had been to end chronic homelessness altogether, numbers have increased from 1,404 in November 2017 to 1,738 in December 2020. Midpoint data (993) had shown a considerable decrease, and by endpoint they had risen once more explained in part by COVID impacts and an increasing number of programmes recording chronic homelessness.

Progress against target is entirely unclear in Brussels (no reliable data about "documented" street homelessness is available), Rijeka (no point in time data was collected after a first street count and data delivered at the end of the evaluation period was not comparable), and Little Rock, where the 2021 PIT count was not undertaken due to COVID-19.

For Chicago, where the goal to be achieved had been a 25% reduction of all street homelessness, PIT count data (which was more reliable than the data from the Homelessness Management Information Service, HMIS) showed an increase of 13% for January 2020 (1,529) against the baseline in January 2018 (1,357). Endpoint data for January 2021 is not directly comparable with baseline and mid-point data as the PIT count deployed a different methodology in light of the COVID-19 pandemic context. This enumeration exercise suggests that between 702 and 1,454 individuals were

unsheltered at this point, with the lower end estimate understood to be a significant undercount. These ranges indicate changes against baseline of between -48% and +7%. Key stakeholders tended to be of the view that street homelessness had likely remained stable or increased over the programme period.

The trend for Bengaluru, where the target had been a reduction of street homelessness by 25% in two of eight administrative zones, also remained unclear at the end of the evaluation period. Midpoint data in November 2019 had shown a reduction by 24% against the baseline data for December 2018, but the pandemic made it impossible to produce endpoint data and experts acknowledged that it was unlikely that the target was met. For Tshwane no reliable data (at any time point) was available. However, in this case experts and frontline workers were convinced that a move into the right direction has been achieved against the rather narrow target selected (focused on people over the age of 65 experiencing street homelessness in six wards).

Finally, in Santiago the target endpoint had not as yet been reached at the time of writing. The focus of the initiative here was quite narrow, and a decrease of 23% was achieved between 2019 and 2020 in the target group (homeless persons over the age of 50 who had spent more than 5 years on the streets in two neighbourhoods of Santiago, as compared with the target of a 50% reduction by 2022).

As is explored in detail in later chapters, the COVID-19 pandemic had unanticipated and mixed impact on these trends in street homelessness in the Vanguard Cities, with negative consequences for some cities, but positive ones in others.

### **Data availability, quality and comprehensiveness**

The cities vary in terms of the extent of knowledge and data to understand the scale and nature of street homelessness. Data was probably weakest in Tshwane and Rijeka, where the data available was dated and/or partial/flawed, with often very limited information available on the profile of those experiencing it. In Tshwane for example, the most recent estimate of the scale of street homelessness was from 2011 and acknowledged to be an underestimate. In Rijeka, very little seemed to be known about the scale of homelessness within the city or nationally. More recently individual data were collected through the outreach work of one NGO, but cannot be used to compare the level of street homelessness at different points in time.

In Montevideo, in contrast, there have been street counts in 2011, 2016, 2019 and 2020, using a similar methodology as in the US Point in Time (PIT) counts (see below). In Santiago data were collected on a neighbourhood level by NGOs, which also allowed for identification of the age group targeted for the IGH initiative.

In most of the other participating cities there were reasonably reliable data sources available to understand the scale of street homelessness. These more data-rich environments often reflect national requirements for street counts that pertain in many of the participating cities. PIT counts are federally mandated in the US and Canada with PIT count data therefore usually available (notwithstanding the impacts of the COVID-19 pandemic) at least on a bi-annual basis in Chicago, Little Rock and Edmonton. Given the geographic scope of Little Rock target, an enhanced count was undertaken in this area during the 2018 PIT count which enabled stakeholders to enumerate street homelessness in this area specifically. Comparable data measuring progress would thus need to

replicate this methodology, but the scheduled 2021 PIT count was delayed as a result of COVID. The UK Government requires a street count or estimate of the rough sleeping population be undertaken by all English local authorities annually, meaning that all ten local authorities that make up Greater Manchester have trend data on rough sleeping levels over time (as homelessness is a devolved policy area the same requirements do not pertain in Scotland/Glasgow).

In other cities ad hoc street counts were conducted on a 'voluntary' basis initiated by local political leaders or service networks. This was the case in Sydney and Adelaide, for example, with Sydney conducting twice-yearly counts given seasonal fluctuations in street homelessness. Note that the main source of quantitative data on homelessness in Australia is the official Census conducted every 5 years, and which therefore provides quite intermittent data. Regular street counts have also been undertaken in Brussels since 2008, but these were not required by government. In general, street counts usually only cover those who are visibly sleeping rough and 'chronic' homeless rough sleepers are usually over-represented in such snapshot counts (as short-term rough sleepers have a lower probability of being covered in one night of the year). Weather conditions might also have some influence on the results, as may the number of volunteers who are activated to conduct the count.

Data richness on street homelessness correlates with more developed homelessness service contexts, and thus the greater availability of administrative data. In Glasgow, for instance, where almost all homeless household are entitled to rehousing assistance from their local authority, administrative data is available to illuminate the extent of rough sleeping experience over time. The HL1 forms of the statutory homelessness system include two questions regarding rough sleeping experience of any household member during the three months and the night immediately preceding the date of application. The shortcoming is that not everyone who is rough sleeping will apply as homeless to the council, though there is evidence that the great majority do.

Street outreach programmes also provide an important (albeit also not unproblematic) insight into the scale and nature of street homelessness. Shortcomings might be a restricted geographical area, and the fact that again they might not cover those who are unwilling to engage with services (such as in Chicago). Challenges with the HMIS system have been a particular issue in Chicago, and necessitated a shift in supplier during the programme period. As a result, data requests have been suspended for a significant period, limiting local stakeholder (and our) ability to track real-time trends in SOP enrolment.

While Adelaide previously conducted regular street counts, in 2018 it moved to a 'Connections Week' methodology. This involved a more systematic inner-city wide street count than that previously conducted, with the data for that count collected via the completion of a South Australian adapted VI-SPDAT (Vulnerability Index-Service Prioritization Decision Assistance Tool). The result has been the formation of a By-Name List that allows for live-tracking of an individuals' homelessness status. It is updated as regularly as every day. Sydney also has moved towards creating a By-Name List in the same way. While these exercises can provide good personalised and regularly updated data, and allow tracking individuals circumstances, the deployment of large numbers of volunteers in collecting sensitive personal data of people on the streets in similar US exercises raise ethical questions with regard to confidentiality, but ameliorated in the Australian case by use of social workers and other relevant professionals.

Two of the three cities in North America had 'By-Name List' as well as administrative data on those experiencing street homelessness in the city, usually including information about their housing



circumstances, support needs etc. In Chicago and Edmonton, such By-Name Lists were part of a coordinated entry system managing access to housing programmes among the broader homelessness population, and in both cities headline counts/figures from this live administrative data were viewable on a public facing real time 'data dashboard'. However, while such multiple data sources allow for a comparison between such "real time" administrative data and the PIT count data, such a comparison also reveals very different headline numbers of people rough sleeping. In Chicago for example, annual PIT count data showed much higher numbers than those published by the Street Outreach Programme (SOP) enrolment data for the same month (which covered less than two thirds of those counted in the PIT count). In Edmonton, PIT count data was also showing higher results than the available administrative data.

By-Name Lists were also reportedly used by outreach teams across Greater Manchester's 10 local authorities to achieve reductions in street homelessness, but this data is not publicly available. According to a city contact, the street counts pick up around 20% more rough sleepers who are new to the streets/not already on the By Name List. Finally, during the first Connection Week conducted in Brussels in October 2018, 604 people were counted on the street of the city area (only part of the target area of the IGH initiative in Brussels), but only 276 were not asleep and willing to take part in an interview. Accordingly, it was not possible to provide a reliable estimate of the proportion of "documented" rough sleepers who should be the target for the reduction of street homelessness in Brussels.

In a number of cities, the pandemic has also influenced the ability to collect data on the extent of street homelessness. Various cities report reduced capacity for data entry (e.g. in Adelaide, where the pandemic coincided with relevant system-wide reforms) or had to move away from the use of large number of volunteers and had to conduct their street count only with city/homelessness staff (e.g. in Chicago) or they had just no resources left to collect endpoint data (e.g. in Bengaluru). Little Rock did not undertake an unsheltered PIT count in 2021 on the basis that it could not ensure the safety of volunteers.

**Table 3: Data availability and comprehensiveness**

<i>City</i>	<i>Data available</i>	<i>Frequency</i>	<i>Strength</i>	<i>Weakness</i>
Adelaide	a) Point-in-Time Counts b) By-Name-List collected in Connections Week with 200 volunteers and updated	a) discontinued b) updated regularly by 4 lead service provider organisations which gathered data from others	- b) frequent data and regular updates of those engaging with services	-
Bengaluru	Street count	December 2018, November 2019	Progress to have some data at all about street homelessness	Pavement dwellers are not included Limited profile data available
Brussels	a) Street counts in region of Brussels by La Strada / Bruss'Help b) Connection week and By Name List of Infermiers de rue	a) regular count b) Only collected once in 2018	a) Covers target area (Region of Brussels), well established method b) would allow for more detailed profile data of people experiencing street homelessness if regularly updated	a) very limited profile data; no information about status of being "documented" b) area of data collection only covers part of the region of Brussels; using volunteers for collecting sensitive personal data raises ethical questions; By-Name List covers only fraction of those found sleeping rough during Connection Week, no update of By-Name List
Chicago	a) Street count b) HMIS SOP data	a) annual b) real-time administrative data	a) well established and state regulated practice, data available every year b) real-time administrative data with extensive case-level information regarding those engaging with service	a) point in time data only, not linked to case-level information or By-Names List. Changed methodology in 2021. b) undercount very probable with those hidden or not willing to engage not being included; numbers seem supply rather than demand driven
Edmonton	a) Street count b) By-Name List	a) previously bi-annual, last count in 2018 b) regularly updated	a) state regulated practice and common methodology across Canada b) regular updates and detailed data of those engaging with services	a) data only available every two years and KIs reported count under reports street homeless b) undercount very probable with those hidden/non-chronic or not willing to engage not being included
Glasgow	a) City centre street count b) Administrative data from statutory registration system	a) twice a year b) available every three months (end of each quarter)	a) periodic check on those who are visibly sleeping rough in city centre b) better able to capture intermittent rough sleeping across in the whole city	a) data restricted to city centre and other known sites; very restricted profile data, no documented methodology b) only covers those applying for support under the homelessness legislation
Greater Manchester	Street count	Annual	Annual counts or estimates are nationally mandated.	Usual concerns of undercounting as with all PIT/street counts, but seen as comparable measure over time
Little Rock	Street count	Bi-annual (but not undertaken in 2021 due to COVID-19)	Well established and state regulated practice	Data only available every two years, and not for 2021

Montevideo	Street count	2011, 2016, 2019 and 2020	Robust method, similar to US PIT counts	Change between summer and winter counts inhibit comparisons
Rijeka	Street count	First street count ever in Nov 2018	Progress to have some data at all about street homelessness in the city	Massive undercount
Santiago	Administrative data of NGO-services	Updated regularly		Unclear to what extent it covers street homelessness
Sydney	a) Street count b) By-Name-List	a) Twice a year in winter and summer b) Unclear if updated regularly	a) well suited to cover seasonal differences b) detailed data of those engaging with service	a) very restricted profile data
Tshwane	Only Census data available			Massive undercount; outdated

## Conclusion

Reliable baseline numbers on street homelessness, with well documented methodologies, that align fully with the IGH programme, were available in only a minority of the Vanguard cities. In several cases the baseline number provided was over- or under- inclusive (i.e. excluded relevant sub-groups or included irrelevant ones in terms of the IGH framework's definition of as street homelessness) and in several cases local experts judged the baseline number provided to be unreliable.

Reliable endpoint data was available for six of the 13 Vanguard Cities; two of these cities did meet their target (Sydney and Glasgow) and four did not (while there was recorded decline in street homelessness in Montevideo, Greater Manchester and Adelaide, this was insufficient to meet the target; while street homelessness actually increased in Edmonton).

It is worth emphasising that, in an important sense, Greater Manchester was the most successful of the Vanguard Cities. While Greater Manchester's target was not met, progress against its ambitious 'ending rough sleeping' goal was substantial, with a 52% reduction against baseline. This was actually a much larger proportionate reduction in street homelessness than that achieved in Sydney, and a much larger reduction in absolute numbers on the streets than that delivered in Glasgow. Greater Manchester's failure to meet their target simply reflects the fact that it set itself a much more ambitious goal than either of these other two cities whose targets were met.

In the remaining seven cities, lack of data availability, or its ambiguity, means there can be no certainty about whether targets were met. In three of this clutch of cities we have grounds for surmising that it is unlikely that the target was met (Bengaluru, Little Rock and Chicago), in another three it is impossible to say (Brussels, Rijeka and Tshwane), while in the final city (Santiago) the target date has not as yet been reached. In two of these cities where there could be no certainty about whether the target had been met - Tshwane and in Santiago - there were nonetheless indications of progress.

To sum up, in terms of overall direction of travel, we have evidence of progress in just over half of the Vanguard Cities (Adelaide, Glasgow, Greater Manchester, Montevideo, Santiago, Sydney and Tshwane), and for most of the others we must hold open the possibility of both progress or regress, as data limitations mean that we cannot be sure either way. Only in Edmonton was there evidence of an increase above baseline over the course of the *A Place to Call Home* initiative.

## Chapter 5: What Worked in the Vanguard Cities: Supportive Structures, Systems and Policies

### Introduction

This chapter sets the context for successful targeted programmes to eradicate street homelessness by identifying the broader structures, systems and policies that can help or hinder those efforts. The discussion is framed as a set of binaries to bring into sharp relief the contextual factors that are most critical, while acknowledging that many of these structural issues lie beyond the powers of homelessness-specific stakeholders to change. With this in mind, where possible we draw out relevant potential mitigations in contexts where the ‘big picture’ is likely to remain challenging with regard to ending street homelessness.

### Present v absent political will

A key theme running through many of the interviews was the importance of political will in pushing towards goals for reducing or eradicating street homelessness.

Sydney and Greater Manchester were stand out examples where success in driving down street homelessness (see Chapter 4) was associated with high-level political commitment. In Sydney, reducing street homelessness was declared one of the ‘Premier’s Priorities’ for the whole of New South Wales, while in Greater Manchester, the current Mayor, elected in May 2017, campaigned on a platform which included a commitment to end rough sleeping in the city-region by 2020:

*[the Mayor] felt the need to galvanise people with a big ambition... didn't think you could, say, cut it by 30 per cent...With this issue you either are all in, or... it looks like you're... 'managing' the issue. It needed to be a big statement of change that was needed, and that expression of ending by 2020, it was both urgent, it was ambitious... some people would say foolish...that it would be a very major rod for [Mayor's] back...but [no]... regrets at all from having set that ambition, because it has galvanised a lot of change. (Greater Manchester)*

In Chicago, in contrast, while there was some disagreement between key stakeholders on this point, there was said by at least some to be a lack of political will on the part of successive Mayors to address street homelessness:

*...the political will to make a serious dent in homelessness is something that is lacking... It's a resource question and then that becomes a political question... I would say it hasn't been a priority of past administrations... I'd say it continues today. Not without recognising somethings that [current Mayor] has done, but again, it goes back to small infusions rather than more systemic solutions and large infusions. (Chicago)*

In Tshwane, despite a succession of homelessness strategies and ‘social contracts’ in recent years, no city-level funding had materialized to support these good intentions (although the regional government has recently made more resources available for shelters):

*...all of these mayors from different political parties have been committing the City and the structures of local government to end homelessness, yet we still see no dedicated budget....I think part of it is because it's not a political priority for government because that's not where their votes come from... I think that's what it comes down to. It's virtue-signalling. (Tshwane)*

It was also recognised that the variable, and sometimes fluctuating, levels of political will with respect to addressing street homelessness were embedded in broader societal norms and values as regards tolerable levels of hardship, particularly with respect to families with children. Two contrasting perspectives from the UK and US capture this well:

*... that realisation... that folk were putting their children to sleep at night on the street. I remember saying... 'I would lose my job here in Glasgow, if they found a family sleeping on the street, I'd lose my job'...I particularly remember being in the States and some of what's tolerated there, I was quite blown away by it just would not be tolerated here in general terms. (Glasgow)*

*...we see children in the woods all the time, and city officials, they're aware of that, and we have donors who are so good to purchase needs for the children living in the camps, but we try our best... it's our hope to get them out of that situation, but sometimes it's just not feasible... We have mamas who have wrapped duct tape around the knees... and around their elbows and around their wrists and hands, where the children could crawl on the ground without hurting their little knees... It's just heart breaking. (Little Rock)*

Another concern focused on the sustainability of any 'gains' made under supportive administrations in the longer-term. For example, in Little Rock, the IGH target was signed up to during a Mayoral race. It was described by one of our key contacts as the incumbent Mayor's "legacy project". That Mayor was voted out and his replacement is less focused on this issue though not actively obstructive:

*We have a new mayor. The mayor that spearheaded this programme... is no longer the mayor... this is a brand new administration. I don't know how much they know about IGH... The new mayor is not not supportive – he's taking our lead on what we think is best for the city, but being as involved as the old Mayor? It's not his thing. (Little Rock)*

A more dramatic example is in Montevideo, where a change of Government means that the entire relevant staffing in the lead Ministry changes, such that almost none of the people working in the administration and interviewed for the second wave of this study had any knowledge about the partnership with IGH:

*When the government changed, we did not have a transition period with the new authorities, so we were unable to pass on the goal and our accumulated knowledge. At the same time, the new Administration shuffled the positions of many of the officials who had previously been involved managing policies for the care of the street*

*homeless. That meant that the accumulated knowledge was also lost and people who had been involved in the goal planning are no longer in this programme. (Montevideo)*

Thus some means of embedding any positive gains so that they survive a change of administration was a key challenge. One idea was to ensure that relationships are built with officials, not just politicians:

*... local government elections are coming up, and the chances in Tshwane of having the same time that just came back into power is quite slim, we think, so we probably will have new leadership. That's why we are trying very hard to have good relationships with the lead officials because they are supposed to stay whatever the election results are....So you want to build something that can be sustainable beyond political changes... (Tshwane)*

Also capturing progressive policies in legal form – via legislation and/or case law – can help provide insulation from political vicissitudes. In Glasgow, and the wider UK, legislation entitling some homeless people to permanent accommodation has withstood changes in government over a period of over 40 years:

*...I'm conscious.. that the importance of the policy and legislative framework we've got here in Scotland can't be underestimated... (Glasgow)*

The experience of the COVID pandemic illustrates what can be achieved, if the political will can be found, and there is a public health imperative supported by the general public, as is captured in various aspects of responses to street homelessness discussed later in this report. As a local research report in Tshwane noted:

*The City of Tshwane's response to street homelessness during Covid-19 was rather laudable. Not without operational challenges and questions of transparency about financial accountability, but opening 25 shelters in a period of about 21 days, was a remarkable feat. It demonstrated the possibility to reduce street homelessness significantly, if there is the political and moral will, collaboration between government, civil society and universities, and support from the general public to ensure every individual is housed. (DeBeer & Hugo, 2021, p.16)*

## **Resource-rich v resource-poor settings**

As already noted in Chapter 3, and also strongly related to the matter a political will, a fundamental source of difference between the Vanguard Cities lay in the level of resources at their command to address street homelessness, relative to the scale of the issue they faced:

*...there's also a disconnect between a city like Adelaide and the City of Tshwane... Adelaide has... a huge budget. Versus a place like Bangalore, which has thousands of homeless people and little budget, or Tshwane that has no budget with thousands of homeless people...You're not comparing apples with apples, here ...somewhere in the UK there's one of the cities that's been able to eradicate homelessness, but they've got*

*pounds that supports their work. So that's a different thing, and they've got the money for Housing First. (Tshwane)*

While an absolute lack of resources was, as one would expect, a major challenge in all of the Global South cities, it was far from confined to them. In the Global North, Little Rock and Rijeka also stood out as resource poor settings, with respect to both homelessness-specific interventions and wider social safety nets.

*...we're an under-resourced community and an under-resourced state.... we have a huge problem on our hands. We can't just collaborate our way out of it without some extra money. I want the city to spend some money on it, but the board members have been like, no, there's no money in the budget. (Little Rock)*

The UK and Australian cities, and Chicago and Edmonton, were relatively 'resource rich' environments as compared with other Vanguard Cities, with significant targeted programmes addressing street homelessness, but these resources were not always felt to match the problem to be addressed:

*..this is done on with nickels and dimes and what the system needs is real, deep investment that's committed over the long term... these smaller bits are added and the city pats itself on the back for doing that and tries to act as though that's a replacement for a real long-term investment. (Chicago)*

The injection of federal funds to address homelessness as a result of the COVID-19 pandemic was especially welcome in Chicago and had enabled significant innovation (see below), but not to have changed the fundamental mismatch between the scale of homelessness demand and the resources available to address it systematically.

It also worth bearing in mind that mainstream welfare and health protection systems are much stronger in north-western Europe, and in Australia, than in North America. This not only impacts profoundly on the extent and nature of the street homelessness problem in these different locations (Benjaminsen & Andrade, 2015), it also means that specialist homelessness services in North America have a much bigger gap to fill in terms of the material support their users require than their peers in other parts of the rich world.

*...it's a bit embarrassing, in any shape or form that we've got homelessness at all really, in Scotland, in the UK... We've got a national health service, we've got all of these social care infrastructures that so many other countries just don't have. ... in America... Their infrastructure is not great... so the safety net that we have in the UK and the systems we have we should be making I think a better deal of what we do given the volume of investment that we've got... (Glasgow)*

The severe resource constraints faced in many of the Vanguard Cities reinforce the importance of investing what funds are available in solutions that demonstrably work, as captured in Chapter 6, and avoiding those which don't, as flagged in Chapter 7, to avoid damaging 'path dependencies':



*...be really careful about investing heavily in infrastructure that was meant for temporary solutions. You build a shelter for a lot of people. That means a reason for its existence, right? All of a sudden, you're fundraising for it and you're diverting resources to that. It's very hard sometimes for organisations and collaborative initiatives to separate the benefits to their entity versus benefits to the vision, the mission, and the end user... need to separate organisational ego or collective ego from clarity about what will actually achieve our ends. (Edmonton)*

## High v low pressure on affordable housing

Difficulties in accessing suitable, affordable housing for people at risk of street homelessness was a core concern in most of the Vanguard Cities. This was cited as a major barrier to ending street homelessness in richer as well as poorer cities:

*... a shortfall of housing units... there has not been the appropriate investment in planning for 20 years, as far as the refreshment and the continued development of a sufficient amount of affordable housing stock. Now, we're trying to catch up. (Edmonton)*

*... it's simply not possible, with the money they earn, for them to afford a flat; they can barely afford a room. And I am not just talking about people on welfare; there are also quite a number of impoverished pensioners. I mean, it's clear, either the prices of accommodation have to be lowered or the income has to rise. (Rijeka)*

Aside from issues of absolute shortage and cost, there were also challenges with regard to the allocation of, often very scarce, social and affordable housing in the Vanguard Cities, with people experiencing street homelessness apparently often last in the queue behind others in acute need:

*Right now, there are people/families who have been on the streets for years and years. If there are any housing options, we need to have access to them. But I don't think there [is] any. We see it for slum dwellers and weaker economic sections...But not for the homeless. (Bengaluru)*

*Chicago Housing Authority... still really don't prioritise people experiencing homelessness... if there's a 'Homeless preference', that means that the person experiencing homelessness is only ahead of people who applied at the same date that they applied, or after that date, for the building they are applying for, but not ahead of anyone who applied any date before they applied... we continue to need a collaborative effort with to make an impact on homelessness. (Chicago)*

There could also be resistance amongst social as well as private landlords to accommodating those on the lowest incomes or with complex support needs:

*...[social landlord] say you're not ready to maintain a tenancy, they'll ask you to go and get a three-month lease somewhere in a boarding house to prove that you can maintain*

*a tenancy and get a reference...so it's not client-focused. It's, 'You need to do this. If you don't do this, you're not getting accommodation.'* (Adelaide)

*... many of our providers are working with private landlords and landlord restrictions like convictions and credit checks. All of that comes together and creates this long time to housing. So I feel like that is the nut that we're trying to crack also.* (Chicago)

*..it's still this paradigm, that homeless people are bad and criminals and useless, and they're hopeless, and you have to put them in a shelter and they must behave in a certain way, and we are Christians that tell you how to behave, and if you behave in a certain way, you might access proper housing one day. If you don't drink or you don't swear or you don't do what.....it's government [that's at fault], but it's also the social housing operators.... we don't have a proper imagination for how housing can be part of the solution for homelessness. We just thought shelter and that's the end of the story.* (Tshwane)

The main outlier here was Glasgow, where the social housing supply in the city was generally judged sufficient to accommodate all those in need. The issue here was, instead, system blockages of various kinds, exacerbated by a sometimes difficult relationship between the municipality and the large number of independent housing associations (who own the stock):

*... the things that get in the way really are process issues... referrals, how people are engaged, supported, how assessments are undertaken...the difference in risk appetite between local authorities and third sector providers and things that just really stall individual pathways through this.* (Glasgow)

While overall housing supply and distribution is a structural matter often beyond the influence of homelessness stakeholders, there was evidence of initiatives and ideas in the Vanguard Cities that could make a positive difference, at least at the margins. In Tshwane, for example, a major theme for many interviewees was the conversion potential of empty government buildings into affordable housing:

*...there is actually vacant state-owned facilities that can be, and it doesn't all have to be in the form of shelter, it can be in the form of supportive housing, it can be in the form of social housing.... It's not that we do not have the facilities for that. Again, it's a matter of whether we have the will...we know that these buildings are out there, state owned, and if we match the two we can actually get quite far.* (Tshwane)

Several Tshwane interviewees also made the point that harnessing the private sector development process, via the planning system, was key to expanding affordable housing opportunities in the city:

*To make the argument and say, 'Well, if you want to do that, that's great. You need to develop, we need development but let's say 20 per cent of your development must include low-cost social housing.' I think if we start to say, 'Let's leverage what is already there', and not someone that works in CBD and build them an RDP that's 50 kilometres away with no public transport.* (Tshwane)

In Glasgow a local lettings initiative, boosted by the COVID-19 emergency and a national (pre-COVID) rapid rehousing agenda, had seen a minimum of 60% of housing association lets made to homeless people. This was greeted as a real game changer locally:

*we've... had a very positive response from [housing associations]. They have been hugely supportive of our requests, particularly trying, hopefully as a kind of collective, 60 per cent response to offering accommodation for homeless households....particularly since October [2020] when [housing associations] returned to business, has been hugely positive, because it's meant that we have continually been able to offer accommodation. (Glasgow)*

In Chicago, the pandemic-prompted Expedited Housing Initiative saw the centralisation of efforts to access private rented sector properties for homeless households, which was viewed as starting to make a difference albeit in the context of a challenging and competitive housing market context:

*...we created a whole team of people that do centralised landlord outreach and engagement. We have 500 landlords we work with and we... incentivise landlords to work with us so we give them hold fees. We have a landlord risk mitigation fund... we have to show them how this is going to help them make money in order to, for them to want to work with us. So as part of those hold fees, we are able to sort of negotiate a little bit and say, well, we'll give you a hold fee to keep this unit open. Don't rent it out. Maybe look the other way when you do a background check, and they're kind of starting to do that as we've built the trust with them, but overall... Landlords are just super risk-averse and it's such a tight rental market. (Chicago)*

### **Strong v weak governance/leadership**

A pivotal distinction between Vanguard Cities was whether or not a lead or coordinating agency headed efforts to reduce and eliminate street homelessness. In Greater Manchester and Glasgow, the local state (the city-regional and local authorities respectively) took on this role, albeit in close partnership with voluntary sector delivery agents, and an 'alliance' service commissioning structure has recently been established in the latter. In Chicago, similarly, homelessness services are primarily organised via a voluntary sector alliance, within which there is an elected lead organisation, while in Edmonton a not-for-profit Trust coordinates implementation efforts and invests national, federal and city government resource in local programmes. In Adelaide there were coordinated voluntary sector efforts led by a 'backbone' organisation, and in Sydney the main drive for reducing street homelessness had come from the New South Wales State Government, working with a newly established collaboration of local NGOs.

In Santiago and Montevideo, in contrast, it was national state ministries that led efforts on addressing street homelessness. This could bring its own challenges when administrations change, as noted above, and it was also not clear that they were always well-placed to ensure effective coordination on the ground:

*There are places where six organizations arrive on the same day; so there is no organization in terms of recruitment in the street and a coordination that could be done between the organizations that visit these different spaces. (Santiago)*

In contexts where the state was weak or absent, including in Tshwane and Little Rock, there tended to be a highly fragmented response to street homelessness from multiple struggling and disconnected voluntary sector services who sometimes duplicated efforts or even got in each other's way.

*...there was a couple of organisations that... addressed street homelessness, but... there was just not really a coordinated effort to address street homelessness... There was just groups doing certain things, not to say that they weren't doing good work, but it wasn't a concerted effort to address street homelessness. (Little Rock)*

In Brussels a complex array of stakeholders, including 19 municipalities and the regional government, alongside a myriad of NGOs who seemed more often to compete than cooperate with each other, impeded progress:

*...there are several movements, several groups and sometimes services that are involved in everything, so it's difficult to disentangle them. (Brussels)*

Calls for improved coordination of local efforts to address street homelessness was a widespread across the cities, and was one area within which positive effects of the COVID pandemic were evident, especially in Bengaluru and Tshwane:

*COVID has brought the inequality to the forefront which is extremely sad situation. But also creates opportunities for us to scale up our work. The challenge for us is in identifying organisations working in the area. We are not able to find them. (Bengaluru)*

*...we were able [during lockdown] to regroup and we actually, as a homelessness sector spoke with one voice the whole time to the City. I think that made quite a difference. I'm quite convinced that [this] oneness... will continue with homelessness issues after the crisis of COVID is over [and] is vital in terms of how also keep the City accountable and how we develop something collaboratively." (Tshwane)*

*...I think COVID did increase the momentum towards finding more permanent solutions for homeless people... with all the coordination and the strengthening of ties due to COVID and the emergency that has caused, I think there will be more quality impact on the lives of homeless people. There will be better pathways created. (Tshwane)*

Improvements in joint working as a result of the pandemic were also reported in other cities, especially between health and homelessness organisations

*COVID... really strengthened partnership between our health care providers and homeless providers.... there's been so much support from medical partners providing technical assistance and.. [statutory] funding has funded shelter-based service teams. Which is basically ensuring through two lead coordinating organisations that every*

*shelter in the city has a medical partner and they're helping everybody with transmission control, prevention and now the vaccines. It's not just COVID-related, it's any primary care and behavioural health. Some of that is also happening within our outreach work as well. (Chicago)*

The challenge is going to be to maintain and build on this improved coordination in the post-pandemic world. Thus in Tshwane, for example, it was felt by Wave 2 of the data collection, that improved coordination of homelessness services had been sustained to only a limited extent as a result of funding and other pressures.

*...I think unfortunately, many places and organisations retracted to where they were pre-April 2020 in terms of a very siloed approach, because the reality is, the closer we edge towards the end of the year, the closer we edge to funding proposals and new cycles of funding... That doesn't allow always for good cooperation and collaboration and rather results [in] competition for the same funding... [and] collaboration on such a magnitude that it happened for those months, is quite difficult to sustain.... People just got tired. (Tshwane)*

### **Segmentation/specialisation v one-size-fits all**

A challenge for some Vanguard Cities was moving away from a one-size-fits-all approach to tackling street homelessness towards more specialised interventions that targeted the needs of specific subgroups:

*...one thing maybe we've learned from the US - is the subsection clarification...they had a strong focus on veteran homelessness... I think that has helped us to frame, because I think for too long in our context, in Tshwane is that we worked with homelessness as a collective...[better] to use the triage model and say, 'Okay, let's work section by section by section', I think has been quite helpful within that. (Tshwane)*

In the Tshwane case, for example, one key informant distinguished between four key subgroups in the street homeless population that required quite distinctive solutions in his assessment:

1. chronic (usually older) homeless people – need for long-term support via Housing First interventions
2. substance users (usually younger) – with a need for harm reduction programmes and safe accommodation in which to recover
3. working homeless people – who have a low income and simply require access to affordable (social) housing close to where they work
4. unemployed young men – with a primary need for jobs/economic opportunity

In Bengaluru similarly, the need to segment the street homeless population was also stressed, with two key groups identified: a) rural to urban migrants, b) women and children fleeing violence and other vulnerable/traumatised populations (problems with substance misuse amongst the street homeless population were noted but seemed present on only a relatively

small scale). It was also recognised that the two groups require quite different kinds of solutions:

*[Migrant] floating population – are going between their home and the city. For that subset of the population... require housing for transient working... If you go to the other end of the vulnerability spectrum, there are single women who have been abandoned or abused. They cannot rely on the labour networks that are available to the men in the city to even get by. Many within that group should be a priority target for housing. (Bengaluru)*

There is a strong focus on targeted responses on ‘chronic’ homelessness in North America and in some other cities such as Adelaide. The need for more culturally sensitive responses to different ethnic and language groups, and specifically to Indigenous peoples, is picked up in Chapter 7, as is the shortfall in appropriate shelter and other services for women and people experiencing street homelessness with specific vulnerabilities. More generally, it was recognised that better data and profiling of the street homeless population’s characteristics and needs was required to support more tailored and appropriate responses, and this fed directly into the interest in developing By-Name-Lists discussed in the next section.

### **Coordinated v uncoordinated entry systems**

Another systems-level division within the cohort of Vanguard Cities related to the presence or absence of coordinated entry systems for homelessness services that comprehensively (or near comprehensively) identified homeless individuals, tracked their engagement with services, and was used to prioritise and aid access to housing. Where they existed, coordinated entry approaches were much appreciated, while cities without this element lamented its absence:

*[Coordinated Entry System] does achieve the goal of greater transparency... less responsibility on individuals who are experiencing homelessness to have to navigate the whole system...before there was CES, you'd have to put in applications to ten different places...I think that there's less... creaming, serving folks who just are better able to navigate the bureaucracy... (Chicago)*

*...we really need Coordinated Entry in this city. We need names and identifying information and then we need to prioritise them.... we don't have the outreach that we need in order to do those connections. (Little Rock)*

In Tshwane, a key and much welcomed innovation introduced during the COVID pandemic was a service coordinating entry to the city’s expanded number of shelters:

*Hopeline was tasked to become almost a central call centre that responds to calls from whether it's law enforcement, whether it's residential associations, that find someone that's homeless that is seeking shelter...They have access to all the organisations and all the shelters and is able to place people very quickly, so they were very flexible in their responses and that worked so, so well. (Tshwane)*

By-Name-Lists were a common case management (and data) tool generated by coordinated entry systems, or sometimes via 'Connections Weeks', but they had their drawbacks, as already flagged in Chapter 4. Some By-Name Lists, such as in Brussels, were not updated regularly, and only captured a subset of individuals on the streets at a certain point in time. In Chicago, systemic problems had emerged, including challenges finding people who are unsheltered when they are finally 'matched' and prioritised for housing. In the case of Edmonton, the By-Name List was well regarded and used by a range of agencies, however due to resource constraints, some frontline workers in the city did not see the point of adding their clients to the list:

*Putting people on By Names List is really important, but what happens is because that list is so big and because there is a prioritisation matrix that... Even a lot of workers don't see the value in getting their folks on lists because you could be on the list for years potentially, and never get access to that housing support. That's why I say we have lots of people who aren't on the list who we're working with or they don't fit the criteria or there's lots of different reasons but that's effectively the By Names List. (Edmonton)*

At the time of the Wave 2 fieldwork in Sydney, a By-Name List was being developed and rolled out, with the eventual vision for this tool was summed up as follows:

*...the ideal would be that it's widely used, we're engaging with people in a way, at the point at which they become, they present on the streets if you like. Any organisation seeing them at that point, can capture them at that and complete the data and that point. That starts to give us really rich information about people at a cohort level but also provides a much better opportunity to respond so much more quickly before people become habituated into living on the street. (Sydney)*

However, technological challenges meaning that the By-Name List did not automatically collate with other reporting systems already in use by frontline workers, nor was it (as yet) a continually updatable tool. Moreover, some workers felt that the VI-SPDAT questionnaire tool on which it was based was also problematic:

*I'm concerned with the privacy statement, I think it's too difficult for people to understand...My second issue is that I feel the VI [-SPDAT] is just way too long, no one has 45 minutes to spend with a client and particularly with a client who might have an acquired brain injury or a complex background in trauma, it's going to take even longer... I understand why the questions are asked, but I feel like, maybe a mini version that captures enough information to then move them to somebody who they can then do a longer VI, if it's deemed necessary. (Sydney)*

Ideally, coordinated entry systems, whatever form they take, should allow for an integrated, tailored, holistic and sustained response to each street homeless person, representing an attempt to wrap the system around their needs, rather than expect them to navigate and 'fit' a complex and sometimes disparate service network. The importance of this sort of intensive case management approach is picked up in the next chapter.

## Conclusion

This chapter has attempted to identify the optimal conditions for successful targeted measures to eradicate street homelessness. Clearly, resource-rich settings, with relatively low pressure on affordable housing stock, which also enjoy high levels of political will to address the issue, and implement coordinated and specialised responses, stand the best chance of ending street homelessness. However, most Vanguard Cities had at least some negative contextual conditions to navigate as they sought to implement the targeted responses to street homelessness discussed in the next chapter.



## Chapter 6: What Worked in the Vanguard Cities: Effective Practice and Implementation

### Introduction

This chapter presents lessons from the Vanguard Cities regarding effective practices for the reduction of street homelessness. For some of the essential elements to achieve this goal, such as assertive outreach and Housing First, we can refer back to an international evidence review (Mackie *et al*, 2017) which also provides a wide range of further literature, but was focused mainly on examples and expertise from the northern hemisphere.

In the following sections we concentrate on those practices which were described as helpful by the key stakeholders and frontline workers in the Vanguard Cities. In some instances, we also include statements which referred to practices which were needed rather than implemented already.

### Assertive outreach

Outreach services were seen in all Vanguard Cities as an important element to tackling street homelessness. Greater Manchester, for example, enabled by national funding (the Rough Sleepers Initiative, RSI), has seen a significant improvement in the scale, targeting and coordination of outreach work in recent years:

*...[outreach is] massively important. I think we've gone from really limited outreach capacity to really fairly comprehensive capacity, and especially where it's needed most... RSI funding has really made the difference there... a 100 times better than it was, and in those areas that have got high levels of rough sleeping... there's been a massive [improvement] - not just in the right people in the right places, but also the right processes and joint partnership working" (Greater Manchester)*

To be effective, outreach must be purposeful and sustained, not just 'checking in' but focused on finding routes off the street and providing realistic offers of housing and support to end homelessness (Mackie *et al*, 2017). However, in some Vanguard Cities these services were mainly focused on the provision of food and clothes, rather than persistently engaging with people on the street with the aim of moving them into accommodation. Assertive outreach services have to have access to housing resources into which homeless people can be referred. This was a key barrier to progress in Little Rock, for example:

*The first things first is just actually having the street outreach to go out and actually reach them [people sleeping rough], and we don't... We have factions that are out working, but there's factions that receive [HUD] funding and factions that don't receive traditional funding... there's not enough HUD-funded agencies to actually touch the people that really need to be touched (Little Rock)*

Outreach work should also, ideally, combine various disciplines including health professionals and substance misuse experts. In some cities such multi-disciplinary outreach work was in place, albeit sometimes not integrated or coordinated to the extent required:

*We've got street homelessness services, outreach there, and then the health system does some outreach. The drug and alcohol system does some outreach, and some Aboriginal services do some outreach, and at different times that outreach has been coordinated, but not as well as it should be sometimes. (Adelaide)*

In Glasgow the specialist homeless health service has become a wider 'complex needs' service and moved to a primarily outreach model during the COVID pandemic. This was seen as an important move towards ending street homelessness in the city:

*By moving to a complex needs integrated service, which will be trauma- informed, which will then primarily and principally have an outreach approach, that in itself means that will continue to enhance the strategic as well as operational delivery around this... It's almost like the stars are aligning. Ironically, COVID has probably been the key impetus to all of that as well. It's pushed us into a way of working and a way of thinking, and a response that if we hadn't had COVID, would have probably been a five-year plan in the making. (Glasgow)*

Across the cities, stakeholders and front-line workers emphasized the need to gain the trust of people sleeping on the street and to be able to be persistent in offering help:

*There are a number of people who choose to stay on the streets, and we keep supporting them, but they decline any temporary accommodation. That happens until they're ready to accept, and know, and trustworthy of the process that that means that we will support them in their housing pathway, and health pathway too. Often it's about once they're off the streets still having those health supports that can help them with their mental health, or drug additions, or whatever it is. (Sydney)*

*It really depends on capacity of your caseload... how much time that you can give to an individual to allow that space for them to trust you, building that rapport and then getting them to receive the help that they need, right, because if you don't have their trust they're not going to walk that process with you." (Edmonton)*

In Chicago, assertive, rapid-rehousing focused outreach had become a core focus during the pandemic, and lack of trust among those targeted was initial barrier, but one that seems to have been overcome as individuals witnessed others getting rehoused:

*In the beginning, you can imagine that people who live outside have been through the kinds of experiences where trusting someone, that, 'Oh, yes. We're just going to give you housing,' is tricky. Some people declined... It became real when people were signing leases and they had keys... it can for some people take the experience of witnessing friends move into homes to see, 'Oh, I will show up next time you ask.' Like, 'Oh, this is real.' (Chicago)*

As in many other areas, cultural sensitivity was mentioned as an important requirement in those cities with a large proportion of Indigenous homeless persons.

*It's very simple: we need Aboriginal workers, Aboriginal agencies supporting Aboriginal people.... Aboriginal workers working with cultural authority with people from around Australia who are visiting Adelaide, and for whom there is no suitable accommodation. That outreach needs to be specialised. (Adelaide)*

## **Immediate access to decent emergency accommodation**

Outreach workers have to be able to make an offer of decent quality emergency accommodation that provides a viable alternative to the streets before, ideally, moving people on quickly to permanent housing. Where short-term emergency accommodation is required, this should provide safe, well-managed and dignified facilities; smaller or self-contained where possible; culturally-sensitive; and without prohibitive access barriers.

Key to Greater Manchester's progress in relation to the rough sleeping reduction target was the A Bed Every Night (ABEN) programme, rapidly mobilised in 2018 in response to a range of drivers, including high levels of rough sleeping and the election of a new city-region mayor with election commitments relating to rough sleeping. ABEN involved the provision of emergency accommodation (a mix of shelters, hostels, B&Bs and shared houses), with the aim of offering everyone in the city-region at risk of or sleeping rough and with nowhere else to stay a place to go. The sheer scaling up of and improvements in access to emergency accommodation is seen to have made a big difference to rough sleeping numbers:

*...[the numbers in ABEN have] gone up massively... which has been the considerable factor in the rough sleeping numbers going down... Even before COVID, it had grown significantly from - I think we had just over 150 beds in ABEN, to begin with, in 2017/18. Then that's obviously risen to over 500, over the course of the last three years. Then the last year, that's increased massively by the COVID response. (Greater Manchester)*

As discussed below and in the next chapter, the overwhelming reliance on large-scale communal shelters as 'the' solution to street homelessness both in the short and longer-terms was a major barrier to progress in many Vanguard Cities. However, the COVID pandemic had a substantial, and in some ways positive, impact on emergency forms of provision in many of the cities. In some contexts, the pandemic prompted a move to more self-contained accommodation, including making hotel rooms available for people living on the street. In the UK and Australian cities, this was a fairly comprehensive offer which more or less eliminated street homelessness, at least for a while. In Chicago, where the hotels were more narrowly targeted at high-risk individuals, the positive effects were described as follows.

*If you think about someone who's been living on the streets forever, who doesn't want to go to a shelter because someone is going to be watching them if they're using, or they don't want to sleep on the ground next to 80 other people, because who would want to do that, a hotel is such a nice alternative for some people. (Chicago)*

In Edmonton, COVID prompted access to hotels and other transitional temporary housing that had long been demanded in the city:

*It also offers a dignity that wasn't there before and the minute that you sign up to the housing programme and you are accepted into the bridge housing... It was almost like a show of good faith that connected us and we can start making things happen sometimes on the same day... Move in on the same day to bridge housing. It makes a huge difference if you've got your own bathroom and they're providing meals. It's huge. (Edmonton)*

In both the North American and Global South cities, a key the impact of the COVID pandemic was pressure to 'de-densify' shelters, and in Santiago and in Montevideo it was viewed as quite a success to have a maximum of 20 beds per shelter.

*The shelters used to be much more massive, but today they are much smaller due to the same Covid situation, for example there were shelters with a capacity for 500 people and today they cannot house more than 20 people. However, this number allows a better management of people and to make better interventions as well as facilitates the resolution of conflicts, and for the same reason, as a personal opinion, I believe that shelters in general should house fewer people so that you can work better with them. (Santiago)*

In both cities it was also seen as progress to have more shelter places available which were open all day and night. In Montevideo during the pandemic, some day-centres were converted into 24-hour shelters and new containers for vulnerable people were installed, each for 2 people who could stay there day and night:

*And three or four 24-hour centres for people at risk from COVID due to their health situation. These centres were opened to prevent these people from being out on the streets during the day. They were opened at the beginning of the pandemic and are still in operation. The beneficiaries are seniors or individuals with illnesses. (...) I think that the 24-hour centres for people at risk from COVID are a positive thing since many people moved to these centres, rather than staying at night shelters or remain outside. (Montevideo)*

The need for smaller shelters, allowing for more personalised support, was also mentioned in Tshwane, where good experiences had been had with an expanded number of smaller shelters during the COVID pandemic (but many of these temporary shelters were closed down again later on). As a local research report noted:

*It has been shown that smaller shelters work more effectively and people in the shelters received higher levels of care than in the bigger shelters. Smaller is better... The various models also showed that an integrated, multi-sectoral, and multi-disciplinary team is needed to successfully manage a shelter. (DeBeer & Hugo, p.22)*

There is further discussion of the role of shelters and COVID impacts in Chapter 7.

## Rapid access to settled accommodation

Even where emergency accommodation is of a decent standard, but especially where it involves large-scale inappropriate shelters, it was also generally agreed that stays should be as short as possible. One of the most important requirements for ending street homelessness was therefore to provide access into permanent accommodation with wrap around services where needed (including Housing First as described below for those with the most intense support needs).

In Chicago, newly available federal funds were used to establish the Expedited Housing Initiative (EHI), which involves (among other things) ‘Accelerated Moving Events’ (AMEs) targeting a group of individuals for rapid rehousing simultaneously and seeking to expedite several stages of the rehousing process in one go. While AMEs often focused on a group of shelter residents, some focused on groups on the street (e.g. in a particular encampment). The initiative drew substantial praise from stakeholders as a key tool for driving down rough sleeping. Key to its success was a move away from housing ‘one person at a time’ to focusing on entire groups, but also introducing a process that can bypass the shelter system entirely. While the EHI had come too late to enable progress during the Vanguard Cities period, it was hoped that such reductions would become clear in 2021:

*Some people don't wish to be in a shelter, they wish to be in a home. So you don't have to go through shelter to get to housing, right? So I think that's been terrific... Certainly we have more resources to house people than we ever had before, so that alone really should decrease our unsheltered population... It should go down this year [i.e. 2021].*  
(Chicago)

Another example of rapid rehousing approaches was Glasgow, where ‘Rapid Rehousing Transition Plans’ have been rolled out as Government policy across Scotland, to reduce use of temporary accommodation and speed up permanent rehousing, usually into social housing.

## Housing First provision for those with complex needs

‘Housing First was first developed in the US as an intervention specifically to meet the needs of chronic homeless persons experiencing severe psychiatric symptoms (Tsemberis, 2010), and has now been replicated – with differing degrees of fidelity – in Canada, Australia, Europe and elsewhere, mainly targeting homeless people with complex support needs. Housing First provides permanent housing to homeless people as quickly as possible without preconditions regarding recovery from issues such as substance misuse or mental health problems. There is overwhelming evidence of its success in sustainably integrating the target group into permanent housing (Woodhall-Melnik & Dunn, 2016)).

Housing First’ was part of the strategy to reduce street homelessness in a majority of the Vanguard Cities, though the label was used for very different kinds of provision targeting at different subsections of people experiencing homelessness. Key informants and frontline workers across all cities pointed to some elements of Housing First which, though not always

fully followed through in practice, could be discerned as important for the approach to be effective.

1. *Permanent housing where the tenants can stabilise and settle.* In some places Housing First provisions were still limited to two or three years, even though local stakeholders were clear that a more permanent approach was needed.
2. *Housing as a human right.* Barriers imposed by housing providers sometimes limited access for people with a criminal justice record or with drug problems, whereas a core principle of Housing First is providing unconditional access to settled housing specifically for people with these sorts of complex needs.
3. *Ordinary housing in mainstream settings.* In some cities Housing First was provided in purpose built congregate housing, despite consistent evidence that most formerly homeless people prefer scattered housing which provides a more 'normal' environment.
4. *Support being available as long as it is needed.* However, in a number of cities, wrap-around support was provided only after a delay, was insufficient, or was time-limited. The necessity for multidimensional support, which is available from the beginning, and matches the individual needs and preferences of the formerly homeless persons, was emphasised in a lot of local interviews.

Despite a range of challenges, the implementation of Housing First was seen as an important change of paradigm and an effective tool to solve street homelessness in several cities. In Glasgow, for example, more than 200 Housing First tenancies were achieved at the end of the evaluation period and high tenancy sustainment rates (85%) were reported. One key stakeholder commented:

*I think Housing First really changed our [thinking], and it's not just the pure model of Housing First. It's the conceptual thinking that went along with it. Not asking folk to reach certain goals that are set by agencies or the system... not having solved everything before you accessed the tenancy felt like a real breakthrough for us... there was something about the...fidelity of the model that spoke to us in social work...One of our biggest challenges was persuading the housing providers because it's not how they operate. They were much more comfortable with the whole notion of tenancy ready. (Glasgow)*

In Manchester too, Housing First provision – in part funded by a national pilot programme – was seen to have been an extremely important addition to the city's street homelessness reduction efforts. Crucially, it has begun to change the culture around responding to homelessness among long-term providers previously reluctant to embrace new ways of working:

*It's been really challenging for a lot of partners who have done things a certain way for a very long time, and they now have this highly principled model coming... We know from the evidence that it works, and that it works for people who have been multiply excluded. That is starting, I think, to really have a broader impact. Lots of people are saying oh, we need to do that for this group of people (Greater Manchester)*

However, as noted above, in some instances, people coming directly from the street and with complex needs were not always the main target group for what was described as 'Housing First' provision, or were even excluded, as in Montevideo for example. In other cities supported housing was provided, using the label of Housing First, but this was part of a 'staircase' model where previous steps had to be taken before assignment to permanent housing was possible. This weakness in implementation was not lost on some key informants in Sydney, who understood that the relevant provision in their city was not properly aligned with the philosophy of Housing First:

*Housing First means to not step through the system and to actually, if you become homeless, to be put in housing and provided with support to maintain that housing for as long as you need it and having affordable housing. That's my definition of Housing First. What we've got here is supportive housing, rather than Housing First, because people have stepped through the system, (Sydney)*

In Montevideo container settlements were opened which allowed vulnerable homeless people to stay there day and night with two persons per container. Both cities also established projects in ordinary flats, which were classified locally as within the framework of the Housing First model, with most of the flats rented from the private market. While some individual flats were available for women and families, most of the flats had to be shared by two single adults. This was seen as a 'Latin American' version of Housing First and it was argued that many people prefer to live in shared housing situations. In Santiago these projects were reserved for the IGH target group in this city (persons over 50 who had been on the street for more than five years), in Montevideo homeless people coming directly from the street were excluded and a minimum monthly income was required to get access to these projects.

In Chicago, there was a view that the principles of Housing First had been accepted many years ago, but fidelity related challenges endured, reflecting a combination of funding-related/institutional barriers and resourcing issues limiting the extent to which providers could be monitored and held accountable to the model's principles:

*There are still barriers... people don't have disability verification... People don't have ID... justice involvement ... a lot of our housing is through the Chicago Low-Income Housing Trust Fund. Providers are aligned with landlords who will not accept people based on their justice involvement.... we are rejected a lot of people from housing, and a Housing First approach wouldn't... (Chicago)*

In Edmonton, Housing First is critical to the city's theory of change to end homelessness, but key informants and frontline workers also reported that there are restrictions on access:

*To qualify for Housing First you have to be chronically homeless for at least a year (Edmonton)*

In other cities, in contrast, Housing First was a model that stakeholders were familiar with, but was not part of the response at all. This was the case in Little Rock, for example, where a range of barriers stood in the way of its adoption, including a lack of resources, political will,

the vested interests of existing providers, and some scepticism (potentially based on misunderstandings) about the efficacy of the model:

*...we, as a city, need to collectively believe in Housing First.... and we don't, and I don't know how we will get there... It's shocking for me, but remember, we are asking providers, whose bread and butter is programming, to not do programming. The 16 men in your programme. They don't need to be in your programme for two years. They need to be housed. I don't know that they can do that... I think that people felt that their livelihoods, in a way, were at stake, in believing that housing first works. (Little Rock)*

*..when you put a person... a house, but no, coping skills, the walls become a problem. The walls in the house become a problem for him, if they don't have the other tools that they need to maintain that house. It's not just a mental capacity to maintain it. You've got to be able to show a person how to eat, to sleep... You need the package... If they're at home, and the only thing they got is the walls. That is scary for a person who has some mental health diagnosis, depending on which one it is. (Little Rock)*

Overall, there seemed to be more rhetorical adherence to the idea of Housing First across the Vanguard Cities than fidelity to its actual tenets.

### **Access to help with sustaining accommodation**

There was consensus in most of the Vanguard Cities that, even beyond the most complex needs groups that require intensive Housing First support, a considerable proportion of the street homeless population require some degree of support in order to prevent them from losing their home again, including various forms of material and non-material help:

*With our clientele, lots of times getting housing is the easy part. It's the keeping people housed. (Edmonton)*

Most of the Global North cities had tenancy sustainment teams and floating support services in place to at least some extent, and experts emphasized the importance of adequate and individualized support to prevent relapses to street homelessness. Apart from emotional support, practical forms of support, such as dealing with bureaucracy and ensuring access to basic furniture and household goods, was also emphasized as an important requirement.

*Sometimes, it might just need some confidence and someone else to sit with them while they make a phone call because they're not sure what questions to ask. (Adelaide)*

*...some of the solutions that we found to increase sustainability are two things. Furniture. Providing furniture and household goods. A food starter kit... What that does is, it makes your house a home... I think that there's more work to do on that. (Little Rock)*

Putting in place community supports was also strongly emphasised in Little Rock:



*I'm... looking for a volunteer group to increase sustainability because I think it's possible. This would just be a group of basically, friends, that visited the towers, where we house people, on a monthly basis. Just to invite them to coffee, bingo, anything, because people need people.... They don't just need their house to be full of things. They need people, so we have to do both. We have to make their house a home and provide people in their lives that they want to be connected to. (Little Rock)*

Financial support is another important type of help to sustain tenancies. During the pandemic additional resources were made available for rental assistance for tenants in arrears or struggling to pay their rent, e.g. in Chicago, though there were concerns that these weren't targeted effectively at homelessness prevention:

*We've been advocating to the agencies like Department of Housing, that's running their own Rental Assistance Programme, like please try to serve 15 per cent of AMI [Area Median Income] or below or 30 per cent of AMI or below as a homeless prevention effort because we know those folks are already rent-burdened and are most likely to fall into homelessness. (Chicago)*

Personalised small budgets were seen in Glasgow as a helpful measure, not only in sustaining tenancies, but also in supporting and empowering people to move off the streets:

*...the power of the personalised budgets...that matches the poverty narrative about giving people money to change their own experience, control and give them money.... So it's just a way to empower that person, with an injection of cash.... the use of personalised budgets in Scotland has been transformational for some people, and tiny spends... you are probably talking not even three figures ... Again, because there's just something really powerful about the trust, something really powerful about that sense of value people get, because you spend money on them. (Glasgow)*

## **Access to mental health, substance misuse and other specialist support**

In most cities access to mental health support was seen as a major problem:

*There's a huge systems failure between the mental health system and other systems... People are going into public hospitals with chronic and complex mental health... it's not the right environment. They're often maybe treated very briefly and then released. (Adelaide)*

*We cannot do anything [until] the situation escalates and they are hospitalized at the psychiatric ward. (Rijeka)*

It was sometimes emphasised that this poor access to mental health services affected the whole population, rather than just people experiencing street homelessness, but also that those on the streets faced additional barriers:

*...there is a lack of resources and there is discrimination from the healthcare workers towards the street homeless population, both in general health and particularly in mental health. The attitude of healthcare workers is often dismissive towards this population. For instance, when we bring a street homeless person to a healthcare service, we know we cannot go to some public care institutions because we will not be provided with care services or it may take a long time to receive such attention. (Montevideo)*

In Edmonton, frontline workers highlighted the detrimental impact that a lack of mental health and addiction services has on housing and outreach staff.

*Our staff are parenting, they're writing suicide plans, they're administering naloxone and doing CPR on a kid's chest or administering to a stab wound and then coaching them on their homework for the next day, and then walking them through some CBT plan with the therapist the next day. So these are the most complex parenting jobs I've ever experienced, more than I've ever had to do with my teenagers, and again, we're hiring kids out of school because they're only getting paid \$20 an hour. (Edmonton)*

In some Vanguard Cities, access to mental health services had deteriorated further during the COVID crisis. However, in Little Rock, changes to health insurance rules around telehealth during the pandemic had increased access to mental health support for some sleeping rough, albeit from a very weak starting position. In Glasgow, a reconfiguration of specialist homeless health services during the pandemic was said to have brought about improvements, however some stakeholders still saw mental health services as the “weakest link” in the system:

*We still do have a bit of chicken and egg stuff around addictions and mental health, so if someone's being chaotically entrenched in addiction behaviours, probably driven by their mental health challenges, you're trying to stabilise both of that at the same time.. That's where the system is starting to respond a bit differently... trying really hard to come around people from a complex needs perspective. That's where those increased flexibilities... [have] been really good. Mental health services are still very much limited, and probably still the trickiest bit of the system to make best use of for people. (Glasgow)*

In Chicago, improvements in mental health services were planned, but it remained a key gap, and effective provision on the street was recognised to be a challenge in itself:

*we're really planning to expand... into offering psych services on the street, because it's such a big need, but it's also really hard to roll out in a mobile situation... the setting makes it very hard to do. (Chicago)*

Support with substance abuse and other specialist services without high conditionality barriers were seen as a necessity, but such practice was not widespread in most Vanguard Cities (see Chapter 7), though this had sometimes improved during the COVID pandemic. In Tshwane, for example, where drug users were often completely excluded from shelters, improvements in take up and offer of drug treatment for homeless people were reported during the pandemic:

*Many, many more homeless people became aware of the [community drugs treatment] service and were willing to be served... there are a lot more homeless young men who are on treatment, currently, as well as homeless women, actually... The drug programme is very sustainable because the University got another big contract from the City with it and their sites and their work is quite established by now. (Tshwane)*

Improvements in joint working between health and homelessness services was reported as a positive effect of the pandemic in several locations:

*Some of the challenges in terms of prescribing and processes in terms of access to elements of healthcare and dependency support were waived or just changed overnight. I think that, yes, massive positive, and that will stay. Already though, massively underfunded and inadequate service response in the first place (Greater Manchester)*

### **Individual case management**

Individual case management was not mentioned explicitly by a large number of experts on the ground, but it is an important part of any effective strategy to reduce and eradicate street homelessness. It is an essential element of intensive approaches like Housing First, but is also more widely applicable to coordinate the range of intervention and help that a person may need. To enable effective levels of support, case management must have sufficiently low case-loads and be able to cooperate with specialized services, like substance abuse and mental health services.

Encouragement towards a case management type model seemed to have been one concrete outcome of involvement with IGH in Sydney:

*...this idea of one worker/one plan kind of thing, and limiting the number of people that are getting involved with the person when there's a lot of complexity... that's now evolved to the point where they've tried to embed that in the second tranche of Together Home to...try and fund the agencies that are already working with the person with that complexity, that they already trust, that they know, that they're engaged with. (Sydney)*

In Chicago, a coordinated entry system means that in principle individuals should receive bespoke case management, ultimately culminating (after a process of prioritization) in a 'housing match' and assistance to access said housing. This individual case management approach, however, was inhibited by challenges including finding those 'matched' to housing when individuals were often still on the street and highly mobile. This challenge in part informed the Expedited Housing Initiative discussed above, and a shift towards group-based from individual-level interventions.

In Little Rock, the absence of a co-ordinated entry system (see Chapter 5) and insufficient provision of individual case management resources were seen as a major barrier to effective street homelessness responses. One faith-based voluntary outreach worker explained that enabling individuals to access case management depended on their very close relationship with the main case management provider for people sleeping rough:

*I have a very good rapport with the homeless providers, and we've worked with them for several years. So in my case, if I find someone on the street, or some of my volunteers, we can normally get them into case management, but I hear horror stories continually, or we're contacted by other people asking us to help get their people into case management. So we are struggling. We need more case managers... There is definitely not enough financial support to employ case managers... [the main case management service for people sleeping rough]... their caseload is just astronomical... there are not enough employees (Little Rock)*

## Family reconciliation

Family reconciliation was not often mentioned as an effective practice in most of the Vanguard Cities. A few times it was mentioned in the context of measures for young people, for example, in Sydney:

*We fund a number of services who, particularly with young people, try and do a lot of brokerage either to return them home or broker conversations between them and their families or find them a safe space before they get on the street. (Sydney)*

However, family reconciliation was a major theme in Tshwane where it was linked with urban/rural migration and was mentioned as an important practice by several key informants. Being reconciled with family in this context was linked with returning to one's home village. But the numbers of successful reconciliations achieved seemed modest, and stakeholders stressed that sustained support for both family and homeless person was essential to successful reintegration:

*...building a relationship with families, so that when a person is reintegrated, they can contact if there's a crisis and any support they need. Follow up with a person themselves, also. I think that always makes a difference and good assessment of the situation. Not just to say, 'Okay, you have to go back home and we're taking you and that's it,' but a good assessment of the potential for reintegration and be realistic about that. (Tshwane)*

Other experts highlighted important caveats about the appropriateness of family reconciliation in cases, for example, where older people had not been in contact with their family for decades or young people had left their family for good reasons, for example because of substance use or domestic violence in their homes of origin.

## Employment and skills development

In cities with a weak welfare-system support to enable homeless people to gain employment and marketable skills were mentioned as an important measure. This was particularly for the

younger able-bodied men who accounted for a large proportion of the street homeless population in Global South cities:

*Yes, the first important thing is, of course, to enable street homeless people to be self-sufficient, which, that means to provide them with skills that they actually prefer, so they can become self-sufficient...the need to empower people that are in the streets, that are homeless, that would be able to start their own businesses and so forth. (Tshwane)*

*The one thing street homeless people ask me for is work. A good way would be to provide jobs so that these individuals can feel dignified. In Uruguay we have sheltered work programmes but their salaries were very low; we need jobs with decent salaries for this population. (Montevideo)*

That said, doubt was cast on this strong emphasis on skills development by some stakeholders, particularly in contexts of high unemployment (so even skilled people can't find work), and high housing costs (so even those with work can struggle to find a home).

## **Conclusion**

This chapter focused primarily on positive examples and requirements for an effective reduction of street homelessness. Assertive outreach, rapid access to decent emergency accommodation, emotional, practical and financial support with sustaining permanent housing, (including Housing First for those with more intense needs), individual case management, and access to mental health, substance misuse and other specialist support without high conditionality barriers were identified as the most important elements. Cooperation between all relevant sectors was also mentioned as an essential requirement for all of these practices to be optimally effective. The next chapter consider the converse case: things that do not work in addressing street homelessness.

## Chapter 7: What Does Not Work: Barriers and Challenges

### Introduction

This chapter focusses on elements of responses across the 13 Vanguard Cities assessed as undermining efforts to reduce street homelessness. Some of these barriers or challenges to progress were common across all of the cities, while others were more variable across different locations. What unites them is that all are amenable to being overcome, should the right combination of political will and resources be forthcoming, and are pivotal to any serious attempt to end street homelessness.

### Reliance on shelters

Reliance on shelters as the principal, or at least a significant, response to street homelessness was common to virtually all of the Vanguard cities. While shelter type and quality varied across the cities, these were often very large-scale settings, offering dormitory-style accommodation to sometimes hundreds of people, and little by way of privacy, security or a sense of safety to occupants:

*I see the large mass congregate shelters as actually being prohibitive to supporting people to exit homelessness. A lot of the reason we have so many people sleeping rough outside in Edmonton...[is] because the existing shelter model does not feel safe for most people. (Edmonton)*

Shelters were sometimes poorly managed, even dangerous environments, with perhaps the most horrifying example found in Tshwane, where the sole (pre-COVID) city-run shelter was by all accounts an anarchic environment housing some 800 people in a facility intended for a fraction of that number:

*...the city run shelter.. [is] hijacked, actually, and ran by communities themselves and so on; quite corrupt...People pay to be there. They have to get their own food. There's no system there. It's just an informal squatting situation, basically. (Tshwane)*

On the other hand, many shelters were tightly rule-bound environments, with high conditionality thresholds (see further below), which could be experienced as controlling and exclusionary by people at risk of street homelessness, albeit without the rules in place necessarily doing much to make people feel safe:

*... people find [shelter] to be harsh, crowded. They have a lot of rules that seem difficult to follow... they're hard to get into and they're hard to stay in too if you haven't had a history of working, then getting that first job in 21 days is tough, so that's a cultural, personal change that is hard to do. (Little Rock)*

A shortfall in appropriate shelter places for women and for vulnerable or marginalised groups was widely reported:

*What I do think hasn't improved is generating spaces for women and sexually diverse people, it's still a system that works for men so that causes difficulties. (Santiago)*

*... Also things like people, couples can't sleep together. There's no place for pets, and also just, there's this cultural piece that seems to be missing in particular in Edmonton, so 60-plus per cent of folks who are experiencing homelessness in Edmonton are, identify as being Indigenous. (Edmonton)*

In some cities, especially in the US, families requiring shelter would often be split up:

*...most shelters will only take a certain number of children, or they'll only take the mother, so then it's like your family gets broken up. Some shelters only take two kids, some will take three. So if you have more than that, you basically can't access the shelter system. (Chicago)*

Limits were often imposed on lengths of stay in shelter, without settled rehousing necessarily being arranged, driving individuals and families back to street homeless situations:

*We do encounter a lot of women and mothers with their children who have reached the maximum allotted time in particular shelters and they found themselves back outside; back in a car; things like that. (Little Rock)*

In some locations a substantial proportion of shelters were only open in the winter period. In Santiago, for example, a number of shelters were open for only four months of the year:

*They should be permanent...when they work for few months or are shut down, or don't have a stable team, it doesn't allow to maintain good work... There has always been the problem of finding a good place in a short time and for few months. (Santiago)*

The support offered within shelters was often poor to non-existent:

*... there is no financial support for extra services. The contracts between NGOs and the government for services [are] usually [confined to]...the shelter.. All other services are extra – the shelter managing agencies or NGOs working in that space are usually taking that on themselves and taking on the effort to have some measure of government support to ensure those services. (Bengaluru)*

COVID-19 dramatically highlighted public health implications of shared sleeping and other facilities, and in most Vanguard Cities the response was to increase cleaning and safety protocols in shelters and/or to 'de-densify' them, by reducing their capacity, as noted in Chapter 6. In Bengaluru a large number of temporary shelters for migrant workers were established in both the first and second lockdowns. In Tshwane, after an initial and disastrous attempt to corral vast numbers of homeless people into an abandoned football stadium, there was a rapid, albeit temporary, expansion in the number, and to some extent the quality and specialisation, of the city's shelters, as noted in Chapter 5.

In some cities, rigid measures in the context of the pandemic has led homeless people to avoid shelters and opt instead to sleep outside.

*I also think people didn't feel safe in closed spaces so they opted for being outdoors and that that's where these series of different combinations happened ...closed access or put very strict barriers for entering, for example, getting a PCR...Those are access barriers that immediately made people not enter these places and that as a result had us seeing more people in the streets. (Santiago)*

In Chicago, the de-densification of the shelter system was acknowledged to have driven some lower-needs individuals back to the street:

*the shelter systems had to internally displace folks, or space themselves out for COVID response and a lot of people, the lower risk folks, got put out onto the street.... those who were young with few, if any comorbidities, they had to leave... we were introducing some people to encampments, we were having to say, 'Hey, this is Joe, he's not used to being on the street, do you mind if Joe stays here?' and we had to do that a little bit last spring to absorb those folks. (Chicago)*

In Greater Manchester, the pandemic prompted a move to fully single room provision within the A Bed Every Night emergency accommodation programme, which had previously involved a high proportion of shared rooms and dormitory style shelters. There are ambitions to avoid a return to shelter use at scale, albeit that one borough (of the ten that make up the city region) re-opened a shelter as soon as possible, and financial pressures may force their more widespread use:

*I think in the most part that they won't re-open... the areas where we might see night shelters are areas that have less informed homelessness practice, that aren't considering some of the evidence around the damage or the harm or the lack of engagement created through that model., there's still a risk that they might open in winter, because it will just be resource dependant (Greater Manchester)*

Only in Glasgow, was the opportunity taken during the COVID pandemic to permanently 'design out' use of dormitory-style shelters. On the back of a coordinated voluntary sector effort, supported by national and local government, Glasgow's sole pre-COVID communal sleeping facility was replaced with a "rapid rehousing welcome centre" providing self-contained, en-suite rooms with rapid links to housing, welfare and support services:

*... what that meant is that there was no night shelter or shared communal sleeping in Glasgow across the pandemic... and, fingers crossed, I don't think we'll see the return of that in Glasgow. (Glasgow)*

Thinking "beyond" shelters was difficult for key informants in the poorest part of the Vanguard cites (as in Bengaluru and in Tshwane), where the absolute lack of any type of accommodation was the most pressing issue:



*...what we need is the capacity to accommodate the large number of street homeless. If each ward had a shelter, we could cover the large number of street homeless in Bangalore. Even if it is a big hall, or community space, we have to look for areas, assess their limitations and work to transition them to shelters. (Bengaluru)*

But also in relatively resource-rich cities, such as Chicago, the need for shelters and increased shelter capacity was emphasised, despite large investments into increased access to permanent housing for homeless people:

*Until homelessness is very rare, we can't get rid of shelters.....There was not enough shelter through COVID to meet the demand... people have to make it through the night, and I don't think we're in any kind of position to say a decrease for shelter. (Chicago)*

The focus was instead on transitioning towards a 'lower barrier' models alongside rehousing:

*There has been a growing appetite within the city to create more low barrier shelters, recognising that that is a really effective tool, or can be a really effective tool to help get folks off the street because high barrier shelters people are less likely to use them period, right, very straightforward. (Chicago)*

Meanwhile in Edmonton, despite strategic plans to move away from shelters, transformation seemed far from imminent, with a new 400 bed shelter being under development at the time of writing:

*...it's going to be the biggest, nicest brand-new shelter in town but, you know, philosophically a lot of people wonder, do we need a big giant shelter? Is that what we need? Or do we need something else? Do we actually maybe need a decentralised model with a bunch of smaller... [with a] more effective support systems in place because it's smaller and more manageable. I can tell you from experience, having hundreds of people in a single giant congregate space, it causes all kinds of problems. (Edmonton)*

In Sydney, there was said to be a repurposing of traditional shelters, but these would remain as large-scale congregate forms of temporary accommodation, rooted in a 'housing readiness' philosophy:

*...a lot of them [shelters] are moving towards a more transitional model, which is similar to what they're doing in Scandinavia... moving away from 75 bed rotating use to a more transitional model where you're getting people housing ready before moving into a property. (Sydney)*

The ongoing reliance across most Vanguard Cities, in both the Global North and South, on communal shelters means a worrying persistence of undignified, often inhumane and unsafe, environments, wholly inappropriate for accommodating children and vulnerable adults in particular. With little if any preventative function, and in most cases failing to provide an onward route to more appropriate and settled housing, a focus on shelters represents a level of ambition limited to managing rather than reducing or ending street homelessness.

## Reliance on faith groups and motivated individuals

Particularly in those cities where the political will to address street homelessness is absent or weak, and the state is in effect abdicating its responsibility to protect these vulnerable groups, people at risk of street homelessness are often left to depend on the charity of committed individuals and local voluntary organisations and faith groups. These faith-inspired and other local activists can provide vital emergency help, particularly in the absence of a secure housing and welfare safety net. However, their efforts require to be harnessed and supported as part of an overall strategic response, if they are to be of optimal benefit, and to avoid even being actively harmful or counterproductive. It is not fair, effective or appropriate to expect faith and other volunteer groups to address street homelessness in a vacuum.

Thus, while approaches differed, some faith groups focussed on meeting people's immediate physiological needs, and perceived spiritual needs, rather than structural and system inadequacies:

*Churches give food, especially suburban churches...They...do some evangelical outreach and pray for people, they give out food. All they do is they come in our neighbourhoods, they litter the place and then they move out and they think they did good. It's a lot of the charity thing and it's the idea of 'not in my back yard'. We will rather address homelessness in the inner city, as long as the people are not in our neighbourhood...Churches quickly, when you speak to them and ask can they participate in addressing homelessness, the first thing they do is open up a soup kitchen. (Tshwane)*

Even in contexts where there was a more developed state and professional charity sector response, the activities of informal 'pop up' groups, often but not invariably associated with church congregations, could undermine more dignified strategic responses to street homelessness:

*... patrician soup kitchen night [providers]. I hate them with a passion! 'Let's have a long line of folk in the city centre in [city centre square]. Then take pictures of them and put them on social media.' No, there are other ways that we can help folk eat!. (Glasgow)*

In Greater Manchester, the COVID-19 pandemic had revealed some of the harms of uncoordinated giving to people sleeping rough, and led to welcome change in practice and greater collaboration between the faith sector and wider services:

*it's had a really interesting impact on our day centres and voluntary sector... our biggest day centre, would always give out items, so clothing, hats, gloves, scarves, sleeping bags, if people asked for them... What they saw through COVID was because there was such a small number of people in the city that were entrenched and that were staying out, and they were known and really identified and really visible, they realised the amount of onward selling went on, with the things that they were giving out, and the amount of financial abuse that was being perpetrated. People being sent to... get things to give to people, so they could sell it on. All of that became way more apparent to them, and they massively changed their policies on giving. (Greater Manchester)*

The direct involvement of certain religious dominations on service provision can also help to drive high conditionality thresholds, as discussed below, and overt religiosity could also be very offputting to some potential service users. A particular issue raised in some North American and Australian contexts was the disconnect between the disproportionate presence of Indigenous people in the street homeless population, and the overtly Christian orientation of many of the services charged with helping them:

*Oh, shelters are, have a religious overtone that some people reject very much and I think until the last few years, there were a number of shelters that were not particularly adept at understanding about individuals who are Indigenous. I think that's starting to change quite significantly. I also think that shelters that are very large, many people find very difficult to be part of, to go to. (Edmonton)*

The dangers of relying entirely on the charitable, especially faith-based, sectors were also flagged in Bengaluru, with the inadequate and insecure nature of the support that they can offer stressed:

*We are looking at homelessness as charity. It could be a community getting together and providing food on some particular days. The religious groups especially. All these are not sustained. People need food all the time, not particular days. (Bengaluru)*

## **Imposing high conditionality thresholds**

The highly conditional and controlling, even punitive, nature of some homeless shelters was highlighted above. In many cities, people at risk of street homelessness had to demonstrate sobriety to access even this very basic form of accommodation:

*98% of the people in our outreach programme are alcoholics. The shelters, naturally, have to follow their rules. They do not help because they cannot admit them, we can't get a person to abstain from alcohol in a day, maybe not ever, maybe he will need somebody to monitor his drinking all his life. (Rijeka)*

*There's actually no housing service that meets people who want to continue using drugs and alcohol... no reflections of people's rights to make their own choices. I mean a harm minimisation service. (Adelaide)*

Continuing with the theme above, some faith-based providers favoured high conditionality thresholds, with a strong emphasis on abstinence tied to theological notions of 'salvation':

*We are not a Housing First city. We're a programme-first [city]... We look at housing last after you're sober; after your soul's been saved... We do all this to people when really their presenting reason for homelessness is poverty... providers would have to switch their mindset from programming to housing." (Little Rock)*

*... one of the positives that came out of a very difficult situation in terms of the lockdown last year, is the recognition by so many [shelter providers] that OST [Opiate Substitution Treatment] was essential in...assisting them work with ...the residents of the shelters...it was important to...create more understanding and less resistance in the shelters...people think from an abstinence point of view, and they can sometimes bring a religious element in, so the service becomes distorted at shelters. (Tshwane)*

In Chicago too, frontline workers reported some Church-run shelters having policies against admitting those on opiate replacement programmes. More generally in Chicago, conditions related to opioid substitute therapy, criminal background, documentation, etc. were identified as a key barrier to addressing rough sleeping by frontline workers:

*Sometimes clients with a criminal background, things like that, they won't be able to accept...Some of them also have a limit, you can only be under 30 milligrams or less of methadone for [one shelter], and for [another], they only use Suboxone, so you can't be on methadone. (Chicago)*

High access thresholds also had an exclusionary impact with regard to other services required by some people experiencing street homelessness, especially in the mental health realm. One of the most significant barriers to support was said to lie in the tension between mental health and substance misuse services, whereby the latter will be seen to be the primary problem that needs fixing before mental health services step in:

*...you often hear. 'They're coming down' or 'It's because they've been using' 'It's not actually mental health' or 'They're just in a state of psychosis because of their drug and alcohol use, it's not mental health.' It's like, why do people use? Sometimes they use because they're self-medicating. ... so it keeps just going round and around. (Adelaide)*

## **The implementation of harsh enforcement measures**

In all three North American cities there was a tradition of police and city authorities 'clearing' encampments, offering occupants no alternative accommodation, and destroying or confiscating their belongings in the process:

*There were instances where belongings were thrown away...without warning, or without notice, and that's not what anyone wants to see happen, and that's not acceptable.... all the agencies really took that to heart when we came together in the inter-agency taskforce...Everybody in each department really needs to understand, a) what people's rights are, and b) what the law is, and c) what is our philosophy here? (Chicago)*

*The city does a lot of clearing of encampments obviously like routinely throughout the year, and also employ city employees to sometimes do that job in a way that's really abusive... So, housing workers are brought in to try and help lessen the effects of the camps basically being torn down, and violently at that, just with really aggressive*

*police... there are some great beat cops out there as well... on the outskirts of the city, we work with some really good beat cops. (Edmonton)*

However, aggressive enforcement actions were said to have become rarer in Little Rock, and in Chicago there was reported to be greater leniency and sensitivity exercised during the pandemic, with efforts made more recently to couple enforcement with efforts to offer housing support. In Edmonton there is a new encampment outreach team that offers support to occupants and works closely with the police to mitigate against any harsh enforcement.

In Tshwane, too, where there was a history of brutal enforcement practices, police training on human rights was said to have improved the situation, and in Santiago, police involvement in outreach activities during the COVID-19 pandemic seems to have changed their relationship with people experiencing street homelessness for the better:

*We also managed to involve the Chilean police...so that they could provide assistance to people on the streets since the police were the only ones who could move freely from territory to territory, turning a labour which in general has been aimed at social controlling into one of social supporting, and this is something that has been valued by the homeless community. (Santiago)*

In the other Global South cities, Bengaluru and Montevideo, enforcement activities seem to have become more rather than less aggressive since the start of the pandemic, though in the latter case it was thought that this might have more to do with a change of government than the COVID emergency:

*A law was enacted for the compulsory transfer of rough sleepers to services for the care of this population segment. This law existed before but had not been implemented because it was understood that people had the right of decision and that there may be valid reasons for not entering shelters...This provision makes it possible to move people against their will for [public] health reasons...I think that even now the current government's approach is mostly repressive and that the intention is to remove rough sleepers from view. (Montevideo)*

*The impact on the people who have been vulnerable has been multi-fold with the second wave. On one hand the shelters are not taking new people unless they have a clean [COVID test]. Homeless people cannot access those tests...Second, the police and authorities want to clear the roads. They don't want people to be huddling and they want them to maintain social distance. (Bengaluru)*

In the UK and Australian cities, in contrast, there was little sense of harsh enforcement practices targeting people experiencing street homelessness, before or after the COVID-19 outbreak. On the contrary, the police were often viewed as helpful and supportive partners, using enforcement measures only when required to manage clearly criminal activities:

*By and large, police have a really good approach. Their approach is about engagement, knowing people, being able to talk with them and being able to refer and engage*

*services and support for people as they see they need them. They don't tend to take a move-on approach. (Sydney)*

In Glasgow, the police attracted praise for ensuring the safety and security of staff and residents in the emergency hotels used during the pandemic:

*I have to say the police have been brilliant through all of this as well...They were having a lot of patrols around different places working closely with all of the organisations involved; the hotels, the hotel managers of different hotels, different organisations involved have really close links with the police as well so we're trying to prevent things. (Glasgow)*

These more positive cases flag the scope for harnessing the on-the-ground 24-hour presence of the police in a constructive way to help end street homelessness.

### **Strict requirements around identification documentation**

In many Vanguard Cities, an absence of required identification documents was a key barrier to service access for people experiencing street homelessness.

For people who were migrants into the country in question, this could be tied up with their immigration status, and thus went beyond bureaucratic questions of documentation to more fundamental issues of residency rights and eligibility to access to public funds. This was a particular challenge in cities with high levels of inward migration of non-nationals, such as Brussels, Santiago and Tshwane. In Glasgow there were concerns about a relatively small but difficult to help group of refused asylum seekers with 'no recourse to public funds', who can only lawfully be accommodated at the municipality's expense for the duration of the COVID emergency.

In Tshwane, in a context of extreme resource constraints, there was resistance from some research participants to assisting migrants to South Africa who became homeless:

*When you go and assess people who are at the shelters, many of them were not South Africans... we should agree on what or how or who does qualify as a homeless person, so that when we ask government to assist, then we are saying, 'Who do we cater for? Does somebody who come from Namibia and come here and look for work, find him or herself without a roof or shelter over his head, then should that person qualify as a homeless person? (Tshwane)*

In many Vanguard Cities, even national citizens' access to many services was restricted by lack of identification documentation. In Bengaluru, for example, lack of ID and other formal documentation often blocked people's ability to access housing, support services, employment opportunities, and even (until successful lobbying efforts) vaccinations:

*To access [housing and other support]...they ask for documents and resources that the homeless really cannot provide. For example, they ask for a ration card, cash income, residential certificates and a down payment of 1 lakh rupees. (Bengaluru)*

This could also be a barrier to shelter access in Chicago:

*Some places are really good about accepting people who don't have IDs, and Medicaid, but others, that's a requirement. (Chicago)*

Proof of address is obviously impossible for many people experiencing street homelessness to provide, and yet access to income support and health services often required this:

*...getting set up with income you do need a permanent address before even your core essentials, just your essential benefits is even given to you, which also means that the likelihood of them covering for you to stay in a hotel is really unlikely because your benefits aren't active yet. The same to get medical benefits. (Edmonton)*

While in the UK proof of address is not necessary to receive social security benefits or health services, 'local connection' with a particular municipality is required for access to many housing and homelessness services, albeit this requirement was significantly relaxed during the pandemic. In Rijeka, too, there was a strong emphasis on assisting 'local' people experiencing street homelessness, with shelters only available for people from the relevant 'county', and these restrictions were justified on the basis of concerns about fraud:

*The Social Welfare Act states that each County is required to allot certain funds for accommodation and soup kitchens to provide for such persons...If somebody was the resident of our County, our colleagues in Zagreb would not place him...We may arrange travelling expenses with them, and work together to place them and vice versa. So..we need to be humane, but within certain limits... A person may genuinely need help, but, regrettably, there are a number of homeless who are very skilled at abusing the system....The procedures we have to follow are there for a reason. (Rijeka)*

These documentary and other requirements across the Vanguard Cities were thus justified by the need to manage resources effectively, or guard against abuse, but their effect was to exclude street homeless groups considered to be 'outsiders' from even basic humanitarian help.

### **Lack of focus on prevention**

Across the Vanguard Cities, disappointingly little targeted work was undertaken to stem the flow of people into street homelessness. The overwhelming emphasis was, instead, on emergency interventions once people were already in crisis, which was widely recognised as problematic:

*Currently, we have not done anything to directly prevent street homelessness. What we do is bring people to shelters for their care and protection. (Bengaluru)*

*...if you don't turn off the taps, you can do all the assertive outreach you like, but at some point you'll end up just in the same spot. (Sydney)*

Even highly predictable pathways from institutions, such as hospitals and prisons, into street homelessness, failed to attract concerted prevention efforts:

*...these [hospital] discharges happen very suddenly, we have nowhere to put them and the institutions...You need to provide 150 different documents. And this is just to be able to provide temporary accommodation before an adequate solution can be found. (Rijeka)*

*We see a lot of people being released from ADC [Arkansas Department of Corrections] who... they're lucky if they've been able to scrounge up a blanket. It's pretty frequent. We see a lot of that. We see a lot of people either coming from ADC or coming from hospitals. (Little Rock)*

Greater Manchester and Glasgow were, to some extent exceptions, especially the latter where 'prevention pathways' had been established for ex-prisoners via national guidelines, albeit that implementation was reported as patchy. Greater Manchester have recently developed a homelessness prevention strategy to improve services in this area. Also, in Sydney, departmental reorganisations were said to have wrought improvements:

*Now that Department of Communities is amalgamated with the Department of Justice, there was a lot of work done at executive levels around how housing access was offered to people in corrections pre-release. Now they've set up some systems such as housing officers being able to go into corrections before parole has been provided, to engage with people in prisons, to help start their housing pathway from prison, to limit them actually coming out and not knowing what to do and becoming homeless. (Sydney)*

One area where specific preventative efforts were made across a lot of cities was with regard to young people, particularly those coming out of child protection systems:

*We have begun to work on a housing system for young people who leave child protection systems, so we set up shared housing for those young people to prevent them from actually leaving a children's home onto the street. We are going to have this program for a while to evaluate the results and then also evaluate the projection. (Santiago)*

*We know a very high number of youths that reach the age of 17, 18, 19, leaving care end up on the streets, and pushing agencies and governments not to allow that to happen. (Edmonton)*



In Adelaide, there seemed to be some focus on helping young people to avoid the homelessness 'scene' entirely:

*The kids don't go into shelters, they go straight into apartments. Now, there aren't enough, etc., etc., but the results out of that seem to indicate that people don't then fall into chronic homelessness, but move into mainstream accommodation relatively well.*  
(Adelaide)

There was also future investment in preventative services planned in Adelaide via a new 'alliance' commissioning structure, but at the time of writing it was not as yet clear what form this would take:

*...we announced the first prevention funds recently so we've got a \$20 million fund over ten years so that was the first batch of them... I'm hoping that maybe through the alliances that we might be able to then have a look at it with the alliances.* (Adelaide)

While effective tenancy sustainment efforts had been made in some cities (see Chapter 6), these were far from universal, and were sometimes said to have weakened in recent years:

*There is a lack of housing and health policies. For example, a couple with children who are left homeless. The recourse is to separate the family, sending the mother and the children to a hotel room with food stamps (that are not enough for a good nutrition), dividing the family unit. This is a family that until recently were self-sufficient.*  
(Montevideo)

In North America, 'diversion' efforts were generally reported to occur 'at the shelter' door, if at all, rather than more upstream interventions to avoid homelessness crises altogether:

*We've been trying to do more diversion activities; I think that's tough though because it... happens at the shelter door... someone would have to come to shelter and say, 'I am experiencing homelessness,' and working through them and see if there's other alternatives like going back to their family or friends, or do you need a bus ticket somewhere, or do you need just some help financially to make your rent, or whatever.*  
(Chicago)

While more upstream homelessness prevention activity does occur in Little Rock and Chicago (e.g. support with rental payment), there was a view in both cities that these were not necessarily targeted at those most at risk of rough sleeping per se, and demand was seen to far exceed supply.

That said, the COVID pandemic, like the Global Financial Crisis over a decade earlier, prompted an influx of federal and state homelessness prevention financial assistance funds in the US, designed to assist those struggling with arrears to avoid eviction or repossession. But the funding available was judged insufficient to meet needs, and in Little Rock difficult to access:

*The various stimulus laws that were passed have put a lot of money into a lot of different social services, including... towards homeless prevention... ... some of that CARES Act funding that's for housing and homelessness wasn't really available, actually to be used, until December... because the State, it took them forever to figure out their plan... Then the City just did their own thing like that, their own layers of bureaucracy. So that's been real frustrating, but recently, some of that logjam seems to have cleared... There have been resources to help... At the end of the day... there's still not enough to meet that need. (Little Rock)*

The pandemic also triggered moratoria on rental evictions in the Australian, UK, Canadian and US cities (though in Little Rock concerns were voiced about its enforcement and continuing evictions), with legal advice-based eviction prevention flagged in Tshwane:

*Lawyers for Human Rights have started a crisis phone line during COVID. It was specifically about evictions. They were trying to prevent people from being evicted and they were overwhelmed with calls... they could give letters to owners who want to evict. They could stop evictions...At least they could delay some evictions if people really didn't have any income any more. Then, at least, they had to go through the seven-day notice and then the 30-day eviction notice. If people still didn't go, going to court and then get the court order to evict people. (Tshwane)*

At the same time, in a number of cities where there had been at least some pre-COVID preventative efforts, some felt that these had gone on hold during the pandemic:

*I think it's [prevention] probably been on the back burner with having to deal with all the other stuff that's gone on right now and complicated by the fact there isn't housing available for people to go to. (Edmonton)*

One thing that was clear across the board was the lack of a systematic analysis of the principal routes into street homelessness in each location, and a strategic attempt to close each of them off, as was called for by this research participant:

*For young people, for Aboriginal people, for women, for children, it is extraordinarily important to identify the pathways. Some of them are really obvious from the dataset that we've collected already. That if you're a kid in care, you have a high chance of becoming homeless; and of course the situation of older women who simply can't afford the housing and therefore are at great risk of becoming homeless. They're different cohorts. Their pathways are different, and the interventions need to be different as well. (Adelaide)*

Moreover, the need to address broader structural drivers of street homelessness, via population-wide measures that strengthen income and housing safety nets, was also flagged:

*...some of the inflow is impossible to stem because it's structural because all the JobSeeker and the... It's not impossible. It's impossible for us, as a project, but the Commonwealth Government could do it like that. (Adelaide)*

One key theme in a number of cities was that to ignore migration, either from other countries, or from rural into urban areas, as a structural driver, was to fatally undermine efforts to drive down the street homelessness:

*I think when that [IGH] goal was set.... We did not think about...you cannot wipe the water on the floor while the tap is open. That goal was set without thinking about our borders, for an example, and since I've been in this work for ten years, I've seen, we're working every year, we see new people every year. (Tshwane)*

For migrant workers in Bengaluru, better labour market and social security protections, or even access to the protections that already exist, including free food distribution in rural areas, could help them avoid homelessness and other severe hardships in the city:

*Many construction workers are not organised ...Once they migrate, we should see if they can be registered...This was we can ensure that they receive targeting interventions for that person or family. (Bengaluru)*

*NREG is a government scheme that gives opportunity for people who have no jobs. That is one measure for prevention. There are other government schemes, such as providing [free food] which would possibly avoid migration to cities, hence street homelessness. (Bengaluru)*

### **Lack of cultural sensitivity**

As noted in Chapter 3, Indigenous or Aboriginal peoples are very heavily over-represented in the street homeless populations of Adelaide, Sydney and Edmonton. There was a consensus across all three cities that the violent history of colonialism is a very important context in which to understand this issue, and also that, to date, homelessness responses have not been sufficiently sensitive to the needs of these groups:

*[what] haunts us particularly in the city, right, [is] really recognising that racism is systemic... there's always been... acknowledgement of that, but ... we should continue to shift to actually say, we're going to have a service plan to ensure that the services we provide to homeless people are targeted... towards Indigenous people, and are delivered in a culturally... sensitive way (Edmonton)*

Three key issues were identified. First, overt and covert racism continues to shape Indigenous people's housing opportunities and experiences:

*...the racism, the blatant racism, especially from landlords is very prevalent. (Edmonton)*

Second, there is a lack of culturally appropriate housing stock available:

*Everyone knows and understands the importance of kinship, but then never delivered properties that allows people to really thrive with kinship groups. All of a sudden,*

*housing South Australia or community housing providers are surprised that all their family's staying at the property when that's very much raised when you're trying to push people forward for properties. (Adelaide)*

Third, and specific to the Australian context, Aboriginal people are often poorly catered for and misunderstood with regard migratory patterns and needs, which raised particular challenges during the COVID lockdown:

*the biggest thing that a lot of our Aboriginal families across our region found difficult was the fact that a lot of our communities are transient, so they go from town to town to town. That was really, really difficult over that COVID period to explain to families that you can't do that anymore; you got to stick to one town, one community, and it really did limit some of the family members. (Sydney)*

The solution is a much more flexible model that asks Indigenous service users what they need and takes that seriously:

*Inviting indigenous organisations to be a partner in that ... There actually is a recognition of the importance of the indigenous experience in homelessness, not as an add-on, but that the cultural identity and cultural recognition is core, I think, to somebody experiencing homelessness. (Edmonton)*

## **Conclusion**

Many of the barriers and challenges to ending street homelessness reviewed in this chapter are not fundamentally about money. Rather, these obstacles lie in the realms of ideology, theology, politics, prejudice, ethics, governance and bureaucracy. Adequate funding is certainly required to reduce and end street homelessness and, as has been emphasized throughout this report, some Vanguard Cities are extremely under-resourced. But money alone is insufficient: a strategic response that invests in things that demonstrably work, as captured in Chapters 5 and 6, and moves away from approaches that do not, as highlighted in this chapter, is also required.

## Chapter 8: Maximising the Added Value of IGH

### Introduction

This chapter assesses the added value offered by the involvement of IGH in the first cohort of Vanguard Cities, before reflecting on how this might be maximized in work with future cohorts of cities.

### Added value of IGH's involvement

As discussed in Chapter 3, the IGH *A Place to Call Home* initiative was introduced into cities with vastly different starting points as regards existing initiatives and interventions on street homelessness. Despite, these highly divergent starting points, a set of common themes emerged as regards the core contribution of IGH's involvement in addressing street homelessness in the Vanguard Cities, albeit that the extent to which these IGH-related benefits were evident varied between the cities.

#### ***Increased local profile, credibility and momentum***

First and most fundamentally, the presence of IGH was often viewed as instrumental in driving up the local profile and momentum attached to addressing street homelessness, especially in resource-poor settings that had hitherto struggled to gain any significant recognition for the issue:

*It is because of... IGH that other NGOs started taking interest in the issue of street homelessness. (Bengaluru)*

*It is encouraging. It lifts spirits ... more on a global level, to know that there are people supporting this whole movement of ending homelessness. There is energy in that. It brings energy into your work and a breath of freshness. (Tshwane)*

The Vanguard City initiative was credited with providing a galvanising target to focus on in some places, with the formalities involved in the sign-up process as an especially important spur to action in certain contexts:

*I think really, at a strategic level, the IGH engagement has just created this environment where it's become a focus. We know that there's a focused effort that the government's made a commitment, that the Premier's taken it on as a priority. That engages government and then because there is this entity with End Street Sleeping that only exists because of the IGH... wouldn't have otherwise existed without the catalyst of the IGH work. (Sydney)*

*I believe that the IGH has been very important because finally with the signature that was done...between [government officials] and representatives of the IGH to enter the Vanguard Cities...a desire is finally formalized... it seems to me that the IGH has been*

*very important because it has allowed us to take on new, important, and quantifiable challenges to be able to advance in this matter. (Santiago)*

In Greater Manchester, enrollment in the programme was seen as a profile-raising commitment device and an endorsement of the legitimacy of such an ambitious goal:

*[the goal] was set, in the context of [the new city-region Mayor] coming into office in 2017, profiling rough sleeping as a big agenda item and wanting to make some sort of external commitment that made that real to people... it was a way of it being more than just a manifesto commitment. It was something that we could tie ourselves to, as an international city... I think the target was nigh on impossible to achieve, but it was important, as a target, to galvanise the activity necessary to see any reduction in rough sleeping, let alone a significant one, which is what we have been able to achieve. (Greater Manchester)*

Visits from senior, inspirational IGH players were often seen as pivotal to these positive impacts, attracting the attention of local power brokers and enhancing the credibility and leverage of local partners:

*The involvement of IGH in coming, physically, to us has helped a lot in the past, so that these high-level delegations from IGH and their partners, like Louise Casey, who is quite an influencer and well-known, who could come. That could lift the whole importance and legitimacy of actually putting homelessness on the national agenda. (Tshwane)*

*The other really practical things we get is the name of IGH and the network of global cities. Being able to call on people like the CEO [of IGH] and Dame Louise as the chair brings gravitas... That concept of us being able to engage with a network of global cities to inform our work and learn from them is a really powerful thing that people are interested in. (Sydney)*

### **Improved local data collection**

A few cities noted that their status as a Vanguard City had inspired better data collection on street homelessness. In Montevideo, for example, IGH involvement was said to be instrumental in ensuring that a 2019 street count occurred in the city.

Enhanced data collection was a particular theme in Rijeka, where stakeholders flagged the role of IGH in precipitating the first ever count of homelessness in the city and encouraging involvement from different stakeholders. That said, key players remained anxious about the quality of what was produced:

*I would like to master this database thing... and analysis to see the trends because ...Our estimation is that we met the goal but I would just have to compare this with the others and to see whether this is what is right. (..) So, here IGH could be a very good advisor ...I think that this is the most important for us at the moment. (Rijeka)*

### **Widened horizons and raised ambitions**

Placing one's own city and challenges in a wider perspective, and extending key stakeholders' horizons in terms of what was possible, was another widely identified benefit of involvement with IGH:

*...we assumed that this only happened in developing countries. This opened our eyes... We want to continue to exchange strategies from different parts of the world. We can modify these and adopt this here. (Bengaluru)*

*...you're part of something bigger than your own city... [that] feels really important.... an acknowledgment that this is not an issue unique to Glasgow... (Glasgow)*

One specific, and crucial, role played by IGH in several cities was lifting levels of ambition from simply 'managing' street homelessness to, at the very least, reducing it:

*Our city has never done anything similar. Reduction is very rarely spoken of so this is something we're more comfortable with... Starting small so we... could even come together on a discussion about reduction. (Little Rock)*

In places with better developed homelessness strategies, the IGH contribution was sometimes perceived more as helping to maintain resolve and focus:

*I think the relationship there has really emphasised and maintained an emphasis for us on street homelessness numbers... Vanguard approach to emphasise street homelessness has been something that has kind of kept us, has supported, almost like giving us cover for maintaining a focus on folks living rough. (Edmonton)*

### **Access to good ideas/good practice from elsewhere**

A core added value of IGH's work was to facilitate access to good ideas/good practice from elsewhere. Crucially, these ideas were often garnered from the peer learning opportunities, as well as via the direct advice, offered by IGH:

*We had [an event] recently that was focused on preventative measures, that had Chicago and Australia and Canada in it and a couple of others. That was really useful ... one [idea] that springs immediately to mind was one from Chicago that was about financial support, small amounts of financial support to people just at that point where they're in crisis... even just me being able to say in conversations with stakeholders in New South Wales, they're doing this in Chicago, they're doing this in Canada, gives that extra level of interest in what might be able to be achieved. (Sydney)*

A wide range of practical interventions and improvements discussed in these IGH-facilitated forums seemed to resonate with other Vanguard Cities:

*...showing how the model [Housing First] works, being able to form certain people to participate has been key. I think the biggest [IGH] contribution has been showing us*

*that this has been done in other places, that it is viable, that it has methods, that it can be adapted. (Santiago)*

*...we improved our outreach work due to IGH support and whenever we needed some kind of advice related to outreach services so we contacted them and asked for advice so it's very good to have them or because of the Initiative but it was helpful. (Rijeka)*

However, while networking opportunities and the sharing of information was widely appreciated, actual changes in practice as a direct result were not always easy to discern, with attribution most challenging in those places with multiple intersecting initiatives:

*In concrete, material terms, I think it did not contribute. It would have taken place all the same. The idea of developing Housing First already existed and it was present in international agreements that MIDES already had. (Montevideo)*

*I personally have not seen any change as a direct result of the IGH involvement. There's a lot of information that's been floating around. I haven't seen any of that turn into any real outcomes, yet. (Sydney)*

This was also the case in Greater Manchester, but here solidarity with other global cities was mentioned as a particular value added from the programme:

*Cities' meetings, which have all been incredibly interesting. Good from almost like a practitioners' solidarity sense, and getting a broader view of things. I don't think they've had any significant impact on our regional strategy or approach. It's been more around just having visibility and understanding of what's happening elsewhere. (Greater Manchester)*

### ***Leveraging additional resources***

One very concrete benefit of IGH activities, albeit identified only in a minority of Vanguard Cities, was helping to leverage additional resources from external bodies. The key examples here were Tshwane and Bengaluru:

*"...[IGH] leveraged support, of course...from Comic Relief and IGH was very instrumental in helping and backing support for that ...that's a clear benefit that came out of the collaboration with IGH and the Place Called Home initiative." (Tshwane)*

### ***Capacity building and development***

Personal development opportunities were often mentioned by those closest to IGH, such as via coaching support and participation in leadership programmes:

*I have a regular coaching call... that's really helpful, it's a good sounding board for me. (Sydney)*



*I attended a leadership course, training time was pretty good...it's very helpful and it's very good in terms of the quality of trainees, quality of the speeches, people who come are really experts in their field. (Montevideo)*

### **International endorsement and scrutiny**

Opening up local actions to international endorsement and scrutiny was an absolutely central contribution that IGH was seen to make across a range of the cities:

*Having outside people for accountability is very helpful. (Little Rock)*

*It just really matters when outside bodies say, 'Look, there's a collection of cities here around the world that really deserve a bit of focus and a bit of notice for what they're doing,' and that's what Vanguard City status gave us. (Greater Manchester)*

In some cases, such as Greater Manchester, this international attention was interpreted as validating ambitious local targets, in others, such as Bengaluru, it was international solidarity in the face of substantial obstacles that was appreciated. A strong theme in the Glasgow case was the opportunity to benchmark the city's performance against other cities of a similar scale, facing similar challenges.

### **Maximising IGH effectiveness with future cohorts of cities**

A wide range of lessons were learned, and ideas generated, during this pioneering first Vanguard City phase that can help to maximise IGH's effectiveness in their work with future cohorts of cities.

First, it is imperative to set **clear targets**, which are **formally agreed** between IGH and the key local stakeholders, and which **fully align with relevant local data**, such that progress against them can be meaningfully measured. That said, it is worth noting that data requirements could be interpreted as an unwelcome additional burden on participating cities and this might be an area where IGH offering material help would be especially welcomed. As an aid to transparency and accountability, consideration should be given to **publishing progress** against the targets set on the IGH website. Having these reported on publicly, and on an international platform, would, we hope, focus the minds of local decision makers and increase the leverage of those pushing for positive change.

Second, achieving the appropriate level of ambition in setting these goals is also crucial: targets should aim to be **'stretching but realistic'**, which is mainly about there being a feasible route to their achievement, something that was not always evident amongst the Vanguard Cities. As one stakeholder commented:

*The process of cooperation with IGH should be closer. Otherwise, there is a process of goal acceptance which runs the risk of being extremely formal. In our case, the reduction of 25% was something that was not really expected to be achieved but it was finally accepted in order to agree and sign with IGH. (Montevideo)*

As part of this, it may be helpful to have some smaller, **interim, or even more 'qualitative' goals**, focused on achieving key building blocks of progress towards the ultimate reduction and elimination targets:

*...a bite-sized plan, I think that would have probably been the best thing... because when you say hey, we want to end 25 per cent of Little Rock's homelessness, whoa, heck, what does that look like?... I think if you want the success of any group, you're going to have to have little small successes that can begin to snowball, and then you'll get that momentum. (Little Rock)*

Linked with this, all cities signing up to be part of future waves of *A Place to Call Home* should be able to offer a **theory of change** as part of the application and sign-up process, which demonstrates some logical connection with the data-aligned targets set. In other words, cities should be able to say what it is they are actually planning to *do* and *why* they think these actions hold out at least the possibility of ending/reducing street homelessness in the manner to which they are committing.

Third, efforts should be made to meaningfully engage the **full range of key statutory and voluntary sector stakeholders** in signing up to the IGH commitment. Having a strong relationship with local voluntary as well as statutory sector players may help to guard against weakening of links with IGH if there is a change in political administration. At the same time, tailored support for state institutions would be helpful in those places where statutory bodies lead on responses:

*Technically supporting an NGO is different from supporting a State. It would be necessary to think about formats that work with States. (Montevideo)*

While having the right players at the table and bought in was clearly key, some cities also saw a very strong need for someone to take on a **leadership role** to drive forward progress against target:

*[Participating cities] need to have... some sort of leadership. ... without an identified leader to take on this goal and to be the butt whooper... If you don't have that, as a city, I would recommend highly against doing it, because there's a lot of work with very little results that are measurable... If you don't have a leader and you take on this goal, what? You were never positioned for the goal. We were never positioned for the goal. So I don't think we can rightfully take it on and succeed. (Little Rock)*

Every effort should also be made to **include frontline providers** charged with delivering change in the ongoing work of IGH in participating cities, to ensure that the benefits percolate all the way to service delivery. This may also help to avoid the perception, evident in some first cohort cities, of a top-down initiative that piles additional demands on already overstretched services:

*...some providers feel that IGH, without resources to help us with the issue, is asking us essentially just to work harder and some providers have been turned off by that... we can't work any harder so this is difficult, it's difficult to go to the steering committee meetings and then anything on top of that is difficult, especially for frontline staff. It's just too much. (Little Rock)*

Fourth, more **transparent criteria** for selection of participating cities should be established and publicised. It made sense to be pragmatic with this first round of Vanguard Cities, but a more **systematic approach** going forward would be important for the programme's credibility in the future. While there will be an array of factors to consider, the potential for IGH to bring added value should be prominent amongst these in our view. There is certainly a case for an **increased focus on Global South cities**, where needs are generally greatest, and the scope for IGH to impact is probably largest. This may also help to address what was sometimes felt to be an imbalance towards the Global North in IGH activities. One specific proposal to emerge in this respect was to open a 'South American office' of IGH, or at least have another hub location outside of the Global North. Language issues were also mentioned in this context:

*I understand that it's an institution or a group that arose in the first world... this requires a more local adaptation to our Latin American context and with realities of poverty and exclusion that are ...infinitely more dramatic than in northern Europe or in some parts of the United States. By this I mean that perhaps... IGH could [have]...an office that allows it to be a focal point here in this Latin American context... And as its name implies, a global institute – for this "global" to mean having a concrete presence in other contexts. (Santiago)*

*I think that the challenge of the IGH is to globalize the dissemination of what it does ..., and the language issue cannot be a barrier, that is, it should ... develop more products in Spanish; I think that is faster than waiting for this side of the world to increase ... its knowledge of English. They should develop instances in Spanish or set up more consolidated offices or projects in South America. (Santiago)*

Fifth, within this first round of the IGH initiative it was apparent that some service providers in particular would have welcomed **greater clarity on the benefits of participation** and resources attached:

*I think [what would be helpful is] really being clear about what are benefits, what are the actual resources cities would get from participating in an effort. What tools will IGH actually support on. (Chicago)*

This also raises a challenge with regard to **managing expectations** with regard to the limits of what IGH can offer, with some stakeholders hoping, for example, for IGH to take a fairly directive approach with national and local policy makers and/or become involved in changed management processes in a fairly hands-on way:

*I would have liked to see IGH being the one going, 'Right guys, here's what we need, here's what you need to do, you do this, you do that, you do the other, what else do*

*we need to do,' and be a coordinating arm ... I think that there would have been huge value in having one organisation leading things in a coordinating approach that sits outside any jurisdiction... somebody, with the gravitas of Dame Louise having those conversations at a ministerial level. (Sydney)*

*I think a better articulated relationship between the Australian Alliance to End Homelessness and the IGH, and the state-based affiliates, or branches, is really important ... building up a national agenda around homelessness, and having the ability then to really put pressure on the federal government, which at the end of the day is the funding source, is really important. (Adelaide)*

Seventh, consideration should be given to IGH finding a way to assist with bringing **additional material resources** to the table, especially in service-poor cities, which include but are by no means confined to the Global South. While IGH would not want to become primarily a grant securing or giving organisation, carefully targeted material help aligned with strategic and technical assistance, and in-depth engagement with specific cities, could go a long way to expanding IGH's positive impact and leverage. This can already be seen in those examples where IGH helped to leverage funding from external sources, such as Tshwane, and it was felt by some participants that much more could be done in this respect:

*...if one of the global drives can be to raise funds for the different cities that have been showing progress, I think there's big potential there. Collectively, we have a much stronger voice, and we can surely raise far more funding to give to the programmes that are being run on the ground in many of our cities. I think we can do that on a global level. (Tshwane)*

*...something I bring up all the time, is like, how are they actually going to help us? Is there anything that's going to be helpful?... we're an under-resourced community and an under-resourced state.... we have a huge problem on our hands. We can't just collaborate our way out of it without some extra money. I want the city to spend some money on it, but the board members have been like, no, there's no money in the budget. I'd like IGH to give us some money. It's like, no, they're not giving us money, just technical assistance.... I don't feel like we're really honestly doing anything other than creating another group in our community to talk about homelessness. (Little Rock)*

Eighth, there was a widespread call for **more tailored technical advice**, specific to the needs of each city and each type of stakeholder. For example, Global North cities may often benefit most from assistance in implementing effective 'upstream' prevention, whereas Global South cities often require help leveraging additional resources to provide even minimally adequate interventions of all types. Frontline workers in particular were often interested in targeted learning opportunities on specific interventions operated in other settings, with several participants noting that increased digital working post-COVID made reaching out beyond the strategic to the frontline level more feasible:

*I would like to know how other outreach teams work. (Montevideo)*

*It would be good to see proposals for day centres from other countries. Here they are intended as places to pass the time and it would be good if they could offer more creative opportunities to help people get out of that situation. To grow beyond the access to a bathroom and eating something. (Montevideo)*

*...link the direct service providers to other similar providers in other parts...of the world, so that you can learn from each other and exchange information and not reinvent the wheel. Just those connections between the service providers, I think, is one of the most important things that could be achieved, because I think it just helps to bolster morale. It helps to make sure that people are working through it from a best practice perspective, learning from each other and not reinventing the wheel. The work is hard enough to, you know, to have you feel like you have to figure it all out on your own. (Edmonton)*

Linked with this, there was considerable interest in IGH shifting emphasis towards 'smaller peer conversations' between specific cities in similar positions:

*I had one conversation now recently...with...Bangalore, and I found that extremely helpful....I found that more intimate where it's two cities and we exchanged, and they wanted to learn about our policymaking processes and we learnt about their policymaking processes. I found that very helpful... it's not like you are a just a spectator, it was like we were really able to connect... [IGH] ..have a bird's eye view that we don't all have.... they realised that we and Bangalore are in similar places at the moment, in terms of relating to government (Tswane)*

It was felt that this approach might help with encouraging more honest and focused joint working on a smaller scale:

*This is not a competition.. but...I think it's just reality as human beings that folks are either going to really want to position [in bigger forums] and talk about the excellent work they're doing and have difficulty being vulnerable.... I think the other thing is, cohorts have to have something in common. (Edmonton)*

This tighter focus may also help with what some participants felt was sometimes too disparate a set of cities for relevant learning:

*...the links with some of the other, the third world countries, while interesting, weren't necessarily as useful to us and I wonder about how useful it was for them hearing about us either. (Adelaide)*

That said, one interesting suggestion floated was for supportive partnerships to be brokered between specific Global North and South cities, along the lines of a sort of 'twinning' approach:

*I would hope that...there could be strategic partnerships between the first and the third world in terms of sharing of resources for homelessness; that cities and countries where there is a lot of allocation towards this, that they could - or even application for funding, one could have a partner in the south as a sub-partner under your programme. On funding, yes, to see if there are ways to even link specific cities in the north with cities in the south... (Tshwane)*

## Conclusions

Evidence from the first cohort of Vanguard Cities captures an array of positive impacts associated with involvement in the *A Place Called Home* initiative. This includes heightened profile, credibility, ambition and momentum at local level for cities' efforts to eradicate street homelessness, and highly valued engagement, ideas, scrutiny and endorsement at international level. Going forward, thoughts on maximising the IGH's added value focused on more tailored technical offers specific to the needs of each city, and different types of stakeholders, especially frontline workers, and the encouragement of more honest and focused joint working in smaller-scale forums. With ideas for enhanced IGH assistance ranging from hands-on assistance with local change management, to national policy influencing, and international coordination of fundraising efforts, it will be crucial to manage expectations by setting clear parameters on what it is feasible and optimal for IGH to do. It will also be vital to be transparent about the criteria applied in the selection of future participating cities. There is a strong case for a greater focus on Global South cities, where needs are greatest and there is huge scope for added value from IGH. Other core considerations should include the necessary infrastructure being in place within candidate cities to set and monitor the achievement of measurable targets and more qualitative goals, alongside a plausible theory of change that provides a roadmap for progress.

## Chapter 9: Conclusions

### Introduction

This report started from a recognition that street homelessness is one of the most extreme, and visible, manifestations of profound injustice on the planet. Moreover, that it is unacceptable this form of acute housing need and extreme poverty has often struggled to achieve the same level of priority at an international level as the satisfaction of other basic needs, such as for food, water, healthcare and education.

IGH's *A Place to Call Home* initiative, launched in 2017, sought to address this glaring gap in international efforts to protect vulnerable people worldwide from endemic hardship. It represented a concerted effort to support cities across the globe to eradicate street homelessness, with a first cohort of 13 'Vanguard Cities' committing to a specific numerical goal, or goals, on ending or reducing street homeless to be met by 31st December 2020.

The aim of this independent evaluation of this IGH initiative was to monitor progress towards the achievement of these goals by the Vanguard Cities, and also to draw out the core components of successful interventions that may be transferable to other cities/contexts. Additionally, we sought to assess the added value offered by the involvement of IGH in cities' efforts to eradicate street homelessness, and how this can be maximized in the future, and to capture any key lessons learned by the experience of the COVID-19 pandemic.

### Progress towards ending street homelessness targets

Reliable statistics on street homelessness, that aligned fully with the IGH programme, were available in only some of the Vanguard cities. Nonetheless we were able to assess progress towards the quantitative targets for most cities, sometimes by triangulating a range of sources of statistical data and qualitative sources of supporting evidence.

On this basis, it is clear that two of the Vanguard Cities - Sydney and Glasgow - met the targets that they had set for themselves for the end of 2020. In Sydney's case that meant reducing all street homelessness in the inner city by 25%, while in Glasgow there was overwhelming qualitative evidence that the goal to drive down city centre rough sleeping by 75% had been achieved (to fewer than seven people at any one time).

In three other Vanguard Cities – Adelaide, Greater Manchester and Montevideo - while the goals were not fully met, there was evidence of progress. In Greater Manchester, which set itself the most ambitious target of all - to completely end all rough sleeping – there was an impressive 52% reduction against baseline. In the case of Montevideo, where the aim was to reduce the number of people on the street by 25%, there likewise appeared to have been positive progress, with a reported decrease of 15% (albeit that data issues cast a degree of doubt on this finding). In Adelaide, too, while the 50% target reduction in street homelessness amongst those defined as chronically homeless was not achieved, there was a decrease on baseline. As with Glasgow, though, it is worth noting the narrowness of the target group and relatively small numbers involved in Adelaide (from 34 people who were sleeping rough,

while experiencing chronic homelessness, in December 2018, down to 25 relevant cases by December 2020).

In Edmonton, however, where the ambitious goal had been to end chronic homelessness rather than street homelessness, numbers increased from 1,404 in November 2017 to 1,738 in December 2020.

In the seven remaining Vanguard Cities lack of data availability, sometimes associated with COVID-19 restrictions, meant that we were unable to assess whether relevant targets were met. In three of these cities (Bengaluru, Chicago and Little Rock) we have grounds for surmising that it is unlikely that the intended goal(s) were achieved, in another three cities (Brussels, Rijeka and Tshwane) an absence of relevant data means that it is impossible to say either way, while the final city (Santiago) was late to join the Vanguard City programme and the target date has not as yet been reached (2022).

That said, while we cannot be sure whether relevant targets were met in this final clutch of cities, in some cases there were nonetheless indications of progress. In Tshwane, for example, it was judged highly likely by local stakeholders that there had been a move in the right direction with regard to the target group for the IGH initiative (people aged over 65 experiencing street homelessness in six wards). Likewise, there was evidence of movement in the right direction in Santiago, although it was too early to judge whether the ultimate target was met.

In all, therefore, we have evidence of progress towards reducing street homelessness in over half of the Vanguard Cities (Adelaide, Glasgow, Greater Manchester, Montevideo, Santiago, Sydney and Tshwane).

### **The broader context for success**

A key contextual theme running through much of the fieldwork was the importance of political will in pushing towards goals for reducing or eradicating street homelessness. Sydney and Greater Manchester were stand out examples where success in driving down street homelessness was associated with high-level political commitments. The stark simplicity and high profile of the single goal set in both these cities make for a sharp contrast with, Edmonton, for example, where there was a complex tapestry of objectives and strategies within which the focus on chronic homelessness struggled to gain much scrutiny or momentum.

Another, and related, fundamental contextual difference between the Vanguard Cities lay in the level of resources at their command to address street homelessness. While an absolute lack of resources was, as one would expect, a major challenge in all of the Global South cities, there were also resource-poor settings in the Global North, with Little Rock and Rijeka key examples here. There is no doubt of the need for additional funds in these contexts if street homelessness is to be eradicated.

Almost all Vanguard Cities, both rich and poor, cited high pressure on the affordable housing stock as a key challenge to progress, with the attitude of social and private landlords to people



with experience of homelessness also a barrier in many cases. While overall housing supply and distribution is a structural matter often beyond the influence of homelessness stakeholders, there was evidence of initiatives and ideas in the Vanguard Cities that could make a positive difference, at least at the margins. In Glasgow, for example, a local lettings initiative has seen a substantial boost in lettings to homeless people that was viewed locally as a real game-changer. The Chicago Expedited Housing Initiative, funded by federal COVID-response funds, similarly seems to have changed the landscape on rapid rehousing in the city in a positive direction by establishing a centralised pool of private lettings accessible to homeless households. In Tshwane, a major theme for many interviewees was the conversion potential of empty government buildings into affordable housing, and several Tshwane interviewees also made the point that harnessing the private sector development process, via the planning system, was also key to expanding affordable housing opportunities in the city.

Even where ‘gains’ were made under supportive administrations, a core concern was embedding them for the longer-term. Ensuring that relationships are built with officials, not just politicians, and also, where possible, capturing progressive policies in legal form, may help to reduce the risks of retrograde steps.

### Doing ‘what works’ in practice

Key lessons on ‘what works’ included the importance of investing in specific interventions, especially: assertive outreach; rapid access to decent emergency and settled accommodation; emotional, practical and financial support with sustaining settled housing, including Housing First wraparound support for those with more intense needs; and access to mental health, substance misuse and other specialist support for those who need it, without high conditionality barriers.

It is also clear that pivotal to success is a lead or coordinating agency heading these targeted efforts to reduce and eliminate street homelessness, rooted in the state or voluntary sector. In contexts where this was absent, including Little Rock and Brussels, there tended to be a highly fragmented response to street homelessness from multiple struggling and disconnected voluntary sector services, who sometimes duplicated efforts or even got in each other’s way. This also characterised the position in Bengaluru and Tshwane, though in both of these cases there was improved coordination during the COVID-19 pandemic, as noted below. There was also a sobering lack of progress in some much more promising contexts, such as Edmonton, where a lack of clear leadership and problematic governance arrangements seemed at least partly responsible, albeit compounded by the challenges of the COVID pandemic.

Another systemic-level factor core to successful interventions in the Vanguard Cities was the presence of some form of coordinated entry systems for homelessness services, that identify, profile and track those rough sleeping (as well as those experiencing wider forms of homelessness). Linked with this, effective individual-level case management has emerged as a key enabler of progress, particularly for those with more complex support needs. Cooperation between health, homelessness and other relevant sectors was also confirmed as

an important requirement for achieving sustainable success and reductions in street homelessness, especially for these more complex cases.

The importance of moving away from a one-size-fits-all approach, towards more specialised interventions that target responses to the needs of specific subgroups, was recognised in many Vanguard Cities. This encapsulates the provision of appropriate services for women, children, older people and other vulnerable groups, and also culturally sensitive responses to Indigenous and Aboriginal peoples and other groups affected by racial and associated forms of prejudice.

More generally, this tailored model of support requires good data on the characteristics and profile of those affected by street homelessness, and also a good understanding of the local drivers of street homelessness so that targeted prevention can enable the ‘taps to be turned off’, as discussed further below.

### **Halting what doesn’t work**

The ongoing reliance across most Vanguard Cities, in both the Global North and South, on communal shelters means a worrying persistence of undignified, often inhumane and unsafe, environments, wholly inappropriate for accommodating children and vulnerable adults in particular. With little if any preventative function, and in most cases failing to provide an onward route to more appropriate and settled housing, a focus on shelters represents a level of ambition limited to managing rather than reducing or ending street homelessness.

Across the Vanguard Cities, there was an overwhelming emphasis was on emergency interventions once people were already in crisis, rather than more preventative models. Even highly predictable pathways from institutions, such as hospitals and prisons, into street homelessness, often failed to attract concerted prevention efforts. While the COVID pandemic triggered a number of temporary measures that played a key role in stemming rental evictions into homelessness, what was lacking virtually across the board was any sustained, systematic analysis of the principal routes into street homelessness and a strategic attempt to close each one of them off.

In this crisis-focused context, faith-inspired and other local activists often provided vital emergency help for people experiencing street homelessness, particularly where political will was weak and the state had in effect abdicated its responsibility for these vulnerable groups . But their efforts need to be harnessed and supported as part of an overall strategic response – and faith -based organisations willing to co-operate with wider stakeholders – if they are to be of optimal benefit, and to avoid being actively harmful or counterproductive. It is not fair, effective or appropriate to expect faith and other volunteer groups to address street homelessness in a vacuum.

We found that a heavy reliance on faith groups could sometimes bring an unhelpful emphasis on meeting only people’s most basic physiological requirements and perceived spiritual needs, sometimes extending to the extremes of evangelizing, to the detriment of addressing the housing, poverty and support needs that underlie street homelessness. The direct involvement of certain religious denominations on service provision can also help to drive

high conditionality thresholds for access to accommodation and other services, tied to theological notions of 'salvation' or simply an unwillingness to meet people non-judgementally 'where they are'. Moreover, the overt religiosity of some of these settings could raise access barriers and be off-putting to some people experiencing street homelessness, including, for example, people from Indigenous communities.

A particularly damaging form of intervention that must certainly be halted is aggressive enforcement interventions against people experiencing street homelessness, especially where these actions are unaccompanied by offers of accommodation and support. These sorts of aggressive actions by police and city authorities have historically been common in the North American and Global South contexts, much less so in Europe and Australia, where the police can at least sometimes be viewed as constructive partners in addressing street homelessness. It was encouraging to see that in some, though not all, of the Vanguard Cities where there had been aggressive enforcement in the recent past a somewhat more enlightened approach emerging.

In many Vanguard Cities, an absence of required identification documents was a key barrier to service access for people experiencing street homelessness. For people who were migrants into the country in question, this could be tied up with their immigration status, and thus went beyond bureaucratic questions of documentation to more fundamental issues of residency rights and eligibility to access to public funds. However, in many Vanguard Cities, even national citizens' access to services was restricted by lack of identification documentation, or restricted to those with a 'local connection' to the relevant municipality.

These documentary and other requirements were often justified by the need to manage resources effectively, or guard against abuse, but their effect was to exclude street homeless groups considered to be 'outsiders' from even basic humanitarian help. Just enabling people sleeping on the streets to access existing forms of welfare and other support to which they are, or should be, entitled would therefore be a big step forward in many instances.

### **The differential impact of COVID-19**

The experience of the COVID-19 crisis illustrates what can be achieved on street homelessness if the political will and resources can be found. In the two UK (Glasgow and Manchester) and Australian (Adelaide and Sydney) cities, street homelessness was eliminated virtually overnight, at least for a time, via targeted action to bring 'everybody in', i.e. using empty hotel rooms and other forms of, largely self-contained, safe emergency accommodation. In Glasgow the opportunity was taken during the pandemic to end the (limited) use of communal shelters altogether.

Pandemic responses seem to have been far less adequate in the North American cities of Little Rock, Chicago and Edmonton. In these locations, heavy reliance on communal shelters remained, albeit with mitigation measures, such as social distancing and 'decompression', implemented to varying degrees, and hotels used in a limited way for those who were at especially high risk or needed to quarantine. That said, these decompression efforts had the consequence in Chicago of driving some lower risk individuals back to the street and made access to shelters even more challenging for those seeking to access them than was already

the case. More positively, there was a moratorium on rental evictions in the US during the pandemic, as there was in several other Global North countries, and also, as in the Global Financial Crisis over a decade earlier, there was an influx of federal and state funds designed to assist those struggling with rent arrears, albeit that the funding available was judged insufficient.

Brussels occupied a middle ground between the North American and UK/Australian response to homelessness during COVID, with triage systems established, while in Bengaluru, Tshwane, Montevideo, Santiago and Rijeka there were grave concerns about the impact of the pandemic on people experiencing street homelessness, many of whom relied on informal work for their survival which had often dried up entirely. That said, in both Bengaluru and Tshwane a widely acknowledged positive effect of the COVID-19 crisis was significantly and better coordinated local efforts to address street homelessness. And regarding Montevideo and Santiago, national government was eager to provide additional temporary accommodation open all day and night for those at greatest risk.

In a range of cities, improved collaboration between homelessness and health services was reported, and in some cases a reconceptualization of street homelessness as a public health emergency precipitated a more inclusive and less conditional public policy approach to those affected, including migrants. A key challenge is going to be to maintain and build on these improvements in the post-pandemic world.

### **Maximising the added value of IGH**

Our evaluation found that evidence of an array of positive impacts for the Vanguard Cities associated with their involvement in the *A Place Called Home* initiative, even in those cities where evidenced reductions in rough sleeping were not as yet apparent. At the most fundamental level, the presence of IGH was often viewed as instrumental in driving up the local profile and momentum attached to reducing street homelessness, especially in resource-poor settings that had hitherto struggled to gain any significant recognition for the issue. A sense of widened horizons and raised ambitions was prevalent across many of the participating cities, alongside very tangible benefits for specific cities and stakeholders, including enhanced capacity building and development via coaching support and participation in leadership programmes, improved data collection, and the leveraging of much needed additional resources.

Opening up local actions to international endorsement and scrutiny was a central contribution that IGH was seen to make across a range of the cities. Another widely acknowledged core added value of IGH's work was to facilitate access to good ideas or innovative practice from elsewhere with, crucially, these ideas often garnered from the peer learning opportunities, as well as via the direct advice, offered by IGH. That said, actual changes in policy and practice as a direct result of these information sharing and networking activities were not always easy to discern, at least as yet.

Looking forward, there is clearly more work to be done in most of the Vanguard Cities in pushing towards the ultimate goal of ending street homelessness. IGH may wish to consider continuing the relationship with at least some of these cities, several of which seem better

placed now to take advantage of the help that IGH can offer than when they joined as a Vanguard City.

Beyond that, there is a strong case for future cohorts in the *A Place to Call Home* programme to include more Global South cities, where needs are greatest and the scope for added value from IGH probably largest. This inclusive imperative has to be balanced with the necessary infrastructure being in place within candidate cities to set and monitor the achievement of measurable targets, alongside a plausible theory of change that provides a roadmap for progress. It may be that IGH will have to help some promising cities to establish and find the resource for this infrastructure in order to enable them make the most of the opportunities that involvement with IGH can offer.

Whatever mix of future cities IGH elect to work with, some refinements to the Institute's 'offer' are required in order to maximise the added value that it can bring to cities' own efforts to eradicate street homelessness. Key here would be a focus on more tailored technical support specific to the needs of each city, and also to different types of stakeholders. In this latter regard, finding ways to reach out frontline workers, and connect them to each other in different parts of the world, would be a really valued contribution, now much more feasible given the widespread use of virtual platforms. A linked theme was the appetite on the part of stakeholders for an enhanced emphasis on focused joint working in smaller-scale forums where people may feel more comfortable being open and honest about challenges and weaknesses in their current approaches.

One final point relates to the importance of IGH communicating as clearly as possible about the nature, and boundaries, of what they can offer by way of support to partner cities. With needs so great, especially in resource-poor settings, it is understandable that there is a call for enhanced IGH assistance with a wide range of activities, from hands-on assistance with local change management, to national policy influencing, and international coordination of fundraising efforts. Setting clear parameters on what it is feasible and optimal for IGH to do will be crucial in maximising the Institute's added value in the coming years.

## Conclusion

This study and the IGH initiative encompassed an extraordinarily diverse set of cities across the Global North and South. This diversity serves to reinforce the point that there is a high (perhaps surprisingly high) degree of continuity in what is *needed* to address street homelessness in these very different places. Outreach services which are assertive (not just 'checking in') and have a decent emergency accommodation offer to make. Access that is as rapid as possible to long-term housing in ordinary communities (whatever that looks like in the relevant locale). Support to help maintain that accommodation where needed, including intense forms of Housing First-style open-ended support for those with more complex needs associated with mental ill health, substance misuse or other challenges. A move away from inhumane, undignified and sometimes dangerous communal shelters. A rejection of humiliating and exclusionary conditionality thresholds, and unnecessary ID requirements, that block access to a range of services and humanitarian assistance. Access to an income, either through work or secure welfare protection, that it is possible to live on, without having to rely on faith groups and charities for food and other basic necessities. A concerted effort

to identify and prevent key routes onto the streets, such as from institutions, or arising from a lack of support for migrants from rural areas or other countries, or for women and children feeling domestic violence.

Where there is massive divergence between the cities is in *how* you secure these necessary interventions and approaches, and that is a question that can only really be answered locally. In other words, the data, resources and coordination required have to be embedded in the local social, economic and institutional context rather than imposed from the outside. There is no doubt that this is a far tougher challenge for some cities than others, and we have proposed above that IGH concentrate its efforts in assisting Global South and other resource-poor settings to acquire what they need to reduce and end street homelessness. The extent and profile of the street homeless population also differs profoundly between places, and the scale and balance of resources expended has to reflect this reality, and be much better supported by robust data in many places. This includes recognition of the factors which are unique or special to particular places, such as the cultural sensitivity required to offer appropriate responses to Indigenous peoples, or to counter discrimination associated with the caste system or specific forms of racism.

We would end by returning to the point that adequate funding is required to reduce and end street homelessness and, as has been emphasized throughout this report, some Vanguard Cities are extremely under-resourced. But money alone is insufficient to end street homelessness: a strategic response that invests in things that demonstrably work, and moves away from approaches that do not, is also required. Many of the barriers to ending street homelessness are of course about access to affordable housing and other material goods; these are indispensable to progress. Yet there are many other current barriers that are not fundamentally about money. Rather, these obstacles lie in the realms of ideology, theology, politics, prejudice, ethics, governance and bureaucracy. A philosophical as well as material shift is required to end the avoidable hardship of street homelessness in cities across the globe.

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## Appendix: Profiles of Vanguard Cities

## Adelaide

### Context of city

The City of Adelaide is one of 18 local authority areas within the Greater Adelaide region in South Australia. It has a population of slightly over 26,000 inhabitants (2020 estimate) and is the capital city of South Australia.

### People affected by street homelessness

At the end of December 2020 there were 205 homeless people listed as 'active' on the 'By- Name List' of the Adelaide Zero Project, 25 of whom were recorded as sleeping rough while experiencing chronic homelessness. 52% of those so defined as affected by 'chronic street homelessness' were Aboriginal and/or Torres Strait Islander; 60% were male; 0% were under 25, 16% aged 25-34, and 36% aged 35-44, 20% aged 45-54, and 20% aged over 55; 84% reported physical health issues, 72% mental health issues and 72% substance use, 44% reported all three issues (tri-morbidity); 40% had experienced a relationship breakdown.

### Target set

The goal agreed for Adelaide with IGH was to reduce 'chronic street homelessness' by 50%. Chronicity was defined in Adelaide as sleeping rough for six or more consecutive months or having had three or more episodes (defined as one day or more) of rough sleeping in the last twelve months. The definition of chronicity used also included periods when those who had been street homeless were living in temporary shelter, as this was not considered a resolution of their need for permanent housing and they remained 'active' on the By-Name List. However, the data provided for the current study was limited to those actually sleeping rough rather than temporarily sheltered at the relevant point in time. In Adelaide, the IGH goal was viewed as a midpoint goal en-route to ending all rough sleeping as defined using the 'Functional Zero' methodology. Functional Zero in Adelaide's case was defined as achieved when the number of people experiencing street homelessness in the CBD was less than the number of people proven to have been rehoused per month (using a 6-month rolling average).

### Trends and progress

- The baseline figure from December 2018, for people who were street homeless, while experiencing chronic homelessness, was 34.
- The midpoint figure from December 2019 was 45. This is a 32% increase on the baseline.
- The endpoint figure from December 2020 was 25. This is a 26% decrease on the baseline.

### Data sources

Adelaide collects data on a continuous basis via a By-Name List which is regularly updated. Despite some data problems (different time spans of registrations, changes of database, reduced data entry capacities due to Covid 19 and the impacts of a new state-wide funding and service delivery structure) there was consensus amongst key informants that the IGH target was not met (nor was Functional Zero). These key informants were confident that the data collection system has much improved by the end of the evaluation period.

### What works

Key Informants were very positive about the impact of the Adelaide Zero Project (AZP) in driving down homelessness numbers more generally, and providing a greater focus on services in the city centre. One of the key learnings was the improvement of data (through the By-Name List) and coming together of different agencies to address otherwise intractable problems.

It was also widely noted that having an independent backbone organisation (The Don Dunstan Foundation) helped to mediate tensions between numerous homelessness services and provide independent strategic leadership from the third sector. But note that this organisation withdrew from this 'backbone' role at the end of the evaluation period, although an interim backbone organisation

was based in a local university (University of South Australia) during a transition period associated with the new state-wide funding and service delivery structure.

Targeted measures during the pandemic helped to accommodate a large proportion of people experiencing street homelessness into temporary (hotel/motel) accommodation, some of whom were then provided with permanent housing and support thereafter. A number of those provided with permanent housing then lost their homes rather quickly again. Limited cultural sensitivity to the needs of Aboriginal and Torres Strait Islander service users was seen as one of the reasons for these tenancy failures.

### **Barriers and challenges**

Having two different goals was challenging, and the IGH target was not always seen as a priority by local decision makers and service providers.

Data shows that the proportion of Aboriginal and Torres Strait Islanders among the people experiencing street homelessness had increased during the evaluation period. There was a local consensus that culturally appropriate responses to these groups have been lacking. This has intensified with the Covid-19 emergency accommodation response, in which Aboriginal people have been more likely to either not come inside at all, or to leave their accommodation after a short period. If Aboriginal clients were housed, it was generally in one-bedroom flats and overcrowding was often reported as a problem due to cultural norms of inviting friends and family to stay, but also discrimination from neighbours and by housing providers.

Lack of affordable housing was a serious issue more broadly in Adelaide. While key informants noted that local government of Adelaide had been supportive of the attempts to reduce homelessness, State government had failed to follow through on commitments to increasing housing supply. This intense competition for the available accommodation leaves clients with complex problems at the bottom of the priority list.

There was also a lot of concern from frontline workers about the barriers posed by an unreasonably high threshold for accessing mental health services.

### **Impact of IGH**

Key informants were positive about the IGH relationship and reported finding it very helpful in terms of setting their strategic direction, sharing learning, and raising the visibility/profile of street homelessness with local and state government. It was recommended to build an Australian-wide relationship between IGH and national organisations like the Australian Alliance to End Homelessness.

### **Impact of COVID**

In response to the Covid 19 pandemic, more than 500 people experiencing (or at imminent risk of) homelessness had received temporary accommodation in a large number of motels through the COVID-19 Emergency Accommodation Response for Rough Sleepers (CEARS). This programme ended on 30 June 2020. For some time, this programme led effectively to ending street homelessness for all but the most entrenched in Adelaide. While a number of people who have been temporarily accommodated by the CEARS programme have received further help to obtain permanent accommodation and support, some of those that left/disengaged from the CEARS programme have not been rehoused (and may be back on the streets). People who fall into the city's definition of chronic rough sleeping are least likely to have been accommodated. Aboriginal people seem to have benefited less from CEARS' measures.

In addition, during the pandemic, the Australian Federal Government increased the rate of unemployment and other benefits available to people. This increase in benefits has been slowly

wound back, but with a concession made to raise the original rate of unemployment and other benefits by \$50 a fortnight. Moratoria on rental evictions and mortgage repayments also came into effect. At the time of Wave Two, many of these additional support mechanisms were in the process of being withdrawn, raising fears of a new wave of homelessness.

## Bengaluru

### Context of city

Bengaluru is a city of **12,764,935** inhabitants (2021 estimate), in the state of Karnataka in Southern India. The official language is Kannada, though other languages such as English, Telugu, Tamil, Hindi, Malayalam, Urdu are widely spoken.

### People affected by street homelessness

The city attracts many seasonal migrants, which make up about 30% of the rough sleeping population. Migrants mostly come from rural areas of the surrounding states, but also further afield such as Bangladesh. Survey data from 2018 shows most of the street homeless population are physical labourers, construction workers, street cleaners, 'coolies' (carrying luggage) or drivers. The second biggest group is people with emotional and health difficulties. 74% are male, and two thirds over the age of 30. 75% are from marginalised communities (caste wise). The street population is generally deprived of education and in low paid, part-time jobs. Single men are particularly likely to sleep out in the open or congregate in the train and bus stations. Shelters report that mental health issues are very prevalent.

### Target set

The goal was to achieve a 25% reduction in street homelessness in the South and West administrative zones (Bengaluru has 8 zones in total). All populations of the street homeless are included. The goal is supported by local government but is led by NGOs.

### Trends and progress

- The baseline figure from December 2018 was 2,781
- The Midpoint figure from November 2019 was 2,107. This is a 24.23% reduction on the baseline.
- Endpoint data has not been collected due to the COVID-19 pandemic.

### Data sources

Street counts are carried out over three nights by trained volunteers divided into 5 teams and allotted different wards. Each zone has 30-40 wards, with three days spent in each zone. Enumerators identify people and survey them to gain basic information as well as numbers. There is very limited other data.

### What works

There was an upswell of interest in street homelessness around 2010 when the National Urban Livelihoods Mission (NULM) was setup by central government. This gives guidelines to run shelters and a small budget for implementation. NGOs also produced a research report called 'Invisible City Makers' in 2010. This made the case that Bengaluru relies on the street homeless migrants for the city to operate, giving profile and demographics for the first time. In 2012, the Supreme Court of India mandated for one shelter to be set up per 100,000 people across the country, meaning there should be around 100shelters in Bengaluru. There is thus a singular vision of addressing street sleeping through providing shelters.

There has been another upswell in interest recently, with the Impact India Consortium (IIC) setting up and drawing 40 NGOs together. Guided and monitored by IIC and the city corporation (BBMP), the NGOs: (1) Manage the shelters; (2) Submit review reports to BBMP; (3) Manage finances; and (4) Advocate for better facilities and increased funding. This has been assisted by increased philanthropic investment and more funding promises from State Government. As at the time of fieldwork in 2020, there were 12 state funded shelters in the city, but only 9 were fully functional. This falls considerably short of the Supreme Court Mandate. There are particularly acute shortfalls for women, disabled people, transgender people and other vulnerable groups.

- Shelters mostly cater to a general category of (largely male) street homeless, however, there is one that allows access to women and one which focuses on older people. There are plans to make more specialised shelters and permanent shelters for those who cannot be rehabilitated.
- The Supreme Court order is the key driver, and NGOs are pressuring the BBMP to follow these guidelines.
- The NULM is starting to gain traction. They have identified resources in the city and begun partnerships with the BBMP and NGOs.
- Local actors are in the process of establishing a strong foundation for partnerships, gain appropriate funding and improve the quantity and quality of shelters.

### **Barriers and challenges**

There have long been difficulties in addressing the problem of street homelessness – in part this is due to the economic system of India which relies on low paid migrant labour. Lack of options for work in rural communities creates a pull factor to the cities. There is also a lack of will to recognise many people sleeping on the streets as homeless, given that they have homes in their villages. Another factor is cultural beliefs based in karma and the caste system, which limit public and political will for change.

Other barriers include a lack of clear rule, process, or system in receiving and allocating funding for shelters. Relationships between key actors are sometimes also impacted by rapid turnover, personal politics and/or lack of clarity in role and agency to take decisions. The limited funding also limits expertise and being able to retain talented people to drive the agenda forward. There is little emphasis on access to long-term housing or attention given to prevention. Permanent housing options target largely slum dwellers and people experiencing street homelessness people struggle to access housing options in the city as they require residency certificates.

### **Impact of IGH**

IGH involvement is helping to government accountable to their commitments. It is being used to raise awareness, and support from IGH is highly valued by the Impact India Consortium. Early involvement with IGH also helped to secure more philanthropic funding. There was hope that the 2020 IGH summit in Bengaluru would significantly assist in raising the profile of street homelessness, but it had to be cancelled due to the COVID-19 pandemic.

### **Impact of COVID**

Covid-19 led to a rapid lockdown across in India in April 2020, stranding thousands of migrant workers. Some were able to leave to return to villages, but transport hubs became packed and central government eventually intervened to help people return and/or provide free food and shelter to those remaining, though not all of those in need were reached. Temporary shelters were setup on top of the permanent shelters to house people stranded in Bengaluru. The response from Central, State and local government has been widely criticised, and some homeless people were driven from the street by the police with nowhere to go and no access to food. There have been some improvements in permanent shelter hostel conditions during the pandemic as a result of philanthropic investment, but there is still a serious shortfall in the available places. Many migrants returned to the city in search of work in the second wave of the pandemic, and there are now vaccine programmes and free healthcare setup to help them (without the need for legal documents). There appear to have been few COVID infections and deaths amongst the homeless population. There are mixed accounts on whether street homelessness has decreased or increased as a result of COVID.

## Chicago

### Context of city

Chicago is a city of 2.75m people (2020 census) in Illinois, mid-western US. It is the third most populous city in USA. Around a fifth (18.4%) of the Chicago population are in poverty in 2020 according to the US Census, above the 11.4% national figure. Around 30% of the Chicago population are Black/African American, more than double the proportion in the US overall.

### People affected by street homelessness

The majority of the unsheltered population in Chicago are male (80-85%), Black/African American (over 70%) and between the ages of 25 and 60 (85%). A significant proportion of the unsheltered population receive or feel they would be helped by receiving services for substance use (ranging from 27% to 41% in recent Point in Time (PIT) counts), and around 30% receive or feel they would benefit from mental health services. 20-30% of the unsheltered population have a physical disability and 5-10% a development disability. Around one in ten of those who are unsheltered have previously been in foster care. A majority of men experiencing street homelessness report being formerly incarcerated. Between a quarter and a half of the unsheltered population in Chicago are chronically homeless, as defined by the Department for Housing and Urban Development. Around 10% of those who are unsheltered report being employed. Unsheltered homelessness among families with children is uncommon (7 such families were recorded in the 2020, none in 2021).

### Target set

The goal was to achieve a 25% reduction in street homelessness in the City of Chicago. All populations of the street homeless were included. The goal is supported by local government and other partners and led by the non-profit organisation All Chicago the lead applicant for the city's Continuum of Care.

### Trends and progress

- The snapshot baseline figure from January 2018 was 1,357
- The first midpoint figure from January 2019 was 1,260, a 7% reduction against baseline; the second midpoint figure from January 2020 was 1,529, 13% up on the baseline figure.
- Endpoint data for January 2021 is not directly comparable with baseline and mid-point data due to COVID-19 pandemic impacts. It suggests that between 702 and 1,454 individuals were unsheltered at this point, with the lower end estimate understood to be a significant undercount. These ranges indicate changes against baseline of between -48% and +7%. Key stakeholders tended to think street homelessness had remained stable or increased.

### Data sources

Street (PIT) counts are carried out in January each year, following federal guidance, involving a city-wide observation and survey-based count involving 500 plus outreach workers and volunteers. The 2021 count deployed a substantially different methodology in light of the pandemic-context. The low 'official' estimate resulting from this enumeration exercise in particular is acknowledged to significantly undercount street homelessness. The city's Homelessness Management Information System (HMIS) provides an alternative administrative data source concerning the numbers enrolled in the Street Outreach Programme, but there are considerable concerns about data quality and comparability over time, and challenges with the system mean endpoint data is not available.

### What works

A key asset for street homelessness reduction efforts in Chicago is the city's coordinated entry system, introduced in 2017/18 to enable case management and tracking of people experiencing homelessness (sheltered and unsheltered). This system aims to enable the prioritisation of homeless households and 'matches' with housing, and facilitates collaboration and standardised practices across city services. There are challenges with the system, however, including difficulties accessing sufficient housing to

address the levels of homelessness in the city (sheltered and unsheltered), and finding ‘matched’ unsheltered households when they are prioritised. An important development in recent years has been the introduction of an encampment strategy and low barrier shelters, via which those dwelling in encampments are intensively engaged via outreach work and helped to access (sometimes as a group) low-barrier shelter accommodation as a first step off the street. While the city aims to move towards low-barrier shelter provision as the aim, at present such provision is small scale. Chicago was an early adopter of the Housing First philosophy, and key stakeholders see its principles fairly well embedded in the city’s housing programmes. Problems related to fidelity are clearly present, and there remain barriers to accessing some housing programmes that are incompatible with the tenets of Housing First, sometimes reflecting landlords’ reluctance to accommodate homeless individuals but also influenced by funding arrangements.

### **Barriers and challenges**

Lack of resources was identified as a key barrier to making further progress on street homelessness reduction in Chicago. Many stakeholders viewed the core focus of Chicago’s efforts as the right ones, but these efforts as inherently limited as a result of funding constraints and challenges accessing housing at the scale required. Changes to the prioritisation of unsheltered individuals in the coordinated entry system seem to have been inadequate to overcome substantial issues securing private and public housing stock for this group, due to private landlords’ reluctance to accommodate this group and a lack of prioritisation for homeless and unsheltered individuals by the Chicago Housing Authority (the main public housing provider in the city). Chicago has a large shelter system, accommodating 3-4,000 individuals at any point in time. This shelter system is seen as a barrier to street homelessness reduction for a range of reasons, including that it can be hard to access because of rules relating to household make-up, personal ID, criminal background, addiction or drug treatment status, etc. De-densification of shelters in response to COVID exacerbated access challenges. A final barrier relates to limitations in real time data on those experiencing street homelessness, given acute challenges with the city’s HMIS.

### **Impact of IGH**

Some stakeholders reported finding IGH information sharing sessions ‘really beneficial’. It was felt that the pandemic had undermined engagement with IGH, as the city was in ‘crisis mode’. Reflecting on the role of IGH with future cohorts, it was suggested that there could be greater clarity on the benefits, resources and tools that would come from participation.

### **Impact of COVID**

The pandemic prompted the de-densification of shelters to manage risk within them, but this process made shelters less accessible and forced some lower risk individuals back to the street. The pandemic also negatively impacted on the ability of those experiencing street homelessness to ability to meet their basic needs, with access to basic hygiene facilities, services, business restricted and opportunities for begging highly constrained. Concerns about the safety of staff also constrained outreach services ability work with unsheltered individuals. More positively, the pandemic prompted (1) targeted use of hotels to protect the most vulnerable (2) evictions moratoria that had preventing increases in homelessness and (3) a major injection of federal funding to respond to homelessness, and while insufficient to meet demand, and time limited, this funding significantly enhanced street homelessness reduction efforts in the city. The most significant street homelessness-related use of these funds was the Expedited Housing Initiative, focusing on rapid rehousing via Coordinated Landlord Engagement and Accelerated Moving Events which expedite housing access for targeted groups, including unsheltered individuals. Finally, improvements in joint working during the pandemic, especially between health and homelessness organisations, were identified as a key positive impact.



## Edmonton

### Context of city

Edmonton is a city of 972,223 inhabitants (2019 estimate), in the Alberta province of Canada. Sitting on the North Saskatchewan River, Edmonton is the sixth largest city in Canada and North America's northernmost metropolitan area with a population over one million (1.3m).

### People affected by street homelessness

In December 2020 1,806 people were recorded on the By Names List as homeless. In terms of the make-up of the **overall** homeless population: 33% were unsheltered; 57% male; 9% were under 15, 11% aged between 16 and 24, 48% aged between 25 and 44, 30% were aged 45-64 and 2% were over 65; the majority (63%) were Indigenous.

### Target set

The goal was to end 'chronic homelessness' in Edmonton. *Chronic homeless* means someone who has been experiencing homelessness for 12 months or more or someone who has four or more episodes in the previous 3 years. This is NOT restricted to only *street* homeless individuals but anyone in the homelessness system (including those in emergency/provisional accommodation) who are chronically homeless.

### Trends and progress

- The baseline figure of in November 2017 was 1,587
- The midpoint figure from June 2019 was 1,055. This is a 34% reduction on the baseline. The endpoint figure from December 2020 was 1,806. This is a 14% increase on the baseline.

### Data sources

Homelessness is measured by a By Name List. The By Name List is a data set held by the Homeless Trust that is inputted to by programme providers across the city. It is updated and cleansed on a daily basis and up to date information is published on the Homeward Trust website. Homeless counts have historically been conducted bi-annually in Edmonton with the last count being in 2018.

### What works

Edmonton has a dedicated not-for-profit organisation, The Homeward Trust, that drives strategy, coordinates and invests resources and runs specific priority programmes. In 2018 the Trust invested in 25 different organisations to deliver over 50 programmes and there is a myriad of wider providers and services supporting people at risk of homelessness in Edmonton. 'A Place to Call Home: Edmonton's Plan to Prevent and Update Homelessness' was first developed in 2009 by the Trust and updated in 2017. However, there are several targets in the strategy, diluting the focus on the IGH target.

The city has benefited from a Mayor who is supportive of the key issues on tackling homelessness. National, Provincial and City level Governments all invest resources in efforts to tackle homelessness. However, political will, commitment and coordination appears fragile.

The city's plan to end homelessness is said to be underpinned by Housing First. Between 2009 and the end of 2020 the Homeward Trust reported that more than 12,000 people had been housed through Housing First and 'related programmes'. These are significant numbers yet demand for Housing First far exceeds supply. Front line workers expressed concern about waiting times for programmes and that putting people onto the By Name List or a programme can be counter-productive, raising unrealistic expectations for some people and there is said to have been insufficient focus on housing sustainment measures.

Like housing provision, demand for outreach and support services outstrips supply. Front line workers reported high caseload levels and that services for complex needs including addiction and mental health support were particularly hard to access.

Edmonton has a history of encampments, both formal and informal, and introduced an encampment response team working with the police to improve safety, support people with housing needs, and move away from the history of brutal enforcement. Stakeholders were positive that recent encampment enforcement had been improved and housing support offered.

### **Barriers and challenges**

The majority of people experiencing homelessness in Edmonton are Indigenous, yet the interventions to address homelessness were not designed with indigenous communities in mind. There has been a shift in attitude and understanding with the Truth and Reconciliation Commission leading the way for this but there is still a need for a paradigm shift in the design and delivery of services.

Congregate shelter provision was deemed by the majority of key informants as largely unsuitable and often harmful for people experiencing homelessness. Edmonton has a lack of affordable housing, compounded by population growth, migration and the gentrification of downtown Edmonton, further amplified by the financial impacts of Covid-19 with more people in need of affordable housing and at risk of homelessness. The result of the housing shortage is an over-reliance on crisis services and shelters, which strategically the city wants to move away from but is not in a position to. Indeed, The Hope Mission, the biggest shelter provider, is building a new high occupancy facility in the city.

Whilst the city is viewed as resource rich in the global context, there simply is not enough resource invested to meet the high levels of need. Not only are housing resources insufficient: welfare services, support for people with complex needs including mental health, addiction and trauma, prevention activity, and help with housing sustainment, are all over-subscribed or lacking.

### **Impact of IGH**

Engagement with IGH appears to be less in Edmonton than with other cities. IGH, was valued as (one) forum for sharing learning and one stakeholder reported that being involved in the programme helped to ensure there continued to be a strategic focus on street homelessness in Edmonton.

### **Impact of COVID**

Stakeholders report more new people are falling into homelessness as a result of the health, emotional and economic impacts of COVID on their lives. There has also been a significant increase in problem substance use and opioid deaths amongst the homeless population. The EXPO centre was temporarily acquired for emergency accommodation, drop in day centres and support services, with agencies coming together in the same location to provide coordinated support. Shelter capacity was reduced and new standards established to reduce overcrowding and improve health and welfare. Hotel accommodation was offered to some of the most vulnerable people and other bridge housing (temporary accommodation provision) was introduced. COVID-19 infection rates were no higher amongst the homeless population than the wider population. The Covid-19 lockdown raised public awareness about poor conditions faced by people experiencing homelessness and gave greater visibility to street homelessness and encampments, often leading to divisive debate. Some positive impacts of the response have been maintained including organisations working together, more bridge housing (provision, minimum shelter standards report approved by the city council with by-law and licencing conditions being considered to enforce standards, and improvements with respect to encampment outreach, health and safety and enforcement practices.

## Glasgow

### Context of city

Glasgow is the most populous city in Scotland and the fourth most populous city in the UK. In 2020, it had an estimated population of 635,640. Glasgow has a large social rented sector which accommodates 32% of the city's households. Its population is overwhelmingly White (88%), but with a notable Asian minority (8%) and a smaller Black population (2%). Since 2000, the UK government has pursued a policy of dispersal of asylum seekers to ease pressure on social housing in London, and Glasgow is one of these 'dispersal areas'.

### People affected by street homelessness

City centre street counts in Glasgow, undertaken by Simon Community Scotland, record only gender, and suggest that around one quarter of those sleeping rough in the city centre are female. More profile data is available for those recorded in administrative datasets as having slept rough before applying as statutorily homeless to the local authority, but this data was not available for analysis for this study. Data is also available from annual reports of the Glasgow winter night shelter. In 2019/20, 84% of winter shelter users were male, with an average age of 38. Most winter shelter users (61%) identified as Scottish, 12% were from the rest of the UK, 10% from other EU countries, and the remainder had African, Middle Eastern or Asian origins.

### Target set

Glasgow opted for two targets as part of the IGH programme. The first was to reduce city centre rough sleeping by 75%, and the second was to reduce scattered intermittent short-term rough sleeping across the city by 50%. City stakeholders opted for a 2030 end date for the second of these targets.

### Trends and progress

There was strong consensus that Glasgow's first goal (to reduce by 75% city centre rough sleeping, from around 28-30 people, to less than 7 people) had been met by end 2020. While there had not been a street count since the start of the COVID pandemic, sharply reduced visible rough sleeping, coupled with local intelligence on what was happening in the city, including the relatively low-levels of use made of the 'welcome centre' that replaced the Glasgow winter night shelter in 2020/21, made a compelling case that the target had been met. Steps taken to protect people at risk of street homelessness during COVID-19 health emergency were overwhelmingly given as the explanation for meeting this first target, with little sign of a decline in city centre rough sleeping pre pandemic. The due date for the second target is still some way off (2030).

### Data sources

Tracking progress on the first target rests on periodic street counts by Simon Community Scotland that cover the city centre and certain other known rough sleeping sites, but do not conform to standard markers for rigour (see Busch-Geertsema *et al*, 2016). In any case, no such street count took place during COVID. The second target, by contrast, relies on administrative data generated through the statutory homelessness system that is considered reasonably (but not entirely) inclusive.

### What works

In Glasgow, a defining feature is the longstanding statutory obligation on the local authority to permanently rehouse virtually all homeless people, including single people experiencing or at risk of street homelessness. That said, it is acknowledged that (pre COVID) Glasgow City Council did not always fulfil this statutory duty to all single homeless people.

Glasgow's 'theory of change' in signing up to the Vanguard Cities programme was focussed on the roll out of a major (national) Housing First programme in the city and, also, more broadly, Rapid Rehousing Transition Plans intended to reduce use of temporary accommodation for statutorily homeless

households and speed up access to permanent rehousing, usually into social housing. This was already all in train as part of Scottish Government policy, but COVID-19 had a massive ratcheting impact, with the local authority opening up a substantial volume of new temporary accommodation (in emergency hotels and in Temporary Furnished Flats in the social rented sector). This meant that, crucially, Glasgow started to fulfil its statutory duty to accommodate all eligible homeless households without exception.

The opportunity was also taken during the COVID pandemic to permanently 'design out' use of dormitory-style shelters in Glasgow. On the back of a coordinated voluntary sector effort, supported by national and local government, Glasgow's sole pre-COVID communal sleeping facility was replaced with a "rapid rehousing welcome centre" providing self-contained, en-suite rooms with rapid links to housing, welfare and support services.

### **Barriers and challenges**

Uniquely amongst the Vanguard Cities, there was not claimed to be a shortage of affordable housing in Glasgow. The social housing supply in the city was generally judged sufficient to accommodate all those in need. The issue was, instead, system blockages of various kinds, exacerbated by a sometimes difficult relationship between the municipality and the large number of independent housing associations (who own the city's social housing stock).

### **Impact of IGH**

The importance of IGH as means of benchmarking Glasgow with cities of broadly similar size/scale was given particular weight by city stakeholders. Mutual exchange of ideas with cities facing similar challenges, especially around strategic issues like commissioning structures and the COVID response, was especially valued, as was the broader (if less tangible) benefit of being 'part of something bigger' and putting your own city's challenges in wider perspective. The quality of the contribution of the IGH staff and senior figures was also praised by Glasgow stakeholders, especially in the context of the opportunities presented by the new 'Glasgow Alliance to End Homelessness' strategic structure in the city (a partnership of voluntary sector agencies, and the city council and health board, now jointly responsible for commissioning most homelessness services in the city).

### **Impact of COVID**

There was universal agreement that COVID impacts on service delivery had been both profound and positive. Four key developments were flagged, albeit that some were already in train pre-COVID. First, hotels and other emergency accommodation was opened up with an inclusive approach of accommodating all (including migrants with 'no recourse to public funds'). Second, there was a reconfiguration of support services, including outreach support being re-orientated to take advantage of the opportunity to help people in emergency hotels, reaching groups previously invisible to services. Third, a new multiagency service hub was established, which was pre-existing policy, but opened during COVID-19, and much appreciated by frontline workers. Fourth, although social housing lettings completely dried up for several months at the start of lockdown, once they restarted there was a huge boost in lettings to homeless households. At the same time, it was acknowledged that there had been extreme challenges posed in the emergency hotels at the start of the pandemic, including serious incidents of violence, exploitation and drug deaths, though this situation had subsequently been brought under control when support arrangements were improved, with the police seen as a crucial and effective partners in these efforts. There were virtually no COVID infections identified in the emergency hotels/other homeless provision.

## Greater Manchester

### Context of city

Greater Manchester is a city-region with a population of 2.8 million spanning ten local authority areas in England, the UK. In 2011, the elected Greater Manchester Combined Authority (GMCA) was established, and has devolved powers and control over budgets including those relating to housing.

### People affected by street homelessness

Street homelessness is distributed unevenly across the city region. More than half of those sleeping rough are in the city of Manchester, one of the region's ten local authorities. According to annual street count data, the vast majority of people sleeping rough in Greater Manchester are over 25, with no one under 18 years old recording sleeping rough in the city-region in recent data. Around 85% are male. Eight in 10 (80%) of those sleeping rough in Greater Manchester are UK nationals, 9% European Union (EU) nationals, 1% non-EU nationals and 10% of unknown nationality. Data from the city-region's emergency accommodation programme, A Bed Every Night (see below), suggests that 4-7% of those in emergency accommodation have No Recourse to Public Funds or limited access to benefits, reflecting national immigration policy and legal restrictions.

### Target set

The goal was to end rough sleeping across the entire Greater Manchester city region. All groups were included. The ambition was announced by Andy Burnham in his Mayoral election campaign in 2017. Following his election, the city-region signed up to the Vanguard Cities programme using this target in January 2018.

### Trends and progress

- The baseline figure from November 2018 was 241. The previous year's data is also available, indicating rough sleeping levels of 268 in November 2017. This represents a peak in rough sleeping levels in Greater Manchester, which in 2017 stood at 6.5 times the levels seen in 2010.
- The midpoint figure from November 2019 was 151, a 37% reduction against baseline and a 44% reduction from the 2017 peak.
- The endpoint figure for November 2020 was 115, a 52% reduction on the baseline figure, and a 57% reduction on the 2017 peak.

### Data sources

All local authorities in England (including those in Greater Manchester) are required to carry out rough sleeping snap-shot enumeration exercise annually. Snapshots have to take place on a 'typical night' in October or November. Local authorities make either a count-based estimate of visible rough sleeping, an evidence-based estimate in collaboration with local agencies, or an evidence-based estimate including a spotlight count. Methods and results are independently verified by the national homelessness charity Homeless Link, and extra verifications methods were put in place in 2020 in light of the COVID-19 pandemic context. While acknowledged to undercount rough sleeping, results are generally considered to be comparable over time given the use of consistent methods and verification.

### What works

High profile political leadership on and prioritisation of rough sleeping reduction by the city-regional Mayor was an important factor enabling rough sleeping reduction in Greater Manchester. This leadership brought resources to the table in the form of Combined Authority funding, charitable funding (via the Mayor's charity) and partnerships with public sector bodies. A key innovation taken in Greater Manchester during the Vanguard Cities programme was the introduction (in Autumn 2018) of the A Bed Every Night programme (ABEN), which involved the Combined Authority working with local authorities and voluntary/faith sector organisations to scale up low barrier emergency accommodation across the city-region, ensuring access a place to stay for anyone experiencing rough

sleeping (or at risk of doing so). Since 2018, the programme has grown substantially, accommodating over 1,000 individuals nightly. Initially much of the accommodation was in dormitory-style night shelters or shared rooms, but there have been ongoing improvements in the quality of provision and moves to single-room provision. Partnership working across the public, voluntary and faith sector has been a key feature of responses to rough sleeping. For example, health and criminal justice partners have contributed substantial funding directly to the ABEN programme. Also relevant to Greater Manchester's success reducing rough sleeping are various national programmes and funding streams, including the UK Government's Rough Sleeper Initiative, which has funded outreach work, support provision and accommodation seen to have played a key complimentary role to ABEN. Greater Manchester is also one of three regional Housing First pilots across England and by February 2021, 311 individuals had been accommodated by via the pilot, with this and wider Housing First provision seen to be an important element of the evolving rough sleeping response in the city-region.

### **Barriers and challenges**

While the ABEN programme has played a crucial role in rough sleeping reduction, there are issues with the quality and nature of accommodation provided, related issues of eviction from and abandonment of ABEN accommodation, and challenges faced by those sleeping rough in accessing ABEN accommodation (including in relation to problematic referral processes, out of hours access issues, and demand exceeding supply in some areas). Enabling ABEN users to access appropriate settled move-on accommodation is also a key challenge, shaped by limited access to affordable rented housing and long waiting lists for social housing. A social lettings agency has been established to improve access to privately rented accommodation. While Housing First is seen as an important element of the city-region's response to rough sleeping, demand far exceeds current supply. While homelessness prevention work is more developed in Greater Manchester than in some other Vanguard Cities (reflecting a national legislative framework requiring local authorities to take reasonable steps to prevent homelessness for most households at risk within 56 days), prevention has nonetheless come to be seen as a weakness in the city-region, but a prevention strategy has recently been developed. National cuts to local authority budgets and people's social welfare entitlements (including housing allowances) are seen to be a key challenge in preventing and responding to rough sleeping and wider homelessness.

### **Impact of IGH**

IGH-convened meetings of the Vanguard Cities were found to be incredibly interesting by Greater Manchester stakeholders who had attended, and beneficial from a practitioner solidarity perspective. IGH was also seen to play an important and unique role in identifying good practice internationally, and giving visibility to cities with high ambitions in this area. The lessons coming from IGH fora, however, were not always seen as transferable to the Greater Manchester context.

### **Impact of COVID**

The pandemic led to new demand for assistance from people who could not sustain sofa-surfing arrangements and from those leaving prison who couldn't return to the family home. It also prompted reductions in begging and other street activity. Overall, the pandemic led to a further decline in rough sleeping in Greater Manchester, reflecting efforts by national and local governments to get 'Everyone In'. These COVID impacts were more marginal in Greater Manchester than elsewhere in England given the provision of low barrier emergency accommodation at scale under the ABEN programme. National Government measures including an evictions moratorium and changes to welfare and No Recourse to Public Funds policy were also helpful, but there are concerns they haven't been sustained.

## Little Rock

### Context of city

Little Rock is a city with a population of 200,000 people (2020 census) in Arkansas, in the southeast of the US. It is one of the smaller cities to participate in the Vanguard Cities programme but the most populous city in the state of Arkansas. Around a sixth (16.6%) of the population are in poverty according to the US census, above the 11.4% national figure. Just over 40% of the population are Black/African American, three times the proportion nationally.

### People affected by street homelessness

According to the most recent PIT count, just over 1,000 people were experiencing homelessness in Little Rock in January 2019. Of these, the majority (573) were unsheltered, 292 in emergency shelter, and 201 in transitional accommodation of some kind. Three quarters of the unsheltered population were men, and just over half Black/African-American. The vast majority of those who are unsheltered were chronically homeless according to the U.S. Department of Housing and Urban Development (HUD) definition, but only around a fifth (20%) reported having a substance use disorder and 12% a serious mental illness. The vast majority of those experiencing unsheltered homelessness were over 24, but a small number (16 individuals/3%) are under 18. Our qualitative data reinforces that some children are sleeping rough in Little Rock, often with their parent(s) and in less visible/forested areas. Levels of sheltered homelessness have been relatively stable over the last decade, staying mostly in the 300-350 range, but levels of unsheltered homelessness have been on an upward trajectory and increased 27% on 2009 levels by 2019.

### Target set

The goal was to achieve a 25% reduction in street homelessness in a particular downtown area of the city (the 'Vanguard Area') covering all of ward 1 and some of wards 2 and 3. The area includes the city's Central Business District and was chosen due to a concentration of street homelessness and responses to it in the area.

### Trends and progress

- Baseline data is available for January 2019, when 266 unsheltered individuals were counted in the Vanguard Area.
- No midpoint or endpoint data is available to track progress towards the target.
- Qualitative data suggests that it's unlikely the target has been met or progress made reducing street homelessness in the Vanguard Area. Some stakeholders report decent progress accommodating some of the individuals sleeping rough in the area in January 2019, but there has been substantial inflow into the area since then meaning overall numbers are unlikely to have reduced, and may even have increased.

### Data sources

Unsheltered homelessness is enumerated every other year via a PIT count which follows federal guidance. While likely to undercount street homelessness, these counts are thought to be broadly comparable over time. The baseline data reported above was gathered via the 2019 PIT count supplemented by an enhanced method in the Vanguard Area. The scheduled 2021 unsheltered count was not undertaken as a consequence of the COVID-19 pandemic. In order to be comparable with the baseline data, any future enumeration exercise would need to replicate the enhanced method deployed in the Vanguard Area in 2019.

### What works

Three main positive developments have occurred in Little Rock in relation to unsheltered homelessness. First, there have been some improvements in coordination and collaboration between key stakeholders: a Vanguard Cities group has met, which has brought some stakeholders previously

not in each other's orbit into dialogue with other. In addition, particularly strong joint working has evolved between one outreach service and the day centre in the city, with positive housing outcomes for some individuals. Second, establishing the basic infrastructure to enable a coordinated response to homelessness across the city (e.g. a Coordinated Entry System and By Name List) is on the agenda in Little Rock now in a way that it was not in the past. Thirdly, some stakeholders felt that, whereas historically there has been a focus on *managing* homelessness, there is now a more explicit awareness of the need to *reduce* it via housing-led responses.

### **Barriers and challenges**

Four clusters of barriers were identified as inhibiting progress on street homelessness reduction. First, there are a range of issues concerning insufficient coordination between services, including a lack of *willingness* on the part of some services to collaborate; a lack of *capacity* within others to effectively engage in collaborative; and a lack of co-ordinating infrastructure (such as a Co-ordinated Entry System). A second cluster of barriers relate to issues of leadership and governance: there is no single lead organisation or forum leading policy and practice development on homelessness, which contributes to the fragmented nature of responses and undercuts accountability for progress (or lack thereof). Third, there is a general lack of adequate resources for tackling homelessness in Little Rock. A specific concern relates to the distribution of relevant HUD funding, which is acknowledged by a range of stakeholders not to be directed at those organisations working most directly and intensively with the unsheltered population. A fourth set of barriers relate to the nature of street homelessness responses, and in particular to an absence of housing-led responses, and the dominance of shelter provision and programmes focusing on sobriety, addiction, employment, etc. A greater focus on ensuring access to decent quality affordable housing with support in place to enable people to maintain that housing is needed. There is no Housing First provision in Little Rock, and qualitative data indicates that this evidence-backed model is not well understood among some key stakeholders.

### **Impact of IGH**

Involvement in the Vanguard programme had put some key players in touch who had not been so previously, and shifted the focus of conversations towards street homelessness reduction, as well as the importance of coordinating infrastructure and housing-led responses. But stakeholders were frustrated at the lack of practical hands-on support, and there was a feeling that the target was potentially too ambitious given the state of play in Little Rock at baseline.

### **Impact of COVID**

The pandemic meant that some services were able to see fewer people and in less suitable environments (i.e. outside). Some positive service innovations were reported, specifically the establishment of a phone advice line. The response of shelters to the pandemic was quite variable, with some (more formal and professionalised) shelters reducing capacity, and other shelters (more informal) carrying on largely as normal, albeit that protective equipment was provided to enable safer working. A small number of hotel rooms were brought on stream to aid the homelessness response to the pandemic. While evictions moratorium were in principle positive, stakeholders reported continuing evictions and increasing numbers at risk of eviction due to the economic impacts of the pandemic. Boosts to federal funding to the city were also welcomed but there was frustration at how long these funds took to reach services, and some concerns that they were not effectively targeted at preventing or sustainably resolving street homelessness.



## Montevideo

### Context of city

Montevideo is the capital and largest city of Uruguay in South America. According to the latest Census (2011), it has 3.29 million inhabitants.

### People affected by street homelessness

Latest data from a point-in-time count of July 2020 showed a total of 2,535 people experiencing homelessness, of whom 885 were registered as being unsheltered. Profile data is only available on all people found homeless (sheltered and unsheltered): 90% were men, 65% were single, the average age was 39, and 81% were born in Montevideo. Almost one third (30%) of all homeless people reported mental health problems, and over half (56%) daily substance use. Over half (56%) reported income losses due to COVID-19 and 27% had lost their employment due to the pandemic.

### Target set

The target for Montevideo was to reduce street homelessness in the city as a whole by 25%.

### Trends and progress

- The baseline figure from April 2019 was 1,043 “unsheltered” persons.
- No midpoint data are available.
- The endpoint figure from July 2020 was 885. This is a 15% decrease on the baseline.

Note that a summer figure from 2019 is compared to a winter figure from 2020. In winter there are usually more shelter beds available than in summer, meaning that part of the reduction of street homelessness might be due to seasonal influences. Notably, the number of sheltered homeless people increased by two-thirds between April 2019 and July 2020 (from 995 to 1,668).

### Data sources

Data were collected by Point-in-Time counts with the involvement of a large number of volunteers, and organised by the Ministry of Social Affairs, the National Institute of Statistics and the local office of United Nations.

### What works

The number of shelter beds (mostly provided by NGOs on behalf of the Ministry of Social Affairs (MIDES)) was greatly increased during the evaluation period. The reduction of street homelessness achieved was mainly due to a considerable increase of shelter capacity. There were also attempts to improve standards and allow for more privacy in shelters which have made them more accessible for people experiencing street homelessness.

An initiative was launched to provide housing for homeless people under the label of Housing First. But this type of provision was mainly targeted at people who had a minimum level of income and were deemed capable of living on their own with low level of support. It was hoped that these measures would create more space in shelters for people living on the street. Some self-contained provision was implemented for women and families, but in most cases, flats had to be shared by two persons, which was seen as a Latin American version of Housing First. It was also said that single people wished to share so that they had company. Towards the end of the evaluation period plans were developed to rent several hundred housing units from the Ministry of Housing for former shelter users.

### **Barriers and challenges**

A sharp increase of homelessness during the COVID-19 pandemic intensified the challenge of reducing street homelessness at the same time. Key informants stated a need to strengthen the role of civil society in a context where most of the activities on homelessness were carried out by central government. Lack of prevention and an extremely underdeveloped mental health sector were seen as important barriers to a sustainable reduction of street homelessness. People released from prison without a home to go to were mentioned as a particular problem. Access to permanent and affordable housing was reported as extremely difficult, not just for homeless people but for a large part of the population.

The new government closed down a central reception unit and 'one door' entry system. One of the consequences was that homeless people were queuing in front of shelters in the evening without knowing if they could get a free place. A "Capacity Management Team" had the task of redirecting those who were turned away to free places elsewhere for the same night.

### **Impact of IGH**

Networking opportunities and exchange of information were seen as the most useful impact of IGH for Montevideo. Additional information on themes like Housing First, outreach strategies and integrative day centre work were asked for, and in general there was a call for more specific support tailored to the conditions at local level. As the main player for activities in Montevideo was a central government Ministry, it was also recommended that IGH provide more advice for government institutions. Language issues were another theme and the requirement to provide more translation into Spanish of important documents and communications. There were some barriers to continuity because a change of government also led to changes in the leading players in MIDES who had been in contact with IGH and there were no opportunities to transfer the knowledge and the commitments to the new administration.

### **Impact of COVID**

Many homeless people lost employment in the informal economy during the pandemic and new homelessness was created by loss of employment or severe reduction in the incomes of households who, as a consequence, could not afford their housing costs anymore. After an initial bad experience with a very large shelter (in a sports stadium) used for temporary accommodation during the first few months of the COVID-19 pandemic, new types of smaller accommodation units (in containers for two persons each, and open 24/7) were introduced for the most vulnerable people experiencing homelessness, giving priority to older people and those with physical health problems. The number of beds in existing shelters was reduced (in most shelters from 30 to 20). Day centres were also converted into 24/7 shelters. Key informants reported greater awareness among the general public that homeless people could not "stay at home" and needed extra support.

## Rijeka

### Context of city

Rijeka has 128,400 inhabitants and is the third largest city in Croatia.

### People affected by street homelessness

Data about the profile of people experiencing street homelessness is lacking in Rijeka and in Croatia in general.

### Target set

The target for Rijeka was to reduce street homelessness by 50%.

### Trends and progress

A first street count in Rijeka was judged by local experts as a massive undercount (only 40 people were counted in a first enumeration in 2019). In January 2020 another estimate of the proportion of clients of the outreach service who slept on the streets concluded that 70 people were experiencing street homelessness. Towards the end of the evaluation period, the numbers of people served by outreach activities and “moved on” from the street to other situations were reported, but there was no reliable data available for baseline, midpoint and endpoint.

Of 107 people who were registered as service users of street outreach services, 21 moved on to other locations outside Rijeka, 27 people moved on to accommodation facilities of various types and 10 found a job (and later managed to find accommodation). This data does not allow for a comparison of different points in time.

### Data sources

Apart from the outreach statistics no reliable data is available about the level of street homelessness in Rijeka. Profile data on people living on the street are missing as well. At local level there was great interest in improving data on street homelessness.

### What works

The partner of IGH in Rijeka, De Paul Croatia focused on extending and improving the outreach service and implemented a small gardening project. De Paul Croatia also aimed to develop their own accommodation service and was still hopeful of introducing this in the near future. Another important aim was to improve cooperation with other partners in the field of homelessness services in the city. Three or four “housing communities” for women and people released from prison were seen as an important alternative to existing shelters. These were shared flats for three to four persons sharing kitchen and sanitary facilities. Some social support was also available for the residents.

### Barriers and challenges

A general lack of accommodation and of social housing was reported by key informants. That was also a barrier for De Paul Croatia to implement an assertive outreach approach, opening up more routes to settled accommodation for people experiencing street homelessness. Poverty and a lack of money to afford a flat or a single room was emphasised as a core problem.

Available shelter beds were concentrated in five-bed and six-bed-rooms, and alcohol was forbidden in the existing shelters, even though the overwhelming majority of people experiencing street homelessness in Rijeka were said to have substance use problems. There was an obvious need for more diversified and better quality accommodation offers.

Non-local people and those without valid identification papers were not allowed to use existing shelters. Obtaining health insurance was also an issue for homeless people.

Access to mental health services was reported to be particularly poor and sudden discharge from hospitals led to people being left on the street. A need for more community psychiatry was emphasised.

**Impact of IGH**

Advice from IGH on outreach work was viewed as particularly helpful. Likewise, participation in IGH's leadership programme and networking activities was appreciated.

**Impact of COVID**

Apart from a decrease in the number of seasonal migrants, and a slight increase in people losing their homes because of the economic crisis, the impact of the pandemic on homelessness in Rijeka seems to have been quite limited.

Some homeless people were deterred from using shelters during the pandemic as they were afraid of being locked in and held in quarantine.

The experience of the pandemic has increased the willingness of volunteers to offer support to homeless people.

## Santiago de Chile

### Context of city

Santiago de Chile, the capital of Chile, is also the country's largest city with 6.77 million inhabitants. It is also one of the largest cities in South America. Greater Santiago is divided in almost 40 "communes" (communas), two of which were selected for carrying through the IGH initiative: Santiago commune (or downtown Santiago) with a population of appr. 345,000 inhabitants (2016) and San Bernardo with a population of appr. 294,000 inhabitants (2016). Each commune or municipality is governed by a directly elected body known as a municipal council (concejo municipal) consisting of a mayor (alcalde) and a group of councillors (concejales).

### People affected by street homelessness

Specific data on the characteristics of street homelessness in Santiago de Chile are not available. A national register of approximately 15,000 homeless people for the whole of Chile recorded 84.4% men and 15.6% women. One third (34.8%) were reported as chronically ill.

### Target set

For Santiago, and for Chile more generally, the agreement with IGH was made by central government. Due to the late start of the programme in Chile the target was set for 2022, and it was agreed that street homelessness should be reduced by 50% in five communes (three of them in Greater Santiago) for persons over 50 who have been on the street for more than five years.

### Trends and progress

- The baseline figure for the target group in both selected Santiago communes (San Bernardo and Santiago commune) was 153 in 2019. The target was reduced to two instead of three Santiago communes because of budget cuts due to the Covid-19 pandemic
- No midpoint figure was available.
- The endpoint figure (for this evaluation) from December 2020 was 118 persons of the target group in both communes. This is a 23% decrease on the baseline. But note that the agreed endpoint for Santiago is the end of 2022.

### Data sources

The data collected for the IGH initiative are derived from regular street counts conducted by NGOs in the selected communes. The data collection is designed to be able to identify the specific IGH target group (people over 50 with 5 years experience on the street).

### What works

In Santiago the programme was focused on two communes and followed a neighbourhood approach. First, a local "Calle zero"-group (no one on the street group) was financed in each commune, which had to make monthly street counts and had to organise the different neighbourhood actors to commit to the goal set. Second, a national programme, "Vivienda Primero" (Housing First), was implemented which served to organise and finance permanent housing for the target group. Flats were rented with central government funding on the private housing market. They usually had to be shared by two persons, which was seen - similar to the position in Montevideo - as a Latin American version of Housing First. It was argued that single people wished to share so that they had company. Third, a centre was opened in each commune, called Centro de Acogida Municipal (Municipal Reception Centre), which was the basis for services for the IGH target group.

The Vivienda Primero program was described as having three important aims: housing stability, health improvement, and social integration. A change of paradigm was seen in the selection process for Housing First clients, as long-term homeless people over 50 had not been the main focus of homeless policies before, despite being a particularly vulnerable group.

### **Barriers and challenges**

It was not easy to find two communes to act as the pilot areas for the programme. Local mayors had to sign an agreement with central government and fears existed that an improved effort could attract homeless people from other neighbourhoods. The Covid-19 pandemic slowed down the implementation process, as resources and efforts were redirected to “protect life and health” of homeless people, to introduce sanitary measures, and to provide more shelter places in an improved “winter plan”.

Key informants saw it as a particular problem that many shelters were only open during winter time.

Lack of prevention and of adequate provision for homeless people with mental health problems, for those released from prison, and for children leaving institutional care, were reported as particular problems. For care leavers there were some new initiatives that had started to improve the situation.

### **Impact of IGH**

There was a consensus amongst key informants that IGH had been influential in the implementation of Housing First in Chile. To set up a measurable goal was also seen as a positive and important step.

Technical and methodological advice, and offers like the leadership programme, exchange programmes and seminars were mentioned as particularly helpful. Visits by IGH representatives provided vital support to reach an agreement at national level.

Given that in Chile partners of IGH were mainly representatives from central government, NGOs complained about not being involved sufficiently. A need for more communication in Spanish was also mentioned.

### **Impact of COVID**

The economic crisis, not only in Chile, but also in neighbouring countries, has clearly increased street homelessness in Chile, caused partly by people losing jobs in the informal economy, partly by evictions of people who had experienced a loss of income, and also by an increase of destitute migrants.

During the pandemic the size of shelters was reduced. More shelters than before had “only” 20 bedspaces and were also open 24/7, rather than only at night. Many additional shelter places were opened to accommodate the most vulnerable. An intensification of street outreach during winter time was reported, but much of this has been focussed on providing food and protecting people from freezing to death. A lack of coordination of outreach work was mentioned.

The police were asked to help with outreach activities, as they were not restricted in their movements during lockdown. This has meant that their role has changed – at least in part – from a social control towards a social support emphasis.

## Sydney

### Context of city

The City of Sydney is one of 35 local councils within Greater Sydney. The city's population was 248,736 (June 2020), around 4.6% of Greater Sydney's total population. The city population increased by 27% in the 10 years between 2010 and 2020, a higher rate of growth than Greater Sydney and the New South Wales region as a whole.

### People affected by street homelessness

The street homeless population fluctuates between summer and winter, with a larger population in the summer. In February 2020, 334 people were sleeping rough and 505 people were in crisis and temporary accommodation. The street homeless population is predominantly male, Australian and middle age, and there is disproportionate representation of Aboriginal and Torres Strait Islanders who have migrated from smaller communities to the city.

### Target set

The goal agreed for Sydney was a 25% reduction in street sleeping across the city. The city measures homelessness by a street count twice per year in February and in August.

### Trends and progress

- Summer - The baseline figure from February 2017 was 433. In February 2019 this was 373, and at February 2020 this was 334, equating to a 23% reduction on baseline. February 2021 showed a reduction of 37% to 272 people.
- Winter – The baseline figure from August 2017 was 386. In August 2019, this had reduced to 254, no street count was held in August 2020 due to Covid restrictions.

### Data sources

As well as the twice annual street counts, Sydney is developing and rolling out a By-Name List. Technology issues, securing buy in, and stakeholder concerns about elements of the tool itself have delayed its roll out and limited its effectiveness to date.

### What works

Reducing street homelessness was declared one of the 'Premier's Priorities' for the whole of New South Wales (NSW). This significant political will has ensured a focus on the target and secured investment and commitment to reducing homelessness. The End Street Sleeping Coalition (ESSC) was established as an entity in 2019 to provide a backbone organisation for tackling homelessness, driven by the NSW State Government commitment. It has a board encompassing State and City Government and voluntary organisations. There were mixed views from key informants as to the effectiveness to date, but one area where key informants were particularly supportive was the evolving role of ESSC in creating pathways for people with the most complex needs to get a positive housing outcome.

The reduction in street homelessness seems to have been achieved fundamentally through coordinated efforts, assertive outreach, and the ability to house people permanently with some level of wraparound support. In terms of assertive outreach, key informants explained the importance of developing relationships and trust with people on the street before many would feel willing or able to access housing support. Assertive outreach has been core to the Sydney rough sleeper response since 2017, when city government-led outreach rather than enforcement was the key response to a large encampment on Martin Place.

Housing First type programmes with housing sustainment measures have increased in prominence. Examples of innovation include the New South Wales Together Home programme (see below) and the STEP programme (offering 3 months of wraparound support and the Sustaining Tenancies in Social

Housing Pilot). Sydney also provided some examples of coordinated prevention practice with, for example, housing officers going into prisons to engage prisoners and start their housing pathway from prison.

### **Barriers and challenges**

There was a local consensus that culturally appropriate responses to Aboriginal people experiencing street homelessness have been severely lacking, with migratory patterns and needs misunderstood and/or not catered for. During COVID-19, an Aboriginal support group was established which had continued, and key informants were hopeful of a positive shift in understanding and suitable support.

Non-citizens are not entitled to housing and related supports, including New Zealanders who might arguably be entitled to these based on a reciprocal live/work arrangement between New Zealand and Australia. While they were temporarily housed during the pandemic, no longer term solutions have been found.

Housing stock is a significant barrier, with a lack of and poor-quality housing. Suitable housing options and accessing adequate support for people with complex needs remains a challenge, together with access to mental health and substance misuse support.

### **Impact of IGH**

The IGH team and in particular Dame Louise Casey were viewed as highly influential in achieving strategic and political commitments to reduce street homelessness in Sydney. IGH was also pivotal to the movement of introducing a By-Name-List and in sharing practice and providing a forum for peer support.

### **Impact of COVID**

During the COVID-19 crisis, health, housing and support services were said to have worked together well. People were provided with a better standard of hotel accommodation than previous hostel provision, with regular drop in clinics offered to support people living in temporary accommodation.

In response to the pandemic, NSW Government launched the Together Home programme that aims to *“transition people onto a trajectory away from homelessness and into long-term stable housing, while improving overall personal wellbeing”*. The programme was initially rolled out in July 2020 supporting 400 people (increasing to over 1000 people in 2020) into long-term housing across NSW. Stakeholders in Sydney were positive about the coordinated housing and personal support provided under this programme, albeit that it was noted that the programme created greater competition for the already scarce affordable housing provision.

In addition, during the pandemic, the Australian Federal Government increased the rate of unemployment and other benefits available to people. This increase in benefits has been slowly wound back, but a concession was made to raise the original rate of unemployment and other benefits by \$50 a fortnight. Moratoria on rental evictions and mortgage repayments also came into effect. At the time of Wave Two, many of these additional support mechanisms were in the process of being withdrawn, raising fears of a new wave of homelessness.



## **Tshwane**

### **Context of city**

Tshwane is a metropolitan municipality in northern Gauteng Province, South Africa. It is centred on the city of Pretoria. Tshwane has approximately 3million inhabitants (2011 census), c.75% of whom are Black, with most of the remainder (c.20%) being White. There are eight official languages in Tshwane (Afrikaans, English, Sepedi, Xitsonga, Setswana, isiZulu, isiNdebele, and Tshivenda). This is therefore a highly multilingual context, with no single dominant home language.

### **People affected by street homelessness**

There is no quantitative data on the profile of people affected, but key informants suggested four key subgroups: older people affected by chronic homelessness (with a need for Housing First interventions); working people on low incomes (with a need for social housing close to where they work); unemployed young men (with a need for jobs/economic opportunities); and substance users (with a need for treatment and support as well as accommodation). By some accounts, the proportion of migrants (from outside of South Africa) in the street homeless population is high.

### **Target set**

The goal set was to reduce, by 50%, the number of older people (aged over 65) who were street homeless in six wards (out of 104, effectively the city centre). This goal was selected on account of the extreme vulnerability of the group targeted.

### **Trends and progress**

There is no quantitative data available to monitor progress towards this goal. The statistics available on street homelessness are now very dated (2011 Census), and are not disaggregated by age. Nonetheless, key informants were strongly of the view that there had been progress towards this goal as a result of improved coordination and additional services targeting this group, particularly since the start of the COVID outbreak.

### **Data sources**

The most recent estimate of the scale of street homelessness was from 2011 (Census) and acknowledged to be an underestimate. There have been no recent street counts. There are hopes that a city-wide street count may be conducted in the near future, possibly in conjunction with Statistics South Africa, linked with the Census (delayed to 2022 as a result of COVID-19). There are several local research reports containing relevant qualitative material, most recently DeBeer & Hugo (2021).

### **What works**

The benefits of substantially improved coordination and collaboration in addressing street homelessness was evident during the COVID pandemic in Tshwane (see below), as was the advantages of smaller, more specialised forms of accommodation, offering more personalised support (see DeBeer & Hugo, 2021, p.22).

Family reconciliation, which in this context generally means rural migrants returning to their home village, was another major theme in Tshwane. But the numbers of successful reconciliations achieved seemed very modest, and stakeholders stressed the importance of sustained support for both family and homeless person.

There was also strong emphasis on the need for skills development, particularly for the younger able-bodied men who accounted for a large proportion of Tshwane's street homeless population. But some stakeholders cast doubt on the efficacy of this approach given locally high levels of unemployment (so even skilled people can't find work) and high housing costs (so even those with work can struggle to find a home).

While there was a history of brutal enforcement practices in Tshwane, police training on human rights was said to have improved the situation.

An interesting idea flagged by some key informants, but not yet implemented, was the conversion potential of empty government buildings into affordable housing. Several Tshwane interviewees also made the point that harnessing the private sector development process, via the planning system, was key to expanding affordable housing opportunities in the city, although this had not as yet been pursued in practice.

### **Barriers and challenges**

A key challenge in Tshwane is the weakness of the state response to street homelessness, with unfunded strategies adopted at city-level (though at provincial level, a draft street homelessness policy was close to finalisation at the time of our fieldwork and was said to be quite good). Pre-COVID, there was only one city-owned night shelter, intended to cater for a maximum of 150 people, but a lack of appropriate management and alternative provision meant up to 800 people crowding into this facility with limited access to social services or basic amenities. There was said to be an abundance of food services in the city centre, and also some outreach and health services, often provided by faith groups, but little in the suburbs where many of those experiencing street homelessness congregate. Some faith-based shelter providers operated high conditionality thresholds, either excluding drug users and/or presenting obstacles to the implementation of harm reduction approaches.

### **Impact of IGH**

IGH involvement was credited with bringing additional ideas, courage, strategizing and energising benefits to addressing street homelessness in Tshwane, particularly during COVID-19. The positive impact of high-level IGH delegations was acknowledged. The IGH target was said to have helped kick start the concerted effort to address street homelessness amongst older people in Tshwane, which was then accelerated during COVID. More generally, the importance of segmenting the street homeless population and developing more tailored responses seemed a core lesson taken by key stakeholders from their involvement with IGH. IGH had also been instrumental in leveraging additional resources from the charity Comic Relief.

### **Impact of COVID**

After an initial disastrous attempt to corral vast numbers of homeless people into an abandoned football stadium, the Tshwane Homelessness Forum, with support from researchers at the Universities of Pretoria and South Africa, drafted a collaborative plan to address homelessness during Covid-19, which was adopted by the City of Tshwane in March 2020. Responses then markedly improved, with a large number of additional shelter places rapidly opened (including some smaller and more specialised units), a coordinated entry service established, and increased inter-agency cooperation and more effective advocacy achieved. New medical and other services in the shelters helped to keep COVID-19 rates of infection low. Improvements in the offer and take up of drug treatment for homeless people in shelters was also reported during the pandemic. A new 'Community of Practice' initiative at the University of Pretoria served a support and strategic function.

It was thought challenging to maintain the improved levels of inter-agency collaboration achieved during the COVID-19 pandemic in the longer term. By the time of Wave 2 fieldwork, all but one of the temporary local authority shelters, and some of the new NGO shelters, had closed down. There are mixed accounts on whether street homelessness has decreased or increased in Tshwane as a result of COVID, but it is acknowledged that those working in the informal economy have been badly affected.



**I-SPHERE**

Institute for Social Policy, Housing and Equitable Research



# Ending Street Homelessness in Vanguard Cities Across the Globe: An International Comparative Study Final Report

By

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