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The government's antisocial behaviour action plan risks exacerbating the homelessness crisis

The government's antisocial behaviour action plan will not reduce homelessness; meaningful support and funding will, writes **Rick Henderson**

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Since 1824, the Vagrancy Act has made it a criminal offence to sleep rough or beg in England or Wales, giving the police powers of enforcement to arrest or move people on. For nearly 200 years this antiquated law has led to the criminalisation of vulnerable people. But, after years of tireless campaigning by homelessness charities, the government finally committed to repealing the act in February 2022.¹

This landmark repeal was highly welcomed as it was seemingly done with the understanding that the best course of action is to support people sleeping rough to access safe housing and improve their health and wellbeing. Failing to provide support has severe consequences: the average age at death of a man experiencing homelessness is just 45 years.

The government's new antisocial behaviour action plan, however, might cause this victory to be short lived.² The proposals "introduce powers for the police and local authorities to address rough sleeping and other street activity where it is causing a public nuisance, such as by obstruction of doorways and pavements, and to clear the debris, tents . . . that can blight an area." What's more, the plan comes at a time when rough sleeping is on the rise; it increased by a shocking 26% over the past year—the biggest year on year rise since 2015.³

The plan instructs police and local authorities to direct people into appropriate support, but experience tells me that enforcement is never the answer. Punitive action that drives people into the criminal justice system simply increases disengagement, making people less trusting of support services, and pushing them away from all forms of help. Once someone has disengaged from support, it can be difficult to re-engage them. The plan's focus on visible rough sleeping is particularly concerning as it might force people to sleep in hidden sites, in unsafe circumstances, and to exhibit riskier behaviour.

The police can certainly have a role in supporting people off the streets, but this should be done in partnership with local rough sleeping outreach teams, wider homelessness support, and appropriate health and social care services. This can only happen if services in local areas develop the relationships and trauma informed pathways that are needed and work to engage and build the trust of people sleeping rough.

For many people facing homelessness, trauma and poor physical and mental health are both causes and consequences of their experiences. As with police contact, being institutionalised in healthcare settings

can lead to negative experiences with professionals, mistrust, and disengagement. But it doesn't have to be this way. Dedicated inclusion health services providing multidisciplinary holistic support that helps bridge the gap between people experiencing rough sleeping and homelessness and primary care can have enormous impact.^{4,5} Examples of services working with local providers through embedded practice nurses and outreach clinics are growing across the country, but this is inconsistent, and access is limited. Instead of focusing on punishing people for being homeless, the government must commit to providing the funding needed to deliver this meaningful engagement and support.

It is important to recognise the range of people these new measures could affect. Too often when we think about rough sleeping, we picture the faceless image of someone in a sleeping bag in a shop doorway. But that person could be a young person who has recently left the care system, a woman who has fled an abusive partner, or someone who simply couldn't keep up with rising rents during the cost-of-living crisis. All are doing their best to survive yet are at risk of being criminalised for systemic failings beyond their control.

Homelessness is a health issue as well as a housing issue. Pushing people away from support means that many won't get the right expert treatment for their health needs, which are often substantial.

Homeless Link's *Unhealthy State of Homelessness 2022*, which draws on data from 2776 people, found that stark and devastating health inequalities already exist for people experiencing homelessness.⁶ Eight in 10 people experiencing homelessness have a mental health condition—up from 45% since the data were last published in 2014.⁷ Furthermore, 78% have a physical health condition and 63% have a long term illness, disability, or infirmity.⁶ The research also found that homelessness is often the cause of ill health—56% of those with a physical health diagnosis received it after becoming homeless.⁶ This is an unacceptable situation. The way to change it is to help people into support at an earlier stage, assessing their needs, and putting plans in place to manage them before they become an emergency. Punishing people for their predicament is counterproductive.

In its 2019 manifesto, the government committed to ending rough sleeping in England by 2024. To achieve this, it must concentrate on tackling the long term causes of homelessness: a severe lack of genuinely affordable and secure housing, a straining health and social care system, an unfit welfare system, and

historic underfunding of homelessness support services.^{8 9}

Rough sleeping is not a crime. But the new powers in the antisocial behaviour action plan risk treating it as one, thereby further alienating already vulnerable people. If we are to end homelessness for good, it is vital that we prioritise appropriate support offered in the right way by the right people, with all its positive implications for their longer-term health.

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Homeless Link is the national membership charity for frontline homelessness services in England, representing around 850 organisations.

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