



Homelessness and Rough Sleeping Sub Committee

Date: WEDNESDAY, 26 APRIL 2023

Time: 1.45 pm

Venue: COMMITTEE ROOM 3 - 2ND FLOOR WEST WING, GUILDHALL

Members:

Deputy Marianne Fredericks (Chairman)	Helen Fentimen
Henrika Priest (Deputy Chairman)	Paul Kennedy
Joanna Tufuo Abeyie	Umer Khan
Deputy John Absalom	Alderman Bronek Masojada
Munsur Ali	Eamonn Mullally
James Bromiley-Davis	Ruby Sayed
Anne Corbett	Mark Wheatley
Mary Durcan	Vacancy (PAB)

Enquiries: **Katie Davies**
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<https://www.youtube.com/@CityofLondonCorporation/streams>

A recording of the public meeting will be available via the above link following the end of the public meeting for up to one civic year. Please note: Online meeting recordings do not constitute the formal minutes of the meeting; minutes are written and are available on the City of London Corporation's website. Recordings may be edited, at the discretion of the proper officer, to remove any inappropriate material.

Whilst we endeavour to livestream all of our public meetings, this is not always possible due to technical difficulties. In these instances, if possible, a recording will be uploaded following the end of the meeting.

Ian Thomas
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 20 February 2023.

For Decision
(Pages 7 - 12)

4. **OUTSTANDING ACTIONS**

Report of the Town Clerk.

For Information
(Pages 13 - 14)

5. **CITY OF LONDON POLICE UPDATE**

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

For Information

6. **GROUNDSWELL - COPRODUCTION PHASE ONE REPORT FINDINGS**

Interim Director of Community and Children's Services to be heard. Presentation by Groundswell.

For Information
(Verbal Report)

7. **STREETLINK**

Interim Director of Community and Children's Services to be heard. Presentation by Greater London Authority.

For Information
(Verbal Report)

8. **ANNUAL SEVERE WEATHER EMERGENCY PROTOCOL (SWEP) REPORT 2022/2023**

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

For Information
(Pages 15 - 22)

9. **ROUGH SLEEPING Q3 2022/2023 PERFORMANCE REPORT**

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

For Information
(Pages 23 - 30)

10. **HOMELESSNESS AND ROUGH SLEEPING STRATEGY 2023-27**

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

For Decision
(Pages 31 - 82)

11. **JOINT HEALTH AND WELLBEING STRATEGY**

Interim Director of Community and Children's Services to be heard.

For Information
(Verbal Report)

12. **'DANIEL' SAFEGUARDING ADULTS REVIEW - ACTION PLAN UPDATE**

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

For Information
(Pages 83 - 102)

13. **ASSESSMENT CENTRE UPDATE**

Interim Director of Community and Children's Services to be heard.

For Information
(Verbal Report)

14. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE SUB COMMITTEE**

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

16. **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

17. **NON-PUBLIC MINUTES**

To agree the non-public minutes of the meeting held on 20 February 2023.

For Decision
(Pages 103 - 104)

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

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

For Information

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

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

HOMELESSNESS AND ROUGH SLEEPING SUB COMMITTEE

Monday, 20 February 2023

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
Joanna Tufuo Abeyie	Alderman Bronek Masojada
Deputy John Absalom	Eamonn Mullally
Mary Durcan	Mark Wheatley

Officers:

Chloe Ainsworth	- Town Clerk's Department
Kirsty Lowe	- Community & Children's Services Department
Scott Myers	- Community & Children's Services
Will Norman	- Department of Community and Children's Services
Chris Pelham	- Department of Community and Children's Services
Chandni Tanna	- Town Clerk's Department

1. APOLOGIES

Apologies for absence were received from Anne Corbett, Reverend Paul Kennedy, Henrika Priest and Ruby Sayed.

The Chair provided an update on the new staff that had joined the Community and Children's Services Department to assist with homelessness and rough sleeping. She also thanked staff who were leaving their roles for new challenges.

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 30 November 2022 be approved as a correct record, subject to the following amendment:

- 'Commissioner' at page 12 should be altered to 'Commander'

4. OUTSTANDING ACTIONS

Members received a report of the Town Clerk setting out the Sub Committee's outstanding actions list.

RESOLVED – That the report be noted.

5. **CITY OF LONDON POLICE UPDATE**

There was no representative of the Commissioner of the City of London Police present.

6. **T1000 PRESENTATION**

The Sub-Committee received a presentation from London Councils and a presentation from St. Mungo's.

In response to a query, the Sub-Committee was informed that T1000 was a cohort created by central government and the Greater London Authority and was consisted of those users who had presented to local authorities within recent years. These users would often be suitable for different pathways that the City Corporation can offer.

Members discussed how the different services that the City Corporation offers for homeless and rough sleepers service users and how they interact.

In response to a query, Members were informed that 50% of rough sleepers are not UK nationals and that, if they wish and depending upon their entitlements, they could be supported to return to their country of origin or to contact family members.

RESOLVED – That the presentations be noted.

7. **ROUGH SLEEPER ASSESSMENT CENTRE UPDATE**

The Sub-Committee received a verbal update of the Executive Director of Community and Children's Service updating it on the rough sleeper assessment centre, including the following points:

- a) The pre-commencement plan and conditions had been completed and staff were working towards a start on site of 20 March.
- b) A pre-commencement meeting had taken place with the professional team and contractor.
- c) Following 20 March initial site set-up, scaffolding would be installed and staff would work towards general construction activities. It was anticipated that the project would be completed by 3 November 2023.

In response to a query from a Member, the Sub-Committee was informed that the assessment centre was a 14-bed unit offering a route off the street for the outreach team's disposal. The Sub-Committee was informed that the team's aim was that a dignified assessment for onward referral would be completed within 28 days.

The Sub-Committee noted that there were various challenges in the construction industry, which could cause delays.

The Sub-Committee received a verbal update of the Executive Director of Community and Children's Service updating it on the Grange Road high

support hostel. It was noted that the site could house 29 people and currently had 23 permanent guests with the remaining beds being held for SWEP use.

RESOLVED – That the updates be noted.

8. **COMMUNICATIONS REPORT**

The Sub-Committee received a verbal update of the Town Clerk providing a communications update on the areas of work within homelessness and rough sleeping.

The Sub-Committee discussed their experiences of StreetLink. It was noted that StreetLink would attend the April 2023 meeting to present. A Member requested that they provided data on their referrals in advance of this meeting so that members might consider solutions to the challenges they face.

In response to a query, the Sub-Committee was informed that the posters shown during the presentation were still in the process of being circulated to local businesses and that they would be more visible in due course.

A Member raised the possibility of utilising the anniversary of Dick Whittington's death to assist with publicising the work of the Sub-Committee.

RESOLVED – That the report be noted.

9. **COMMISSIONING UPDATE AND DEPARTMENTAL CONTRACTS REGISTER**

The Sub-Committee received a report and a presentation of the Executive Director of Community and Children's Services providing Members with details of the current activity, and multi-stream initiatives currently in place and planned to reduce homelessness and rough sleeping in the City of London.

In response to a query, Members were informed that data was primarily held by the City Corporation's partners and that it would be possible to utilise this data to create dashboards for the Sub-Committee.

In response to another query, the Sub-Committee was informed that quarter 2 of 2022's reach was to 192 individuals and that this equated to approximately 600 to 800 people per year.

RESOLVED – *That the report and presentation be noted.*

10. **HOMELESSNESS & ROUGH SLEEPING STRATEGY 2023-27 UPDATE**

The Sub-Committee received a verbal update of the Executive Director of Community and Children's Services on the homelessness and rough sleeping strategy 2023 to 27. It was noted that the team had received 25 responses so far.

RESOLVED – That the report be noted.

11. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE SUB-COMMITTEE**

There were no questions.

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

There were the following items of other business:

- SWEP update
 - The Sub-Committee received a SWEP update. It was noted that SWEP had been activated three times during the winter over the course of 29 days.
 - 43 individuals accessed SWEP accommodation and half accessed this at the Grange Hostel.
- The Chair thanked outgoing members of staff who were leaving the City Corporation.

13. **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
14, 16	3

14. **NON-PUBLIC MINUTES**

RESOLVED – That the public minutes and summary of the meeting held on 30 November 2022 be approved as a correct record.

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

There was no representative of the Commissioner of the City of London Police present.

16. **ANNUAL ROUGH SLEEPING SNAPSHOT 2022 REPORT**

The Sub-Committee received a report of the Executive Director of Community and Children's Services presenting local data analysis of the recent 2022 Rough Sleeping Snapshot.

RESOLVED – That the report be noted.

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

There were no non-public questions.

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

There was no other business.

The meeting closed at 1.00 pm

Chairman

**Contact Officer: Chloe Ainsworth
Chloe.Ainsworth@cityoflondon.gov.uk**

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Homelessness and Rough Sleeping Sub Committee – Outstanding Actions
April 2023 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. Delayed.

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Committee:	Dated:
Homelessness and Rough Sleeping Sub-Committee	26/04/2023
Subject: Annual SWEP Report 2022/2023	Public
Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?	1, 2, 3, 4, 11
Does this proposal require extra revenue and/or capital spending?	No
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: Rowan Wyllie, Rough Sleeping Co-ordinator, Department of Community and Children's Services	

Summary

This report presents narrative and analysis on the City of London's (COL) provision and outcomes in relation to its Severe Weather Emergency Protocol (SWEP) 2022/2023. It also includes references to previous years SWEP activations.

This report shows the significant increase in the number of nights in which SWEP was active during the winter of 2022/2023 compared to the previous year, and the significant increase in the number of individuals who accepted SWEP accommodation. There were 53 acceptances of SWEP offers by 50 unique individuals (three clients accepted twice across the SWEP season). This success is over double the achievement of the two financial years prior, when 21 individuals accepted SWEP each year. This report also notes that 79% of SWEP stays resulted in further accommodation.

Recommendation

Members are asked to:

- Note the report.

Main Report

Background

1. SWEP aims to prevent loss of life during periods of extreme and freezing weather in the City of London (CoL).
2. SWEP is both a local protocol, with CoL-specific guidance and procedures; it is also a Greater London Authority (GLA) protocol. This is reflected in two main ways:

- SWEP Accommodation: GLA has Pan-London SWEP provision, though local authorities will also provide their own local provision. The expectation is that, under

normal circumstances, local authorities will exhaust their own accommodation before utilising the GLA Pan-London offer, though there are exceptions based on the client's needs.

- SWEP Activation: The GLA will activate SWEP when any part of the capital is forecast to be 0 degrees or lower overnight. CoL can activate its own SWEP protocol independent of GLA activation, but the scenarios where this would occur are rare.

- Once SWEP has been activated by the GLA and CoL officers, Thames Reach City Outreach team target all rough sleepers in the CoL to make an offer of accommodation. Accommodation offers consist of extra temporary beds in CoL-commissioned supported hostels, hotel accommodation, assessment centre beds, and temporary accommodation studio units.

Current Position

4. Provision

The local SWEP accommodation provision available for City Outreach consisted of a range of different accommodation projects within the CoL Pathway. This provided a varied set of offers for frontline services to deliver a person-centred approach and appropriate placement.

- This ranged from extra spaces at the CoL's 24-hour staffed support hostels, spaces in the new high-support accommodation, Grange Road, hotel bookings, and GLA provided Pan-London SWEP accommodation.
- Once clients accessed accommodation via SWEP bedspaces, they were assessed by the City Outreach Service and supported to enter the CoL accommodation pathway if eligible for services. This ensured availability within the local SWEP provision throughout the activation periods.
- The 'In for Good' principle dictates that local authorities operating under the GLA SWEP protocol should aim to retain all rough sleepers placed into accommodation during SWEP periods until there is a support plan in place to end their rough sleeping. This was adhered to by the CoL.

8. Activity

The following table shows the total amount of nights in Q3 and Q4 2022/2023 that were active under SWEP protocol:

2022/2023	
SWEP activation - deactivation	Nights
07/12/2022 - 20/12/2022	13
13/01/2023 - 25/01/2023	12
27/01/2023 - 30/01/2023	3
06/02/2023 - 08/02/2023	2
07/03/2023 - 08/03/2023	1
10/03/2023 - 13/03/2023	3
Total Nights	34

The number of nights that SWEP was active in 2022/2023 was significantly different to the previous year. The following table shows the total number of active SWEP in comparison to the two previous financial years:

SWEP Period	Frequency of Activation	Total Nights
2020/2021	8	42
2021/2022	8	15
2022/2023	6	34

During 2022/2023 there was two extended SWEP periods both of nearly two weeks. These were much longer than the average activation. These activations allowed for a longer duration of case working with clients who may be reluctant to accept accommodation, rather than the offer of SWEP accommodation being a unique opportunity on one night.

9. The following table shows the number of clients who accepted SWEP in each period of activation:

SWEP Period	Dates	Total Clients Accepting SWEP
1	07/12/2022 - 20/12/2022	30
2	13/01/2023 - 25/01/2023	14
3	27/01/2023 - 30/01/2023	1
4	06/02/2023 - 08/02/2023	1
5	07/03/2023 - 08/03/2023	3
6	10/03/2023 - 13/03/2023	4

10. The table above shows that the first two period of SWEP activation were highly successful, with very high levels of acceptance of SWEP. Weather at this time was forecasted as snow and ice, and this could be a significant factor related to the high frequency of client accepting SWEP accommodation.

11. Length of SWEP stay

The following table displays the length of time clients stayed in their SWEP accommodation:

Length of SWEP Stay (Nights)	Frequency of clients
1	4
2	3
3	3
4	2
5	1
6-10	18
11+	15
Not recorded on CHAIN	7

Most stays surpassed six nights, and only four clients stayed a single night in SWEP accommodation. Further analysis of the four clients who spent one night in SWEP accommodation found that one client moved into CIE, one client went into Crisis at

Christmas accommodation, and two clients abandoned the SWEP placement.

12. Move on:

The following table shows the destination on departure from SWEP accommodation:

Row Labels	Count of Move on
Adult Social Care – Hotel provision	1
Bridge Hotel (temporary accommodation)	2
City Inn Express	7
Crimscott Street	1
Crisis at Christmas	8
Detox	1
Grange Road	10
Hospital	1
No Second Night Out	1
Reconnection	3
Return to Rough Sleeping - Abandoned	9
Return to Rough Sleeping - Evicted	2
Supported Accommodation – Out of Borough	4
Temporary Accommodation	2
Unknown	1
Grand Total	53

13. The table shows that there was a broad range of accommodation solutions utilised post-SWEP. Of the 53 accommodation stays of 50 unique individuals, 42 (79%) concluded with accommodation being retained. Analysis shows that 11 (21%) of the 53 accommodation stays resulted in abandonment or eviction. Individuals who abandon accommodation or are evicted continue to be supported by outreach service from the street, and they would continue to be offered SWEP accommodation while SWEP is activated.

14. The most common accommodation solution in the cohort was access to the CoL Pathway. This includes Grange Road (10/53 SWEP stays), City Inn Express (7/53 SWEP stays) and temporary accommodation (including Bridge hotel, 4/53 SWEP stays). Of the 53 SWEP stays, 39% were concluded with access to accommodation provided by the CoL. Alternate resolutions were also sourced, including referrals to Crisis at Christmas (8/53 SWEP stays) and supported accommodation out of borough (4/53 SWEP stays).

15. The successful outcomes demonstrate that across Q3 and Q4 2022/2023, SWEP protocol enabled access to accommodation for 50 individuals in CoL across 53 accommodation stays, which was over double the success rate of both 2020/2021 and 2021/2022, where 21 individuals each year accessed accommodation via SWEP.

16. Demographics

The following table displays the amount of the clients who accepted SWEP offers, across genders:

Gender	Frequency
Female	7
Male	43
Non-binary	0
Grand Total	50

The analysis shows 14% of clients who accepted SWEP identified as female, which is in-line with national and London proportions of gender demographics.

17. The following table displays the different immigration status of clients who accepted SWEP offers:

Row Labels	Count of Immigration status
EEA - No status	4
EEA - Not known	3
EEA - Pre-settled	4
EEA - Settled	1
EU - Irish	1
Indefinite leave to remain	2
Non-UK - No status	1
Not Known	3
UK National	29
Grand Total	50

The varying immigration status shown above can be analysed to see the proportion of individuals who are eligible to public funds. Access to public funds can determine possible move on options. During the assessment period, clients are referred to relevant specialist immigration support services such as Praxis.

18. Support Needs

Clients who declined SWEP:

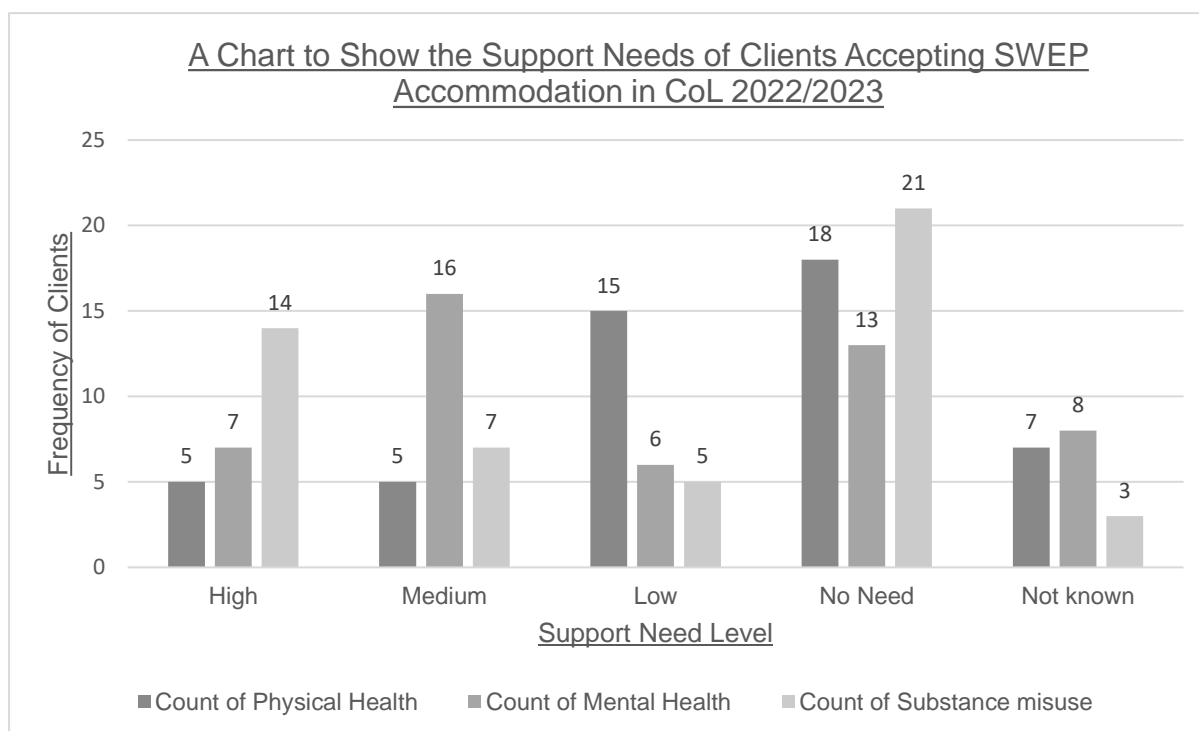
The following table shows the breakdown of the support needs of the 22 clients who repeatedly declined SWEP during the period.

Support needs of Individuals who declined SWEP	Count
Alcohol Only	0
Other Substances Only	1
Mental Health Only	9
Substances & Mental Health	3
Alcohol & Mental Health	1
Alcohol, Substances, & Mental Health	1
Alcohol, Substances, Mental Health & Physical Health	1
Mental Health & Physical Health	1
No support needs recorded	5
Grand total	22

19. The data displays that 'mental health only' is the most common support need in individuals who decline offer of SWEP accommodation for the period 2022/23. This is consistent with previous years.

20. Clients who accepted SWEP:

The following chart displays the different levels of support needs reported by the clients accepting SWEP in CoL 2022/2023:



Notably, the most common 'high' level support need was substance misuse, and the most common 'medium' level support need was mental health.

Out of the 50 individuals who accepted SWEP accommodation; 25 had a level of physical health support need, 29 had a level of mental health support need, 25 had a level of substance misuse support need.

21. Information regarding support needs was collated utilising SWEP risk assessment forms combined with data already held on the Combined Homelessness and information Network (CHAIN). Once support needs were identified, relevant support services were contacted, and clients were supported to engage with them.

22. Support Provided

The support provided by City Outreach, with the support of City Mobile Intervention and Support Team (MIST) and City and Tower Hamlets Navigators, had the primary aim of linking clients in with relevant services whilst there was opportunity of the client being inside safe accommodation. This included but was not limited to; access to GP, application of benefit claims and referral to relevant accommodation providers.

Options

23. There are no additional options arising from this paper.

Proposals

24. There are no proposals arising from this paper.

Corporate & Strategic Implications

25. There are no strategic implications directly related to this report

Financial implications – N/A

Resource implications – N/A

Legal implications – N/A

Risk implications – N/A

Equalities implications – N/A

Climate implications – N/A

Security implications – N/A

Conclusion

26. The SWEP period during winter months of 2022/2023 was significantly busier than the previous year, with increased success of clients accepting accommodation offers. While SWEP was activated six times, two times less than the previous two years, the total number of days activated was 34, over double the financial year previous (2021/2022 total nights = 15).

A total of 50 rough sleepers accepted offers of SWEP accommodation during activation periods in 2022/2023, while 22 individuals declined the offer at some point over the winter months. Mental health needs are identified in this report as a significant challenge to supporting clients who decline SWEP offers.

The successes of the 2022/2023 SWEP period are highlighted with most clients remaining in accommodation after SWEP was de-activated. Clients accessed accommodation via the CoL including the new Grange Road hostel and City Inn Express Assessment Service.

Rowan Wyllie (she/her)

Rough Sleeping Co-ordinator

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Committee:	Dated:
Homelessness and Rough Sleeping Sub-Committee	26/04/2023
Subject: Rough Sleeping Q3 2022/2023 Performance Report	Public
Which outcomes in the City Corporation’s Corporate Plan does this proposal aim to impact directly?	1, 2, 3, 4, 11
Does this proposal require extra revenue and/or capital spending?	No
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: Rowan Wyllie, Rough Sleeping Co-ordinator, Department of Community and Children’s Services	

Summary

This report presents data and a brief narrative related to rough sleeping, and the accommodation of rough sleepers, in the City of London (CoL) during the Quarter 3 (Q3) period, October to December 2022. It includes reference to yearly and previous quarterly CoL and neighbouring borough comparisons.

This report shows that Q3 had stable levels of overall rough sleeping numbers in comparison to the previous financial year, and a consistent rate of accommodation outcomes across the two previous financial years.

The delivery of the Severe Weather Emergency Protocol (SWEP) and the support of clients into accommodation during freezing weather was very successful, with 30 clients accepting accommodation in Q3 alone. Overall success of SWEP, which occurs throughout both Q3 and Q4, increased from 21 clients in 2021/2022 to 53 in 2022/2023.

Success was also seen in the reduction of the ‘Living on the Streets’ cohort, which was reduced by 12% to the previous quarter, and outcomes were largely supported by the opening of Grange Road.

In general, the activity of rough sleeping and the outcomes of homelessness services in the CoL were consistent. Any increase in activity is in line with neighbouring boroughs, with percentage growth significantly less than comparable local authorities.

Recommendation

Members are asked to:

- Note the report.

Main Report

Background

1. The present report draws data collected from the Combined Homelessness and Information Network (CHAIN) for Q3 2022/2023. The data analysed in this report is freely available to members of the public online at the London Datastore - Greater London Authority (GLA).
2. This report also references papers submitted to the Homelessness and Rough Sleeping Sub-Committee. Namely, the Annual Street count report, Annual SWEP report 2022/2023 and the Q3 2021/2022 report.
3. For the City of London, the landscape of Q3 2022/2023 differed to that of previous financial years as it featured the increased variety of accommodation options for clients. Grange Road, the flagship high-needs hostel for CoL clients, opened in November, providing additional bedspaces in the CoL pathway and support to clients with more complex support needs.

Current Position

Q3 2022/2023 compared to previous years

4. The following table compares the total number of individuals seen rough sleeping in the CoL in Q3 in each of the last four years:

2019/2020	2020/2021	2021/2022	2022/2023
Q3	Q3	Q3	Q3
145	132	183	193

5. Direct comparison to Q3 in previous years shows a slight increase in rough sleeping in the CoL. Increases in rough sleeping were also seen in neighbouring boroughs in Q3 2022/2023, however, the upwards trends in CoL were significantly less than comparable local authorities. This can be seen in the table below.

	Q3 2021/2022	Q3 2022/2023	Increase	% Increase
City of London	183	193	10	5.50%
Tower Hamlets	103	149	46	44.60%
Westminster	588	704	116	19.70%
Camden	238	275	37	15.50%
Islington	87	122	35	40.20%

Comparison with street audits

6. The City of London Outreach team, provided by Thames Reach, conduct 'Street audits' every month to count all clients seen rough sleeping on a single night. The aim is to find out how many individuals there are on an 'average night' throughout the year.
7. A separate non-public report was submitted to sub-committee in February 2023¹ which details the annual snapshot which took place in Q3, November 2022.

Rise in rough sleeping analysis

8. Further analysis of the 193 individuals seen rough sleeping in CoL is shown in the following table, and the three main cohort groups are highlighted (New rough sleepers, Living on the streets, and Intermittent rough sleepers):

Volumes	Q3 2020/2021	Q3 2021/2022	Q3 2022/2023
New Rough Sleepers (All)	39	60	60
Living on the Streets (All)	44	67	65
Intermittent Rough Sleepers	52	61	72
Total	132	183	193

9. The three main cohort groups in the table are stated above and can be defined as:

New Rough Sleepers – clients who are new to rough sleeping, and are verified as such for the first time on CHAIN.

10. **Living on the streets** – clients who have been street homeless for an extended period of time during the period (three or more weeks between the earliest and latest bedded down contact, or five or more bedded down contacts in the same reporting period).

11. **Intermittent Rough Sleepers** – clients who are seen rough sleeping sporadically, or for short periods of time, and have been previously verified on CHAIN.

12. The table above shows that there has been a comparable number of rough sleepers in each cohort group in comparison to 2021/2022, and a significant increase compared to 2020/2021.

13. Significant differences between 2020/2021 and 2022/2023 can largely be accounted for by the 'Everyone In' directive that was in operation for most of 2020/2021 in response to COVID-19. This included the confirmation that all individuals were to be offered accommodation, and the ban on eviction of tenants.

¹ NON-PUBLIC Annual Snapshot Count 2022

New rough sleepers

14. Further analysis of New Rough Sleepers found that 50% did not have a second night out rough sleeping. This shows that, of the 60 New Rough Sleepers in Q3, 30 were not seen in the CoL again.

Intermittent and recurring rough sleeping

15. The table below shows that most Intermittent Rough Sleepers spend less than three nights rough sleeping across Q3 (50 out of 72 individuals). Intermittent rough sleepers often already have accommodation, and the Outreach team supports them to return there and contact their relevant support networks.
16. The table below shows that 19 out of 72 Intermittent Rough Sleepers (25%) were seen rough sleeping for only one night in Q3.

No. bedded down street contacts during this period	No. intermittent rough sleepers
1 street contact	19
2 street contacts	19
3 street contacts	12
4 street contacts	14
5 street contacts	6
6 or more street contacts	2
Total	72

Living on the streets

17. The Living on the Streets cohort has reduced in comparison to the previous quarter, decreasing by 12% to 65 individuals. Classification for the Living on the Streets cohort is determined by the GLA.
18. An individual deemed as 'Living on the Streets' is based on their occurrences of rough sleeping, and not based on the duration of time at the specific location. Individuals who are Living on the Streets typically have higher support needs than individuals who are Intermittent or New Rough Sleepers.
19. Success in reducing this cohort size in Q3 can be linked to the opening of the Grange Road accommodation, which is specially tailored to support individuals with higher and more complex needs, as it is designed to be a psychologically informed setting.
20. Wrap-around support is also offered from the street by specialist outreach services, such as Rough Sleeping Mental Health Project (East London Foundation Trust, which provides support with acute mental health needs) Adult Social Care, and Turning Point (substance misuse). Therefore, support is not dependent on clients being in accommodation, rather it is based on their needs.

Client demographic analysis

21. Analysis of the Q3 2022/2023 demographic data shows that there were no significant changes across gender, age, nationality, or ethnicity.

22. The following table shows the gender of clients seen in Q3 2022/2023 compared to the previous financial year:

	Frequency Q3 2022/2023	Frequency Q3 2021/2022
Female	19 (10.1%)	19 (11%)
Male	170 (89.9%)	151 (89%)
Non-binary	0 (0%)	0 (0%)

23. The following table displays the age range of the cohort in Q3 2022/2023 compared to the previous financial year:

	Frequency Q3 2022/2023	Frequency Q3 2021/2022
18-25	7 (3.6%)	10 (6%)
26-35	39 (20.2%)	46 (25%)
36-45	67 (34.7%)	63 (34%)
46-55	52 (26.9%)	45 (25%)
55+	27 (14%)	19 (10%)

The largest cohort of clients were aged 36–45 (34.7%) and the second largest was 46–55 years old (26.9%). Only seven individuals were aged 18–25 (3.6%).

24. The following table shows the different ethnicity groups of clients in Q3 2022/2023 compared to the previous financial year:

	Frequency Q3 2022/2023	Frequency Q3 2021/2022
White – British	48.20%	39.30%
White – Other	24.40%	26.20%
Black or Black British	8.90%	6.60%
Asian or Asian British	2.60%	2.10%
Mixed	3.60%	2.10%
White – Gypsy/Irish Traveller	0.00%	0.50%
White – Roma	0.00%	0.00%
Gypsy/Romany/Irish Traveller	0.00%	0.00%

The largest ethnicity group was ‘White – British’ (48.2%). Followed by ‘White – Other’

(24.4%).

25. The following table displays the different nationality groups of clients in Q3 2022/2023 compared to the previous financial year:

	Frequency Q3 2022/2023	Frequency Q3 2021/2022
UK	112 (66%)	91 (63%)
CEE	39 (23%)	31 (22%)
Other EU	5 (3%)	6 (4%)
Rest of the World	12 (7.2%)	8 (4%)

The largest nationality group out of the 193 clients was UK National (62.7%), followed by Europe (EEA) (29.4%) where 8.7% of this group were Romanian, and 7.1% were Polish.

Accommodation outcomes

26. In comparison to Q2, significantly more individuals were supported into accommodation in Q3.

Outcome	Jul-Sep 2022	Oct-Dec 2022
	No. people	No. people
Booked into emergency accommodation (Hotels, SWEP bedspaces)	1	49
Booked into other temporary accommodation (Where accommodation is time-limited, including Temporary Accommodation, City Inn Express, Grange Road and other supported settings)	51	38
Booked into long-term accommodation (Accommodations with assured tenancies, Privately rented Sector, Sheltered Housing)	2	2
Reconnected (Domestic and Abroad)	0	1
Total	54	90

27. The most significant increase from Q2 to Q3 shown in the table above is the total amount of bookings into emergency accommodation. This is due to the cold weather triggering the SWEP, and emergency accommodation becoming available locally and Pan-London.

28. Q3 was very successful in outcomes for the number of individuals who accepted SWEP accommodation. The 'Annual SWEP Report 2022'² regarding this notes that 53 clients accepted SWEP across the winter period in total, up from 21 the previous year. In Q3, 30 clients accepted offers of SWEP accommodation.

29. Table to show Q3 accommodation outcomes year on year comparison:

Q3 2019/2020	Q3 2020/2021	Q3 2021/2022	Q3 2022/2023
39	72	82	89

30. The table shows the success in consistency of high accommodation outcomes post-pandemic and 'Everyone In'. Across the last three financial year, attainment of accommodation outcomes continue to be higher than those achieved pre-pandemic.

Options

31. There are no additional options arising from this paper.

Proposals

32. There are no proposals arising from this paper.

Corporate & Strategic Implications

33. There are no strategic implications directly related to this report.

Financial implications – N/A

Legal implications – N/A

Risk implications – N/A

Equalities implications – N/A

Climate implications – N/A

Security implications – N/A

Conclusion

Analysis of rough sleeping activity in Quarter 3 of the 2023-2023 financial year for the City of London found that levels of rough sleeping is generally consistent with the same reporting period of the previous year.

In comparison to the neighbouring boroughs of CoL, the increase in rough sleeping is considerably less in CoL than the increase seen in other local authorities.

² Annual SWEP Report 2022

Reduction in specific rough sleeping cohorts is evidenced in the 'Living on the Streets' cohort, which decreased by 12% in comparison to Q2. This success is linked with the opening of the Grange Road hostel which specially caters to individuals with high support needs.

SWEP delivery in Q3 was found to be very successful, with the highest rate of acceptance of accommodation offers in the last 3 years.

Overall, accommodation outcomes achieved continue to be higher than those achieved pre-pandemic and remain to be at a consistent level in comparison to the last three financial years.

Background Papers

1. Annual Snapshot Count 2022
2. Annual SWEP Report 2022-2023

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Committees: Homelessness & Rough Sleeping Subcommittee – For Decision Community and Children’s Services Committee – For Decision	Dated: H&RS - 26/04/23 CCS - 03/05/23
Subject: Homelessness and Rough Sleeping Strategy 2023-27	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 – Community and Children’s Services	For Decision – H&RS For Decision – CCS
Report author: Scott Myers, Strategy & Projects Officer, Community and Children’s Services	

Summary

This report updates Members on the response to the public consultation of the Homelessness and Rough Sleeping Strategy for 2023-27 following its 12-week public consultation.

This paper also sets out the final version of the strategy for Members’ approval.

Recommendation

Members are asked to:

- Members of the Homelessness and Rough Sleeping Subcommittee are invited to endorse the following recommendations for approval by the Community & Children’s Services Committee**

Main Report

Background

- The Homelessness and Rough Sleeping Strategy 2023-2027 has been through a 12-week public consultation period. The strategy was shaped by analysis of homelessness and rough sleeping in the City of London 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.
- The strategy for 2023–27 put forward to public consultation four key outcomes, each with areas of focus. These outcomes were as follows:

- a. Rapid, effective and tailored interventions minimise the duration of and prevent homelessness
 - b. Access to suitable and affordable accommodation is increased
 - c. Collaboration and partnership is strengthened and reaches across traditional boundaries
 - d. Support beyond accommodation secures wellbeing, improves employability and supports recovery
3. The strategy was reviewed following consultation, and a copy of the final strategy for approval can be found in Appendix 1.
 4. The development of a dedicated action plan will be undertaken after the approval of this strategy. Actions will be developed by using the feedback from the public consultation, further engagement with individuals who have lived experience of homelessness and rough sleeping, as well as further discussions with our key partners.
 5. The action plan will show how we and our partners intend to tackle the identified outcomes and objectives and progress will be determined by providing statements of impact.
 6. The strategy and action plan will be overseen and monitored by the Homelessness & Rough Sleeping Sub-Group.
 7. Details of the response to the public consultation has been set out in Appendix 2.

Current Position

Response to consultation feedback

8. Overall response to the proposals consulted on have been very positive, with most of the suggestions being related to the delivery of the strategy through a dedicated action plan.

Action Plan

9. Consultation feedback strongly noted the need for meaningful actions to achieve the proposed outcomes and objectives, with clear identification of which agency is responsible, how and when this will be delivered, and what success will look like.
10. An action plan will be developed to sit alongside this strategy after approval by Members. This is to ensure that both consultation feedback, other recently undertaken engagement work with people lived experience of homelessness and rough sleeping and further conversations with key partners result in actions that are evidence-based, using feedback from service users and service professionals.

Corporate & Strategic Implications

Strategic implications

11. This strategy's outcomes are designed to contribute to the delivery of the Corporate Plan 2018–2023 by aligning to these four outcomes:

Outcome 1: People are safe and feel safe

Outcome 2: People enjoy good health and wellbeing

Outcome 3: People have equal opportunities to enrich their lives and reach their full potential

Outcome 4: Communities are cohesive and have the facilities they need.

Financial implications

12. None identified

Resource implications

13. None identified

Legal implications

14. 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

Risk implications

14. 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.

Equalities implications

15. Developing a dedicated Homelessness and Rough Sleeping Strategy with a strong action plan will work towards tackling inequality of opportunity. A dedicated Equality Impact Assessment has also been developed to demonstrate this, as inequality disproportionately impacts on those with protected characteristics. A copy of the Equality Impact Assessment can be found in Appendix 3

Climate implications

16. None identified

Security implications

17. None identified

Conclusion

18. The proposed strategy is the overarching strategic document that guides how the City Corporation and its partners will support those facing homelessness and or rough sleeping through its outcomes and objectives. The strategy is a partnership document that allows us to deliver our services and activities in synergy with our key partners to improve outcomes for people who use homelessness services or who are rough sleeping.

Appendices

- Appendix 1 – Homelessness and Rough Sleeping Strategy 2023-27
- Appendix 2 – Homelessness and Rough Sleeping Strategy Consultation Responses
- Appendix 3 – Homelessness and Rough Sleeping Strategy Equality Impact Assessment

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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.

Introduction

1. This paper sets out details on the 12-week public consultation, including how it was promoted, data on who responded and details of the feedback received.
2. As part of the consultation, a series of questions were asked about various aspects of the strategy, and whether respondents agreed with the identified outcomes and priorities.

Public consultation

3. Following the development of the strategy, a twelve-week public consultation period was undertaken to gather feedback from service users, Members, City of London residents and service professionals on the identified outcomes and priorities.
4. The consultation was hosted on the City of London website and was open for a period of twelve weeks (12 December 2022 – 12 March 2023).
5. The consultation was promoted to various individuals and groups to provide the widest range of feedback. This included elected Members of the City Corporation, City of London business and resident groups, City Corporation staff, the voluntary and community sector, health and care, City of London Police, the Safer City Partnership and homelessness and rough sleeping services, such as hostels.
6. As well as promoting the consultation to individual groups, other forms of advertising the consultation was conducted. This included:
 - a. Resident, Member & estate newsletters
 - b. Full page advertisement in print copies of City Matters and City AM
 - c. Frequent social media posts of the City Corporation Twitter and LinkedIn pages

Consultation response data

7. Over the course of the consultation period, page visits and the bounce rate of the consultation page were monitored on a weekly basis to provide analysis of the amount of people attempting to complete the survey. This provided evidence that promotion of the survey was having an impact on the number of people completing the survey, and if necessary, adjustments to the level of promotion could be made.
8. Page visits and engagement with the consultation remained good throughout the consultation period. At the end of the consultation period, over 80 unique hits to the consultation web page were registered, with 80% of page viewers engaging with the material displayed on the page.

Homelessness & Rough Sleeping Strategy 2023-27 Consultation Responses

9. Over the 12-week consultation period, a total of 34 responses were received. Of these...
 - a. 62% (21) were residents of the City of London
 - b. 37% (13) were not residents of the City of London
10. The consultation asked respondents why the Homelessness and Rough Sleeping Strategy was important to them. Respondents were able to select more than one option. Of these, 50% (20) said because they were a resident of the City, 25% (10) said because they were a worker in the City, 5% (3) said because they had lived experience of homelessness and 20% (8) gave another reason.
11. Due to the discrepancy between page hits, the high percentage of individuals who engaged with the page content and the lower number of submitted responses, it can be assumed that most individuals who engaged with the proposed strategy had no further comment to make and can be taken as a positive response to the consultation.

Consultation response

12. The below sets out the questions asked during the consultation, as well as responses to each of the questions.
13. Question 1: What do you think is the biggest challenge facing people who are homeless or rough sleeping in the City of London today?
 - a. For those that rely on the private rented sector for their accommodation, the increasing cost of rent and the shortage of rented properties in London is having a negative affect on those who are already homeless or rough sleeping, or at risk of being homeless.
 - b. Issues around addiction and mental health
 - c. wider economic and national policies
 - d. Lack of local housing choice & provision locally to assist people rough sleeping, lack of employment opportunities and accessibility of drugs and physical and mental health issues
 - e. Availability of safe shelter
 - f. Secure, safe housing
 - g. Money
 - h. Access to secure affordable accommodation and support for mental health
 - i. Being homeless / sleeping rough
 - j. It will vary
 - k. how to find help from the various organisations they might think of turning to
 - l. Finding a safe place to sleep
 - m. Desire to come off and have a safe place
 - n. Lack of affordable accommodation
 - o. Multiple complex needs but only eligible for a TA offer
 - p. Multiple support needs - mental health, addiction and lack of suitable, affordable, housing

- q. Lack of care by the UK's richest local authority
- r. Comprehensive support
- s. Affordability
- t. Demand exceeds supply of accommodation and associated services.
- u. Access to information
- v. Lack of any realistic prospect of obtaining housing at a reasonable price.
- w. Fear, mental health, addiction
- x. City of London does not wish to know, they have deliberately sold off housing within the Barbican, such as Blake Tower, Bernard Morgan House, anything to remove and or provide any social housing within the City of London boundary areas.
- y. Having a safe, secure place over their head
- z. Long term accommodation
- aa. Finding somewhere to live that is affordable.
- bb. Being treated with respect whilst being on the street and finding somewhere to live that is suitable
- cc. Being able to afford a property for rent in the private sector
- dd. Lack of resources, both statutory services and the charity sector are running on very limited means whilst being asked to do more and more. Funding is decreasing whilst demand is not only increasing but the approaches have more and more complex needs. Increasing suitable housing stock and appropriate support provision is impossible without more funding but also stronger collaboration and integration of services. Indeed now that the pandemic has "ended" we are back to a lack of robust links and communication between services, and lack a holistic approach in practice.
- ee. Getting access initially to appropriate assessments and intervention e.g. CMHT, palliative Care, GP and subsequently access to affordable Move on Accommodation.
- ff. Knowing how to access services and where they are
- gg. Increasing numbers and individuals have complex needs. Greater cost of living.
- hh. The transient nature of rough sleepers in the City of London, particularly in the square mile, makes it difficult to provide a health response throughout the day

14. Question 2: How do you think the Draft Strategy could be improved?

- a. An action plan is one is planned
- b. Outreach is the biggest challenge - eg. Responding to Street Link
- c. Include a more holistic approach to earlier support (skills development, mental health support) for young people to a) demonstrate a systems thinking approach and b) improve life chances for all so that their risk of future homelessness is reduced

Homelessness & Rough Sleeping Strategy 2023-27 Consultation Responses

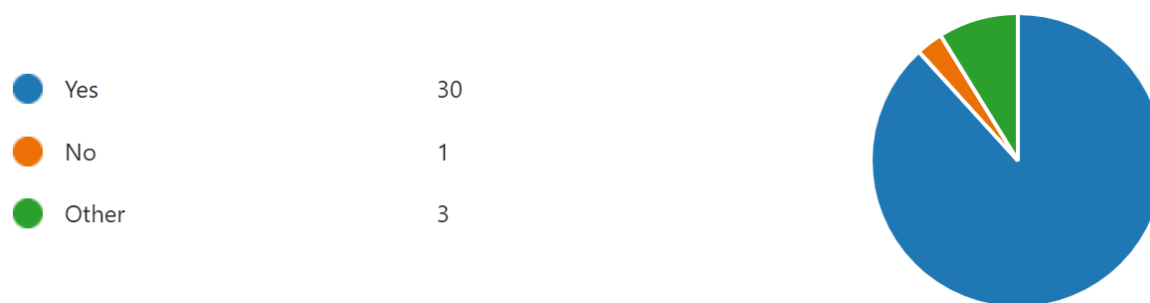
- d. Words on paper do not necessarily become action without leadership and commitment- it's important this strategy and agenda continues to be championed, challenged and resourced
- e. I didn't see any metrics / benchmarks etc... how do you measure what is good/success?
- f. Convert some empty offices into decent flats at capped social rents
- g. There is no description of HOW you will action your objectives. Its very open, and appears a standard document used by all local councils.
- h. Supplementing the objectives with quantified and time-specific commitments
- i. Actually remove homeless people / rough sleepers from public areas - it's to no-ones benefit to allow this
- j. Set more measurable objectives and make homelessness less attractive to the 38 per cent of those street homeless who have long term histories of rough sleeping, who remain very resistant to service offers and engagement
- k. specify location of help and let general public/police/social services/City clergy know of this ONE place or contact point that they can call
- l. Could say more about the abuse of homeless people. Trafficking - gangs - exploitation - cuckooing etc.
- m. I think this is the most important bit and should be maintained.. Open a dedicated Rough Sleeping Assessment Centre in the Square Mile to provide emergency accommodation, and a safe place of rapid intervention and assessment
- n. Making accommodation and benefit caps accessible to all
- o. More concrete detail on delivery
- p. Increase the amount of truly affordable rented accommodation in the City
- q. Not sure why the City needs public consultation on this - just tackle the issue
- r. Ensuring people with lived experience co-produce and feed into it
- s. We support various homeless charities active in and around the city. Why does your strategy make no reference to these? Or indeed to the facilities in neighbouring areas. Have you reviewed availability of public sector and charity-provided accommodation for the homeless who happen to stray into the square mile? Surely better liaison and sharing with these and better information for those affected would be preferable to setting up yet another homeless shelter within the City for such relatively small numbers. This might have the effect of increasing the numbers coming into the city boundaries which businesses and residents may not welcome.
- t. Would like to see the "everybody in" and "housing first" angle emphasised and foregrounded more strongly – where somebody is already homeless / rough sleeping, that needs to come first, everything else follows.
- u. Provide access to appropriate mental health support and how to sustain a home
- v. It is absolutely pointless having these consultations as the City of London NEVER listens to residents, I should know - as I have studied and lived

within the City boundary areas for over 25 years! Office buildings owned by the City of London Corporation need to be rebuilt where possible with a mixture of real affordable social housing for residents, families and key workers. Demolish buildings that are decaying, such as the Golden Lane Estate, replacing with similar style but at least 5-10 stories increase in height on the same foot print. All other new office blocks, in the private sector within the City of London, should be compelled to have at least one floor of social housing, one to two floors of affordable housing to rent or for sale, a mixture is required. City of London should consider lands immediately abutting its boundary areas to increase its land mass and so then increase social housing. Install solar panels where possible on existing buildings, just look at the mass of flat roofs all over Golden Lane Estate, the electricity generated could reduce the bills for communal areas and or provided for free to the community buildings!

- w. Focus on housing first and then support after they are housed.
- x. good strategy and needs emphasis on long term accommodation - especially private rented sector
- y. set out how you are going to help people into stable accommodation
- z. I think it is good
- aa. This is hard to tell without an impact assessment of the old strategy or an up to date needs assessment. Add an outcome/action about how to address the lack of immediate safe spaces away from the street for all rough sleepers (be more transparent about gaps in service provision). Recognize that the City takes in Rough sleepers from all over london so they could play a bigger/influencer role pan london/regionally (lead by example), especially in terms of encouraging pan london funding to help all RS. An outcome or action on how the housing stock for move on accommodation and independent living needs to be amplified Explicit focus on health priorities Tackling problems of data sharing among support agencies : strategic approach to data and insight Ensuring services fit the individual, rather than expecting individuals to conform to services : person centric approach - trauma informed, accessible, timely and flexible support (e.g: peer led approach : advocacy, wellbeing, assertiveness)
- bb. The strategy is very clear and covers lots of the key challenges, I did not see anything in regards Palliative Care.
- cc. Details of how to publicise the service
- dd. I think it seems comprehensive
- ee. Strengthening system wide approaches should discuss the commissioning of services that sit in the City - there needs to be an understanding

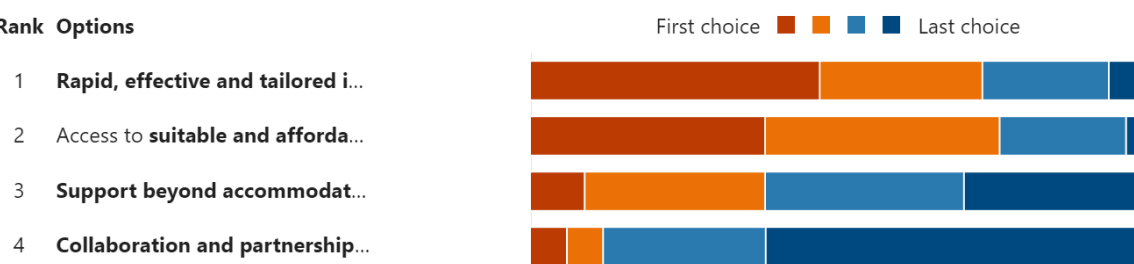
15. Question 3: Do you agree with our Outcomes?

Homelessness & Rough Sleeping Strategy 2023-27 Consultation Responses



16. Question 4: What do you think is the most important outcome for supporting those at risk of, or experiencing homelessness and rough sleeping?

Rank Options



17. Question 5: What gaps do you think there are in the outcomes?

- None x10
- People leaving hostels/returning to the streets
- Yes the gaps/weaknesses above is the risk of seeing the intervention as a graded list of importance. They are all equally vital for a successful outcome in each individual case. It's the mix and timed intervention of each one that will be different, and will be key to an individual's success.
- I do think this should be a 'fluid' strategy... there will always be gaps but that's ok as this will need to be adopted as work commences
- Recognise that a return to the last area they lived in might have been abusive
- Collaboration with other areas. There should be a GLA joined up service across all of London. A one place shop, who coordinates across these invisible boundaries. This would then support specialist staff.
- Quantified and time-specific commitments
- You seem to accept homelessness / rough sleeping as a legitimate choice - in fact it is incredibly anti-social
- None of these deal with 38 per cent of those street homeless have long term histories of rough sleeping, who remain very resistant to service offers and engagement
- Co-production - a strengths based approach
- I think it's a good start
- Time to build social and affordable PRS housing
- Update planning strategy to prevent further depletion in social housing in the City

Homelessness & Rough Sleeping Strategy 2023-27 Consultation Responses

- n. Just give these people a home
- o. Continuing support to stop it reoccurring
- p. It includes collaboration and partnership but not co-production with people with lived experience
- q. The outcomes are fine but the strategy makes little reference to partnership with charities and neighbouring areas that already have provision
- r. There are no gaps, exactly. But it would be good to start with something like "A housing-first, everybody-in approach is implemented, coming as close to eliminating rough sleeping as is possible without coercion".
- s. Tailored help to meet individual needs
- t. The biggest gap which has widened is that the City keeps on selling off much needed housing stock within the City boundary areas. More health funding for the Neaman Practice. Have Lay Member Seats on your housing committee.
- u. The main gap with be enough housing provision
- v. support within accommodation
- w. Not gaps as such but a real focus required on improving the health outcomes to our clients and addressing the inequality of access to health services. Dealing with complex trauma should also include assessments for brain Injury
- x. More detail of the accommodation available and who heads the service
- y. Outcomes are good. I'm interested to see how progress will be measured.

18. Question 6: What improvements would you make to the outcomes?

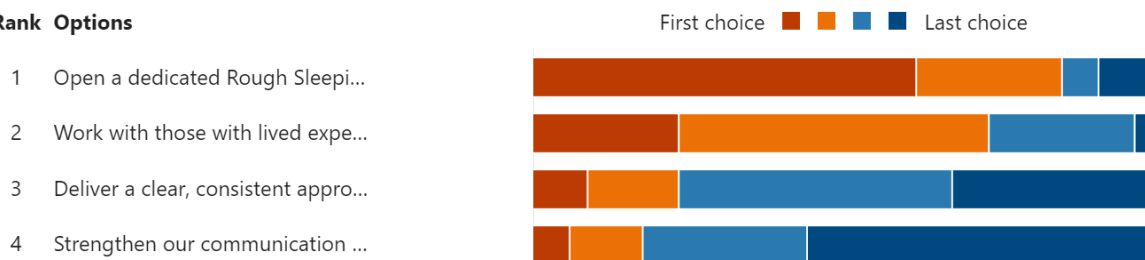
- a. None x8
- b. Moving onto more stable accommodation asap
- c. Include influencing gov policy
- d. Dealing with drug accessibility, better early drug support and interventions, working with the police to tackle drug selling. Reducing anti social behaviour sometimes connected with begging and tough sleeping. Improved communication with our community on what the City does to assist and how the City residents & businesses can assist.
- e. No human being is on the streets beyond 1 night
- f. It all comes down to cost benefit.
- g. Be more specific as to the timing and concrete elements to be achieved eg as to how, how many and how quickly secure, affordable homes are to be provided
- h. Prioritise removal of rough sleepers from public areas - no tolerance
- i. Make the City of London less attractive to the 38 per cent of those street homeless have long term histories of rough sleeping, who remain very resistant to service offers and engagement
- j. More person centred - building on the strengths and outcomes of the homeless person
- k. Strategies to get people back into employment
- l. Bring legislation and benefits up to date
- m. How you're going to deliver them
- n. More social housing in the City
- o. Just give them a home

Homelessness & Rough Sleeping Strategy 2023-27 Consultation Responses

- p. That people who have been helped before can be fast tracked for support if the feel things are starting to go wrong ie before it happens.
- q. Include co-production and focus more on prevention rather than interventions after homelessness has occurred. Focus on the root causes of homelessness and preventing it.
- r. The outcomes are fine but the strategy for achieving them is flawed especially the proposal to set up a dedicated sleep centre within the City without evidence that there is overall inadequate provision that could be accessed through better signposting and cooperation with other providers
- s. They are all a bit too vague and woolly. Obviously any amount of increased access to suitable and affordable accommodation is good so far as it goes. But it would be possible to increase that access by a very small amount and claim to have met the outcome. It would be better to say stronger and more definite things.
- t. Support should last as long as needed and let people keep their dogs
- u. Convert City of London offices to mixed offices and social housing. Buy office buildings on Goswell Road from Islington Council to convert to social housing for City residents and homeless persons. Where the City owns Victorian housing buildings, the foundations are strong enough to add at least two extra floors to the buildings, this should be done asap to allow increased heights with increased social housing.
- v. Ensure enough funding for partnerships.
- w. Add post tenancy support to outcome 2
- x. It is hard to judge outcomes without an impact assessment of the prior strategy and a proposed action plan for the new strategy.
- y. Use the legal Acts to support in raising Safeguarding alerts and getting the appropriate interventions.
- z. Include details of how residents can refer others to the services
- aa. Develop an action plan with timescales and some form of measurement.

19. Question 7: Please put these objectives into order from most important to least important

Rank Options

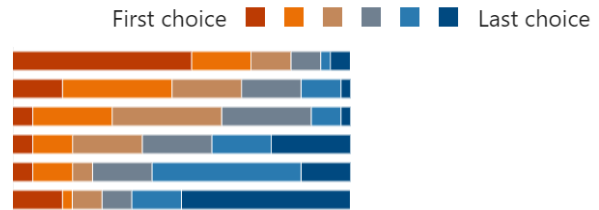


20. Question 8: Please put these objectives into order from most important to least important

Homelessness & Rough Sleeping Strategy 2023-27 Consultation Responses

Rank Options

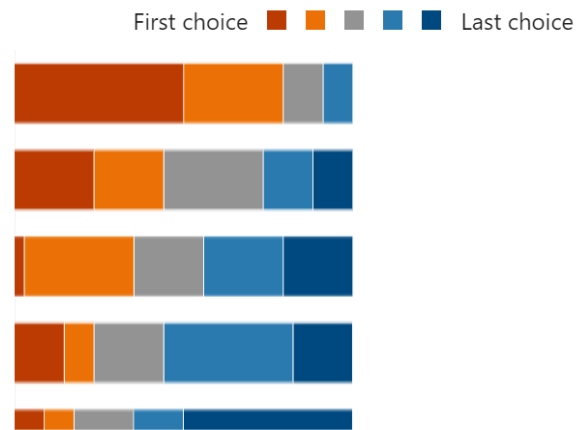
- 1 Increase access to safe and suitable...
- 2 Develop a temporary accommodo...
- 3 Mobilise the high support hoste...
- 4 Deliver an attractive and suppor...
- 5 Expand the City's Housing First ...
- 6 Develop new affordable home...



21. Question 9: Please put these objectives into order from most important to least important

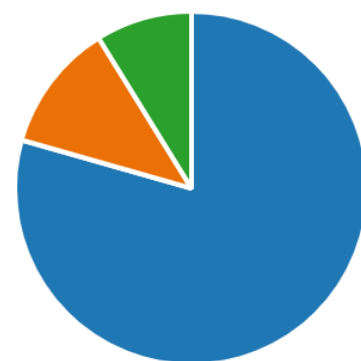
Rank Options

- 1 Secure a clinical space providing...
- 2 Enhance the scale and reach of t...
- 3 Unlock the potential in the City ...
- 4 Utilise pan-London services to s...
- 5 Strengthen and widen feedback ...



22. Question 10: Do you agree with our Objectives?

- Yes 27
- No 4
- Other 3



23. Question 11: What gaps do you think there are in the Objectives?

- a. None x11
- b. Identify and support those with increased risk factors at an earlier age
- c. Developing strategies and interventions to assist people staying in accommodation, to stop the revolving door senerio.
- d. Secure, sustainable housing

Homelessness & Rough Sleeping Strategy 2023-27 Consultation Responses

- e. You can't fix all the problems, aim for 60% and drop the rest.
- f. Quantification and specifics
- g. There should be no acceptance of rough sleeping in the Square Mile
- h. Physical health need
- i. Work with employers to establish ready routes to work
- j. Housing legislation, lack of social and affordable PRS, benefits do not adequately support clients
- k. Practical delivery
- l. More social housing in the City
- m. Communicating progress successes and failures with council tax payers
- n. Co-production opportunities from the outset/ to prevent and focusing on prevention
- o. the emphasis should be more on working with others outside the City not replicating things
- p. They seem quite comprehensive.
- q. I'm not convinced the private sector will provide
- r. Build more social housing, stop selling social housing, where foundations allow build one to two additional floors on top of the existing buildings - private developers are doing this, as are other councils, why is the City not doing this? The new Law Courts - there should have been an element of social and key workers housing within the new complex.
- s. Difficult to tell until the programme is up and running
- t. More developed and clearer on how to prevent homelessness. There is no mention of working with education, employment services or the private rental sector to prevent homelessness
- u. Strategy for publicising services
- v. It may be too granular; however, under Collaboration and Partnership - something about training for staff

24. Question 12: What improvements would you make to the objectives?

- a. None x15
- b. More facilities for women
- c. Provide more accommodation for rough sleepers who have animals so they can keep their pets with them
- d. Ask the homeless
- e. Need a cost benefit analysis
- f. Add quantification and specific time-defined goals (also helping future assessment of progress in achieving the objectives)
- g. Zero tolerance for rough sleeping - it is in everyone's interests that this not be tolerated / allowed
- h. Include an/some objectives to reduce the 38 per cent of those street homeless have long term histories of rough sleeping, who remain very resistant to service offers and engagement
- i. Bring legislation and benefits up to date
- j. Practical delivery
- k. Milestones and progress reports
- l. Make two outcomes focused on prevention and 2 outcomes on intervention

Homelessness & Rough Sleeping Strategy 2023-27 Consultation Responses

- m. The objective should be to work with and enhance provision of services by charity partners and other nearby local authorities - not try to replicate services within the square mile which risks attracting more homeless people to come into a predominantly business area with inevitably limited public sector services which is not conducive to their needs either environmentally or socially
- n. I'd like to see more definite concrete commitments.
- o. Have City residents as Lay Committee members on all housing committees. STOP selling off social housing blocks. Buy offices on adjoining streets to the City, and convert them to social housing.
- p. prioritise private sector solutions for both homeless families and rough sleepers
- q. Mention more partners, homelessness and rough sleeping are cross cutting, there should be mention of early intervention, the importance of community to stay in housing (how to create a sense of community in the City, how to help someone create social capital).
- r. These are focused and realistic
- s. Include a strategy for making services widely known
- t. As a subset of the strategy - clear action plan.

25. Question 13: What do you see as the biggest opportunity for the City of London Corporation to tackle issues around Homelessness and Rough Sleeping?

- a. Reduction of pressures on multiple services, such as health
- b. Better outreach and response to Street Link
- c. Government policies
- d. National Political consensus to eradicate homelessness & rough sleeping - City needs to make hay whilst this sunshine period lasts.
- e. Collaboration across the whole business area
- f. If the City is successful they can use their experience can be used in City property
- g. Stop making the city so safe. You create the problem.
- h. The City's wealth enabling direct funding and provision of accommodation, services, training and employment
- i. Reduce crime and anti-social behaviour
- j. Demonstrate some progress compared with the apparent stasis of the last 15 years.
- k. provide a beacon for other local authorities to inspire them
- l. Small LA can be focused, nimble and reactive
- m. Remove the problem from the Streets making it better for all
- n. Build more accommodation
- o. Increase social housing by repurposing office accommodation
- p. Residents and workers support an active strategy that supports people who find themselves on the streets
- q. Partnerships
- r. working more effectively - financially and in other ways- with other service providers (public private and charity sector) to enhance information about and access to existing services outside the City boundaries
- s. The will to make it happen. I've been told by a community police officer that all beggars have a home to go to!

Homelessness & Rough Sleeping Strategy 2023-27 Consultation Responses

- t. Build real social housing within the City boundary areas. Employ homeless persons within the Corporation, compel ALL City companies to employ as a priority City residents.
- u. Preventative measures are the easiest and cheapest interventions, then everything becomes more expensive
- v. City has relatively few homeless households which gives the best opportunity to solve the presenting issues
- w. see less people sleeping rough on the streets
- x. Helping people who are homeless to get off the street
- y. The CoL leads by example in many areas and this could be one of them. We could demonstrate greater joint working between social care, health and housing in order to have a truly holistic approach in practice; we could find a space for the provision of clinical services for rough sleepers in the Square mile, creative ideas for increasing the City's housing stock, and the City could foster a greater sense of community.
- z. A clear direction, providers who are flexible in their approach and all with objectives to improve the outcomes for Rough Sleepers and those at risk of being homeless.
 - aa. The extra funding
 - bb. I think working in partnership is key; both with partners within the Square Mile but those in NEL and other neighbouring LA's.
 - cc. Have a clinical health hub in the square mile - will make a big difference

26. Question 14: What other comments do you have on the strategy?

- a. We have a lot to celebrate as numbers are low and outcomes are good already
- b. Ensure the strategy has enough flexibility to always remain dynamic - The City should be trailblazers.
- c. A rich country should not have anybody homeless or in poor or dangerous housing
- d. It would benefit from a firm deadline for achievement of its objectives
- e. Good initiative, I hope it is not short term
- f. I'm impressed
- g. Equality Impact assessments to ensure representation of service users and co-production
- h. Look forward to seeing the final draft.
- i. See previous comments to the effect that the strategy should not be setting out to replicate within the City boundaries services that the City has neither space nor experience to provide and which risk attracting more homeless people into the square mile. The City should be facilitator and financier but not a provider
- j. Educate people about the real causes and needs of street homeless
- k. Examine ALL Corporation owned buildings within the City that require demolition, demolish and build mixed schemes with offices, shops, and REAL social housing.
- l. Understanding the prior strategy is difficult without an impact assessment. The process and evidence/data used to arrive at the objectives and outcomes is unclear. A draft proposed action plan against which progress for this strategy will be monitored would be helpful. Unclear if any

Homelessness & Rough Sleeping Strategy 2023-27 Consultation Responses

consideration has been given to the NEL strategic priorities on homelessness and health inequalities.

- m. It is very clear, accessible to a variety of audiences and the objectives are realistic and achievable
- n. It needs to be widely publicised
- o. It's useful to see where the strategy sits with in the Corporation.

Scott Myers
Strategy & Projects Officer
Department of Community & Children's Services
City of London Corporation
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EQUALITY ANALYSIS (EA) TEMPLATE

Decision	Date
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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.

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

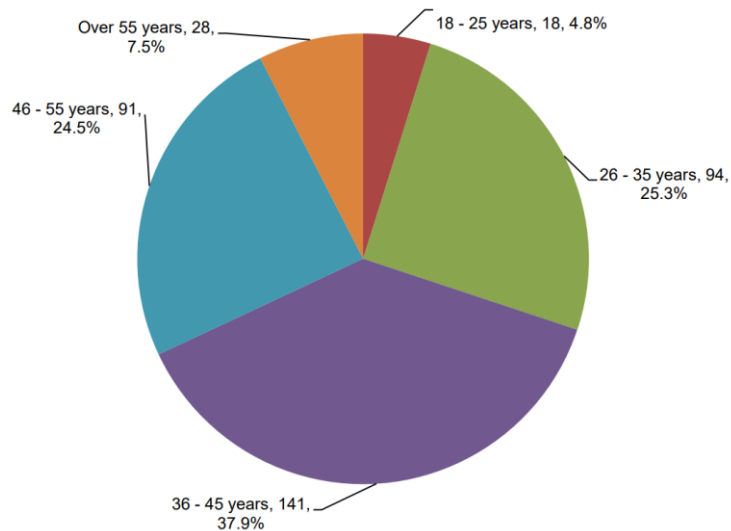
[Double click here to show borough wide statistics / hide statistics](#)

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.

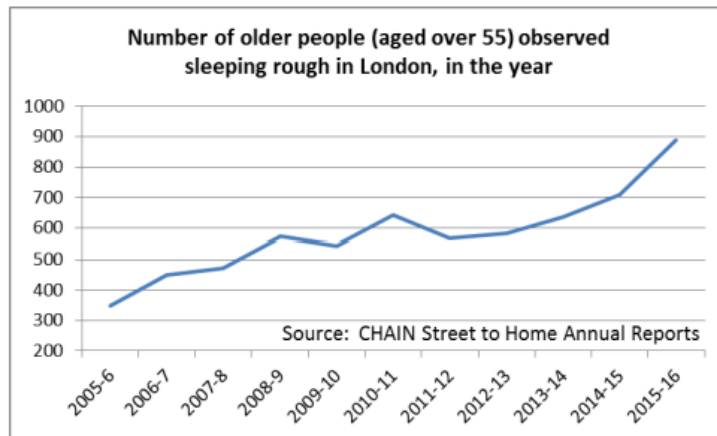


Figure 3

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

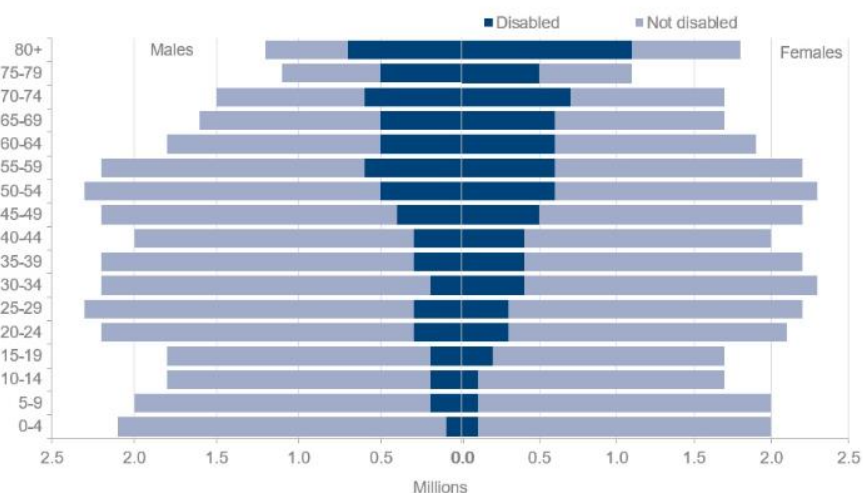
with long-term health conditions and disabilities and those who experience or at high risk of homelessness.

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.

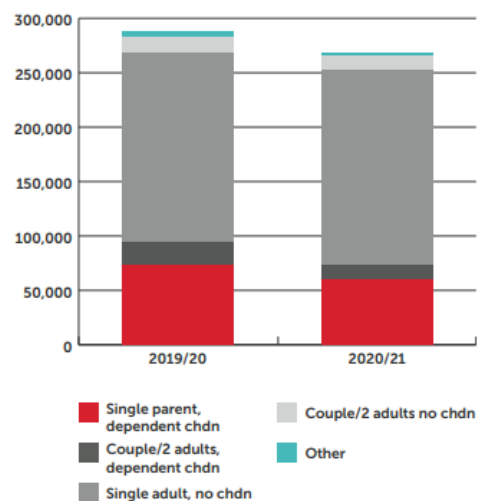
Pregnancy and Maternity

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 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](#)

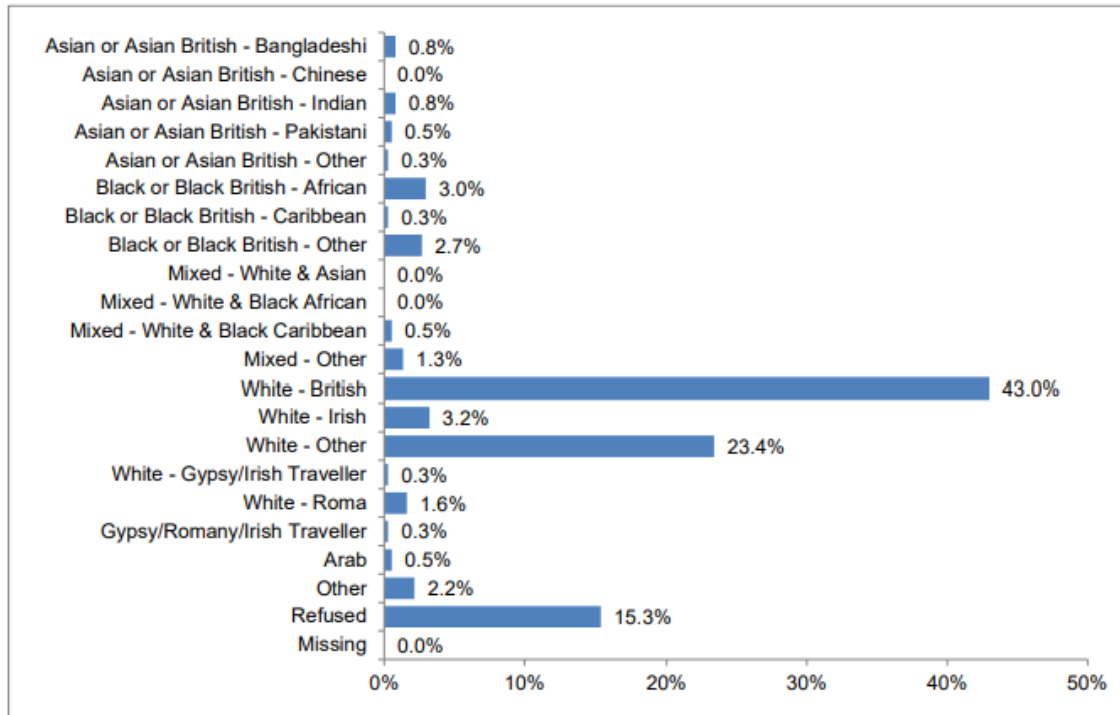
Race

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 where 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.

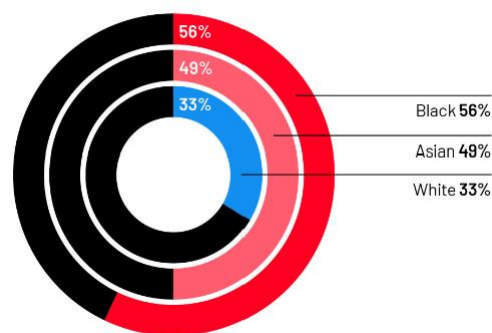
This could be done through:

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”.

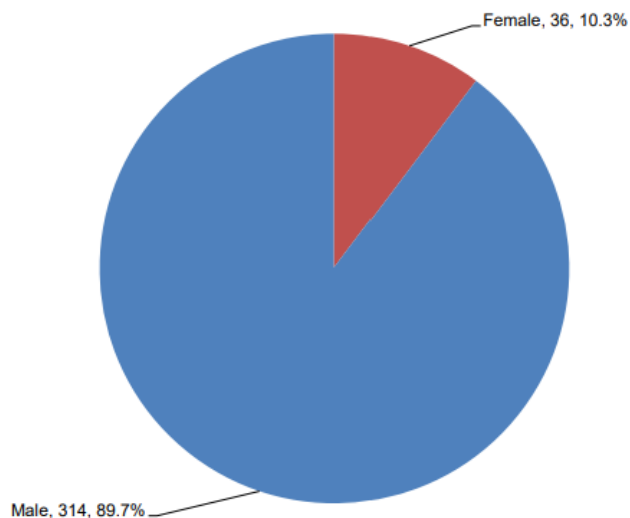
[Double click here to show borough wide statistics / hide statistics](#)

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.

<p>Sex</p> <p>dangerous partners, or sexual exploitation in exchange for accommodation (Bretherton, J. and Maycock, P. (2021) <i>Women’s Homelessness: European Evidence Review</i>. Brussels: FEANTSA.).</p> <p>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.</p> <p>St Martin’s have produced a specific report on ending Homelessness for women in London (<i>Womens-Development-Unit_Womens_Homelessness_Evidence_Report.pdf</i> (connection-at-stmartins.org.uk))</p>	
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Sexual Orientation and Gender Reassignment [Double click here to add impact / Hide](#) Check box if NOT applicable

<p>Key borough statistics – suggested sources include:</p> <ul style="list-style-type: none"> • Sexual Identity in the UK – ONS 2014 • Measuring Sexual Identity – ONS 	<p>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”.</p>
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Double click here to show borough wide statistics / hide statistics

<p>Sexual Orientation and Gender Reassignment</p> <p>Additional Equalities Data (Service level or Corporate) <i>Include data analysis of the impact of the proposals</i></p> <p>Rough Sleepers No data is collected on the sexual orientation of rough sleepers as part of the regular CHAIN reporting.</p> <p>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.</p>
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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

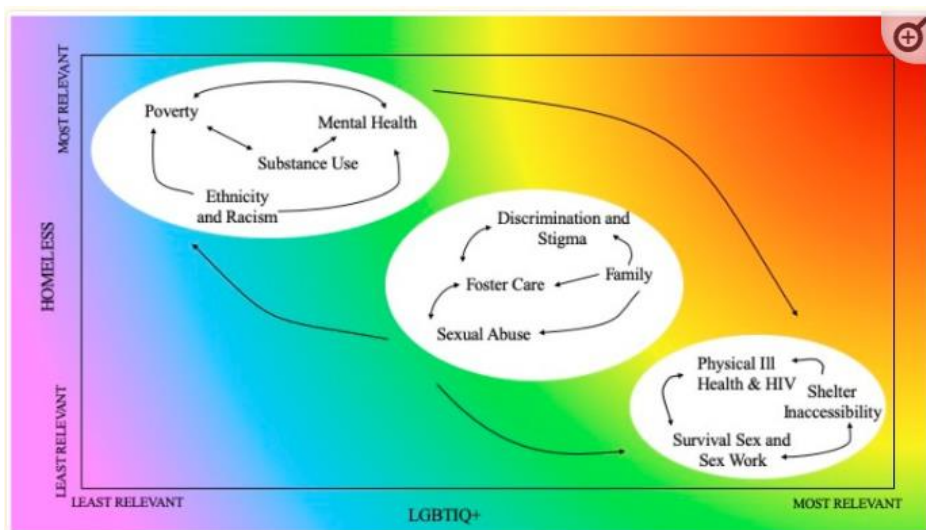
Lesbian, Gay, Bisexual, Transgender, Intersex, and Queer (LGBTIQ+) people's experiences of homelessness is an under-explored area of housing and homelessness studies, despite this group making up 20–40% of homeless population (*Fraser B, Pierse N, Chisholm E, Cook H. LGBTIQ+ Homelessness: A Review of 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 (LGBT). 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.

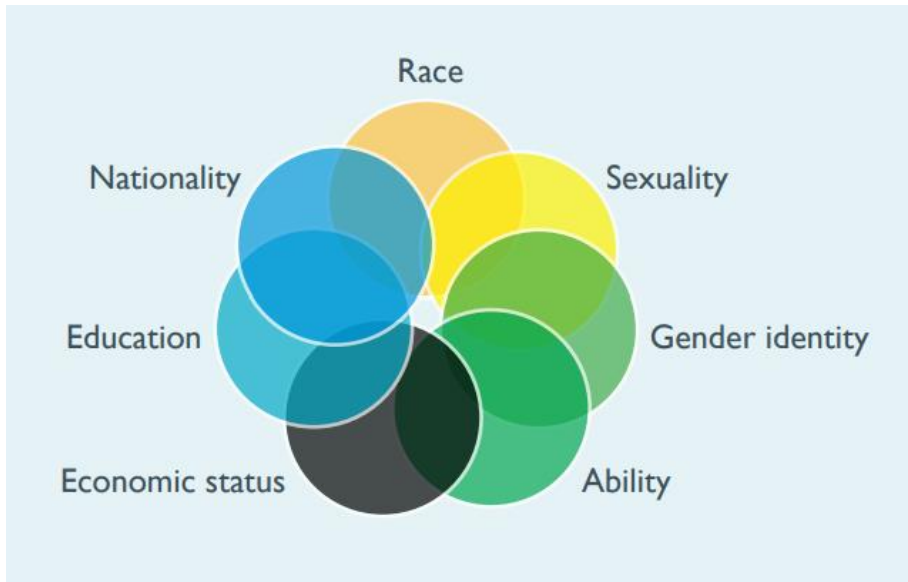
<h2>Marriage and Civil Partnership</h2>	
<p>ethnicity and disability, there is no breakdown of households with children by sex in statutory homelessness statistical releases</p> <p>Domestic abuse services such as refuges are often left out of homelessness statistics but are almost exclusively for adult 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: Clare Chamberlain, Interim Director		Name: Scott Myers, Strategy & Projects Officer	Date: 17/04/23
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Committees: Homelessness and Rough Sleeping Sub-Committee	Dated: 26/04/2023
Subject: Daniel Safeguarding Adults Review	Public
Which outcomes in the City Corporation’s Corporate Plan does this proposal aim to impact directly?	NA
Does this proposal require extra revenue and/or capital spending?	No
If so, how much?	£ NA
What is the source of Funding?	NA
Has this Funding Source been agreed with the Chamberlain’s Department?	NA
Report of: Clare Chamberlain Interim Executive Director of Community and Children’s Services	For Information
Report author: Chris Pelham Assistant Director People	

Summary

The Daniel Discretionary Safeguarding Adults Review (SAR) report was presented to the Homeless and Rough Sleeping Sub-Committee in November 2022. Oversight of the implementation of the report’s recommendations is the responsibility of the City and Hackney Safeguarding Adults Board SAR Sub Group. The SAR Sub Group met on 19 April 2023 to review the current status of the recommendations’ implementation.

It was agreed that updates on the implementation of the recommendations would be shared with Members of the Sub Committee. Due to the publication of the papers for the Sub Committee, and the SAR Sub Group having only recently just met, a verbal update will be provided at this Sub Committee on the progress of the implementation of the recommendations. The headlines and recommendations from the Discretionary SAR are included here for reference.

Recommendations

Members are asked to note that a verbal update will be provided on the implementation of the recommendations – as set out in the following report.

Main Report

Background

1. Daniel was classed as a ‘205’ rough sleeper, meaning that he was considered to be an entrenched rough sleeper. He has been intermittently homeless for over 20 years, first coming to notice in Barnet in July 2001. Daniel had been living almost

exclusively in the City of London and was well known to rough sleeping and outreach services in the area.

2. On 15 April 2020, Daniel was admitted to St Thomas' Hospital by a member of staff at St Mungo's after expressing that he was going to take his own life. He was assessed by a doctor and reported that his ideation was caused by his inability to make money over lockdown, feeling like he was being taken advantage of, and missing his family. Due to a dispute regarding where Daniel should be placed for inpatient care, a decision was made to discharge him into hotel accommodation with on-going support to be provided by the South London and Maudsley Hospital NHS Foundation Trust Home Treatment team.
3. Following Daniel's discharge from hospital, he had some initial contact with mental health services, however, this engagement quickly declined. On 22 April 2020, professionals were informed that Daniel had left the hotel. On 8 May 2020, Daniel was arrested for being drunk and disorderly. He received a Community Protection Notice, banning him from the City of London for three months. Regardless of this, a suitable hotel was found for Daniel but attempts to engage him proved unsuccessful and there was a period of time where Daniel had not engaged with any services. On 26 May 2020 he was found on Millennium Bridge having made an attempt to end his own life. He was admitted to Royal London Hospital but sadly passed away four days later.
4. The review explored the following key lines of enquiry:
 - How well services in the City of London work together to tackle multi-exclusionary homelessness
 - How well services worked together to support Daniel
 - Whether agencies sufficiently identified and responded to Daniel's vulnerabilities
 - How well services in the City of London understand the intersections between substance misuse, anti-social behaviour and vulnerability
 - The intersection between homelessness and suicide
 - Any other safeguarding issues identified as a result of the review.

Recommendations

5. In total there were 13 recommendations made in respect of the review:
 - i. Health (physical and mental) and social care services within the City of London should review how the concept of localisation is embedded within their service areas, particularly in relation to rough sleepers.
 - ii. The City of London Corporation should undertake a 'temperature check' and engage with rough sleepers to assess how accessible key health and care services (ie. primary care, mental health, housing, substance misuse) are for them.
 - iii. There should be a review of the following:
 - a. Level of communications from the police to partner agencies, such as the street outreach team regarding rough sleepers

- b. The active and continuing engagement of police with these services
 - c. How to use anti-social behaviour legislation in a way that helps to address issues rather than merely moving someone on to another geographical patch. There will be different ways to achieve such outcomes. For example, these could include a requirement to consider engagement with local services rather than being moved away from them
 - d. Community Protection Notice decision-making and involvement of other agencies (in this case it seems to have been unilaterally decided by police rather than being the outcome of a discussion with all the agencies involved)
 - e. Wider consideration of the range of possible interventions that could be options for more appropriate court disposals. (These would include Alcohol Treatment Requirements and Mental Health Treatment Requirements. Such provisions aim to help the individual to manage their behaviour and so to reduce offending.)
- iv. The City of London Corporation should audit how well multi-agency meetings with rough sleepers are working and check that the correct people are being referred to these meetings.
 - v. Management within the mental health trust should examine the options for outreach staff to provide consultancy input to the trust or direct clinical input in cases involving rough sleepers. At present, there has been a specialist rough sleepers team within the East London Mental Health Foundation Trust, the Rough Sleeping and Mental Health Programme (RAMHP), although its future has not been decided; this might be a good place to embed this process.
 - vi. Daniel's case should be discussed at a weekly academic meeting at the Maudsley Hospital, which generally attracts a substantial audience of junior doctors.
 - vii. Both South London and Maudsley NHS Trust and the City and Hackney Safeguarding Adults Board should provide feedback on the problems outlined above and escalate to NHS England and NHS Improvement the concerns about the London Compact.
 - viii. Professionals working with people in the City should ensure that all residents being discharged from mental health services are referred to their GP post-discharge. Where an individual does not have a GP, they should be supported to register with a GP.
 - ix. SLAM and East London Foundation Trust should look at the principles of the Psychologically Informed Environment where the input of clinical psychologists is built into the normal functioning of the project.
 - x. All partners in the City of London should ensure that professionals working with rough sleepers are aware of and trained in strengths-based and trauma-informed approaches to safeguarding.
 - xi. Health and social care teams based in the City should assure themselves that multi-agency risk assessments are in place where residents are discharged from mental health services into temporary accommodation.

- xii. A protocol should be put in place in the City where people who are rough sleeping go missing. This should include a checklist of when cases should be escalated to senior management or the police.
 - xiii. Both health and social care professionals working in the City of London should put in place regular (as agreed by the service user) check-ins for residents known to have significant concerns around suicidal ideation. These check-ins should remain in place until professionals are satisfied that the individual's suicidal ideation has been risk assessed and managed.
6. A verbal update will be provided at the Sub-Committee on the current status of the implementation of the recommendations.

Corporate & Strategic Implications

- 7. Strategic implications – None
- 8. Financial implications – None
- 9. Resource implications – None
- 10. Legal implications – Safeguarding Adults Reviews are a statutory duty under the Care Act 2014.
- 11. Risk implications – None
- 12. Equalities implications – The report takes equality issues into account throughout.
- 13. Climate implications – None
- 14. Security implications – None

Appendices

- Appendix 1 – Daniel SAR Report

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Discretionary Safeguarding Adults Review

'Daniel'

1. Introduction

- 1.1 The City and Hackney Safeguarding Adults Board (CHSAB) commissioned a discretionary Safeguarding Adults Review (SAR) following the death of Daniel on 30 May 2020.
- 1.2 Daniel was a 57 year old man, of white British heritage, who tragically ended his own life while homeless on the street, in spite of having had recent contact with police, homelessness and mental health services. He was classed as a '205' rough sleeper meaning that he was considered to be an entrenched rough sleeper. Daniel had been intermittently homeless for over 20 years, first coming to notice in Barnet in July 2001. Since 2012, Daniel had been living almost exclusively in the City of London and was well known to rough sleeping and outreach services in the area.
- 1.3 On 15 April 2020, Daniel was admitted to St Thomas' Hospital by a member of staff at St Mungo's, after he had expressed that he was going to take his own life. He was assessed by a duty doctor and reported to be experiencing suicidal ideation for twelve months. He highlighted feeling low due to the Covid-19 lockdown preventing him from making money, he felt that he was taken advantage of by others, and he missed having contact with his children and grandchildren. Unfortunately, there was a dispute in terms of where, location wise, to admit Daniel for inpatient care. However, Daniel stated that he would accept support and accommodation. A decision was made to discharge Daniel into hotel accommodation for an initial period of seven days with on-going support from the South London and Maudsley Hospital NHS Foundation Trust Home Treatment team.
- 1.4 Following Daniel's discharge from hospital, there was some initial contact with him however further attempts to engage proved unsuccessful. On 22 April, professionals were informed that Daniel had left the hotel. On 8 May 2020, Daniel was arrested for being drunk and disorderly. He received a Community Protection Notice, banning him from the City of London for three months on 9 May 2020. This prevented him accessing accommodation in the area. Despite this, a suitable hotel was located for Daniel however, attempts to engage him around this proved unsuccessful. Daniel responded to a message on 26 May 2020 querying why no one had contacted him. When professionals attempted to further contact him, Daniel did not answer. He was later found at Millenium Bridge having made an attempt to end his own life. Sadly, he was admitted to Royal London Hospital but passed away four days later on 30 May 2020.

2. Purpose of the Safeguarding Adults Review (SAR)

2.1 The CHSAB has a statutory duty to undertake SARs under section 44 of the Care Act 2014, which states that a SAR must take place when:

- An adult with care and support needs has died or suffered serious harm,

- the SAB knows or suspects that the harm was caused abuse or neglect, and
- there is reasonable cause for concern about how the Board, its members or others, worked together to safeguard the adult.

Where a case does not meet these criteria, the SAB has the discretion to commission a review, if it believes that there is learning to be gained in respect of how agencies worked together.

2.2 The purpose of a SAR is not to apportion blame on any individual or agency but to learn lessons to help improve the way that agencies help and respond to the safeguarding needs of adults with care and support needs. All partners involved in a review must cooperate by supplying information as requested and identifying lessons that can be embedded into practice.

2.3 A referral was made to the CHSAB's SAR and case review sub-group on 23 September 2020 by Adult Social Care, City of London Corporation in respect of Daniel. The referral observed that Daniel was an entrenched rough sleeper and known to a number of services across the City of London. It was queried whether having sustained accommodation may have supported Daniel to have his mental health needs met. Whilst the group felt that the case did not meet the threshold for a statutory review, it did acknowledge that there were grounds for a discretionary SAR. This was on the basis that there may be learning to be gained in terms of agencies responding to Daniel's vulnerabilities and multi-exclusionary homelessness.

3. Terms of reference

3.1 The following lines of enquiry were adopted for the review:

- How well services in the City of London work together to tackle multi-exclusionary homelessness
- How well services worked together to support Daniel
- Whether agencies sufficiently identified and responded to Daniel's vulnerabilities
- How well services in the City of London understand the intersections between substance misuse, anti-social behaviour and vulnerability
- The intersection between homelessness and suicide
- Any other safeguarding issues identified as a result of the review.

4. Methodology

4.1 A hybrid methodology was used for the review. It was agreed that the review should cover the lead up to Daniel's death as well as review his history of engagement with services. Agencies were requested to provide a chronology and review of their involvement with Daniel. The chronologies were combined and analysed by the Independent Reviewer.

4.2 A learning event with practitioners and operational managers known to Daniel was held. This was in order to gather views about his case and to clarify themes emerging

from the chronologies. The feedback from this event was incorporated into the analysis and recommendations to ensure that the review was informed by those more closely involved in Daniel's care.

5. Engagement with agencies

5.1 The following agencies provided reports to the CHSAB in respect of their engagement with Daniel:

- St Mungo's
 - The Lodge
 - Outreach team
- City of London Corporation
 - Adult Social Care
 - Community Safety team
- City of London Police
- Metropolitan Police Service
- Barts Health NHS Trust
- South London and Maudsley NHS Mental Health Trust
- Lambeth North Focussed Support Team
- Guy's and St Thomas NHS Foundation Trust
- Camden and Islington NHS Trust
- South West London and St George's Mental Health NHS Trust
- Oxford Health NHS Foundation Trust
- Adult Social Care, Wandsworth Borough Council

5.2 Efforts were made to obtain more information about Daniel's history from agencies he was engaged with. South West London and St George's Mental Health NHS Trust were able to confirm that Daniel had previously been in receipt of care from Oxford Health NHS Foundation Trust. Oxford Health NHS Foundation Trust was able to provide access to his historical records. By contrast, in Liverpool (his understood hometown), medical records are kept locally on a number of different sites, and it was not possible to obtain further information on his care. Attempts to locate Daniel's GP were also unsuccessful. Consequently, an understanding of Daniel's lived experience was largely provided by the police and voluntary sector agencies that worked with him whilst he was rough sleeping.

6. Family involvement

6.1 Unfortunately there was little reliable information about Daniel in relation to his background and upbringing. Efforts were made to contact family members, via voluntary sector agencies, known to Daniel. The Independent Reviewer attempted contact via email and telephone; however, this proved unsuccessful.

7. Parallel processes

7.1 There were no concurrent investigations during the SAR process.

8. Pen Picture of Daniel

8.1 According to Oxford Health NHS Foundation Trust, Daniel was brought up in Liverpool. He appears to have been married for 7 years until 2000, when he separated from his wife. He had 2 children, aged 23 and 24, whom he had not seen for many years. In 1999 he moved to Oxford where he slept rough for a few months until he was given council accommodation with Julian Housing. He said that, although street life was uncomfortable at times, it put him in touch with the “real meaning of life” and was a good means to communicate with lots of people.

8.2 Daniel had been intermittently homeless for over 20 years, having first been seen rough sleeping in July 2001 in the borough of Barnet. He was subsequently seen rough sleeping in a number of sites across London – he was seen to be bedded down (rough sleeping) 92 times in Barnet, Kensington and Chelsea, Lambeth, Westminster and The City of London. Since 2012 the street contacts with him appear to have been exclusively in the City of London, with the City of London outreach team. He was classed as a ‘205’, a term used for a particular group of entrenched rough sleepers in London.

8.3 In 2012 he became accidentally involved in the Occupy London protest movement. He had an established sleeping space on the steps of St Paul’s Cathedral at the time when the Occupy London protesters moved onto the same steps and stayed there for several months. He became the (fictional) subject of a play written at the time by Tim Price, called Protest Song – which was performed at the national theatre in December 2013: <https://www.theguardian.com/stage/2013/dec/20/protest-song-review-national-theatre-london>

8.4 Between 2013 and 2017 he had a housing association flat with additional tenancy support (from One Housing) in Battersea. This had been obtained through a clearing house tenancy (as part of the rough sleeper initiative commissioned by the Greater London Authority) and was part of a Personalised Budgeting project run by the City of London. This was designed to optimise choice for the recipient. The tenancy support was changed in 2016. His engagement was sporadic, but sometimes he would meet his housing worker more regularly. He had the same tenancy support worker throughout. There were times when he was not regularly living at the property and was rough sleeping in different parts of London. Daniel would be reported missing by friends and colleagues when he would go missing, leading to services spending substantial time trying to locate him. There were suggestions that he went back to Liverpool to get in contact with ex-wife and children, but there is no evidence to support this.

8.5 His flat was then taken over by other homeless individuals, and Daniel again became homeless until his death in 2020.

8.6 During this last period of homelessness, he stayed twice at The Lodge, a St Mungo’s project in East London for entrenched rough sleepers with low support needs. His behaviour during these stays was, at times, quite unusual, with unexplained outbursts. This unusual behaviour was enough to raise staff concerns about whether he was suffering from an underlying mental health issue other than alcohol dependence.

However, this was not clarified and he does not appear to have been referred to community mental health services.

Contact with police

8.7 Evidence provided by the police described Daniel as pleasant when sober, but very unpleasant when drunk. The Police National Computer showed him as having made threats to slash and rape women although he was never reported to have assaulted anyone. He was picked up several times over the years for misbehaviour in public, often while intoxicated, but does not appear to have ever had a custodial sentence.

8.8 On 8 May 2020, Daniel was arrested after throwing traffic cones in the street. He was medically assessed twice and found fit to be detained. The next day he received a conditional discharge at Westminster Magistrates Court and was released. The pre-release assessment described him as an alcoholic who was refusing any treatment. He was given a 3 month Community Protection Notice (CPN) by the City of London Police, banning him from the City of London.

8.9 The establishment of the CPN appears to have been provided by the police alone, without the involvement of any partner agencies and without any attempt to achieve a multi-agency consensus. The usual protocol would have been for the CPN to be preceded by formal warnings. The way in which it was allocated on this occasion was unusual and seems to have been based on the single incident of risk to others, without reference to Daniel's mental state. He was not referred to any multi-agency meetings, such as the Community Multi Agency Risk Assessment Conference (community MARAC). In the event, the CPN seems to have undermined attempts to find emergency accommodation for Daniel. He was apparently very angry about this and threatened to hang himself in response to the notice. During the learning event with practitioners, it was highlighted that CPNs could be used to encourage and direct engagement with certain services.

Contact with mental health services

8.10 Daniel was known to three mental health services:

July 2007, Warneford Hospital, Oxford

8.11 He was admitted to hospital as an emergency after an overdose, understood to be triggered by relationship problems. However, it is of note that he was being prescribed Olanzapine, an antipsychotic medication, by his GP. He settled on the ward and was diagnosed with an emotionally unstable personality disorder and alcohol dependence. He underwent alcohol detoxification on the ward and was discharged after 2/3 weeks. He did not attend for follow up appointments.

20 August 2017, Springfield Hospital, London

8.12 Daniel was, on this occasion, detained under section 2 (an assessment section) of the Mental Health Act after having been found tying a noose to a lamppost. He was

diagnosed with alcoholism and psychosis secondary to substance misuse. He underwent an alcohol detoxification until 28 August 2017. He refused blood tests and an ECG on the ward and was discharged on 29 August 2017. Subsequent attempts by the community team to follow up with him were unsuccessful, this included an unsuccessful home visit. They reported him as a missing person, but he flagged down a police car a few days later to reassure them that he was OK.

2020, South London & Maudsley NHS Foundation Trust (SLAM), London

8.13 On 15 April 2020, Daniel was brought to St Thomas' hospital by a member of staff from St Mungo's who had found him on the Millennium Bridge stating that he wanted to kill himself. Their impression was that he probably needed to be detained under the Mental Health Act.

8.14 He was assessed in A&E, and it was decided that he needed further assessment of his suicidality, alcohol consumption and mood, as an in-patient. He did not seem to be averse to this idea, but problems arose about under which trust he should be admitted.

8.15 He had a GP in North London but most of his contacts with police and outreach services were in the City of London. This resulted in a substantial delay, during which he was transferred to a holding unit at the Maudsley Hospital, where he stayed overnight. He was re-assessed the following morning, on 16 April 2020 and his case was reviewed by a consultant psychiatrist during the afternoon. The psychiatrist felt that the Covid-19 situation, lack of beds, and degree of risk meant that risks of hospital admission outweighed the possible benefits. Daniel was therefore discharged to temporary accommodation, the Pasha Hotel in Camberwell, to be contacted by a Home Treatment Team.

8.16 The next day (17 April) he was phoned by a member of the Community Team South Lambeth Focused Support team. Daniel said that he was feeling better, not suicidal, and agreed to another telephone contact on the Monday. Although the team rang several times subsequently, this was the last time they were able to make contact with him. He subsequently left the hotel on 21 April, telling the hotel staff that he would not be returning.

8.17 5 1/2 weeks later, on 26 May, City of London police officers were called to the Millennium Bridge, where Daniel had hung himself from the south side of the bridge. Members of the public cut the rope and attempted to catch him on the foreshore, but he suffered serious injuries. He was admitted to the Royal London Hospital and died from multiple organ failure on 30 May 2020.

Contact with street services

8.18 Daniel had had regular contact with the City Outreach team for some years. They had helped him gain his accommodation in Battersea in 2013 and were involved in attempts to re-house him after he had left the Pasha Hotel.

8.19 A senior worker had met Daniel between 15-20 times whilst on secondment to the City Outreach team. He found him to be extremely likeable, engaging, and funny when sober. When drunk he would go to the Church at St Mary Aldermary on Watling Street where he would become abusive and refuse to leave. He noted that Daniel clearly viewed the City area as his area. His sister and a friend had apparently alluded to the fact that there were 'demons in life', which he did not like to discuss. It was never possible to identify these problems as he was unwilling to discuss any such problems

over the years, so it was not possible to form a view about what was driving his behaviours.

Observations on Daniel's needs

8.20 Daniel was a 57 year old man who had been homeless for about 20 years and who presented to both the police and mental health agencies. There is no clear insight into his upbringing or how he had become homeless in the first place. His drinking was always cited as an issue. Although there does not seem to be any clear evidence that he was dependent on alcohol it certainly seemed to have been involved in the episodes where he came to the attention of the police.

8.21 He expressed some odd ideas during his last two admissions to hospital but did not appear to be acutely psychotic. However, he was being prescribed antipsychotic medication before his admission to the Warneford Hospital and so there may have been prior contact with mental health services, of which we are not aware. Each contact with mental health services was precipitated by self-harm or suicidal ideas but, on each occasion, he appeared to settle quite quickly in a way that reassured mental health staff. However, his suicidal ideas do appear to have been present over a long period of time (or were, at least, recurrent) and were accompanied by a physical preparation, for example, the carrying around of a piece of rope.

8.22 He managed to maintain a distance from each of the agencies he was engaged with, hence the limited knowledge of his background and the difficulties that agencies found in working with him. His diagnosis, if any, was unclear despite his multiple contacts with mental health services.

9. Themes arising from the discretionary review

Localisation

9.1 Locally focussed services are best-placed to deliver services to homeless people such as Daniel. However, in his case, the importance of his local attachment may have been under-estimated. It is of note that on the only occasion on which he was re-housed in permanent accommodation, his accommodation was located in Battersea, although he spent most of his time in the City.

Cross Borough working and access to services

9.2 Prior to discharge from South London and Maudsley Hospital, attempts were made to place Daniel in in-patient care in two different locations. The first being Camden and Islington NHS Foundation, where his last known GP was based, who refused access to a bed and also to a hostel, on the basis that he was not confirmed as a resident. The second was East London Foundation Trust, which also refused to admit Daniel as a patient on their mental health ward. Consequently, he was discharged for follow-up by the South London and Maudsley Community Treatment Team.

9.3 It is recognised that mental health teams were under immense pressure during this period balancing the needs of admitting patients to support their mental health and also managing the risks posed by Covid-19. However, people experiencing multiple exclusion homelessness can often find themselves 'ping-ponging' between services due to their presentations proving difficult to address and challenges in terms of establishing their connections with specific areas. For example, Daniel was refused access to Camden and Islington's crisis house provision due to his alcohol dependency, but this was never formally diagnosed or recognised. The COMPACT document, providing guidance on hospital admission in London, further compounds this by containing ambiguous information relating to people who are of no fixed abode. It is important that professionals are familiar with legislative frameworks that exist, such as the Homelessness Reduction Act 2017 and the Human Rights Act 1998, to ensure that people experiencing multiple exclusion homelessness have equity of access to care and support.

Involvement of physical and mental health services

9.4 Daniel never appears to have had a cognitive assessment or thorough assessment of his physical health over the time that he was homeless. It was noted that Daniel had managed to stay for an appreciable period of time at the Lodge. The Lodge offered a low-intensity environment where he was able to stay without feeling pressured to change. This low-intensity approach may have worked against the active involvement of health and mental health services. It can be a difficult balancing act, especially for staff without a specialist health background. They need to weigh up the apparent necessity of discussing health issues with an individual, versus the likelihood of the individual leaving and disengaging if such discussions are pursued.

Exploration of underlying psychological issues and lived experience

9.5 There did not appear to be a full exploration of Daniel's underlying and psychological issues. This is evidenced by the lack of knowledge that professionals have around his lived experience. Understanding someone's lived experience can be invaluable in determining why they may be presenting in a particular manner. This is particularly helpful for adults with a history of non-engagement.

9.6 It was not clear how much weight was given to the challenges Daniel was currently experiencing in his life and how these impacted him, notably concerns in relation to the poor relationship he had with his daughter and grandchild and worries about Covid-19, both catching this and his inability to make money. Furthermore, it appears that Daniel had a history of making threats to end his life. There was potentially a missed opportunity to exercise professional curiosity to identify how these impacted his mental wellbeing and his suicidal ideation. The development of the Psychologically Informed Environment (PIE) approach may be a way of optimising the effectiveness of such projects. Visiting professional staff can help to reduce the sense of social distance from mainstream services and, perhaps, intimidation by them sometimes perceived by marginalised people. It appears that there would have been a role for both mental health and drug/alcohol services.

Access to specialist services

Physical

9.7 Access to health services for homeless people is a continuing problem. There is a dedicated GP service for homeless people in East London, The Greenhouse surgery. The challenge presented is that it is physically, somewhat inaccessible for residents; particularly those who may need support to engage. It is important that support is put in place to facilitate homeless people to engage and access services. It does not appear that Daniel was referred to a GP or supported to see a GP. However, this engagement may have provided another opportunity to reduce the risk of Daniel ending his own life.

Inter-service

9.8 Prior to his discharge, Daniel was assessed by a Consultant Psychiatrist, who noted that whilst he had chronic suicidal thoughts for around 12 months, he was not presenting with a particularly low mood and did not present with serious mental illness. Upon discharge, there were plans for the Community Mental Health Team to support him and he was also provided with the crisis line number for South London and Maudsley. The outcome of the assessment stated that Daniel would accept support and accommodation if this could be located. Unfortunately, the Street Outreach Service was not informed that Daniel had been discharged to the Pasha Hotel until after he had left this accommodation. There does not appear to be any attempts to engage Daniel with his GP. It is recognised that there are safeguarding risks associated with discharging people into temporary accommodation. The reasons for this are multi-faceted; often placements may not be appropriate for that person's needs and also lack the resources to deal with people's presenting physical and mental health needs. This represents a missed opportunity for multi-agency engagement and information sharing to ensure that Daniel's needs had been fully risk assessed but also to ensure on-going support and alternative accommodation upon his departure from the hotel.

Background information and history

9.9 Daniel's case is notable because of the sheer difficulty of getting any background information that may have informed the approach of social, housing, health services and the police. This highlights challenges with information aggregation between agencies – even within the NHS, where the NHS spine data offered little that was new or helpful. There was an opportunity for agencies to further consider best practice engagement and information with key agencies, where someone is engaging with a multitude of services.

Identifying need and vulnerability

9.10 It was unfortunate that the City of London Police did not identify the safeguarding risk pertaining to Daniel when he was arrested for being drunk and disorderly. Daniel was well known in the City of London, upon his arrest there was an opportunity to respond in a more holistic manner rather than using a crime enforcement approach. This would have provided an opportunity for agencies that knew Daniel to work together to put in place a plan to support him. Daniel was not referred to MARAC and they were not aware of the anti-social behaviour issues until he was issued with a Community Protection Notice. There was potentially a missed opportunity to undertake a multi-agency review into Daniel's needs and identify a more restorative and holistic response; particularly in the context of him having recently presented to services as feeling suicidal. The Community Protection Notice, regrettably, had the opposite effect by barring Daniel from an area where he had formed positive relationships with a number of services, who could have potentially addressed his on-going needs.

Gaps in engagement

9.11 Following Daniel's placement into Pasha Hotel, there is a gap in communication between Daniel and some of the key services involved in his care. Daniel was discharged from South London and Maudsley NHS Foundation Trust on 16 April 2020. There was engagement from the Lambeth North Focussed Support Team on 17 April 2020. There was no contact between Daniel and services between 18 April to 8 May 2020, when he was arrested by the City of London Police. Outreach services managed to locate Daniel on 22 May 2020, and he was provided with a phone so that he could stay in contact with them. Unfortunately, the team were unable to get in contact with him before he ended his life. During this time attempts were made to get Daniel alternative accommodation and provide him with a phone to engage with them, demonstrating good practice on behalf of the Outreach team. Mental health services contacted the Outreach team to let them know that he had left his accommodation. This led to the Outreach team putting an alert on the system so that other outreach teams would know he is missing and they also sent a risk assessment to accommodation services, Providence Row, to obtain alternative accommodation for him. There does not appear to be any further attempts from mental health services to engage with him, despite his recent discharge from hospital. Convening a multi-agency meeting when Daniel absconded from his accommodation may have been beneficial as it would have provided an opportunity to put in a strategy to locate and engage with him as well as escalate any risks relating to his situation.

10. Safeguarding Reflections

10.1 From the information provided, a safeguarding referral was never made for Daniel, in spite of his multiple risk factors: heavy drinking, possible mental illness, chronic or recurrent suicidal thinking and homelessness. This may have been due, at least partially, to the strongly independent and self-sufficient view that he seems to have had of himself and which he presented to other people. This was in spite of him having been discussed at the Rough Sleeper task and Action Group.

10.2 Whilst this approach may be understandable it does highlight the necessity for the involvement of health and social care professionals in helping to make such decisions. The implementation of the specialist mental health team for homeless people now exists in East London should make such involvement more accessible.

10.3 There may, in some cases, be the reluctance to involve statutory health agencies where someone appears to be very independent, for fear of alienating them even further from services. This is reasonable anxiety, but less likely to be an issue where health staff are regularly seen in environments providing services to homeless people or "part of the scenery" and able to demonstrate that they are able to be beneficial in supporting the individual.

11. Service Developments since Daniel's death

City Outreach Service

11.1 There is now a qualified social worker employed by the City of London Corporation Adult Social Care and Homelessness teams, to work with rough sleepers. Part-time psychotherapy provision has also been established. However, this is more orientated towards helping people adjust to the changes that occur when someone is coming off the street and moving into settled housing rather than helping someone to negotiate the initial stages of engagement with psychological (and other) services.

Multi-agency discussion forums

11.2 **Community Multi-Agency Risk Assessment** meetings are now more firmly established. Any agency can refer a client to these meetings, and they usually happen once a month – although an urgent meeting can be convened within about a week. The common reasons for referral centre around anti-social behaviour, crime, and suicidality.

11.3 There is a clearer route for escalating cases and improvements have been made to multi-agency discussions. The group has been working on clearer terms and indicators to consider, from the perspective of the local authority, where there is an issue in the community. The general view is that there is a move toward multi-agency discussion and consensus with some cases going to the community MARAC.

11.4 In relation to the **MARAC**, any agency working in the City, including commissioned services and the police, can refer to this panel, which includes representatives from both voluntary and statutory services. It meets once a month unless an urgent case arises in which case a meeting can be convened within 7 days. The primary goal is to problem solve and so any agency with an involvement in that case can be invited. The Panel considers cases involving anti-social behaviour, hate crime and suicide prevention. Multi-agency meetings have a low threshold entry point to discuss cases.

11.5 High risk cases were initially reviewed monthly and then moved to fortnightly meetings during the Covid-19 pandemic, as meetings became virtual. The Panel acts as a filtration system, with multi-agency oversight of what further referrals need to be made. Cases can progress to the complex cases panel and safeguarding referrals can be made, if necessary. This did exist at the time of Daniel's death but was not as effective. Subsequently, the systems have been reviewed and developed since the pandemic started; with practitioners reporting that the Panel works more effectively. It is important to note that the first 3-4 weeks of the pandemic were difficult for the Outreach team and an emergency response was managed by a small group of people (2-3 people) running the service as many staff were absent due to Covid-19.

11.6 The **dual diagnosis service** is provided by Turning Point, an alcohol and substance misuse organisation. The dual diagnosis service is outreach based and works on joint shifts with the street outreach teams. It has continued to grow over a year and a half and staffing has increased in response to an increasing demand during the pandemic.

Culture change

11.7 The participants at the learning event felt that there had been a significant culture change across the City of London over the last few years, generated by closer partnership working. There is now a greater emphasis on trying to understand a person's circumstances, taking into account their life story and seeking to understand their behaviour, rather than just offering an engagement and re-housing service. Daniel, and others like him, can become entrenched in rough sleeping for long periods of time rendering successful intervention less likely. However, adopting a more trauma informed approach to safeguarding can support more successful interventions with people experiencing entrenched rough sleeping.

12. Conclusions and recommendations

Localisation

12.1 Localisation of services is vital for those with a home and those without a home. The label “no fixed abode”, so often used in health services, is unhelpful as it implies the lack of local connections for those who are homeless. Re-housing options may be limited by the availability of appropriate housing in an applicant’s area of choice. But this is an important aspect of re-housing that needs to be fully taken into account. Where someone is rough sleeping efforts should be undertaken to ensure that they are facilitated to engage with health and social care services that are crucial to their wellbeing.

Recommendation 1: Both health (physical and mental) and social care services within the City of London should review how the concept of localisation is embedded within their service areas; particularly in relation to rough sleepers.

Recommendation 2: The City of London Corporation should undertake a ‘temperature check’ and engage with rough sleepers to assess how accessible key health and care services (ie. primary care, mental health, housing, substance misuse) are for them.

Police and judiciary

12.2 There were concerns regarding the allocation of a CPN to Daniel. This represented a lost opportunity for both police and other interested agencies to come together in a multi-agency way to identify how best to work with him, rather than exclude him from the City of London.

Recommendation 3: There should be a review of the following:

- a. Level of communications from the police to partner agencies, such as the street outreach team regarding rough sleepers.***
- b. The active and continuing engagement of police with these services.***
- c. How to use anti-social behaviour legislation in a way that helps to address issues rather than merely moving someone on to another geographical patch. There will be different ways to achieve such outcomes. For example, these could include a requirement to consider engagement with local services rather than being moved away from them.***
- d. CPN decision making and involvement of other agencies (in this case it seems to have been unilaterally decided by police rather than being the outcome of a discussion with all the agencies involved).***
- e. Wider consideration of the range of possible interventions that could be options for more appropriate court disposals. (These would include Alcohol Treatment Requirements and Mental Health Treatment Requirements. Such provisions aim to help the individual to manage their behaviour and so to reduce offending.)***

Recommendation 4: The City of London Corporation should audit how well multi-agency meetings with rough sleepers are working and check that the correct people are being referred to these meetings.

Mental health services

12.3 There may have been an issue with how seriously the A&E psychiatric staff took the concerns of the outreach worker who accompanied Daniel to St Thomas's Hospital. However, the worker involved reported that these concerns about suicidal intent were taken seriously. Those attending the learning event felt that outreach workers are still generally not held in particularly high esteem by health and mental health services. SLAM has two mental health teams for homeless people. However, one is an outreach service for those not in touch with services, the other focuses on appropriate discharge for homeless patients. Daniel did not fit well into either category, so neither service was directly involved with him.

12.4 This was echoed in terms of the reported under-recognition of the information provided by the voluntary sector. This was evidenced by the outreach team not being informed that Daniel was to be moved to the hotel. They did not find this out until they were informed that he had left the hotel, leaving several days when an intervention from the outreach team could have been implemented.

12.5 At the time of Daniel's contacts with services, The City of London and Hackney area did not have a specialist mental health team for homeless people, and it might have helped if there had been closer contact between mental health services and the outreach team.

Recommendation 5: Management within the mental health trust should examine the options for outreach staff to provide consultancy input to the trust or direct clinical input in cases involving rough sleepers. At present, there has been a specialist rough sleepers team within the East London Mental Health Foundation Trust, the Rough Sleeping and Mental Health Programme (RAMHP), although its future has not been decided; this might well be a good place to embed this process.

Recommendation 6: Daniel's case should be discussed at a weekly academic meeting at the Maudsley Hospital, which generally attracts a substantial audience of junior doctors.

London compact document for allocating responsibility for mental health admission

12.6 Unfortunately, the implementation of the London Compact did not work well for anybody, resulting in a delay of several hours before SLAM accepted responsibility for Daniel's continuing care. The Compact provided a number of case studies outlining best practice for engagement with service users. None of the "no fixed abode" examples in this document are registered with a GP. Daniel was registered with a GP, although it was not easy to establish who this was or whether he had had on-going engagement with his GP.

12.7 The information provided within the London Compact is conflicting at times, with one example of someone with no GP, no address and no local connections being admitted to the area where he has presented. Another example, again with no GP, is of a person who was admitted back to the area where she has been previously known to services. The last example is where the patient has no address and no GP and provides no further information about themselves. Again, they are to be admitted to the service where they have been presented.

12.8 The underlying assumption seems to be that a homeless person, almost by definition, will not be registered with a GP. The implicit assumption, where someone is registered with a GP, is that they have a significant local connection there, which, in this case, was not so.

Recommendation 7: Both SLAM and the City and Hackney Safeguarding Adults Board should provide feedback on the problems outlined above and escalate to NHS England and NHS Improvement the concerns about the London Compact.

Recommendation 8: Professionals working with people in the City should ensure that all residents being discharged from mental health services are referred to their GP post-discharge. Where an individual does not have a GP, they should be supported to register with a GP.

Homelessness services

12.9 The efforts of the outreach service to provide a continuing service to Daniel were undermined by poor communications from both the police and the mental health service. This may be improved by more formal arrangements for continuing contact, perhaps in the form of a service level agreement.

Understanding lived experience

12.10 There was a limited understanding of Daniel's lived experience despite efforts from the outreach team to meaningfully engage with him and build rapport. Understanding someone's lived experience is highly beneficial in identifying their needs and building long-term sustainable relationships with people who have complex needs. Adopting a trauma informed approach to safeguarding can support practitioners to build this rapport with service users. It is important the practitioners are supported to develop this approach in their work.

Recommendation 9: SLAM and East London Foundation Trust should look at the principles of the Psychologically-Informed Environment (PIE), where the input of clinical psychologists is built into the normal functioning of the project.

Recommendation 10: All partners in the City of London should ensure that professionals working with rough sleepers are aware of and trained in strengths-based and trauma informed approaches to safeguarding.

Risk management in cases with suicide risk

12.11 Appropriate risk assessments were undertaken in respect of Daniel prior to his discharge into the community by mental health services. It is unfortunate that there was an extended period of time where Daniel was not engaged with or seen by professionals between him leaving temporary accommodation and his death. Daniel was only reported as a missing person by homelessness services. This was not escalated as a concern by any other agency, despite Daniel reporting to feel suicidal. It is recognised that this was during the peak of the pandemic when services were contending with an unprecedented situation and learning to adapt services to this. However, moving forward there may be opportunity to review discharges from mental health services to ensure that there is robust support available to those that may pose a suicide risk.

Recommendation 11: Health and social care teams based in the City should assure themselves that multi-agency risk assessments are in place where

residents are discharged from mental health services into temporary accommodation.

Recommendation 12: A protocol should be put in place in the City where people who are rough sleeping go missing. This should include a checklist of when cases should be escalated to senior management or the police.

Recommendation 13: Both health and social care professionals working in the City of London should put in place regular (as agreed by the service user) check-ins for residents known to have significant concerns around suicidal ideation. These check-ins should remain in place until such a point that professionals are satisfied that the individual's suicidal ideation has been risk assessed and managed.

Dr Philip Timms, FRCPsych

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