

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

## Final Report: Executive Summary

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## Key Findings

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 homeless 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 homelessness 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,

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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.

there was a reduction in street homelessness amongst those who were also ‘chronically’ homelessness.

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.

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 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.

### Further Information

The full report with acknowledgements, appendix on each city and the research instruments used to enable this study are all available at: [Ending Street Homelessness – I-SPHERE \(hw.ac.uk\)](https://www.hw.ac.uk/research/ending-street-homelessness/)





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