



Choosing to be homeless? Persistent rough sleeping and the perverse incentives of social policy in England

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Abstract

Purpose – With the temporary housing of rough sleepers in response to the Covid-19 emergency, some commentators have been tempted to believe that the rising population of rough sleepers in the UK has finally been reversed. This paper uses a study of persistent rough sleepers in an English city to challenge the view that they choose to sleep rough by examining the choices they make and how far they are influenced by the perverse incentives of social policies.

Design – Evidence for this paper is derived from two teams of frontline service providers with routine familiarity with the rough sleeping population: a street outreach team, and a team of support workers working with adults with multiple and complex needs. Primary data from focus groups were combined with the secondary analysis of both numerical and narrative accounts routinely recorded by both teams.

Findings – The exercise of agency by persistent rough sleepers is constrained by a mixed baggage of complex needs, past negative risk assessments, limited resources and regulatory deterrents to generate choices to reject help that appear irrational. These need to be understood if recent policy initiatives to end rough sleeping are to be effective.

Originality – The paper draws on the experience and comprehensive records of practitioners with intimate knowledge of the rough sleeping population. It extends narrative accounts of causes by focusing on key choices to show how the perverse incentives of policy combine with personal factors to incline rough sleeping to persist.

Key words - Agency; Choice; Homelessness; Rationality; Rough sleeping

Paper type – Research paper

Covid-19 and persistent rough sleeping

The focus of this paper is the seemingly inexorable increase in recorded rough sleeping in the UK since 2010 (MHCLG, 2020a) and the claim that persistent rough sleeping reflects a deliberate choice to remain on the streets (*The Guardian*, 2018). The paper is based on research undertaken in a medium sized English city before the public health crisis generated by the Covid-19 pandemic. At the time of writing, 15,000 people in the UK who had been sleeping rough or were at risk of doing so had been temporarily accommodated in hotels under the Government's emergency response (MHCLG, 2020b). Despite the initial success of this initiative, many have returned to the streets, reigniting the debate about choice (*The Guardian*, 2020; Fitzpatrick, Watts and Sims, 2020).

The UK Government defines rough sleepers as ...

People sleeping, about to bed down (sitting on/in or standing next to their bedding) or actually bedded down in the open air (such as on the streets, in tents, doorways, parks, bus shelters or encampments). People in buildings or other places not designed for habitation (such as stairwells, barns, sheds, car parks, cars, derelict boats, stations, or 'bashes'). (DCLG, 2010, p.6)

This paper focuses on long-term rough sleeping to see how far duration indicates intentionality. When this has been the subject of special interest to policy-makers (DCLG, 2008) or researchers (Thompson *et al.*, 2004; Haldenby *et al.*, 2007; Farrell, 2010; Cockersell, 2011), the language of 'chronic' or 'entrenched' homelessness has been used to describe a distinct sub-group either hardened to street life or locked into a cycle of rough sleeping and temporary hostels. However, commentators seldom compare it to the wider homeless population conceptually, numerically or substantively in terms of its characteristics.

Before the Covid-19 emergency, there was evidence that numbers of persistent rough sleepers were rising in the UK both in absolute terms and proportionately. Analysis of the CHAIN (Combined Homelessness and Information Network) database of records of people seen sleeping rough by street outreach teams (SOTs) in London between April 2016 and March 2017 (Mayor of London, 2017) showed that, while the overall number was little changed from the previous 12 months, the number seen in both the last two 12-month periods (the 'stock') had increased by 8%, while those seen in more than one quarter in the same period were also expanding. How far is this pattern of increasing duration reflected in

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3 another English city and explicable by perverse incentives that bind some rough sleepers to
4 the streets longer than others?
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7 Unlike rough sleeping itself, there is no agreed definition of 'persistent rough
8 sleeping'. Farrell's definition of a 'chronically homeless' person as "an unaccompanied
9 homeless individual with a disabling condition who has either been continuously homeless a
10 year or more or has had at least four episodes of homelessness in the past three years"
11 (2010, p.240) provides a useful starting point in including both continuous and repeat
12 homelessness, a distinction reflected in the CHAIN distinction between 'stock' and
13 'returners'.
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21 [Explaining homelessness and the role of 'choice'](#)

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23 Explaining homelessness has a long history in social scientific research, with important
24 implications for policy (Greve, 1991; Daly, 1996; Burrows et al., 1997). It reflects one of the
25 enduring tensions in sociology around the interaction between personal and structural
26 accounts of human behaviour. How far are homeless people involved in the construction of
27 their own homelessness narratives, or the victims of individual vulnerabilities? Despite being
28 challenged by research into structural causes, this view has repeatedly re-emerged in the
29 political vocabulary of homelessness (Farrugia and Gerard, 2016). A revival of human agency
30 in social policy studies generally (Hoggett, 2001; Greener, 2002) has found its way into
31 homelessness research, for instance, through the analysis of homelessness 'pathways'
32 (Anderson and Tulloch, 2000; Clapham, 2003; 2012) along which people typically negotiate
33 risks and structural obstacles in their pursuit of 'home' and other aspects of personal
34 fulfilment, homelessness being a critical juncture for some. Meanwhile, contextualised
35 rational action theory (Somerville and Bengtsson, 2002; McNaughton Nicholls, 2009)
36 postulates a 'thin rationality', which recognises that choices are rarely the product of
37 rational deliberation, and research must engage in historical process tracing to link declared
38 goals to actual outcomes in order to uncover patterns. For McNaughton Nicholls (2009),
39 homelessness arises when a contextualised rational response to adverse circumstances
40 generates acts of transgression across the boundaries of normative behaviour, putting basic
41 security at risk.
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58 This leads us to the question central to the present article of how far persistent
59 rough sleepers make a deliberate choice to reject accommodation for which they should be
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3 held responsible. Offers of help may be rejected for reasons that need not express a desire
4 to remain homeless, but may simply be a product of inadequate information that may be
5 distorted by experience, mis-trust, doubts about capacity to overcome barriers, or even
6 positive expressions of autonomy (Parsell and Parsell, 2012; Wharne, 2015; Christian et al.,
7 2016). What has been called 'chronic homelessness' or a 'culture of homelessness' often
8 entails choices essential to surviving life on the streets that have the effect of entrenching
9 people in a street lifestyle (MacKnee and Mervyn, 2002; Ravenhill, 2008; Farrell, 2010).
10 Importantly, rejecting offers of help may well be a reaction to the contradictory
11 assumptions that underpin those offers that writers have referred to as the
12 pathologisation/responsibilisation paradox whereby persistent homelessness is seen as the
13 product both of 'complex needs' and bad choices (Whiteford, 2010; Déj, 2016; Mik-Meyer
14 and Silverman, 2019; Parsell and Clarke, 2019). Services are thus expected to promote
15 'empowerment', to which homeless people might respond by either welcoming autonomy
16 or feeling abandoned.

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The debate about the exercise and proper recognition of agency among persistent rough sleepers takes us to the broader issue of safeguarding and the balancing of autonomy and protection in caring for a wide range of vulnerable groups. We have already noted the 'thinly rational' nature of much decision making among rough sleepers (Somerville and Bengtsson, 2002; McNaughton Nicholls, 2009) and must recognise that the exercise of choice is affected by conditions found to be more prevalent in this group, such as drug and alcohol dependency (Charland, 2002; Craigie and Davies, 2017), learning disabilities such as autism (Churchyard et al., 2018), and brain injury and other past traumas (Stubbs et al., 2020; Cockersell, 2018). Doing so exposes the dilemma in seeing persistent rough sleeping as self-neglect and how far to impose protection or respect autonomy (Braye, Orr and Preston-Shoot, 2017). It also challenges the limits of our compassion towards all welfare recusants to respond in ways that avoid ignoring them, criminalising them or marginalising them further (Scanlon and Adlam, 2008).

It is only when we recognise the complexity of the context in which persistent rough sleepers exercise choice that decisions to accept or reject offers of help can be properly understood. In the remainder of this article, a study of persistent rough sleepers in an English city is used to explore how policy-related and personal factors interacted to constrain the exercise of choice.

Investigating persistent rough sleeping in an English city

Evidence for this article is derived from a study of persistent rough sleeping in an English city. For the purposes of this study, persistent rough sleepers were placed in the 'sustained' group if they reported sleeping rough for an average of 36 nights over the four quarters of the study period (1st April 2016 – 31st March 2017), or the 'recurrent' group if they were seen sleeping rough at some point in three out of the six years 2012-17. These persistence thresholds are somewhat arbitrary but are set at a level that will identify a proportion large enough to facilitate meaningful comparison with the wider population of rough sleepers in the city.

This was a mixed methods study that combined secondary analysis of two administrative data sets with focus groups undertaken with two groups of frontline service providers with regular contact and intimate knowledge of the rough sleeping population, and university ethical approval was secured. The two data sources are administratively separate and provide mutually corroborative evidence of overlapping though not identical populations. The first group of service providers is multiple needs support workers (MNSW) working with a Lottery funded project that has operated since 2014 with adults with multiple needs in the city, adults who combine homelessness with mental ill-health, substance misuse and offending. The project is managed by a housing association in the city. Data are gathered regularly on the characteristics, personal circumstances and patterns of service use of all service users. When they become beneficiaries, they signify their consent for their data to be shared *inter alia* with researchers involved in the evaluation of the service, at which point they are given a service user code for anonymisation purposes. In his capacity an evaluator, the author analysed the anonymised records to identify those service users who met the criteria for 'sustained' or 'recurrent' rough sleeping, and to compare them with other beneficiaries using indicators of complex need to illuminate the characteristics of persistent rough sleepers. This quantitative analysis was supplemented by two qualitative sources, one derived from the ongoing comments, reflections and narratives of their MNSWs that accompanied the service user records, and the other derived from focus groups that the author undertook with the MNSWs and their team leaders.

The second group was the Street Outreach Team (SOT) which works for the same housing association and surveys the city every morning to monitor the welfare of all those

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3 found sleeping rough and invite them to meetings where they can be directed to sources of
4 help where appropriate. The SOT keeps records on the personal characteristics and
5 circumstances of all those encountered. Like the MNSWs, the SOT keep their own
6 reflections, comments and narrative on the evolving situations of rough sleepers that they
7 encounter. Data have been available since 2012, enabling returners to be tracked. A
8 researcher with the housing association surveyed the SOT dataset, extracting key data and
9 the narratives of all those who met the persistent rough sleeping criteria and checking their
10 data against pre-anonymised data for persistent rough sleepers found on the MNSW
11 database. Data for the SOT sample were then anonymised and passed to the author for
12 analysis, with individuals found in both samples identified by their multiple needs service
13 user codes. As with the multiple needs sample, analysis of the SOT sample was reinforced by
14 a focus group that the author undertook with the SOT themselves prior to the data base
15 analysis to explore general questions about the reasons why rough sleepers remain on or
16 return to the streets, with more focused examination of the way significant factors operate.
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29 A few words of explanation are necessary in interpreting the data. The multiple
30 needs project data depend on the quarterly self-reporting of rough sleeping by service users
31 in collaboration with their MNSW. On the other hand, the SOT records derive from actual
32 sightings of rough sleepers who meet the DCLG (2010) criteria. However, there were no
33 direct interviews with rough sleepers by the research team, so limitations to the validity of
34 the data must therefore be recognised. Nevertheless, in their defence, the self-reporting of
35 the multiple needs service users is corroborated by their MNSW with whom they have a
36 long-term relationship. Likewise, SOT observations benefit from mutual corroboration by
37 team members persistently over a sustained period. Although the support worker narratives
38 derived from these sources were collected for administrative and not research purposes, it
39 was felt that they offered a more comprehensive picture of persistent rough sleeping than
40 might be derived from direct interviews with an opportunity sample of rough sleepers.
41 Moreover, as explained, the support worker narratives were supplemented by focus groups
42 with the SOT and MNSW.
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54 To test the claim that persistence in rough sleeping is associated with a distinct sub-
55 group, some numerical findings are helpful. There were 72 who met the criteria for
56 'persistence', of which 33 were 'sustained', 32 were 'recurrent' and 7 were both. Names
57 were cross matched to reveal 21 found in both data sets which served both to prevent
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3 double counting, and to corroborate data between the two sources at least where this sub-
4 group was concerned. Those in the SOT sample made up 8% of the 669 people seen sleeping
5 rough by the SOT during the study period; those service users from the multiple needs
6 project who met the criteria made up 13% of the 302 who had used the service up to the
7 end of March 2017. Compared with these two broader populations, a greater number of
8 persistent rough sleepers were found to be White British men without a significant physical
9 disability. Moreover, more had support needs arising from problematic substance use,
10 mental ill health and offending, had spent significant time in prison, had been evicted from
11 accommodation or excluded from or refused services, and had engaged in begging as a
12 significant source of income. How far this pattern represents the unique features of a
13 pathological sub-group, or merely the extreme end of a spectrum of need, is a question
14 more appropriately explored through individual cases where the role of need in the exercise
15 of choice is examined.

26 27 28 The experience of persistent rough sleeping

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30 In the remainder of this article, narratives extracted from the two datasets on the 72
31 persistent rough sleepers are used to see how decisions and the factors that influence them
32 explain persistence. The narratives were summarised into brief vignettes and selected for
33 this article to illustrate issues raised in the focus groups and the situations in which choices
34 were constrained by the perverse incentives of policy in the management of rough sleeping.
35 The vignettes are in boxes and the names used are pseudonyms

36 37 38 1) Diminished housing options

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40 Both rough sleepers themselves and those who work with them are encountering a
41 diminishing range of options, arising from cuts in public funding and adverse changes in the
42 housing market. Hostels have closed, while Government financial support to cover the cost
43 of rents through Housing Benefit has been progressively reduced, diminishing the
44 availability of tenancies that are affordable to people who are out of work or low-paid.

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In July 2016, Alan, belonging to the sustained group, had a tenancy, but he felt harassed by neighbours knocking on his door constantly, so he slept rough. He was waiting to be re-accommodated by his landlord. At the end of August, he gave notice

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3 on his property as no alternative was found, and by the end of October 2016, the
4 SOT had lost contact with him.
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8 Confronted by the barrier of no alternative housing, Alan preferred rough sleeping to
9 continuous neighbour harassment. Meanwhile, his landlord may well have experienced the
10 perverse incentives of a benefit system that threatened to undermine his source of income,
11 as the MNSWs testified.
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15 It's really difficult in terms of move-on options. There's less and less social housing
16 and private landlords aren't taking anyone on. It's really difficult to find anywhere
17 now. I think, with Universal Credit, the money is going to get paid into their own
18 bank account rather than direct to the landlord, so the landlords don't want to take
19 on that anymore. (MNSW focus group 2)
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25 2) Impaired housing rights

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27 In addition to the housing market, homeless people in England have rights to housing
28 through their local authority conditional on meeting certain conditions (Author 1, MHCLG
29 2020c). At the time of the research, households without care of dependent children needed
30 to show that their homelessness was unintentional, that they were in 'priority need'
31 because they were deemed 'vulnerable' due to their age, infirmity or some other recognised
32 reason, and that they had a 'local connection' to the authority where they were making
33 their application. These conditions constrained rough sleepers' choices in various situations.
34 For instance, they might refuse an accommodation offer in the only place where they have a
35 local connection because of genuine fears of violence in that locality.
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45 In October 2014, Ellie from the recurrent group fled from another city with her
46 partner due to threats of violence. She was offered reconnection back to where she
47 came from, but she was afraid to go back. Following a brief stay in hospital, she was
48 accommodated in a hostel in December, but in February 2015 was asked to leave to
49 return to the city where she had a local connection. When she refused to go back
50 due to the threats of violence against her, she returned to rough sleeping.
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56 For Ellie, sleeping rough was preferable to exposing herself to the perceived risk of
57 violence, yet refusing the offer of accommodation led to denial of further offers because she
58 had made herself homeless 'intentionally', a presumed exercise of choice that was written
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3 into the legislation. Meanwhile, Frank was judged intentionally homeless for failing to pay
4 his rent.
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8 After a spell in prison in 2013, Frank from the recurrent group found himself
9 accommodation, but was evicted due to rent arrears and was classed as intentionally
10 homeless. He was eventually housed in supported accommodation but lost his bed
11 due to lack of engagement and health and safety issues. In 2014, he was admitted to
12 a hostel after another prison sentence but was evicted for non-payment of rent due
13 to delay in receiving benefits. He ended up sleeping rough before being granted
14 supported accommodation.
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21 Rules that judge people like Frank to be intentionally homeless for non-payment of
22 rent are designed to make them prioritise rent payment in their budgetary choices. Frank's
23 non-payment arose from delays in receiving Government welfare benefits over which he
24 had no control, but his earlier rent arrears may have arisen from prioritising other needs
25 over rent payment. Frank may have been treated unreasonably in being judged
26 'intentionally homeless', since it is doubtful that his homelessness arose from a deliberate
27 non-payment over which he had control (MHCLG 2020c, S9.17). However, being judged
28 'intentionally homeless' can have lasting consequences, as the MNSWs testified.
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36 The ways things are seen ... if someone has become intentionally homeless, they like
37 get branded with that ... Like once that happens, OK we've given you a shot we don't
38 have a duty to you anymore, do things off your own bat. I think it only ends when
39 they find another secure accommodation ... But until that point, they are always
40 going to be intentionally homeless. They are not going to be offered anywhere.
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46 (MNSW focus group 2)
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48 Since completing this research, the Homelessness Reduction Act, 2017, now requires
49 local authorities in England to relieve all homelessness regardless of priority need and
50 intentionality, offering a 'personalised housing plan' to all applicants (Great Britain, 2017),
51 but the new Act only modifies the operation of existing legislation to which local authorities
52 may revert if rough sleepers fail to cooperate with their personalised housing plan, thereby
53 retaining the scope for penalising poor choices (Dobson, 2018).
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3) Mental ill-health and other complex needs

Homelessness is rarely the only problem experienced by persistent rough sleepers (Cockersell, 2018). Where mental ill-health is concerned, support services that might be available to the general population become hard to access when living on the streets (Cornes et al., 2018). In the context of diminishing resources, the outcome is frequently an inappropriate referral to an unsuitable hostel, where the exercise of choice might be distorted by mental ill-health, as the SOT explained and as Irene's case illustrates.

These hostels are not suitable for these people with these levels of mental ill-health, so they get much more negative outcomes, aggression towards staff and not coping. Then they get evicted, still with that level of priority need, with us faced with trying to house them with them getting evicted. It's a huge barrier. B&B (Bed-and-Breakfast hotel) isn't appropriate, and the streets aren't appropriate. So where can you go? (SOT focus group)

Irene from the recurrent group illustrates the challenges in accommodating homeless people with chronic mental health problems. In May 2012 she was evicted from a hostel. She had experienced a period of compulsory detention under the Mental Health Act and claimed upon release that her bed had been given away. She ended up rough sleeping. In June, she declined one hostel from fear of another resident she knew was living there. She did not want to return to the place where she had previously stayed as she blamed them for her current situation, although she ended up moving back there in July. However, by March 2015, she was no longer staying at her accommodation, afraid that someone was after her. She was believed to be rough sleeping and her mental health had deteriorated.

Irene might well have met the criteria for support under the Care Act, but research into its implementation with multiply excluded homeless people (Mason et al., 2018) suggests that a lot hangs on knowledge of service availability locally, advocacy and the way needs are presented to service providers, conditions that Irene was unlikely to meet.

4) Hostel aversion

Irene declined offers of help that she believed would do her harm while services that could take account of her mental health needs were hard to access. She illustrates a wider

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3 ambivalence towards hostel accommodation encountered among many persistent rough
4 sleepers. They recount stories of evictions for rent arrears or inappropriate behaviour, or
5 abandonment for experiences of intimidation or financial exploitation by other residents.
6 Like Irene, they decline offers out of fear of who they might encounter, or of being lured
7 into lifestyles from which they seek to escape.
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13 Some of the beneficiaries we work with do not fare well in hostels. The only choice
14 of housing they have when they are rough sleeping is to go into a hostel. What's
15 happening is they are being put with other people who have similar support needs to
16 themselves. So, they are going to clash. Or it could be that they know people that
17 have been rough sleepers before, or they've got a history. (MNSW focus group 1)
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23 Kevin, another recurrent rough sleeper with both mental and physical health issues,
24 was first found in 2012 sleeping rough in a shed. Although not first seen as in priority
25 need under homelessness legislation, this changed due to his health condition and
26 he was placed in B&B. However, he refused two hostel places, one because he
27 believed it to be full of drinkers and the other because he had problems with a
28 current resident. He was eventually placed in another hostel which he abandoned by
29 mid-spring and returned to rough sleeping. In the autumn he was accommodated in
30 private property with help from the SOT. However, at the end of the year he
31 abandoned the property and slept rough before being placed in another hostel,
32 which he also abandoned by the end of February 2013 to return to rough sleeping,
33 insisting that he did not want to be in a hostel.
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44 Kevin was not choosing a street lifestyle; he was expressing a desire to protect himself
45 from bullying and the lure of alcohol through rough sleeping as the only option that he
46 believed would achieve those ends. In a detailed study of hostel avoidance and
47 abandonment, McMordie (2020) has used cognitive appraisal theory to explain these
48 choices as rational responses to intolerable stress, driven by a desire to control outcomes in
49 pursuit of perceived self-interest in situations where the only accommodation option is seen
50 as trapping you in the very complex needs from which you wish to escape.
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5) Being a 'bad risk'

Others experience repeat evictions resulting in a negative risk assessment that follows them around, excluding them from potential offers of accommodation, effectively punishing them for their bad choices, as the SOT explained and as Larry's case illustrates.

Some just have their personalities that mess them up. You get them in somewhere for a couple of weeks and then it all goes wrong. ... (They) go back on the drink, might be somebody else from the hostel. Being accused of something. ... Sometimes they leave of their own accord, but they get kicked out. ... Aggression. Owing rent. ... An argument with a resident. Abusive to staff. ... If somebody has got evicted that risk assessment follows them round and it is difficult to rehouse. (SOT focus group)

Larry was both a recurrent and sustained rough sleeper who combined many support needs with considerable severity. In January 2012, he had his own tenancy but had an ASBO (Anti-Social Behaviour Order) in the area where he lived so went to the winter night shelter. He was served an eviction notice for his tenancy in July 2013 and was accepted into a hostel in August. From there, he was evicted in January 2014 due to threats to staff and inappropriate sexual behaviour. By March he had been barred from most places and in May was living in a squat.

Larry's is the kind of case that might tempt us to blame him for his homelessness, but accounts of human agency, not to mention effective policy responses, must embrace the bad choices people make. The origins of Larry's anti-social behaviour are not recorded, but the predominance of compound trauma in the biographies of homeless people with complex needs is well recognised (Cockersell, 2018). Because of his ASBO, he found himself housed in a locality where his movements were restricted in unacceptable ways, and rough sleeping was his preferred remedy. However much his complex needs impelled him to make irrational choices, exclusion from all lawful sources of accommodation was the result and that cannot be a satisfactory outcome for social policy.

6) Relationships

Relationships provide one further, highly complex personal constraint in the lives of persistent rough sleepers, which may be positive as well as negative (Stevenson and Neale, 2012). We have already seen how people refuse offers of accommodation through fear of

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3 whom they might meet. Others may do so out of loyalty to a partner on the streets with
4 whom they have developed a close bond, expressing a preference for a valued relationship
5 over accommodation.
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9 You tend to get quite a lot of couples ... We see them together in the service ... I
10 think that is also a barrier because couples want to get housed together and it's just
11 not how it works. So, they'd rather be on the streets together than separated in a
12 hostel. That is a barrier, trying to get (housing provider) to recognise people as a
13 couple. They've not resided in a house; they've lived on the streets together for
14 months. (MNSW focus group 2)
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21 These situations may arise equally for men and women, but women are more likely to
22 find themselves trapped in abusive or exploitative relationships which may impede solutions
23 to their housing problems where housing providers are precluded from accommodating a
24 homeless woman with a partner from whom she is deemed to be at risk (Moss and Singh,
25 2015). This was certainly the case with Nicole, with whom the SOT had a long and complex
26 relationship.
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33 Nicole was another who combined recurrent and sustained rough sleeping with
34 significant drug and alcohol problems. However, complex relationships played a
35 significant part in keeping her on the streets. Access to secure accommodation was
36 impeded by the Council's unwillingness to house her with a violent partner from
37 whom she was reluctant to be separated. Spring 2013 saw her sleeping rough with
38 her partner and dog when drug dealers threatened them at their property. She was
39 in a domestically abusive relationship but managed to stay at a friend's house while
40 her partner was in police custody for breaching bail conditions by staying with her
41 and assaulting her. At the beginning of 2014, she had a property, but found herself
42 obliged to sleep rough when drug dealers to whom she owed money took her key.
43 Her Housing Benefit was also suspended. The Council offered accommodation out of
44 the area as she was fleeing violence, but she did not want this and did not want to
45 call the police as she was scared. She was then seriously assaulted in her property
46 and the police advised her not to go back and she was sent to a hotel. However, she
47 soon stopped using the room and slept rough. Late that spring, her abusive partner
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was released from prison and they slept rough together. They were accepted in different hostels, but she wanted to be housed together to keep benefit payment simple as she wanted a joint claim. Her story continued in similar vein for another three years.

Nicole's loyalty to a partner – even an abusive one – appears to have been valued above secure accommodation at key points, but this was not so much a choice to sleep rough as a way of evading either threats from drug dealers or the very restrictions on accommodating women with abusive partners that the Council had ironically imposed for her protection. Her relationship with her abusive partner generated a sequence of inconsistent choices reflecting complex perceptions of where her interests lay and above all a desire to sustain some degree of control over her fluctuating situation.

Conclusion and the way forward

The Government's response to the Covid-19 emergency in the UK has shown that there is nothing inevitable about the seemingly inexorable rise in rough sleeping, not even for persistent rough sleepers. This article challenges assumptions about the exercise of choice using evidence from a study in an English city for a deeper understanding of what binds some people more than most to a damaging and life-threatening set of circumstances. The conclusion is that persistence in rough sleeping is explained neither by lifestyle choice nor the possession of a distinct set of pathological characteristics, but is best understood as a result of the exercise of agency in the context of complex need and the perverse incentives of social policy.

The model of human agency by which choice is the product of reasoned deliberation has been substantially qualified (Hoggett, 2001), not least among writers on homelessness who have advanced models of contextualised rational action to account for the apparently irrational choices that homeless people make (Somerville and Bengtsson, 2002; McNaughton Nicholls, 2009; Damon, 2018). Hoggett showed that people's scope for free choice is affected by their capacity for self-determination and their opportunity for reflexivity and these are subject to constraints of powerlessness, which might derive externally from lack of resources or policy regulations, or internally from fear, conflicting impulses or traumatic memory. The choices people make reflect a common desire to negotiate constraints in order to shape their own destinies, and persistent rough sleepers

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3 are no exception. This article has explored a few examples of how they negotiate the
4 limitations and perverse incentives of social policies in pursuit of their best interests as they
5 perceive them. Alan sought to escape neighbour harassment, but the unaffordability of
6 private tenancies for someone living on welfare benefits precluded alternative
7 accommodation. Ellie remained homeless because homelessness regulations in England at
8 the time required her to move to where she feared violence if she wanted to be rehoused.
9 Irene's hostel struggled to cope with her mental health needs and Kevin feared that his
10 hostel would lure him back into the drinking culture from which he wished to escape, as a
11 result of which both remained homeless. Meanwhile, Nicole believed her security lay more
12 in sleeping rough with an abusive partner than with a tenancy where she feared discovery
13 by drug dealers.

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Elsewhere (Author 2), I have shown that the primary longing of homeless people with
a background of compound trauma is for unconditional sanctuary, an unthreatening
environment where they can confront their complex needs in security. When the street
population expands as we have seen dramatically in recent years, paradoxically it loses
some of its hostility, becoming instead a refuge from a hostile world from which some
degree of mutual support and self-respect can be found. There is evidence (MEAM, 2020)
that the hotels in which rough sleepers have been accommodated in response to the Covid-
19 emergency have provided such a refuge for some, but this needs to be qualified by those
returning to the streets or remaining there (*The Guardian*, 2020; Fitzpatrick, Watts and Sims,
2020). Meanwhile, Housing First initiatives have for some time proved an effective
alternative for those who have become averse to hostel accommodation (Bretherton and
Pleace, 2015), and initiatives introduced as part of the UK Government's *Rough Sleeping
Strategy* (MHCLG, 2018) offer grants to local authorities to fund navigators and other
personalised sources of help.

However, the evidence of this article points to the perverse incentives that are still
built into many policies that govern access to services. We have already noted difficulties in
accessing additional support services through the Care Act 2014 when living on the streets
(Cornes *et al.*, 2018) and the limitations of the Homelessness Reduction Act 2017 in
sustaining compliance with personalised housing plans. To be genuinely compassionate,
responses to rough sleeping require neither tolerant indifference out of respect for

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3 autonomy, nor the sanctioning of poor choices, but the provision of supported space in
4 which to reflect on the past, receive care if needed, and pursue options in safety.
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7 Acknowledgements

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9 [Anonymised for review purposes]
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Choosing to be homeless? Persistent rough sleeping and the perverse incentives of social policy in England

Abstract

Purpose – With the temporary housing of rough sleepers in response to the Covid-19 emergency, some commentators have been tempted to believe that the rising population of rough sleepers in the UK has finally been reversed. This paper uses a study of persistent rough sleepers in an English city to challenge the view that they choose to sleep rough by examining the choices they make and how far they are influenced by the perverse incentives of social policies.

Design – Evidence for this paper is derived from two teams of frontline service providers with routine familiarity with the rough sleeping population: a street outreach team, and a team of support workers working with adults with multiple and complex needs. Primary data from focus groups were combined with the secondary analysis of both numerical and narrative accounts routinely recorded by both teams.

Findings – The exercise of agency by persistent rough sleepers is constrained by a mixed baggage of complex needs, past negative risk assessments, limited resources and regulatory deterrents to generate choices to reject help that appear irrational. These need to be understood if recent policy initiatives to end rough sleeping are to be effective.

Originality – The paper draws on the experience and comprehensive records of practitioners with intimate knowledge of the rough sleeping population. It extends narrative accounts of causes by focusing on key choices to show how the perverse incentives of policy combine with personal factors to incline rough sleeping to persist.

Key words - Agency; Choice; Homelessness; Rationality; Rough sleeping

Paper type – Research paper

Covid-19 and persistent rough sleeping

The focus of this paper is the seemingly inexorable increase in recorded rough sleeping in the UK since 2010 (MHCLG, 2020a) and the claim that persistent rough sleeping reflects a deliberate choice to remain on the streets (*The Guardian*, 2018). The paper is based on research undertaken in a medium sized English city before the public health crisis generated by the Covid-19 pandemic. At the time of writing, 15,000 people in the UK who had been sleeping rough or were at risk of doing so had been temporarily accommodated in hotels under the Government's emergency response (MHCLG, 2020b). Despite the initial success of this initiative, many have returned to the streets, reigniting the debate about choice (*The Guardian*, 2020; Fitzpatrick, Watts and Sims, 2020).

The UK Government defines rough sleepers as ...

People sleeping, about to bed down (sitting on/in or standing next to their bedding) or actually bedded down in the open air (such as on the streets, in tents, doorways, parks, bus shelters or encampments). People in buildings or other places not designed for habitation (such as stairwells, barns, sheds, car parks, cars, derelict boats, stations, or 'bashes'). (DCLG, 2010, p.6)

This paper focuses on long-term rough sleeping to see how far duration indicates intentionality. When this has been the subject of special interest to policy-makers (DCLG, 2008) or researchers (Thompson *et al.*, 2004; Haldenby *et al.*, 2007; Farrell, 2010; Cockersell, 2011), the language of 'chronic' or 'entrenched' homelessness has been used to describe a distinct sub-group either hardened to street life or locked into a cycle of rough sleeping and temporary hostels. However, commentators seldom compare it to the wider homeless population conceptually, numerically or substantively in terms of its characteristics.

Before the Covid-19 emergency, there was evidence that numbers of persistent rough sleepers were rising in the UK both in absolute terms and proportionately. Analysis of the CHAIN (Combined Homelessness and Information Network) database of records of people seen sleeping rough by street outreach teams (SOTs) in London between April 2016 and March 2017 (Mayor of London, 2017) showed that, while the overall number was little changed from the previous 12 months, the number seen in both the last two 12-month periods (the 'stock') had increased by 8%, while those seen in more than one quarter in the

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3 same period were also expanding. How far is this pattern of increasing duration reflected in
4 another English city and explicable by perverse incentives that bind some rough sleepers to
5 the streets longer than others?
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9 Unlike rough sleeping itself, there is no agreed definition of 'persistent rough
10 sleeping'. Farrell's definition of a 'chronically homeless' person as "an unaccompanied
11 homeless individual with a disabling condition who has either been continuously homeless a
12 year or more or has had at least four episodes of homelessness in the past three years"
13 (2010, p.240) provides a useful starting point in including both continuous and repeat
14 homelessness, a distinction reflected in the CHAIN distinction between 'stock' and
15 'returners'.
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23 Explaining homelessness and the role of 'choice'

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25 Explaining homelessness has a long history in social scientific research, with important
26 implications for policy (Greve, 1991; Daly, 1996; Burrows et al., 1997). It reflects one of the
27 enduring tensions in sociology around the interaction between personal and structural
28 accounts of human behaviour. How far are homeless people involved in the construction of
29 their own homelessness narratives, or the victims of individual vulnerabilities? Despite being
30 challenged by research into structural causes, this view has repeatedly re-emerged in the
31 political vocabulary of homelessness (Farrugia and Gerard, 2016). A revival of human agency
32 in social policy studies generally (Hoggett, 2001; Greener, 2002) has found its way into
33 homelessness research, for instance, through the analysis of homelessness 'pathways'
34 (Anderson and Tulloch, 2000; Clapham, 2003; 2012) along which people typically negotiate
35 risks and structural obstacles in their pursuit of 'home' and other aspects of personal
36 fulfilment, homelessness being a critical juncture for some. Meanwhile, contextualised
37 rational action theory (Somerville and Bengtsson, 2002; McNaughton Nicholls, 2009)
38 postulates a 'thin rationality', which recognises that choices are rarely the product of
39 rational deliberation, and research must engage in historical process tracing to link declared
40 goals to actual outcomes in order to uncover patterns. For McNaughton Nicholls (2009),
41 homelessness arises when a contextualised rational response to adverse circumstances
42 generates acts of transgression across the boundaries of normative behaviour, putting basic
43 security at risk.
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3 This leads us to the question central to the present article of how far persistent
4 rough sleepers make a deliberate choice to reject accommodation for which they should be
5 held responsible. Offers of help may be rejected for reasons that need not express a desire
6 to remain homeless, but may simply be a product of inadequate information that may be
7 distorted by experience, mis-trust, doubts about capacity to overcome barriers, or even
8 positive expressions of autonomy (Parsell and Parsell, 2012; Wharne, 2015; Christian et al.,
9 2016). What has been called 'chronic homelessness' or a 'culture of homelessness' often
10 entails choices essential to surviving life on the streets that have the effect of entrenching
11 people in a street lifestyle (MacKnee and Mervyn, 2002; Ravenhill, 2008; Farrell, 2010).
12 Importantly, rejecting offers of help may well be a reaction to the contradictory
13 assumptions that underpin those offers that writers have referred to as the
14 pathologisation/responsibilisation paradox whereby persistent homelessness is seen as the
15 product both of 'complex needs' and bad choices (Whiteford, 2010; Déj, 2016; Mik-Meyer
16 and Silverman, 2019; Parsell and Clarke, 2019). Services are thus expected to promote
17 'empowerment', to which homeless people might respond by either welcoming autonomy
18 or feeling abandoned.

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32 The debate about the exercise and proper recognition of agency among persistent
33 rough sleepers takes us to the broader issue of safeguarding and the balancing of autonomy
34 and protection in caring for a wide range of vulnerable groups. We have already noted the
35 'thinly rational' nature of much decision making among rough sleepers (Somerville and
36 Bengtsson, 2002; McNaughton Nicholls, 2009) and must recognise that the exercise of
37 choice is affected by conditions found to be more prevalent in this group, such as drug and
38 alcohol dependency (Charland, 2002; Craigie and Davies, 2017), learning disabilities such as
39 autism (Churchyard et al., 2018), and brain injury and other past traumas (Stubbs et al.,
40 2020; Cockersell, 2018). Doing so exposes the dilemma in seeing persistent rough sleeping
41 as self-neglect and how far to impose protection or respect autonomy (Braye, Orr and
42 Preston-Shoot, 2017). It also challenges the limits of our compassion towards all welfare
43 recusants to respond in ways that avoid ignoring them, criminalising them or marginalising
44 them further (Scanlon and Adlam, 2008).

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56 It is only when we recognise the complexity of the context in which persistent rough
57 sleepers exercise choice that decisions to accept or reject offers of help can be properly
58 understood. In the remainder of this article, a study of persistent rough sleepers in an
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English city is used to explore how policy-related and personal factors interacted to constrain the exercise of choice.

Investigating persistent rough sleeping in an English city

Evidence for this article is derived from a study of persistent rough sleeping in an English city. For the purposes of this study, persistent rough sleepers were placed in the 'sustained' group if they reported sleeping rough for an average of 36 nights over the four quarters of the study period (1st April 2016 – 31st March 2017), or the 'recurrent' group if they were seen sleeping rough at some point in three out of the six years 2012-17. These persistence thresholds are somewhat arbitrary but are set at a level that will identify a proportion large enough to facilitate meaningful comparison with the wider population of rough sleepers in the city.

This was a mixed methods study that combined secondary analysis of two administrative data sets with focus groups undertaken with two groups of frontline service providers with regular contact and intimate knowledge of the rough sleeping population, and university ethical approval was secured. The two data sources are administratively separate and provide mutually corroborative evidence of overlapping though not identical populations. The first group of service providers is multiple needs support workers (MNSW) working with a Lottery funded project that has operated since 2014 with adults with multiple needs in the city, adults who combine homelessness with mental ill-health, substance misuse and offending. The project is managed by a housing association in the city. Data are gathered regularly on the characteristics, personal circumstances and patterns of service use of all service users. who give When they become beneficiaries, they signify their consent for their data to be shared inter alia with researchers involved in the evaluation of the service, at which point they are given a service user code for anonymisation purposes. For this study In his capacity an evaluator, the author analysed the anonymised records were analysed to identify those service users who met the criteria for 'sustained' or 'recurrent' rough sleeping, and to compare them with other beneficiaries using indicators of complex need to illuminate the characteristics of persistent rough sleepers. This quantitative analysis was supplemented by two qualitative sources, one derived from the ongoing comments, reflections and narratives of their multiple needs support workers (MNSW) s that

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3 accompanied the service user records, and the other derived from focus groups that the
4 author undertook with the ~~support workers~~ MNSWs and their team leaders.

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7 The second group was the Street Outreach Team (SOT) which works for at the same
8 housing association ~~in the city~~ and surveys the city every morning to monitor the welfare of
9 all those found sleeping rough and invite them to meetings where they can be directed to
10 sources of help where appropriate. The SOT keeps records on the personal characteristics
11 and circumstances of all those encountered. Like the MNSWs, the SOT keep their own
12 reflections, comments and narrative on the evolving situations of rough sleepers that they
13 encounter, ~~which were anonymised before being made available for research~~. Data have
14 been available since 2012, enabling returners to be tracked. A researcher with the housing
15 association surveyed the SOT dataset, extracting key data and the narratives of all those
16 who met the persistent rough sleeping criteria and checking their data against pre-
17 anonymised data for persistent rough sleepers found on the MNSW database. Data for the
18 SOT sample were then anonymised and passed to the author for analysis, with individuals
19 found in both samples identified by their multiple needs service user codes. As with the
20 multiple needs ~~data sets~~ sample, this second set analysis of the SOT sample was reinforced by
21 a focus group that the author undertook with the SOT themselves prior to the data base
22 analysis to explore general-Q questions explored about the reasons why rough sleepers
23 remain on or return to the streets, with more focused examination of the way significant
24 factors operate.

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27 A few words of explanation are necessary in interpreting the data. The multiple
28 needs project data depend on the quarterly self-reporting of rough sleeping by service users
29 in collaboration with their MNSW. On the other hand, the SOT records derive from actual
30 sightings of rough sleepers who meet the DCLG (2010) criteria. However, there were no
31 direct interviews with rough sleepers by the research team, so limitations to the validity of
32 the data must therefore be recognised. Nevertheless, in their defence, the self-reporting of
33 the multiple needs service users is corroborated by their MNSW with whom they have a
34 long-term relationship. Likewise, SOT observations benefit from mutual corroboration by
35 team members persistently over a sustained period. Although the support worker narratives
36 derived from these sources were collected for administrative and not research purposes, it
37 was felt that they offered a more comprehensive picture of persistent rough sleeping than
38 might be derived from direct interviews with an opportunity sample of rough sleepers.

Moreover, as explained, the support worker narratives were supplemented by focus groups with the SOT and MNSW.

To test the claim that persistence in rough sleeping is associated with a distinct sub-group, some numerical findings are helpful. There were 72 who met the criteria for 'persistence', of which 33 were 'sustained', 32 were 'recurrent' and 7 were both. Names ~~had to be were~~ cross matched ~~between to reveal 21 found in both the two~~ data sets which served both to prevent double counting, and to corroborate data between the two sources at least where this sub-group was concerned. Those in the SOT ~~data sample~~ made up 8% of the 669 people seen sleeping rough by the SOT during the study period; those service users from the multiple needs project who met the criteria made up 13% of the 302 who had used the service up to the end of March 2017. Compared with these two broader populations, a greater number of persistent rough sleepers were found to be White British men without a significant physical disability. Moreover, more had support needs arising from problematic substance use, mental ill health and offending, had spent significant time in prison, had been evicted from accommodation or excluded from or refused services, and had engaged in begging as a significant source of income. ~~However, these are not~~ How far this pattern represents the unique features of a pathological sub-group, ~~but or merely~~ the extreme end of a spectrum of need ~~that characterises a large and growing population of rough sleepers and adults with multiple needs, is a question more appropriately explored through individual cases where the role of need in the exercise of choice is examined~~. ~~This is therefore inadequate as an explanation of persistence in rough sleeping.~~

The experience of persistent rough sleeping

In the remainder of this article, ~~support worker~~ narratives extracted from the two datasets on the 72 persistent rough sleepers are used to see how decisions ~~by rough sleepers~~ and the factors that influence them explain persistence ~~more convincingly~~. The narratives ~~have been were~~ summarised into brief vignettes ~~(in boxes) and selected for this article~~ to illustrate issues raised in the focus groups and the operation of factors repeatedly encountered, and the names used are pseudonyms. ~~Vignettes have been selected to illustrate~~ the situations in which choices were constrained by the perverse incentives of policy in the management of rough sleeping. The vignettes are in boxes and the names used are pseudonyms

1) Diminished housing options

Both rough sleepers themselves and those who work with them are encountering a diminishing range of options, arising from cuts in public funding and adverse changes in the housing market. Hostels have closed, while Government financial support to cover the cost of rents through Housing Benefit has been progressively reduced, diminishing the availability of tenancies that are affordable to people who are out of work or low-paid.

In July 2016, Alan, belonging to the sustained group, had a tenancy, but he felt harassed by neighbours knocking on his door constantly, so he slept rough. He was waiting to be re-accommodated by his landlord. At the end of August, he gave notice on his property as no alternative was found, and by the end of October 2016, the SOT had lost contact with him.

Confronted by the barrier of no alternative housing, Alan preferred rough sleeping to continuous neighbour harassment. Meanwhile, his landlord may well have experienced the perverse incentives of a benefit system that threatened to undermine his source of income, as the MNSW_s testified.

It's really difficult in terms of move-on options. There's less and less social housing and private landlords aren't taking anyone on. It's really difficult to find anywhere now. I think, with Universal Credit, the money is going to get paid into their own bank account rather than direct to the landlord, so the landlords don't want to take on that anymore. (MNSW focus group 2)

2) Impaired housing rights

In addition to the housing market, homeless people in England have rights to housing through their local authority conditional on meeting certain conditions (Author 1, MHCLG 2020c). At the time of the research, households without care of dependent children needed to show that their homelessness was unintentional, that they were in 'priority need' because they were deemed 'vulnerable' due to their age, infirmity or some other recognised reason, and that they had a 'local connection' to the authority where they were making their application. These conditions constrained rough sleepers' choices in various situations.

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3 For instance, they might refuse an accommodation offer in the only place where they have a
4 local connection because of genuine fears of violence in that locality.
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8 In October 2014, Ellie from the recurrent group fled from another city with her
9 partner due to threats of violence. She was offered reconnection back to where she
10 came from, but she was afraid to go back. Following a brief stay in hospital, she was
11 accommodated in a hostel in December, but in February 2015 was asked to leave to
12 return to the city where she had a local connection. When she refused to go back
13 due to the threats of violence against her, she returned to rough sleeping.
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19 For Ellie, sleeping rough was preferable to exposing herself to the perceived risk of
20 violence, yet refusing the offer of accommodation led to denial of further offers because she
21 had made herself homeless 'intentionally', a presumed exercise of choice that was written
22 into the legislation. Meanwhile, Frank was judged intentionally homeless for failing to pay
23 his rent.
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29 After a spell in prison in 2013, Frank from the recurrent group found himself
30 accommodation, but was evicted due to rent arrears and was classed as intentionally
31 homeless. He was eventually housed in supported accommodation but lost his bed
32 due to lack of engagement and health and safety issues. In 2014, he was admitted to
33 a hostel after another prison sentence but was evicted for non-payment of rent due
34 to delay in receiving benefits. He ended up sleeping rough before being granted
35 supported accommodation.
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43 Rules that judge people like Frank to be intentionally homeless for non-payment of
44 rent are designed to make them prioritise rent payment in their budgetary choices. Frank's
45 non-payment arose from delays in receiving Government welfare benefits over which he
46 had no control, but his earlier rent arrears may have arisen from prioritising other needs
47 over rent payment. Frank may have been treated unreasonably in being judged
48 'intentionally homeless', since it is doubtful that his homelessness arose from a deliberate
49 non-payment over which he had control (MHCLG 2020c, S9.17). However, being judged
50 'intentionally homeless' can have lasting consequences, as the MNSW_s testified.
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58 The ways things are seen ... if someone has become intentionally homeless, they like
59 get branded with that ... Like once that happens, OK we've given you a shot we don't
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3 have a duty to you anymore, do things off your own bat. I think it only ends when
4 they find another secure accommodation ... But until that point, they are always
5 going to be intentionally homeless. They are not going to be offered anywhere.
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8 (MNSW focus group 2)
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11 Since completing this research, the Homelessness Reduction Act, 2017, now requires
12 local authorities in England to relieve all homelessness regardless of priority need and
13 intentionality, offering a 'personalised housing plan' to all applicants (Great Britain, 2017),
14 but the new Act only modifies the operation of existing legislation to which local authorities
15 may revert if rough sleepers fail to cooperate with their personalised housing plan, thereby
16 retaining the scope for penalising poor choices (Dobson, 2018).
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22 23 3) Mental ill-health and other complex needs 24

25 Homelessness is rarely the only problem experienced by persistent rough sleepers
26 (Cockersell, 2018). Where mental ill-health is concerned, support services that might be
27 available to the general population become hard to access when living on the streets
28 (Cornes et al., 2018). In the context of diminishing resources, the outcome is frequently an
29 inappropriate referral to an unsuitable hostel, where the exercise of choice might be
30 distorted by mental ill-health, as the SOT explained and as Irene's case illustrates.
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36 These hostels are not suitable for these people with these levels of mental ill-health,
37 so they get much more negative outcomes, aggression towards staff and not coping.
38 Then they get evicted, still with that level of priority need, with us faced with trying
39 to house them with them getting evicted. It's a huge barrier. B&B (Bed-and-Breakfast
40 hotel) isn't appropriate, and the streets aren't appropriate. So where can you go?
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45 (SOT focus group)
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48 Irene from the recurrent group illustrates the challenges in accommodating
49 homeless people with chronic mental health problems. In May 2012 she was evicted
50 from a hostel. She had experienced a period of compulsory detention under the
51 Mental Health Act and claimed upon release that her bed had been given away. She
52 ended up rough sleeping. In June, she declined one hostel from fear of another
53 resident she knew was living there. She did not want to return to the place where
54 she had previously stayed as she blamed them for her current situation, although
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3 she ended up moving back there in July. However, by March 2015, she was no longer
4 staying at her accommodation, afraid that someone was after her. She was believed
5 to be rough sleeping and her mental health had deteriorated.
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9 Irene might well have met the criteria for support under the Care Act, but research into
10 its implementation with multiply excluded homeless people (Mason et al., 2018) suggests
11 that a lot hangs on knowledge of service availability locally, advocacy and the way needs are
12 presented to service providers, conditions that Irene was unlikely to meet.
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17 4) Hostel aversion

18 Irene declined offers of help that she believed would do her harm while services that could
19 take account of her mental health needs were hard to access. She illustrates a wider
20 ambivalence towards hostel accommodation encountered among many persistent rough
21 sleepers. They recount stories of evictions for rent arrears or inappropriate behaviour, or
22 abandonment for experiences of intimidation or financial exploitation by other residents.
23 Like Irene, they decline offers out of fear of who they might encounter, or of being lured
24 into lifestyles from which they seek to escape.
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33 Some of the beneficiaries we work with do not fare well in hostels. The only choice
34 of housing they have when they are rough sleeping is to go into a hostel. What's
35 happening is they are being put with other people who have similar support needs to
36 themselves. So, they are going to clash. Or it could be that they know people that
37 have been rough sleepers before, or they've got a history. (MNSW focus group 1)
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43 Kevin, another recurrent rough sleeper with both mental and physical health issues,
44 was first found in 2012 sleeping rough in a shed. Although not first seen as in priority
45 need under homelessness legislation, this changed due to his health condition and
46 he was placed in B&B. However, he refused two hostel places, one because he
47 believed it to be full of drinkers and the other because he had problems with a
48 current resident. He was eventually placed in another hostel which he abandoned by
49 mid-spring and returned to rough sleeping. In the autumn he was accommodated in
50 private property with help from the SOT. However, at the end of the year he
51 abandoned the property and slept rough before being placed in another hostel,
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3 which he also abandoned by the end of February 2013 to return to rough sleeping,
4 insisting that he did not want to be in a hostel.
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8 –Kevin was not choosing a street lifestyle; he was expressing a desire to protect
9 himself from bullying and the lure of alcohol through rough sleeping as the only option that
10 he believed would achieve those ends. In a detailed study of hostel avoidance and
11 abandonment, McMordie (2020) has used cognitive appraisal theory to explain these
12 choices as rational responses to intolerable stress, driven by a desire to control outcomes in
13 pursuit of perceived self-interest in situations where the only accommodation option is seen
14 as trapping you in the very complex needs from which you wish to escape.
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20 21 22 5) Being a 'bad risk'

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24 Others experience repeat evictions resulting in a negative risk assessment that follows them
25 around, excluding them from potential offers of accommodation, effectively punishing them
26 for their bad choices, as the SOT explained and as Larry's case illustrates.
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30 Some just have their personalities that mess them up. You get them in somewhere
31 for a couple of weeks and then it all goes wrong. ... (They) go back on the drink,
32 might be somebody else from the hostel. Being accused of something. ... Sometimes
33 they leave of their own accord, but they get kicked out. ... Aggression. Owing rent. ...
34 An argument with a resident. Abusive to staff. ... If somebody has got evicted that
35 risk assessment follows them round and it is difficult to rehouse. (SOT focus group)
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42 Larry was both a recurrent and sustained rough sleeper who combined many
43 support needs with considerable severity. In January 2012, he had his own tenancy
44 but had an ASBO (Anti-Social Behaviour Order) in the area where he lived so went to
45 the winter night shelter. He was served an eviction notice for his tenancy in July
46 2013 and was accepted into a hostel in August. From there, he was evicted in
47 January 2014 due to threats to staff and inappropriate sexual behaviour. By March
48 he had been barred from most places and in May was living in a squat.
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56 Larry's is the kind of case that might tempt us to blame him for his homelessness, but
57 accounts of human agency, not to mention effective policy responses, must embrace the
58 bad choices people make. The origins of Larry's anti-social behaviour are not recorded, but
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3 the predominance of compound trauma in the biographies of homeless people with
4 complex needs is well recognised (Cockersell, 2018). Because of his ASBO, he found himself
5 housed in a locality where his movements were restricted in unacceptable ways, and rough
6 sleeping was his preferred remedy. However much his complex needs impelled him to make
7 irrational choices, exclusion from all lawful sources of accommodation was the result and
8 that cannot be a satisfactory outcome for social policy.
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14 15 6) Relationships

16 Relationships provide one further, highly complex personal constraint in the lives of
17 persistent rough sleepers, which may be positive as well as negative (Stevenson and Neale,
18 2012). We have already seen how people refuse offers of accommodation through fear of
19 whom they might meet. Others may do so out of loyalty to a partner on the streets with
20 whom they have developed a close bond, expressing a preference for a valued relationship
21 over accommodation.
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29 You tend to get quite a lot of couples ... We see them together in the service ... I
30 think that is also a barrier because couples want to get housed together and it's just
31 not how it works. So, they'd rather be on the streets together than separated in a
32 hostel. That is a barrier, trying to get (housing provider) to recognise people as a
33 couple. They've not resided in a house; they've lived on the streets together for
34 months. (MNSW focus group 2)
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41 These situations may arise equally for men and women, but women are more likely to
42 find themselves trapped in abusive or exploitative relationships which may impede solutions
43 to their housing problems where housing providers are precluded from accommodating a
44 homeless woman with a partner from whom she is deemed to be at risk (Moss and Singh,
45 2015). This was certainly the case with Nicole, with whom the SOT had a long and complex
46 relationship.
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52 Nicole was another who combined recurrent and sustained rough sleeping with
53 significant drug and alcohol problems. However, complex relationships played a
54 significant part in keeping her on the streets. Access to secure accommodation was
55 impeded by the Council's unwillingness to house her with a violent partner from
56 whom she was reluctant to be separated. Spring 2013 saw her sleeping rough with
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3 her partner and dog when drug dealers threatened them at their property. She was
4 in a domestically abusive relationship but managed to stay at a friend's house while
5 her partner was in police custody for breaching bail conditions by staying with her
6 and assaulting her. At the beginning of 2014, she had a property, but found herself
7 obliged to sleep rough when drug dealers to whom she owed money took her key.
8 Her Housing Benefit was also suspended. The Council offered accommodation out of
9 the area as she was fleeing violence, but she did not want this and did not want to
10 call the police as she was scared. She was then seriously assaulted in her property
11 and the police advised her not to go back and she was sent to a hotel. However, she
12 soon stopped using the room and slept rough. Late that spring, her abusive partner
13 was released from prison and they slept rough together. They were accepted in
14 different hostels, but she wanted to be housed together to keep benefit payment
15 simple as she wanted a joint claim. Her story continued in similar vein for another
16 three years.

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—Nicole's loyalty to a partner – even an abusive one – appears to have been valued above secure accommodation at key points, but this was not so much a choice to sleep rough as a way of evading either threats from drug dealers or the very restrictions on accommodating women with abusive partners that the Council had ironically imposed for her protection. Her relationship with her abusive partner generated a sequence of inconsistent choices reflecting complex perceptions of where her interests lay and above all a desire to sustain some degree of control over her fluctuating situation.

Conclusion and the way forward

The Government's response to the Covid-19 emergency in the UK has shown that there is nothing inevitable about the seemingly inexorable rise in rough sleeping, not even for persistent rough sleepers. This article challenges assumptions about the exercise of choice using evidence from a study in an English city for a deeper understanding of what binds some people more than most to a damaging and life-threatening set of circumstances. The conclusion is that persistence in rough sleeping is explained neither by lifestyle choice nor the possession of a distinct set of pathological characteristics, but is best understood as a

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3 result of the exercise of agency in the context of complex need and the perverse incentives
4 of social policy.
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7 The model of human agency by which choice is the product of reasoned deliberation
8 has been substantially qualified (Hoggett, 2001), not least among writers on homelessness
9 who have advanced models of contextualised rational action to account for the apparently
10 irrational choices that homeless people make (Somerville and Bengtsson, 2002;
11 McNaughton Nicholls, 2009; Damon, 2018). Hoggett showed that people's scope for free
12 choice is affected by their capacity for self-determination and their opportunity for
13 reflexivity and these are subject to constraints of powerlessness, which might derive
14 externally from lack of resources or policy regulations, or internally from fear, conflicting
15 impulses or traumatic memory. The choices people make reflect a common desire to
16 negotiate constraints in order to shape their own destinies, and persistent rough sleepers
17 are no exception. This article has explored a few examples of how they negotiate the
18 limitations and perverse incentives of social policies in pursuit of their best interests as they
19 perceive them. Alan sought to escape neighbour harassment, but the unaffordability of
20 private tenancies for someone living on welfare benefits precluded alternative
21 accommodation. Ellie remained homeless because homelessness regulations in England at
22 the time required her to move to where she feared violence if she wanted to be rehoused.
23 Irene's hostel struggled to cope with her mental health needs and Kevin feared that his
24 hostel would lure him back into the drinking culture from which he wished to escape, as a
25 result of which both remained homeless. Meanwhile, Nicole believed her security lay more
26 in sleeping rough with an abusive partner than with a tenancy where she feared discovery
27 by drug dealers.
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45 Elsewhere (Author 2), I have shown that the primary longing of homeless people with
46 a background of compound trauma is for unconditional sanctuary, an unthreatening
47 environment where they can confront their complex needs in security. When the street
48 population expands as we have seen dramatically in recent years, paradoxically it loses
49 some of its hostility, becoming instead a refuge from a hostile world from which some
50 degree of mutual support and self-respect can be found. There is evidence (MEAM, 2020)
51 that the hotels in which rough sleepers have been accommodated in response to the Covid-
52 19 emergency have provided such a refuge for some, but this needs to be qualified by those
53 returning to the streets or remaining there (*The Guardian*, 2020; Fitzpatrick, Watts and Sims,
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2020). Meanwhile, Housing First initiatives have for some time proved an effective alternative for those who have become averse to hostel accommodation (Bretherton and Pleace, 2015), and initiatives introduced as part of the UK Government's *Rough Sleeping Strategy* (MHCLG, 2018) offer grants to local authorities to fund navigators and other personalised sources of help.

However, the evidence of this article points to the perverse incentives that are still built into many policies that govern access to services. We have already noted difficulties in accessing additional support services through the Care Act 2014 when living on the streets (Corney *et al.*, 2018) and the limitations of the Homelessness Reduction Act 2017 in sustaining compliance with personalised housing plans. To be genuinely compassionate, responses to rough sleeping require neither tolerant indifference out of respect for autonomy, nor the sanctioning of poor choices, but the provision of supported space in which to reflect on the past, receive care if needed, and pursue options in safety.

Acknowledgements

[Anonymised for review purposes]

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