

STREET HOMELESSNESS IN LEEDS

A SURVEY BY LEEDS SIMON COMMUNITY

October 2006

Funded by

Shelter

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This report was researched and written by Leeds Simon Community, registered charity number 1088245. It was funded by Shelter, registered charity number 263710.

SUMMARY

In 2005/6 Leeds Simon Community conducted a survey of street homeless people in Leeds. Street homeless people using agencies were surveyed and asked about their situation. The survey was funded by Shelter who is interested in testing this kind of methodology: surveys of people using services. Such methodology is widely adopted in the United States but not in England.

The survey was conducted in two phases in the autumn of 2005 and the spring of 2006. Street homeless people were involved in the design and content of the questionnaire. The survey asked people about their circumstances in the two months before the questionnaire was completed. It is therefore an attempt to understand demographics, trends and needs. It is not intended to provide a headline figure of the number of street homeless people in Leeds on any one given night. It is based upon street homeless people's perceptions of their situation. They told us about what they saw as causing their homelessness and what they saw as necessary to enable them to move on. It is, therefore, a very different piece of research to a street count and should be seen as complimentary to this method of research.

Firstly there was a section about all the survey participants who are street homeless; that is they may have basic roof at night but are on the streets during the day. A specific section that focused on the survey respondents who reported sleeping rough followed this.

143 questionnaires were completed during both phases of the research. Survey participants were overwhelmingly male, about 85 per cent. About three quarters were in their 20's or 30's. Also about three quarters of people surveyed originated from Yorkshire and about four in ten originated from Leeds.

Fifteen factors were identified as contributing to homelessness. Relationship breakdown was seen as the biggest single factor followed by drug issues. Other significant factors included: criminal record, mental health, bereavement, history of abuse, alcohol issues and debt.

Most survey respondents relied on benefits for income. Only one quarter had begged during the period in question.

The street homeless people surveyed had a large number of health problems that could have been caused or worsened by their homelessness. These included physical health problems such as chest infections and arthritis, and mental health problems such as depression. Whilst 77 reported health problems, 54 were engaged with the no fixed abode clinic.

Most of the survey participants had been without secure accommodation for some time. Only a small number in each survey were newly homeless and many had been without secure accommodation for a matter of years. Many therefore resorted to rough sleeping. Other locations were friend/family, hostel, B&B and squats.

The vast majority of people surveyed expressed a desire to move on from their current homelessness. This is important, as street homeless people are sometimes seen as preferring a "street life style". The survey respondents did however identify many barriers inhibiting them from moving on. These were principally concerned with health and addiction, debt and rent arrears and lack of motivation/self esteem. In most cases survey participants identified a combination of barriers, the average being 4.3. In terms of support needs, better access to housing and services, as well as emotional support were mentioned most often.

The patterns of engagement reported were very mixed. Whilst some people were engaging with many agencies, others did not see themselves as engaging with any agencies, although they were using the Simon Community Soup Run.

The final section of the report looks specifically at those survey respondents who said they had slept rough. In most respects their profile, needs and engagement patterns were similar to the street homeless population as a whole. The survey did, however, examine the locations where people said they slept rough. It should be noted that most sleep outside of the city centre, indeed very few sleep regularly in the city centre, and survey respondents reported often sleeping in places like derelict buildings or sheds, which are unlikely to be included in a street count.

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1. INTRODUCTION

This document reports on a survey conducted by Leeds Simon Community into the nature and extent of Street homelessness in Leeds. It was conducted in two stages. Firstly between October and November 2005. Secondly, between March and April 2006. Shelter's Street Homeless Project funded the work with a grant from their Innovation and Good Practice Fund.

This survey should be viewed as a pilot. Leeds Simon Community conducted the survey because we felt it offered an opportunity to produce a more fully evidence based picture of street homelessness in Leeds than has previously been available. Statistical information on street homelessness in Leeds is limited. Individual agencies keep their own records, but these are very much for their own purposes and might not be available outside that organisation. Head count figures are a good indication of trends in the numbers of people sleeping rough in the city centre, yet offer little beyond numbers. The aim of the survey is to look more closely at those who are street homeless in Leeds and to better understand the issues they face and the barriers they perceive to moving on.

We believe that the research has provided valuable information for ourselves and other agencies concerned with the problem of street homelessness in Leeds. The research does not provide a headline figure of the numbers of street homeless people in Leeds although it does give some indication of the scale of the problem. We feel the most valuable aspect of the research is the insight it offers into the nature of street homelessness in Leeds. The survey contains information regarding causes of homelessness, barriers to resettlement, engagement patterns and support needs. We believe this information can greatly inform service planning. The Simon Community is, therefore, pleased to share this information with other agencies concerned with street homelessness in Leeds and elsewhere.

The structure of the report

In this report we firstly discuss the research context and the methodology. We then look at the findings based on the information provided by all of the street homeless people who participated in the survey. Next we look at issues specifically concerning those survey participants who said they had slept rough during the period in question.

2. STREET HOMELESSNESS OR ROUGH SLEEPING?

This document uses the terms street homelessness and rough sleeping. They do not have the same meaning and the use of each in this report is defined below.

Street Homelessness

This document is first and foremost about research into street homelessness in Leeds. We apply the same definition of street homelessness that is used in the United States where the term is most commonly used¹ to refer to people who are homeless, and who may have some precarious/ basic roof at night, but tend to be on the street during the day. This could be as basic as a derelict building; it could include a place in a hostel, or a room in a bed and breakfast that takes homeless people. Using this definition we are able to say that all the survey participants can be described as street homeless. We use the term street homeless because we feel it most usefully describes our service users who are homeless and often on the streets or at homeless day services, even though they may spend some nights indoor. It should be added that the vast majority who do this for any length of time would have complex needs.

Rough Sleepers

Most of the street homeless people included in the survey have slept rough. This is a term used in the UK to describe people without any accommodation apart from the most basic shelter from the cold, wind and rain such as a derelict building, shed or tunnel.

We use the term rough sleeper when referring specifically to people sleeping out rather than street homeless people as a whole, and there is a separate section of data in the report concerning survey participants who have slept rough during the research period.

¹ Aron Y L, Burt R B, Hedderson J, Johnson M S, Ortiz J M, Zweig M J: *Strategies for Reducing Chronic Street Homelessness*, U S Department of Housing and Urban Development, 2004, www.urban.org/publications/100075.html

3. METHODOLOGY

There is a large degree of contention around survey methods concerning street homelessness, in particular in relation to the accuracy of headcounts. The main purpose of this document is not to challenge counts, but to provide complementary information concerning the profile needs and engagement patterns of street homeless people in Leeds. The research method chosen to achieve this was to survey people using services within the city including our own. This survey method is common in the USA² but less developed in the UK.

The survey was conducted in two phases, both of which ran for two weeks. The first phase ran during October/November 2005 and the Second phase ran during March/April 2006. In the report we refer to these as the 2005 and the 2006 surveys respectively. There were three reasons for conducting the survey in this way. Firstly, conducting surveys of street homeless people during spring and autumn can avoid seasonal factors. Secondly, conducting the survey twice would help to establish on-going trends and patterns. Thirdly, there was an experimental element to the survey testing out different practice. It was felt therefore that conducting a second phase of research would allow for an evaluation of the first phase to be conducted. By doing this, amendments could be made in response to any problems or issues that arose, for example if a particular question didn't work, or we had not included an issue that survey participants felt was important.

This did indeed happen and some minor modifications were made to the survey form for the second 2006 phase. We accept that this created some disadvantages as, in some instances, the two surveys are not directly comparable, but we felt this was worth the sacrifice in order to end up with a product that could be used by other agencies. The charts and tables that follow the information for both the 2005 and 2006 phases are generally presented alongside each other and labelled under column headings 2005 and 2006 respectively.

The survey was based on completing a questionnaire. Generally, workers from the Simon Community completed it. Some survey participants did not want a worker to fill in the form for them, or be present whilst they completed the form. This has led to some anomalies in the results and accounts for some inconsistencies in the figures. It was decided that all results should be given, even in cases where forms had been incorrectly completed. The vast majority of forms were completed with a worker present so that clarity could be ensured.

Respondents were asked questions in relation to their experience in the two months prior to completing the questionnaire. For example, we asked where they had been living in the two months before completing the form, not just the night before. This does of course make it difficult to use the survey to gauge actual numbers of rough sleepers in Leeds at anyone time. As mentioned above however, the prime purpose of this research is to understand trends and needs, rather than to provide a snapshot count at a particular point in time. We

² Burt M R: *Practical Methods for Counting the Homeless: A Manual for States and Jurisdictions (2nd Edition)*, 1996, www.urban.org/url.cfm?ID=406637

felt it more valuable to look at sleeping locations over a period of two months not just on one particular night.

The Simon Community's service users were included in the survey, as well as those using some other relevant agencies. We did not include all agencies working with street homeless people, as this was beyond the resources we had available. A full survey involving all key agencies working with street homeless people would be advantageous in enabling a comprehensive picture to be obtained. The Agencies involved in the survey and the number of forms completed at each location are listed below. We feel this represents a good and typical cross section of the street homeless population in Leeds.

Agency	2005 Survey	2006 Survey
Bracken court (hostel)	7	11
Holdforth Court (hostel)	9	10
The Hollies (hostel)	8	9
Ladybeck (hostel)	0	7
Pennington Place (hostel)	6	7
St George's Crypt (support service that offers some emergency accommodation)	9	0
Leeds Simon Community (street outreach, soup-run and breakfast club)	28	32

Service User involvement

The final survey used was put together with the input of four service users who were instrumental in deciding what questions should be asked, and in the case of options, what options should be given. They were involved in a discussion in the early formulation of the survey about the general areas that should be included. They were keen to involve an area around the issue of interaction with the police and to differentiate between practical and personal barriers that people faced (see page 15).

After the form was devised the service users were involved in testing it and offered much assistance in deciding on what options should be included and on the language used in the form which they felt was vital to how it would be received.

4. STREET HOMELESSNESS IN LEEDS

Survey participants profile

Number of respondents

Sixty-seven people completed questionnaires in the first (2005) period of research. Seventy-six people completed questionnaires in the second (2006) period of research.

Gender

The majority of participants in both surveys were male, 87% in the 2005 survey and 83% in the second phase. We would caution against this being a complete reflection of the actual situation, as we are aware of female street homeless sex workers in Leeds who do not usually engage with homeless agencies³

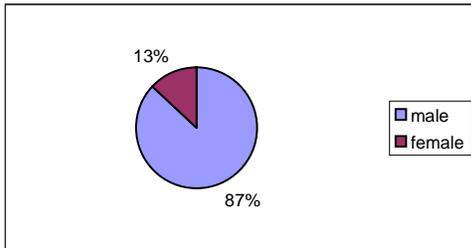


Chart 1. Gender - 2005 Survey.

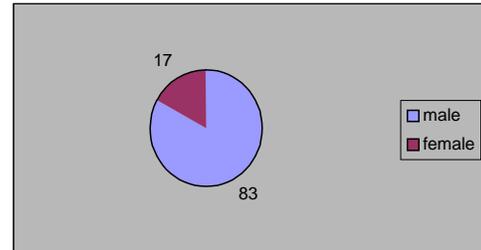


Chart 2. Gender - 2006 Survey

Age

The vast majority of survey participants were in their twenties and thirties with just a handful under twenty. Both the 2005 and 2006 surveys did contain a significant number of survey participants over the age of 40 however, with 11 in the 2005 survey and 18 in the 2006 survey. The numbers of young people are very low but it could be that young people have their own networks, which were not included in our survey.

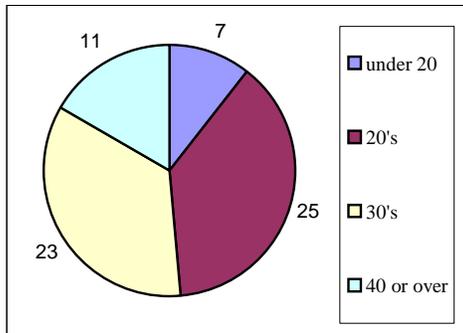


Chart 3. Age - 2005 Survey

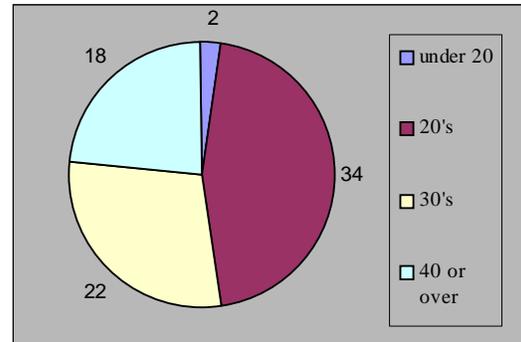


Chart 4 - Age 2006 Survey

Area of Origin and Ethnicity

Most street homeless people in our survey were from the Yorkshire region. In the 2005 survey approximately four out of five respondents were born in the Yorkshire region. The vast majority were from Leeds (57% of the total). The other respondents were from

³ Shelter, South and West Yorkshire Housing Aid Centre, Casework Statistics. 2006.

elsewhere in the UK; the only exceptions were a man born in Germany (his parents were in the forces) and a man from Iran awaiting his asylum decision.

Seventy percent of the people surveyed in 2006 were born in the Yorkshire region but this time only one third had been born in Leeds. One quarter were from elsewhere in the UK, with two born outside the United Kingdom.

ASBO's

Five of the survey participants in the first period of research had been served with anti-social behaviour orders; seven of them had been served with ASBOs in the second research period.

Factors contributing to homelessness

"I believe my situation could primarily be to do with both my parents passing on by the time I was 14." 22-year-old male

"Granddad died in 2002 nanny died in 2004, then I had a breakdown. I split up with my girlfriend and left and went into hostels for a couple of years." 33-year-old male

We asked survey participants about the factors that they felt had contributed to their current circumstances and these are listed in the table below. It is clear that most of the survey participants had multiple complex issues and it was not simply a question of a lack of housing. On average, survey participants listed 3.6 different issues in the 2005 survey and 3.75 issues in the 2006 survey. (See chart 5 below)

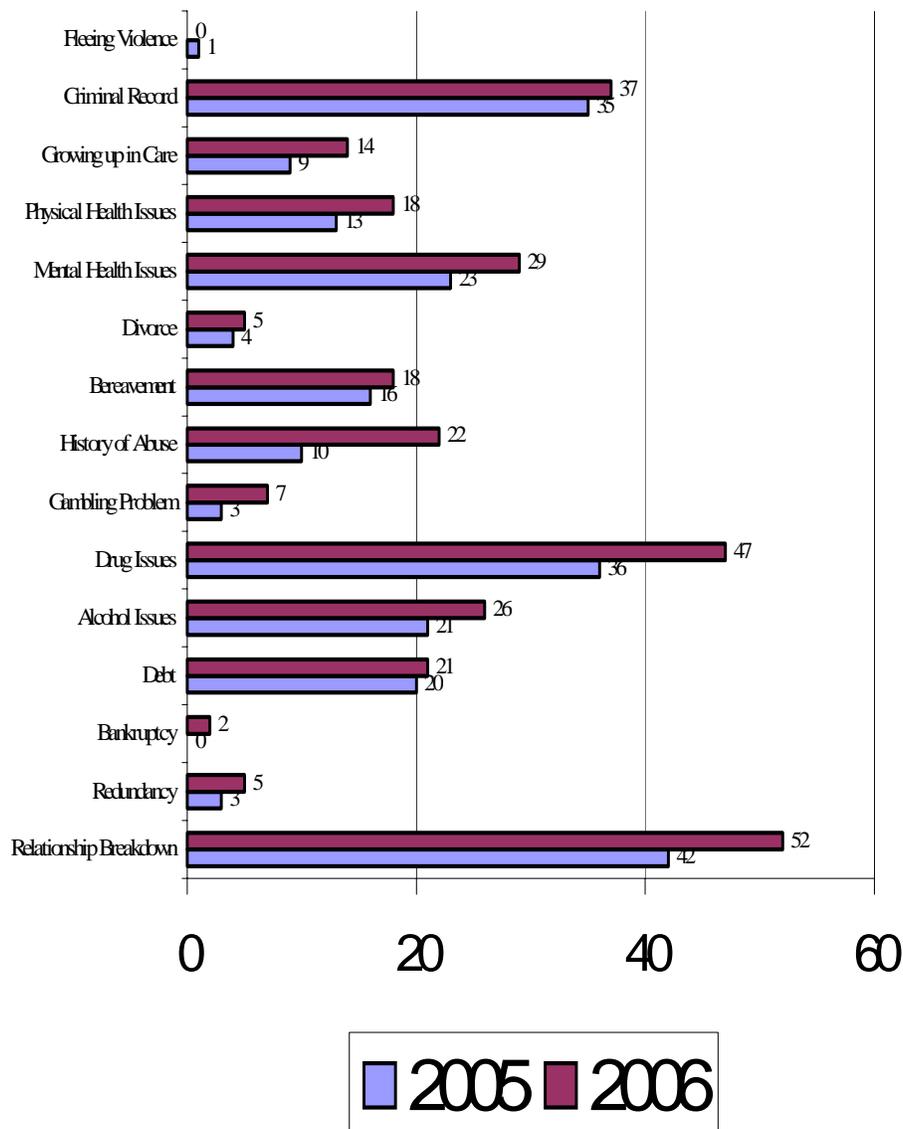


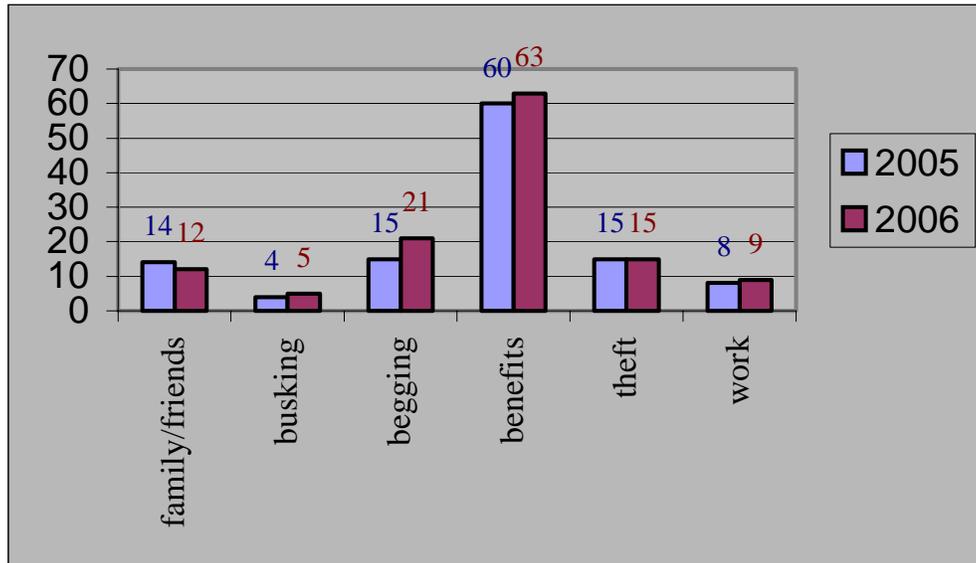
Chart 5 Homelessness – Homelessness contributory factors

Income

“...It’s very rare I beg except when I’ve not eaten for three to four days but generally I would consider anything if desperate enough...” 32 year old male rough sleeper

Street homeless people’s income streams were varied and most people would ordinarily have more than one source of income. The majority in both periods relied upon benefits - supplementing this income stream with other means of raising money. In each period only 12% of participants were engaged in (what they considered to be) work (which included the Big Issue).

Chart 6: Source of Income



Health

Street homeless people in Leeds have major health concerns linked to their homelessness. Thirty of the people surveyed during October/ November 2005 reported having suffered health issues. These are noted as recorded by the respondents: Schizophrenia, hernia, chest infection, blood clot on lung, amphetamine psychosis, heart problems, nerves, chest problems, bronchitis, back pain, depression, flu, chest infections, deep vein thrombosis, bronchial asthma, drug dependency, obsessive compulsive disorder, epilepsy, cerebral palsy, septicaemia, pneumonia, punctured lung (from stabbing), arthritis, hepatitis-C, pleurisy, mental health issues. Twenty-six people said that they were engaged with the No Fixed Abode medical clinic.

Forty-seven of the people surveyed during March/April 2006 reported having suffered health issues. The most common were mental health issues (6) and deep vein thrombosis (4). Others reported (as listed by the respondents) were knee problems, depression, brain abscess, foot ulcer, septicaemia, hepatitis-C, failing liver, asthma, chest infection, stroke, leg ulcer, epilepsy, schizophrenia, infections, eye problems and hip problems. A couple of people also mentioned drug addictions and alcoholism as specific health issues although there were many more who did not. Only twenty-eight people were engaged with the NFA medical clinic.

Housing situation

“ I don't feel my accommodation is suitable, it's too far away and damp” 45-year-old male rough sleeper

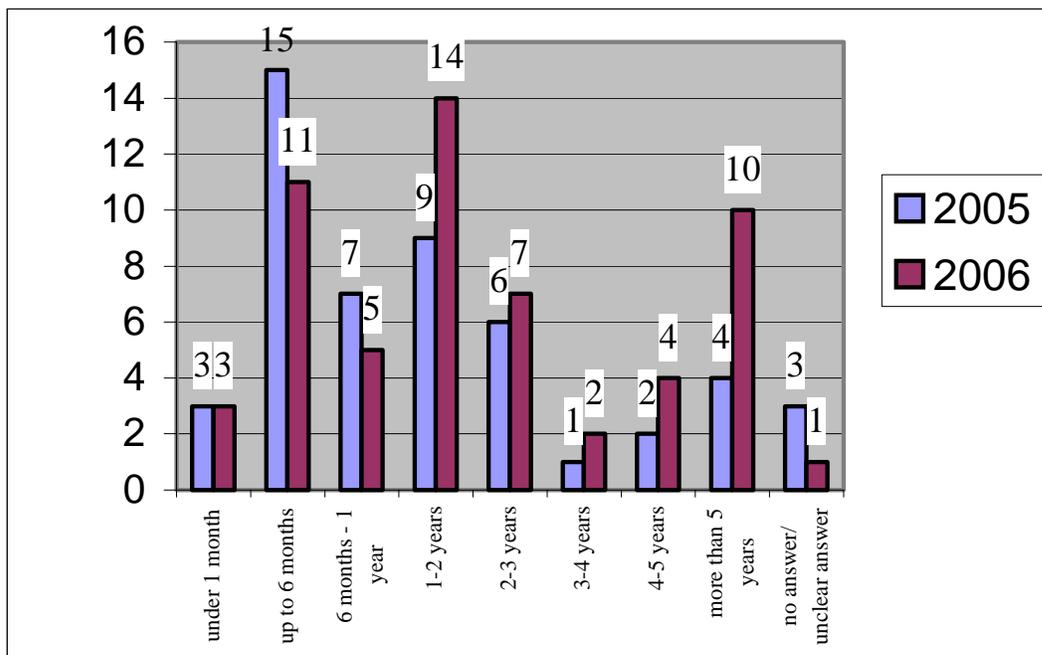
Most survey participants saw themselves as lacking secure housing. In some cases this was an experience lasting many years. Homelessness over such a length of time may contribute to difficulties in achieving resettlement in terms of “getting used” to being homeless and not “being used to being housed”. Significantly some survey participants did not see themselves

as lacking secure housing even though their residence was only a transitory form of accommodation. We do not know the reason for this but it could again be a symptom of a long experience of homelessness where an option such as a tenancy can seem beyond comprehension.

Fifty of the people who participated in the 2005 survey said that they lacked secure accommodation (this number is probably higher – conflicting information on some forms leads us to believe some answered no to this question when they did in fact lack secure accommodation). Sixty-three of the participants said they had been homeless at one stage or another, two said that they never had been and two did not answer the question. Fifty-one of them said that they had been homeless in October/ November 2005

Fifty-seven of the people who participated in the 2006 survey said that they lacked secure accommodation, nineteen said they did not. The overwhelming majority had been without secure housing for over one year and, worryingly, ten survey participants said they had been without secure housing for over five years. Sixty-eight of the participants said they had been homeless at one stage or another, three said that they never had been and five did not answer the question. Fifty-seven of them said that they had been homeless in March/April 2006.

Chart 8 Length of time without secure housing



Street homeless locations

In October/November 2005 the participants had slept in an average of 1.78 different locations. In March/April 2006 participants had slept in an average of 1.93 different locations.

It should be noted that those squatting in both periods were all people who had also slept rough at some stage during the same timeframe. They comprised 38% of the total number of rough sleepers in the first survey and over half of the total number of rough sleepers in the second survey.

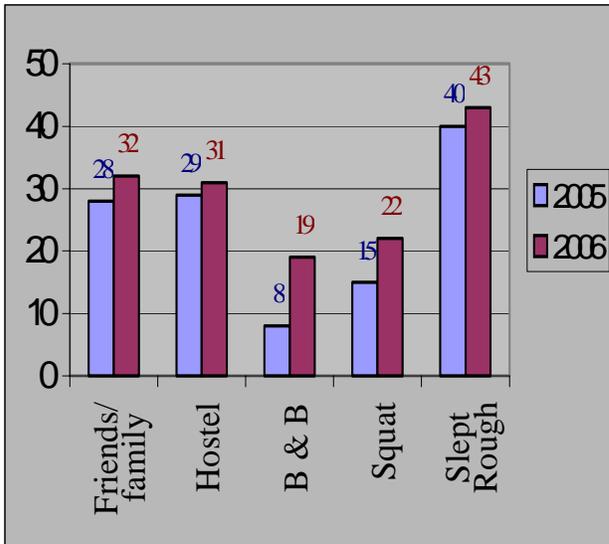


Chart 9: Street Homeless Locations

Barriers to moving on

I've seen people at hostels thrown out because they've been made to wait so long. I got housed through fighting for it and through the police intervening as they knew my situation.
59-year-old female

"We could do with one worker who comes in once a week who was up to date with everything"
50-year-old male

"...Drugs need money which cannot be earned if you're sat in the housing office from 9am to 5pm..." 32 year old male rough sleeper

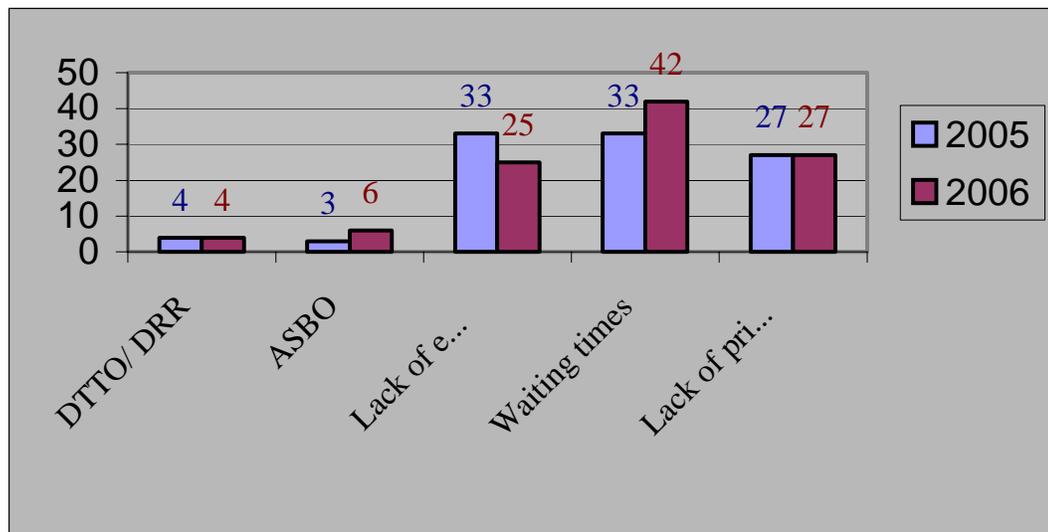
Of the participants in the 2005 survey 47 said they wanted to move on from their current situation and only five said they did not. In the 2006 survey 60 said they wanted to move on from their current situation whereas only four said they did not. This is a significant finding as

it is sometimes considered that many street homeless people have become “entrenched”; that they prefer a “street life style”⁴ The findings here are clearly contrary to this view. If it is the case though, that most people do not want to be street homeless, what are the real and perceived barriers that they face in moving from their current circumstances? In both periods of research we have asked survey participants about this. We have divided these barriers into practical and personal barriers.

It should be noted that in both phases of the research, survey participants mentioned an average of 4.3 barriers. This number of barriers acting in combination is significant. Whilst it might be achievable to overcome one or even two barriers, too many barriers could lead to a person “giving up” trying to end their homelessness, as they perceive it to be impossible.

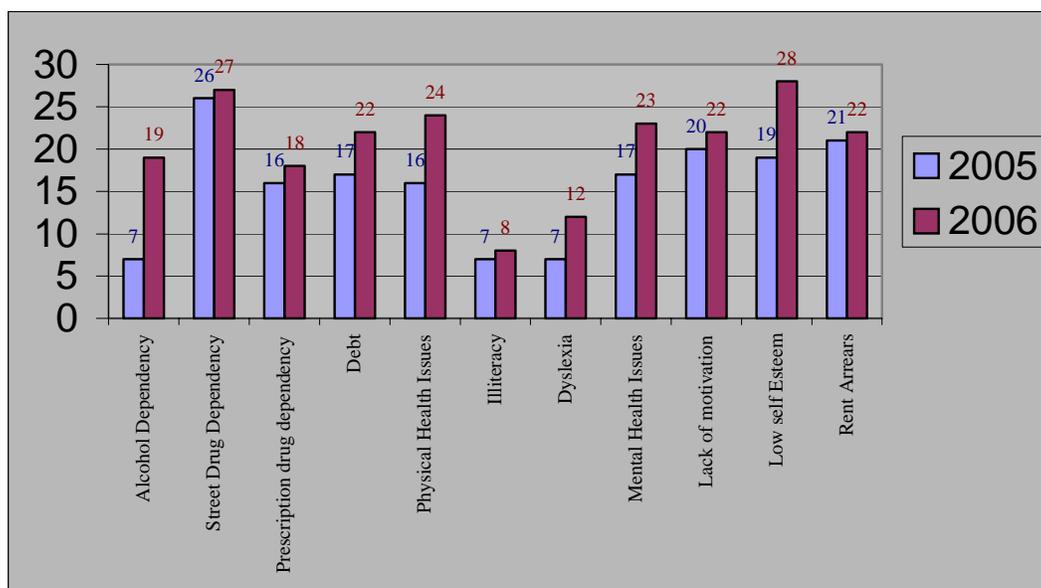
All of these barriers and how, when they are combined, they affect each person individually need to be understood. For example, overcoming an addiction and increasing motivation is much harder to achieve if a person remains homeless because they are barred from all housing providers due to rent arrears.

Chart10: Barriers



⁴ Randal G and Brown M, *helping Rough Sleepers off the Streets*, London 2002

Chart11: Barriers Cont.



Service engagement

Service engagement is a key issue for street homeless people and our findings showed a very mixed pattern regarding this. Some of the participants weren't engaged with any services (although they were having some initial contact with Leeds Simon Community outreach workers they considered themselves not engaged with 'services') whilst others were engaged with many, indeed one respondent listed engagement with nine different agencies. On average participants were engaged with three (3.4) different services in the first period of research and four (3.6) in the second period of research, (see table overleaf). This raises questions that require further analysis beyond the scope of this research: why are some street homeless people not engaging with services? Why are some people engaging with many services but still remaining street homeless?

Other services mentioned by the participants that were not options in tick boxes were: Probation, English Churches Housing Group, Leeds Addiction Unit, Community Support Team, Bridge Street Church, Pathway Planning Team, DISC, Team Challenge, Mental Health Housing, Psychiatrists, Touchstone Housing, BARCA, Multiple Choice, Bracken Court Hostel and The Hollies Hostel.

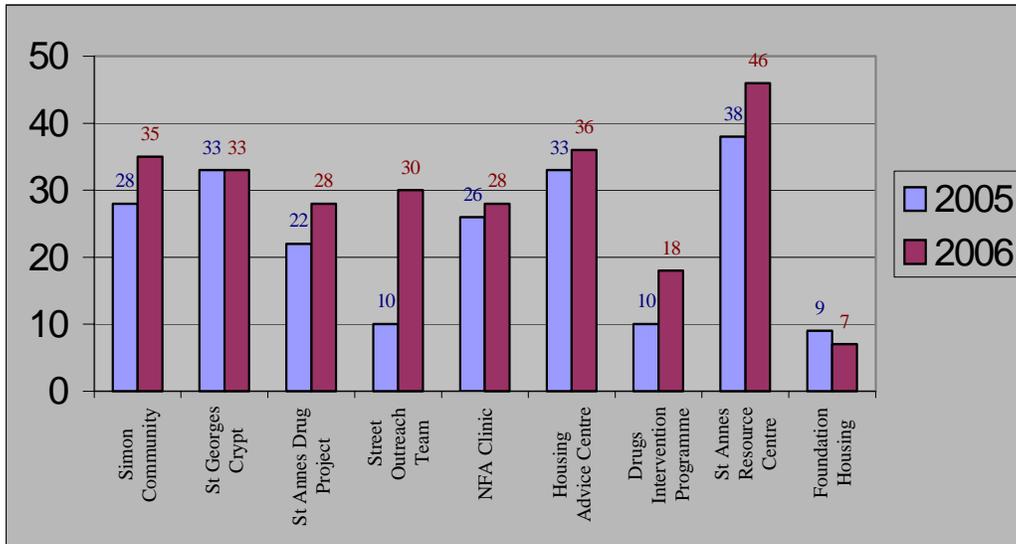


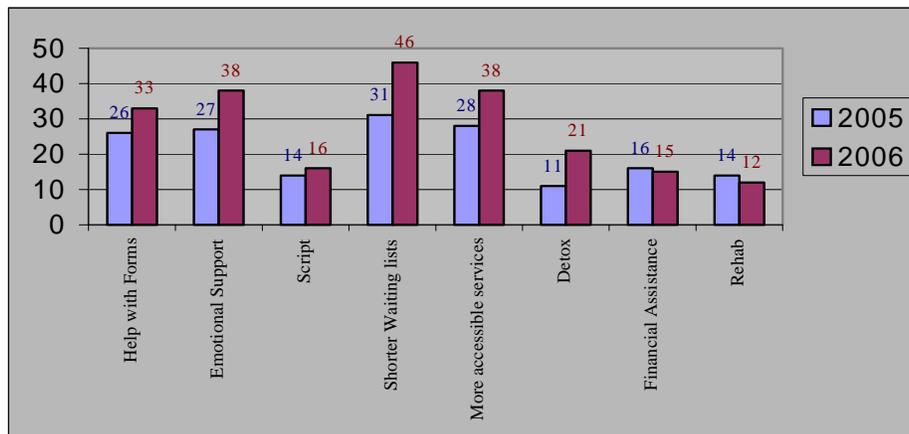
Chart 12: Service Engagement

Support needs

“People need to be motivated to get the help that is out there” 33-year-old male

The survey asked what support people felt would be necessary for them to move on and secure more permanent accommodation. It was illustrated in the previous section that most street homeless people in Leeds have complex and multiple needs. The number of barriers street homeless people need to overcome has also been highlighted. It is unsurprising then that survey participants on the whole identified support needs. On average people listed 2.5 support needs in the October/ November 2005 survey and 2.9 in the March/April 2006 Survey. It is worth reiterating that these are needs identified by street homeless people themselves.

Chart 13: Support Needs

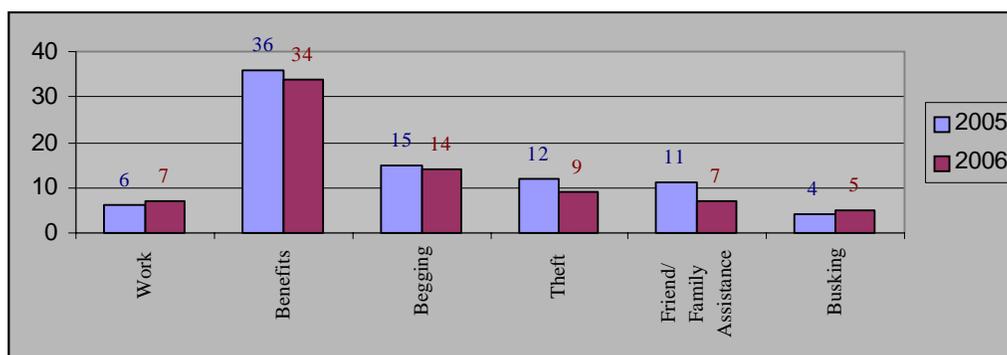


5. SPECIFIC ISSUES CONCERNING ROUGH SLEEPERS IN LEEDS

This section will now focus on the survey participants who specifically stated that they had slept rough during the two months before they completed the survey. Some will have slept rough for the whole time, some for part of the time interspersed with the other forms of street homelessness discussed above. The charts below are therefore not an attempt to give a total number of rough sleepers in Leeds in the same way that a count does. Rather, they are presented in an attempt to understand the extent and nature of the problem overall. The latest count for Leeds found only one rough sleeper.⁵ Whilst this may be a true reflection of people found in the city centre, and useful in that respect, we feel our research shows that the count does not really provide an understanding of the issue of rough sleeping in the city as a whole

Income and begging

The breakdown of income streams between the two periods was roughly the same. The issue of begging is often closely linked with rough sleeping, but only a minority of rough sleepers in our survey had experience of begging.



Health

Health problems are unsurprisingly the norm amongst people in Leeds who sleep rough.

Nearly half of the rough sleeping survey participants (18 in 2005) reported health issues. These were: drug dependency, asthma, deep vein thrombosis, alcoholism, obsessive compulsive disorder, epilepsy, depression, cerebral palsy, septicaemia, flu, pneumonia, punctured lung from stabbing, bronchitis, arthritis, mental health issues, chest infection, pleurisy, hepatitis-C.

Seventeen of the survey participants were engaged with the No Fixed Abode medical clinic, eight of them (20%) had spent some time in hospital during that period and a further three had spent some time in a mental health institution.

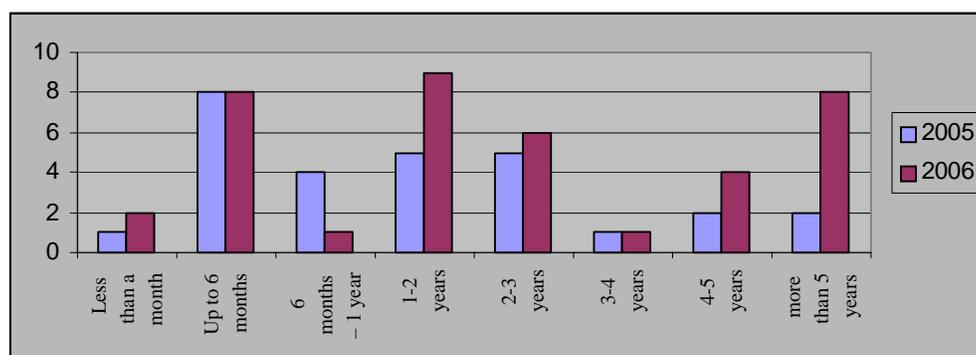
In 2006 twenty-seven participants (63%) had experienced health issues. The issues mentioned were: muscular fibrosis, depression, deep vein thrombosis (4), schizophrenia (2), epilepsy, mini-stroke, foot ulcer, hepatitis-C, infections, eye problem, hip problem, alcoholism, asthma, chest infection, brain abscess, borderline liver failure, knee problems, depression, leg ulcers, cold and low weight.

⁵ DCLG www.communities.gov.uk/pub/705/NationalRoughSleepingEstimate2006_id1502705.xls

We added a question into the 2006 survey to ask if survey participants had health issues specifically as a result of rough sleeping. This led to the following problems being identified: bad chest, blisters, colds and coughs, sore feet, pneumonia, flu, deep vein thrombosis, panic attacks, TB, skull fracture (resulting from an assault).

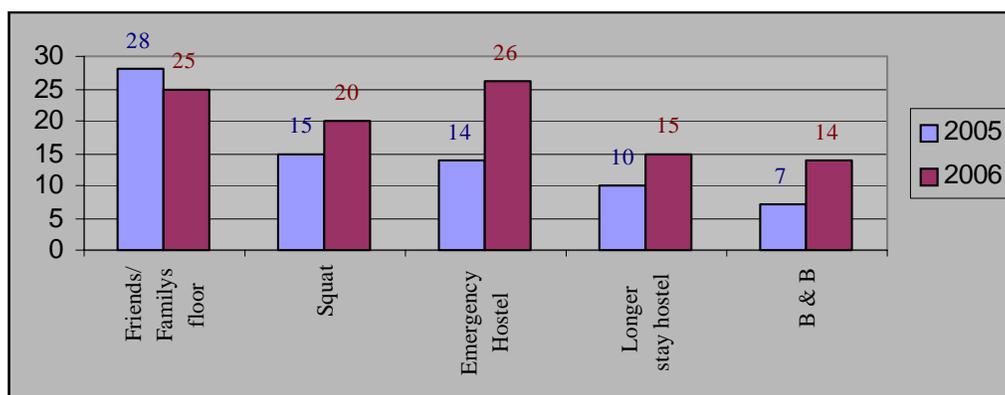
Eighteen of the rough sleepers in this period were engaged with the No Fixed Abode medical clinic, seventeen had spent some of this two month period in hospital (40% of total) and two had spent some time in a mental health institution.

Asking people to identify their own illness is not always objective. Stating that rough sleeping makes you ill and can even cause death is fairly obvious. Even so, by listing the above illnesses we can encourage action to ensure that people sleeping rough can access medical services and illustrate that further steps need to be taken to reduce rough sleeping in the city of Leeds.



Un-entrenched rough sleeping

Chart 15: Other locations where rough sleepers report staying



The chart below shows other locations where respondents in our survey, who said they had slept rough in the previous two months, also stayed. We found these results particularly interesting. They seemed to confirm that, whilst there are entrenched rough sleepers who sleep rough continuously for months, and sometimes years, for many people it is a last resort

among other precarious housing options. As we had not included questions asking specifically about what location types people were currently staying in, it is impossible to say whether these are people who have moved off the streets or moved onto the streets. It does however give a picture that shows people moving between precarious housing options and not necessarily staying on the streets throughout the year.

Not just street sleeping

We were keen to establish the kind of place where people were sleeping as we are aware that people are now less inclined to sleep visibly on the street in the city centre (evidenced by lower count figures) if they could move to other, less visible, locations. Our findings tended to confirm this.

Location	Number 2005 Survey	Number 2006 Survey
Doorway	28	18
Derelict Building	26	19
Stairwell	24	20
Under Trees or Bushes	21	20
Communal Area in Multi-Storey Block	16	19
Bin/Bin yard	17	10
Shed	16	16
Garage	16	9
Tunnel/Storm Drain	-	15
Bench	12	9
Graveyard	-	11
Bus Shelter	10	6
Empty Shop	10	3
Tent	-	8

The table shows the types of location where people said they had slept. Participants in the 2005 survey mentioned 3.9 different location types on average. One participant did not specify the types of location. Others mentioned subways, cars, a golf course, toilets, a friend's cellar, railway bridge and graveyards. These locations are not included in the breakdown for October/November 05, as we had not offered these as tick-box options. Three were added to the 2006 questionnaire as additional options.

In the 2006 survey, after we had added more types of rough sleeping location, the average participant listed 5.5, with 1 being the lowest and 13 being the highest number of different locations individual participants had listed staying in. Others mentioned were: canal bridge, friend's cellar, behind Olympic baths, factory, car, and hospital canteen.

Significant points to note are:

1. The sheer ingenuity of rough sleepers in finding locations to sleep in.
2. The fact that most rough sleepers vary the type of location they use a great deal
3. That many types of location are not visible and will not be covered by a street count.

City Centre or peripheral areas

"No one ever found me on the outskirts, that's why I slept there." 53-year-old rough sleeper

In the 2005 survey we asked people what area of town they slept in, however this did not lead to clear results. In the 2006 survey we asked specifically if people slept in the city centre, and this provided clearer results.

It was clear from these results that a significant proportion of rough sleepers sleep outside the designated area of a headcount. This, coupled with the above findings on types of location, do show that counts now reflect who is sleeping visibly in the city centre rather than providing an understanding of the rough sleeper situation in Leeds as a whole.

What area of Leeds do you sleep in? (2005 survey)

Town centre	19	(47.5 %)
Outside town centre	19	(47.5%)
Elsewhere in West Yorkshire (Bradford, Keighley)	2	(5%)
Did not answer question	5	(12.5%)

Do you sleep rough in the city centre? (2006 survey)

Yes, all the time	4	(9%)	No, never	12	(28%)
Sometimes	25	(58%)	Would rather not say	3	(7%)

Contact with the Criminal Justice System

Whilst Leeds Simon Community do not wish to pass comment on the Criminal Justice System in Leeds, we do wish to report that it is a big issue for people sleeping rough in the city.

"We should get less grief from the police and the courts because homeless people, most that I know, don't want to be on the streets. They want their own place but can't get one."
33-year-old male R/S

"I've been told to move on but also arrested for either sleeping rough on public property or for the same on private property..." 32 year old male rough sleeper

"I've been taken off the council list due to arrears, council say I owe - £700. My arrears are wrong due to me being in prison custody April to May 20th when I put my notice in to terminate my tenancy whilst I was in prison. The council are saying I didn't so that's where my arrears are from." 33-year-old male

People that had slept rough in the 2005 and 2006 survey period often came into contact with the legal system. In the 2005 survey nineteen of the rough sleepers (47%) had spent some

of that time in a police cell and five (12.5%) had spent some of it in prison. In the 2006 survey twenty-eight of the rough sleepers (65%) had spent some of that two month period in a police cell and nine had spent some of it in prison (21%). A couple of participants made reference to hiding deliberately from the police. One participant reported being taken to hospital by the police, one reported being banned from 'town' for 24 hours and had to appear in court, and another reported losing their job as a result of contact with the police for rough sleeping (although he did not elaborate further).

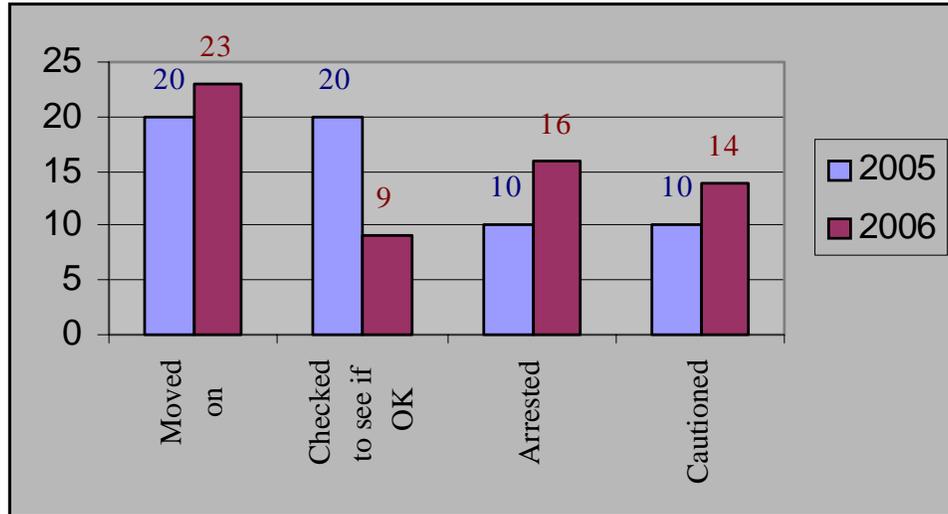


Chart 17: Result of contact with the Police