



Homelessness and Rough Sleeping Sub Committee

Date: WEDNESDAY, 30 NOVEMBER 2022

Time: 1.45 pm

Venue: COMMITTEE ROOM 4, 2ND FLOOR WEST WING, GUILDHALL

Members:

Deputy Marianne Fredericks (Chairman)	Paul Kennedy, City Church
Henrika Priest (Deputy Chairman)	Alderman Bronek Masojada
Joanna Tufuo Abeyie	Eamonn Mullally
Deputy John Absalom	Ruby Sayed
James Bromiley-Davis	Mark Wheatley
Anne Corbett	Vacancy, Safer City Partnership
Mary Durcan	
Helen Fentimen	

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Accessing the virtual public meeting

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<https://youtu.be/DHZBELZrzmQ>

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John Barradell
Town Clerk and Chief Executive

AGENDA

Part 1 - Public Agenda

1. **APOLOGIES**

2. **MEMBERS DECLARATIONS UNDER THE CODE OF CONDUCT**

3. **MINUTES**

To agree the public minutes and non-public summary of the meeting held on 3 October 2022.

For Decision
(Pages 5 - 10)

4. **OUTSTANDING ACTIONS**

Report of the Town Clerk.

For Information
(Pages 11 - 12)

5. **CITY OF LONDON POLICE UPDATE**

The Commissioner of the City of London Police to be heard.

For Information

6. **PSYCHOTHERAPY SERVICE PRESENTATION**

Providence Row to be heard.

For Information

7. **SUPPORT FOR VULNERABLE SUBSTANCE USERS WHO ARE INVOLVED WITH THE CITY CRIMINAL JUSTICE SYSTEM**

Report of the City and Hackney Public Health.

For Information
(Pages 13 - 18)

8. **CITY INN EXPRESS 6-MONTH REPORT**

Report of the Director of Community and Children's Services.

For Information
(Pages 19 - 24)

9. **RSI GRANT PROGRESS REPORT**

Report of the Director of Community and Children's Services.

For Information
(Pages 25 - 30)

10. **SWEP 2022/23 PROTOCOL REVIEW**

Report of the Director of Community and Children's Services.

For Information
(Pages 31 - 74)

11. **CONSULTATION DRAFT OF HOMELESSNESS AND ROUGH SLEEPING STRATEGY**

Report of the Director of Community and Children's Services.

For Information
(Pages 75 - 112)

12. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE COMMITTEE**

13. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT**

14. **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

Part 2 - Non-Public Agenda

15. **NON-PUBLIC MINUTES**

To agree the non-public minutes of the meeting held on 3 October 2022.

For Decision
(Pages 113 - 116)

16. **CITY OF LONDON POLICE NON-PUBLIC UPDATE**

The Commissioner of the City of London Police to be heard.

For Information

17. **QUESTIONS RELATING TO THE WORK OF THE SUB-COMMITTEE WHILE THE PUBLIC ARE EXCLUDED**

18. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT WHILST THE PUBLIC ARE EXCLUDED**

HOMELESSNESS AND ROUGH SLEEPING SUB COMMITTEE

Monday, 3 October 2022

Minutes of the meeting of the Homelessness and Rough Sleeping Sub Committee held at the Guildhall EC2 at 11.00 am

Present

Members:

Deputy Marianne Fredericks (Chairman)	Helen Fentimen
Anne Corbett	Alderman Bronek Masojada
Mary Durcan	Eamonn Mullally

In attendance virtually:

Paul Kennedy
Jillian Reid
Ruby Sayed

Officers:

Chloe Ainsworth	- Town Clerk's Department
Andrew Carter	- Director of Community and Children's Services
Simon Cribbens	- Community & Children's Services Department
Jack Deeprise	- Community and Children's Services Department
Kirsty Lowe	- Community & Children's Services Department
Will Norman	- Department of Community and Children's Services
Chris Pelham	- Department of Community and Children's Services

1. APOLOGIES

Apologies were received from Henrika Priest and Mark Wheatley.

2. MEMBERS DECLARATIONS UNDER THE CODE OF CONDUCT

There were no declarations.

3. MINUTES

RESOLVED – That the public minutes and summary of the meeting held on 4 July 2022 be approved as a correct record.

MATTERS ARISING

- **Members' visit to Grange Road Hostel site** – The Chair noted that the visit scheduled for September had been postponed and queried when a visit for the Sub Committee would be arranged. Members were informed Officers would work on establishing a date.

- **Update on the website** – Members were informed that the homelessness website pages had been updated and were invited to provide feedback on the changes.

4. **OUTSTANDING ACTIONS**

Members received the Sub Committee's outstanding actions list and the following update was noted:

- The Commissioner of the City of London Police to bring report and lead discussion on the drug supply in the City of London to the next meeting on 30 November.

5. **CITY OF LONDON POLICE UPDATE**

Members received an update of the Commissioner of the City of London Police (CLP) and the following points were made:

- a) Operation Luscombe has been updated so that police officers now issue notices the day before the hub so that there is a shorter time frame between notices being issued and attendance at the hub.
- b) CLP have continued to hold meetings British Transport Police (BTP). CLP need to provide further training and confirm which platform they are going to use.
- c) CLP have explored expanding Operation Luscombe and sharing it with partners. Members were informed that Southwark Borough have agreed that they would like to run Operation Luscombe. They are yet to determine a location for their hub.

In response to a query from a Member, the Sub Committee was informed that 17 tickets of all colours had been issued during September representing a slight rise from August.

RESOLVED - That the update be noted.

6. **ROUGH SLEEPING ANNUAL PERFORMANCE REPORT 2021 - 22**

The Sub Committee received a report of the Director of Community and Children's Services. The report presented data, analysis and a brief narrative related to rough sleeping in the City of London (CoL) based on the Combined Homelessness and Information Network (CHAIN) Annual Summary for 2020/21, with reference to previous annual CoL data, and neighbouring borough comparisons.

In response to a query from a Member, the Sub Committee was informed that there had been a further decrease in rough sleeping in the first quarter of 2022.

In response to another question, the Sub Committee was informed that the long-term impact of the cost of living crisis on rough sleeping was still emerging, but that the City Corporation's statutory service - where the work on preventing rough sleeping takes place - had been experiencing an increase in utilisation. It was suggested that this information provides a useful forecast for the next 24 months. Members' attention was drawn to the latest government strategy on rough sleeping, which introduced a new framework for the prevention of rough sleeping that is likely to feature in the City Corporation's future homelessness and rough sleeping strategy.

A Member noted that those presenting as homeless or rough sleepers within the City of London may not have originated from within the City. The Member queried how a prevention strategy would target those individuals. It was noted that the City Corporation has a responsibility to those employed within the City and that work in preventing homelessness, such as by providing advice and guidance, is ongoing on a daily basis. It was also noted that partnering with local boroughs was invaluable in assisting those homeless and rough sleepers who cross boroughs.

In response to a question from a Member, the Sub Committee was informed that there are numerous work streams underway across the Greater London boroughs focusing on the long term homeless.

Members requested that future Rough Sleeping Annual Performance Reports include case studies in the appendices to demonstrate outcomes.

The Sub Committee was informed that the City Corporation is involved in a pan-London group consisting of local authorities from the Greater London Authority (GLA), health agencies and large voluntary organisations in the sector and that the group collaborates to inform regional and national homelessness strategies and to collectively bid for funding. The Sub Committee discussed inviting the GLA and/or Homeless Link to present at future meetings.

The Sub Committee agreed with the suggestion that local ward officers assist with the street count this year.

RESOLVED - That the report be noted.

7. **STATUTORY HOMELESSNESS SUMMARY REPORT**

The Sub Committee received a report of the Director of Community and Children's Services providing a summary of activity undertaken by the City of London Statutory Homelessness Team between April 2018 and March 2022. The report offered a high-level demonstration of the impact of the Homelessness Reduction Act (2017), in particular the new duties to prevent and relieve homelessness, and the Covid-19 pandemic.

Officers agreed to explore providing the data in a digitalised format.

The Chair stated that it would be useful to receive case studies alongside this report to demonstrate the referral pathways between the City Corporation and other local authorities and their respective ongoing responsibilities to users of the service. The Chair stated that case studies would also demonstrate how effectively users could navigate the system and provide the opportunity for user feedback. The Sub Committee was informed that housing applicants can feedback to the local authority they have approached.

In response to a question from a Member, the Sub Committee was informed that households with children approaching the service are automatically prioritised. If these households are moved into temporary accommodation, the service will offer housing which provides suitable access to education and/or employment.

In response to another question from a Member, the Sub Committee was informed that the City Corporation's children's services would lead on rehousing care-leavers.

RESOLVED - That the report be noted.

8. STRATEGY UPDATE REPORT

The Sub Committee received a verbal update from the Director of Community and Children's Services and the following points were made:

- a) The current aim is to publish the new strategy by June 2023.
- b) Officers are currently exploring the best ways to engage service users.
- c) It is anticipated that a draft strategy document will be presented to the Sub Committee at the next meeting.

RESOLVED – That the update be noted.

9. QUESTIONS ON MATTERS RELATING TO THE WORK OF THE COMMITTEE

There were no questions.

10. ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT

The following items of urgent business were raised –

- In response to a request from the Chair, the Sub Committee was updated on the progress of the hostel and assessment centre:
 - Update on the hostel
Members were informed that the annex required a separate energy meter to the main building. Due to current problems in the

energy sector, a meter cannot be installed in the annex in time for a November opening. As such, the main building will open in November and the annex will open when the second meter can be secured.

- Update on the assessment centre
Work with Members had been completed to ensure that there was a fully funded package and it was anticipated that contracts would be awarded on time on Friday 7 October.

11. EXCLUSION OF THE PUBLIC

RESOLVED– 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.

Item no	Para no
13	1
15	3

12. NON-PUBLIC MINUTES

RESOLVED – That the non-public minutes of the meeting held on 4 July 2022 be approved as a correct record.

13. SAFEGUARDING ADULT REPORT

The Sub Committee received a report of the Independent Chair of the Safeguarding Adults Board.

RESOLVED – That the report be noted.

14. CITY OF LONDON POLICE NON-PUBLIC UPDATE

There was no non-public update from the Commissioner of the CLP.

15. ROUGH SLEEPING ASSESSMENT CENTRE - CAPITAL FUNDING SHORTFALL

The Sub Committee considered a report of the Director of Community and Children's Services updating Members on the proposal to deliver an assessment centre for homeless people in the City.

16. QUESTIONS RELATING TO THE WORK OF THE SUB-COMMITTEE WHILE THE PUBLIC ARE EXCLUDED

There were no non-public questions.

17. ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT WHILST THE PUBLIC ARE EXCLUDED

There was no other business.

The meeting closed at 1.16 pm

Chairman

**Contact Officer: Chloe Ainsworth
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Homelessness and Rough Sleeping Sub Committee – Outstanding Actions
November 2022 update

Action Number	Agenda Item	Action	Progress Update
5/22/HRS	17. Homelessness and Drugs	An informal discussion session be delivered to the Sub-Committee, Police Authority Board and Safer City Partnership around the arrangements in place in the City of London to disrupt drug supply and support individuals affected by drug misuse	Russell Pengelly, Deputy Director of Public Health/City of London Police, to deliver in November 2022 meeting.
6/22/HRS	21. Homelessness Fatality Review	Updates to be provided to the City and Hackney Public Health team and Bridge House Estates Board as outlined in the confidential minutes.	To be actioned (Head of Homelessness, Prevention and Rough Sleeping) Final report to be made available for the meeting of 3 October 2022.
7/22/HRS	Members' visit to Grange Road Hostel site	Officers to rearrange visit to Grange Road Hostel site.	Completed – took place on 9 November.

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Strategy Boards & Committee(s): Homelessness and Rough Sleeping Subcommittee	Date(s): 30/11/2022
Subject: Support for vulnerable substance users who are involved with the City criminal justice system	Public
Report of: The City and Hackney Public Health Team Author: Maggie Boreham	For Information
<p style="text-align: center;">Support for vulnerable substance users who are involved with the City criminal justice system</p> <p>Summary:</p> <p>This briefing provides an overview of the pathways and partnership work currently being undertaken by Turning Point, the City and Hackney provider of drug and alcohol community treatment, with the criminal justice system in the City of London.</p> <p>This briefing will also provide an update concerning the Rough Sleeper Drug and Alcohol Grant (RSDATG), detailing the added value this OHID funded programme currently provides in the City, and further detailing the new posts and resources agreed for implementation in the next phase of the RSDATG.</p> <p>Importantly, it is the aim of this briefing to provide a snapshot of how vulnerable individuals with substance use dependencies are supported with harm reduction information and to access community treatment via the various criminal justice system touch points they come into contact with.</p> <p>Recommendation(s)</p> <p>This briefing is for information, therefore I recommend that the Subcommittee note the report, and also raise any further questions or requests for additional information.</p>	

Main Report

Background

1. An action from the HRS Subcommittee meeting in May of this year was for the City and Hackney Public Health team to provide a briefing detailing how vulnerable individuals with substance use dependencies are being supported into treatment via the criminal justice system touch points within the City of London.

2. In October 2020, at the height of the pandemic, Turning Point became the newest provider of drug and alcohol community treatment within the City of London and the London Borough of Hackney. As an integrated service, resources are equally available to the residents of both authorities.
3. In 2020/21 the Department of Levelling Up Housing and Communities (previously the Ministry of Communities, Housing and Local Government), and the Office of Health Improvement and Disparities (previously Public Health England) made the Rough Sleepers Drug and Alcohol Grant available to Local Authorities to develop bids for.
4. The City and Hackney Public Health team in collaboration with City and Hackney housing colleagues successfully bid for two rough sleeper specific outreach teams, to provide an enhanced offer of support and treatment to substance using rough sleepers, and those experiencing homelessness.
5. Through the RSDATG Turning Point has developed a team of 4 outreach workers, with a Strategic Manager, who work specifically with City homelessness and rough sleeping services, the City police, and City rough sleepers, and those who are assessed as statutory homeless with substance use issues within the City.
6. The City Turning Point Rough Sleepers' outreach team has a dedicated Criminal Justice Outreach post, and a dedicated Migrant's Outreach post. Further outreach clinical capacity has been delivered to City rough sleepers to provide assessments for prescribing Opiate Agonist Therapy (methadone, buprenorphine and Buprenorphine), and injections for Pabrinex to clients with alcohol use disorder.
7. **Current Position**
8. Nationally there have been challenges recruiting to drug and alcohol Recovery Worker/Outreach posts, due to years of central Government disinvestment in the sector, as documented by Dame Carol Black in the second of two independent reviews of drug use¹. This presented some challenges locally, however the Criminal Justice Outreach worker post was successfully filled in November 2021.
9. The Criminal Justice Outreach worker in the City currently provides an arrest referral service within Bishopsgate Police Station 2 days a week for anyone arrested for a trigger offence and also tests positive for opiates and/or cocaine. The Turning Point Criminal Justice team provides the other 3 days of service delivery. Throughout the week Custody Suite officers also have access to the on-call rota and can contact a Criminal Justice Recovery Worker to attend the police station, should they need to.
10. From January 2023 the team will be available either onsite or via the telephone one evening a week at Bishopsgate Police Station to offer greater flexibility in engaging with vulnerable individuals.

¹ *Independent review of drugs by Professor Dame Carol Black.* (2020, February 28). GOV.UK. <https://www.gov.uk/government/collections/independent-review-of-drugs-by-professor-dame-carol-black>

11. Over the course of the last financial year the number of referrals from the criminal justice system into the Turning Point service has steadily increased, along with the number of individuals arrested, testing positive for opiates and/or cocaine, and issued with a Required Assessment with Turning Point. The Arrest Referral pathway is the primary referral route, however referrals can also be made by Probation, prisons and the Community Safety Partnership.
12. The Arrest Referral pathway further provides an important opportunity to deliver brief advice, harm reduction information and interventions such as naloxone (naloxone reverses the effects of an opiate overdose), which saves lives. Further work is underway in collaboration with members of the City police to build a business case for the City police being trained in and carrying naloxone, as advised by the Advisory Council Misuse Drug's UK² review of naloxone implementation.
13. This is the same pathway recreational drug users active within the night time economy will be directed to follow if arrested for a trigger offence. A full list of trigger offences is available from Release³. Begging, possession of a class A substance and intent to supply a Class A substance are examples of trigger offences.
14. In addition to the service being offered within Bishopsgate Police Station, the Criminal Justice Outreach post attends Operational Luscombe every fortnight, working in partnership with the Thames Reach City SORT team and the Antisocial Behaviour lead.
15. Additional outreach activity to engage City rough sleepers and those begging within the City into treatment is also carried out regularly throughout the week, as are joint outreach shifts with other services.
16. The City Turning Point Rough Sleeper Outreach team is presently working with 69 individuals, the Criminal Justice Outreach Worker is carrying a caseload of 18 individuals, 17 are receiving structured treatment and 1 is receiving harm reduction interventions. The City Turning Point Rough Sleepers Outreach team aims to keep their caseloads lower than would be expected within the core service, to ensure they have the time to work with the complexity many rough sleepers, and those begging within the City present with.
17. Turning Point's City Rough Sleeper team has recently started to share a regularly updated tracker detailing engagement and treatment progress with City homelessness colleagues on a monthly basis. This tracker includes progress on opiate agonist therapy, such as methadone prescriptions and referrals into detox and rehab, such as the pan London Guys and St Thomas' inpatient detox.
18. London has seen the steady closure of specialist substance misuse Inpatient Detoxification (IPD) units for complex care clients with co-morbid mental and

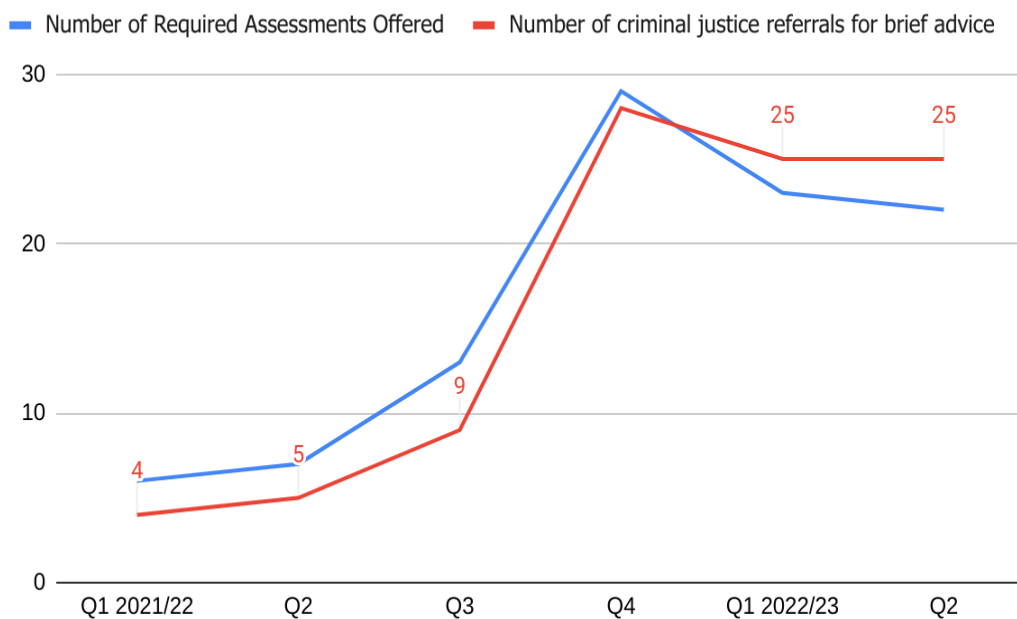
² *ACMD review of the UK naloxone implementation (accessible)*. (n.d.). GOV.UK. Retrieved August 18, 2022, from: <https://www.gov.uk/government/publications/acmd-naloxone-review/acmd-review-of-the-uk-naloxone-implementation-accessible>

³ *Drug testing on arrest*. (2013, January 3). Release. <https://www.release.org.uk/law/drug-testing>

physical health issues. As part of a Pan London bid to the RSDATG, the City commissions a 5-bed IPD at Guys and St Thomas' Hospital (GSTT) on behalf of London LAs. To date 4 people rough sleepings have been referred into detox, and 3 people have been referred into residential rehab.

19. The inpatient detox gives people who sleep rough or at risk of sleeping rough a life-saving opportunity to access valuable treatment services that have been designed to meet their needs and vulnerabilities. As well as to significantly address some of London's starkest health inequalities, the Inpatient Detox draws together fragmented past medical care to provide up to date diagnosis and follow-up plans to enable wrap-around support.
20. The figures below illustrate the steady increase in criminal justice referrals, and required assessments:

Number of individuals referred for Substance Use support



21. **The next phase of Rough Sleepers Drug and Alcohol Treatment Grant delivery:**

Following stakeholder engagement and a resubmission of the bid, we have been successful in being granted funding for the following additional posts and resources for a range of organisations who work across the City and Hackney, in addition to Turning Point:

- An alcohol nurse, and lease of a Fibro Scanner
- A Women's Healthcare Assistant
- A speech and language therapist 2x days a week (Rough Sleepers Mental Health Project - RAMHP)
- A Rough Sleeping Mental Health Project, Peer Support Worker

- A Cognitive Behavioural Therapist 2x days a week
- Funding to implement a Contingency Management schedule to support service users in staying on their scripts and attending medical reviews
- Funding for Attention Deficit Hyperactivity Disorder Assessments
- An Adult Social Worker
- An additional Supporting Transitions and Empowering People (STEPs) Rough Sleeper Navigator for the City, the current City STEP's Rough Sleeper Navigator's work has been shown to be effective with the T1000 cohort of entrenched rough sleepers.
- A Groundswell Healthcare Peer Advocate
- Funding to deliver system wide training on working with dual diagnosis (co-occurring substance misuse and mental health)

Conclusion

22. This briefing has focused on the current pathways and partnership work between the Turning Point's City Rough Sleeper Outreach Team and the criminal justice system within the City.
23. Following the successful recruitment of a Criminal Justice Outreach Worker to the rough sleeper team, this post has been based within Bishopsgate Police Station for 2 days a week supporting Turning Point's criminal justice team in the delivery of the Arrest Referral pathway. Bishopsgate police station has full coverage from Turning Point and will have an evening service on one day a week from January.
24. In addition to this work, this post attends Operation Luscombe fortnightly and participates in wider outreach activity as part of the RSDATG programme, and in collaboration with City homelessness colleagues. All outreach activities to engage those with substance use issues and homelessness includes offering support to access drug treatment, and where clinically appropriate a referral to the Guys and St Thomas' inpatient detox.
25. As the RSDATG programme develops, further exploration of how to expand the treatment offers to those referred through the criminal justice route will be prioritised. With an additional STEP's navigator, Peer Support workers and resources to support sustained engagement, the aim is to continue to demonstrate improved health outcomes and reductions in problematic drug use which often manifest in begging, acquisitive crime and antisocial behaviour.

Appendices

- None

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Principal Public Health Specialist

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Agenda Item 8

Committee:	Dated:
Homelessness and Rough Sleeping Sub-Committee	30/11/2022
Subject: City Inn Express temporary assessment service progress report	Public
Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?	1, 2, 3, 4
Does this proposal require extra revenue and/or capital spending?	N
If so, how much?	N/A
What is the source of Funding?	N/A
Has this Funding Source been agreed with the Chamberlain's Department?	N/A
Report of: Clare Chamberlain, Interim Director of Community and Children's Services	For Information
Report author: Kirsty Lowe, Rough Sleeping Services Manager, Department of Community and Children's Services	

Summary

This progress report provides an update on the City Inn Express (CIE) – the City of London's (CoL's) 21-bed temporary assessment service for individuals met rough sleeping and in need of off-the-street assessment accommodation.

Providence Row Housing Association (PRHA) provides 24/7 support and case management to CIE residents, with a focus of carrying out rapid needs assessments and identifying the most appropriate 'move on' accommodation.

A total of 53 individuals have been accommodated by the CIE service from April – October 2022. Of the 53 individuals supported, 33 have left the service, 19 were identified as moving on from the service in a positive way, and the majority went into the CoL supported accommodation pathway.

Recommendation

Members are asked to:

- Note the report.

Main Report

Background

1. Prior to the CoL temporary assessment service being delivered from CIE in Hackney, it was situated at Carter Lane in CoL. Carter Lane was returned to the leaseholders, the Youth Hostel Association on 1 April 2022 and the new service at CIE commenced on the same date.
2. PRHA's support contract was varied and extended to provide ongoing support and case management at CIE until 31 March 2023, with a team of one Contract Manager, two Support Officers, four Night Officers and a Concierge.
3. There has also been a continuation of CH&CO catering and Atalian Servest cleaning contracts until 31 March 2023, and ongoing building maintenance support through the CoL helpdesk provided by Skanska.
4. Two beds are ringfenced for the London Borough of Hackney's (LBH's) sole use. These beds have been occupied by individuals met by the LBH outreach team in Hackney and have been fully utilised since April 2022. Data regarding these individuals are not included in this report.
5. CoL officers and the PRHA Contract Manager agreed new Key Performance Indicators in May 2022 with a renewed focus on:
 - i) Full occupancy of beds
 - ii) Prompt completion of support and risk assessments
 - iii) Development of CoL Credible Service Offers
 - iv) Positive 'move on' within a set timeframe to support pathway, private rented or reconnection
 - v) Set up of Housing Benefit
 - vi) Attendance to internal workshops.

Current Position

6. A total of 53 individuals have been accommodated at the CIE from 1 April to 21 October 2022. There are 20 individuals currently residing in CIE, which means 33 have left the service; 19 rooms are utilised by CoL clients, which means that one room is accommodating a couple.
7. The table below categorises the 33 individuals who have left CIE and identifies a total of 19 individuals who had a positive move on from the service, whereas the remaining individuals either abandoned, were evicted or went into police custody.

Departure type from CIE:	Total	% of moves
Positive move on	19	58%
Abandoned	11	33%
Evicted	2	6%
Custody	1	3%

8. In comparison, the table below looks at the same categories of departure, but this time from Carter Lane between April and October 2021. A total of 43 individuals entered the service and 32 departed between April and October.

Departure type from Carter Lane:	Total	% of moves
Positive move on	24	75%
Abandoned	4	13%
Evicted	3	10%
Custody	1	2%

9. The table below shows what type of support and/or accommodation the 19 individuals who positively moved on from CIE went on to receive.

Positive move on CIE:	Total
CoL supported accommodation	4
Other CoL assessment beds	3
Reconnection	3
Other borough supported accommodation	3
No Second Night Out	3
Long-term medical care	2
Private rented scheme	1

10. In comparison, the table below looks at the 24 individuals who positively moved on from Carter Lane between April and October 2021.

Positive move on Carter Lane:	Total
CoL supported accommodation	7

Other CoL assessment beds	3
Reconnection	1
Other borough supported accommodation	2
No Second Night Out	3
Long-term medical care	0
Private rented scheme	8

11. There was a higher overall percentage of positive move-ons from Carter Lane of 75% compared to CIE's 58%, however, when looking at the different categories and the total figures, the difference is minor. The only significant difference is the higher number of eight individuals who moved on from Carter Lane into private rented accommodation, whereas only one individual went into private rented accommodation from CIE.
12. There is also a higher rate of clients abandoning CIE at 33% of the total departures compared to Carter Lane's 13% of total departures the previous year.
13. Fewer abandonments at Carter Lane may be due to the COVID-19 backdrop at the time. For Carter Lane services, the initial objective was to safeguard clients from contracting COVID-19 through maintaining their accommodation, whereas CIE is designed to deliver more of an off-the-streets assessment hub.
14. The CIE team are tasked with quickly assessing a person's needs so that they can then identify the most appropriate offer of support which is issued through a CoL Credible Support Offer. Many individuals who have declined their Credible Support Offer chose to leave CIE rather than accept the help being offered.
15. In further comparison, it is important to note the difference in size and resources of the two services, and that the demand for off-the-streets CoL assessment accommodation remains high. Carter Lane had more than twice the number of beds on offer than CIE. CIE has successfully operated at full occupancy this past six months and has a waiting list.
16. The CoL Grange Road hostel opened on 14 November 2022 and some its first residents will be from CIE. These moves will certainly alleviate some pressure on the CIE service and the waiting list, resulting in an increase of positive move-ons by the end of the quarter in December.

Corporate & Strategic Implications

17. Finance – N/A
18. Resource implications – N/A
19. Legal implications – N/A

20. Risk implications – N/A

21. Equalities implications – N/A

22. Climate implications – N/A

23. Security implications – N/A

Conclusion

24. The CIE temporary assessment service has delivered in line with the service specification and is similar to the achievement of the Carter Lane service the previous year. As the CoL accommodation pathway expands, through the arrival of Grange Road and the permanent assessment service, an increase in positive move-ons from CIE is inevitable.

Appendices

- None

Kirsty Lowe

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Agenda Item 9

Committee:	Dated:
Homelessness and Rough Sleeping Sub-Committee	30/11/2022
Subject: Rough Sleeping Initiative Grant Funding 2022–2023 progress report	Public
Which outcomes in the City Corporation’s Corporate Plan does this proposal aim to impact directly?	1, 2, 3, 4
Does this proposal require extra revenue and/or capital spending?	N
If so, how much?	N/A
What is the source of Funding?	N/A
Has this Funding Source been agreed with the Chamberlain’s Department?	N/A
Report of: Clare Chamberlain, Interim Director of Community and Children’s Services	For Information
Report author: Kirsty Lowe, Rough Sleeping Services Manager, Department of Community and Children’s Services	

Summary

This progress report provides an update on the 16 Rough Sleeping Initiative (RSI) interventions that the City of London (CoL) agreed to deliver in 2022–2023. The CoL has been successful in commissioning and/or recruiting all but one intervention. The final RSI intervention is currently out for tender and will be mobilised before the end of the financial year.

All efforts have been made by CoL officers and partners to deliver the RSI work package as scheduled, however, due to delayed confirmation of funding – and, in turn, delayed implementation of services and roles – an underspend of £131,000 has occurred. The Department for Levelling Up, Housing and Communities (DLUHC) and the CoL have recently agreed to repurpose the RSI underspend to enhance existing provision and deliver new work streams.

In October 2022 the DLUHC made available the ‘Additional Pressures Fund’ to select authority areas. The City has been awarded a further £133,680 to provide enhanced support to CoL clients over the winter.

Recommendation

Members are asked to:

- Note the report.

Main Report

Background

1. The RSI is part of the Government's ongoing Rough Sleeping Strategy which sets out the vision to end rough sleeping by the end of the current Parliament.
2. The initiative seeks to support people sleeping rough to get off the streets and develop their wellbeing and stability, helping to reduce the number of people sleeping rough in both the short and longer term.
3. On 25 February 2022, CoL officers submitted the 2022–2025 RSI proposal totalling £3,709,566 with the aim to reduce the annual street count figure in November 2022 to lower than 20.
4. On 19 May 2022, the DLUHC notified the CoL that it would receive a total of £3,986,399 RSI funds from April 2022 to March 2025 – the CoL's largest RSI allocation to date.
5. In the July Homelessness and Rough Sleeping Sub-Committee, the *Rough Sleeping Initiative Grant Funding 2022–2025* report presented that nine of the 16 2022–2023 RSI interventions were already being delivered, leaving a further seven that needed to be commissioned or recruited.
6. On 7 October 2022, DLUHC notified that the CoL had been selected as part of a small, targeted group of local authorities that may be facing additional pressures based on the analysis of monthly submitted rough sleeping data. The DLUHC stated that the Additional Pressures Fund (APF) will be made available to assist with the reduction of CoL rough sleeping figures and should include:
 - off-the-streets self-contained accommodation
 - specific interventions for entrenched rough sleepers to secure housing
 - move-on accommodation to free up off-the-streets accommodation.
7. On 28 October 2022, the CoL submitted a repurposing proposal for RSI 2022–2023 and an APF request to the DLUHC for approval. The repurposing of the CoL's 2022–2023 RSI grant totalled £131,000 and the APF totalled £133,680.

Current Position

8. For RSI 2022–2023, the CoL set out to fund 16 separate interventions provided by a minimum of eight organisations.
9. The table below shows this year's 16 RSI interventions and their stage of delivery at 9 November 2022. The table also sets out each intervention start date and any forecasted underspend or overspend at the end of this financial year. The underspend and overspend is presented as a percentage of the total annual allocated for each intervention.

	2022–2023 Intervention	Provider	Stage	Start Date	EOY balance (% of annual amount - underspend/ +overspend)
1	Lead Outreach Worker	Thames Reach	Delivering	01/04/2022	0
2	Outreach Senior Practitioner		Delivering	01/04/2022	0
3	Mobile Intervention Support Team (MIST)		Delivering	01/09/2022	0
4	EU Accommodation & Reconnection	Caritas	Delivering	01/04/2022	+23%
5	CoL/London Borough of Tower Hamlets (LBTH) Navigator Project	St Mungo's	Delivering	01/04/2022	0
6	The Lodge		Delivering	01/04/2022	0
7	Flexible Surge Accommodation	Various providers	Delivering	01/04/2022	+50%
8	Co-production	Groundswell	Delivering	26/09/2022	0
9	Tri-borough Psychotherapy Service	Providence Row Charity	Delivering	01/08/2022	-33%
10	Reflective Practice	Consultant	Delivering	01/04/2022	0
11	ASC Support Worker	CoL	Soon to start	19/12/2022	-50%
12	ASC Personalisation Budget		Delivering	01/04/2022	0
13	Health Co-ordinator		Soon to start	14/11/2022	-33%
14	Commissioning Officer		Delivering	30/08/2022	0
15	Employment & Progression Service	Unknown	Out to tender	TBC	-50%
16	Private Rented Scheme Framework	Various providers	Delivering	01/04/2022	-100%

10. The table shows that five interventions will have an underspend and two interventions will be overspent by the end of the financial year.

11. The reasons for the underspend or overspend are as follows for the intervention number (shown in brackets):

- (4) Prior to issuing the extended contract, CoL officers had negotiated better support rates with the provider where, for a slight overspend of the budget, an additional bedspace was commandeered.
- (7) The budget for this intervention was small due to the predicted need being smaller earlier this year. At the point of submission, the permanent City Assessment Centre was scheduled to open before the winter and so it was predicted that ‘on the night’ hotel accommodation reliance would reduce.
- (9) Overall procurement of the larger tri-borough service took longer than planned, resulting in a delayed start date.
- (11+13) Due to delays in the recruitment process and the appointed person’s notice period.
- (15) Due to procurement delays, the service has yet to be awarded and has resulted in an underspend.
- (16) Pressures being experienced across the private rented sector (PRS), combined with cost-of-living reporting, has dissuaded referrers to recommend private tenancies for their clients. The PRS remains a viable option for lower-support clients. It is unlikely that an additional five placements will be made by the end of the financial year.

12. The DLUHC approved the CoL’s request to repurpose the £131,000 underspend to be spent before 31 March 2022 in the following way:

	2022–2023 Repurposing	Provider	Stage
1	Pathway liaison officer	CoL	Recruitment
2	Mobile Intervention Support Team (MIST) surge accommodation	Thames Reach	Delivering
3	MIST additional staffing costs		Delivering
4	EU accommodation	Caritas	Delivering
5	Flexible surge accommodation	various providers	Delivering

13. Pathway Liaison Officer

The CoL will recruit an additional Pathway Liaison Officer (PLO) on a fixed-term basis to join the CoL Rough Sleeping Team. The PLO will work alongside commissioned services to ensure that clients move from the streets into temporary and emergency accommodation efficiently. The focus of this

post will be to maintain systems and assist with communication between CoL and various partners. To ensure that movement in and out of hotel accommodation is tracked, that movement from City Inn Express and temporary accommodation into the CoL accommodation pathway is timely and seamless. The post holder will also ensure that housing benefit claims are set up, and credible service offers are developed.

14. Mobile Intervention Support Team (MIST) Surge Accommodation

Thames Reach MIST will book and manage short-term emergency accommodation stays, usually through hotels and B&Bs. There are a number of individuals who remain at the City Inn Express awaiting their move to Grange Road and other longer-term placements, which has created limited capacity for the service to receive those new to rough sleeping in the CoL. Therefore, this accommodation can provide some much-needed extra capacity.

15. MIST Additional Staffing Costs

While we increase the number of people being accommodated in emergency and temporary accommodation, it is vital that we enhance the in-reach support from MIST.

16. European Union (EU) Accommodation

There are three EU beds at Anchor House hostel, a Caritas-supported setting based in Newham. This intervention is a continuation of previous years for EU City clients with unknown immigration status who are supported to gain pre/settled status and take steps to return to work and independent living, or to be reconnected to their country of origin.

17. Flexible Surge Accommodation

Funds will afford the City more flexibility when offering ‘on the night’ offers of emergency accommodation, including Severe Weather Emergency Protocol (SWEP) accommodation, and resources.

18. The DLUHC approved CoL’s APF request of £133,680 to be spent before 31 March 2022 in the following way:

	2022–2023 APF	Provider	Stage
1	Women’s Safe Accommodation	TBC	Tender/Award
2	Bridge Hotel beds	Housing Action Management	Delivering

19. Women’s Safe Accommodation

CoL’s aim is to pilot a five- or six-bed gender-specific, women-only safe accommodation in a nearby borough. If successful, this will be the City’s first women-only homeless commissioned service to date. This accommodation will be for women who have approached CoL due to their experience of domestic abuse and their need for safe accommodation. This accommodation will also be available to women who have a history of rough sleeping in the City, many of whom have also experienced domestic abuse.

20. **Bridge Hotel**

APF will enable CoL to extend and expand the block-booked arrangement with Housing Action Management (HAM) for six to 12 self-contained rooms for those with low to medium support needs.

Corporate & Strategic Implications

- 21. Finance – N/A
- 22. Resource implications – N/A
- 23. Legal implications – N/A
- 24. Risk implications – N/A
- 25. Equalities implications – N/A
- 26. Climate implications – N/A
- 27. Security implications – N/A

Conclusion

28. CoL officers have successfully managed the expenditure and delivery of the RSI 2022–2023 grant by being on track to deliver the original 16 interventions by the end of the financial year. Work was also carried out to identify an underspend, which will be repurposed before March 2023. Also, CoL officers and partners will be delivering more support services to the CoL rough sleeping population thanks to an additional grant funding made available by the DLUHC.

Background Papers

29. This report follows on from the *Rough Sleeping Initiative Grant Funding 2021/22* and the *Rough Sleeping Initiative Grant Funding 2022–2025* previously presented at the Homelessness and Rough Sleeping Sub-Committee.

Appendices

- None.

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Committee:	Dated:
Homelessness and Rough Sleeping Sub-Committee	30/11/2022
Subject: Severe Weather Emergency Protocol 2022–2023	Public
Which outcomes in the City Corporation’s Corporate Plan does this proposal aim to impact directly?	1, 2, 3, 4, 10
Does this proposal require extra revenue and/or capital spending?	N
If so, how much?	N/A
What is the source of Funding?	N/A
Has this Funding Source been agreed with the Chamberlain’s Department?	N/A
Report of: Clare Chamberlain, Interim Director of Community and Children’s Services	For Information
Report author: Will Norman, Head of Homelessness Prevention and Rough Sleeping	

Summary

This report introduces Members to the City of London’s Severe Weather Emergency Protocol (SWEP) for rough sleepers for the winter season 2022–2023. The report draws attention to material changes and protocol updates from last year. Also included are new hot weather arrangements, drafted as a response to last summer’s sustained high temperatures. This report is limited to the annual review of the protocol and confirmation of arrangements for the forthcoming year. A separate report summarising SWEP activity and performance is submitted to Members each spring.

The City of London SWEP protocol for 2022–2023 is included as Appendix 1.

Recommendation

Members are asked to note the report.

Main Report

Background

1. In London, SWEP activations are triggered by the Greater London Authority (GLA), however, each individual borough may activate or deactivate SWEP arrangements according to their own protocols. Broadly, most local authorities will follow the GLA protocol.
2. Historically, the GLA activated SWEP when there were three consecutive nights of sub-zero temperatures in Central London (Westminster). In 2017 this was amended to a single night forecast of sub-zero temperatures anywhere in Greater London.

3. The City's SWEP protocol is reviewed every year to take into account learning from the previous year and any emerging policy or strategy information. A two-week partner consultation is built into this process.
4. The GLA consult with borough rough sleeping leads through the quarterly GLA 'Leads Meeting'.
5. Individual borough SWEP bed capacity is expected to reflect rough sleeping need, and each borough reports its arrangements to the GLA every autumn.
6. The GLA provides 'Pan-London Overflow SWEP' beds to add capacity where boroughs exhaust their SWEP arrangements, or where London endures a particularly severe or lengthy SWEP activation. Ordinarily, this is only accessible after boroughs have used all available local capacity.

Updates to the protocol

7. The following sections of the protocol (Appendix 1) have seen material changes. Paragraphs 9 to 11 relate to cold weather arrangements.
8. The GLA has published updated guidance for 2022–2023, therefore this new guidance has been included in the 2022–2023 City SWEP Protocol.
9. Section 3 – has been amended to reflect guidance from the GLA and Public Health England regarding the use of shared air spaces and communal settings. The section describes how shared air spaces will be considered, but only where other options are unavailable and the risk of rough sleeping in cold weather outweighs the risk of contracting a transmissible infection. Shared air spaces are not part of the City's first-tier SWEP response.
10. Section 4 – has been updated to show the settings the City will use for winter 2022–2023. The new Grange Road service is a new addition.
11. Section 5 – includes a small update to methodology to prioritise Grange Road.
12. The summer of 2022 was the hottest and driest on record, with two heat waves and record temperatures. London saw daytime highs in excess of 40° and sustained periods around 35°. This was combined with mild night-time temperatures.
13. GLA SWEP guidance from 2021–2022 does not account for hot weather, although essential safeguarding practices have been widely adopted for some time. Appendix 3 of the new protocol provides a clear methodology for the City of London and its commissioned providers.
14. The aim of hot weather arrangements is to prevent risk to health and potential loss of life during periods of extreme hot weather. This is achieved by:
 - using a 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.

15. Met Office Heat Alert Levels 1–4 will be used as a framework, with heatwave conditions being applicable at level 3. Practical advice and assistance includes:

- seeking shade and avoiding the direct sun (including distribution of sunscreen)
- wearing appropriate clothing
- reducing alcohol consumption
- remaining properly hydrated (including distribution of bottled water)
- seeking assistance if feeling unwell.

16. Additional support will be offered to assist clients to access designated GLA 'cool spaces' and the Providence Row Dellow Centre. Shifts will be refocused around the daytime when the effects of extreme heat are most obvious.

17. At Heat Alert Level 4, the City of London will make air-conditioned spaces available at the Guildhall complex.

Key Data

There is no data associated with this report.

Corporate & Strategic Implications

18. **Strategic implications** – N/A

19. **Financial implications** – N/A

20. **Resource implications** – N/A

21. **Legal implications** – N/A

22. **Risk implications** – N/A

23. **Equalities implications** – N/A

24. **Climate implications** – N/A

25. **Security implications** – N/A

Conclusion

26. The City of London SWEP Protocol for 2022–2023 has been updated to account for revised thinking regarding the use of shared air spaces and the introduction of the Grange Road service into our pathway.

27. The City's approach to using shared air spaces (where the risk of not acting outweighs the risk of transmissible infection) is consistent with Public Health England guidance, and best practice advice issued by the GLA.

28. A dedicated appendix for hot weather arrangements has been inserted as Appendix 3 of the protocol. Periods of extreme heat, as set out by the Met Office Heat Alert Levels, will now have a focused SWEP response akin to the cold weather response.

29. Hot weather arrangements have been adapted to suit the nature of the risk, with a focus on practical advice and guidance, adaptive shift rotas and access to cool spaces during the day.

Appendices

- Appendix 1 – City of London SWEP Protocol 2022–2023

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City of London Corporation

Protocol

SWEP – Severe Weather Emergency Provision

2022/23

Contents

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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 Westminster¹ 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 has made changes to when Pan-London overflow emergency accommodation will be available and has issued 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. In 2017 the City of London Corporation drafted a pilot SWEP protocol as a response to the refreshed GLA SWEP guidance². This protocol is an evolution of that pilot. Experience and learning from winter 2020-21 were recorded and explored and has been incorporated into this and all future protocols.

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

² See appendix 1



Every year the SWEP protocol is reviewed by the Head of Homelessness Prevention and Rough Sleeping and circulated to SWEP partners.

2. Aims

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.

The City of London Corporation aims to make available not less than 16 beds that cater for a range of support needs to ensure every rough sleeper in the borough have an accommodation option during the extreme weather.

The provision available, plus extra capacity available should meet the full spectrum of support needs and characteristics present in the City rough sleeping population.

This information will be cascaded down through partners by the Head of Service, Service Manager or Rough Sleeping Coordinator in the first instance.

In the event the City of London wishes to activate SWEP independently of GLA activation, the Head of Service is responsible for making the decision. SWEP will normally be deactivated when a forecast predicts two or more consecutive nights of a temperature of one degree Celsius or higher. 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.



In the Rough Sleeping Services Manager's absence authorisation to activate SWEP will fall to the Rough Sleeping Coordinator. In the absence of the first two officers the task will be escalated to The Head of Service in consultation with the Outreach Manager. As a last resort the Outreach Manager may trigger SWEP using the Pan London recommendation as a guide.

3. Flexible SWEP response

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. The response to atypical conditions will be a flexible approach that will scale up the amount of hostel beds and B&B placements depending on factors such as client support needs.

Initial steps are covered by parts 5, 6 and 7 of this protocol. Additional steps are described in more detail in appendix 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 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.

As per the guidance from the GLA and in line with Col's flexible approach to SWEP, shared air spaces accommodation will be considered if the risk of not placing someone outweighs the risk of introducing them to a shared air space. This will be arranged with commissioned accommodation providers and/or voluntary and faith sector groups if there is a capacity need identified in a SWEP period. It is Col's aim to avoid using shared airspace SWEP provision where possible in the first instance. Clients offered a shared airspace provision will only be placed after a full assessment of any health needs that may put them at a higher risk of serious harm from respiratory viruses. Providers of SWEP provision will be given up to date guidance from public bodies City and Hackney



Public Health, on the subject of advice regarding mitigation of health risk when using shared airspaces.

If SWEP periods exceed 7 days, or are particularly severe, additional and flexible SWEP resources will be activated by the Head of Homelessness Prevention and Rough Sleeping and Rough Sleeping Services Manager. Consultation will be required in advance of activation of additional capacity to ensure smooth progression of planning

4. Contributors & roles

City of London Homelessness Team

- Will notify SWEP providers that SWEP has been activated³
- Will confirm arrangements with the outreach team
- Will confirm that SWEP has been deactivated
- Will make supplementary spaces available in B&B accommodation upon request. 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 Head's discretion whether to continue to re-book unused B&B spaces
- City of London Homeless Team will review SWEP capacity constantly and expand placements available if needed.

Thames Reach – City Outreach Team and Mobile Intervention Support Team (MIST)

- 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

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

- Contribute to pre-winter preparation meetings and post SWEP review.
- Support clients to safely maintain SWEP accommodation and arrange subsequent moves to longer-term and sustainable accommodation or reconnect to existing support professional and personal networks.
- To be aware of other accommodation provision over the winter period and utilise this recourse in addition to CoL SWEP accommodation (Crisis at Christmas and Winter Shelters)
- Ensure all accepted SWEP accommodation is recorded as such on CHAIN

St Mungos – Great Guildford St Hostel

- Will make one space available for rough sleepers
- Will ensure that this space is not shared with others during SWEP client accessing, to ensure is compliant with COVID-19 guidance.
- 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 Head of Homelessness Prevention & Rough Sleeping and record any costs to be reimbursed by City of London
- Will record attendance on CHAIN and/or INFORM

St Mungos Grange Road Supported Accommodation

- Will make up to 6 spaces available for rough sleepers, on a flexible basis and depending on capacity.
- Will ensure that these spaces are not shared with others during SWEP clients accessing, to ensure is compliant with COVID-19 guidance.
- 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 Head of Homelessness Prevention & Rough Sleeping and record any costs to be reimbursed by City of London
- Will record attendance on CHAIN and/or INFORM

Providence Row Housing Association – Crimscott St

- Will make one space 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 Head of Homelessness Prevention & Rough Sleeping and record any costs to be reimbursed by City of London - Will record attendance on CHAIN and/or INFORM

5. Method

The following steps should be taken by the outreach team:

- The additional SWEP spaces at Grange Road should be used first wherever possible
- Thereafter, the spaces at Great Guildford St, Crimscott St and B&B
- Consideration should be given to the needs profile of the client and their preferences – the priority remains bring the person in from the cold
- Some clients may go straight to B&B if they have a strong preference for this and the SWEP stay is dependent upon it
- Beds at the City Lodge should be reserved for clients whose characteristics and support needs reflect that service
- Extended SWEP periods or clients with particular needs may require the booking of B&B accommodation extra to the two beds already identified
- It's possible a client may prefer to leave the area; therefore, Pan London overflow SWEP may be used as a first option. The rationale for this will need to be prepared in advance.



Where a SWEP duration extends beyond 7 working days, or the weather is particularly severe, additional and flexible SWEP arrangements may be activated by the Head of Homelessness Prevention and Rough Sleeping or Rough Sleeping Services Manager

6. Monitoring

The City Outreach Team Manager will need to have oversight and capacity necessary to provide a nightly summary of SWEP shift activity, if requested by City of London staff. 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 principal document for tracking use and determining and costs.

7. Payment

If necessary, 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. Providers should also consider clients essential costs such as food, clothing, travel and toiletries and cost these to the CoL or make arrangements with outreach teams to cover. The number of nights that SWEP is accessed at each project should be recorded.

The sum total should be used to invoice City of London before March 31st each financial year.

8. Review

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

9. List of appendices

Appendix 1 – Contact list

Appendix 2 – GLA SWEP guidance 2022/23 (*including Appendix A - Mitigation measures in the event that small scale communal sleeping is needed for GLA overflow SWEP provision*)

Appendix 3 – Hot weather arrangements

Appendix 4– COVID-19 measures

Appendix 1

SWEP contact list 2022-23

Name	Organisation	Role
Will Norman	City of London	Head of Homelessness Prevention and Rough Sleeping
Kirsty Lowe	City of London	Rough Sleeping Service Manager
TBC	City of London	Rough Sleeping Coordinator
Nisha Backory	City of London	Pathway Coordinator
Benjamin Sebok	Thames Reach	Area Manager
Rowan Wyllie	Thames Reach	Outreach Manager
Ross Lambert	Thames Reach	MIST Manager
Seb Jackson	St Mungos	Regional Head
Hubert Johnson	St Mungos	Great Guildford Street Manager
Charlotte Baker	St Mungos	Grange Road Manager
Joseline Barahinduka	Providence Row HA	Project Manager
Charlene Joseph	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
David Orton	Greater London Authority	Senior Policy and Project Officer – Rough Sleeping
Luke Oats	Greater London Authority	Senior Policy and Project Officer – Rough Sleeping



Appendix 2

Guidance for winter Severe Weather Emergency Protocol (SWEP) in Greater London 2022-23

This guidance is produced for London local authority rough sleeping lead officers and their colleagues involved in the provision of services for people sleeping rough in the capital.

This guidance should be read in conjunction with the *Winter Provision and SWEP Toolkit 2022*⁴, which provides advice for local authorities nationwide.⁵

Background

SWEP is an emergency humanitarian response to severe weather conditions, the primary aim of which is to preserve life.

Since winter 2017/18, the GLA has provided guidance for London's councils regarding local **SWEP** plans. This guidance, which has been agreed by all 33 London councils, introduced a trigger point for **pan-London SWEP activation** of 0°C on any one night to ensure consistency across the capital.

Each borough is expected to make its own local **SWEP** provisions for those sleeping rough in the area. The capacity of local provision should be informed by an assessment of need undertaken at the borough level.

In addition, the GLA funds '**overflow provision**' accessible by any London borough when local **SWEP** provision reaches capacity.

Terminology

SWEP is Severe Weather Emergency Protocol

Activation is the opening of SWEP to new referrals

Deactivation is the closing of SWEP to new referrals

Pan-London activation is the centrally coordinated activation of SWEP by the GLA across all London boroughs and including GLA overflow provision

Overflow provision is GLA-funded SWEP provision accessible by all London boroughs when local provision reaches capacity

⁴ The Homeless Link guidance can be found [here](#).

⁵ Reference can also be made to the Greater London Authority (GLA)'s Review of Winter SWEP 2017/18, which includes multiple best-practice recommendations, and Review of SWEP response during winter 2020/21, which outlines some learning around how London can continue to successfully deliver SWEP in the context of the pandemic. Both documents can be found attached at the bottom of [this webpage](#).

In for Good is the principle under which once a person is supported to access shelter or accommodation they are not asked to leave until there is a support plan in place to end their rough sleeping.

Guidance on borough SWEP provision

The Mayor asks that all London councils adhere to the following minimum standards for **SWEP**:

- local **SWEP** capacity should match the anticipated level of need in the area;
- councils should continue to ensure *at least* the same level of **SWEP** provision as in the previous year, unless there has discernibly been a reduction in anticipated need to below that number of beds;
- while **SWEP** may be provided in a variety of settings, each council should ensure that their accommodation can be easily accessed from across the borough (by foot, public transport, or SWEP-specific arrangements and by both people sleeping rough and the services working them);
- councils should ensure that local **SWEP** options can always be easily accessed, including out of hours, by all outreach teams operating in their borough;
- **SWEP** for every council across London will be triggered and activated when any part of the capital is forecast to be 0°C or lower overnight. The GLA will coordinate this **pan-London activation of SWEP**;
- councils will commit to implementing the '**In for Good**' principle. This means that once someone has accessed **SWEP** shelter, they are sheltered/accommodated until a support plan is in place to end their rough sleeping - regardless of whether the temperature has risen above 0°C^{6,7}.

It is also encouraged that councils try to ensure **SWEP** provision is well suited to the needs and circumstances of the people sleeping rough in the borough who are likely to need it. For example, where there is a need, providing women only spaces within SWEP accommodation⁸.

Councils should prepare for the need for daytime **SWEP** provision in the event of exceptionally prolonged or extreme cold weather. For example, this could be done by arranging 24/7 access to shelter or by working with local partners to extend opening hours or capacity in local day centres.

⁶ A support plan is considered to consist of an assessment of needs and eligibility, a service offer, and a nominated lead support agency.

⁷ It is recognised that some people will have very limited options due to issues outside of the local authority's control; for this reason it is expected that local authorities will work towards this goal, rather than being able to guarantee its delivery in every case.

⁸ Further information on setting up women's spaces within homelessness service can be found [here](#).



Where there are local protocols in boroughs that already exceed these guidelines, councils should of course continue operating their current good practice, local leads are simply requested to notify GLA where local provision is available outside of pan-London activation periods.

SWEP is an emergency response, and as such it is expected that councils will work together in that spirit of cooperation. Specifically, providing shelter should not be considered as accepting a local connection or constitute a relief duty.

Pan-London overflow SWEP provision

The GLA funds **overflow SWEP** provision. Once capacity is full within a given council's individual **SWEP** provision, **SWEP overflow provision** will be available for referrals from that council.

When **SWEP** is active, the SWEP coordinator for an area has the responsibility for notifying St Mungo's at swep@mungos.org and the GLA at roughsleepingcommissioning@london.gov.uk when their emergency accommodation is close to capacity and **overflow provision** may be required. Where possible, notification of anticipated need should be made by midday to allow the overflow provision to prepare.

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 GLA's **overflow provisions**.

Councils should ensure that where **local SWEP provision** is available, these beds can be easily and swiftly accessed at all times by outreach teams, including by the Rapid Response team. Boroughs are encouraged to thoroughly 'road test' their systems for accessing local SWEP provision (including out of hours) because **overflow SWEP** cannot be used where local provision isn't full, regardless of any difficulties accessing this.

Arrangements for access to **overflow SWEP** will be circulated to Local Authority Rough Sleeping Leads along with **SWEP** alerts if/when **SWEP** is activated. As usual, the GLA will collate information from boroughs of their key contacts and planned capacity.

Public health considerations

Historically, a large proportion of **SWEP** provision had been through the use of shelters and communal spaces in commissioned services. The COVID-19 pandemic meant that the nature of service provision, and the specifics of how services are operated had to be reconsidered. Evidence suggests that the rough sleeping population remain vulnerable to COVID-19 and other respiratory infections (e.g. flu). Therefore, single room accommodation remains the preference to minimise infectious disease transmission.

It may be possible that combining reductions in accommodation density, increases in social distancing, stringent hygiene measures, universal mask-wearing, and screening of staff/service



users, can help reduce COVID-19 incidence in communal accommodation for people experiencing rough sleeping, but is **unlikely to prevent all outbreaks**.

However, local authorities should also consider the other health risks posed by people remaining on the streets, particularly in cold weather, and the opportunity through providing accommodation and other support services to improve health.

The GLA's position for its **overflow SWEP provision** is that single-occupancy accommodation will always be the first preference. In the scenario that demand exceeds all available single occupancy bedspaces and there are no viable alternatives, some small-scale communal sleeping arrangements could be used for **SWEP**, with extensive mitigation measures in place (See Appendix A). However, this approach may need to be adjusted, should an increase in the prevalence or severity of respiratory infections change the balance of risks.

The above contingency plan for the delivery of the GLA's **overflow provision** is **not** given as guidance to councils for **local SWEP** arrangements. Should any local authority be considering using communal sleeping arrangements in the event of a shortage of single-occupancy accommodation during severe weather, it's recommended that this is first agreed with the relevant Director of Public Health and/or public health team.

Local authorities can also consult the [operating principles](#) for night shelters published by the Department for Levelling Up, Housing and Communities in August 2022. This outlines key principles for maintaining public health in night shelter settings. There is also extensive national guidance at gov.uk on managing COVID and other infectious diseases.

London-specific guidance and resources for the safe operation of homelessness services in the context of COVID-19 can be found on the [Healthy London Partnership website](#), including how to access COVID testing and advice from the Find and Treat service.

Monitoring

Councils and their services should make every attempt to record all local **SWEP** stays on CHAIN.. This should include recording of people accommodated each night and the demographics and support needs of those using the emergency spaces. This will allow councils to monitor use of their own SWEP accommodation and enable a comprehensive evaluation of **SWEP** provision at a pan-London level, informing future provision, and facilitating further improvements to the protocol in following years. The CHAIN team can provide more information about this at chain@homelesslink.org.uk.

It is, however, recognised that a requirement to record details on CHAIN can, in some instances, be a barrier to people accessing **SWEP**. So, while CHAIN recording is strongly encouraged it is not an absolute requirement.



If you have any questions regarding this document, please contact:
roughsleepingcommissioning@london.gov.uk.

Appendix A

Mitigation measures in the event that small scale communal sleeping (≤ 5 people) is needed for GLA overflow SWEP provision

- Those sharing the provision would be made aware of the potential infection risk.
- Shared accommodation would not be used for those who are clinically extremely vulnerable and other vulnerabilities, including age, will also be considered.
- Changes (throughput) in those sharing a room would be minimised.
- There would be symptom screening (for respiratory infections) prior to entry.
- A thorough health screening, including vaccination status, would be part of the initial assessment, with access to vaccines offered for all those who are eligible.
- Measures would be in place for rapid recognition of symptoms, rapid testing on entry and isolation of any symptomatic and/or positive cases.
- Staff regularly tested for COVID-19.
- A range of Infection Prevention Control (IPC) strategies such as hand washing, ventilation and social distancing would be put in place.
- Enhanced environmental cleaning implemented.
- Ensuring there is a means to contact trace individuals when they move on.
- Opportunities to promote vaccination and GP registration would be maximised.

These mitigation measures were agreed and presented to the Life Off the Streets Core Group on 10th October 2022.

Appendix 3

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

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.*

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

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 that 2 consecutive days this should be considered a heatwave

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



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

Met office issued 'Heat-Health Alert'⁹ Levels 0-4 should be used as trigger points for the different measures outlined in this guidance.

3. Aims

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

Under heatwave conditions or a singular hot weather event (MET Office Heat Health Alert Level 3) the following actions should be undertaken by the commissioned outreach provider:

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

⁹ <https://www.metoffice.gov.uk/public/weather/heat-health/?tab=heatHealth&season=normal>



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.

Switch to a proactive shift model that utilizes extra day time shifts – during heatwave conditions it is expected that a daytime 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.

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.

Signpost clients to Pan-London cool spaces made available by GLA.

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.

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.

Under extreme heat, and under MET Office Heat-Health Alert Level 4, provisions will be made by CoL officers to open up CoL air-conditioned buildings for daytime use of rough sleepers to stay cool in extreme temperatures. All methodology carried out under Heat-Health Alert Level 3 should also continue to be carried out.

Hot weather arrangements will be activated in line with GLA activation based on MET Office High Heat Alert Levels. 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.

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

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

5. Recording and reporting

Preparation should be made before warm weather is expected, this should include the purchase of bottled water and sunscreen. At the end of any given hot weather period the commissioned outreach provider should be able to estimate the number of units of each distributed

Anyone accessing accommodation as a direct result of exposure to heat and/or sun should be recorded on CHAIN¹⁰ as a SWEP outcome

Any call to the emergency services should be recorded locally on the outreach providers systems.

Anyone accessing emergency cool spaces provided by CoL Corporation.

¹⁰ Combined Homelessness Information Network



Appendix 4

COVID-19 Measures

Coronavirus

(Covid-19)

Guidance for non CQC registered care accommodation based support settings, day centres and at home (domiciliary) care in Hackney and the City of London

Public Health Hackney and City of London Corporation

September 2021
Version 1

Introduction

This guidance is for registered non CQC care, accommodation-based support settings, day centres and at home (domiciliary) care and provides information for prevention, mitigation and control of Covid-19. We describe the support available locally and how you can manage Covid-19 cases linked to your settings. As this is a dynamic situation, please use this guidance in conjunction with relevant national guidance, including local restrictions and lockdown measures.

1. General guidelines to prevent the spread of Covid-19

Care and support staff in care settings and domiciliary carers supporting people at home should follow the government guidance on [management of staff and exposed residents](#), and [working safely in domiciliary care](#) and for those for whom it is relevant [provision of home care](#). This guidance includes requirements for the use of PPE, maintaining good hand hygiene, and ensuring that communal areas and high-touch points, such as door handles and light switches, are cleaned regularly with the appropriate products.

Settings and domiciliary carers should comply with infection protection control (IPC) guidance applicable to their setting, including appropriate use of disposable gloves, aprons and gowns, eye and face protection. Visitors to care homes should follow the guidance on [visiting care homes during Covid-19](#) and be supported to wear personal protective equipment (PPE).

Care settings can access infection control training and support from the NELCSU IPC team who can be contacted via email: thnelcsu.ipcteam@nhs.net Wherever possible people providing care and support services should be implementing social distancing measures, and supporting individuals to follow the [shielding guidance for the clinically extremely vulnerable](#). The [adult social care risk reduction framework](#) can also support care managers to keep residents and staff in care homes safe at this time.

For information about residents being discharged from hospital or interim care facilities or new residents from the community to the care home, Please refer to the latest guidance on [management of staff and exposed patients and residents in health and care settings](#) and [admission and care of residents in a care home during Covid-19](#).

2. Managing suspected or symptomatic cases

Symptomatic Clients/ Residents

If someone receiving care and support in a care setting or in their own home develops Covid19 symptoms, the following steps should be taken:

- The resident must be self-isolated from other residents for at least 14 days but longer if the individual is still unwell. This should be in a single room with a separate bathroom where possible.
- In communal care settings, this should be in a single room with a separate bathroom. Where this is not available, a dedicated bathroom near to the person's bedroom should be identified for their use only. If there are concerns about being able to isolate a client/ resident, this should be escalated to service commissioners and the City and Hackney Public Health Team testandtrace@hackney.gov.uk who will support you.

- Full infection control policies should be implemented and staff should follow the guidance in the [PPE resource for care workers working in care homes](#)
- Testing should be arranged for the symptomatic client/resident online; details can be found at www.gov.uk/get-coronavirus-test or by calling 119. If you have difficulty accessing testing please contact City and Hackney Public Health team testandtrace@hackney.gov.uk who will support you.
- If symptoms worsen during isolation or are no better after 7 days, contact NHS 111 or the resident's GP to get clinical advice. For a medical emergency dial 999.
- If staff members have been exposed to a confirmed case without PPE or with PPE breach please refer to the national guidance and risk-assess accordingly.

Symptomatic Staff

Staff with symptoms of Covid-19 should remain at home and inform their line manager who will complete a risk assessment to assess exposure to the symptomatic person(s).

If staff develop symptoms of Covid-19 while at work, they should:

- Put on a surgical face mask immediately (if not wearing one)
- Stop working
- Inform the care manager or line-manager and
- Go home safely, avoiding public transport, if possible

Staff members should arrange testing for themselves via the [self-referral portal for key workers](#) or [employee referral](#) as soon as possible. Testing is most effective during the first 3 days of symptoms. Staff can order home testing kits or attend a regional mobile testing centre.

If staff have been notified that they are a contact of a Covid-19 case

Exemptions from self isolation if a staff member is fully vaccinated and is identified as a contact of a Covid-19 case.

From the 16th August 2021, staff members notified that they are a contact of a COVID-19 case are not required to self-isolate if they are fully vaccinated. They should inform their line manager or employer immediately if they are required to work in the 10 days following their last contact with a COVID-19 case.

If the staff member develops symptoms of COVID-19 during this period, they should follow the stay at home guidance.

The majority of fully vaccinated health and social care staff will be able to continue in their usual role. The following apply to all staff returning to work following this exemption:

- the staff member should not have any [COVID-19 symptoms](#)
- the staff member should immediately arrange for a PCR test, either through their workplace arrangements or via the NHS Test and Trace service, and the result of this PCR test should be negative prior to returning to work
- following the negative PCR result, the staff member should undertake an LFD antigen test every day for the 10 days following their last contact with the case (even on days they are not at work)
- if a staff member has had a SARS-CoV-2 infection in the past 90 days, they should not have a PCR test and should only undertake daily LFD antigen tests
- on days the staff member is working, the LFD antigen test should be taken before starting their shift, and the result should be negative
- the staff member should comply with all relevant infection control precautions and PPE should be worn properly throughout the day
- if the staff member works with patients or residents who are highly vulnerable to COVID-19 (as determined by the organisation), a risk assessment should be undertaken, and consideration given to redeployment during their 10 day

If an unvaccinated or partially vaccinated staff member is identified as a contact of a Covid-19 case

- If an unvaccinated or partially vaccinated staff member is notified as a contact of a COVID-19 case, by NHS Test and Trace or their workplace, they must self-isolate as advised unless they are exempt (because they are under 18, unable to be vaccinated due to medical reasons or are taking part or have taken part in a clinical trial for a COVID-19 vaccine).
- If they are unvaccinated and are exempt from self-isolation they should not attend work, or should be redeployed for the period of time they would be required to self-isolate.

All staff who come into contact with COVID-19 cases – whether or not they are protected by the use of PPE or by other factors – should remain vigilant to the possibility of contracting infection and should self-isolate immediately [if they develop relevant symptoms](#).

If a staff member has tested COVID positive, they must self-isolate for 10 days where notified by NHS Test & Trace, or 14 days if they have been admitted to hospital, in line with the stay at home guidance. This applies even if the staff member is fully vaccinated. Vaccination reduces, but does not eliminate, the risk of acquiring and transmitting infection.

Anyone who tests positive following a PCR test will still be legally required to self-isolate, irrespective of their vaccination status.

It is still possible to catch and pass on coronavirus if you have been fully vaccinated. It's for this reason that if someone has been in close contact with a person who has tested positive, it is advised that they take a PCR test as soon as possible, and still consider self-isolating (for example, if they are able to work from home).

They should also be advised to take extra precautions for ten days from their last contact with the positive case. This could include minimising contact with other people, especially indoors, as well as measures like wearing a face covering in crowded places.

These actions can help to stop the potential onward spread of the virus to others, including those who may be clinically extremely vulnerable to COVID-19 and/ or those who are unvaccinated.

Isolation requirements for residents of social care settings who are identified as contacts of a case of Covid-19

Residents who are known to have been exposed to a confirmed COVID-19 case should be isolated or cohorted for 14 full days after their last exposure to a COVID-19 case. If they are cohorted, this should only be with other residents who do not have COVID-19 symptoms but who have also been exposed to a confirmed COVID-19 case. This also applies to residents who have previously recovered from COVID-19.

Asymptomatic and fully vaccinated residents will not require self-isolation if certain additional mitigations are in place. Refer to the guidance on [admission and care of residents in a care home during COVID-19](#) for further information.

Isolation following close contact

Care home residents who are fully vaccinated will not need to self-isolate following contact with someone who has tested positive for COVID-19 provided they:

- have received a negative PCR test
- undertake daily LFD testing during their contact period (up to 10 days)

During this period, they should:

- avoid contact with other highly vulnerable residents in the care home
- continue to follow all outbreak measures in the event of an outbreak, even where they have tested negative

If they become symptomatic then usual testing and isolation protocols apply until their COVID-19 status is confirmed.

If symptoms or signs consistent with COVID-19 develop in residents in the 14-day period since last exposure, then testing for SARS-CoV-2 (along with any relevant testing for other potential diagnoses) should be performed. If individuals who have been cohorted with other residents subsequently test positive for SARS-CoV-2, then all the residents they have been cohorted with will need to re-start their 14-day isolation period from the date of their last exposure to newly diagnosed case.

Arranging testing in non CQC registered care settings

Residents: Home test kits can be ordered online at www.gov.uk/get-coronavirustest, or by calling 119, for residents who are symptomatic only. Testing will be supported by the GP Confederation Swabbing Service who can be contacted via email: cahccg.gpcswabbingservice@nhs.net

Staff members should arrange testing for themselves via the [self-referral portal for key workers](#) or [employee referral](#) as soon as possible, routine testing will be supported by the GP Confederation. Please email: cahccg.gpcswabbingservice@nhs.net. **Testing Schedule in Care Settings**

The [Care Home Covid-19 Testing Guidance](#) provides more detailed information on the testing process and the [Admission and care of residents in a care home during Covid-19](#) and the [Covid-19 testing schedule for a suspected or confirmed outbreak in a care home](#) provide more information on managing outbreaks in care settings.

Staff Testing

- You should test all asymptomatic staff weekly using PCR test kits on the same day each week.
- Test twice weekly using Rapid lateral flow test kits on the same day as the weekly PCR test and with an additional Rapid lateral flow test 3 or 4 days after their regular PCR test
- Where staff are working in multiple locations: they should also be tested with Rapid lateral flow immediately before their shift if they have worked somewhere else since their last shift in the home
- Test with Rapid lateral flow on the first day back to work before the start of their shift, after a period of leave resulting in them missing their weekly PCR (i.e. i.e. after annual leave/ sick leave on entry back into the care home).

You should also test all staff on duty in the event of a positive result from Rapid lateral flow or PCR from either a resident or staff member, test daily with Rapid lateral flow as close to the beginning of their shift as possible for 7 days.

Any staff members who have tested positive should immediately take a confirmatory PCR, registered through the organisation route using the care home's UON and then self-isolate at home. The confirmatory PCR is in addition to the weekly PCR test that all staff undertake, unless they tested positive on the day they did their weekly PCR test.

You only need to test staff working in the home over the rapid response testing period.

You do not need to test those who are not working, there is no requirement to bring people into work to get tested on their non-working days.

If daily Rapid lateral flows return more positive results, you should continue testing until 5 days with no positives are recorded.

Any staff with symptoms should not be in work. They should not come into work for testing and should instead be tested via another channel – e.g., regional testing site, or home testing. As key workers, care home staff have priority access through the self-referral portal for testing.

Resident Testing

You should test all residents with PCR:

- monthly with test kits.
- as soon as they join your care home, if they are new.
- immediately if they develop symptoms, don't wait for the next retesting cycle.

In the event of an outbreak (two or more positive cases)

- PCR test residents on day 1 of the outbreak and once between days 4-7.
- Rapid lateral flow test residents on the same days.

What to do in case of a positive result

In the case of a positive Rapid lateral flow test result any staff or residents who test positive for coronavirus with a Rapid lateral flow test should take a confirmatory PCR test registered to the care home's UON and isolate until they receive their result.

Staff with symptoms should NOT be tested in the care home. Staff with symptoms should instead be referred for testing at a regional / local test centre or in their own home. Please visit www.gov.uk/get-coronavirus-test to arrange a test as an essential worker.

If the confirmatory PCR is negative, the staff member can return to work.

In the case of a positive PCR result

Any individual who tests positive for coronavirus with a PCR test should follow existing guidance on isolation and contact Test & Trace.

Begin rapid response daily testing If there are any staff or resident positives, either from Rapid lateral flow or PCR, all staff should conduct a daily Rapid lateral flow test before starting their shift if possible.

LFT test results guidance

Negative result

The staff member can proceed with work. The staff member should only enter designated parts of the care home and must wear appropriate PPE including a face mask, gloves, apron and follow IPC measures in line with the care home and national policy. IPC measures remain important because the test is not 100% sensitive.

Invalid or void result

Retest using a spare rapid lateral flow test kit to receive a conclusive result. If the re-test also comes back as void or invalid, the staff member should continue to work as normal and undertake a further rapid lateral flow test test on the next day

Positive result

The staff member must not proceed with work and requires an immediate confirmatory PCR test

- Provide the staff member with a PCR test kit and ask the staff member to test on site then isolate at home immediately, avoiding public transport and wearing a face mask appropriately.

- Before the staff member leaves they will need to register the confirmatory PCR kit online in the usual way, using the home's UON. Where possible, confirmatory PCR test kits should be sent to the labs using the closest Royal Mail priority post box. There is a Royal Mail priority post box return label included within each PCR test kit to facilitate this. Use the following link to find your closest priority post box and collection times: <https://www.royalmail.com/priority-postboxes>
- If the confirmatory PCR is negative, the staff member can return to work. If the confirmatory PCR is positive, care homes should contact their local HPT as soon as possible.

The PHE HPT will advise on the need for outbreak testing, with the first test on day 1 and second between day 4-7 of the outbreak.

If there are any staff or resident positives, either from rapid lateral flow test or the confirmatory PCR, all staff should conduct a daily rapid lateral flow test for 7 days before starting their shift until 5 days have passed with no new positives.

The exception to this is the person(s) who tested positive. They should not be tested with either PCR or rapid lateral flow for 90 days unless they become symptomatic.

Testing should be done for the whole home. Even where residents and staff are not symptomatic.

What to do if a resident tests positive with a rapid lateral flow test?

They will need to undertake a confirmatory PCR, registered through the organisation route using the care home's UON. They should then proceed to self-isolate immediately following current advice until they receive their result.

Testing all visitors, maintenance workers and professionals visiting care homes

- The default position is that without a negative test, the professional/visitor/maintenance worker should not be allowed into the care home

(unless in an emergency, unless overridden by the care home manager following a risk based decision, or unless their entry is required by law such as CQC inspectors) which is outlined in more detail in [Testing for professionals visiting care settings](#)

- For NHS professionals, care homes should see evidence from the professional of a negative rapid lateral flow test within the last 72 hours, which shows they are following the NHS testing regime. All NHS professionals visiting care homes must follow the NHS testing regime and be testing twice a week.
- If it has been more than 72 hours since the NHS professional was tested, the care home should test the individual before entry to the care home.
- Professionals who are not part of regular testing for NHS staff or CQC inspectors (for example podiatrists, engineers, electricians, cleaners etc) will now need to be testing twice a week using Lateral Flow Device tests and they can access these tests from community collect at rapid test sites, full details of these are available on the [Hackney Council](#) website.
- CQC inspectors will now test at home using a lateral flow test on the day of a care home inspection, in addition to their weekly PCR.
- Like care home staff, visiting professionals are exempt from testing for 90 days following a positive PCR test, unless they develop new symptoms.
- Void or invalid results are uncommon- If there is a void lateral flow result, retest using a spare rapid LFT kit to receive a conclusive result. If the re-test also comes back as void or invalid, the professional should continue to work as normal and undertake a further rapid LFT on the next day, and in the meantime show evidence of their void results.

3. What do in the event of a suspected outbreak?

Definition of a care home outbreak

An 'outbreak' constitutes 2 or more positive / clinically suspected cases among individuals (residents or staff) detected within 14 days of one another, whether the results are returned through a PCR or Rapid lateral flow test.

If you have two positive cases, please contact your PHE Health Protection Team for advice. One positive test result may be the first sign of an outbreak, so you should also contact your health protection team for advice in this instance.

The [Care Home Covid-19 Testing Guidance](#) provides more detailed information on the testing process and the [Covid-19 testing schedule for a suspected or confirmed outbreak in a care home](#) provide more information on managing outbreaks in care settings.

What to do if you only have 1 suspected or confirmed positive case in your home:

- Ensure the individuals who tested positive are appropriately isolated, and arrange confirmatory PCR tests if they tested positive with Rapid lateral flow tests
- Start rapid response daily staff testing immediately (7 days of daily Rapid lateral flow testing) and contact your local PHE Health Protection Team for advice.

One positive case in a staff member

In line with the updated guidance for care homes, you now need to:

1. Identify staff and residents, including external visitors such as GPs, chiropodists etc. who may have been in close contact with this member of staff during the 2 days before and 10 days after onset of symptoms (or date of test if case is asymptomatic).
2. Please consider not only care activities but also exposures which may have occurred in other settings such as resident lounges/communal areas, staff break rooms and offices within the care home.
3. All identified close contacts now require a PCR test. However, anyone who has received a positive PCR test results within the last 90 days should not be included in any targeted testing.
4. Staff - LFD testing once every day for 7 days. LFD kits can be sourced at <https://request-testing.test-for-coronavirus.service.gov.uk> .

If no further positives after 7 days continue with regular testing arrangements. **Confirmatory PCR is required for any additional positive cases identified**

One positive case in a resident:

In line with the updated guidance for care homes, you now need to:

1. Isolate the COVID positive resident for 14 days from the test date or onset of symptoms whichever is earlier.
2. Staff - LFD testing once every day for 7 days. LFD kits can be sourced at <https://request-testing.test-for-coronavirus.service.gov.uk> .

If no further positives after 7 days continue with regular testing arrangements.

- Confirmatory PCR is required for any additional positive cases identified
- Identify staff and residents, including external visitors such as GPs, chiropractors etc. who may have been in close contact with this resident during the 2 days before and 10 days after onset of symptoms (14 days for resident cases) (or date of test if case is asymptomatic).
- All identified close contacts now require a PCR test. However, anyone who has received a positive PCR test results within the last 90 days should not be included in any targeted testing.
- Update your Capacity tracker and seek support from your local authority team if needed

If there are 2 or more positive cases detected within the same 14 day period, this is considered an outbreak.

Notify your local PHE Health Protection Team of the situation and do the following:

- Conduct PCR for all staff and residents on day 1 of the outbreak and once between days 4-7 for those who tested negative

- Start (or continue depending on your circumstances) daily Rapid lateral flow testing of all staff until there has not been a new positive result in 5 days.
- When you carry out the outbreak PCR for residents (day 1 and once again between day 4-7), also test the resident with a rapid lateral flow test on the same day.
- Order more test kits if you think you will run out before the round of outbreak testing is complete. (You can do this by calling 119 in an emergency). Book courier collections if needed. Continue outbreak testing as advised.
- Once you have completed the above, return to the regular testing regime of testing staff twice a week (once with PCR and Rapid lateral flow, and once Rapid lateral flow only) and residents every 28 days with PCR. In discussion with HPT, undertake end of outbreak testing: Test all staff and residents using PCR 14 days after the last positive result (unless a Variant of Concern other than the “Kent variant” has been identified).
- The local HPT will contact the care home if, a Variant of Concern (VOC) (other than the “Kent variant”) has been identified and discuss additional measures which may include delaying the “end of outbreak testing” until 28 days after the last positive case.

An existing outbreak

If residents or staff have had symptoms and/or a positive test in the last 28 days, this is classified as an existing outbreak.

PHE LCRC and NEL can arrange for up to 5 testing kits to be provided in the event of a new outbreak to confirm that Covid-19 is present in the setting. Please contact PHE LCRC or City and Hackney Public Health team to request it.

Non-CQC registered settings which meet certain risk-based criteria will be offered extra support with initial and ongoing testing. This will be determined by the Director of Public Health within the City and Hackney Public Health team.

Care Settings should contact LCRC If they need any help, report a new case or cases.

Determining the end of an outbreak

The [Covid-19 testing schedule for a suspected or confirmed outbreak in a care home](#) outlines that the end of an outbreak is 14 days after the last positive test. However, this is likely to be 28 days if the outbreak involved a variant of concern (VOC).

All staff and residents should be tested with PCR 14 days after the last resident or staff had a positive test result or showed coronavirus-like symptoms.

The local HPT will contact the care home if, following genomic sequencing of test results, they have identified a VOC (other than the Alpha ('Kent' variant) and the Delta variant (the variant first identified in India)), at which point they will discuss whether additional measures need to be put in place to enable additional protection. This might include an extension to the period of an outbreak up to 28 days from the last positive test.

If there are no positive PCR results from this 'end of outbreak testing', the HPT will declare the outbreak over. The regular resident testing cycle of 28 days can be delayed to coincide with this 'end of outbreak testing' if the 2 test dates fall within a week of each other.

Any further positive cases after this point is a new suspected or confirmed outbreak. The care home must contact the HPT and immediately begin [rapid response testing](#) again.

If no further cases are identified at this point, the outbreak is considered to have ended. Resume the normal testing regime.

Positive Test results for Covid-19

On the 29th March the Government announced that a confirmatory PCR is required again following all positive (assisted and self) lateral flow tests. Self isolation commences for the individual and their family members/household when they test positive on a lateral flow device. Isolation must continue for the individual and their household (for 10 days) if the PCR test is positive.

Home PCR tests can be picked up from local test sites in Hackney, full details of these are available on the [Hackney Council](#) website. Help for those who will struggle with selfisolation can be accessed via the [Here to Help helpline](#).

Staff who have tested positive for Covid-19 by PCR (polymerase chain reaction) in the community or at work should self-isolate for at least 10 days after illness onset, their household will also need to self isolate for 10 days. The isolation period includes the day their symptoms started (or the day their test was taken if they do not have symptoms) and the next 10 full days, or until the PCR result is negative.

If, however, they have been admitted to hospital they should be isolated in hospital (or continue to self-isolate on discharge) for 14 days from their first positive PCR test result.

This is because Covid-19 cases admitted to hospital will have more severe disease and are more likely to have pre-existing conditions, such as severe immunosuppression. For the same reasons, the 14-day isolation rule also applies to other (non-staff) Covid-19 cases admitted to hospital.

Asymptomatic staff who have not been hospitalised and have tested positive for SARS-CoV2, should self-isolate for 10 days following their first positive PCR test.

The care setting must notify the following organisations if you have a confirmed case of Covid-19 in your setting:

- Local authority Single Point of Contact: jennifer.celaire@hackney.gov.uk ● City and Hackney Public Health Team: testandtrace@hackney.gov.uk; and
- The relevant GP of any care recipient with a positive result.

The Public Health England London Coronavirus Response Cell [PHE LCRC](mailto:LCRC@phe.gov.uk) should be notified via email LCRC@phe.gov.uk or telephone **0300 303 0450** in the following circumstances:

- Where there is **one** confirmed case of Covid-19 amongst residents in residential care settings with communal areas; and
- If **two** or more members of staff working in the same setting develop Covid-19 symptoms.

Negative Test results for Covid-19

Residents with symptoms who test negative for Covid-19 should remain self-isolated for 14 days and until they no longer have a fever.

Staff who test negative for Covid-19 can [return to work](#) when they are medically fit to do so, following discussion with their line manager and appropriate local risk assessment.

Interpret negative results with caution together with clinical assessment.

Symptomatic staff who test positive for Covid-19 or who have an inconclusive test result, and symptomatic staff who have not had a test, can:

- [return to work](#) no earlier than 10 days from symptom onset, provided clinical improvement has occurred and they have been afebrile (not feverish) without medication for 48 hours and they are medically fit to return
- if a cough or a loss of or a change in normal sense of smell (anosmia) or taste is the only persistent symptom after 10 days (and they have been afebrile for 48 hours without medication), they can return to work if they are medically fit to return (these symptoms are known to persist for several weeks in some cases)

All members of a household shared with the individual should self-isolate for 10 days from the day the individual's symptoms started. However, if any household member develops symptoms of Covid-19, they should isolate for at least 10 days from the onset of their symptoms, in line with the [stay at home guidance](#).

There is return to work guidance available for staff depending on whether they were [symptomatic](#) or [asymptomatic](#) at the point of testing.

Routine asymptomatic retesting

Staff or residents who have been diagnosed with Covid-19 should not be included in routine asymptomatic retesting until **90 days** after symptom onset. If staff or residents develop new symptoms within the 90 day period they need to self isolate and take a PCR test.

Local support for care and accommodation based support settings

Your local authority, CCG, GP Confederation and the Homerton Hospital are working together to ensure care homes are supported in the following ways:

- Ongoing advice and support on infection prevention and control

- Local disease surveillance and alert systems
- Investigating and managing health protection incidents
- Training staff to do swab tests with access to clinical support for swabbing where necessary
- Workforce challenges due to symptomatic staff
- Sourcing personal protective equipment (PPE)
- Support for isolating symptomatic residents

Please contact testandtrace@hackney.gov.uk if you have any queries or need support. Testing support and infection prevention and control advice can be accessed by contacting the GP Confederation via email: cahccg.gpcswabbingservice@nhs.net

A pan-London approach has been developed for those in Covid19 hotel and hostel provision:
London Covid-19 Homeless Health Operations Centre (HHOC): [Frequently Asked Questions](#)

4. Visiting Care homes during Covid-19

Visiting should be supported and enabled wherever it is possible to do so safely – in line with the [Guidance on care home visits during Covid-19](#), the [London Borough of Hackney Care Setting Visitor Policy](#), and within a care home environment that takes proportionate steps to manage risks.

This means finding the right balance between the benefits of visiting on wellbeing and quality of life, and the risk of transmission of Covid-19 to social care staff and clinically vulnerable residents.

Care homes need to risk assess the measures that need to be put in place to provide Covid secure opportunities for families to meet care home residents. All decisions should be taken in light of general legal obligations, such as those under the Equality Act 2010 and Human Rights Act 1998, as applicable.

Providers must also have regard to the [DHSC ethical framework for adult social care - GOV.UK \(www.gov.uk\)](#).

Each care home (the registered manager) is responsible for setting a visiting policy in that home. They should do so on the basis of a dynamic risk assessment taking into consideration the needs of individuals within their home and with regard to the advice of the local Director of Public Health (DPH).

Further information for undertaking a risk assessment and developing a local visiting policy is available in the [Guidance on care home visits during Covid-19](#) and the [London Borough of Hackney Care Setting Visitor Policy](#).

Providers should develop a dynamic risk assessment to help them decide how to provide visiting opportunities, in a way that takes account of the individual needs of their residents, their family and friends and other relevant professionals, in addition to the physical and other features unique to the care home.

No visits will be permitted in the event of an outbreak (except in exceptional circumstances such as end of life).

On-site lateral flow testing must be used by visitors at each visit to the care setting.

While rapid testing can reduce the risks around visiting it does not completely remove the risk of infection. In addition to using testing, care homes must use robust infection prevention and control (IPC) measures, visitors must continue to wear the appropriate personal protective equipment (PPE), observe social distancing and practice good hand hygiene when in the care home.

Visitors and support bubbles for wider care and supported living settings

Supported living managers, care/support workers, people being supported and their families and friends should follow the [guidance for supported living visitors and support bubbles](#).

5. Everyone working in care homes to be fully vaccinated under new law to protect residents

A Department of Health and Social Care press release on 16th June 2021 stated that People working in CQC-registered care homes will need to be fully COVID-19 vaccinated with both doses. The new legislation means from October 2021 – subject to Parliamentary approval and a subsequent 16-week grace period – **anyone working in a CQC-registered care home in England for residents requiring nursing or personal care must have 2 doses of a COVID-19 vaccine unless they have a medical exemption.**

It will apply to all workers employed directly by the care home or care home provider (on a full-time or part-time basis), those employed by an agency and deployed by the care home, and volunteers deployed in the care home. Those coming into care homes to do other work, for example healthcare workers, tradespeople, hairdressers and beauticians, and CQC inspectors will also have to follow the new regulations, unless they have a medical exemption.

6. Further information and National Guidance:

- [Covid-19: management of staff and exposed patients and residents in health and social care settings](#)
- [Guidance on care home visits during Covid-19](#)
- [Care staff supporting adults with learning disabilities and autistic adults](#)
- [Symptomatic worker: flowchart describing return to work following a SARS-CoV-2 test](#)
- [How to work safely in care homes during Covid-19](#)
- [Adult social care risk reduction framework](#)
- [How to work safely in domiciliary care](#)
- [Covid-19: guidance for supported living](#)
- [Guidance for supported living visitors and support bubbles](#)

- [Guidance for stepdown of infection control precaution and discharging Covid-19 patients](#)
- [Adult Social Care Action Plan](#)
- [Admission and care of residents in a care home during Covid-19](#)
- [Discharge into care homes: designated settings](#)
- [Guidance for stepdown of infection control precaution and discharging Covid-19 patients](#)
- [London Borough of Hackney Care Setting Visitor Policy](#)
- [Covid-19 testing for homecare workers](#)
- [PPE resource for care workers working in care homes](#)
- [Covid-19 guidance for maintaining services within health and care settings: IPC recommendations](#)
- [Testing guidance for care homes](#)
- [On site testing for adult social care services rapid lateral flow test guide](#)
- [Arrangements for visiting out of the care home](#)
- [Covid-19 testing schedule for a suspected or confirmed outbreak in a care home](#)
- [Care Home Covid-19 Testing Guidance](#)
- [Covid-19 testing available for adult social care in England](#)



Committee: Homelessness and Rough Sleeping Sub Committee	Dated: 30 th November 2022
Subject: Consultation draft of Homelessness and Rough Sleeping Strategy	Public
Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?	1, 2, 3, 4
Does this proposal require extra revenue and/or capital spending?	N
If so, how much?	£
What is the source of Funding?	
Has this Funding Source been agreed with the Chamberlain's Department?	Na
Report of: Director of Community and Children's Services	For Information
Report author: Kate Bygrave, Department of Community and Children's Services	

Summary

This report provides Members of the sub committee with the draft Homelessness and Rough Sleeping Strategy 2023-2027 that will be subject to wider consultation before final approval is given in 2023. The consultation will be with stakeholders including Members, residents and businesses, and key providers from the voluntary and community sector, health partners, specialist service providers and the City police. The consultation period will run from 12 December 2022 until 12 March 2023. Consultation feedback will inform the development of the final draft. The final draft will be presented to Members of Homelessness and Rough Sleeping Sub Committee on 26 April 2023 for information and then Community and Children's Services Grand Committee on 3 May 2023 for approval.

Recommendation

Members are asked to:

- Note the report

Main Report

Background

1. A draft Homelessness and Rough Sleeping Strategy 2023-2027 has been developed for consultation. The draft was shaped by analysis of homelessness and rough sleeping in the City and current service delivery, a review of the previous strategy, engagement with key stakeholders and service providers and feedback from service users. It also reflects changes in related government

legislation, guidance, and strategy and the City Corporation's participation in the Mayor of London's Life of the Streets Taskforce.

2. The draft strategy will be subject to wider public and stakeholder consultation which will inform the final strategy draft.

Current Position

3. The City Corporation's current Homelessness and Rough Sleeping Strategy 2019-2023 needs renewal.
4. New legislation, guidance and frameworks have also been published during this period, including the government's "Ending Rough Sleeping for Good" strategy, published in 2022, the Domestic Abuse Act published in 2021, and the governments commitments to the Homelessness Reduction Act, 2017.
5. The "everyone in" approach of the pandemic – and the City Corporation's subsequent "in for good" approach - have shaped a changed approach and focus to services.
6. Local and London-wide shows trends show increasing numbers of individuals at risk of or experiencing homelessness, and it is widely thought that economic pressures may see such trends continue.
7. The most recent full year data identified 372 people rough sleeping within the boundaries of the City in 2021/22. In the same period 428 individuals approached the City of London for advice and support and the City Corporation accepted a "prevention or relief duty" (a response set out in homelessness legislation) for 25 households.
8. The City Corporation has backed its commitment to tackling rough sleeping with the allocation of significant extra resources that will see the provision of additional complex needs accommodation, and the opening of a dedicated rough sleeping Assessment centre in the period ahead.
9. A draft strategy has been developed in response to this current context. It has been informed by wide engagement and an Equalities Impact Assessment (appended).
10. An action plan will sit underneath the strategy that will outline in detail the activities that will deliver the objectives set out. The action plan will be reviewed annually in order to ensure that the work is relevant, effective, meets the need and emerging needs of the service users and responsive to changing government and local initiatives.

Proposed Consultation

11. The consultation period will run from 12 December 2022 until 12 March 2023

12. During the consultation feedback will be sought from a range of stakeholders, including members, the square mile business and resident communities, DCCS staff, key providers in the voluntary and community sector, health and care, City police and the Safer City partnership.
13. The consultation will be run through a dedicated webpage and questionnaire, which will be promoted widely to encourage the broadest possible engagement.
14. Members will also have the opportunity to contribute further at the February 2023 meeting of the Homelessness and Rough Sleeping Subcommittee.
15. After the end of the consultation period a report will be drawn up outlining the results of the consultation and any amendments necessary will be made to the strategy draft. This report along with the final draft of the strategy will be presented at the Homelessness and Rough Sleeping Subcommittee in April 2023.

Corporate & Strategic Implications

16. Strategic implications – The Homelessness and Rough Sleeping Strategy delivers on the objectives of the Corporate Plan.
17. Financial implications – N/A
18. Resource implications – N/A
19. Legal implications – The City of London Corporation has a statutory duty under the Housing Act (1996) to prevent homelessness and provide assistance or advice to those who are homeless, or at risk of homelessness. Under the Homelessness Act, 2002, the City of London Corporation is required to have a strategy in place covering all forms of homelessness in its locality, that must be updated at least every 5 years
20. Risk implications – Homelessness and rough sleeping is a high priority topic, and as such should the strategy not be agreed, there is a reputational risk to the City of London Corporation.
21. Equalities implications – An Equalities Impact Assessment is attached in Appendix 2. Consideration has been given to all the protected characteristics as outlined by the Equalities Act 2010. Most of the specific protected characteristics are likely to be more heavily impacted by the risk and experience of homelessness and rough sleeping, this is particularly the case for women, LGBTQ+ individuals, younger and older people and global majority communities. Without a sufficient strategy in place with consideration given to these groups the city of London Corporation
22. Climate implications – N/A
23. Security implications – N/A

Conclusion

24. The draft strategy will go out to consultation to ensure that the corporation, partners, stakeholders and interested parties are able to input into the final draft of the strategy and ensure a robust and effective strategy is in place for the period ahead.

Appendices

- Appendix 1 – Draft Strategy
- Appendix 2 – Equality Impact Assessment

Kate Bygrave

Strategy & Projects Officer, Department of Communities and Children's Services

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City of London Corporation

Homelessness and Rough Sleeping Strategy 2023-2027

OUR VISION

When homelessness occurs - or is threatened - the strength of our response ensures it is brief, it does not re-occur, its impact on the individual and our communities is minimised, and it is prevented where we can act to do so.

The City Corporation's services and partners work to prevent or resolve the homelessness of those seeking our help – many of whom come to the Square Mile from other areas. Issues leading to homelessness may have arisen beyond our boundaries or ability to influence before we are approached for help, giving focus to our response to act with urgency and prevent crisis. Our services also respond to those who are homeless on the streets of the Square Mile – focused by a shared ambition with government to bring rough sleeping to an end. Whichever route brings people into our services, we aim to act swiftly and effectively with compassion, fairness and respect.

A PICTURE OF HOMELESSNESS IN THE CITY

- With London's smallest population, the City Corporation also deals with the lowest number of approaches for homeless assistance – having a duty to assist 25 households in 2021/22 - and has the lowest number of households placed in temporary accommodation
- With 450,000 day time workers, it is unsurprising that the majority of those seeking homelessness advice, information and assessment are connected to the City through work
- In 2021/22 428 people approached the City Corporation for help because of the risk of experience of homelessness – an increase of 26 per cent on 2020/21
- 45 households were placed into temporary accommodation – an increase by a quarter from the previous year
- In the same year, 372 people were recorded sleeping on the streets of the Square Mile – the seventh highest level among London's local authorities
- Half of those sleeping rough are new to the streets – having no record of street homelessness anywhere in London
- 38 per cent of those street homeless have long term histories of rough sleeping, with some being very resistant to service offers and engagement
- 14 per cent of those sleeping rough had returned to homelessness
- The profile of those sleeping rough moved towards a younger, more complex cohort with higher support needs

OUR STRENGTHS

- A commitment to deliver comprehensive services that has been backed by a significant growth in funding by the City Corporation
- Quality services, co-located with social care, that deliver advice, guidance and assessment that is accessible through an inclusive range of channels
- Spot purchasing of interim accommodation allowing us to search in or as close as we can to the areas where a homelessness applicant last resided to help maintain links with support networks and services where possible
- Provision of specialist and enhanced services – such as a dedicated homelessness social work, enhanced tenancy sustainment and “Housing First” accommodation
- Integrated and tailored response to street homelessness that goes beyond accommodation to support those who sleep rough to sustain a life away from the streets
- The learning and success of our “everybody in” approach during the pandemic evolved into “an in for good” approach to prevent a return to the streets
- Successfully securing external funding and partnerships to strengthen our approach and expand services
- Committed partnerships with neighbouring local authorities, the City and Hackney Health and Care Board, City of London Police and the voluntary sector

OUR CHALLENGES

- Housing insecurity and homelessness is increasing, and the wider economic context would suggest this will continue in the period ahead
- Increasing demand places pressure on our services and budgets, and is increasing London wide competition for - and the cost of - temporary accommodation
- The diversity of need we respond to – including from those fleeing domestic violence, those from the LGBTQI+ community, those with uncertain migration status and youth homeless - is growing and more evident
- Secure, affordable housing options are severely limited and constrain the timely move-on from our hostel and interim accommodation provision
- Many of those homeless on our streets are very transient – moving across service boundaries and interrupting service interventions
- Housing solutions are predominantly beyond the boundaries of the Square Mile and the statutory remit of our wider services
- Access to primary care for those homeless on the streets is limited by location of provision
- Some of those homeless on our streets can be associated with anti-social behaviour or other criminality – as victim or perpetrator – causing concern to those who live, work in or visit the City
- Services that play a vital role in preventing homelessness and sustaining life away from the streets – including mental health services and voluntary sector services – are facing significant pressures

OUR OUTCOMES

The outcomes needed to bring about the vision of this strategy are:

1. **Rapid, effective and tailored interventions** minimise the duration of and prevent homelessness
2. Access to **suitable and affordable accommodation** is increased
3. **Collaboration and partnership** is strengthened and reaches across traditional boundaries
4. **Support beyond accommodation** secures wellbeing, improves employability and supports recovery

DELIVERING THE STRATEGY

The objectives below are those things needed to achieve the outcomes of this strategy

Rapid, effective and tailored interventions

- Work with those with lived experience of homelessness to review our services and design and implement service improvement
- Open a dedicated Rough Sleeping Assessment Centre in the Square Mile to provide emergency accommodation, and a safe place of rapid intervention and assessment
- Deliver a clear, consistent approach to protect those sleeping rough, our communities and our services from ASB and criminality ensuring our community feels safe for all
- Strengthen our communication to better support self-help, access to services, signposting and early intervention

Suitable and affordable accommodation

- Increase access to safe and suitable accommodation for specific needs groups including those fleeing domestic violence
- Develop a temporary accommodation procurement framework to secure a better and consistent quality of interim housing
- Deliver an attractive and supportive private rented sector offer increasing options and supporting move on
- Mobilise the high support hostel to deliver support to those with complex needs
- Expand the City's Housing First offer
- Develop new affordable homes to increase opportunities for those in housing need

Collaboration and partnership

- Strengthen system wide approaches – including health, policing, neighbouring authorities, outreach and accommodation providers – to manage complexity and vulnerability, and develop solutions around complex and transient clients sleeping rough

- Work with the City’s Business improvement Districts to better engage and inform the business community about the response to street homelessness and shape their potential to support our work
- Refresh our Youth Homelessness Protocol and implement a “positive pathways” approach focused on holistic support for the young person
- Strengthen engagement with health partners to ensure continuity of support and intervention for those most vulnerable
- Maximise the contribution commissioned drug and alcohol services, the City Advice service and psychology services to prevent and resolve homelessness
- Work with partners to make sure non-UK nationals with restricted eligibility for public funds have a clear pathway off the streets
- Work with the City & Hackney Safeguarding Adults Board to ensure partners co-operate and collaborate to safeguard vulnerable adults that are street homeless

Support beyond accommodation

- Secure a clinical space providing front door access to primary care in the City for those homeless on the street
- Enhance the scale and reach of tenancy sustainment to provide help when and where needed regardless of tenure or landlord
- Unlock the potential in the City to employ and train those who have or who are experiencing homelessness
- Utilise pan-London services to support those with complex substance misuse issues
- Strengthen and widen feedback opportunities to ensure the voice of service users shapes improvement and service development

WHERE THE STRATEGY SITS

This strategy is delivered in the context of legislative change – particularly the government’s commitment to fully imbed the Homelessness Reduction Act 2017 and its commitment to prevention, and the enactment of the Domestic Abuse Act 2021.

It aligns with the government’s strategy “Ending Rough Sleeping for Good” and with the City Corporation’s participation in the Mayor of London’s Life of the Streets Taskforce and its framework to address the wider determinants of rough sleeping with partners across the capital

In its delivery it supports the City of London Corporation to meet the objectives of its Corporate Plan, and is supported by the delivery of the Housing Strategy, Joint Health and Wellbeing Strategy and Safer City Partnership Strategy.

The Homelessness and Rough Sleeping Strategy is agreed, renewed and monitored by the City of London Corporation’s Homelessness and Rough Sleeping Subcommittee. A detailed action plan will support the delivering of this strategy and refreshed annually.

EQUALITY ANALYSIS (EA) TEMPLATE

Decision	Date
-----------------	-------------



What is the Public Sector Equality Duty (PSED)? [Double click here for more information / Hide](#)

What is an Equality Analysis (EA)? [Double click here for more information / Hide](#)

How to demonstrate compliance [Double click here for more information / Hide](#)

Deciding what needs to be assessed [Double click here for more information / Hide](#)

Role of the assessor [Double click here for more information / Hide](#)

How to carry out an Equality Analysis (EA) [Double click here for more information / Hide](#)

The Proposal *Click and hover over the questions to find more details on what is required*

Assessor name: Kate Bygrave

Contact details: kate.bygrave@cityoflondon.gov.uk

1. What is the Proposal?

The Homelessness Strategy 2023-27 sets out the City of London Corporation's (City Corporation) vision, approach and commitment to tackle homelessness in the Square Mile in all its forms.

2. What are the recommendations?

Outcome 1: We will aim that homelessness is Prevented

Outcome 2: We will provide effective and early Intervention to prevent homelessness

Outcome 3: We will provide effective and early Recovery support to minimise the impact of homelessness

Outcome 4: We will work in Collaboration to provide support those who are affected by homelessness

3. Who is affected by the Proposal?

Homelessness is defined as not having a secure place to stay. This could include rough sleeping on the street, being in temporary or unsuitable accommodation, sleeping on a friend's sofa, or in a squat, or just not having some where safe to live. Homelessness can affect anyone, including families and children, couples, and single people, and can occur due to a variety of circumstances, including employment, health issues, family breakdown, housing costs and availability.

The most visible, and most dangerous form of homelessness is rough sleeping on the streets. Those sleeping rough in the Square Mile are predominately white British nationals between 26 and 45 years of age. The strategy and actions need

Local Authorities have a statutory duty to provide advice and assistance to residents and households who are risk of homelessness, including sourcing temporary accommodation. Some people are at higher risk of becoming homeless, including those on low incomes, in unstable employment or living in insecure or poor quality accommodation. The strategy and ongoing actions need to ensure that no one facing homelessness is allowed to slip through the gaps.

Age [Double click here to add impact / Hide](#)

Check box if NOT applicable

Key borough statistics:

The City has proportionately more people aged between 25 and 69 living in the Square Mile than Greater London. Conversely there are fewer young people. Approximately 800 children and young people under the age of 18 years live in the City. This is 11.8% of the total population in the area. Summaries of the City of London [age profiles from the 2011 Census can be found on our website](#). A new census was carried out in 2021, although only basic estimates have been released

A number of demographics and projections for demographics can be found on the [Greater London Authority website in the London DataStore](#). The site details statistics for the City of London and other London authorities at a ward level:

- [Population projections](#)

The populations of residents of the square mile are predicted to rise, and for the

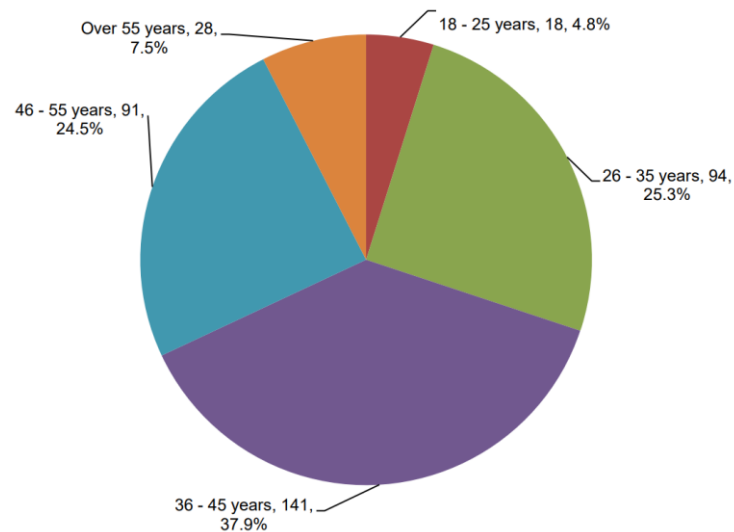
[Double click here to show borough wide statistics / hide statistics](#)

Age

Additional Equalities Data (Service level or Corporate) *Include data analysis of the impact of the proposals*

Rough Sleepers

The chart below shows the age profiles of those recorded as rough sleeping in the City of London from Counts conducted in 2021. The largest cohort of rough sleepers remains the 36-45 year old (37.9%) ages 26-35 and 46-55 are the next highest (25.3% and 24.5% respectively). The City of London has a relatively low percentage of rough sleepers over the age of 55, and under 25 (7.5% and 4.8% respectively). The majority of the rough sleepers identified in the City of London are working age.



Statutory Homelessness

Data from. Only 28 requests were made to the statutory homelessness team for Duty. Of these 36% were made by those 25-34 and 45-54. There were no applications by anyone over the age of 55, or below 18, with only 4% of applications being aged 18-24, 24% were aged 35-44. This again shows that the majority of those at risk or experiencing homelessness.

Age

What is the proposal's impact on the equalities aims? Look for *direct impact* but also evidence of *disproportionate impact* i.e. where a decision affects a protected group more than the general population, including *indirect impact*

Young people

The City of London has low figures for those aged 25 and under sleeping rough. However, this figure will not include or identify the 'hidden homeless' who are more likely to be young people.

Action for Children have estimated that over 120,000 children and young people are homeless in the UK. (*What is the extent of youth homelessness in the UK? | Action For Children – accessed October 2022*). The research also suggests that 26% of care leavers have slept on a friend's sofa, and 14% have slept rough. Research from Centrepont also shows that there are strong links between rough sleeping as a young person and long-term rough sleeping and social exclusion in later life.

The drivers and impacts of youth homelessness and rough sleeping are often very different from those of older adults, and as such consideration of these issues should be included in any work, and distinct and tailored services and support in both the statutory and voluntary sector are in place.

The research from Centrepont (*Centrepont (2019) No place to stay: Experiences of Youth Homelessness. London: Centrepont.*) also suggests that the impacts of the Covid-19 pandemic have intensified the key drivers for youth homelessness and rough sleeping for example family breakdown and domestic abuse, and there is also a likelihood for this to increase in the financial drivers of youth homelessness due to the cost-of-living crisis. The Youth Homelessness Data bank, which captures youth homelessness data regardless of whether or not they have been assessed, shows a decrease for youth Homelessness in London, despite an overall year-on-year increase of youth Homelessness across the UK. Centrepont's report also highlights that 4 in 10 of the young people spoken to were either in care or care experienced. This suggests that local authorities may not be meeting their duties around providing children's care services, leaving vulnerable children to fall through the safety net. Relationship breakdown, bereavement and leaving care all acted as triggers that contributed to young people sleeping rough. These circumstances are

What actions can be taken to avoid or mitigate any negative impact or to better advance equality and foster good relations?

In order to prevent young people or older people from becoming homeless and resorting to rough sleeping the action plan that accompanies the homelessness strategy will need to:

- Ensure that statutory services and teams across the Community and Children's Services department are aware of situations that can lead young people to homelessness.
- Ensure that all services and teams are able to identify those at risks, leading to support from the necessary service in a timely manner.
- Ensure that all City of London front line staff are able to signpost young people to the right service and information they may need. This includes involving education services and across borough.
- Review the offering of housing to young people and that it is affordable for them to rent.
- Ensure that housing issues faced by older people, and those at risk are identified, and that services take into account housing needs
- Ensure that the complex nature and multiple needs of older homeless are recognised and that older people experiencing homelessness or at risk of homelessness are not marginalised.

Age

consistently identified in research as precursors to young people becoming homeless (*Watts, E. E., Johnsen, S., & Sosenko, F. (2015). Youth Homelessness in the UK: A Review for The OVO Foundation. Edinburgh: Heriot-Watt University*).

Reports differ on their estimation of youth hidden homelessness, the study by Centrepont estimated that as many as 73% of homeless young people had experience of being hidden homeless or sofa-surfing, Clark (2006) (*Clarke, A., (2016) The Prevalence of Rough Sleeping and Sofa Surfing Amongst Young People in the UK. Social Inclusion Volume 4, Issue 4. Available at:*

<https://www.cogitatiopress.com/socialinclusion/article/viewFile/597/597>)

identified in the region of 35% of all young people had experience of sofa-surfing and hidden homelessness and 26% of all young people had slept rough at some point. Whereas reports from Crisis suggest that over 100,000 young people in England, over half of young people homeless, rough sleeping or in unsuitable or temporary accommodation had experience of sofa surfing. (*Crisis (2022) The Homelessness Monitor 2022: England. London: Crisis. Available at:* https://www.crisis.org.uk/media/246967/the-homelessnessmonitor-england-2022_full-report.pdf)

In March 2021 the Mayor of London launched an initiative to provide specialist accommodation for 18-25 year olds rough sleeping in Greater London. It is estimated that across Greater London 11% of those rough sleeping are between 18 and 25 years old

Figures from DLUHC (*Department for Levelling Up, Housing and Communities (DLUHC), Live Tables on Homelessness. Available at:*

<https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness>) show that in England 61,960 16-24 year olds were assessed for prevention duties , which also shows an increase in these assessments of this age group since 2018.

Older people

Research also support that homelessness amongst older people is also increasing, with the Centre for Policy and Aging rapid review (2017) (*CPA-Rapid-Review-Diversity-in-Older-Age-Older-Homeless-People.pdf*) showing that between 2010 and 2015 the number of street homeless older people has more than doubled. The increased health issues experienced by those who are homeless and rough sleeping is likely to have a higher significant impact on those over 50 years of age -

Age

considered older people (*Crane M and Warnes A M (2010) Homelessness among older people and service responses, Reviews in Clinical Gerontology, 20; 354-363*).

Crane (1999) estimated in a review that as many as 10 times the number of older people in England were sleeping rough to those in short-term or long-term temporary accommodations (*Crane M (1999) Understanding older homeless people, Open University Press, Buckingham*). The demographics of homelessness has changed in recent years with older people (aged 60 and above) currently form just 4% of statutory homeless households, and older people (aged 50 and above) make up between 9% and 12% of rough sleepers and homeless-hostel dwellers, despite this it is predicted that with a global aging population that the numbers of older people experiencing homelessness will increase.

CHAIN Data reported since 2005 has shown an increase in older people rough sleeping.

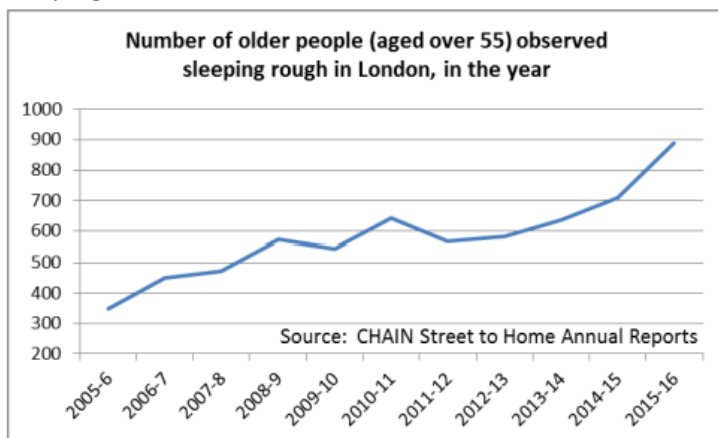


Figure 3

There has been no research carried out to the likelihood of older people to sofa-surf or be hidden homeless. Data is however available for those staying in hostel accommodation, and this suggests that older people have a tendency to remain in hostel accommodations for longer periods. The CPA report estimated this to be approximately 40% of hostel dwellers in London are older people who have been in place for over 5 years.

Age

Again as with young people the drivers for homelessness in older people, is often different from other age demographics. Older women are more likely to cite relationship breakdown as a reason for becoming homeless, while older men associate becoming homeless with job loss and drug and alcohol problems (Crane & Warnes, 2010).

Homeless older people are more likely than other groups to experience social isolation and its associated problems, as well as issues surrounding personal safety and health (*Warnes A, Crane M, Whitehead N and Fu R (2003) Homelessness Factfile Sheffield Institute for Studies on Ageing, University of Sheffield; Crisis*).

Disability [Double click here to add impact / Hide](#)

Check box if NOT applicable

Key borough statistics:

Day-to-day activities can be limited by disability or long term illness - In the City of London as a whole, 89% of the residents feel they have no limitations in their activities – this is higher than both in England and Wales (82%) and Greater London (86%). In the areas outside the main housing estates, around 95% of the residents responded that their activities were not limited. Extract from summary of the [2011 Census relating to resident population health for the City of London can be found on our website](#).

The 2011 Census identified that for the City of London's population:

- 4.4% (328) had a disability that limited their day-to-day activities a lot
- 7.1% (520) had a disability that limited their day-to-day activities a little.

Source: 2011 Census: [Long-term health problem or disability, local authorities in England and Wales](#)

NB: These statistics provide general data for these protected characteristics. You need to ensure you have sufficient data about those affected by the proposals – see below under “additional equalities data”.

[Double click here to show borough wide statistics / hide statistics](#)

Disability

Additional Equalities Data (Service level or Corporate) *Include data analysis of the impact of the proposals*

Rough Sleepers

Current research estimates that 1 in 5 working age adults in the UK has a disability as defined by the Equalities Act 2010, and that 50% of households will have experience of disability. This suggests that when it is considered that the highest proportion of the rough sleepers recorded within the Square Mile are working age, that it is very likely that at least 20% will have a disability

The Combined Homelessness and Information Network (CHAIN) analysis from 2021/22 showed that 57% of all recorded rough sleepers, had mental health support needs. This figure went up to 66% of all rough sleepers within the City, although it should be noted that CHAIN does not record any data on the other disability status of rough sleepers.

Disability

Chain Annual Report City of London 2021/22 – Breakdown of support needs among rough sleepers

N.B Total excluding unknown or unassessed used as base for percentages.

Support Needs	No.	%
Alcohol only	15	6%
Drugs only	24	10%
Mental health only	45	19%
Alcohol and drugs	9	4%
Alcohol and mental health	19	8%
Drugs and mental health	46	19%
Alcohol, drugs and mental health	48	20%
All three no	21	9%
All three no, not known or not assessed	13	5%
All three not known or not assessed	132	
Total (excl. not assessed)	240	100%
Total (incl. not assessed)	372	

Note: Total excluding not known or assessed is used as base for percentages.

Statutory homelessness

DLUHC's data for the statutory homelessness for the City of London does not record the disability status of those applying for prevention or relief duties. However a report produced in England, from April-June 2018, of the 58,660 households who were owed a homelessness duty, 27,580 households were identified as having support needs. Of these households 40,110 support needs were identified - an average of 1.5 support needs per household. The most common support need identified was a history of mental health problems which was reported by 12,700 of households with support needs. The second largest group was those with physical ill health or disability, identified by 8,190 households. Other notable groups included those with experience of domestic abuse (5,500 households), those with drug (3,090 households) and alcohol dependency needs (2,510 households).

The number of homeless households in England identified by councils as priority cases because they contain someone who is classed as vulnerable because of their mental illness, has risen from 3,200 in 2010 to 5,470 in 2017.

Of the 83 households registered with the City of London Housing Team in 2018-19 55% are classed as having a disability (11 have a physical disability, 18 have a mental ill health, 4 have learning disabilities and 13 have a long-term illness or condition). There is always a risk that a disability can hinder people from finding and retaining a home.

What is the proposal's impact on the equalities aims? Look for *direct impact* but also evidence of *disproportionate impact* i.e. where a decision affects a protected group more than the general population, including *indirect impact*

A report by the Housing Rights Watch (Homelessness and disabilities: the impact of recent Human Rights developments in Policy and Practice | Housing Rights Watch) identifies that research and data surrounding disability and homelessness as limited, it has been identified that there are substantial overlaps between those

What actions can be taken to avoid or mitigate any negative impact or to better advance equality and foster good relations?

The Homelessness Strategy will need to refer and respond to the findings of the June 2018 report on how to better support rough sleepers. This can be done through considering solutions, such as:

Disability

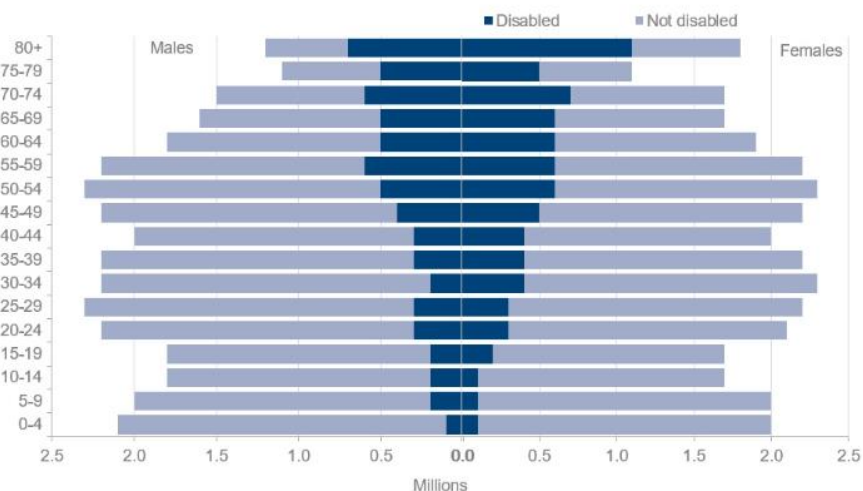
with long-term health conditions and disabilities and those who experience or at high risk of homelessness.

Equality and Human rights report that only 7% of homes offer minimal accessibility features (*housing-and-disabled-people-britains-hidden-crisis-main-report_0.pdf* (equalityhumanrights.com))

Data from the ONS shows that people with disabilities are less likely to own their own home (42.4%), with some specific forms of disability making that much less likely, for example only 4.1% of people with learning disabilities own their own home, and those with mental health conditions and epilepsy also have low proportions of home ownership (17.5% and 25% respectively). Disabled people between the ages on 25-54 years old are more likely to live with their parents, although those between 16-24 years old are less likely to live with their parents. 25% of disabled people between 16 and 64 years old are in rented social housing, compared to 8.2% of non-disabled people.

Issues surrounding disability and homelessness also need to consider the increase in disabilities and long-term health conditions that are associated with older ages.

Population distributions of disabled and non-disabled people by age group.



- New roles like a 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.
- A record that could be shared across organisations, perhaps using technology.
- Partners make a public commitment to a 'no wrong door' approach.
- 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;
 - These needs are likely to prevent an individual sustaining a home and related outcomes e.g., accessing work;
 - The needs and inability to achieve the specified outcomes cause or risk causing a significant impact on their wellbeing.
- '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.
- Learning from the assessment and care navigator approach should inform pathways/transitions between services and across local authority and CCG boundaries.
- 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).

Disability

Inappropriate or inadequate accommodations can lead to or exacerbate health conditions, for example damp and mould, heating issues

And research supports that there is a significant tendency for those experiencing homelessness and rough sleeping to have increased incidents of mental health issues.

Issues surround the suitability of accommodations, housing adaptations and access to community support services must be at the forefront of considerations for those with disabilities and health issues.

Rough Sleepers

Research by Action for Children suggests that compared to the general population, individuals who are rough sleeping are far more likely to report mental health issues. A report for the City of London on healthcare for rough sleepers (Revolving Doors Agency, Health care provision for people sleeping rough in the City of London, June 2018) identified the following challenges:

- Health needs and preferences of people experiencing rough sleeping are not known or shared between services working with them.
- 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.
- 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 e.g., living in the Lodge, who may need continued support to sustain their homes.
- 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.

- 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.
- The Homelessness strategy secures 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.

As part of the prevention work it is vital that services are able to flag those at risk of potential homelessness, so they receive timely support. For example, if someone is not coping with a mental health illness the health practitioner needs to be well informed as to how that individual can be supported. This could include advocacy between the individual and their work place, or with a private landlord.

Disability

The Housing Act (1996) prioritises housing for disabled people and those with health conditions.

The United Nations Convention on the rights of Persons with Disabilities (UNCPRD) has introduced a new benchmark for the provision of adequate housing to disabled people.

Pregnancy and Maternity [Double click here to add impact / Hide](#)

Check box if NOT applicable

Key borough statistics:

Under the theme of population, the [ONS website](#) has a large number of data collections grouped under:

- [Conception and Fertility Rates](#)
- [Live Births and Still Births](#)
- [Maternities](#)

NB: These statistics provide general data for these protected characteristics. You need to ensure you have sufficient data about those affected by the proposals – see below under “additional equalities data”.

[Double click here to show borough wide statistics / hide statistics](#)

Pregnancy and Maternity

Additional Equalities Data (Service level or Corporate) *Include data analysis of the impact of the proposals.*

CHAIN data for rough sleepers in the City of London only identifies a small population of female rough sleeps (10.3%) and no data recorded for pregnancy or women rough sleeping with children.

20% of households owed a prevention duty within the City of London were single parent households of women with children, and a further 20% were single parent households of men with children. Of those owed a relief duty 15% were single parent families, and all of these were households of single women.

The number of homeless families in London has increased by 51% since 2011 and nationally by 15% since 2012. Within the homeless population, the number of couples with dependent children has increased by 73%, and lone parents by 50% (42 000 households). Crisis reports that there has been a 22% drop in the numbers threatened with homelessness of households with families in 2019/2020. It is likely however that this reduction is in some part due to the measures put in place to protect households from homelessness during the Covid-19 pandemic ([the-homelessness-monitor-england-2022_report.pdf \(crisis.org.uk\)](#)). This report also estimates that in April-May 2021 approximately 7% of households in England in the Private Rented Sector were in rent arrears, and that a rise of 4% of temporary accommodation placements is continuing a steady increase which has seen the number of temporary accommodation placements double since 2010.

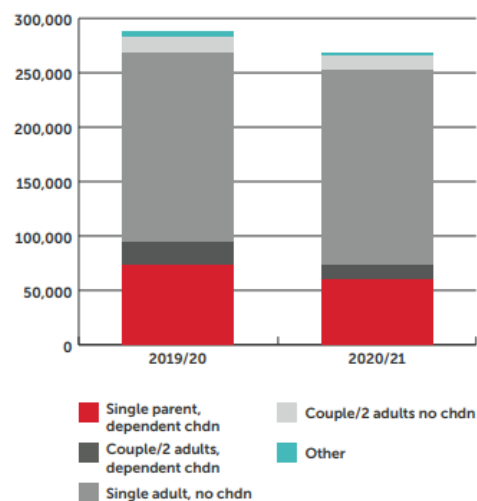
Pregnancy and Maternity

What is the proposal's impact on the equalities aims? Look for *direct impact* but also evidence of *disproportionate impact* i.e. where a decision affects a protected group more than the general population, including *indirect impact*

The limited research on the specific impact of homelessness on babies shows that homeless infants experience a significant decline in general developmental function between 4 and 30 months. Evidence also shows that homelessness and temporary accommodation during pregnancy are associated with an increased risk of preterm birth, low birth weight, poor mental health in infants and children, and developmental delay, and there is anecdotal evidence that the increase stressed experienced during pregnancy and early maternity on those at risk of or experiencing homelessness may also have an adverse effect on foetal and early child development.

Families with children are generally prioritised as they are identified as needing statutory support. The highest reason for households to be accepted as in priority need is due to have dependants (across England there were 38,370 cases accepted due to this reason in 2017). Due to individuals faced with homelessness often fail to be recognised as vulnerable, despite being in danger, particularly single males who are identified as being at the lowest priority need.

(b) All prevention and relief duty applicants: 2020/21 compared with 2019/20



What actions can be taken to avoid or mitigate any negative impact or to better advance equality and foster good relations?

Despite the City of London having low numbers of women with dependants or pregnant, services must still be capable of responding to their needs in a timely manner.

However, as this demographic are generally prioritised as in priority need, the strategy and on-going actions must look at how individuals are also supported. This will be done by ensuring that the duties under the Homelessness Reduction Act (HRA) 2017 are fully undertaken by the City Corporation. The HRA provisions require local housing authorities to provide homelessness advice services to all residents in their area and expands the categories of people who they have to help to find accommodation. Individuals will be better supported through:

- A strengthened duty to provide advisory services.
- An extension to the period during which an applicant considered 'threatened with homelessness' from 28 to 56 days.
- New duties to assess all applicants (**now including those who are not in priority need**) and to take reasonable steps to prevent and relieve homelessness.
- These steps will be set out in a personalised housing plan that, wherever possible, must be agreed between the local authority and the applicant.

Pregnancy and Maternity

Reports from St. Mungo's show that socially excluded and vulnerable women are less likely to engage with services, and have an increased risk of maternal death. Pregnancy is also a period where an individual is more vulnerable from a variety of factors, including an increase risk of abuse and exploitation. Pregnancy has also been shown to either start or escalate domestic abuse. (*Saving Mothers Lives – Reviewing maternal deaths to make motherhood safer: 2006-2008 (2011) British Journal of Obstetrics and Gynaecology, vol 118, S.1.*)

A survey of people accessing St Mungo's services found that over 50% of women are mothers and of those 79% have had children taken into care (*St Mungo's (2014). Rebuilding Shattered Lives. London: St Mungo'*)

Access to health care is frequently cited as a barrier to those homeless and rough sleeping, and therefore during periods of pregnancy and maternity, when access to health care is important, and this should also be in consideration.

Race [Double click here to add impact / Hide](#)

[Check box if NOT applicable](#)

Key Borough Statistics:

Our resident population is predominantly white. The largest minority ethnic groups of children and young people in the area are Asian/Bangladeshi and Mixed – Asian and White. The City has a relatively small Black population, less than London and England and Wales. Children and young people from minority ethnic groups account for 41.71% of all children living in the area, compared with 21.11% nationally. White British residents comprise 57.5% of the total population, followed by White – Other at 19%.

The second largest ethnic group in the resident population is Asian, which totals 12.7% - this group is fairly evenly divided between Asian/Indian at 2.9%; Asian/Bangladeshi at 3.1%; Asian/Chinese at 3.6% and Asian/Other at 2.9%. The City of London has the highest percentage of Chinese people of any local authority in London and the second highest percentage in England and Wales. The City of London has a relatively small Black population comprising 2.6% of residents. This is considerably lower than the Greater London wide percentage of 13.3% and also smaller than the percentage for England and Wales of 3.3%.

[See ONS Census information](#) or [Greater London Authority projections](#)

NB: These statistics provide general data for these protected characteristics. You need to ensure you have sufficient data about those affected by the proposals – see below

[Double click here to show borough wide statistics / hide statistics](#)

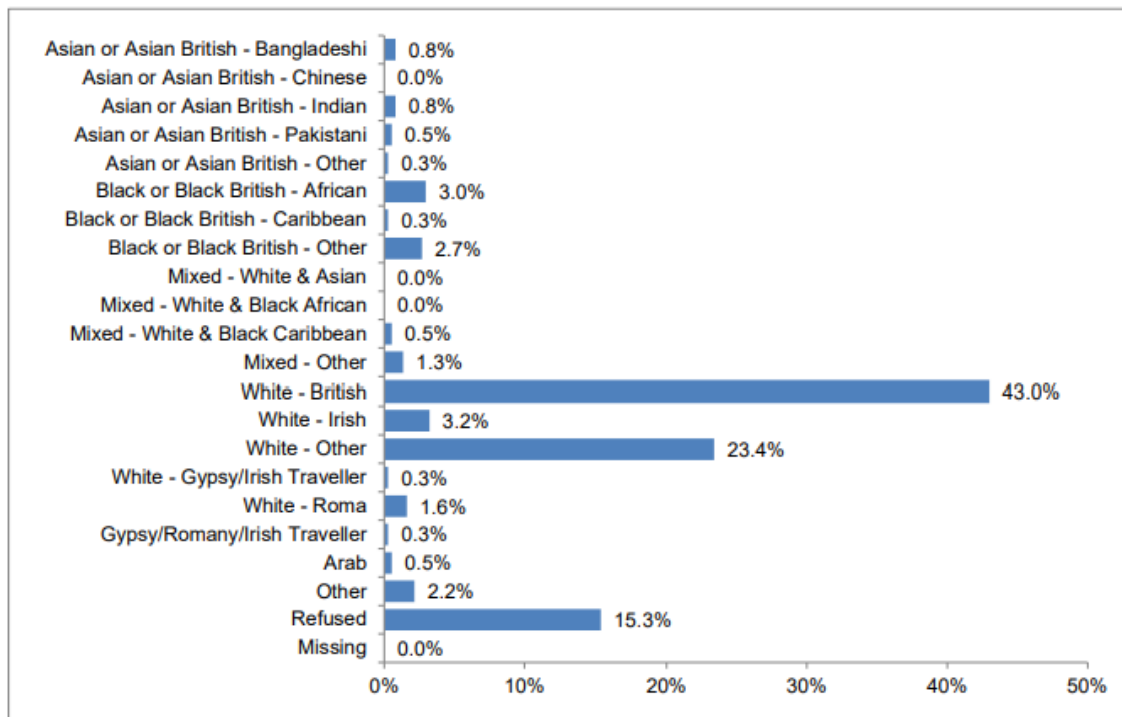
Race

Additional Equalities Data (Service level or Corporate) *Include data analysis of the impact of the proposals*

Rough Sleepers

The majority of the rough sleepers recorded in the Square mile in the 2021/22 CHAIN report were white (69% in total with the largest proportion being White British – 43%)

Race



Base: 372

Statutory Homelessness

The Ethnicity of applicants to statutory relief duties follows a similar pattern to those rough sleeping. (although the data collected is less detailed). Figures from DLUHC state that 60% of applicants for prevention or relief duty were white, 16% other ethnicities and 8% were black, Asian or multiple ethnicities respectively.

What is the proposal's impact on the equalities aims? Look for *direct impact* but also evidence of *disproportionate impact* i.e. where a decision affects a protected group more than the general population, including *indirect impact*

A report from Crisis shows that there is clear evidence that ethnic minority and global majority groups are disproportionately affected by homelessness. Compounded with this is the increased likelihood for working adults from these communities to be in less affordable housing.

What actions can be taken to avoid or mitigate any negative impact or to better advance equality and foster good relations?

The Homelessness Strategy and on-going actions must ensure the awareness and understanding of race issues are factored in to full wrap around support – from prevention to ensuring that no one needs to return to homelessness.

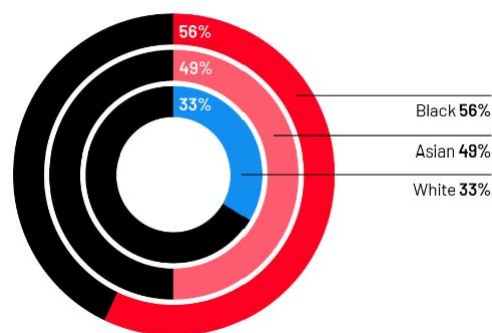
This could be done through:

Race

10% of applications for prevent and relief duty in 2020-21 were from black led applicants, which when considered that in England black people make up 3.5% of the population indicates the disproportionality of the risks to homelessness. According to research conducted by Shelter Bangladeshi households are also twice as likely to claim housing benefits than white households. (*The fight for home is a fight against racism - Shelter England*)

The Joseph Rountree Foundation found that disparities in the labour market and inequalities, and wider discrimination, from landlords and services was disproportionately affecting global majority communities.

Anecdotal studies have found that abuse, threats and assaults as hate crimes in hostels also lead to many global majority individuals preferring to rough sleep or sofa-surf than go into hostels, and very little research has been carried out in this arena. Crisis is currently scoping research into race homelessness and housing



Immigration policies and controls also have an influence in this area, and for those with No Recourse to Public Funds (NRPF) it is even more challenging to access support. Those with NRPF are more likely to skip meals, rely on food banks and face increased debt (*Why are people of colour disproportionately impacted by the housing crisis? | Shelter*). And even research from the Joint Council for the Welfare of Immigrants (JCWI) in 2017 found that over half of landlords (51%) were less likely to consider renting to foreign nationals from outside of the EU because of the Right to Rent scheme

- Training for all front-line staff on the challenges faced by different population groups, including prejudice from the private rent market.
- Training for staff on how to support non-UK nationals, including ensuring they access the full range of support they are entitled to.
- Commissioning work into how services can tailor their support to meet the different needs of the population based on nationalities and cultural responses.

Through the national homelessness strategy, a cross-government working group has been set up around supporting non-UK nationals off the streets. There has also been a commitment of £5 million new funding to support non-UK nationals who sleep rough, with an increased focus on rough sleeping in the Controlling Migration Fund.

Race

According to Shelter's report, Shut out: The barriers low-income households face in private renting, racial prejudice within the lettings market is likely to be a factor. Private landlords are able to cherry-pick who they let to and research undertaken by Shelter shows that a high proportion (40% of those making some letting decisions) admit that it is 'natural for prejudices and stereotypes to come into letting decisions'.

The Right to Rent checks, which criminalise landlords who let to people without regularised immigration status, is likely to lead to landlords being wary of letting to anyone who they might perceive as an immigrant. This might be because of their race, name or accent, especially if they are among the 14% of English people without a passport.

Despite the population of City of London rough sleepers and statutory homeless being predominately UK nationals and white, awareness and training of the challenges facing the BAME and non-UK population are essential.

Research has also shown that a multi-agency multi-disciplinary approach is key to responding to issues raised in these communities.

Religion or Belief [Double click here to add impact / Hide](#)

Check box if NOT applicable

Key borough statistics – sources include:

The ONS website has a number of data collections on [religion and belief](#), grouped under the theme of religion and identity.
[Religion in England and Wales provides a summary of the Census 2011 by ward level](#)

NB: These statistics provide general data for these protected characteristics. You need to ensure you have sufficient data about those affected by the proposals – see below under “additional equalities data”.

Religion or Belief

Additional Equalities Data (Service level or Corporate) *Include data analysis of the impact of the proposals*

Data is not collected on the religion or belief of rough sleepers, those at risk of homelessness or those applying to the City of London for prevention or relief duties. Despite this there are faith groups that provide support for rough sleeper in the City of London

Religion or Belief

What is the proposal's impact on the equalities aims? Look for *direct impact* but also evidence of *disproportionate impact* i.e. where a decision affects a protected group more than the general population, including *indirect impact*

There is little to no research available in the United Kingdom for the direct or indirect impacts of spirituality and belief on incidents or individuals. The Department of Health (2011) identifies belief and spirituality as a broader way in which individuals understand and live their lives, through their core beliefs and values (*Department of Health. 2011. Spiritual Care at the End of Life: a systematic review of the literature.*)

There are anecdotal reports that religion and belief may lead to incidents of homelessness and rough sleeping, for example where differences in family beliefs may lead to family breakdown and tensions leading to homelessness and exclusions.

Also linked to this is the Hate Crime that may be experienced by an individual through perception of faith based on race

In the USA there is wider research into religion, belief and spirituality, as is also the case in the Republic of Ireland. For Ireland research suggested that there was an identifiable need to assess the faith and spirituality of those experience homelessness and rough sleeping, particularly with older people (*Walsh K. 2013. Homelessness, Ageing and Dying*).

Some research also argues that the trauma experienced by those who are homeless and/or rough sleeping may be supported by additional spiritual support (*Hudson B, Flemming K, Shulman C, Candy B. 2016. Challenges to access and provision of palliative care for people who are homeless: a systematic review of qualitative research*). A report from Faith Action makes the recommendation that faith groups are recognised as a source of support for those suffering relationship breakdown or bereavement which may be a driver of homelessness and also identify that faith groups may be more appropriately placed to support immigration issues (*Homelessness AW.indd (faithaction.net)*),

Consideration should be made that faith groups commissioned or providing services are not excluding individuals of different faiths.

What actions can be taken to avoid or mitigate any negative impact or to better advance equality and foster good relations?

The Homelessness Strategy and on-going actions must ensure the awareness and understanding of faith issues are factored in to full wrap around support – from prevention to ensuring that no one needs to return to homelessness.

This could be done through:

- Consideration to training for all front-line staff on the challenges faced by different faith groups, including prejudice that may exist within the faith
- Training for staff on how to support non-UK nationals, including ensuring they access the full range of support they are entitled to.
- Commissioning work that ensures that no individual is excluded on the basis of faith.

Sex [Double click here to add impact / Hide](#)

[Check box if NOT applicable](#)

Key borough statistics:

At the time of the [2011 Census the usual resident population of the City of London](#) could be broken up into:

- 4,091 males (55.5%)
- 3,284 females (44.5%)

A number of demographics and projections for demographics can be found on the [Greater London Authority website in the London DataStore](#). The site details statistics for the City of London and other London authorities at a ward level:

- [Population projections](#)

NB: These statistics provide general data for these protected characteristics. You need to ensure you have sufficient data about those affected by the proposals – see below under “additional equalities data”.

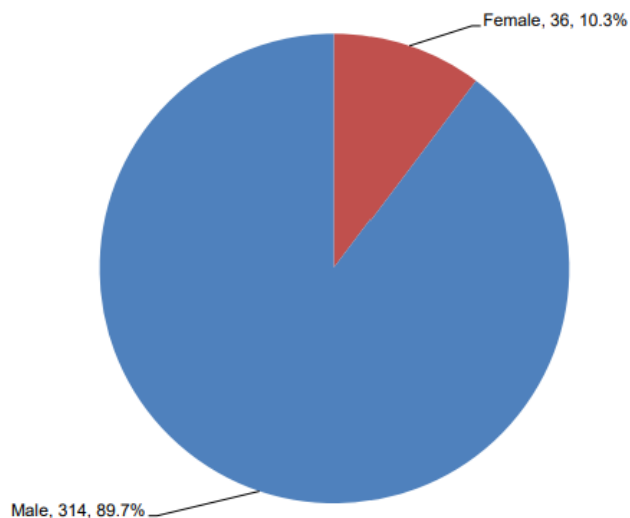
[Double click here to show borough wide statistics / hide statistics](#)

Sex

Additional Equalities Data (Service level or Corporate) *Include data analysis of the impact of the proposals*

Rough Sleepers

The 2021/22 Annual CHAIN report showed that the overwhelming majority of Rough Sleepers in the City were male- 90%. Only 10% of all recorded rough sleepers that year had been female. A spot count carried out across the City of London Identified 4 women sleeping rough.



Statutory Homelessness

Within the City of London, 60% of households owed a prevention duty were female, with 30% of those owed a relief duty being female.

Sex

What is the proposal's impact on the equalities aims? Look for *direct impact* but also evidence of *disproportionate impact* i.e. where a decision affects a protected group more than the general population, including *indirect impact*

2021 saw a shift in focus for many organisations to identify and create work specifically to support women who experience homelessness and rough sleeping. Especially as it is well known that women are likely to be much harder to identify. There is growing evidence that men and women experience homelessness differently, and the results of gender-neutral services can often lead to women avoiding seeking support.

Women's homelessness makes up the majority of all recorded homelessness in the UK when taking into account families in temporary accommodation, sofa surfing, rough sleeping and 'hidden' forms of homelessness. Women comprise 67% of statutory homeless people, and single mothers make up two-thirds (66%) of all statutory homeless families with children (*Women's Budget Group (2018) Housing and Gender: Briefing from the UK Women's Budget Group on the gender impact of changes in housing policy since 2010. London: Women's Budget Group*)

Women who are homeless are especially vulnerable to violence and experience risk differently to men, subject to stigma, sexual abuse and harassment, robbery, and severe stress, in addition to violence, with the serious impact on physical and mental health that this has, as well as on self-esteem (*Groundswell (2020) Women, homelessness and health: A peer research project. London: Groundswell*).

Research from St Mungo's found that one-third of the women involved said that domestic abuse had contributed to their becoming homeless (*Hutchinson, S., Page, A. and Sample, E. (2014) Rebuilding Shattered Lives. London: St Mungo's*) Furthermore, this research found that many women experiencing homelessness are mothers, although they may not have their children with them currently due to their circumstances, and the high degree of shame and cultural judgement this carries cannot be underestimated.

Homelessness is frequently viewed through the perspective of rough sleeping, yet studies have found that women will turn to sleeping on the streets as a last resort, as they would be at such risk, opting for other precarious and potentially unsafe arrangements, such as long-term sofasurfing, remaining with or returning to

What actions can be taken to avoid or mitigate any negative impact or to better advance equality and foster good relations?

Even if few, actions to support women sleeping rough in the City of London will be part of the strategy and on-going action plan. This can be done through:

- Training for all front-line staff that may come into contact with females suffering from domestic abuse that need help.
- Training for all outreach workers on how to best support any females found sleeping rough in the City of London.

Mitigation of disadvantage among the statutory homeless can be done by ensuring that the duties under the Homelessness Reduction Act (HRA) 2017 are fully undertaken by the City Corporation. The HRA provisions require local housing authorities to provide homelessness advice services to all residents in their area and expands the categories of people who they have to help to find accommodation. Individuals will be better supported through:

- A strengthened duty to provide advisory services.
- An extension to the period during which an applicant considered 'threatened with homelessness' from 28 to 56 days.
- New duties to assess all applicants (**now including those who are not in priority need**) and to take reasonable steps to prevent and relieve homelessness.
- These steps will be set out in a personalised housing plan that, wherever possible, must be agreed between the local authority and the applicant.
- Strengthen understanding of VAWG and the direct and indirect impacts on women.

Sex

dangerous partners, or sexual exploitation in exchange for accommodation
(Bretherton, J. and Maycock, P. (2021) *Women's Homelessness: European Evidence Review*. Brussels: FEANTSA.).

Whilst the majority of people known to the City of London Housing Team are male, this should not prevent further mitigation to ensure that individual males in need are not disadvantaged.

St Martin's have produced a specific report on ending Homelessness for women in London (*Womens-Development-Unit_Womens_Homelessness_Evidence_Report.pdf* (*connection-at-stmartins.org.uk*))

Sexual Orientation and Gender Reassignment [Double click here to add impact / Hide](#)

[Check box if NOT applicable](#)

Key borough statistics – suggested sources include:

- [Sexual Identity in the UK – ONS 2014](#)
- [Measuring Sexual Identity – ONS](#)

NB: These statistics provide general data for these protected characteristics. You need to ensure you have sufficient data about those affected by the proposals – see below under “additional equalities data”.

[Double click here to show borough wide statistics / hide statistics](#)

Sexual Orientation and Gender Reassignment

Additional Equalities Data (Service level or Corporate) *Include data analysis of the impact of the proposals*

Rough Sleepers

No data is collected on the sexual orientation of rough sleepers as part of the regular CHAIN reporting.

Statutory Homelessness

48% of the City of London statutory homeless population owed a duty identified as heterosexual. 24% identified as homosexual and the remaining 28% were either characterised as other or preferred not to say.

Sexual Orientation and Gender Reassignment

What is the proposal's impact on the equalities aims? Look for *direct impact* but also evidence of *disproportionate impact* i.e. where a decision affects a protected group more than the general population, including *indirect impact*

Gender identity is not identified in English homelessness statistics, even though AKT's research suggests that within the LGBTQ+ community, it is trans young people who are currently suffering the most. DLUHC confirms to *Inside Housing* that local authorities are instructed to collect data on gender identity. The official question asks people to identify as "male", "female" or "transgender". But most trans people would be unlikely to tick that last option

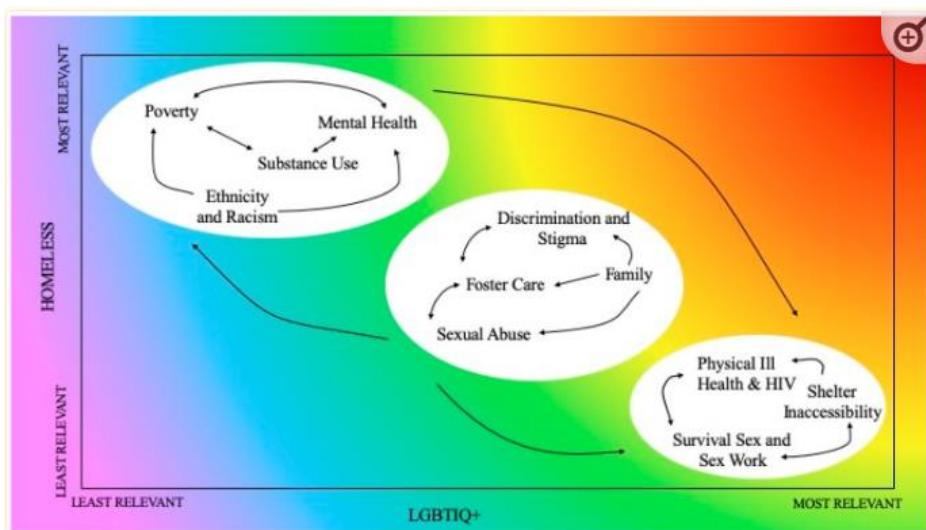
Lesbian, Gay, Bisexual, Transgender, Intersex, and Queer (LGBTIQ+) people's experiences of homelessness is an under-explored area of housing and homelessness studies, despite this group making up 20–40% of homeless population (*Fraser B, Pierse N, Chisholm E, Cook H. LGBTIQ+ Homelessness: A Review of the Literature. Int J Environ Res Public Health. 2019 Jul 26;16(15):2677*)

Action for children estimate that 24% of all homeless young people are LGBTQ+

What actions can be taken to avoid or mitigate any negative impact or to better advance equality and foster good relations?

The Homelessness Strategy and on-going actions must ensure that training and awareness is incorporated across all service front line staff on how to effectively support LGBTQ+ people.

Given that it is unclear how many LGBTQ+ people are among the City of London homeless population, it is critical that all front-line staff are aware of specific LGBTQ+ services and that signposting to these services makes up part of the standard package offered.



Many people in the LGBTQ+ community, do not feel comfortable disclosing their sexual orientation or gender identity when rough sleeping

Sexual Orientation and Gender Reassignment

LGBTIQ+ homeless people have higher rates of substance use when compared to non-LGBTIQ+ homeless people (*Van Leeuwen J.M., Boyle S., Salomonsen-Sautel S., Baker N.D., Garcia T.J., Hoffman A., Hopfer C.J. Lesbian, Gay, and Bisexual Homeless Youth: An Eight-City Public Health Perspective. Child Welfare. 2005;85:151–170*)

Once in a service, abuse and homophobia, biphobia and/or transphobia can be perpetrated by services themselves, which means some individuals may disengage and leave the service before they are able to start recovery. It is important for projects to understand the needs of LGBTQ+ groups so that they can tailor their provision and ensure their service remains inclusive for those who identify as LGBTQ+. It is also important not to assume that there are no LGBTQ+ services users in a particular service simply because they are not 'out' about their gender identity or sexuality. Given the lack of data across all forms of homelessness in the City of London this is of particular importance.

Young people identifying as LGBTQ+ are more likely to find themselves homeless than their non-LGBTQ+ peers, comprising of 24% of the youth homelessness population across England. Approximately 4% of individuals using services for people experiencing homelessness identify as being lesbian, gay, bisexual or transgender (LBGT). In contrast to the evidence for the general cohort of homeless individuals, young people that identify as LGBTQ+ reported that the top three reasons for their homelessness were parental rejection, abuse within the family, and aggression/violence in the family. Prior to entering homelessness services, LGBTQ+ people may have issues relating to substance misuse as well as a higher incidence of mental health needs.

While young LGBTQ+ people are generally able to move on and exit the cycle of homelessness permanently, a 2018/19 study by Shelter found that trans people are at risk of homelessness and housing precarity throughout their lifespan.⁵⁶ Common themes for young trans people are becoming trapped in unsafe relationships upon which their housing is dependent and with no family to turn to, sofa surfing, and experiences of hate crime, domestic abuse and sexual exploitation. The research also indicated that trans people had an overwhelmingly negative view of mainstream services and thus were unlikely to seek out services that could support them. This was due to a perception that they would not have anything to offer them that met their needs

Marriage and Civil Partnership [Double click here to add impact / Hide](#)

Check box if NOT applicable

Key borough statistics - sources include:

- [The 2011 Census contain data broken up by local authority, Homelessness statistics - GOV.UK \(www.gov.uk\) and CHAIN data](#)

NB: These statistics provide general data for these protected characteristics. You need to ensure you have sufficient data about those affected by the proposals – see below under “additional equalities data”.

[Double click here to show borough wide statistics / hide statistics](#)

Marriage and Civil Partnership

Additional Equalities Data (Service level or Corporate) *Include data analysis of the impact of the proposals*

Rough Sleepers

No data is collected on the marital or civil partnership status of rough sleepers as part of the regular CHAIN reporting. Some commissioned service partners have reported challenges when working with couples who are homeless and being able to provide them with appropriate support and accommodation

Statutory Homelessness

DLUHC data on the status of households owed a prevention duty identifies that 40% were single male applicants, and 60% of applications owed a relief duty were also single men. No couples were owed a prevention duty and only 2 couples with dependent children were owed a relief duty

In 2016, government figures reported that relationship breakdown was responsible for 1 in every 6 cases of homelessness in England, making it the third most common cause of homelessness in the country. Over the quarter ending March 2018, a violent breakdown of a relationship involving a partner accounted for 12% of homelessness across England and non-violent breakdown of a relationship with a partner accounted for 6% of homelessness- totalling at 18% of the overall homelessness figure.

What is the proposal’s impact on the equalities aims? *Look for **direct impact** but also evidence of **disproportionate impact** i.e. where a decision affects a protected group more than the general population, including **indirect impact***

Rough Sleeping

Rough sleeping couples have become a familiar sight on the streets of many English towns and cities. The BWC report shows that most of these relationships develop among those already homeless, fuelled by a belief among highly vulnerable women that they are safer on the street in a couple, even where a relationship might be controlling, abusive or harmful. (*Brighton Women’s Centre, Couples first? Understanding the needs of rough sleeping couples, October 2018*)

Fewer than 10% of services in England will accept couples together, meaning that the couple may choose not to access support at all rather than be housed separately (*St Mungo’s (2020) Homeless Couples and Relationships Toolkit. London: St Mungo’s*)

What actions can be taken to avoid or mitigate any negative impact or to better advance equality and foster good relations?

The Homelessness strategy and on-going action will support those who are impacted negatively by not being married or in a civil partnership due to the increase in duties through the HRA 2017. The HRA provisions require local housing authorities to provide homelessness advice services to all residents in their area and expands the categories of people who they have to help to find accommodation. Individuals will be better supported through:

- A strengthened duty to provide advisory services.
- An extension to the period during which an applicant considered ‘threatened with homelessness’ from 28 to 56 days.
- New duties to assess all applicants (**now including those who are not in priority need**) and to take reasonable steps to prevent and relieve homelessness.

Marriage and Civil Partnership

In addition much of the support available to women experiencing homelessness who are in an abusive relationship does not take into account the complexities of street-based relationships and instead are focused on her leaving the perpetrator, rather than tackling the other issues she may face. For example, MARACs (Multi-Agency Risk Assessment Conferences), focus on a victim of abuse leaving their partner. Yet it can be extremely challenging for her to leave an abusive partner when homeless and may not even be desirable for her.

The existing research on homeless couples has highlighted the need to identify and celebrate more positive relationships using a strengths-based approach in an appropriate and safe way, despite the assumptions and fear that there is domestic abuse occurring in homeless peoples relationships, or that a couple refusing to be seen separately is a sign of controlling and coercive behaviours.

Statutory homelessness

The law on the housing rights of separating couples is complicated. It is based on a mix of housing and family law. It is important to seek advice as every case is different and this can mean that relationship breakdowns account for a high number of people approaching local authorities for help. If the couple were never married or in a civil partnership the options available become more limited.

According to a report by HomelessLink (*Exploring Womens Homelessness Final VA_- Copy.docx*) Statutory homelessness is more gender-balanced. Part 7 of the Housing Act 1996 (alongside subsequent amendments) assigns priority need to households with dependent children. As a result, statutory homelessness is made up of a large number of families most of which include a woman or are female-headed households. Agenda reported that 56% of statutorily homeless households in 2019 were women with dependent children or lone women (*Agenda (2020) Women and girls who are homeless https://weareagenda.org/wp-content/uploads/2020/04/Women-and-girls-who-are-homeless_2020-Agenda-Briefing-2.pdf*). In 2021-22, families with children represented 62.5% of households owed a main housing duty as well as 38% of those owed a prevention duty (*MHCLG (2021) Statutory homelessness Annual Report, England 2020-2021. <https://www.gov.uk/government/statistics/statutory-homelessness-in-england-financial-year-2020-2>*). Despite sharing information on

- These steps will be set out in a personalised housing plan that, wherever possible, must be agreed between the local authority and the applicant.

However, an outcome of the strategy and on-going actions is to better the prevention package on offer to those who may find themselves homeless. Therefore, it may be necessary to investigate what services the City has on offer to couples, both married and in civil partnerships, that may be dealing with a relationship breakdown. This would also need to be extended to what services are offered people fleeing violent relationships (whether married or in a civil partnership).

Though there may be few couples sleeping rough in the City of London it will be part of the strategy and on-going action plan to support these people through:

- Training for all front-line staff that may come into contact with couples sleeping rough. Such training should include being able to support couples into accommodation should they wish to stay together and also being able to identify whether there is any abuse.
- Ensuring the rough sleeping services commissioned by the City of London are supportive of couples that wish to remain together in seeking accommodation.

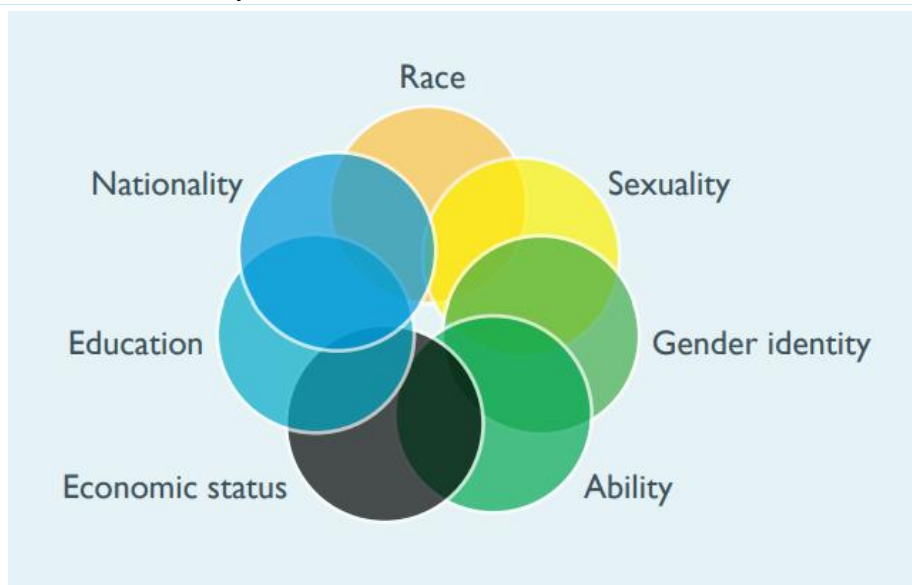
<h2>Marriage and Civil Partnership</h2>	
<p>ethnicity and disability, there is no breakdown of households with children by sex in statutory homelessness statistical releases</p> <p>Domestic abuse services such as refuges are often left out of homelessness statistics but are almost exclusively for adult women and their children. This form of homelessness is therefore often missing from discussions on homelessness (Bretherton, J. (2017) <i>Reconsidering Gender in Homelessness</i>, <i>European Journal of Homelessness</i> (11) pp 1-2)</p> <p>St Mungo's have developed a specific toolkit for working with couples, supported by the City of London Corporation and other local authorities - StMungos_Homeless_Couples_Toolkit.pdf</p>	

Intersectionality [Double click here to add impact / Hide](#)

Check box if NOT applicable

<p><i>Intersectionality</i></p> <p>Additional Equalities Data (Service level or Corporate) <i>Include data analysis of the impact of the proposals</i></p>	
<p>What is the proposal's impact on the equalities aims? <i>Look for direct impact but also evidence of disproportionate impact i.e. where a decision affects a protected group more than the general population, including indirect impact</i></p> <p>Intersectionality of equality should also be considered, as most individuals do not only fall within one protected characteristic.</p> <p>Viewing homelessness through an intersectional lens needs to occur at all levels, throughout every stage of someone's journey, from data disaggregation and co-production to ensuring a service is truly accessible to all, with policies in place to reduce barriers to access – whether those are physical barriers, language barriers, or by making someone feel unwelcome or unrepresented</p>	<p>What actions can be taken to avoid or mitigate any negative impact or to better advance equality and foster good relations?</p>

Intersectionality



65% of LGBTQ+ homeless young people supported by Akt were also people of colour. And research by this organisation also found that a third of LGBTQ+ young people of colour facing homelessness were not aware of any support available to them, compared with 21% of white LGBTQ+

For LGBTQ+ ethnic minorities, the intersection of minority identities increases the odds of adverse experiences through the greater likelihood they will also suffer poverty, discrimination, and victimisation (*Page M. Forgotten Youth: Homeless LGBT Youth of Color and the Runaway and Homeless Youth Act. Northwest. J. Law Soc. Policy. 2017;12:17–45*)

One study on the experiences of Black and minoritised women fleeing abuse in London found that they experienced cycles of victimisation when they tried to seek support and safe accommodation, and discrimination based on their race, immigration status, language skills, class and disability (*Lopes Heimer, R. (2019) A roof, not a home: The housing experiences of Black and minoritised women survivors of gender-based violence in London. London: Latin American Women's Aid*)

Male violence and abuse is an almost universal experience among women experiencing homelessness, either as a direct cause or result of homelessness, and

Intersectionality

there is strong evidence for a considerable connection between experiences of abuse and mental ill-health either as a result of the abuse, or a result of it, leading to increased vulnerability, and potentially further abuse.

Migrant women may also face further vulnerabilities due to insecure immigration status, language barriers or unfamiliarity with UK systems

Additional Impacts on Advancing Equality & Fostering Good Relations
[Double click here to add impact / Hide](#)
[Check box if NOT applicable](#)

This section seeks to identify what additional steps can be taken to promote these aims or to mitigate any adverse impact. Analysis should be based on the data you have collected above for the protected characteristics covered by these aims. In addition to the sources of information highlighted above – you may also want to consider using:

- Equality monitoring data in relation to take-up and satisfaction of the service

- Equality related employment data where relevant
- Generic or targeted consultation results or research that is available locally, London-wide or nationally
- Complaints and feedback from different groups.

Conclusion and Reporting Guidance

Set out your conclusions below using the EA of the protected characteristics and submit to your Director for approval.

If you have identified any negative impacts, please attach your action plan to the EA which addresses any negative impacts identified when submitting for approval.

If you have identified any positive impacts for any equality groups, please explain how these are in line with the equality aims.

Review your EA and action plan as necessary through the development and at the end of your proposal/project and beyond.

Retain your EA as it may be requested by Members or as an FOI request. As a minimum, refer to any completed EA in background papers on reports, but also include any appropriate references to the EA in the body of the report or as an appendix.

This analysis has concluded that...

The analysis has indicated that the Homelessness Strategy 2023-27 will have a positive impact on vulnerable groups, such as single males without dependants threatened with homelessness, due to the new duties under the Homelessness Reduction Act 2017.

The analysis has highlighted that professionals and other front-line staff across health, housing, homelessness and rough sleeping need to understand that age, disability, race, sex, sexual orientation, marital status and intersectionality can all add challenges and nuances to accessing and accepting support services. Following the approval of the Homelessness Strategy 2023-27 an action plan will be developed that takes into consideration equality impact issues throughout. This will be supported by an Implementation Group that will provide scrutiny through the role of the Equalities Manager.

Outcome of analysis - *check the one that applies*

Outcome 1

No change required where the assessment has not identified any potential for discrimination or adverse impact and all opportunities to advance equality have been taken.

Outcome 2

Adjustments to remove barriers identified by the assessment or to better advance equality. Are you satisfied that the proposed adjustments will remove the barriers identified?

Outcome 3

Continue despite having identified some potential adverse impacts or missed opportunities to advance equality. In this case, the justification should be included in the assessment and should in line with the duty have 'due regard'. For the most important relevant policies, compelling reasons will be needed. You should consider whether there are sufficient plans to reduce the negative impact and/or plans to monitor the actual impact.

Outcome 4

Stop and rethink when an assessment shows actual or potential unlawful discrimination.

Signed off by Director:		Name:		Date:	
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By virtue of paragraph(s) 3 of Part 1 of Schedule 12A of the Local Government Act 1972.

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