



## Homelessness and Rough Sleepers Sub Committee

**Date:** THURSDAY, 6 SEPTEMBER 2018  
**Time:** 11.00 am  
**Venue:** COMMITTEE ROOM 1, WEST WING, GUILDHALL

**Members:** Randall Anderson  
Tijs Broeke  
Mary Durcan  
Marianne Fredericks  
Alderman Ian Luder  
Benjamin Murphy  
Dhruv Patel OBE  
William Pimlott  
Henrika Priest  
Mark Wheatley

**Enquiries:** Julie Mayer 020 7 332 1410  
[julie.mayer@cityoflondon.gov.uk](mailto:julie.mayer@cityoflondon.gov.uk)

**Lunch will be served in Guildhall Club at 1PM**  
**NB: Part of this meeting could be the subject of audio or video recording**

**John Barradell**  
Town Clerk and Chief Executive

## **AGENDA**

1. **APOLOGIES**
2. **MEMBERS DECLARATIONS UNDER THE CODE OF CONDUCT IN RESPECT OF ITEMS ON THE AGENDA**
3. **TO ELECT A CHAIRMAN IN ACCORDANCE WITH STANDING ORDER 29**  
Members are asked to note that the Chairman of the Community and Children's Services Committee (the Parent Committee) will serve as Deputy Chairman of the Homelessness and Rough Sleepers Sub Committee.  

**For Decision**
4. **SUB COMMITTEE'S TERMS OF REFERENCE**  
Members are asked to note the Report of the Town Clerk, to the Community and Children's Services Committee of 8 June 2018, approving the Sub Committee's Terms of Reference.  

**For Information**  
(Pages 1 - 4)
5. **ROUGH SLEEPING UPDATE**  
Report of the Director of Community and Children's Services.  

**For Information**  
(Pages 5 - 36)
6. **HOMELESSNESS AND ROUGH SLEEPERS PERFORMANCE REPORT**  
Report of the Director of Community and Children's Services.  

**For Information**  
(Pages 37 - 44)
7. **HEALTH CARE PROVISION FOR PEOPLE SLEEPING ROUGH IN THE CITY OF LONDON**  
Report of the Director of Community and Children's Services.  

**For Information**  
(Pages 45 - 74)
8. **CITY OF LONDON POLICE UPDATE**  
Report of the Chief Inspector, Communities and Partnerships, City of London Police.  

**For Information**  
(Pages 75 - 96)
9. **HOMELESSNESS AND ROUGH SLEEPERS STRATEGY 2019-2022 - PROJECT PLAN**  
Report of the Director of Community and Children's Services.  

**For Information**  
(Pages 97 - 102)

10. **ALTERNATIVE GIVING AWARENESS-RAISING CAMPAIGN: 'HELP WITH REAL CHANGE, NOT SMALL CHANGE'**  
Report of the Director of Community and Children's Services.  

**For Information**  
(Pages 103 - 112)
11. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE COMMITTEE**
12. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT**  

**For Decision**
13. **EXCLUSION OF THE PUBLIC**  
MOTION – that, under Section 100(a) of the Local Government Act 1972, the public be excluded from the meeting for the following items on the grounds that they involve the likely disclosure of exempt information as defined in Part 1 of Schedule 12A of the Local Government Act.  

**For Decision**
14. **QUESTIONS RELATING TO THE WORK OF THE SUB COMMITTEE WHILE THE PUBLIC ARE EXCLUDED**
15. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT WHILST THE PUBLIC ARE EXCLUDED**

This page is intentionally left blank

# Agenda Item 4

<b>Committee:</b> Community & Children's Services Committee (for decision).	<b>Date:</b> 8 <sup>th</sup> June 2018
<b>Subject:</b> Establishment of a Homelessness and Rough Sleepers Sub Committee	
<b>Report of:</b> Town Clerk	<b>Public</b>
	<b>For Decision</b>
<b>Report author:</b> Natasha Dogra	

## **Summary**

The purpose of this report is to consider the establishment of a sub committee focussing on tackling the issues of rough sleeping and homelessness within the Square Mile.

The role and responsibility of the sub committee are set out within the report, with the principal function being to examine and keep under review the City Corporation's efforts to tackle rough sleeping and evaluate the work undertaken with partner organisations to prevent rough sleeping in the City of London.

## **Main Report**

1. At the Committee meeting on 11 May 2018, Members considered the appointments to the sub committees and panels for the ensuing year. Consideration was also given to the appointment of a Lead Member for Rough Sleepers.
2. A proposal was put forward that consideration be given to creation of a sub committee to investigate the problem of individuals sleeping rough and homelessness in the City of London.
3. Members agreed that the problem was widespread and required a closer oversight to ensure that more was being done to deal with the issues presented.

## **Background**

4. Members are asked to consider the draft terms of reference of the group (Appendix A).
5. The membership of the group shall consist of:

- i. The Chairman & Deputy Chairman of the Community and Children's Services Committee;
  - ii. Up to six Members of the Community and Children's Services Committee and/or the Court of Common Council;
  - iii. Two Members representing the Police Committee;
  - iv. A representative of the City church; and
  - v. Chairman of the Safer City Partnership or his/her representative.
6. The sub committee will have the power to co-opt up to two external members outside of the Court of Common Council. These individuals will provide expert experience relevant to the subject matter.
7. The quorum of the sub committee shall consist of any three Members of the Court of Common Council.
8. It is recommended that the group meet a minimum of five times per year.

### **Conclusion**

9. Members of the Community and Children's Services Committee are invited to consider the creation of the sub committee and agree the remit for the group.

### **Appendices**

**Appendix A:** Draft terms of reference for the Rough Sleepers and Homelessness Sub Committee.

#### **Contact:**

Natasha Dogra Telephone: 020 7332 1434 Email:

[Natasha.Dogra@cityoflondon.gov.uk](mailto:Natasha.Dogra@cityoflondon.gov.uk)

#### **Appendix A**

Draft terms of reference for the Rough Sleepers and Homelessness Sub Committee.

1. To give consideration to strategies and proposals to alleviate rough sleeping and homelessness in the City of London together with other associated activities.
2. To have an overview of government and regional policies on rough sleeping;
3. To have an overview of rough sleeping in the City of London;
4. To monitor new approaches to working with rough sleepers;
5. To monitor the financial implications in delivering a service to rough sleepers;
6. To be informed about the health and wellbeing of rough sleepers, what services are required and how they can be delivered;
7. To monitor the implications of any enforcement activities; and
8. To monitor the numbers of rough sleepers on the City streets.

9. To liaise with other local authorities and agencies working towards tackling homelessness and rough sleeping.

This page is intentionally left blank



# Agenda Item 5

<b>Committee</b>	<b>Dated:</b>
Homelessness and Rough Sleeping Sub-Committee Safer City Partnership – for information	06/09/2018 27/09/2018
<b>Subject:</b> Rough Sleeping Update	<b>Public</b>
<b>Report of:</b> Andrew Carter, Director of Community and Children's Services	<b>For Information</b>
<b>Report author:</b> Will Norman, Interim Service Manager, Homelessness and Rough Sleeping	

## Summary

This report articulates our work with homeless and rough sleeping individuals in order to fulfil the City's local authority function in accordance with the policy commitments of central government and the Mayor of London. The City continues to take part in a Pan-London approach to addressing rough sleeping and is represented at the Greater London Authority's (GLA's) operational leads meeting.

In Q1 2018/19, the total number of rough sleepers recorded in the City dropped for the third successive quarter. The number of rough sleepers included in the 'living on the streets' cohort also dropped for the third quarter in a row, aided by the fact that no new rough sleepers migrated onto this cohort in the period. One fewer RS205+ (the highest priority of rough sleeper) slept on the City's streets. The number of intermittent rough sleepers rose by one person.

In May, the City was awarded £215,000 from the Ministry of Communities, Housing & Local Government (MHCLG) Rough Sleeping Initiative Fund. A key area of activity this quarter has been the design and mobilisation of projects aimed at significantly and permanently reducing rough sleeping in the City. Delivery will begin during August 2018.

## Recommendation

Members are asked to note the report.

## Main Report

### Background

1. The City outreach team continues to implement monthly street audits. It is important to note that the audits are just a snapshot of the number of rough sleepers on the City's streets. The audits provide an opportunity to gather intelligence about who is actually sleeping out on any given night. Please note that street audit data is a discreet data set collected by the City of London for its own monitoring and planning purposes and is not derived from the Combined Homelessness Information Network (CHAIN).

**Table 1: Number of rough sleepers in the City of London 2016 to date**

Month	No.	Month	No.	Month	No.
January 2016	35	January 2017	31	January 2018	38
February 2016	36	February 2017	27	February 2018	29
March 2016	24	March 2017	31	March 2018	N/C**
April 2016	28	April 2017	32	April 2018	30
May 2016	27	May 2017	30	May 2018	31
June 2016	33	June 2017	N/C**	June 2018	N/C**
July 2016	31	July 2017	33	July 2018	N/C**
August 2016	29	August 2017	40	August 2018	25
September 2016	25	September 2017	N/C	September 2018	
October 2016	29	October 2017	34	October 2018	
November 2016	50*	November 2017	36*	November 2018	
December 2016	N/C**	December 2017	N/C**	December 2018	

\* Official count – the annual counts are reported to the MHCLG to measure local authorities' progress in meeting their targets.

\*\* No count undertaken.

2. 2017/18 annual data for Greater London reveals that 7,484 rough sleepers slept rough in the capital. This represents an 8% reduction on the previous year. Long-term trend analysis shows a year-on-year increase in rough sleeping numbers from 2008/09 which halts in 2017/18.
3. In 2017/18, data provided by CHAIN shows that 348 individuals slept rough in the City of London, which represents an 8% drop on the figure from 2016/17. This data set is distinct from that published quarterly by CHAIN or collected monthly during the audit counts. The City now has the sixth-largest rough sleeping population in London, an improvement from the fourth-largest in 2015/16. The City shares a boundary with three local authorities in the top five: Westminster, Camden, and Tower Hamlets.

## Current Position

### Street profile

#### 4. Street profile narrative for Q1 – April to June 2018:

In Q1, 125 individuals were recorded as sleeping rough in the City, of which:

- 29 were new rough sleepers (six less than the previous quarter)
- 34 were longer-term rough sleepers, known as 'living on the streets' (six less than the previous quarter)
- 62 were intermittent rough sleepers (one more than the previous quarter).

Many of the trends seen in Q4 2017/18 have continued. Most key identifiers have reduced – we have seen fewer individuals rough sleeping. Fewer of these are new to rough sleeping and the number of rough sleepers qualifying for the 'living on the streets' cohort has reduced. On a monthly basis between April and June we saw a similar trend, as per the data shown in Table 2

**Table 2: Quarter 1 2018 by month**

<b>Rough sleeper category</b>	<b>April 2018</b>	<b>May 2018</b>	<b>June 2018</b>
New	11	11	6
Known	55	53	37
Total individuals	66	64	43

#### 5. Two street audits were carried out during the period, with 30 people counted in April and 31 in May. A single audit was carried out more recently – in August 25 rough sleepers were found bedded down, which is the lowest figure since September 2016. There was no variation in the methodology applied. Further analysis of this most recent snapshot reveals the following:

- 84% were male, 16% female
- Most were aged 40 to 60 years
- 15 are considered City outreach clients, four are known to be working with other services and six were unknown to the outreach team
- 16% were non-UK nationals
- 10 are known to have drug-related support needs; five have mental health needs; five have alcohol-related needs; and four are known to have two or more of the above
- six people were counted at an active hotspot.

### Hotspots

#### 6. There are currently three active hotspots in the City – Mansell Street, Liverpool Street Arcade and Castle Baynard House. A fourth site in the pedestrian subway on Goodman's Yard has been successfully resolved. Discussion at the recent GLA Rough Sleeping Leads meeting covered the issue of tents being

used as rough sleeping equipment. Several inner London authorities have recorded a steep rise over the last six months. The larger green spaces found in Outer London have been used in the past, mainly by migrant workers or non-UK nationals with no recourse to public funds. The use of tents in built-up areas, often on pavements or in car parks, has been noted as a more recent trend. The City of London has arranged to meet with colleagues in Westminster and Tower Hamlets to explore the issue further.

7. Mansell Street – this site involved a disused pedestrian subway that runs under Mansell between 46 Aldgate High Street and the Sedgwick Centre. The subterranean section of the tunnel is closed and cannot be accessed. The ramped section remains open and accessible from street level. The area is also covered by an overhang which shelters the area from rain. The owners of the land have been contacted to assist with the closure of the area and it has been routinely cleared and cleaned. Between one and three rough sleepers can be found there and all are in receipt of a service offer.
8. Liverpool Street Arcade – this is a covered shopping arcade adjacent to Liverpool Street. The arcade itself can and should be locked at night but this is hampered by its use as an access point for Transport for London (TfL) engineering staff as well as the businesses based in the arcade. As a result, it is largely left open. Between three and five people can often be found here. A TfL asset manager has been contacted.
9. Castle Baynard House – we currently have two rough sleepers using a tent on a City-owned elevated walkway crossing Puddle Dock. Another tent was removed after it was left unattended and the area was cleaned on 3 August. The Department of the Built Environment has been contacted in order to explore ways forward.

### **MHCLG Rough Sleeping Initiative Fund**

10. A fund of £30 million was announced on 30 March 2018 to help local authorities with the highest number of rough sleepers target the problem. The City of London Corporation submitted a proposal to MHCLG on 18 May. On 8 June we learned that we had been successful in our bid for an award of £215,348 for project costs to the end of the financial year 2018/19. We made a further proposal for 2019/20 as part of the same application, however, we don't expect to have confirmation of this until later in the year.
11. The Government is hoping to use the targeted fund to achieve an impact on rough sleeping numbers within the 2018/19 timeframe. When drafting our proposals, we were invited to build on existing work that was known to be successful and initiatives that could be implemented quickly. Our proposal is outlined below:
  - A Rough Sleeping Co-ordinator within the Homelessness and Rough Sleeping Team
  - An increase in the timing of our Pop-up Hub to a monthly Assessment Hub

- Extra capacity for our commissioned outreach to support hub activity to focus on our most entrenched rough sleepers
- Extra capacity at the Providence Row Dellow Centre to support hub activity and focus on a cohort of City rough sleepers
- Extra capacity in the No First Night Out homelessness prevention project.

12. These extra measures will see the recruitment of two new full-time officers into roles at the City of London and two further full-time roles with our partners in the voluntary sector. The rest of the award will be invested in the operational activity associated with Assessment Hubs.

13. There are several key benefits we expect to see from this approach:

- a) Four of the five proposal areas will focus on our most entrenched rough sleepers, those that make up our 'living on the streets' cohort.
- b) The increase in hub activity and more frequent timing will ensure that we stand a greater chance of reaching more rough sleepers. This will assist with engaging 'intermittent' rough sleepers, a group that form the largest cohort within our rough sleeping population.
- c) Greater planning and partnership work around our work with rough sleeping 'hotspots' – both from a prevention and response perspective.
- d) Further development of a support and enforcement model to help communities and visitors and provide a co-ordinated approach to complex cases.
- e) Increasing the scope and timing of our Pop-up Hub model will provide a platform to test ideas around assessment. It will also support models and generate an evidence base that will inform future planning.
- f) Increased capacity in our commissioned outreach team so that Assessment Hubs can become a sustainable 'business as usual' model which does not detract from regular casework.
- g) Increased capacity at our nearest day centre which expands our service offer and supports continuity of support during and in between hubs.
- h) Further investment into homelessness prevention as a key method in reducing rough sleeping numbers.

14. Work has started in the mobilisation phase of the various workstreams. Recruitment is underway for the City of London Rough Sleeping Co-ordinator post. Interviews are scheduled to take place in late August. The first City of London Assessment Hub is set to proceed between 19 and 24 August. St Mungo's have recruited a dedicated 'Living on the Streets' focused outreach worker to support Assessment Hub activity and deliver enhanced casework to entrenched rough sleepers. Providence Row Dellow Centre has a new worker in post ready to assist with Assessment Hub. No First Night Out have recruited a new caseworker who is expected to start in late September.

## Housing First, Pop-up Hubs and pathway co-ordinator post

15. Housing First – a former rough sleeper continues to occupy a social tenancy created for him after a successful period of detox and rehabilitation. Comprehensive support and tenancy sustainment plans are in place, co-ordinated by St Mungo's.
16. Pop-up Hubs – from 19 August the quarterly City Pop-up Hub will be integrated into the monthly Assessment Hub schedule, funded by the Rough Sleepers Initiative. Hub activity until December is expected to take place at St Botolph's, Aldgate. Our principle partners are Diocese of London, St Mungo's and the Providence Row Dellow Centre, with wider support provided by Westminster Drug Project, Riverside Street Buddies, Enabling Assessment Service London (EASL) and Greenlight. Pop-up Hub 22 operated between the 24 and 29 June and saw 22 attendees. Ten of these visitors were assisted into interim or longer-term accommodation.
17. Pathway Co-ordinator – St Mungo's have successfully recruited to this post and a starter is expected at the end of August.

## Parkguard pilot and Operation Luscombe

18. The quarter saw more patrols engaging with a higher number of rough sleepers. On 40 separate occasions, someone found begging was asked to move away, up from 13 in Q4 2017/18.

**Table 3: Parkguard activity summary**

<b>Activity</b>	
Number of patrols	<b>39</b>
Jointly with outreach	<b>10</b>
Direct contacts with rough sleepers	<b>132</b>
Direct contacts at begging sites	<b>40</b>
Individuals moved on from begging sites	<b>40</b>

19. The current contract with Parkguard (a company that provides community safety services) is due to come to an end this summer. Work is currently underway to commission a new service from September. At present the contract is currently open to quotation, with a closing date of 20 August.

20. Consistent disruption plays an important role in discouraging begging in the area. This approach has been complemented by the City of London Police's Operation Luscombe, which has been active during the period. Two intervention hubs were held in June with activity continuing through the summer. City of London Police officers operating on their own intelligence bring people found begging to a location where they can meet with rough sleeping outreach workers and drug and alcohol professionals. Further data will be available at the end of Q2.

### **Mental health**

21. EASL continue to provide a low-threshold referral service for rough sleepers who do not necessarily meet the requirements of a Mental Health Act assessment, but whose behaviour is troubling or chaotic. In this capacity EASL have received 10 referrals from the outreach team and conducted six face-to-face assessments. Further to this, an EASL practitioner has undertaken two reflective practice sessions with the outreach team.
22. We are currently reviewing the findings from recently commissioned research into health services for rough sleepers. The report's recommendations will inform how the service will be recommissioned later in the year.

### **Detox and treatment pathway**

23. We have used our discretionary budget a second time to help a long-term rough sleeper and RS205+ client to access residential detox and rehab services provided by our partners at the Westminster Drug Project. The individual in question was serving a prison sentence at the time and had detoxed from street drugs while in custody. The St Mungo's Street Impact team worker continued to meet with him to plan for his release. The plan to move to residential detox and rehab was driven by the client. Due to the unrestricted and discretionary nature of the detox budget, we were able to authorise a referral. Despite an early and unplanned exit from treatment, the client remains opiate and alcohol free in temporary accommodation.
24. Westminster Drugs Project have completed a review of needle exchange provision in the Square Mile. This paper can be found attached as Appendix 2.

### **Severe Weather Emergency Protocol (SWEP)**

25. The winter of 2017/18 saw some of the longest, coldest periods of severe weather that London has endured for many years. Autumn 2017 saw the GLA launch an updated version of their SWEP protocol. The recommendations were incorporated into the City of London SWEP pilot protocol for 2017/18. The duration of some of the cold spells – most notably one at the end of February which lasted 11 days – meant that human and residential resources were exhausted. With the assistance of members, we secured extra capacity at St Mary Aldermary church which allowed for a temporary SWEP Hub.

26. The GLA are currently reviewing data and anecdotal feedback from local authorities to inform a redrafted SWEP protocol for winter 2018/19. The City is contributing to this review and we expect to see a draft set of recommendations in August with a final protocol ready for September. Learning from the City SWEP pilot has been reviewed and adopted by a revised SWEP protocol which is available to Members as a draft. The final recommendations generated by the GLA review will be considered and included as required.
27. A draft copy of the protocol document for 2018/19 is included as Appendix 1 to this report.

### **Communications and engagement**

28. A more detailed explanation of our current strategic position on communications can be found in the specific sub-committee report. A summary of recent activity is as follows:
- We continue to explore the potential benefits of promoting an alternative giving message in the City of London. This provides a positive vehicle for tackling begging while also supporting specialist providers in the voluntary sector. We have opened discussion with TAP London who have experience of delivering contactless payment points to support charitable activity.
  - Key messages and a design theme are being developed.
  - Infographics promoting our achievements for rough sleepers are being designed and will be disseminated through a number of digital platforms.
  - Discussions continue with the GLA to align the City of London's winter awareness campaign with the Mayor's.

### **Corporate & Strategic Implications**

29. The prevention and relief rough sleeping in the City links directly to the 2018–2023 Corporate Plan, particularly the aim of contributing to a flourishing society.

### **Implications**

30. There are no financial, legal, property or HR implications.

### **Health Implications**

31. There are no known health implications.

### **Conclusion**

32. The picture in Q1 2018/19 continues the trends we saw in quarters 3 and 4 2017/18. The number of rough sleepers known to be in the City continues to



drop, and the number of rough sleepers qualifying for the 'living on the streets' cohort also declined. Both these measures in Q1 2018/19 are lower than the same period in 2017/18. Despite this, we have a number of rough sleeping hotspots with complicated characteristics where anything from one to six rough sleepers can be found. The needs profile of rough sleepers in the City seems to be changing and we are tackling more complex and compound needs.

## **Appendices**

- Appendix 1 – Severe Weather Emergency Protocol (SWEP) Provision 2018/19
- Appendix 2 – City of London Needle Exchange: Demand, Provision and Usage

### **Will Norman**

Interim Service Manager, Homelessness and Rough Sleeping

T: 020 7332 1994

E: [will.norman@cityoflondon.gov.uk](mailto:will.norman@cityoflondon.gov.uk)

This page is intentionally left blank



# City of London Corporation

## Protocol

### SWEP – Severe Weather Emergency Provision

#### Winter 2018/19

#### 1. Background

1.1. The Greater London Authority (GLA) funds pan-London ‘overflow’ severe weather accommodation but historically it has not provided guidance for London boroughs’ local SWEP plans. The protocols and provision in different boroughs vary significantly, both in terms of the number and location of emergency beds, and when the protocol is triggered. Previously, the pan-London SWEP has been triggered when the temperature in Westminster<sup>1</sup> drops to freezing or below for three consecutive nights. Many local authorities have chosen to wait until this time to trigger their own provision, whilst others have used a different measure and some have failed to make any extra beds available during freezing temperatures, relying solely on pan-London provision. As part of his wider efforts to tackle rough sleeping, the Mayor of London plans to ensure that nobody has to sleep rough in freezing weather this winter. As such, the GLA is making changes to when pan-London overflow emergency accommodation will be available and issuing new guidance for London boroughs on SWEP provision. The Mayor believes that triggering SWEP on the first night of freezing temperatures and standardising practice across London will help safeguard all

---

<sup>1</sup> This will still be taken into consideration along with the predicted temperature in City of London



the capital's rough sleepers from the worst of the negative health effects of severe weather.

1.2. In 2017 the City of London Corporation drafted a pilot SWEP protocol as a response to the refreshed GLA SWEP guidance<sup>2</sup>. This protocol is an evolution of that pilot. Experience and learning from winter 2017/18 was recorded and explored and has been incorporated into this protocol.

## 2. Aims

2.1. The aim of SWEP is to prevent loss of life and to reduce rough sleeping during extreme weather to as near zero as possible by:

- Using SWEP to engage with entrenched rough sleepers with a local connection who would normally be resistant to coming inside
- Using SWEP to engage rough sleepers who do not have a local connection with support and reconnection services
- The priority of the above aims in all cases is to prevent loss of life over the intent to verify rough sleeping, respect local connection status or engage with support and reconnection protocols.

2.2 The City of London Corporation aims to open up 6 SWEP beds (as distinct from B&B accommodation that may also be available) that cater for a range of support needs to ensure every rough sleeper in the borough have an accommodation option during the extreme weather.

2.3 The provision available, plus extra capacity available through the SWEP Hub and ad-hoc arrangements should meet the full spectrum of support needs and characteristics present in the City rough sleeping population.

## 3. Activation & deactivation

3.1. The forecast will be taken from the BBC Weather Website (fed directly from the MET Office). This is the link: <http://news.bbc.co.uk/weather/forecast/2132>

---

<sup>2</sup> See appendix 1

- 3.2. The Service Manager for Homelessness & Rough Sleeping is responsible for making the decision to activate and deactivate SWEP. SWEP will normally be deactivated when a forecast predicts two or more consecutive nights of a temperature of one degree Celsius or higher.
- 3.3. SWEP may be activated for several days at any one time. Providers will be encouraged to keep the same clients for the period to assist engagement services. However, the City of London recognise that this may not be possible and thus, requests as a minimum standard, clients are accepted for 1 night during the week, 3 days over the weekend (Friday, Saturday and Sunday) and 4 days over bank holidays.
- 3.4. In the Service Manager's absence, the Rough Sleeping Coordinator is authorised to activate SWEP. In the absence of the first two officers the task will fall to an Advice & Homelessness Officer in consultation with the Outreach Manager. As a last resort the Outreach Manager may trigger SWEP using the Pan London recommendation as a guide.

#### 4. Two tier SWEP response

- 4.1. This protocol covers initial SWEP arrangements which are designed to meet the needs of the City rough sleeping cohort under 'typical' SWEP conditions. Atypical conditions are defined by the length and severity of the weather and/or the number of rough sleepers needing assistance
- 4.2. Tier one steps are covered by parts 5 and 6 of this protocol. Tier two steps are described in more detail in appendix 3
- 4.3. Under most circumstances it is assumed that the City of London can meet the GLA's guidelines within the arrangements detailed below. Where SWEP periods extend beyond 7 working days it is acknowledged that existing resources may become depleted. This is compounded by the cumulative effects of cold weather on rough sleepers who had previously remained outside. Individuals who may ordinarily reject SWEP offers or make arrangements which safeguard

themselves, may now request assistance. This can result in demand for SWEP capacity that exceeds the arrangements described in part 2

4.4. In the event that SWEP periods exceed 7 working days, or are particularly severe, tier two SWEP will be activated by the Service Manager for Homelessness & Rough Sleeping. Consultation will be required in advance of activation of tier two to ensure smooth progression of planning

4.5. Fluctuating weather conditions and demand for SWEP should be met by expanding the existing B&B offer before the activation of tier two SWEP is considered.

## 5. Contributors & roles (Tier one)

### 5.1. City of London Homelessness Team

- Will notify the SWEP provider that SWEP has been activated<sup>3</sup> before 15.00
- Will confirm arrangements with the outreach team
- Will confirm that SWEP has been deactivated
- Will make two supplementary spaces available in B&B accommodation. These can be booked in advance of the first SWEP shift. In the event of an extended SWEP period it will be at the Service Managers discretion whether to continue to re-book unused B&B spaces
- Will activate tier two SWEP as required

### 5.2. St Mungos – City Outreach Team

- Will identify clients who are particularly vulnerable in advance. This data will include need and risk information as well a location where they can be found.
- Will adopt a flexible shift pattern through the SWEP period to ensure that rough sleepers are given as many opportunities as possible. It is recognised that this approach may need to adapt if the SWEP is of a long duration.
- Make use of the temporary housing situation to casework clients and offer solutions and alternatives to rough sleeping

---

<sup>3</sup> City of London will follow GLA guidelines with regards to activating/deactivating SWEP appendix 1

- Contribute to pre-winter preparation meetings and post SWEP reviews

#### 5.3. St Mungos – Great Guildford St Hostel

- Will make two spaces available for rough sleepers
- Will make use of their existing staffing provision to manage risk and meet needs
- Will arrange extra staff to cover staff cover in the event that daytime temperatures remain below zero
- Will agree any extra arrangements with the Service Manager for Homelessness & Rough Sleeping record any costs to be reimbursed by City of London
- Will record attendance

#### 5.4. St Mungos – City Lodge

- Will make two spaces available for rough sleepers<sup>4</sup>
- Will make use of their existing staffing provision to manage risk and meet needs
- Will arrange extra staff to cover staff cover in the event that daytime temperatures remain below zero
- Will agree any extra arrangements with the Service Manager for Homelessness & Rough Sleeping record any costs to be reimbursed by City of London
- Will record attendance

#### 5.5. Providence Row Housing Association – Crimscott St

- Will make two spaces available for rough sleepers
- Will source ancillary staff to cover the night shift and ensure these staff are fully qualified to manage risk and meet need
- Will arrange extra staff to cover staff cover in the event that daytime temperatures remain below zero
- Will agree any extra arrangements with the Service Manager for Homelessness & Rough Sleeping record any costs to be reimbursed by City of London
- Will record attendance

---

<sup>4</sup> Subject to suitability

## 6. Method

### 6.1. The following steps should be taken by the outreach team:

- ✓ The SWEP spaces at Great Guildford St and Crimscott St should be used first wherever possible
- ✓ An exception to this might be a client who is better suited to B&B accommodation or for whom the availability of B&B accommodation is a determining factor in accepting a SWEP offer
- ✓ Beds at the City Lodge should be reserved for clients whose characteristics and support needs reflect that service
- ✓ After the four beds at Great Guildford St and Crimscott St are exhausted the outreach team may use the two booked beds in B&B accommodation
- ✓ Extended SWEP periods or clients with particular needs may require the booking of B&B accommodation extra to the two beds already identified
- ✓ Only after all available beds across the supported settings and all B&B options have been explored should the outreach team look to use Pan London provision<sup>5</sup>.

5.2. Within the SWEP period, the providers will usually ask clients to leave the hostel at 7am in recognition of the fact that the existing resident population have the right to use the spaces that may have been temporarily re-commissioned for SWEP use. How this is done is at the discretion of the local staff team, but it is expected that the client will be informed that he can return unless otherwise informed by either an officer from City of London or the outreach team.<sup>6</sup> Where the daytime temperature remains at or below zero degrees, clients should have the opportunity to remain inside the building. Consideration should be given to other weather conditions such as snow, rain and wind chill as well as any health conditions an individual may have.

---

<sup>5</sup> With reference to GLA guidelines appendix 1

<sup>6</sup> Notification of deactivation will usually come between 7am and 9am





5.3. Where a SWEP duration extends beyond 7 working days or the weather is particularly severe, tier two SWEP arrangements will be activated by the Service Manager for Rough Sleeping & Homelessness. This will usually involve a church-based SWEP Hub the details for which can be found in appendix 4

5.4. It is acknowledged that collaboration with a wider network of bodies will be required to facilitate a smooth transition to tier two. Advance warning and consultation with providers is essential.

## 7. Monitoring

7.1. The City Outreach Team Manager will provide a nightly summary of SWEP shift activity. This should be available to the Service Manager at City of London by 10am each morning.

7.2. The Outreach Team will provide a SWEP monitoring sheet (Excel) which will be kept by both the project staff and the City Outreach Team. This will be the principle document for tracking use and determining cost.

## 8. Payment

8.1. Providers will agree a nightly rate with City of London based on existing staff cover, the cost of existing cover and the cost of arranging extra cover at short notice.

8.2. The number of nights that SWEP is accessed at each project should be recorded.

8.3. The sum total should be used to invoice City of London before March 31<sup>st</sup> each financial year.

## 9. Review

9.1. This is a protocol which will be reviewed annually after each winter. The review will include consultation with providers and stakeholders.

## 10. List of appendices



Appendix 1 – Contact list

Appendix 2 – GLA SWEP guidance 2017/18

Appendix 3 – Tier two SWEP protocol

Appendix 4 – Hot weather arrangements

## Appendix 1

### SWEP contact list 2018-19

Name	Organisation	Role
Will Norman	City of London	Service Manager, Homelessness & Rough Sleeping
TBC	City of London	Rough Sleeping Coordinator
Kathleen Sims	St Mungos	Service Development Officer
Laila Grinberga	St Mungos	Outreach Manager
Ricardo Lopez	St Mungos	Regional Head - GGS
Simon Hughes	St Mungos	Regional Head – City Lodge
Ivan Lesende	St Mungos	Deputy Manager – City Lodge
Joseline Barahinduka	Providence Row HA	Project Manager
Stewart McPhilips	Providence Row HA	Service Development Manager
Dominic Gates	Providence Row Dellow Centre	Operations Director
Rev'd Paul Kennedy	Diocese of London	Lead for rough sleeping
Rev'd Oliver Ross	Diocese of London	Area Dean
Jonathan Qureshi	Greater London Authority	Project Manager – Housing & Land
Luke Oats	Greater London Authority	Senior Project Officer – Rough Sleeping

## **Appendix 2**

### **GLA SWEP Guidance 2017 (to be updated with 2018 document as required)**

Guidance for Severe Weather Emergency Protocol (SWEP) in Greater London 2017-18

This guidance should be read in conjunction with the Homeless Link Severe Weather emergency protocol (SWEP) and Winter Provision Guidance, which provides advice for local authorities nationwide on behalf of the DCLG. The Homeless Link guidance can be read [here](#).

#### 1. Background

The Greater London Authority (GLA) funds pan-London ‘overflow’ severe weather accommodation but historically it has not provided guidance for London boroughs’ local SWEP plans. The protocols and provision in different boroughs vary significantly, both in terms of the number and location of emergency beds, and when the protocol is triggered.

Previously, the pan-London SWEP has been triggered when the temperature in Westminster drops to freezing or below for three consecutive nights. Many local authorities have chosen to wait until this time to trigger their own provision, whilst others have used a different measure and some have failed to make any extra beds available during freezing temperatures, relying solely on pan-London provision.

As part of his wider efforts to tackle rough sleeping, the Mayor of London plans to ensure that nobody has to sleep rough in freezing weather this winter. As such, the GLA is making changes to when pan-London overflow emergency accommodation will be available and issuing new guidance for London boroughs on SWEP provision. The Mayor believes that triggering SWEP on the first night of freezing temperatures and standardising practice across London will help safeguard all the capital’s rough sleepers from the worst of the negative health effects of severe weather.

#### 2. Guidance on Borough SWEP Provision



The Mayor asks that all London boroughs adhere to the following minimum standards in SWEP provision this winter:

- SWEP to be triggered on any night the temperature is forecast to drop to 0°C in the given borough. It is the responsibility of the local authority to monitor the forecasted temperature in their locality and ensure severe weather provision is made available. It is suggested the Met Office forecast is used for this purpose.
- Boroughs represented on the Mayor's No Nights Sleeping Rough Taskforce to provide capacity for a minimum 10 rough sleepers in severe weather. Other boroughs to provide a minimum capacity of 5.
- Whilst SWEP provision may be provided in a variety of different settings, the local authority should ensure the accommodation is easily accessible (by foot or public transport) from the borough for ongoing engagement purposes.

It is recognised that local protocol already exceeds these guidelines in some boroughs, both in terms of the number of emergency spaces provided and the circumstances which are considered severe weather. In these instances, local authorities are encouraged to maintain their current good practice.

This guidance also recognises the variance in temperatures across localities in a large city like London, which may mean some outer-London boroughs open more than those in inner-London and ensures flexibility in approach across the city, whilst guaranteeing minimum common standards.

Local authorities should familiarise themselves with the principles of the Homeless Link SWEP guidance and consider these when creating their SWEP plans. In particular:

- It should be available to all, including those who may otherwise not be eligible to access services
- Wherever possible, whilst accessing cold weather provision, rough sleepers should be encouraged and supported to access longer term accommodation and other services.

### 3. Pan-London Overflow SWEP Provision

The GLA pan-London overflow SWEP accommodation is currently provided by St Mungo's. This will be opened when any borough's SWEP provision reaches capacity or when the



temperature drops to 0°C in Westminster. Once capacity is full within any local authority's individual SWEP accommodation, pan-London SWEP will be made available for referrals from that borough.

The SWEP coordinator for an area has the responsibility for notifying St Mungo's at [swepmanagers@mungos.org](mailto:swepmanagers@mungos.org) and the GLA at [roughsleeping@london.gov.uk](mailto:roughsleeping@london.gov.uk) when their emergency accommodation will be opened and when it is close to capacity so that overflow accommodation may be required. Where there is capacity within the borough's own emergency provision, it is expected that all rough sleepers will be accommodated there, rather than in the pan-London beds. Where possible, notification of planned opening should be made by midday to allow pan-London provision to prepare.

As per usual, the GLA will collate information from boroughs of their key contact and planned capacity. Referrals for pan-London SWEP can only be made by commissioned outreach teams, not by a local authority's Homeless Persons Unit (HPU).

#### 4. Monitoring

Local authorities are encouraged to use CHAIN to log an entry into local SWEP provision to monitor the use of their SWEP provision, including the numbers accommodated each night and the demographics and support needs of those using the emergency spaces. This will allow a comprehensive evaluation of SWEP provision in the capital this winter, inform future pan-London provision, and enable further improvements to the protocol in following years.

The CHAIN team can provide more information about this if required at [ChainHelpdesk@MUNGOS.ORG](mailto:ChainHelpdesk@MUNGOS.ORG)

Issued 14/11/2017

## Appendix 3

### Tier Two SWEP Protocol

#### 1. Background

The City of London recognises that during an extended period of SWEP activation, both the local provision described in the main protocol and Pan London provision provided by the GLA may become exhausted. It is also understood that SWEP offers are often declined and after a period of extended SWEP the only remaining rough sleepers for whom a solution has not been found may well be the most vulnerable and isolated.

The City of London seeks to work in partnership with its voluntary sector stakeholders as well as faith based groups within the City of London to ensure that further provision can be called upon to meet this remaining need.

It has also been noted by members that there may be a gap between Streetlink, and its ability to turn referrals around in a matter of days, and the immediate response that may be required for someone found on the night and in need of shelter. Currently it is not possible to reach the outreach team during their shift patrols.

#### 2. Aims

- 2.1. Utilising a two-tier SWEP protocol will ensure that a further type of offer is available during extended SWEP periods.
- 2.2. The two-tier model should be focused on preservation of life rather than casework.
- 2.3. The intention is that all existing options outlined in the main protocol will still be available, subject to capacity.

#### 3. Method

- 3.1. GLA activation guidelines will be superseded a secondary activation of tier two SWEP provision. Activation will follow the same protocol outlined in part 3 of the main protocol



- 3.2. Tier two provision will consist of a SWEP Hub and follow a model similar to that of the monthly City Assessment Hub
- 3.3. Staffing should consist of two members of staff, preferably with experience of a City Hub model or similar and potentially a third member of staff or volunteer depending on the expected demand. St Mungos are the principle provider of staffing for the SWEP Hub
- 3.4. Capacity should not exceed 5 guests per member of staff/volunteer
- 3.5. The Hub will commence at a time suitable to the church providing the space. This may vary, but should be broadly compatible with planned outreach shifts.
- 3.6. The Hub will close at a time suitable for the church providing the space and be sympathetic to the schedule of events that day.
- 3.7. If possible, tea and coffee should be provided. There is no requirement for anything further than this.
- 3.8. There is no requirement for sleeping equipment to be provided, although rough sleepers may bring their own.<sup>7</sup>
- 3.9. Onward signposting should be to the Providence Row Dellow Centre where casework can be picked up by a member of the Advice & Support Team. The Dellow Centre also provides bathing facilities.

---

<sup>7</sup> Simple bedding such as a sleeping bag is possible, but extensive belongings may not be, and this is at the discretion of the Hub worker



## Appendix 4

### Hot weather arrangements

#### 1. Background

The Greater London Authority SWEP guidelines published in November 2017 make no specific reference to hot weather arrangements. These guidelines set out the steps that should be taken in the event that the daytime temperature in the City exceeds a high that could be considered a risk to health or when relatively high temperatures endure for long period.

The following guidance does not constitute a formal SWEP procedure. The steps are designed to be flexible and adaptive to hot weather conditions and activated on an ad-hoc basis.

#### 2. Parameters

2.1 As a guide, the Met Office offers the following definition of a 'heatwave':

*A heatwave refers to a prolonged period of hot weather, which may be accompanied by high humidity. The World Meteorological Organization guidance around the definition of a heatwave is "A marked unusual hot weather (Max, Min and daily average) over a region persisting at least two consecutive days during the hot period of the year based on local climatological conditions, with thermal conditions recorded above given thresholds." They are common in the northern and southern hemisphere during summer, but classification and impacts vary globally.*

2.2 Public Health England has created a Heatwave Plan that can be used for reference. This can be found here:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/711503/Heatwave\\_plan\\_for\\_England\\_2018.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/711503/Heatwave_plan_for_England_2018.pdf)

2.3 A daytime high of 28 degrees centigrade as forecast by the Met Office and/or BBC Weather should be considered 'hot'. When this temperature endures for more than 2 consecutive days this should be considered a heatwave

2.4 When day time temperatures are expected to exceed 30 degrees centigrade for a single day, this should be considered a singular hot weather event

2.5 Consideration should be given to warm evening and night-time temperatures – a low of 15 degrees overnight should be considered unusually warm.

### 3. Aims

3.1 The aim of the hot weather arrangements is to prevent damage to health and potential loss of life during periods of hot weather. This is achieved by:

- Using distinct service offer of practical advice and guidance
- Applying a proactive shift model to seek out the most vulnerable
- Drawing on the assistance of local day service providers.

### 4. Method

4.1 Under heatwave conditions or a singular hot weather event the following actions should be undertaken by the commissioned outreach provider:

4.1.1 Provide written advice about seeking shade and wearing appropriate clothing – this can be drafted by the commissioned outreach provider but should be informed by advice provided by NHS England. Advice should be verbally restated, but every effort should be made to issue written guidance to every rough sleeper on at least one occasion. As a minimum, this advice should include:

- Seeking shade and avoiding the direct sun
- Wearing appropriate clothing
- Reducing alcohol consumption
- Remaining properly hydrated
- Seeking assistance if feeling unwell

- 4.1.2 Provide bottled water and sun cream – supplies should be prepared in advance of the summer period by the outreach provider. The costs of doing this can be recovered from the City of London Corporation.
  - 4.1.3 Switch to a proactive shift model that utilizes extra day time shifts – during heatwave conditions it is expected that a day time or ‘mid-shift is undertaken every 24hrs. It may not be necessary to provide an extra shift for a singular hot weather event, but efforts should be made to pre-warn rough sleepers.
  - 4.1.4 Signpost clients to the Providence Row Dellow day centre where it’s cooler and drinking water is free – this should be incorporated into the initial guidance given to rough sleepers in the City. The Providence Row Dellow Centre should be notified of any clients being directed there and the outreach provider will remain the lead agency in any ongoing support planning.
  - 4.1.5 Direct anyone with more acute symptoms to A&E – the outreach team is expected to be aware of the symptoms associated with exposure to the sun, heatstroke and dehydration.
  - 4.1.6 Offer accommodation on an ad-hoc basis should anyone request it – this can be requested of the Service Manager for Homelessness & Rough Sleeping or the Rough Sleeping Coordinator. In cases where neither of these two people is available the commissioned outreach provider should draw upon its own resources until such a time as an alternative arrangement can be made in agreement with one of the two designated officers.
- 4.2 Hot weather arrangements do not require a formal activation. Preparations should be made in advance of the summer period and employed as and when the weather indicates that it is prudent to do so. The team manager of the commissioned outreach service should brief outreach staff and ensure that written materials are up to date.

4.3 The Service Manager for Homelessness & Rough Sleeping is responsible for ensuring that the arrangements set out above are being followed by the outreach team.

4.4 The team manager of the outreach service is responsible for the operational integration of the hot weather arrangements

5. Recording work

5.1 The outreach manager should ensure that systems are in place to monitor the amount of water and sun cream that is distributed

5.2 All accommodation outcomes achieved as a result of hot weather arrangements should be recorded on Chain

5.3 All extra shift activity should be recorded

5.4 A summary of hot weather activity should be available to the Service Manager, Homelessness & Rough Sleeping upon request at the end of the summer.

## Appendix 2

### City of London Needle Exchange: Demand, Provision & Usage

August 2018

#### Introduction

Injecting as a method of administration is a high-risk practice associated with drug use. It significantly increases the risk of overdose, as well as the risk of Blood Borne Virus (including Hepatitis B, C and HIV) transmission.

It is most commonly associated with Heroin and Crack Cocaine use, although is also the route of administration for other drugs including Amphetamines, Methamphetamine ('Crystal Meth') and Steroids. Below provides a summary of local data around the prevalence of injecting, and the current provision usage of needle exchange services within the City of London

#### Demand: Known Injectors

WDP records data from all assessments completed with service users as part of its provision of drug and alcohol interventions within the City of London. This is primarily within the settings of:

- Police Custody (predominantly non-resident)
- Treatment (residents)
- Verified rough sleepers

#### **Injecting prevalence within Residents and Rough Sleepers**

Of those residents and rough sleepers who have been assessed by the service, there are two individuals recorded who, at the time of their contact with the service, disclosed a 'current' injecting status. Both were from the Rough Sleeping Community. It is noteworthy that one of these 'current' injectors is known to have since moved out of London, and thus only one is currently in the City of London.

Similarly, of those assessed by the service, there are a further 17 individuals who, at time of contact with the service, disclosed a 'previous' injecting status.

The total number of unique residents and rough sleepers assessed by the service is 115 (since October 2015), and thus, currently injecting service users known to the service and currently living (or rough sleeping) in the City of London make up less than 1%.

This data is caveated somewhat due to being based upon individuals who have willingly completed an assessment with the service. For example, there is one known injector known to rough sleep within the City who injects but is not captured above due to his continued reluctance to engage in treatment or with wider support services.

#### **Injecting prevalence within Criminal Justice settings**

Of those who have been assessed by the service within Bishopsgate Police Station (or wider Criminal Justice pathways), there were 37 individuals who disclosed a 'current' injecting status. However, as this referral pathway is made up of less than 1% of residents, these 37 individuals are unlikely to be local, or access local services.

Similarly, there were 40 unique individuals who disclosed a 'previous' injecting status.

The total number of individuals assessed within Police Custody or wider Criminal Justice setting is 444 (since October 2015), and thus, currently injecting service users known to the Substance Misuse service is 8.3%.

	Injecting Status (at time of assessment)			Total	Current as a proportion of total
	Current	Previous	Never		
<b>Community (Residents &amp; Rough Sleepers)</b>	2	17	96	115	1.7%
<b>CJIT Caseload (predominantly non- residents)</b>	37	40	367	444	8.3%

Considering the above prevalence of injecting within these two drug using populations within the City of London, below considers the availability of Needle Exchange facilities within the City of London.

#### **Provision: Needle Exchange Provision within the City**

Provision of Needle exchanges across the sector take place predominantly within a pharmacy setting. WDP pay pharmacies to provide a free needle exchange service, and in turn pharmacies claim back remuneration for every exchange that they record.

Pharmacies are under no responsibility to provide Needle Exchange services and will provide this according to their strategy and service provision. Their decision to provide may be based factors including:

- Their perceived demand for the service
- Prospective income and economy of scale for the service
- The impact it may have on their other business areas
- Impact on resources (time/staff) within their business

Currently, and since October 2015 when the WDP service commenced, there has only been one pharmacy providing Needle Exchange services. This is of the total 15 pharmacies (14 Boots and 1 independent pharmacy) within the Square Mile.

#### **Provision: Needle Exchange in neighbouring areas**

On the peripheries of the City of London, there are various Needle Exchange providers within all neighbouring boroughs. Although too numerous to overview them all, two are worthy of note.

Given its wider service as a day centre for rough sleepers, the **Dellow Centre** in Tower Hamlets is a convenient venue that provides Needle Exchange services to rough sleepers in the City of London. Their service provides a range of services to Rough Sleepers, as well as being very close to Health E1, where rough sleepers can register for Primary Care.

In Hackney there is also a pharmacy in Hoxton – which is the most southerly pharmacy that provides Needle Exchange services. They claim remuneration for their Needle Exchange service from the WDP Hackney Recovery Service, allowing us to measure the record of Needle Exchange usage, overviewed below.

### **Needle Exchange Usage:**

Based on Pharmacies claims since 1<sup>st</sup> April 2016, our records show that across Hackney, including City of London, there have been over 25,000 separate needle exchanges within pharmacy settings. The City of London pharmacy makes up on only 31 separate claims during this period.

There are some identified flaws in this data. The instances of these City of London Needle Exchange claims all occurred between November 2017 and February 2018, suggesting that although these may be a small proportion of claims, there is likely under-reporting in this data.

We have opened dialogue with the pharmacy in relation to the recording of this data, who attribute this under-reporting of Needle Exchange data to high staff turnover, staff shortages within the service, and other staff lacking familiarity with the recording process. WDP will continue to support Boots in its provision of Needle exchange services by ensuring all new staff are trained on documentation and appropriate advice for service users.

As WDP do not oversee the provision of Needle Exchange within Tower Hamlets, we are unable to provide usage data for the Dellow Centre. However, by way of comparison, the Hackney Pharmacy in Hoxton have recorded 5988 Needle Exchange occurrences between 1<sup>st</sup> April 2016 and 15<sup>th</sup> June 2018.

Of course, this data does represent usage of Needle Exchange services based on the densely populated area of Hoxton, which is a significantly different to the sparsely populated City of London population. However, notwithstanding the under-reporting, the difference in usage of Needle Exchange between the two pharmacies (City of London: 31, Murrays: 5998) is still significant, and indicative of a low demand of Needle Exchange services within the City. This likely reflects the local demographics differences in the local populations of each pharmacy.

### **Conclusion**

This report provides a summary of current injecting service users known to the service, and highlights these to be a small proportion of both the rough sleeping community, and the City of London treatment population as a whole.

Similarly, for those arrested in the City, although higher in proportion than local residents and rough sleepers, are from across Greater London and therefore unlikely to access City of London's local services such as Needle Exchange.

In terms of provision and usage, there is more work to be done with pharmacies locally to ensure thorough recording of data and promotion of Needle Exchanges services, and WDP will continue to support Pharmacies in this over the coming months.

This page is intentionally left blank



<b>Committee</b>	<b>Dated:</b>
Homelessness and Rough Sleepers Sub-Committee	06/09/2018
<b>Subject:</b> Homelessness and Rough Sleepers Performance Report	<b>Public</b>
<b>Report of:</b> Andrew Carter, Director of Community and Children’s Services	<b>For Information</b>
<b>Report author:</b> Glory Nyero, Performance Analyst	

## Summary

This report informs Members of the level and nature of homelessness and rough sleeping activity within the City of London Corporation during quarter 1 (Q1) of 2018/19.

During this period, the number of rough sleepers in the City of London continues to decrease. This extends to a reduction in the number of new rough sleepers within this period. Q1 2018/19 also saw 76% (22 of the 29 new rough sleepers) spending a single night out and not seen rough sleeping again, which is an improvement compared to previous quarters. None of the new rough sleepers joined the ‘living on the streets’ cohort.

## Recommendation

Members are asked to:

- Note the report.

## Main Report

### Background

1. This report sets out information relating to homelessness and rough sleeping for the Q1 period, April 2018 to June 2018.
2. Rough sleeping is a form of homelessness and, according to the CHAIN data, rough sleepers are: *“people sleeping, or bedded down, in the open air (such as on the streets, or in doorways, parks or bus shelters); people in buildings or other places not designed for habitation (such as barns, sheds, car parks, cars, derelict boats, stations, or ‘bashes’)*”. For the purpose of this report, the definitions of the three categories of rough sleepers considered are described in Table 1.

**Table 1: Categories of rough sleepers**

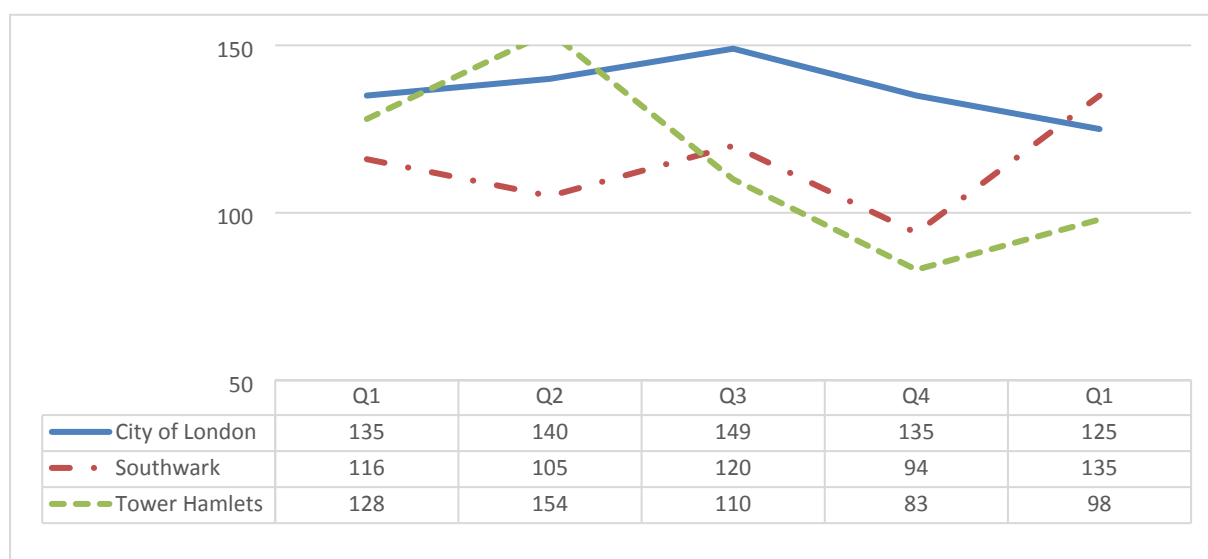
<b>New rough sleepers</b>	Those who had not been contacted by outreach teams and identified as rough sleeping before the period.
<b>Living on the streets</b>	Those who have had a high number of contacts over three weeks or more, which suggests that they are living on the streets.
<b>Intermittent rough sleepers</b>	People who were seen rough sleeping at some point before the period began, and who were contacted in the period – but not seen regularly enough to be ‘living on the streets’.

Source: Combined Homelessness and Information Network (CHAIN) Quarterly Report

**Total rough sleeping**

- During the period April to June 2018, the number of rough sleepers in the City fell by 10 people to 125 (7.4%). There was a 5.8% increase across London from the previous quarter.
- Graph 1 compares the City of London to Tower Hamlets and Southwark; these local authorities have a similar scale of rough sleeping. Southwark reported 135 rough sleepers in this quarter and Tower Hamlets reported 98.
- Both Southwark and Tower Hamlets witnessed an increase in the total number of rough sleepers by 30% and 18% respectively.

**Graph 1: Number of rough sleepers**



- As shown in Graph 1, the number of rough sleepers tends to fluctuate between the quarters. The 125 people recorded sleeping rough in the City during the quarter can be broken down as:
  - 29 people (23%) were new rough sleepers
  - 34 (27%) were longer-term rough sleepers described as ‘living on the streets’
  - 62 (49.6%) were those who sleep rough intermittently and have returned to the streets – either from accommodation in London or having spent a period outside London (either in accommodation or rough sleeping).

**Table 2: Composition of rough sleepers in Q1 2018/19**

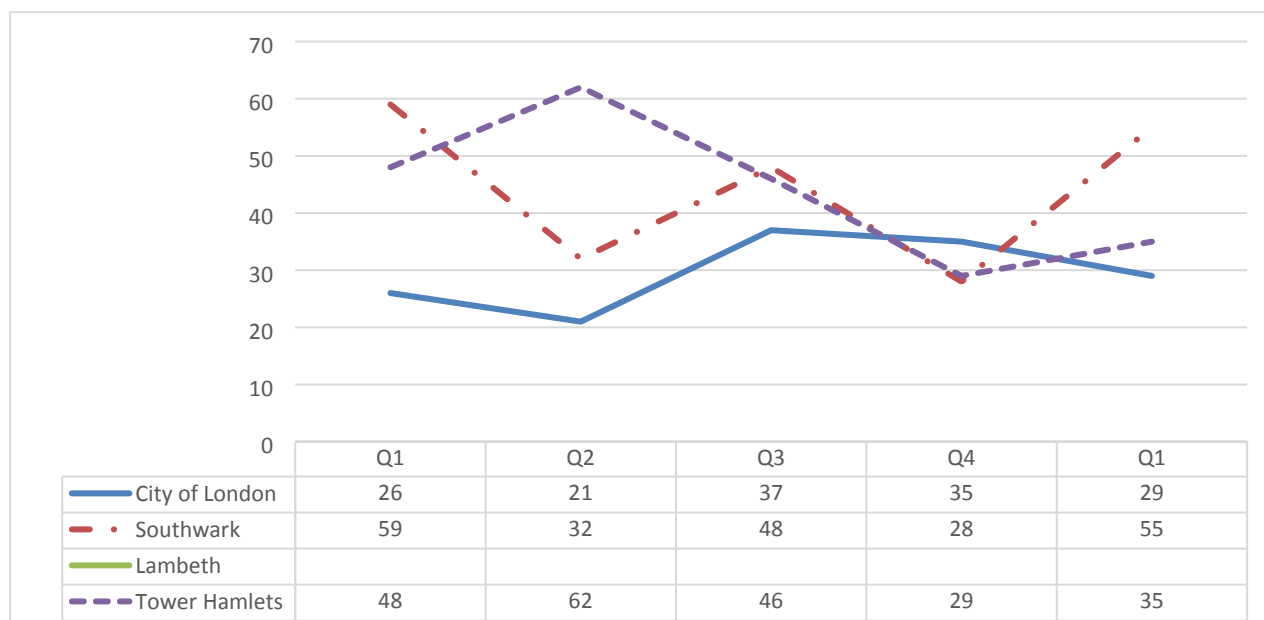
	New rough sleepers	Intermittent Rough Sleepers (returner)	Living on the Streets (All) Longer Term	Total
<b>City of London</b>	29 (23%)	62 (49.6%)	34 (27%)	<b>125</b>
<b>Southwark</b>	55 (40%)	63 (46%)	19 (14%)	<b>137</b>
<b>Tower Hamlets</b>	35 (34%)	49 (48%)	18 (17%)	<b>102</b>
<b>London</b>	1077 (41%)	1159 (44%)	382 (15%)	<b>2618</b>

- The City also had a significantly higher proportion of longer-term rough sleepers in this quarter (27% compared to 15% across London as a whole, and higher than its statistical neighbours) which has been consistently higher in recent years.
- Table 2 shows that, in this quarter, the City of London had a smaller proportion of new rough sleepers (23%), compared to its neighbours and London as a whole.

### New rough sleepers

- During the previous quarter, there was a decrease of new rough sleepers – from 35 people to 29 people, representing a 17.1% decrease (six people). Across London the direction differed, as there was an increase of 6.8% (69 people) in comparison to the prior quarter.
- Southwark also saw the number of new rough sleepers increase by 41 people (43.6%) and Tower Hamlets saw an increase by 15 people (18%) over the previous quarter.

**Graph 2: Number of new rough sleepers**



- Of all new rough sleepers, 76% spent a single night out but were not seen rough sleeping again during this period. This is an improvement compared to previous quarters.
- The City’s performance is slightly below the London average (80%) but higher than its statistical neighbours Tower Hamlets (71%) and Southwark (62%).

## Rough sleepers not spending a second night out

**Table 3: Percentage of new rough sleepers not spending a second night out**

Region	2017/18				2018/19
	Q1	Q2	Q3	Q4	Q1
City of London	69%	71%	81%	77%	76%
Tower Hamlets	78%	83%	70%	67%	78%
Southwark	73%	75%	69%	64%	62%
London	80%	82%	77%	79%	80%

13. Seven (24%) out of the 29 new rough sleepers spent more than one night out and none of the new rough sleepers joined the 'living on the streets' cohort.
14. By contrast, in Southwark 38% and in Tower Hamlets 22% spent more than one night out. Across London this was even lower, with only 20% in this cohort.
15. In addition, there was also a variance in terms of joining the 'living on the streets' cohort, where Southwark had two people join (3.6%), Tower Hamlets had two people join (5.7%) and London had 23 people join (2.1%) respectively.

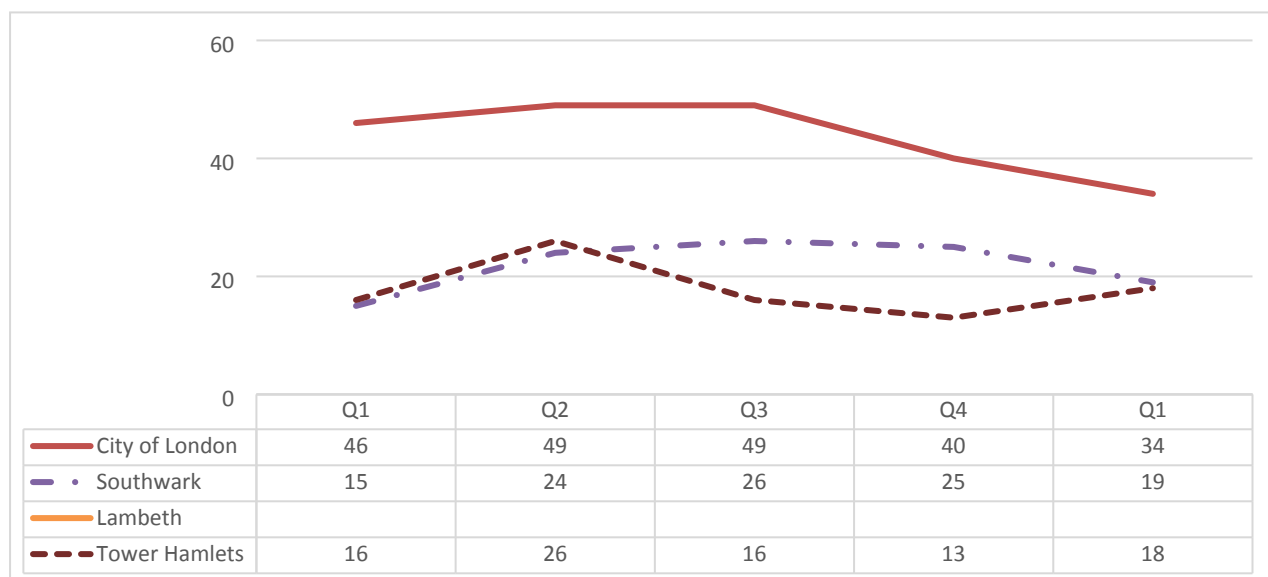
**Table 4: Number of longer-term rough sleepers**

Region	Q1 2017/18	Change from previous quarter	Change on same period last year
City of London	34	-6	-12
Southwark	19	-6	4
Tower Hamlets	18	5	2
London	382	-3%	-6%

### Living on the streets (longer-term rough sleepers)

16. There was a decrease in the total number of people (34) recorded living on the streets on a long-term basis, by six people (15%). This compares to an increase of 2.7% across London.

**Graph 3: Number of longer-term rough sleepers**



17. The number of longer-term rough sleepers is also considerably higher than the City’s statistical neighbours, Tower Hamlets (18 people) and Southwark (19 people).

18. The City had a significantly higher proportion of longer-term rough sleepers in this quarter (27% compared to 15% across London as a whole). This is also higher than for its statistical neighbours, Tower Hamlets (18%) and Southwark (14%). The proportion in the City has been consistently higher in recent years.

19. However, 11 RS205 clients<sup>1</sup> were recorded by CHAIN as sleeping rough in the City during Q1, which is very similar to the previous quarter, Q4 17/18 (12).

### **Intermittent rough sleepers (returner)**

20. During the period, 62 people recorded sleeping rough in the City had done so having returned to the streets after a period away. This is similar to Southwark, which reported 63 in this quarter. By contrast, it is higher than one of the City’s statistical neighbours: Tower Hamlets reported 49 intermittent rough sleepers in the quarter.

21. In the City the number of intermittent rough sleepers remained virtually the same, increasing by only one person (1.6%) in comparison to the previous quarter. Across London, the number of intermittent rough sleepers also increased by 7.5% in this quarter.

22. Of this group, 40% had one contact and a further 26% had two contacts with services. No one had six or more contacts. London wide, 50% of intermittent rough sleepers were seen just once. In Tower Hamlets 47%, and in Southwark 37%, were seen once.

<sup>1</sup> RS205 clients = rough sleepers 205 – regarding the most entrenched 205 identified rough sleepers

## Accommodation stays during the quarter

23. The number of people booked into accommodation has been broadly consistent, with a slight variation – from 37 people in the previous quarter to 35 people in this quarter. Table 5 provides a breakdown by forms of accommodation booked – source of referral was City Rough Sleepers Team or City Pop-Up Hub (PUH).

**Table 5: Number and percentage of Q1 accommodation stays**

Accommodation	No. of stays	%
Assessment centre (including City PUH)	12	34%
Bed & breakfast	4	11.5%
Clinic/detox/rehab	1	3%
Hostel	6	17%
Long-term accommodation	1	3%
No second night out staging post	2	6%
No second night out	5	14%
Temporary accommodation (local authority)	4	11.5%
<b>Total Stay</b>	<b>35</b>	<b>100%</b>

## Implications

24. There are no direct financial or legal implications associated with this report.

## Health Implications

25. There are no direct health implications associated with this report.

## Conclusion

26. Q1 2018/19 has seen a decrease in the homelessness and rough sleeping activity within the City. The percentage increase has instead been an occurrence for the City's statistical neighbours – Southwark and Tower Hamlets – as well as a feature across London as a whole.

27. Q1 2018/19 also saw 76% (22 of the 29) of new rough sleepers spending a single night out and not being seen rough sleeping again. Which is an improvement compared to previous quarters. Seven (24%) out of the 29 new rough sleepers spent more than one night out and none of the new rough sleepers joined the 'living on the streets' cohort.

## Appendices

- Appendix 1 – Detailed trend graphs covering an extended period

## Glory Nyero

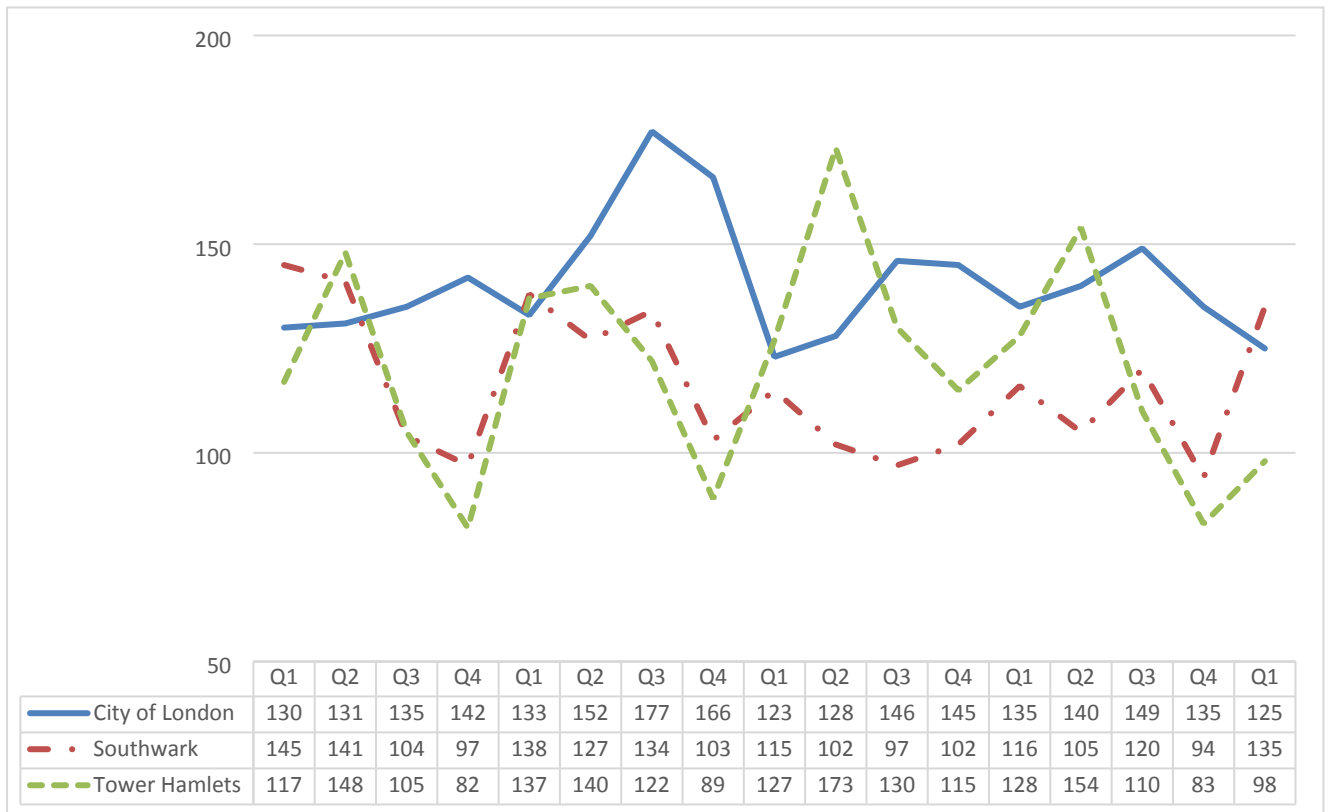
Performance Analyst

T: 020 7332 3513

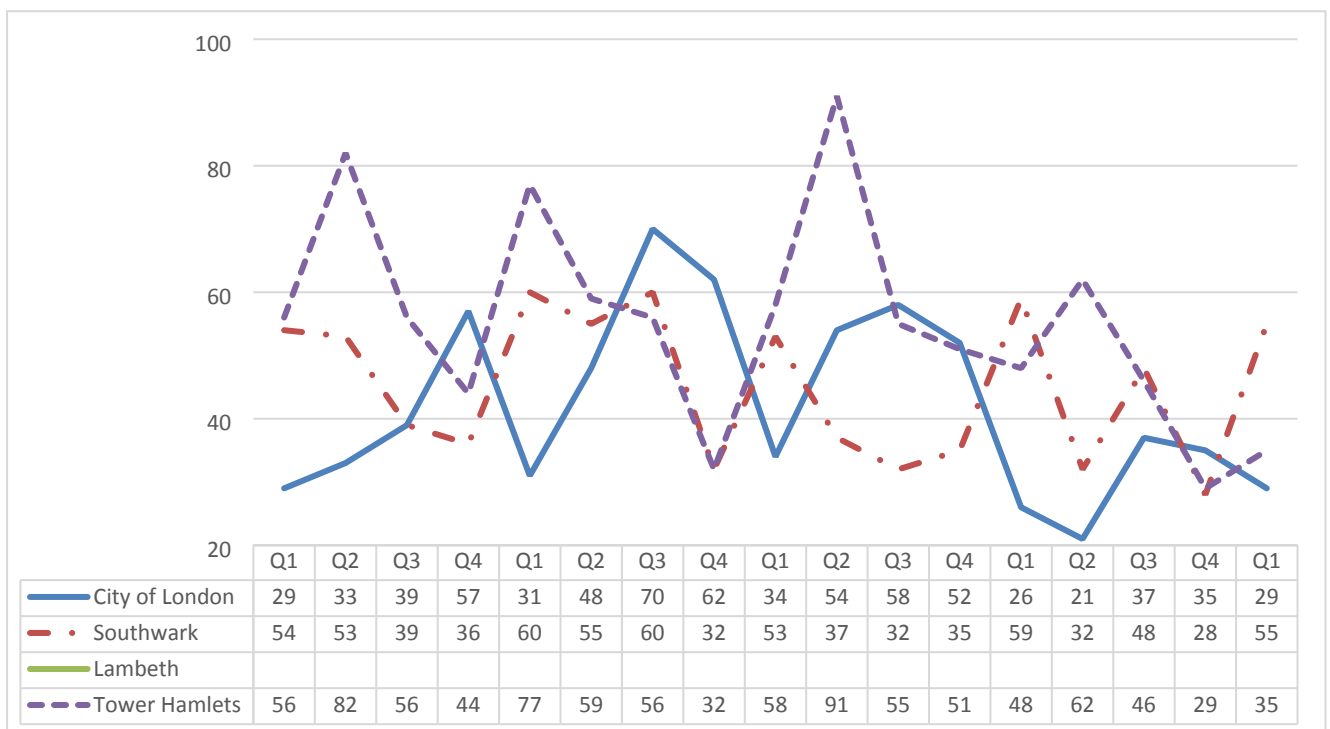
E: [glory.nyero@cityoflondon.gov.uk](mailto:glory.nyero@cityoflondon.gov.uk)

## Appendix 1 – Detailed trend graphs covering an extended period

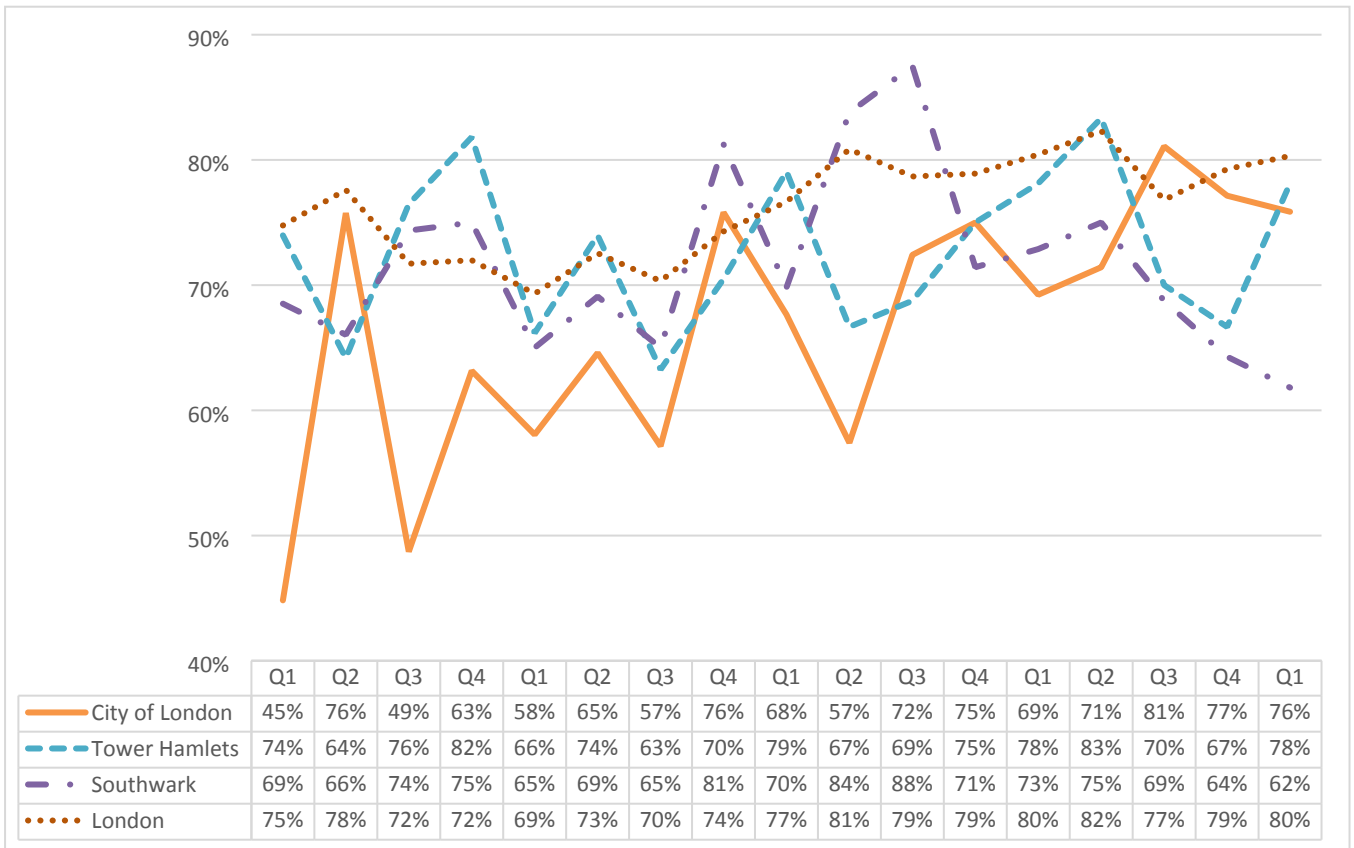
### Graph 1: Number of rough sleepers



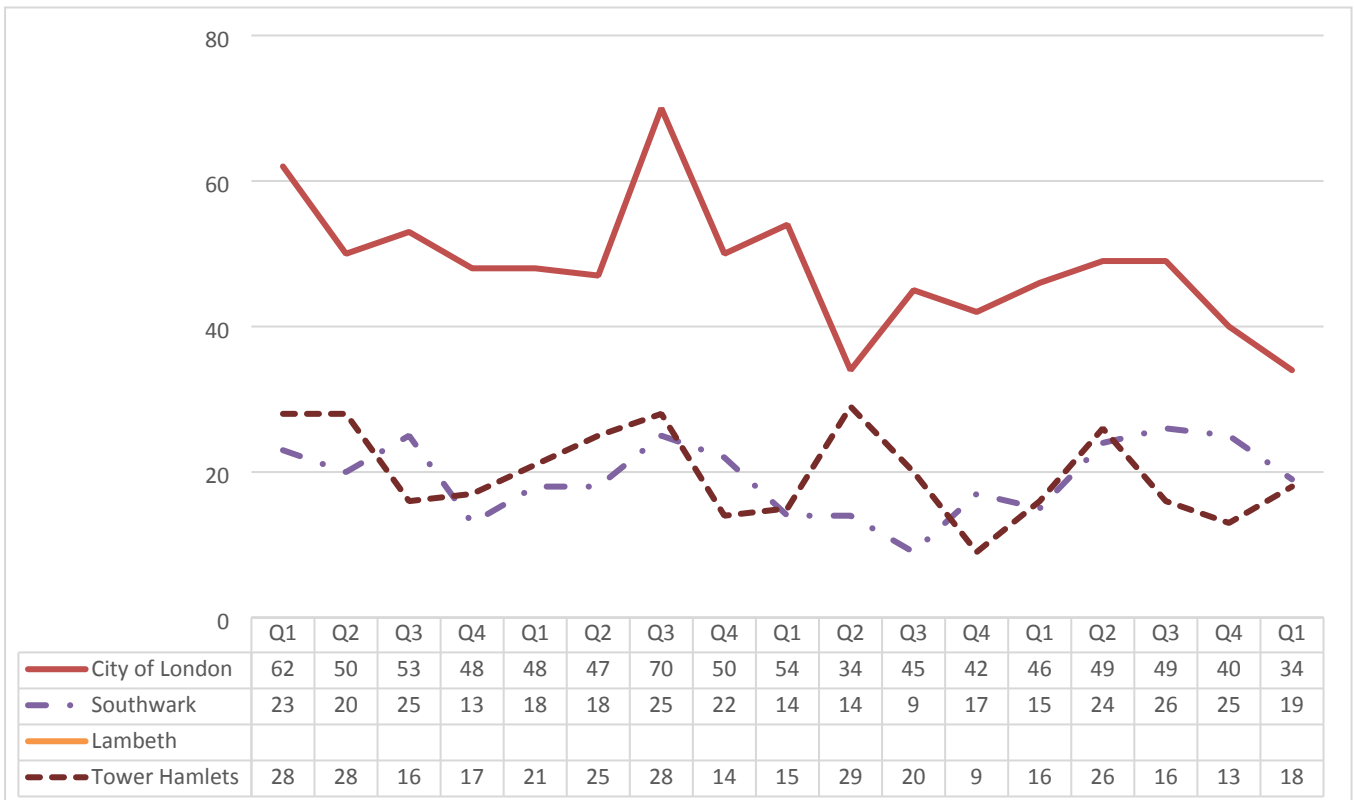
### Graph 2: Number of new rough sleepers



**Graph 3: Percentage of new rough sleepers not spending a second night out**



**Graph 4: Number of longer-term rough sleepers**





<b>Committee:</b>	<b>Dated:</b>
Homelessness and Rough Sleeping Sub Committee	06/09/2018
<b>Subject:</b> Health care provision for people sleeping rough in the City of London	<b>Public</b>
<b>Report of:</b> Andrew Carter, Director of Community and Children's Services	<b>For Information</b>
<b>Report author:</b> Simon Cribbens, Assistant Director – Commissioning and Partnerships Department of Community and Children's Services	

## Summary

This report presents the findings of an assessment of health care provision for those sleeping rough in the City of London. It identifies a number of problems with the design, delivery and availability of current health services, and recommends solutions to address these.

City Corporation officers will use the findings to define and propose specific service responses to those responsible for their commissioning.

## Recommendation

Members are asked to:

- Note and comment on the report.

## Main Report

### Background

1. The City Corporation and the City and Hackney Clinical Commissioning Group (CCG) have commissioned an assessment of health care services for those who sleep rough in the Square Mile. It aims to inform a strategic and commissioning response to rough sleeping.
2. The assessment was undertaken by an independent consultant with relevant expertise. The assessment looked at existing levels of need, service delivery and examples of specialist and mainstream services delivered to those who are homeless and living on the streets. It also consulted with people with lived experience of rough sleeping to help inform its findings and recommendations.

## **Current Position**

3. The report (Appendix 1) identifies a number of key problems in meeting the health needs of a population with multiple and complex issues, including:
  - unidentified needs
  - poor communication and sharing of information
  - accessing services and service delivery
  - unclear pathways of mental health service
  - reactive rather than planned or preventative health care delivery.

## **Proposals**

4. The report proposes a range of solutions, including provision of:
  - specialist nurse practitioners
  - care navigators or co-ordinators
  - improved mental health assessment and service
  - single multi-disciplinary team approach.

## **Next steps**

5. Engagement with key commissioners at the City and Hackney CCG, Tower Hamlets CCG and the workstreams of the Integrated Commissioning Board have already commenced.
6. City Corporation officers will use the report and its recommendation to propose a range of specific service responses to commissioners. The details of these have yet to be specified, but the initial focus is on three key services:
  - a specialist nurse practitioner to identify, treat and refer clients – based within existing service settings
  - peer-led service navigation and treatment adherence service to support access to and maintenance of health care
  - a specialist mental health practitioner to provide therapeutic intervention, referral and guidance to outreach practitioners.

## **Corporate & Strategic Implications**

7. This work progresses the commitments of the City Corporation's Homelessness Strategy and Joint Health and Wellbeing Strategy.

## **Conclusion**

8. People who sleep rough face some of the greatest health inequalities in the population. This assessment is an important step in identifying the right health services to improve health outcomes for this group, and reduce their rough sleeping.

## **Appendices**

- Appendix 1 – Health care provision for people sleeping rough in the City of London

**Simon Cribbens**

Assistant Director – Commissioning and Partnerships  
Department of Community and Children's Services

T: 020 7332 1638

E: [simon.cribbens@cityoflondon.gov.uk](mailto:simon.cribbens@cityoflondon.gov.uk)

This page is intentionally left blank

**Appendix 1** – Health care provision for people sleeping rough in the City of London



*Housing services with a human face*



# Healthcare for people sleeping rough in the City of London

**June 2018**

## Contents

1. Introduction .....	3
2. Key findings and recommendations .....	4
3. Why carry out a review?.....	6
Homelessness is a health problem.....	6
Framework for the review .....	7
4. The needs of people experiencing rough sleeping in the Square Mile .....	7
The number of people sleeping rough in the City of London .....	8
The demography of people sleeping rough in the City of London .....	10
Health needs of people who are sleeping rough in the City of London .....	11
5. Health care available to people experiencing rough sleeping in the Square Mile.....	12
Primary care .....	12
Dental services .....	13
Mental health services .....	13
Secondary care .....	14
Other.....	15
References .....	17
Annex A Research interviewees .....	18
Annex B - Services in scope of the London Homeless Health Partnership CCG guidance .....	19
Annex C Input from people with lived experience .....	20
1. Lived Experience Panel (LEP)– Final Recommendations .....	20
2. Focus group with St Mungo’s Outside In .....	23
3. Interviews with Lodge guests .....	24

## 1. Introduction

The City of London and City and Hackney Clinical Commissioning Group (CCG) want to ensure that healthcare services are part of the solution to enabling people who are rough sleeping in the Square Mile to move on in their lives, towards a home of their own.

Gill Leng ([www.gilleng.co.uk](http://www.gilleng.co.uk)) and the Revolving Doors Agency ([www.revolving-doors.org.uk](http://www.revolving-doors.org.uk)) were commissioned in April 2018 to work with local partners, providers and people with experience of rough sleeping to review the current health care offer, and to recommend practical local solutions that will best meet local needs.

The Healthy London Partnership's '[Health care and people who are homeless: Commissioning Guidance for London](#)' provided the basis for the review, considering physical and mental health, and wellbeing. This short piece of work involved:

- Interviews with 19 individuals representing 11 local organisations (Annex A)
- Visits to, and conversations with staff at:
  - The Neaman Practice
  - The Dellow Centre (Providence Row)
  - The Lodge (St. Mungo's)
- Attendance at a Royal London Hospital Pathway Team multi-disciplinary team meeting (Barts Health NHS Trust)
- People with lived experience of rough sleeping
  - Two expert panel sessions to inform the review process, and recommendations (seven people in total)
  - A session with members of St. Mungo's *Outside In* group
  - The Lodge, St. Mungo's
- A review of available information provided by the local authority and partners

This short report and practical recommendations are intended to inform City of London and City and Hackney CCG joint plans to transform the local health and care system. It may also be relevant to joint working with other local authorities, CCGs and providers, given the movement across boundaries by the population of people experiencing rough sleeping.

## 2. Key findings and recommendations

Although not possible to complete a detailed analysis of the population of people experiencing rough sleeping in the Square Mile, available information suggests a population:

- Who has multiple needs i.e. relating to two or more of alcohol or drug use and mental ill-health.
- Who, although younger than in the past, are still seen rough sleeping multiple times in the City of London i.e. there is a greater 'stock' and potentially more opportunities to meet needs, if engagement is possible
- Of whom eligibility for services is unlikely to be as much of a barrier as elsewhere in London ie, a greater proportion of UK nationals are recorded. Also, the number of times some people have been seen rough sleeping suggests a greater likelihood of a local connection.
- That is small enough to target with an appropriate local response.

Challenges to understanding the population in the City of London are the lack of local services and clear pathways to meeting needs, that health services do not routinely record information about an individual's housing circumstances (this is a nationally recognised problem), and that there is no single record of information about the individual's needs and preferences.

This is a population that would benefit from the approach that is now commonly taken to other populations with long-term and/or complex health conditions, i.e. integrated and person-centred care. It may be that this brings to light existing provision that could be more accessible/appropriate. However, the terms of engagement to enable access to services, continuity of care and improved outcomes would need to reflect the population's behaviour and experiences of services in the past, and that they are not housed.

More specific suggestions to improve the current position are below, informed by working with people with experience of rough sleeping (Annex C):

**Problem: Health needs and preferences of people experiencing rough sleeping are not known or shared between services working with them**

### **Solutions:**

- Specialist health professional e.g. nurse practitioner and/or peer worker completes assessments. These will likely be carried out over time, allowing for trust and relationships to form.
- This information should form a record that could be shared across organisations, perhaps using technology e.g. the approach BrisDoc is taking in Bristol<sup>1</sup>.
- This outreach could form part of the new contract for the Greenhouse homeless health service i.e. individuals may be able to benefit from other services on offer here.
- Partners should make a public commitment to a 'no wrong door' approach.

**Problem: People experiencing rough sleeping in the City of London are likely to be accessing health services elsewhere in Greater London. Although little is known about the circumstances, experiences and effectiveness of treatment received, evidence suggests that experiences and outcomes are unlikely to be positive. It is also unclear if care and support services on offer to housed residents in City of London are accessible to people sleeping rough e.g. those accessed through a Care Act assessment.**

### **Solutions:**

- Employ care navigators to co-ordinate care and support around an individual and enable individuals to access, and benefit from health services. Peer advocacy would also be appropriate for some individuals, including those who have moved off the streets but still have high health needs. These roles would follow an individual wherever they go in Greater London to access services.
- Care and support needs should be assessed through a Care Act assessment as it must be assumed that:
  - Physical and/or mental ill-health are associated with rough sleeping, and there are likely needs arising from this ill-health;



## Healthcare for people sleeping rough in the City of London

- These needs are likely to prevent an individual sustaining a home and related outcomes eg, accessing work;
- The needs and inability to achieve the specified outcomes cause or risk causing a significant impact on their wellbeing.<sup>ii</sup>
- The care navigator role would hold a 'care passport' for the individual which captures information about experiences, preferences and aspirations (including that gained through the health assessment)
- Enable access to health services (not just health care) in locations in the City of London. This could be:
  - At the proposed monthly 'hubs', alongside a range of other services. The care navigators should oversee the hubs i.e. it should be evident that the purpose of the hub is to improve an individual's health and wellbeing first and foremost (engagement with housing may not be an individual's priority)
  - Through the use of a mobile facility, either working in partnership with an existing provider to expand/enhance their offer, or with other local authorities/CCGs to develop a new mobile offer
  - Through the Neaman Practice. Although not a specialist practice, it has recently extended its hours and is required by the CCG to describe how it is reducing inequalities. There is space available here on Saturdays.
- Learning from the assessment and care navigator approach should inform pathways/transitions between services and across local authority and CCG boundaries.

**Problem: Mental ill-health is a significant issue for people experiencing rough sleeping. There is no clear pathway to services, and gaps in services, across the spectrum of need, for people in this situation, and those who have moved off the streets eg, living in the Lodge, who may need continued support to sustain their homes.**

### Solutions:

- Assessments of need should identify needs for mental health and wellbeing services – these should not be limited to the treatment of ill-health but the promotion of good mental health, and opportunities for individuals to benefit from health-promoting activity e.g. physical activity, social interaction etc.
- With Healthwatch, and support from an appropriate organisation e.g. Groundswell, Providence Row, St Mungo's, complete an exercise with people experiencing rough sleeping/people who have moved on from rough sleeping, to identify what the ideal pathway would be for people experiencing mental ill-health, and enable this work to inform service redesign (including addressing gaps).
- Provide a spot-purchase fund to enable individual's needs to be met in a timely manner, and to buy-in services that are not otherwise available in the City of London. This would include mental health services that are not time-bound.

**Problem: There are many services working across sectors that engage with people experiencing rough sleeping in the City of London, albeit to achieve different and potentially conflicting outcomes. Provision is weighted towards reactive and crisis management rather than planned and preventative. There is more than one meeting of partners to discuss individual cases and it is unclear how they relate, who is accountable for what, or how learning is applied.**

### Solutions:

- Review and revise the City of London strategy for ending rough sleeping, to secure a shared ambition, better understanding of collective resources, roles and responsibilities, and agreement over how to achieve the best possible outcomes for individuals.
- Implement a single multi-disciplinary team approach to people experiencing rough sleeping.
- Consider how the findings from the three integration work streams (planned care; unplanned care; prevention) apply to people with experience of rough sleeping and chronic homelessness to ensure these factors inform redesign.

### 3. Why carry out a review?

#### *Homelessness is a health problem*

As long as there is rough sleeping and other forms of homelessness in the City of London, the Corporation, City and Hackney CCG and other partners to the Joint Health and Wellbeing Strategy **will not achieve their ambition for longer, happier, healthier lives in the City of London.**

We know this because:

- Socially excluded populations, of whom people experiencing homelessness are part, have a mortality rate that is nearly eight times higher than the average for men, and nearly 12 times higher for women.<sup>iii</sup>
- The average age of death of a single homeless person is 47 years old (43 years for female), compared to 77 years for the general population.<sup>iv</sup>
- Death by unnatural causes has been found to be far greater among the single homeless population eg, suicide, death connected with substance misuse traffic accidents and infections<sup>v</sup> and the prevalence of infectious diseases is also high among the homeless population.<sup>vi</sup>
- People who sleep rough experience poorer physical and mental health than the general population.
  - 73% of homeless people reported a physical health problem (with 41% reporting this was a long-standing problem).<sup>vii</sup>
  - Common mental health problems are over twice as high among people who are homeless compared with the general population.
  - Estimates of the prevalence of mental health conditions among homeless people suggest they have far higher rates of schizophrenia, anxiety disorders and depression, suicide and personality disorders than the general population<sup>viii</sup>
  - In Greater London, 57% of rough sleepers who had a support need assessment recorded in 2016-17 had a drug or alcohol need, 31% of whom were also assessed as having a mental health need<sup>ix</sup>.
- Ill health may have contributed to them becoming homeless, but the experience of rough sleeping is likely to exacerbate existing conditions and/or result in physical and mental ill health.
- People can turn to alcohol and drugs as a mechanism to cope with homelessness, and symptoms of ill health, including chronic pain<sup>x</sup>.
- 62% of rough sleepers report experiencing chronic pain, and homelessness and trauma compound the effects
- Mental ill health and negative experiences of accessing health care, and low literacy are some of the factors in people not seeking help with physical ill health, only accessing urgent health care when they are in crisis.
- It is estimated that 70% of homeless people receiving hospital treatment (not specialist homeless health service hospitals) are discharged onto the streets. Homeless people attend A&E five times as much, stay three times as long, and cost up to eight times as much as the general population<sup>xi</sup>.
- Of a sample homeless population, half of the total acute care costs were incurred by 10% of people. Financial savings could be made, and quality of life improved by earlier intervention.<sup>xii</sup>

### **Framework for the review**

Recognising rising homelessness and associated health inequalities as a significant issue in London, the Healthy London Partnership<sup>1</sup> established the London Homeless Health Programme in 2015. In December 2016 the programme published commissioning guidance for CCGs, for use by all London CCGs and anyone delivering health services to people who are affected by homelessness.

The guidance centres around ten commitments, of which eight formed the basis for the review<sup>2</sup>:

#### **Service delivery**

1. People experiencing homelessness receive high quality healthcare
2. Healthcare 'reaches out' to people experiencing homelessness through inclusive and flexible service delivery models
3. People experiencing homelessness are never denied access to Primary Care
4. Mental health care pathways, including crisis care, offer timely assessment, treatment and continuity of care for people experiencing homelessness
5. Wherever possible people experiencing homelessness are never discharged from hospital to the street or to unsuitable accommodation
6. Homeless health advice and signposting is available within all Urgent and Emergency Care Pathways and settings
7. People experiencing homelessness receive high quality, timely and co-ordinated end of life care

#### **Commissioning**

8. People with a lived experience of homelessness are pro-actively included in patient and public engagement activities, and supported to join the future healthcare workforce

The commissioning guidance primarily covers primary care services, mental health services, and hospital discharge. Other services are covered insofar as health checks, information and advice should be available. More detail is available in Annex B.

### **4. The needs of people experiencing rough sleeping in the Square Mile**

It was an aspiration of the review to achieve a clearer understanding of the health care needs of people experiencing rough sleeping in the Square Mile, particularly through information provided by services that are seeking to meet those needs. In practice this has not been possible, reflecting a nationally recognised problem: health care services do not routinely collect information about the housing circumstances of their patients/service users.

Instead, this review has drawn on information made available through outreach teams in the City of London and elsewhere in London, analyses completed in other London boroughs, and anecdotal evidence from all those spoken to.

To begin with, stakeholders have a shared view that the City of London's population of people rough sleeping differs from elsewhere in London owing to the perceived 'peace and quiet' and safety offered by an area with a very small resident population and little in the way of a night-time economy compared to other boroughs. Its location enables the population to move into neighbouring areas, to access services during the day-time

---

<sup>1</sup> Healthy London Partnership, a collaboration between all 32 London Clinical Commissioning Groups and NHS England London region

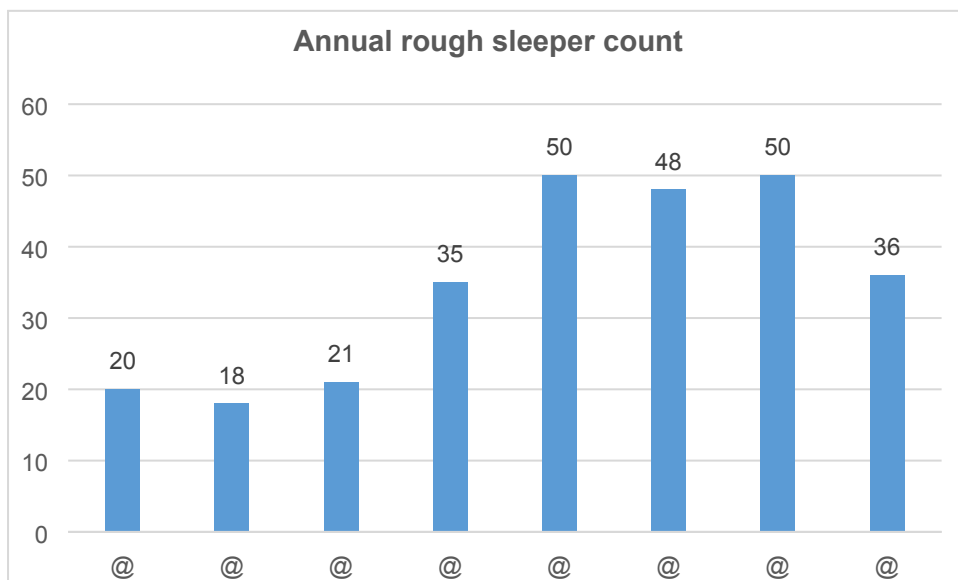
<sup>2</sup> The remaining two commitments are: data recording and sharing is improved to facilitate outcome-based commissioning for the homeless population of London; multi-agency partnership working is strengthened to deliver better health outcomes for people experiencing homelessness

## Healthcare for people sleeping rough in the City of London

(there is nothing specific for people experiencing rough sleeping in the City), but also to access an income or substances. Stakeholders also reported individuals coming into the City during the day to beg from the business community, who leave in the evening.

### *The number of people sleeping rough in the City of London*

36 people were reported the annual, official, count completed in November 2017, a significant decrease (28%) from the previous year (50 people).



Source: MHCLG statistics <https://www.gov.uk/government/statistics/rough-sleeping-in-england-autumn-2017>

During this research, St. Mungo's reported c.30 people seen by the Outreach Team each night (with up to 50% of these with a local connection ie, they could be eligible for local services such as housing and social care), whilst the Street Triage Team suggested c.50 people, with many people out of sight of the Outreach Team. It was noted that Challenge meetings discuss between 11 and 13 individuals.

The City of London is unique in it's very small resident population, which is reflected in high rate of rough sleeping per 1,000 households reported in the Government's annual report; the rate in City of London was 7.08 per 1,000 households, compared to 0.20 for England, 0.31 for London, and 1.78 for Westminster.<sup>3</sup>

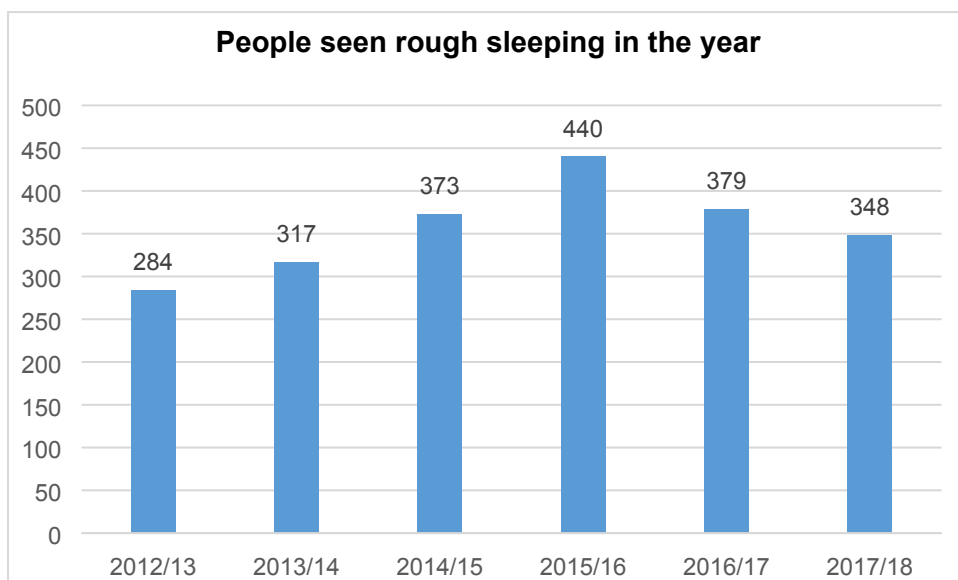
379 people were reported to have been seen rough sleeping in 2016/17, a decrease of 14% on the previous year. Although the total figure for 2017/18 has not yet been published (due 28 June 2018), quarterly reports suggest 559 contacts compared to 542 in 2016/17 ie, overall numbers may broadly remain the same as 2016/17 or be slightly higher.<sup>4</sup>

<sup>3</sup> MHCLG official statistics

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/682001/Rough\\_Sleeping\\_Autumn\\_2017\\_Statistical\\_Release\\_-\\_revised.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/682001/Rough_Sleeping_Autumn_2017_Statistical_Release_-_revised.pdf)

<sup>4</sup> CHAIN data based on contacts made by the Outreach Team (St. Mungo's)

## Healthcare for people sleeping rough in the City of London



Source: CHAIN data, available <https://data.london.gov.uk/dataset/chain-reports>

Comparison with Greater London CHAIN statistics<sup>5</sup> suggest a bigger 'static' population ie, fewer new rough – flow - sleepers (35% compared to 60%)<sup>6</sup>, a higher number of those seen in 2017/18 and 2016/17 (48% compared to 26%), and more reported contact with those who are seen (52% seen three or more times, compared to 27%).



Source: CHAIN data, available <https://data.london.gov.uk/dataset/chain-reports>

<sup>5</sup> 2017/18 CHAIN data

<sup>6</sup> The flow, stock and returner model categorise people seen rough sleeping in the year according to whether they have also been seen rough sleeping in previous periods

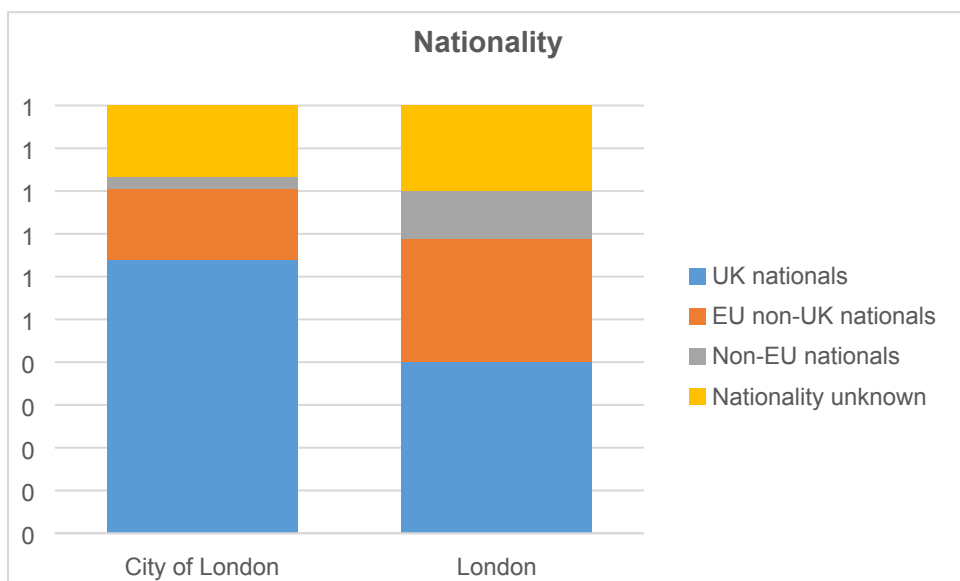
### *The demography of people sleeping rough in the City of London*

Comparison with Greater London CHAIN statistics<sup>7</sup> suggest:

- Very little difference in the age profile.
- Fewer females (9% compared to 15%).

From 2017, government 'count/estimate' official statistics included information on age and nationality. This information relates to only 36 people on one night, so care must be taken with it's use, but it suggested:

- A much smaller proportion of 18-25 year olds than CHAIN data suggests for the City (3% - 1 person, compared to 8% - 30 people across the year).
- A higher proportion of UK nationals than in Greater London (nationality comparison isn't possible using available CHAIN information).



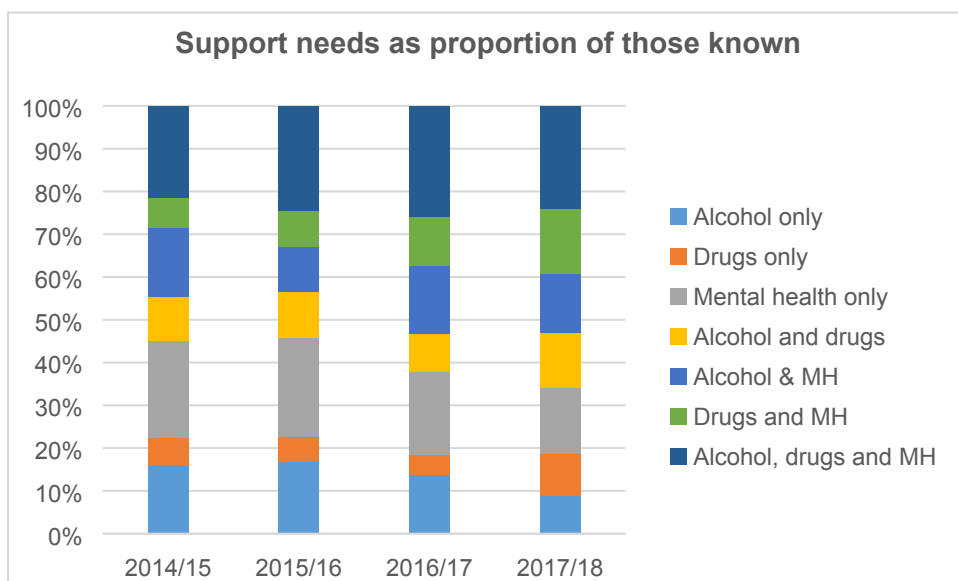
Source: MHCLG statistics <https://www.gov.uk/government/statistics/rough-sleeping-in-england-autumn-2017>

Anecdotally there has been a change in the age profile of people experiencing rough sleeping: until the opening of the Lodge(s) accommodation, there was a larger older population. Today, the population is proportionally younger but more akin to the profile of London overall.

<sup>7</sup> 2016/17 CHAIN data

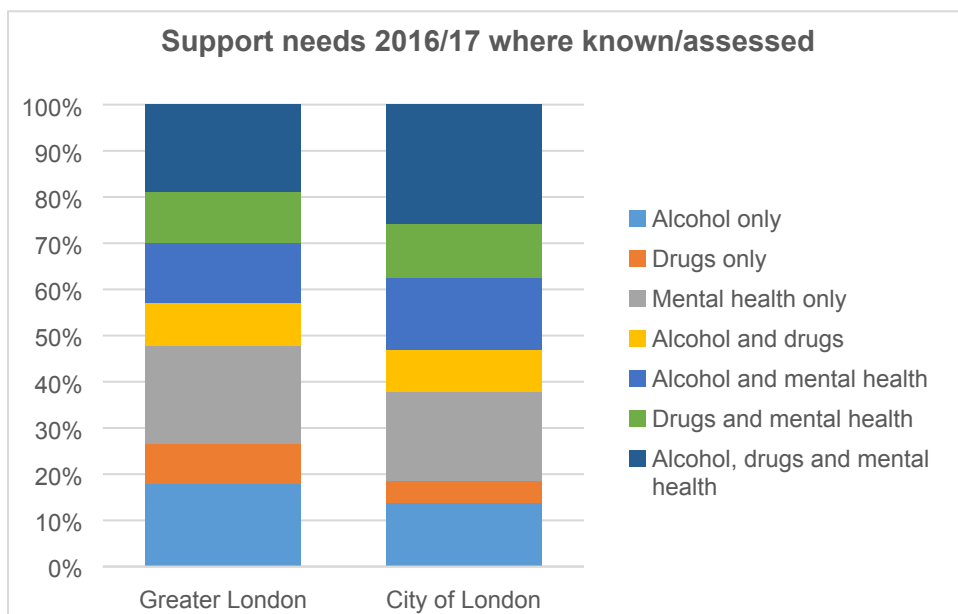
**Health needs of people who are sleeping rough in the City of London**

CHAIN data provides an indication of health-related needs, albeit these are self-reported. Data for City of London suggests that the profile of needs has changed over time, with an increasing number of individuals with two or more support needs.<sup>8</sup>



Source: CHAIN data, available <https://data.london.gov.uk/dataset/chain-reports>

Comparison with Greater London CHAIN statistics<sup>9</sup> suggests a greater proportion of those whose support needs are not known (38% compared to 32%). However, for those whose needs are known, there is a greater proportion of people with more than one support need (31% compared to 26%).



Source: Annual CHAIN reports <https://data.london.gov.uk/dataset/chain-reports>

<sup>8</sup> Note that 2017/18 data is based on quarterly reporting and not an annual figure ie, there may be some duplication in this information

<sup>9</sup> 2016/17 CHAIN data

## Healthcare for people sleeping rough in the City of London

Stakeholders recognise that the needs of people experiencing rough sleeping have changed. The older 'entrenched' population now accommodated in the Lodges, although living on the streets for many years, are reported to have had fewer needs associated with drug and/or alcohol use, and are less chaotic. The remaining younger population are however presenting with these needs, including chronic drug problems and under-lying mental ill-health.

### 5. Health care available to people experiencing rough sleeping in the Square Mile

It has proven difficult to understand exactly which services people experiencing rough sleeping in the City of London access, and benefit from ie, receive quality care and continuity of care. Individuals move across local authority boundaries on a regular basis and are felt likely to access services outside City of London.

#### *Primary care*

The **Neaman Practice** is the only GP practice in the City of London. It reports that it will register any NFA patient, it has taken on all Health E1 homeless patients in recent months, and most of the Lodge residents are registered here. The Practice has recently extended its opening hours to offer a Saturday service. A podiatrist is available one day a week can be accessed by all patients.

A meeting with the practice manager was positive (there was a suggestion that the recently extended practice hours could offer an opportunity for new services to be delivered for people experiencing rough sleeping), but further information was requested from clinicians (not provided) to understand:

- Number of people registered with who have 'no fixed abode' (or otherwise no fixed address)
- Experiences of being able to provide continuity of care to this population, including extent to which 'did not attend' was a feature of referrals to other care
- Experiences of access to mental health services

The Practice was rated as 'good' by the CQC in October 2016, including 'good' for people whose circumstances may make them vulnerable: they held a register of patients living in vulnerable circumstances and homeless patients could register; the practice regularly worked with other health care professionals in the case management of vulnerable patients; the practice informed vulnerable patients about how to access various support groups and voluntary organisations; staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Some stakeholders feel that the Neaman Practice is unlikely to be providing a service to people experiencing rough sleeping, for example it is understood that it will not do scripting, that it has a waiting list and it is to capacity. This hasn't been possible to verify. Although not currently rough sleeping, three residents of the Lodge reported they were very satisfied, had been able to access services on the same or the next day, and that they had been visited by a doctor at the Lodge when they had been unable to attend in person.

**The Greenhouse** in LB Hackney is a long-established specialist homeless health service, one of 28 in England. Commissioned by the City of London and Hackney CCG it is accessible to people experiencing rough sleeping in City of London. It is co-located with Thames Reach and LB Hackney's Housing Advice as part of the Single Homeless Hub.

Services provided include: full health assessments; GP registration; housing advice; welfare and benefits support; help with access to employment, training, and volunteering; legal advice for people registered at the medical practice; and links to other support services. The service was rated as 'outstanding' by the CQC in August 2017.



## Healthcare for people sleeping rough in the City of London

The current caretaking contract with AT Medics expires in March 2019, and the CCG has begun a procurement exercise, starting with pre-procurement engagement in May 2018, to commission a new specialist homeless health practice (the patient list has increased from 860 patients to 1,076 patients in the last four years).

There appears to be scope in the new contract to deliver services in a different way, including to people experiencing rough sleeping in City of London, eg, through an outreach model, and/or integrated with other services – this would be supported by frontline workers in the City of London, who report that people will not travel to the Greenhouse practice. The intention is to implement Pathway's model and the Faculty for Homeless and Inclusion Health's standards, and to follow good practice on end of life care (resource pack being developed by St Mungo's, Marie Curie and Pathway. The model will be agreed with the Patient Participation Group.

Finally, in recognition of the presenting physical health problems of people experiencing rough sleeping, St Mungo's is testing working with the **Greenlight Medical Van** in the City.

### **Dental services**

It is not known where people access dental services: there is no specific provision in the City of London, nor is it known where else people will access dental services elsewhere.

A dental van was available as part of a health pilot delivered at the Dellow Centre in 2016/17. Providence Row reported difficulties in attracting a practitioner to begin with, but once in place, 18 patients were seen and all needed treatment. This service could not be continued without additional resources.

### **Mental health services**

There is no single, shared understanding of available mental health provision for people experiencing rough sleeping in the City of London, when and how this can be accessed, whether this is proving effective in the care it provides and who is accountable.

- **EASL** is commissioned by the City of London to work with St. Mungo's Outreach Team to support them in identifying need, supporting 'lower end' mental health needs, and enabling assessments under the Mental Health Act and Mental Capacity Act. It is also providing supervision to the Team.
- **ELFT** employ a specialist homeless mental health practitioner. There are different views of what this role exists to achieve but it appears it works with St. Mungo's to assess mental health needs of people experiencing rough sleeping. Also, if an assessment is needed in working hours the role will call upon the City's AMHP.
- **The Street Triage Team** (funded by the City of London police and ELFT), has recently been resourced to deliver mental health care to people at risk of suicide or self-harm seven days a week). It does respond to referrals by St. Mungo's outreach team, but these are reportedly few. If an individual is not in immediate need or care or control, they are referred for an assessment, either to ELFT or AMHPs in the Homerton.
- The City of London employ an **Approved Mental Health Professional (AMHP)**, in a small team of social workers who, in working hours, can be called upon to complete a mental health assessment, and who will also support discharge from the Homerton, including for people who have no connection to the City. The AMHP is part of the South Hackney Community Mental Health Team for working age adults which enables a duty rota, cover for leave, and supervision. Outside of working hours the council commissions a service from Hackney. If someone who is rough sleeping is identified as needing a planned mental health assessment this often needs to happen out of hours, the assessment will be set up by the City's AMHP, but the actual assessment will be spot-purchased from the Hackney service.

## Healthcare for people sleeping rough in the City of London

- The council commissions ELFT's rehab-team to assess the need for specialist accommodation by people due to leave hospital. However, pathways from hospital appear problematic owing to the lack of specialist accommodation in the City; discharging an individual to specialist accommodation elsewhere triggers a local connection for social care in the receiving authority. For people experiencing rough sleeping they may be discharged to temporary accommodation; this may not be suitable or enable continuity of care.
- Access to mental health services in the community ie, when not in crisis, and access to mental health promoting activities would be, for the housed population, something that should be enabled through a Care Act 2014 assessment. This would 'unlock', for example, an individual budget to purchase counselling, gym membership etc. However, the assessment is reportedly rarely requested for people experiencing rough sleeping.
- Stakeholders report that reductions in funding over time have reduced capacity and capability to meet mental health needs, and that there are gaps in provision across the spectrum, from counselling to dual diagnosis and personality disorder services.

Following the death of someone experiencing rough sleeping, a group was established to regularly review individuals who are felt to be a risk of a mental health crisis and approaching the threshold for an assessment. The council is looking at ways they can improve the offer to this population, and is considering extending meetings to discuss safeguarding, particularly in light of the proposed revision to the London safeguarding policy. It is not clear how the mental health and homelessness meetings relate to the Challenge meetings; many of the same partners appear to attend.

### **Secondary care**

It was not possible to identify the effectiveness of referrals to secondary care from primary care.

In an emergency most stakeholders felt that people experiencing rough sleeping would be taken to the Royal London hospital for treatment, not the Homerton (the focus of current unplanned care work, which may be extended to the Royal London).

There is no specific homelessness service at the Homerton. Also, a 'step-down' service from the hospital, delivered by St. Mungo's several years ago, was felt to be ineffective: people did not move on from the accommodation and it was felt to create a dependency culture. It was not possible to speak to A & E or hospital discharge teams at the hospital in this work (attempts were made).

People experiencing rough sleeping is a consideration of the City and City and Hackney CCG unplanned care workstream, particularly activity to understand frequent attendance, non-elective admissions and discharge. The current focus of work is the Homerton (may be extended to UCL/Barts), where a 'frequent attenders MDT', led by a nurse, considers up to 30 people each month. There were no people of 'no fixed abode' considered in the most recent monthly meeting. Also, work is underway to audit 50 Delayed Transfer of Care cases: housing has emerged as a theme, but further information is not available in time for this research and this may just apply to the Homerton.

The Royal London is home to a 'Pathway model' homelessness service, commissioned by Tower Hamlets CCG. It provides care to inpatients who are homeless or at risk of becoming homeless, with a view to improving their outcomes after discharge. The stated outcomes in the service specification are:

#### **Desired outcomes**

- Improved health for homeless patients
- Improved self-efficacy in handling money, relationships and accommodation
- Reduced rough sleeping (as an outcome to which the service contributes through coordination with the work of other agencies)

#### **Patient experience outcomes**

## Healthcare for people sleeping rough in the City of London

- Trusting relationship formed with supportive team
- Improved self-efficacy in handling money and accommodation
- Joined up, integrated care

### Efficiency outcomes

- Reduced average duration of stay (when assessed annually across whole patient group)
- Reduced admissions and emergency attendances

### Positive recovery outcomes for individuals

- Increased ability to manage mental health
- Increased physical health and self-care skills
- Encourage social networks and peer support
- Increase in the ability to find work, training and access education
- Improvement in the ability to develop and maintain relationships / contact with family
- Reduction in addictive behaviours
- Increase in self-esteem, trust and hope.

In 2016/17 Pathway were notified of 306 inpatients, of whom 296 were unique cases. The average length of admission was 11.8 days, with an average of 10 days spent under Pathway management. 40% of the admissions were related to drugs, alcohol, or a combination<sup>10</sup>.

Of the 629 patients managed by Pathway between November 2015 and July 2017, 54% were registered in another part of Greater London, which could include City of London (data not available)<sup>1112</sup>. Attendance at a monthly MDT in May 2018 did not identify any individuals from City of London (from 59 cases, in patients and those recently discharged).

The Pathway service works in partnership with the Routes to Roots service delivered by Providence Row. Funded by LB Tower Hamlets, Routes to Roots is working with an increasing number of individuals (146 in 2017/18 compared to 123 in 2016/17). It appears to be successful in enabling prompt assessments and establishing local connection for patients: 80% of new referrals were assessed within 24hrs with 95% of total assessed within 48hrs; 96% of local connections were determined within 48 hours; 100% of patients have been referred to a local authority when appropriate to do so and the team achieved 69 reconnections up 4 on last year. A new “step down” accommodation service was opened in 2017/18, enabling patients to move from hospital when their reconnection is not established at discharge; this would be available to people who have been rough sleeping in the City but do not have a connection to Tower Hamlets.

### Other

**City of London police:** PCSOs and Community Police reportedly have a good understanding of where people sleep rough in the City, and play a part in enabling people to access the quarterly hubs, where people can access a range of services. They have also just established a ‘begging hub’, once a month, where individuals, some of whom sleep rough in the City of London, can access mental health support provided by the Street Triage team mental health nurse.

**St. Mungo’s Housing First approach:** St. Mungo’s outreach team, through funding from City of London, has recently been increased to enable additional capacity to provide a Housing First approach. The principles of Housing First are<sup>13</sup>:

---

<sup>10</sup> Pathway, service data 2017

<sup>11</sup> Pathway, service data 2017

<sup>12</sup> It is worth noting that this data was manually extracted, as the databases used by the two NHS trusts (East London Foundation Trust and Barts Health Trust) are not compatible.

<sup>13</sup> Homeless Link. 2016. Housing First in England: the principles.

## Healthcare for people sleeping rough in the City of London

1. People have a right to a home
2. Flexible support is provided for as long as it is needed
3. Housing and support are separated
4. Individuals have choice and control
5. An active engagement approach is used
6. The service is based on people's strengths, goals, and aspirations
7. A harm reduction approach is used

Support and services may relate to an individual's health and wellbeing, physical and mental: success in the Housing First approach will depend on the availability, appropriateness and effectiveness of these services.

### References

- <sup>i</sup> BrisDoc <https://www.theguardian.com/healthcare-network/2017/feb/22/gp-practice-sharing-data-transform-care-homeless-people>
- <sup>ii</sup> Care Act resources:
- Cornes, M., Ornelas, B., Bennett, B., Meakin, A., Mason, K., Fuller, J., and Manthorpe, J. (2018) Increasing Access to Care Act 2014 Assessments and Personal Budgets Among People with Multiple Needs Linked to Homelessness and Exclusion: A Theoretically Informed Case Study. *Housing Care and Support*. Available: <https://www.emeraldinsight.com/eprint/ZMDYVCVBYTS89BXS3A4S/full>
  - Mason, K., Cornes, M., Dobson, R., Meakin, A., Ornelas, B., and Whiteford, M. (2017) Multiple Exclusion Homelessness and adult social care in England: Exploring the challenges through a researcher-practitioner partnership. *Research, Policy and Planning* (2017/18) 33(1), 3-14. Available Open Access <http://ssrg.org.uk/members/files/2018/02/1.-MASON-et-al.pdf>
  - Blog about the Care Act Toolkit as an advocacy aid - <https://www.homeless.org.uk/connect/blogs/2017/jul/31/care-act-toolkit-for-advocacy>
  - The Care Act Multiple Needs Toolkit - <https://www.homeless.org.uk/sites/default/files/site-attachments/VOICES%20Care%20Act%20Toolkit.pdf>
  - Webinar about the Care Act and Housing First (from minute 18 onwards) <https://www.homeless.org.uk/our-work/resources/webinar-and-podcast-catchup/care-act-and-housing-first-webinar>
- <sup>iii</sup> Morbidity and mortality in homeless individuals, prisoners, sex workers, and individuals with substance use disorders in high-income countries: a systematic review and meta-analysis. Aldridge, Robert W et al. *The Lancet*, Volume 391, Issue 10117, 241 – 250. Available at [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)31869-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31869-X/fulltext)
- <sup>iv</sup> Crisis (2011) Homelessness: a silent killer
- <sup>v</sup> Crisis. Ibid
- <sup>vi</sup> Beijer U, Woolf A and Fazel F et al, 2012 Prevalence of tuberculosis, hepatitis C virus and HIV in homeless people: a systematic review and meta-analysis Available at: [https://www.thelancet.com/pdfs/journals/laninf/PIIS1473-3099\(12\)70177-9.pdf](https://www.thelancet.com/pdfs/journals/laninf/PIIS1473-3099(12)70177-9.pdf)
- <sup>vii</sup> Homeless Link (2014) The unhealthy state of homelessness Health audit results 2014- <https://www.homeless.org.uk/sites/default/files/site-attachments/The%20unhealthy%20state%20of%20homelessness%20FINAL.pdf>
- <sup>viii</sup> Cockerell, P (2011) Homelessness and mental health: adding clinical mental health interventions to existing social ones can greatly enhance positive outcomes *Journal of Public Mental Health* 10(2) 88-980
- <sup>ix</sup> CHAIN Annual Report Greater London, 2016-17 - <https://files.datapress.com/london/dataset/chain-reports/2017-06-30T09:03:07.84/Greater%20London%20full%202016-17.pdf>
- <sup>x</sup> Mackie and Thomas (2014) 'Nations Apart'
- <sup>xi</sup> Crisis (2011) Healthcare for single homeless people, Office of the Chief Analyst, Department of Health, March 2010
- <sup>xii</sup> An analysis of the cost of acute health service use by rough sleepers in London, Resolving Chaos and St Mungo's Broadway, 2013

## Annex A Research interviewees

Organisation	Name	Role
The Neaman Practice	Sue Neville	Practice Manager
St Mungo's	Laila Grinberga & Kathy Simms	Outreach team
	Isaura Abbas	The Lodge accommodation
EASL	Barney Wells	Director
Providence Row	Sarah Makhoulouf	Manager, Dellow Day Centre
	Dominic Gates	Dellow Centre
	Phil Hennessy	Routes to roots project
Find and Treat	Dr. Al Storey	Clinical lead
Groundswell	Kate Bowgett	Director of Advocacy
City of London	Will Norman	Service Manager – Homelessness & Rough Sleeping
	Simon Cribbens	
	Ian Tweedie	Social care
City of London police	Mark Montgomery	Street Triage
Healthwatch	Jon Williams	Executive Director
ELFT	Denise O'Grady	Senior Nurse Practitioner Homelessness & Project manager NRPF
NHS City and Hackney CCG	Richard Bull	Programme Director, Primary Care
	Nina Griffith	Workstream Director, Unplanned Care

## Annex B - Services in scope of the London Homeless Health Partnership CCG guidance

Service type	Service/function	Healthy London guidance?
Primary care services	GP/nurse practitioner	Yes
	Dental	
	Optician	Health checks and advice only
Allied health services	Podiatrists	
Mental health services	Counselling	Yes
	Talking therapies (IAPT, psychology, psychiatry)	
	Community mental health team	
	Assertive outreach	
	Crisis team	
	Personality disorder services	
Public health - and protection improvement	Sexual health	Health checks and advice only
	Diet and nutrition	
	Smoking cessation	
	Drug services	
	Alcohol services	
	TB treatment	Yes
Secondary care	Urgent and emergency care: 111; A & E; ambulance; urgent care	Health advice and signposting
	Hospital discharge	Yes
Other services/settings	Palliative care	
Social care	Care Act 2014 assessment	

## Annex C Input from people with lived experience

People with experience of rough sleeping, including a small number who have spent time sleeping rough in the City of London, provided input at a number of points in the research:

- Before interviews were completed with partners: a desktop exercise informed an Expert Panel discussion to identify lines of enquiry
- During the research, enabled through St. Mungo's: through the Outside In group of people with experience of rough sleeping; at the Lodge accommodation
- At the end of the research: findings were presented back to the Expert Panel and recommendations discussed

The following section presents the findings from this part of the research, which was led and delivered by the Revolving Door Agency.

### 1. Lived Experience Panel (LEP)– Final Recommendations

Held on 12 June 2018, four people (2 women and 2 men) attended this session.

- 1. The City of London and City and Hackney CCG should commission a health and social care needs assessment of all people who are sleeping rough in the Square Mile. This assessment should be carried out by a specialist nurse/health team and peer workers.**
  - Evidence tells us that people experiencing homelessness have significantly worse physical and mental health than that of the general population and the longer a person experiences homelessness the more likely their health and wellbeing is at risk.
  - The research has not been able to produce any in-depth data about the health needs of people who are sleeping rough in the Square Mile. Panel members suggest that in the absence of such data, evidence from elsewhere should be an adequate basis for investment in 'homeless health' in the first instance.
  - Given the relatively small number of people who are sleeping rough in the Square Mile, the panel recommends that the City and Hackney CCG and City of London to work together to carry out **a full assessment of health and social care needs of every person sleeping rough in the next year.**
  - **LEP recommended that the health needs assessment to be carried out by a specialist nurse (who can also carry out tests) and peer workers.** Panel members thought peer workers would be trustworthy, reliable and empathetic to their needs, and they felt peer workers would be able to collect more in-depth and more accurate information than the professionals.
- 2. Health and social care agencies and homelessness services should share information and work together to meet the needs of people who are sleeping rough in the Square Mile.**
  - People who are sleeping rough in the Square Mile are likely to have been asked about their health and social care needs several times by several services. Therefore, this data should be collected just once, shared across relevant health and housing agencies as relevant, and should be updated by health services as part of ongoing record keeping processes.
  - LEP expected this data to be kept safely (especially female members of the panel raised concerns about confidentiality and data leaks). However, they broadly agree that services will need to share information to provide the best jointed support for the individuals who are sleeping rough in the Square Mile.
  - Reflecting on their personal experiences, they emphasised that the health needs (particularly mental health needs) can be multi-faceted and may span across experiences of childhood trauma, domestic abuse, and criminal justice contact and recommended the information sharing protocol should cover a broad range of local services people might access to.
  - Some of the LEP members, who now work as peer support-workers and regularly attend to multi-agency meetings, suggest that sharing information between different agencies does not always change 'system behaviours' and that individuals can still find themselves fall through the gaps between services. LEP



therefore recommends that the information sharing protocol to support a principle for ‘no wrong-door’ for people who are sleeping rough in the Square Mile.

- 3. Care passports for people who are sleeping rough in the Square Mile should be implemented.**
  - Some LEP members suggested that data sharing practices are unhealthily focused on needs and deficits, and fail to recognise differences in individuals’ experiences, preferences and aspirations.
  - LEP recommended that the City and Hackney CCG and the City of London to implement care passports for people who are sleeping rough. This passport should include a summary of health and social care needs and support needs, as well as information about the personal strengths and preferences.
  - LEP recommended that this information is collected by a peer worker, alongside ‘a care navigator’ (or ‘link worker’) who will be ultimately responsible for coordinating support and care around the individual
  - LEP saw care passports as an opportunity to implement a personalised and strength-based approach to multi-agency working practices.
  
- 4. Multiple needs should be met simultaneously**
  - LEP members shared the view that the health needs assessment should form the basis of all services working together to meet the need. People who are sleeping rough in the Square Mile should be able to find services that join-up to meet their personal combination of needs, not just one need in isolation. They should be able to get help with their alcohol problems and mental health difficulties at the same time, for example.
  - LEP suggested that **a hub** that brings together benefits and housing advice, training and employment activities and health services would be beneficial for this group.
  - LEP members understood that people who are sleeping rough in the Square Mile might access a variety of services in the neighbouring boroughs (including Tower Hamlets, Hackney and Westminster) during the day. However, currently we know very little about how frequently and how successfully they make use of these services.
  - LEP queried piloting **pop up ‘hubs’** (e.g. a tent/temporary space) to specifically engage with people in the Square Mile in the evenings (for example once a month). This pop-up service should be run by ‘care navigators’ (or ‘link workers’) alongside the same peer workers who help to develop the care passports.
  - Currently, we know very little about how people, who are sleeping rough in the Square Mile, access services. LEP saw these ‘pop up’ hubs as an opportunity for ‘care navigators’ to build relationships with individuals, identify needs, understand the service use, and develop agreements to spot purchase services where necessary.
  - LEP believed that money should follow the individual across the system, and across the commissioning boundaries. They felt that the services found it easier to ‘pass the buck’ and recognised that more incentives need to be in place for services to join up and help individuals move on with their lives. They understand administering funding across system/local authority/CCG boundaries is difficult to administer, but they felt options such as ‘spot purchasing’ services could help achieve better outcomes.
  
- 5. The City and Hackney CCG and the City of London Corp should consider better transition across services.**
  - a. Transitions from custody to community**
    - Five out of seven LEP members have had experience of the criminal justice system, as well as experience of sleeping rough.
    - People leaving prison are at high risk of homelessness for many reasons, e.g. they may have been homeless before entering prison, are dependent on drugs or alcohol or simply are unable to get support finding the right sort of accommodation on release. The Rough Sleeping in London report (CHAIN) showed that a third of people seen rough sleeping in 2015-16 had experience of serving time in prison.
    - We do not currently know what proportion of people who are sleeping rough in the Square Mile had served time in prison, however the LEP asked the City and Hackney CCG need to consider the increased health needs for this population, including mental ill-health (and personality disorders), increased risk of suicide, substance misuse needs, physical health needs, TB and blood borne viruses.

## Healthcare for people sleeping rough in the City of London

- LEP members who have served time in prison, said that the medical notes are not always shared between community and custody healthcare settings, or the notes are not always up to date. On exiting prison, all services (but particularly mental health services) were reportedly fragmented, 'virtually impossible' to access. LEP recommends that health needs linked to other support needs, such as housing, should be prioritised for this group.
- Two LEP members reflected on their experiences of moving from streets to custody and from custody back to streets. They raised concerns about restrictions on housing eligibility of people who have previous criminal convictions and asked the City of London Corp to consider working with the criminal justice agencies to prevent homelessness. This may involve designing a specific housing pathway for people with criminal records, or integrating criminal justice contact in the multi-agency framework going forward.

### **b. Transitions from secondary mental health services**

- While all LEP members reported to have experienced some mental health problems, four have had experience of being admitted to secondary mental health settings in the past three years. Their experiences of housing support following discharge from psychiatric hospital were varied.
- One member was a woman in their 50s, with experience of homelessness (including sleeping rough and sofa surfing), mental ill-health and substance misuse needs. She recently found herself street homeless, after having exhausted the accommodation offers from friends over the last six months. She attempted to take her own life, was picked up by the street triage team, and subsequently admitted to a psychiatric ward. She was offered a two-week step down accommodation following the discharge, and yet was not supported with finding an accommodation during this time. She was clearly distressed and told us that her mental health crisis was caused by 'a deep shame to admit that [she had] nowhere to go' and felt that the uncertainty about her housing situation made her mental health significantly worse. She was once again contemplating suicide.
- Another member was a man in his 40s, with experience of sleeping rough in Westminster and the City. While he was on the street, he was admitted to a psychiatric hospital and subsequently diagnosed with 'schizophrenia'. During his six months stay at the psychiatric hospital, he was offered a range of support with his physical health problems, including diabetes, musculoskeletal problems and dental treatment. He suggested that the good quality care that addressed both his mental health and physical health needs made him willing to move on from the streets and able to keep his accommodation.

### **6. How to involve people with lived experience in the commissioning and delivery of services**

- The LEP recommends that commissioners and providers of service use the knowledge of people with lived experience as a valuable resource, and ask them to listen and act on people's views to make changes for the better.
- They feel strongly about the need to involve peer workers in both assessing the health needs of people who are sleeping rough and supporting people to their health appointments.
- They recognise that people who are sleeping rough may not be readily available to attend to consultations.
- Whenever possible, feedback on health care services should be collected on a real-time basis, for example by installing satisfaction buttons at the entrance/exit of healthcare services.
- When further and broader information is required, the consultation should be flexible and in places they already are (for example day centres, local parks, 'pop-up hubs' etc).
- The LEP also endorses the recommendations made by Outside In group.

## 2. Focus group with St Mungo's Outside In

Held on 6 June 2018, this group involved six participants: three men and three women with experience of sleeping rough. Formerly accepted as 'homeless' in two in Hackney, one in Tower Hamlets, two in Westminster and one in RBKC. They are now working as part of the St Mungo's Outside In group to advise policy and practice issues affecting people who are homeless, including for example, providing help and support via Streetlink).

### 1. Experiences with access to healthcare

- Participants told us that during the time they were sleeping rough, they tended to access health services only when there was an urgent health need. This included attending to wounds, severe lung/ breathing problems (e.g. bronchitis/pneumonia), and dental abscesses. Minor illnesses (e.g. cold, flu, low grade fever) or chronic problems (e.g. musculoskeletal problems, diabetes, blood borne viruses) were either not treated/or followed up, often because of not seeing the doctor for extended periods of time to collect test results, picking up the prescription or losing medication, or not attending follow up appointments.
- Attending only to what they consider 'major health issues' was often a consequence of accessing services in day centres, walk in clinics, or A&E departments, where the follow-on care was understood to be unavailable.
- Participants said they chose to use day centres, walk-in clinics or A&E departments, because of the inconvenience of seeing a doctor on the day, especially when they thought they needed urgent care. Some had the impression that the mainstream primary healthcare services were not available to them, and they were not asked if they wanted to register with a specialist 'homeless' GP while they were on the street.
- All suggested they had registered with a GP service after they were offered a supported accommodation/hostel place.
- Sporadic use of healthcare services also meant that their healthcare records are incomplete. Two participants suggested that their healthcare information has never transferred to the specialist GP (potentially via GP2GP service) and that their historic data is missing.
- Participants who are now taking calls from Streetlink line, suggested that accessing mainstream GP services and receiving treatment continue to be problematic. Despite the ongoing Healthy London campaign, often people are asked to provide proof of address and identification. They also reported negative attitudes of receptionists to dealing with people who are sleeping rough.
- Currently the healthcare services in daycentres, walk-in clinics and A&E departments are felt inadequate in moving people off the streets.
- The group's recommendations included:
  - a. Ensure the Healthy London Partnership's 'My Rights to Access to Healthcare' card is made available across all day centres, foodbanks, Job Centres, libraries and any other public services that rough sleepers might access.
  - b. Explore how GP services can identify people who are at risk of homelessness/or are not-street homeless (e.g. sofa surfing) and offer them assistance or refer to people who can provide that assistance. It was suggested that this should at the minimum include a referral to housing authority, and an up-to-date list of organisations, such as night shelters and foodbanks.
  - c. Include a "housing" element in all MECC training for services/organisations that meet people who are homeless.

### 2. How to involve people with lived experience in the commissioning and delivery of services

Participants said that engagement process should:

- **Have a clear purpose** Commissioners and providers of services will need to make it very clear 'why they are engaging with people with lived experience' and regularly feedback on changes that are being made upon the recommendations of people with lived experience.
- **Offer beneficial outcomes for people who are experiencing/or experienced sleeping rough.** These need to include immediate benefits (e.g. being offered payment for their time/contribution, and/or training as part of the involvement process) and longer-term benefits (e.g. 'making a difference')

## Healthcare for people sleeping rough in the City of London

- **Account for support people might need.** Involvement in service design and delivery can be difficult and overwhelming for many people who are sleeping rough, or who have recently moved into accommodation. Many individuals will need to be supported by people who they already have relationships with (e.g. outreach team, daycentre staff, etc.).
- **Increase responsibilities gradually** All participants have started volunteering as part of a group, first shadowing meetings, and gradually became more involved in various parts of the system they were interested in.
- **Respect a variety of experiences and views** Many people with experience of homelessness have fears of being rejected, judged, ridiculed, often because of multiple adverse experiences. The engagement process will need to be based on a deliberate statement of mutual respect and recognition.
- **Make use of trusted places/trusted faces** People who are sleeping rough might find meeting rooms, service buildings intimidating, and therefore it was suggested that the involvement meetings are kept flexible and informal in places where people already are. This could include day centres, but also places such as the local church, local park, etc.

### 3. Interviews with Lodge guests

Held on 8 June 2018, three males in their 60s contributed, with experience of sleeping rough 10+ years, including in the Square Mile, before they moved into the Lodge(s) between two and three years ago.

#### 1. Healthcare needs:

- While sleeping rough, the only healthcare service they accessed was in the Providence Row day centre. They reported to have good relationships with the GP and practice nurse, who have supported them with several needs over the years. On reflection, they think they only asked for help with what they consider to be serious health issues that cause severe pain and discomfort.
- Reflecting on the experiences of people they have met on the streets over the years, they think substance misuse, coupled with poor mental health is a very common experience; and the day centre has been helpful in getting some basic support in place, e.g. Needle Exchange, referrals to substance misuse treatment, getting access to script. However, they feel there was not enough help especially with mental health problems to get them off the street in the first place.
- They recall some, but not frequent/regular visits to A&E during the time they have slept rough. Pain management, e.g. with leg wounds, was a common cause of their visit. They felt that the A&E staff always attended to their immediate needs.
- The first time they registered with a GP was after they had moved on to Lodge. They were supported by a support worker to register.

#### 2. Health needs

- All three reported chronic health conditions: Guest 1 reported Type 2 diabetes, high blood pressure, cardio-vascular problems; Guest 2 reported they had been treated for TB, and currently has COPD, and musculoskeletal issues that makes walking difficult; Guest 3 reported asthma, high blood pressure, limited sight.
- These issues have come to surface after they had registered with the Neaman Practice. Guest 1 thought he had not been previously tested for these conditions, partly because he suspects 'these are not the sorts of things that can be treated on the street'. In comparison, Guest 2, thought that his 'health problems started after [he] moved indoors'

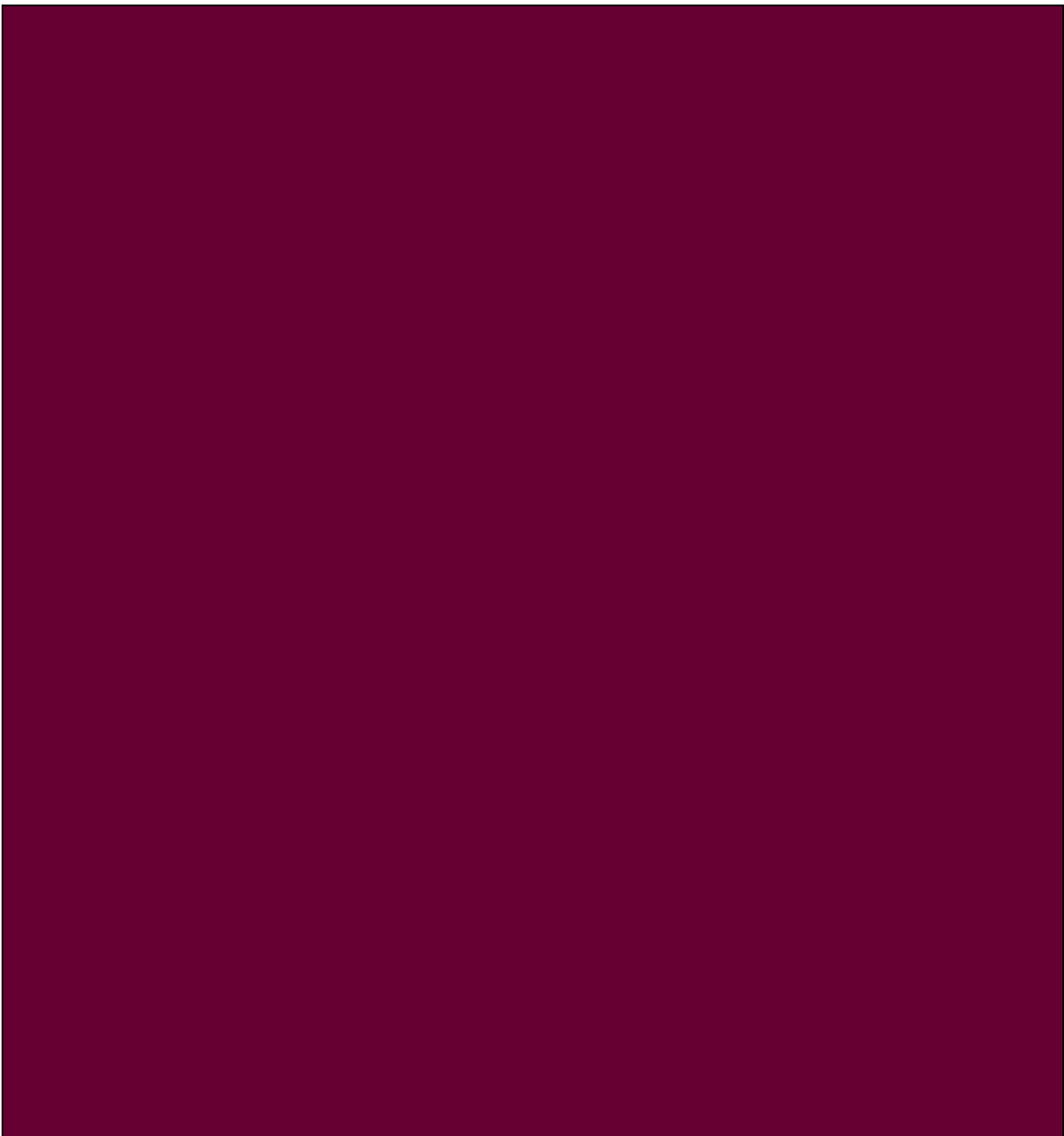
#### 3. Feedback on Neaman Practice

## Healthcare for people sleeping rough in the City of London

- All three said they are 'very satisfied' with the Neaman Practice. They found making appointments and seeing a doctor on the day or next day 'very easy'. They felt that their GP always treated them with dignity and respect and cared for them.
- They all talked about the occasions when they were unable/unwilling to go to the surgery, but the doctor visited them at the service and got the medication they needed to get better. This has not been always their experience with all services they have accessed to over the years.
- All three felt there was nothing that they needed to complain about, but they knew how to raise their concerns and they felt they were going to be listened to.

### **4. How to involve people with lived experience in the commissioning and delivery of services**

- All three participants felt that commissioners and service providers will have to go to places 'rough sleepers' live and services they access. This echoed the suggestions of Outside In group who suggested engagement events to take place in 'trusted places'.
- They expressed they felt they had been let down by a number of services, rather than just physical health, mental health or housing services, so it is our view that the consultations should be based on how the 'system' on the whole operates to meet a particular need/or combination of needs, rather than focus just one service.
- They felt these meetings should be regular (four to six months every year, rather than every month, or every week) and people should be incentivised to attend. They felt, much like the Outside In group, that incentives should include vouchers (for their time) in the first instance, but they felt they would need to see 'something being done' with the information gathered after the meetings.
- We tested the idea from our forums about installing a screen to receive 'immediate feedback' as they go in/leave a health service. They felt this could be a good way of monitoring people's satisfaction more generally but suspected everyone accessing Neaman Practice would be happy with the health service they receive.



*Housing services with a human face*



GLHS Ltd. Registered in England Reg. No. 5406554

[www.gilleng.co.uk](http://www.gilleng.co.uk)

T: 07766 660 799



Revolving Doors Agency, 2A31 Technopark, 90 London Road, London SE1 6LN

[www.revolving-doors.org.uk](http://www.revolving-doors.org.uk)

T: 020 7407 0747

**NOT PROTECTIVELY MARKED**

<b>Committee:</b> Homelessness and Rough Sleepers Sub Committee	<b>Date:</b> 06/09/2018
<b>Subject:</b> City of London Police Update	<b>Public</b>
<b>Report of:</b> Jesse Wynne, T/Chief Inspector, Communities and Partnerships, City of London Police	<b>For Information</b>
<b>Report author:</b> Jesse Wynne, T/Chief Inspector, Communities and Partnerships, City of London Police	

### Summary

This is an update from the City of London Police on the latest tactic to address begging within the City of London. This is called Operation Luscombe.

### Recommendation

Members are asked to:

- Note the report.

### Main Report

#### Background

#### Current Position

1. We have learned from previous operations around begging that a robust first stance is not always successful. It can also mean that we can miss the potential vulnerability and welfare issues that many people who resort to begging may have.

#### Option – Operation Luscombe

2. The Operation Luscombe approach will be slightly different: it will use an offered intervention at every stage and will lead from a soft intervention approach to a firm stance and prosecution, leading to exclusion from the City of London. We use the legal framework provided by the Anti-social Behaviour, Crime and Policing Act 2014 in order to effect this change. It compels subjects to attend intervention and opens up the potential for criminal proceedings from non-attendance.

The Operation takes the following form:

**NOT PROTECTIVELY MARKED**

**NOT PROTECTIVELY MARKED**

3. Over the coming weeks, during the course of their day, personnel from the Environmental Services team will record the number of people seen begging. The cleaning teams are divided into Wards. As such, we will have an estimate of the number of beggars operating in each Ward and at what times.
4. An Intervention Hub, formed of personnel from the Police, NHS, Local Authority Homeless teams, and the Westminster Drug Project will operate on a bi-weekly basis, at four locations around the City of London. The Hubs will be three large gazebos, provided by Police and the City of London Corporation.
5. Police will work on the information obtained from the Environmental Services team, together with existing intelligence to target saturated areas of the City of London.
6. When a person is identified as begging, or likely to be engaged in begging, an initial Intervention Notice will be issued. The notice will give clear instructions to stop the offending behaviour and will also invite the person to engage with services at the Intervention Hub at a particular time, date and location.
7. It is believed that a great number of people recorded in this initial phase will not engage with services and move away from the City and potentially not come back to notice. This was evidenced during the similar Operation Fennel.
8. Those who come to notice again will be subject of a further intervention notice, styled on a Community Protection Notice (CPN) – first warning. The warning will have a requirement to cease offending and also to attend the Hub. This is a legal requirement to engage with services under S.43-51 of the Anti-social Behaviour, Crime and Policing Act 2014.
9. Reoffending, or failing to engage with the Hub, will be a breach of the CPN warning and will make the person liable to a full powers CPN, excluding them from the City of London and a small portion of the MPS area of Tower Hamlets. An intervention will again be offered at this stage. A variation to the CPN will allow entry to the City to attend the Intervention Hub, again at a specific date, time and location.
10. If the person breaches the CPN requirements and is seen in the City of London, they will be subject to arrest or summons for the offence. The subject will receive a further direction to attend the Intervention Hub and will be reminded of the CPN, which will remain in force. It is our intention to prosecute all persons who breach the CPN without reasonable excuse and make application for Criminal Behaviour Orders.

**Proposal**

11. The Operation will run for an initial three-month period and for a further six-months on a reduced frequency basis of one Hub per month. The time period is specific due to the length of time a CPN lasts (three months) and also to

**NOT PROTECTIVELY MARKED**



prevent new beggars from moving in to vacant plots, as one is potentially moved on. This will also provide us with a clear indication of whether the approach has been a success or failure and will allow for sufficient data collection.

## **Implications**

12. During the run up to, and during the Operation, a media campaign run by the City of London Corporate Communications Team and the City of London Police Media Team will educate the public about giving money to beggars. The campaign will also promote the aim of the operation, which is to help beggars to take steps to break their addictive behaviour and make the City a safer place as a result.
13. The Intervention Hub will operate during the day from 8am to midday and then 1pm to 4pm. At lunchtime the hub will become a Community Policing Surgery for local residents and businesses to ask questions and find out more information. The topic can be changed on a bi-weekly basis to educate the public on a variety of different policing matters, from Acquisitive Crime and Bike Marking to Stay Safe, and so on.

## **Conclusion**

14. Since this operation started in June 2018, to date, 109 tickets have been issued by the police. Of these, 79 were green, 23 were orange, seven were red. There has been one arrest for contravention of the CPN. Two individuals have been summonsed.
15. Intervention outcomes provided from St Mungo's:
  - Total number of engagements: 24 (20 individuals)
  - Total number of referrals into drug/alcohol/mental health services: three
  - Total number of people accommodated: two (one No Second Night Out, one 'staging post' accommodation).

## **Appendices**

- Appendix 1 – City of London Police – Begging Profile

### **Jesse Wynne**

T/Chief Inspector Communities and Partnerships  
City of London Police

T: 020 7332 2402

E: jesse.wynne@cityoflondon.police.uk

Appendix 1 – City of London Police – Begging Profile

# Force Intelligence Bureau



---

## Begging Problem Profile 2018

---

<b>Compiled by:</b>	Niki McDonald, Force Intelligence Bureau Researcher
<b>Reviewed by:</b>	Louise Ratcliffe, Force Intelligence Bureau Senior Analyst
<b>Directorate:</b>	Force Intelligence Bureau, I&I
<b>Reference and Storage</b>	I:\03-WIP\FORCE_INTELLIGENCE_BUREAU\CoLP_Review\Profiles & Products\Vulnerability
<b>Date completed:</b>	05/03/2018

## Contents

<b>1</b>	<b>Introduction</b> .....	<b>3</b>
<b>2</b>	<b>Sources</b> .....	<b>3</b>
<b>3</b>	<b>Definition and Legal Framework for Enforcement</b> .....	<b>4</b>
<b>4</b>	<b>Limitations</b> .....	<b>4</b>
<b>5</b>	<b>Executive Summary</b> .....	<b>5</b>
5.1	General Figures.....	5
5.2	Locations.....	6
5.3	Gender .....	8
5.4	Age.....	8
5.5	Type of begging .....	9
5.6	Repeat and Prolific Offenders.....	11
<b>6</b>	<b>Current Activities and Preventative Measures</b> .....	<b>11</b>
6.1	Community Protection Notices (CPNs).....	11
6.1.1	Number of CPNs/warnings .....	12
6.1.2	Individuals receiving CPNs .....	13
6.1.3	Repeat individuals receiving CPNs.....	13
6.1.4	Locations of those receiving CPNs .....	14
6.2	Criminal Behavioural Orders (CBOs).....	15
6.3	Civil Injunctions.....	15
<b>7</b>	<b>Comparisons</b> .....	<b>16</b>
7.1	London .....	16
7.2	National .....	17
<b>8</b>	<b>Intelligence Gaps</b> .....	<b>17</b>
<b>9</b>	<b>Recommendations</b> .....	<b>18</b>
<b>10</b>	<b>Bibliography</b> .....	<b>21</b>

---

## **1 Introduction**

---

This report has been written in response to increasing national and local concern over the issue of begging and its associated harms. During late 2017 rough sleeping was adopted by the City of London Police (COLP) as a specific strand under its threat, harms and risk intelligence assessment of general vulnerability, and as an umbrella term that also includes begging. However, it is important to note that begging is an issue not limited to the homeless community; as explored in more depth during later sections of this report.

The aim of this report is to ascertain whether there is a genuine issue with begging in the City of London, and to briefly examine other areas that could be hypothesised as being linked. These considerations include, in particular, drivers for violent crime and acquisitive offending. Where there are issues identified, the report will seek to make recommendations to mitigate harms.

Begging is illegal under the 1824 Vagrancy Act and was made a recordable offence in 2003 in an attempt to “help tackle the anti-social behaviour or some aggressive beggars, which can intimidate the public, leading to increased fear of crime”. The Government also stated that this would permit the police to recognise repeat offenders and would make it easier for officers to deal with those involved in more serious crime.<sup>1</sup>

Homelessness and rough sleeping were highlighted as a national concern in the 2017 November Budget in which Philip Hammond pledged to eliminate rough sleeping by 2017.<sup>2</sup> As a result of this topic being brought to the forefront, begging has also received increasing media attention and is being noticed and challenged more by the public.

The City of London is a unique entity, making it very different to other London boroughs and police force areas. It covers approximately one square mile and has an accordingly low residential population of around 8,700 residents; expected to reach only around 9,200 by 2021. In contrast with this small population, the City sees an extremely high daytime working population of more than 383,000 people; which is projected to grow to 428,000 by 2026.<sup>3</sup>

The key function of a police force is to protect and serve the public. As a part of this, it is important to address begging, both for the protection of those who find themselves begging, and for the protection of those who pass by beggars and may find themselves at risk.

---

## **2 Sources**

---

This reports covers a review period of 1 January 2016 to 31 December 2017. The data and intelligence used has been obtained from a variety of locations, most of which are noted in the bibliography; key sources included:

- NICHE/UNIFI – these are the internal record management systems utilised by COLP; UNIFI was replaced by NICHE with effect from 25 October 2017.
- A spreadsheet kept by Communities which lists the Community Protection Notices (CPNs) that have issued, along with further information, including the offender details, offence location and reason for CPN. This spreadsheet can be found in the following location:

I:\03-WIP\UPD\Public\Community\_Engagement\Mental Health and Vulnerability\Op Alabama

---

## **3 Definition and Legal Framework for Enforcement**

---

Begging can be defined as “the solicitation of money or food, especially on the street”.<sup>4</sup>

It is notable that this definition does not specify that begging is restricted to among the homeless and rough sleeper community, despite a prevailing general public perception.

An important distinction is the difference between passive and active begging, as each allows for the application of alternative approaches. Passive begging refers to cases where individuals “either sit or stand in one spot with a sign alerting passers-by that they need money...include[s] an extended hand towards passers-by”. Active begging describes those who follow or approach passers-by and ask for money – this can be expanded to also include aggressive begging techniques, referring to those who use more threatening language or behaviour and are less easily deterred by a refusal.<sup>5</sup>

---

<sup>1</sup> <http://www.politics.co.uk/reference/begging>

<sup>2</sup> <https://www.gov.uk/government/speeches/autumn-budget-2017-philip-hammonds-speech>

<sup>3</sup> <https://www.cityoflondon.gov.uk/services/housing/homelessness/Documents/homelessness-strategy-2016-19.pdf>

<sup>4</sup> <http://www.politics.co.uk/reference/begging>

<sup>5</sup> <http://www.hanover.org.au/wp-content/uploads/2014/10/A-Question-of-Begging-June-2001.pdf>

Local agencies have certain enforcement powers under the below acts:<sup>6</sup>

- Vagrancy Act 1824 – this permits the arrest of a person who is begging and is a recordable offence, carrying a level 3 fine (£1,000 at present).
- Highways Act 1980 – a person wilfully obstructing free passage along a highway is guilty of an offence, and this carries a level 2 fine (£500 at present).
- Public Order Act 1986 – if a person causes harassment, alarm or distress to another, carrying a level 3 fine or a penalty notice of £80.

Community sentences can be imposed if the court considers the offence serious enough to warrant such a penalty. Additionally, the courts can issue community sentences instead of fines to adult repeat offenders who have been convicted four or more times for an offence that would not have otherwise been serious enough for such a penalty.

---

## 4 Limitations

---

The data used within the following section has been obtained from intelligence reports recorded during 2016 and 2017 on NICHE and UNIFI. It must be noted that, while all efforts have been made to provide the most accurate data possible, due to a number of different ways in which intelligence reports can be labelled, it is possible that there could be cases which have not been included in the below statistics.

---

## 5 Executive Summary

---

This report has examined begging in the City of London during 2016 and 2017, and whether this is a problem. Overall across the review period, the levels of begging appear to have decreased. However, confidence is low about this being a true reflection of street level and public space incidence.

The predominant Force hotspot has been identified as Bishopsgate, followed by Moorgate. The areas around Eastcheap/Monument, Cheapside and Aldersgate Street are also common locations.

There are often intelligence gaps around the individuals found begging in the City. Where the information has been recorded, beggars have been predominantly male and the most common decade in which they were born was the 1970s. The category into which a begging modus operandi (MO) fell was not known in the majority of cases, while it was noticeable that there were a large number of rough sleepers and that there were perhaps more potential organised gangs than may have been expected.

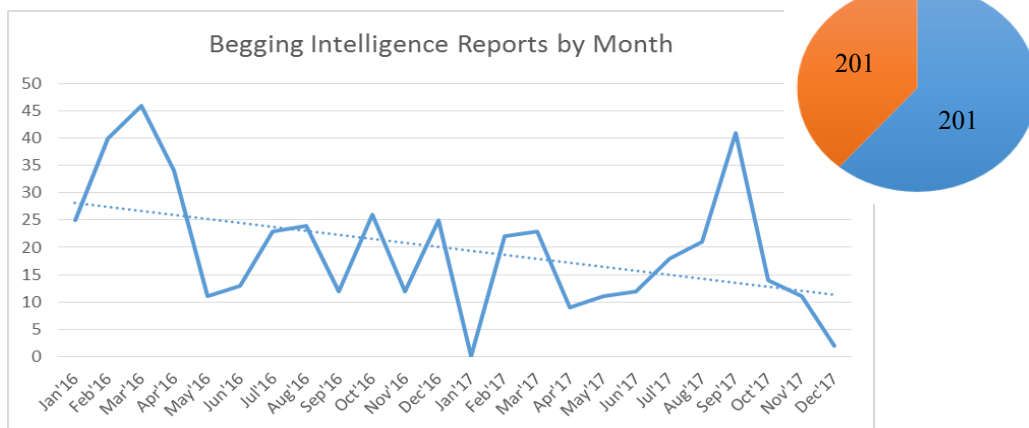
At present, COLP do utilise enforcement powers such as CPNs, Criminal Behaviour Orders (CBOs) and civil injunctions. Wider use of these interventions should be tested and tracked in addition to testing alternative action such as the use of Public Space Protection Orders (PSPOs).

There are a number of large intelligence gaps around begging and therefore the conclusion drawn must be caveated with this point.

The report's principal finding is that begging is an issue in the City and it is considered likely that the levels will remain static or increase if the issue is not effectively addressed.

### 5.1 General Figures

The following graphs report the number and proportion of Intelligence Reports of begging that have been recorded in the City during 2016 and 2017.



<sup>6</sup> <https://www.mylawyer.co.uk/begging-a-A76076D35097/>

It can be seen that more intelligence reports were recorded during 2016 than during 2017, and the overall trend over the two years suggests that the number of begging reports are decreasing.

The data suggests that the levels of begging have decreased during the two-year review period. This conclusion is surprising given that begging is believed to be increasing across the country; equally there have been no specific management interventions by the Police nor Corporation of London. This suggests that the decrease in intelligence reports may be due to reasons other than a decrease in incidence. It is important to note the fact that the Force's intelligence submission figures are based on police reports added by City officers and these chiefly relate to the Force Control Strategy and Intelligence Requirement. Officers are specifically but not exclusively directed to submit intelligence according to perceived levels of harm and the threat landscape. The focus of the Force Control Strategy, while recognising vulnerability, has chiefly focused on high threat, high impact issues such as Terrorism, Cyber Attack, Fraud and Serious and Organised Crime.

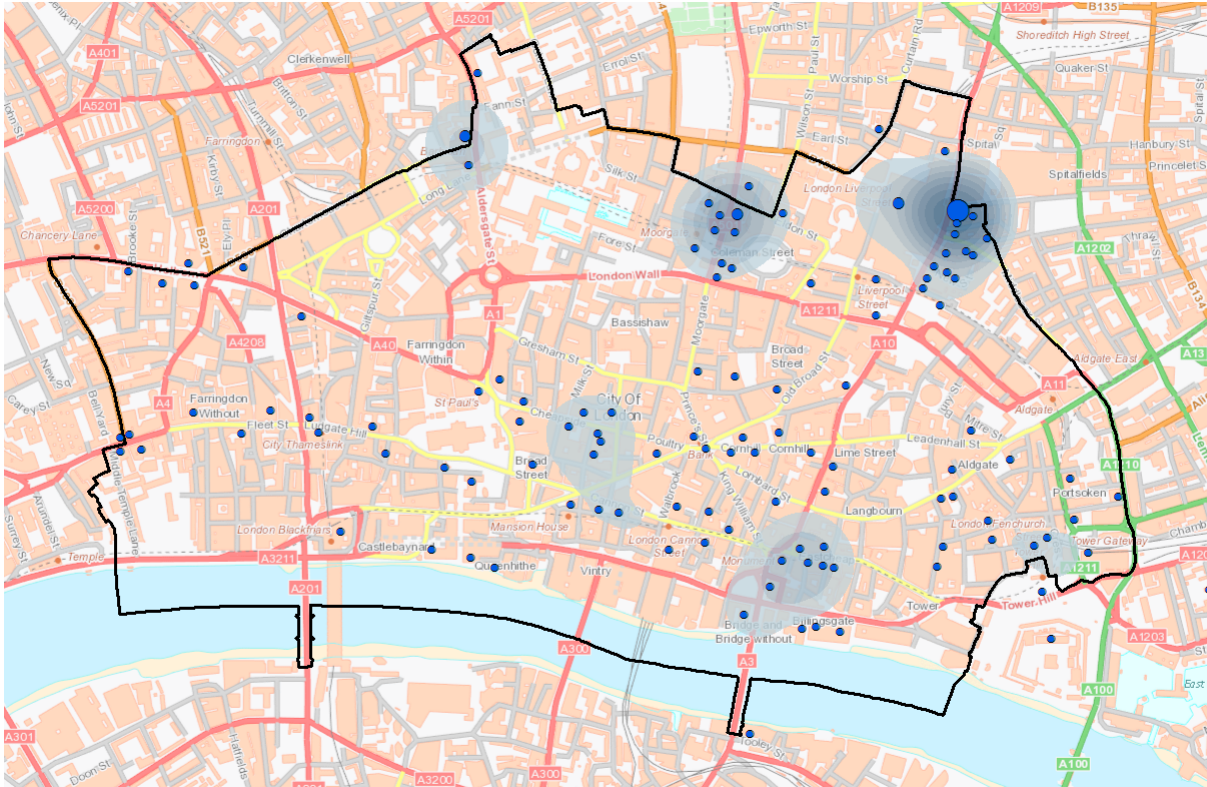
Interestingly, no particular seasonal trends are evident between 2016 and 2017. This may have been expected due to changes in the weather and a lower number of tourists visiting the City during colder months. Comparing numbers of reports during the same months of 2016 and 2017, there do not appear to be any emerging trends – for example, there was a peak during March 2016 but the corresponding month of 2017 did not see a repeat, nor was there a peak in September 2016 while September 2017 saw the second-highest number of reports across the two years. Similarly, there were no begging intelligence reports recorded during January 2017, while January 2016 reported marginally more than the average number of reports.

This seemingly random pattern of peaks and troughs offers few insights and supports several hypotheses, including: that the number of reports varies due to a transient begging population; that levels of passive and active (problem) begging change; that officer prevalence in the public space varies; that officer reporting varies subject to competing demands (such as threat levels and events); or that begging incidence is influenced by changes in giving patterns by passers-by.

## **5.2 Locations**

The following map shows the key locations where individuals have been recorded as begging for the reporting period 2016–2017.

Often the exact locations are not known due to recording limitations of the Force's now legacy record management system, and usually only the general road name is recorded. With these cases, a representative postcode along the road segment has been allocated and that same postcode has been allocated to all cases that occurred at an unspecified location on the road. For example, Bishopsgate is a recurrent location and appears to be a major hotspot on the City boundary. Begging instances may have been more evenly distributed along Bishopsgate, officer density is high in close proximity to Bishopsgate Police Station and the Force Custody facility is based there. Despite these limitations, the map does provide a useful indication of begging activity and inactivity.



Recognising Bishopsgate as a key hotspot, the next highest density location is Moorgate, then the Eastcheap/Monument area, Cheapside and the area around Aldersgate Street.

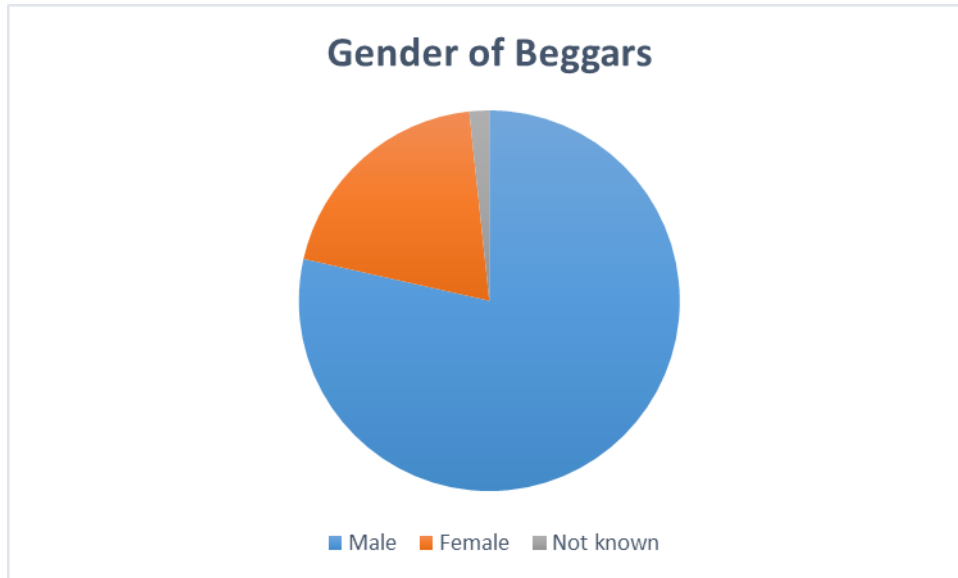
The geographical distribution offers some possibilities for conclusion, including that there are major transport hubs in the vicinity of the most common locations – Liverpool Street Station, London Bridge and Moorgate Station. All of these locations report extremely high footfall, demonstrating that individuals begging specifically target areas of high traffic and therefore likely higher returns.

Alternatively, the difference between levels of begging to the East versus the West of the City may be indicative of the members of the public who beggars prefer to target. Generally speaking, it can be suggested that there are more offices towards the East and therefore more of the working population is found towards that side of the City. Conversely, St Paul’s and access to tourist attractions such as the Tate are towards to the West, so there is more likely to be a higher density of tourists found on this side of the City. Therefore, the above map data may suggest that beggars are more likely to target workers rather than tourists; although the reasons for this are unknown at present. Tourists may be more cautious, have culturally different attitudes to the issue, or it may be a reason unrelated to those giving – for example, different policing teams may have different tolerance or priority levels. While these are untested conclusions, they offer avenues of further investigation for any future studies.

A temporal analysis of begging reports is challenging due to the completeness of the intelligence. Temporal data would provide for a deeper understanding of the issue and, for instance, enhanced precision in targeting interventions. For example, it may indicate whether begging activity increases during ‘rush hour’, evening commute or on the weekend. As begging is a source of income, targeting intoxicated persons may be a deliberate strategy as they are generally considered to have enhanced emotional responses and reduced quality of judgement. This could explain why more individuals beg on the East side of the City as there is a high concentration of licensed premises and commercial offices there, combined with the key commuter transport hubs.

### 5.3 Gender

The gender of individuals involved in incidents of begging is shown below.

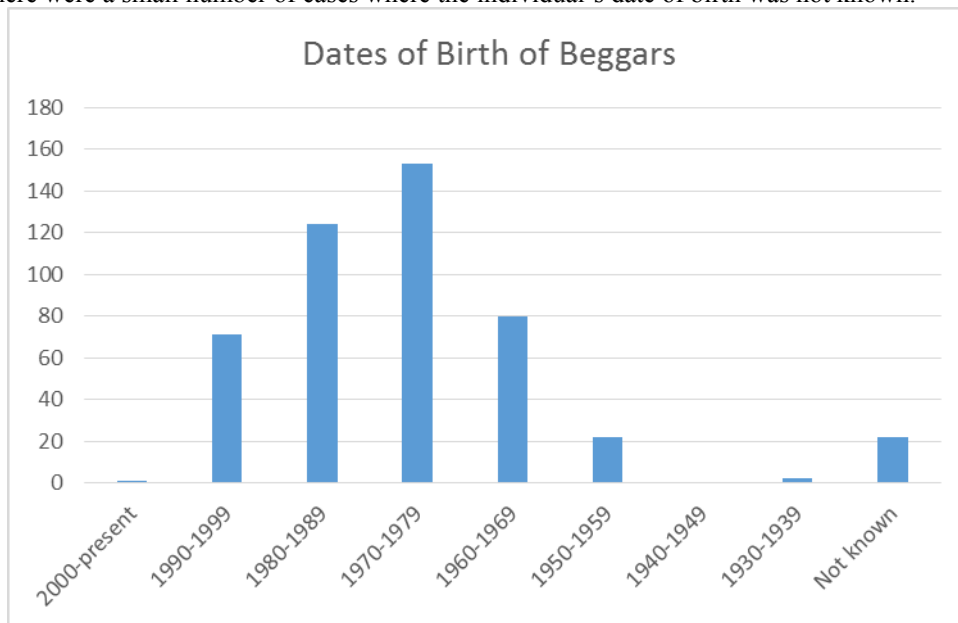


Of individuals who beg, 79% are known to be male, and X% are female. It is of interest that during 2017, a similar percentage (at least 78%) of rough sleepers were male. A general conclusion would be to summarise that levels of rough sleepers and begging are related. At this time there is insufficient evidence to prove that link and the correlation is not necessarily indicative that the majority of those begging are consequently rough sleepers. Both begging and rough sleeping can be considered high-risk activities and males are generally disposed to higher risk tolerance and activities. The degree of vulnerability within the two populations is not yet sufficiently evidenced.

Members of the public who are victims of aggressive begging may find males more threatening. Seeing such a high percentage of male beggars may, therefore, mean that there are a large number of intimidating individuals seen begging in the City.

#### 5.4 Age

The following graph shows the ranges for dates of birth of those begging in the City and recorded via intelligence reports. There were a small number of cases where the individual's date of birth was not known.



The most common decade in which individuals begging were born was the 1970s, followed by the 1980s then the 1960s.

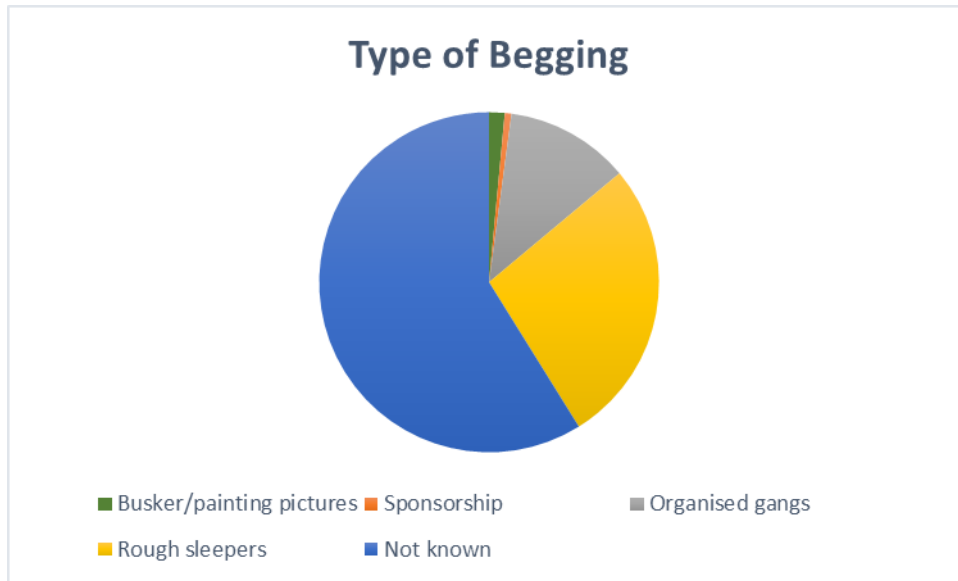


It is beneficial to know the rough ages of those begging as it helps to create a profile of the “average” beggar in the City, which will enable more specific engagement. For example, 54% of incidents involved an individual who was born in 1979 or earlier. These people are older, where patterns of behaviour are generally entrenched; they may, therefore, be more difficult to deter or divert from begging.

Substance abuse is a likely co-factor, although officer reports do not currently provide this level of detail.

**5.5 Type of begging**

When considering those who beg in the City, the first general impressions would suggest that they are rough sleepers. However, the following table indicates that there are a number of intelligence reports recorded that are believed to relate to organised gangs. The reason for this may relate to disproportionate reporting due to officers’ potential belief that organised crime group-related activity is a subject of interest and a current Force priority.



In 59% of the reports, the category of motivation for begging activity was not known. This is clearly a large intelligence gap, but may also be difficult to address as it will often not be clear whether somebody is part of an organised gang, a rough sleeper, or purely an opportunistic individual. It is important information as different groups may be more likely to target different people – for example, the organised gangs may be more likely to target tourists while rough sleepers may prefer to target City workers. Little information is known about who the different beggars seek money from and it may be beneficial to carry out further investigation.

It is unsurprising to see that, where the category was known, rough sleepers accounted for the highest number of intelligence reports. This high number is due, in part, to repeat offenders – despite there being 129 reports known to relate to rough sleepers, these only involved 52 individuals. Other than the likely reason that substance addiction levels are often high in this group (meaning that they beg to fund their addictions), this may also indicate that there are a relatively small number of persistent offenders who could be effectively addressed with enhanced enforcement and preventative measures.

Other categories noted were those who busked or painted pictures, seeking donations from passers-by in appreciation of their efforts, and those who requested money from the public on the pretext that they were helping to sponsor a foreign student or that they were participating in a sports event. There were not a significant number of incidents that fell into these particular MO categories.

A number of suspected organised gangs have been identified in the dataset – there may be overlap between the groups but this cannot be confirmed. It is also not known which of these groups are still active in the City. The table below shows the groups and number of related intelligence reports, along with the number of individuals known to be involved.

**Notable Groups Identified:**

<b>Organised group MO</b>	<b>Intelligence reports</b>	<b>Known individuals</b>
<b>1 – Romanians, meet at Pret Café before and after begging.</b>	13	10
<b>2 – Predominantly believed to be Romanian. Often use a short crutch or walking stick.</b>	21	10
<b>3 – Oriental, dress as “monks”.</b>	20	11
<b>4 – MO not known, seen whistling to communicate with each other.</b>	1	4
<b>5 – MO not known, group begging in underpass.</b>	1	Not known

Some of these potential organised gangs are known to harass passers-by. Members of the public may find these gangs intimidating.

The third gang mentioned above employ harassment techniques where they approach members of the public and give them a small “token”. After this “token” has been taken, the beggar then puts a bracelet on the person’s wrist and requests money in return. They are extremely persistent once they have engaged an individual and it is difficult for the individual to extract themselves. This behaviour amounts to harassment and could be found intimidating, in particular by tourists or those who are not familiar with the group.

The fifth gang in the table above could be found threatening if they are a large group and are begging en masse in an underpass, although little information is known about their MO or the size of the group.

It is clearly a concern to have suspected organised groups present in the City who are intimidating and/or harassing members of the public, businesses and tourists. This can cause reputational damage to the City.

**5.6 Repeat and Prolific Offenders**

Although there were 475 intelligence reports recorded during 2016 and 2017 that relate to incidents of begging, there were only a maximum of around 311 individuals. The exact number cannot be stated as there were 26 reports where the name of the person begging was not known or not recorded.

One individual came to notice more than 10 times; there were nine people who came to notice between five and nine times, and 78 individuals who were recorded as begging between two and four times during the review period.

---

## **6 Current Activities and Preventative Measures**

---

**6.1 Community Protection Notices (CPNs)**

CPNs can be issued when the conduct of the recipient is having a detrimental effect on the quality of life in the local community, or when it is of a persistent nature and is considered unreasonable. A CPN may stipulate a requirement to stop doing specified things, a requirement to do specified things and/or a requirement to take reasonable steps to achieve specified results. They can be issued to anybody who is aged 16 years or over and can be given to individuals or businesses. CPNs grant powers of forfeiture/seizure and to take remedial action. Breaching a CPN is deemed a criminal offence and may incur a fine.<sup>7</sup>

A CPN warning must be issued before a CPN can be given out. The warning must make clear that a CPN may be issued if the recipient’s anti-social behaviour is not stopped. Other information to be included may be an outline of the anti-social behaviour, an outline of the time by which the behaviour should be stopped and clarification of the potential consequences of being issued with a CPN.

The data used to review this area is from a spreadsheet that is kept and updated by the Community Policing Team. The information that they include is the offender’s name, date of birth, gender, ethnicity, address, location offence, date of CPN/warning and level, reason for CPN/warning and relevant reference. As this is a manual spreadsheet, the absolute accuracy of the figures included cannot be guaranteed as there may be human error, resulting in cases being missed. However, it is believed that the numbers have a good level of reliability. It is a strong recommendation that, for operational effectiveness, efficiency and legitimacy (including MOPI and GDPR compliance), this information should be transferred to NICHE records management system.

---

<sup>7</sup>

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/251313/01\\_Factsheet\\_Environmental\\_ASB\\_-\\_updated\\_for\\_Lords.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/251313/01_Factsheet_Environmental_ASB_-_updated_for_Lords.pdf)

**6.1.1 Number of CPNs/warnings**

Between 1 January 2016 and 31 December 2017, 184 individuals were given CPNs/warnings. These were split by level as follows:

Level of CPN/warning	Number
First warning	204
Second warning	27
Third warning / arrest	19
Not known	2
<b>TOTAL</b>	<b>252</b>

In the 27 instances where second warnings were given out, a first warning had been given in all bar one of the cases. Of the 19 cases where a third warning/arrest was made, all the individuals had received a first warning and around 50% of the individuals had been issued with a second warning.

## NOT PROTECTIVELY MARKED

There were 24 different combinations of reasons for issuing the CPNs/warnings, of which 10 involved begging. These can be seen in the following table:

Reason for CPN/warning	Number of cases	First warning	Second warning	Third warning / arrest
Begging	101	100	19	4
Begging & Abusive	1	1		
Begging & Accosting	1	1		1
Begging & Littering	3	3	1	1
Begging & Loitering	46	45	4	7
Begging & Loitering & Accosting	1	1		1
Begging & Loitering & Littering	4	4		1
Begging & Loitering & Obstruction	1	1	1	
Begging & Loitering & Littering & Obstruction	2	2	1	
Begging & Obstruction	1	1		
<b>TOTAL</b>	<b>161</b>	<b>159</b>	<b>26</b>	<b>15</b>

It can be seen that the majority of cases where a CPN/warning was issued pertained to the offence of begging (often in conjunction with other offences).

### 6.1.2 Individuals receiving CPNs

There were 184 individuals who were issued with CPNs/warnings, of whom 20 were repeat offenders – this latter group will be discussed in more detail in the following section.

Of the 184 individuals, 143 received a CPN/warning in relation to begging (often in conjunction with other offences). This clearly indicates that CPNs/warnings are very commonly used to address this offence.

Of the individuals whose CPNs/warnings related to begging, 66% were of no fixed abode, 28% gave an address of some kind, and for 6%, the address was not known or had not been given. While two-thirds of individuals given CPNs/warnings were of no fixed abode, this number may be even higher as those addresses given include hostels and Outreach service day centres which are often used only on a temporary basis, with users frequently returning to rough sleeping.

The high number of those of no fixed abode raises a number of questions. It must be considered whether this genuinely indicates that the majority of people who beg in the City are members of the homeless community (and therefore more likely to be rough sleepers); or whether there are other reasons. One alternative possibility is that those of no fixed abode are less likely to move or care if they notice police officers approaching, possibly due to the sanction being an ineffective deterrent; meaning that a disproportionately high number are given CPNs/warnings.

### 6.1.3 Repeat individuals receiving CPNs

There were 20 individuals who received multiple CPNs/warnings of the same level. These are defined as repeat individuals for the purposes of this section. The majority of these people received more than one first warning. However, there were some individuals who were issued with more than one second warning, and one person who received more than one third warning/arrest. Of these 20 people, 17 received CPNs/warning in relation to begging (including when in conjunction with other offences).

It is positive to see that the number of repeat offenders is relatively low, as it suggests that, where CPNs are used, they are effective in preventing people returning to the City. It should be noted that the true efficacy of CPNs is not known due to the lack of reliable information collection and the “hit

NOT PROTECTIVELY MARKED

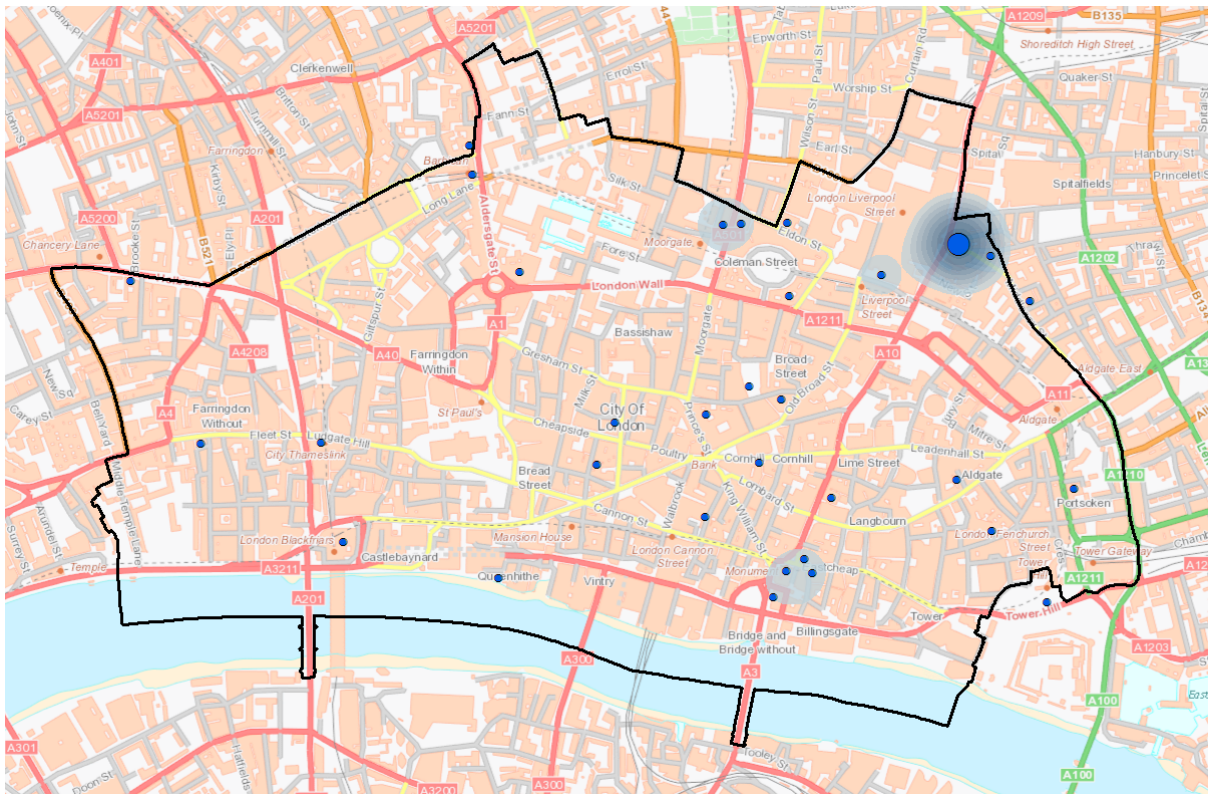
and miss” approach to begging. Furthermore, it is not fully clear how many beggars may be present in the City but have never received a CPN.

The following section details pertinent intelligence gaps for further investigation.

#### 6.1.4 Locations of those receiving CPNs

The following map shows the locations of individuals begging when they were issued with a CPN/warning.

The exact locations of where many were stopped is not known, as frequently only the road name is recorded. With these cases, a postcode along the road has been allocated and the same postcode has been allocated to any cases that occurred upon that road. For example, Bishopsgate is a recurrent location, so although it appears that there is a major hotspot near the City boundary, in fact the beggars may have been more evenly distributed along Bishopsgate. The map provides a guide to the key locations where beggars are issued with CPNs/warnings.



It can be seen that Bishopsgate is the most common location, followed by Eastcheap/Monument, Moorgate and Liverpool Street. These are all extremely busy areas and it is, therefore, not surprising that they are selected as areas in which to beg.

Of note, these locations are all on the East side of the City – this may either indicate that there is genuinely high levels of begging that takes place towards this side of the City where there is potentially a higher density of City workers (either because their offices are there or because a number of key transport hubs are there). Alternatively it could indicate that officers are more likely to encounter incidents of begging as it is nearer to Bishopsgate Police Station.

In order to test this, the above common locations can be compared with the overall common locations for begging – Bishopsgate and Moorgate – followed by the Eastcheap/Monument area, Cheapside and around Aldersgate Street. This suggests that there are certainly more beggars towards the East of the City, but also that there are a couple of other hotspots where CPNs are not being issued as frequently.

#### 6.2 Criminal Behaviour Orders (CBOs)

A CBO can be issued by any criminal court against a person who has been convicted of an offence in order to try to tackle persistent anti-social individuals who also participate in criminal activity – their behaviour must

cause or be likely to cause harassment, alarm or distress to any person. The CBO can be used to either prohibit specified acts or to require the offender to undertake specified acts. It will only be made on application of the prosecution and must be in addition to a sentence being imposed or a conditional discharge. It cannot be made in conjunction with an absolute discharge.

An example of where a CBO has been used to curb begging was in Maidstone in 2015, when a prolific beggar was issued with a two-year CBO which banned her from approaching people and asking for money, sitting or loitering with a container and instructing anyone to do either on her behalf.

Work by the charity Thames Reach indicates that the majority of people who beg do so in order to fund addictions to hard drugs or alcohol.<sup>8</sup> CBOs may therefore be used to the benefit of those begging, as positive requirements could specify that they must undertake rehabilitation, which would help their physical and mental health.

### 6.3 Civil Injunctions

The aim of a civil injunction is to prevent individuals engaging in anti-social behaviour and to try to address problems before they escalate. They are issued by the county court for adults or youth court for juveniles, and can include both prohibitions and positive requirements. When requesting an injunction, the applicant must demonstrate that the respondent has engaged, or threatens to engage, in anti-social behaviour and the court must consider it just and convenient to grant the injunction for the purpose of preventing the respondent from engaging in anti-social behaviour. Breaching a civil injunction is not a criminal offence but the breach would have to be proven beyond all reasonable doubt – for adults, a breach could result in an unlimited fine or up to two years imprisonment, for juveniles the result may be a supervision order to a detention order of up to three months.

There are many examples of where civil injunctions have been used in other areas to prevent begging. One such case was in Cheltenham in 2017, where a prolific beggar who has housing and receives benefits was issued with a civil injunction due to his anti-social behaviour, which was deemed to have an ongoing detrimental impact on specific individuals and businesses in addition to the wider community. The injunction included conditions forbidding him from begging in Cheltenham, entering a specific exclusion zone, and from engaging in conduct capable of causing nuisance to any person in Cheltenham. A positive requirement was also included to help him address his anti-social behaviour which stipulated that he must attend and engage with the relevant support agency. This is a good example of how injunctions (in a similar fashion to CPNs) can be used to prevent begging taking place in the City and also help those who beg.

It is important to consider whether neighbouring boroughs are using powers such as the civil injunction or CPNs. If they are and the City is not, it is likely that numbers of beggars will increase in the City as those people displaced from other localities move to an area considered to operate a less robust enforcement approach.

---

## 7 Comparisons

---

There is limited information freely available online in relation to the number of beggars found in different areas of the country and the various London boroughs. This means that comparisons are restricted. Information can, however, be found about other issues that may affect begging in the City.

### 7.1 London

The street counts and estimates in the *Rough sleeping in England: Autumn 2016* report, available on the government website, provide data in relation to the levels of rough sleeping seen across London.<sup>9</sup> As it is known that a number of rough sleepers in the City beg, it is a fair inference that rough sleepers in other boroughs also

---

<sup>8</sup> <https://thamesreach.org.uk/what-we-do/campaigns/killing-with-kindness/giving-money-people-begging-frequently-asked-questions/>

<sup>9</sup> <https://www.gov.uk/government/statistics/rough-sleeping-in-england-autumn-2016>

beg. Of the boroughs that border the City, both Westminster and Southwark saw higher numbers than the London average for individual rough sleepers in the 2016 count.

In 2015, all the boroughs surrounding the City fell in the upper half on the deprivation score scale, suggesting higher than average levels of deprivation in those areas. Indeed, Tower Hamlets had the highest deprivation score, followed by Hackney<sup>10</sup> – both boroughs that border the City.

It is a reasonable possibility, then, that the fact that there are high levels of rough sleeping and deprivation seen in the City's neighbouring boroughs indicates that there may also be increased levels of begging in these localities. This could result in higher levels of begging in the City itself if individuals who were previously begging in the surrounding boroughs move into the City for various reasons – including perceived higher success when begging, or that other boroughs are less tolerant towards beggars.

The Metropolitan Police have an ongoing operation looking at a network of organised criminals trafficking victims into the UK from Bulgaria to work as pick-pockets. These are commonly young girls of Roma origin who are also sexually exploited on arrival and may have multiple children who are subsequently taken into care by Social services. It is possible that this network, operating in North London, will have some operatives coming to notice in the City of London, particularly as a lot of their activity is on the public transport network involving distraction theft. It would not be inconceivable for there to be potential links between this network and begging, as begging may be a natural precursor to acquisitive crime, with offenders being forced to increase their criminality if proceeds from begging are not considered great enough.

## 7.2 National

Again using data from the *Rough sleeping in England: Autumn 2016* report, comparisons can be drawn between the City of London, London and the rest of the country about the number of rough sleepers, and thus give some indication around begging. Countrywide, the City of London had the 13th-highest number of individual rough sleepers in 2016 – this suggests that there could be a disproportionately high number of individuals begging in the City.

It is notable that open source work indicates that a number of local authorities and police forces across the country have advertised their use of enforcement powers – examples have been seen in Section 5 of this report. If individuals who beg are displaced from other localities and the City is considered to be less active in preventing begging, then there is a strong likelihood that beggars will gravitate towards the City and numbers will increase.

---

## 8 Intelligence Gaps

---

There are a number of intelligence gaps around begging, key of which is the lack of reliable data. This is due in part to the fact that begging is not deemed a major threat risk and harm priority for the Force. As a result, it is difficult to have a high level of confidence in the figures pertaining to begging that are recorded each month as they are more dependent on the number of other crimes and staffing levels than the actual number of instances of begging seen in the City.

In addition to this, there are a number of ways in which occurrences or pieces of intelligence relating to individuals begging can be recorded on the Force's record management system – NICHE. This means that it is not possible to be certain whether the numbers that are being extracted from NICHE are representative of the whole, particularly as officer familiarity with the system and recording process compliance is continuing to develop since implementation of NICHE in October 2017.

Low level intelligence reporting relating to begging indicates a potential link to modern day slavery, with beggars made to carry out the activity because of force or threats made by another person. The Force currently knows little of the network behind those individuals coming to notice and this should be considered as an intelligence gap for further development.

---

## 9 Recommendations

---

- Ascertaining the full extent of the begging issue in the City

In order to address the problem of begging in the City, it is fundamental to improve reliable data collection. Improvements in information that relates to individual beggars will provide for improved engagement, diversion, deterrence and other forms of intervention. For example, ascertaining whether an individual is a rough sleeper or a member of an organised begging gang will allow different approaches and optimise use of the most efficient means of dealing with those who beg.

---

<sup>10</sup> <http://fingertips.phe.org.uk/profile/health-profiles/data#page/3/gid/3007000/pat/6/par/E12000007/ati/102/are/E09000012/iid/91872/age/1/sex/4>

Although it would be time-consuming, the most effective way of ascertaining roughly how many beggars are in the City would be for officers and staff to spend a period of time on the streets undertaking a sample survey count of the number of individuals who they see begging. It would be particularly effective to do this at contrasting periods of foot traffic – once at peak times and once at off-peak times to gain an idea of how the numbers vary. This could also lead to further work around establishing where those who beg go during the day if the off-peak number is lower than the peak number, which is information that would also be significant when attempting to effectively and deficiently address the problem.

- **Obtaining data from surrounding Boroughs**

It is important to improve understanding of comparative begging in neighbouring boroughs, and particularly to determine whether there is overlap between the prolific individuals seen in the City and those in nearby boroughs, which may permit a joint response. Force Intelligence Bureau (FIB) hosted a pan-London meeting of Crime and Disorder Partnership Analysts during the second week of March 2018. This provided an effective opportunity to ascertain what data is collected and to forge improved links with surrounding localities, enabling an understanding of the wider issue in London.

- **Minimising levels of rough sleeping**

The case for any link between rough sleeping and begging may benefit from further investigation. It is indisputable that there are a number of rough sleepers in the City who do beg, either passively or actively. Consequently, a reasonable conclusion would be that reducing the levels of localised rough sleeping would also result in a decrease in begging.

A number of recommendations have been made in the associated FIB Problem Profile for Rough Sleeping. Key suggestions are to work more closely with other agencies (NHS, prison services, mental health services, etc.) which remains sub-optimal due to a lack of Information Sharing Agreements.

- **Trialling the use of Public Space Protection Orders (PSPOs)**

Under the Anti-social Behaviour, Crime and Policing Act 2014, a number of councils have implemented PSPOs in order to attempt to prevent begging. Two conditions must be met in order for a PSPO to be instigated: firstly the activities being carried on in a public place within their area must have had a detrimental effect on the quality of life of those in the locality; secondly it must be likely that activities will be carried out and they will have such an effect. One such example has been proposed in Tunbridge Wells, where all persons would be “prohibited from approaching another person either in person or verbally in order to beg from the other person, and; All persons are prohibited from sitting or loitering in a public place with any receptacle used to contain monies for the purpose of begging”.<sup>11</sup>

There is limited information available on the internet about the effectiveness of PSPOs, so it may be beneficial to first request data from other forces to determine this. However, a trial period of use of PSPOs as a deterrent should certainly be considered.

- **Increased use of Criminal behavioural Orders (CBOs)**

COLP do use CBOs to a limited extent and it may be beneficial to trial using these on a wider basis in order to tackle the issue of begging. Their use is restricted by the fact that they must be applied for at the same time as an offender is sentenced for a crime. However, there are certainly a number of individuals who commit alternative offences who could be issued with a CBO at the same time.

- **Opportunities for further analysis**

Further work should be considered around the use and efficacy of different powers, such as CBOs, CPNs and civil injunctions, to determine which should be used most widely.

It would be useful to monitor and record cases where these tools have been utilised across a period of two years to review whether the individuals involved continue to come to notice begging in the City and whether other

---

<sup>11</sup> [https://issuu.com/one-media/docs/twells\\_all\\_1stnov](https://issuu.com/one-media/docs/twells_all_1stnov)



remedial action is taken. It is a recommendation that the Force consider a joint proposal working with the Community Safety Partnership.

- Working more closely with the King's College London Homeless Research Centre

The King's College London Homeless Research Centre investigate homelessness and factors associated with this topic. Although there are few research papers available on their website, anecdotally a doctor has warned to be cautious of linking homelessness with begging. It would be beneficial to obtain further information around this and particularly to have sight of the evidence that has caused the doctor to reach this conclusion. Additionally, the Centre may have further information about begging which would help inform any decisions on this subject.

- Encouraging members of the public not to give money to those begging

It is not considered conducive to the long-term welfare of those begging to receive money from passers-by – evidence suggests that often beggars do so in order to buy hard drugs and high-strength alcohol, which cause a rapid deterioration in their health.<sup>12</sup> This is also likely to lead to a vicious cycle in which individuals must continue to beg in order to fund their addictions. Additionally, it may dissuade those who are homeless and begging from accepting services from Outreach workers and encourage them to remain on the street.<sup>13</sup>

It may, therefore, be beneficial to instead encourage members of the public to donate to charities in order to assist those who beg. This could be done through additional advertising of the work that these agencies carry out and how to contact them –to make donations and to alert the charity workers to the locations where beggars and rough sleepers have been seen.

**END REPORT.**

---

<sup>12</sup> <https://thamesreach.org.uk/what-we-do/campaigns/killing-with-kindness/giving-money-people-begging-frequently-asked-questions/>

<sup>13</sup> <https://www.cityoflondon.police.uk/community-policing/Pages/Rough-sleepers.aspx>

---

**10 Bibliography**

---

Cheltenham Borough Council (2017). *Civil Injunction for Prolific Beggar* [online]. Available at: [https://www.cheltenham.gov.uk/news/article/1888/civil\\_injunction\\_for\\_prolific\\_beggar](https://www.cheltenham.gov.uk/news/article/1888/civil_injunction_for_prolific_beggar) [accessed 01/03/2018]

City of London Police (2015). *Rough sleepers* [online]. Available at: <https://www.cityoflondon.police.uk/community-policing/Pages/Rough-sleepers.aspx> [accessed 23/01/2018]

HM Treasury & the Rt Hon Philip Hammond MP (2017). *Autumn Budget 2017: Philip Hammond's speech* [online]. Available at: <https://www.gov.uk/government/speeches/autumn-budget-2017-philip-hammonds-speech> [accessed 19/01/2018]

Home Office (2013). *Anti-social Behaviour, Crime and Policing Bill – Fact sheet: environmental anti-social behaviour (Part 4)* [online]. Available at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/251313/01\\_Factsheet\\_Environmental\\_ASB\\_-\\_updated\\_for\\_Lords.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/251313/01_Factsheet_Environmental_ASB_-_updated_for_Lords.pdf) [accessed 23/01/2018]

Horn, M. & Cooke, M. (2001). *A Question of Begging* [online]. Available at: <http://www.hanover.org.au/wp-content/uploads/2014/10/A-Question-of-Begging-June-2001.pdf> [accessed 01/03/2018]

Kent Messenger (2015). *Order stops prolific offender begging* [online]. Available at: <https://www.pressreader.com/uk/kent-messenger-maidstone/20150904/282144995112727> [accessed on 01/03/2018]

Lilley, D. for City of London Corporation (2016). *The City of London Corporation Homelessness Strategy 2016-2019* [online]. Available at: <https://www.cityoflondon.gov.uk/services/housing/homelessness/Documents/homelessness-strategy-2016-19.pdf> [accessed 19/01/2018]

Mata, W. for Time of Tunbridge Wells (2017). *Public to be consulted on plans to ban dogs from some open spaces* [online]. Available at: [https://issuu.com/one-media/docs/twells\\_all\\_1stnov](https://issuu.com/one-media/docs/twells_all_1stnov) [accessed 01/03/2018]

Ministry of Housing, Communities & Local Government (2017). *Rough Sleeping in England: Autumn 2016* [online]. Available at: <https://www.gov.uk/government/statistics/rough-sleeping-in-england-autumn-2016> [accessed 19/01/2018]

MyLawyer.co.uk (2018). *Begging* [online]. Available at: <https://www.mylawyer.co.uk/begging-a-A76076D35097/> [accessed 01/03/2018]

Politics.co.uk (2004-2008). *Issues Brief: Begging* [online]. Available at: [http://www.politics.co.uk/reference/begging\\_](http://www.politics.co.uk/reference/begging_) [accessed 01/03/2018]

Public Health England (2015). *Health profiles* [online]. Available at: <http://fingertips.phe.org.uk/profile/health-profiles/data> [accessed 19/01/2018]

**NOT PROTECTIVELY MARKED**

ThamesReach (date not known). *Giving money to people begging – frequently asked questions* [online]. Available at: <https://thamesreach.org.uk/what-we-do/campaigns/killing-with-kindness/giving-money-people-begging-frequently-asked-questions/> [accessed 01/03/2018]

**NOT PROTECTIVELY MARKED**

This page is intentionally left blank

<b>Committee:</b>	<b>Dated:</b>
Homelessness and Rough Sleepers Sub Committee	06/09/2018
<b>Subject:</b> Homelessness and Rough Sleepers Strategy 2019–2022 – project plan	<b>Public</b>
<b>Report of:</b> Director of Community and Children’s Services	<b>For Information</b>
<b>Report author:</b> Zoe Dhami – Strategy Officer, DCCS	

### Summary

This report informs members of the current Homelessness Strategy, the Homelessness Reduction Act and the current project plan for developing the Homelessness and Rough Sleepers Strategy 2019–2022.

### Recommendation

The Homelessness and Rough Sleepers Sub Committee Members are asked to:

- Note the report and the project timeline for the strategy.

### Main Report

#### Background

1. The City of London Corporation’s current Homelessness Strategy runs until 2019. An updated strategy will need to be developed and signed off by the Sub Committee before the start of the 2019 financial year. This will provide an update on what has been achieved since the last strategy was put in place, the national changes that have occurred and the City Corporation’s new priorities and outcomes.
2. A key consideration for the updated strategy is the Homelessness Reduction Act 2017, which came into force in April this year. The Act modifies and extends the existing homelessness protection that is offered by local and housing authorities.
3. The updated strategy will be applicable to wider homelessness – including that defined by statutory duty – and those whose homelessness has led to sleeping rough. Homelessness describes a range of circumstances and includes: those at risk of homelessness; those in temporary accommodation; and those in insecure accommodation, such as sleeping on friend’s or family’s sofas. Its most acute form – rough sleeping – has different causes, needs and responses that must be considered.

## **Current Position**

4. Initial planning has taken place to outline a timeline for research, consultation and co-production, drafting and governance. See Appendix 1 for the full plan.

## **Consultation and Co-production**

5. To ensure a robust consultation and co-production process, DCCS is considering using internal funds to commission a specialist body, such as Providence Row which operates as the Dellow Day Centre, to engage with homeless and rough sleepers. As this strategy is dealing with a marginalised group, it may be difficult to get meaningful engagement if the wrong steps are taken. A specialist body will be better placed to contact and interact with those that have lived experience.
6. Consultation and co-production will take place with all stakeholders to ensure that the strategy outcomes are prioritised. It is envisioned that all stakeholders consulted across the strategy development timeline will have a co-production role when designing and commissioning services.
7. Appendix 1 sets out a timeline for co-production. This may be subject to change, depending on the ability to engage with stakeholders.

## **Governance**

8. The Homelessness and Rough Sleepers Sub Committee has been designated as the responsible committee overseeing the strategy. The project plan envisions final approval of the strategy by the Sub Committee in February or March 2019.

## **Appendices**

Appendix 1 – Homelessness and Rough Sleepers Strategy project plan.

## **Zoe Dhami**

Strategy Officer – Adult Social Care and Housing

T: 020 7332 3002

E: [zoe.dhami@cityoflondon.gov.uk](mailto:zoe.dhami@cityoflondon.gov.uk)

## Homelessness and Rough Sleepers Strategy Project Plan

Updated:03/08/18 By: Zoe Dhani

Action	Note	Start date	Due date	Work days left
<b>Desk research</b>				
Review current strategy		20-Aug	31-Aug	4
Review current City data		20-Aug	31-Aug	4
Review relevant literature - examples from other LA's, reports from GLA and national reports		20-Aug	31-Aug	4
Action	Note	Start date	Due date	Work days left
<b>Consultation &amp; co-production</b>				
Review stakeholder engagement needed against organised consultation work in diary		23-Jul	25-Jul	-25
Discuss co-production with Lydia		24-Jul	24-Jul	-26
Decide on co-production next steps (e.g. commission specialist body)		20-Aug	31-Aug	4
Informal corporate strategy network				
Consultation period		24-Oct	21-Nov	62
Equality impact assessment		24-Oct	21-Nov	62
Consultation with Members and stakeholders (groups to be decided)		24-Oct	21-Nov	62
Send to stakeholders for input		24-Oct	21-Nov	62
Incorporate additional stakeholder / consultation suggestions		24-Oct	21-Nov	62
Action	Note	Start date	Due date	Work days left
<b>Drafting</b>				
Decide scope/ purpose of document				
Identify Priorities	Dependant on co-production decision			
Plan structure and key content	Dependant on co-production decision			
Write first draft of strategy		08-Oct	24-Oct	42
Write final strategy		21-Nov	07-Dec	74
Action	Note	Start date	Due date	Work days left
<b>Governance</b>				
Send paper for PMST		23-Jul	23-Jul	-27
Update PMST		25-Jul	25-Jul	-25
Homelessness and Rough Sleepers sub-committee paper deadline		03-Aug	03-Aug	-18
Homelessness and Rough Sleepers sub-committee strategy plan review		06-Sep	06-Sep	8
PSMT paper deadline				
PSMT final draft for comment		18-Dec	18-Dec	81
Deadline for papers for Summit Group				
Summit Group		17-Dec	17-Dec	80
Deadline for papers for DLT				
DLT - TBC		09-Jan	23-Jan	107
Homelessness and Rough Sleepers sub-committee paper deadline	Date dependant on new S-C timetable			
Homelessness and Rough Sleepers sub-committee final sign off	Date dependant on new S-C timetable	01-Mar	01-Mar	134
Deadline for papers for DCCS	Date dependant on new S-C timetable			
DCCS committee for information	Date dependant on new S-C timetable			
Publicise to relevant committees/ stakeholders	Date dependant on new S-C timetable			

Contact	Details	Role	Notes
Sabrina Pathan	<a href="mailto:Sabrina.Pathan@homelesslink.org.uk">Sabrina.Pathan@homelesslink.org.uk</a>	Partnership Manager, Homeless Link	General comment/regional perspective
Petra Salva	<a href="mailto:petra.salva@MUNGOS.ORG">petra.salva@MUNGOS.ORG</a>	Dir. Of Services, St Mungos	Key partner
Tom O'Connor	<a href="mailto:TOConnor@providencerow.org.uk">TOConnor@providencerow.org.uk</a>	CEO, Providence Row Charity (Dellow Centre)	Partner
Dominic Gates	<a href="mailto:DGates@providencerow.org.uk">DGates@providencerow.org.uk</a>	Operations Dir. Providence Row Charity (Dellow Centre)	Partner
Jess Wynne	<a href="mailto:Jesse.Wynne@city-of-london.pnn.police.uk">Jesse.Wynne@city-of-london.pnn.police.uk</a>	Ch. Insp. CoLP	Key partner
Rev'd Paul Kennedy	<a href="mailto:paul@moot.uk.net">paul@moot.uk.net</a>	Lead for homelessness in CoL – Diocese of London	Key partner
Rev'd Laura Jorgensen	<a href="mailto:rector@stbotolphs.org.uk">rector@stbotolphs.org.uk</a>	Co-opted Committee Member	Partner
Margaret Williams	<a href="mailto:margaret.williams@elhp.org.uk">margaret.williams@elhp.org.uk</a>	Homelessness Project Manager, East London Housing Partnership	Regional perspective
Peter Buchman	<a href="mailto:peter.buchman@nhs.net">peter.buchman@nhs.net</a>	GP, Health E1	Inclusive health/local perspective
Alex Bax	Simon might have this	Chief Exec. Pathway - RL?	Inclusive Health
Chris Hancock	<a href="mailto:chris.hancock@crisis.org.uk">chris.hancock@crisis.org.uk</a>	Head of Housing, Crisis	Partner/national perspective
Stephen Hanshaw	<a href="mailto:STEPHEN.HANSHAW@DWP.GSI.GOV.UK">STEPHEN.HANSHAW@DWP.GSI.GOV.UK</a>	Partnership Manager, DWP	Partner/specialist
Ieuan ap-Rees	<a href="mailto:ieuan@npsservice.org.uk">ieuan@npsservice.org.uk</a>	Regional contact, NPSS	General comment/regional perspective/good practice
Sue Neville	Simon might have this	Practice Manager, Neaman Practice	Partner

Group	Contact	Details
Rough Sleeping Strategy Group	Will Norman/Chris Pelham	Quarterly with key partners
Rough Sleeping Sub-Committee	Will Norman/Chris Pelham	Quarterly – first one due in Sept
NFNO Steering Group	Kirsty Lowe/Will Norman	Monthly with Hackney, LBTH and key partners
Mayors rough sleeping group?	Providence Row HA?	
Safer City Partnership?	Hanover - Tudor Rose Court?	
DCCS grand committee?	Other councils?	
City housing rep	Businesses?	
What are the Housing Needs and Homlessness services?		
Advice services		
Substance misuse services		
Police		
Public health?		
Children's social care?		
Built environment?		
ASC		
court of common council?		





Is there joint working between housing and asc?  
What is the tenancy support team?  
What is the good neighbour scheme?

This page is intentionally left blank

<b>Committee:</b> Rough Sleeping and Homelessness Sub-Committee	<b>Dated:</b> 06/09/2018
<b>Subject:</b> Alternative giving awareness-raising campaign: 'Help with real change, not small change'	<b>Public</b>
<b>Report of:</b> Andrew Carter, Director of Community and Children's Services	<b>For Information</b>
<b>Report author:</b> Rachel Morrison, Strategic Communications and Engagement Manager, Department of Community and Children's Services (DCCS)	

## Summary

The City of London Corporation (City Corporation) remains committed to supporting rough sleepers in the Square Mile and is working to address a number of begging hotspots. As such, there is a public need to promote best practice around alternative giving in order to support the most vulnerable people on City streets in the most effective way.

The DCCS is proposing to run an alternative giving awareness campaign to raise this issue, primarily with City businesses, as well as the general public and City Corporation employees. Alternative giving offers the City Corporation the opportunity to raise the issue of tackling begging with audiences in the Square Mile in a positive way.

## Recommendations

Members are asked to:

- Note the report
- Endorse the campaign approach (see points 10 and 11).

## Main Report

### Background

1. The DCCS has previously run two winter awareness campaigns (November–December 2016 and November 2017–March 2018) aimed at the general public around how to refer rough sleepers to StreetLink, the national referral service.
2. Alongside ongoing referral awareness, the DCCS now wants to expand its awareness-raising work to promote alternative giving.
3. Alternative giving is a means of giving where someone can make a donation to a charitable organisation on a recipient's behalf – in this case, services that support rough sleepers. Contactless payments are a mechanism to alternately give.

## Current Position

4. The DCCS is asking members of the Rough Sleeping and Homelessness Sub-Committee to endorse its recommended campaign approach targeting City businesses.
5. TAP London is a non-profit organisation promoting contactless giving, dedicated to improving the lives of homeless Londoners through contactless technology.
6. DCCS officers met with TAP London (see: [www.taplondon.org](http://www.taplondon.org)) and determined that there is potential scope for the City Corporation to collaborate with the organisation in forthcoming alternative giving campaigns.
7. The DCCS has commissioned an external designer, Studio 11, to design a range of visuals based around three campaign messages for inclusion in a toolkit aimed at City businesses:
  - Many rough sleepers face complex health and addiction issues. Registered charities help people access services and find settled, long-term housing.
  - For many rough sleepers, moving away from the street can be a massive step. Charities can support them throughout their journey.
  - Giving directly to charities helps them to support someone in making the life-changing steps that can end their homelessness.
8. Website addresses for donations will be added to each visual design, along with: 'Donate to registered charities who support rough sleepers'.
9. The headline message **Help with real change, not small change** will wrap around each of our campaign messages. Variations of the design will retain the overarching style to ensure a consistent overall look and feel across campaign materials.
10. The DCCS proposes engaging businesses in two ways in autumn–winter 2018:
  - Gauging business feedback on the campaign designs (via online surveys, newsletters inviting comment, Heart of the City channels, and so on) to ensure that campaign materials are well received ahead of the campaign to maximise potential take-up by businesses.
  - Getting buy-in from businesses to support the campaign and promote campaign messages via their corporate channels to their employees (we will supply them with campaign assets and tools) in spring–summer 2019.
11. The DCCS proposes to run its alternative giving campaign in spring 2019. This will enable the DCCS to:
  - fully support the Greater London Authority's (GLA's) autumn–winter StreetLink referral campaign and avoid a clash between campaign activity
  - use learning from a discreet alternative giving pilot with TAP London (autumn 2018) to ensure that campaign materials meet business needs while highlighting alternative giving as a positive solution.

12. Based on feedback from businesses, the DCCS will investigate running insight sessions with relevant staff to support the digital campaign.

13. Post-campaign, the DCCS will survey all businesses taking part, collecting quantitative data and qualitative responses to determine:

- whether the campaign has raised business awareness of the complexities surrounding begging
- whether the campaign has changed people’s thinking or behaviour in terms of how they donate
- what materials or content businesses would like in the future (should the campaign be repeated).

### Proposal

14. Based on discussions with TAP London and the GLA, the DCCS recommends running an awareness-raising campaign around alternative giving in the City as outlined in the table below.

<b>Timescale</b>	<b>Activity</b>	<b>Cost implications</b>
Autumn 2018	The DCCS supports an alternative giving campaign led by TAP London, as a discreet strategic partner.	No anticipated costs to the DCCS during this phase due to TAP London leading the campaign and the discreet nature of DCCS support (no City Corporation promotion or branding).
Spring 2019	The DCCS runs a promoted alternative giving campaign targeting City businesses, with TAP London.	The DCCS uses learning from a discreet intelligence-gathering autumn campaign.  Related costs (approx. £5000 +VAT) include design of toolkit materials (as outlined under Financial implications in point 19 below and in Appendix 1) incorporating TAP London’s details and billboard promotion (if the City Corporation chooses to display campaign posters in City train stations and/or on phone boxes).

15. Alongside this campaign activity, the DCCS also proposes to support the GLA’s autumn–winter StreetLink referral campaign (as outlined in point 11 above) to continue our awareness-raising work around referral processes.

16. The DCCS recommends the above approach as it offers a number of benefits. It will:

- give us an opportunity to discreetly test alternative giving messaging in the Square Mile and refine campaign assets ahead of our promoted spring campaign

- enable us to test the TAP London technology and produce a benchmark for donations
- enable us to build links with businesses and other strategic partners ahead of our public, business-focused campaign in spring 2019
- allow us to play a leading role in a regional strategic approach with the GLA. Please note: the DCCS will use the charitable consortium already established by the GLA
- avoid potential campaign and message clash between concurrent, similarly focused campaigns
- enable us to support the Mayor of London's alternative giving agenda and consolidate our strategic working partnership with the GLA on which to build in the future.

### **Corporate & Strategic Implications**

17. This alternative giving awareness campaign will support a number of Corporate Plan outcomes within the 'Contribute to a flourishing society' outcome:

- People are safe and feel safe – Safeguarding children, young people and adults at risk.
- People enjoy good health and wellbeing – Raising awareness of factors affecting mental and physical health.
- People have equal opportunities to enrich their lives and reach their full potential – promoting and championing diversity, inclusion and the removal of institutional barriers and structural inequalities.
- Communities are cohesive and have the facilities they need – bringing individuals and communities together to: share experiences and promote wellbeing, mutual respect and tolerance; support access to suitable community facilities, workspaces and visitor accommodation; and help provide homes that London and Londoners need.

18. This alternative giving awareness campaign will support a number of DCCS Business Plan outcomes:

- Safe – People of all ages live in safe communities, our homes are safe and well maintained and our estates are protected from harm.
- Independence, Involvement and Choice – People of all ages can live independently, play a role in their communities and exercise choice over their services.
- Health and Wellbeing – People of all ages enjoy good mental and physical health and wellbeing.
- Community – People of all ages feel part of, engaged with and able to shape their community.

### **Implications**

19. Financial – Budget for this awareness-raising campaign work has been allocated by the People Services Directorate (within the DCCS) from the

Homelessness and Rough Sleeping Local Risk budget and no new funding is required. Financial implications have been outlined above in the Proposal (point 14). The DCCS will incur design costs (roughly £5,000 +VAT) to create the range of campaign materials for use across digital platforms. The DCCS could also incur expense for billboards, if we choose to progress with public billboards and marketing as part of awareness-raising activity. This cost is based on a unit fee (£200+VAT) per billboard per fortnight.

20. Campaign timing – The DCCS should ensure that it runs its campaigns at the best time strategically. By proceeding with the recommended option, we would avoid any campaign clash with strategic partners.

21. Cultural sensitivities – The conversation around alternative giving and begging has a sensitivity around it, with many differing viewpoints. The DCCS needs to ensure that its materials retain a clear, strong message while remaining sensitive to the issue.

22. There are no legal, property or Human Resources implications.

## **Conclusion**

23. The DCCS is seeking endorsement to progress the recommended approach as outlined in the Proposal.

## **Appendices**

- **Appendix 1: Campaign toolkit**

Campaign toolkit materials include:

- posters (three in a set, each with different message)
- corporate screensavers based on the three posters
- infographics
- business cards (displaying infographics)
- travel card holder including DCCS logo with 'Working tirelessly to support rough sleepers in the Square Mile'
- digital banners for websites
- social media message and visual assets.

Posters:



# HELP WITH REAL CHANGE, NOT SMALL CHANGE.

Many rough sleepers face complex health and addiction issues. Registered charities help people access services and find settled, long-term housing.







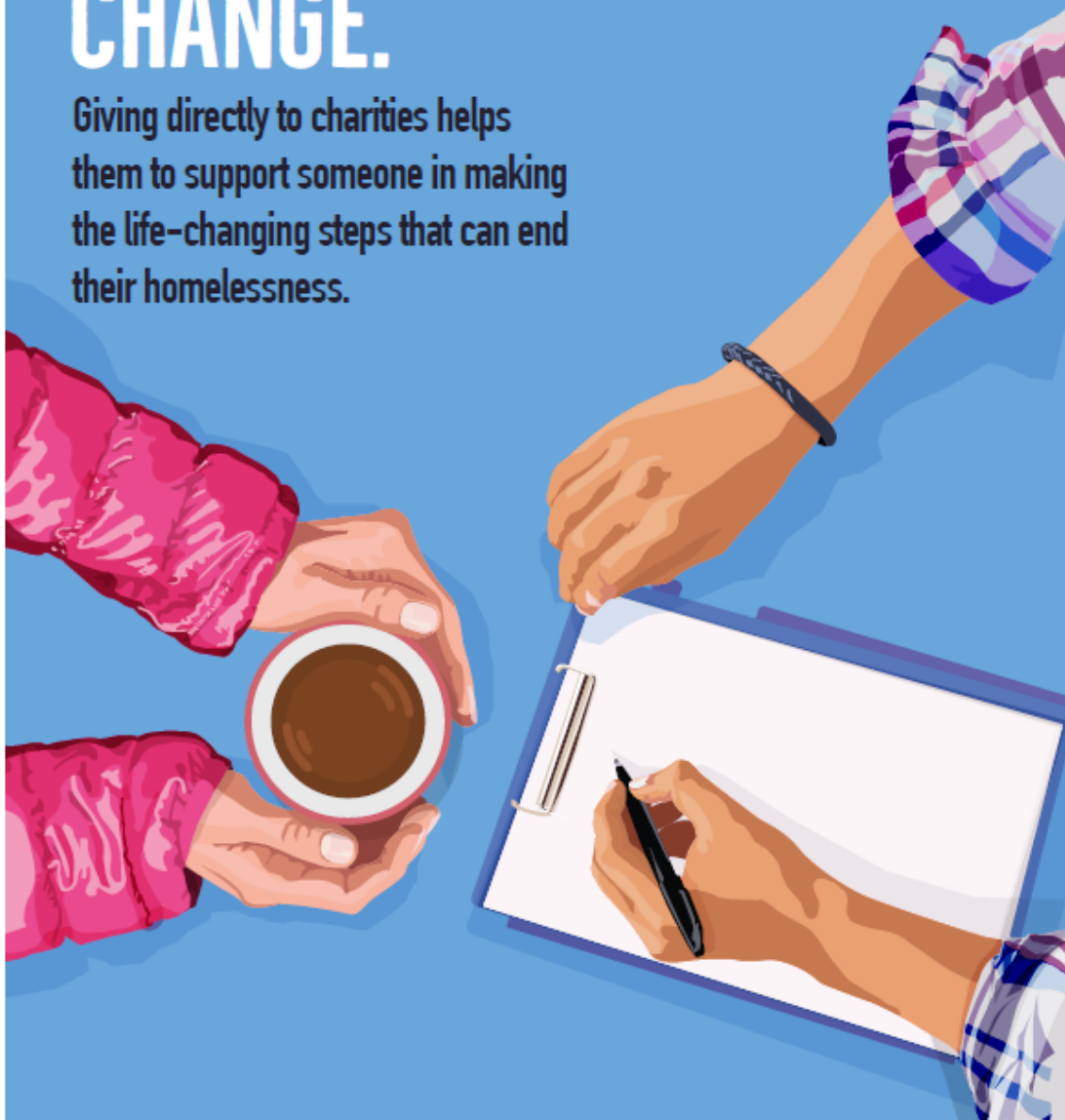
# HELP WITH REAL CHANGE, NOT SMALL CHANGE.

For many rough sleepers, moving away from the street can be a massive step. Charities can support them throughout their journey.



# HELP WITH REAL CHANGE, NOT SMALL CHANGE.

Giving directly to charities helps them to support someone in making the life-changing steps that can end their homelessness.



**Infographics:**



NUMBER OF TIMES PEOPLE HELPED IN FROM THE COLD  
IN EXTREME WEATHER IN THE SQUARE MILE IN 2016/17



51



Donate to registered charities who support rough sleepers

NUMBER OF REFERRALS MADE TO THE  
HOMELESSNESS TEAM BY THE PUBLIC  
IN THE SQUARE MILE IN 2016/17



609



Donate to registered charities who support rough sleepers

Text relating to donating and TAP London details to be incorporated.

**Rachel Morrison**

Strategic Communications and Engagement Manager  
Department of Community and Children's Services

T: 020 7332 1722

E: [Rachel.morrison@cityoflondon.gov.uk](mailto:Rachel.morrison@cityoflondon.gov.uk)