

<b>LONDON BOROUGH OF CAMDEN</b>	<b>WARDS:</b> All
<b>REPORT TITLE:</b> Supporting Rough Sleepers in Camden	
<b>REPORT OF:</b> Councillor Richard Cotton, Cabinet Advisor on Supporting Rough Sleepers	
<b>FOR SUBMISSION TO:</b> Health and Adult Social Care Scrutiny Committee Housing Scrutiny	<b>DATE</b> 13 February 2023 21 February 2023
<p><b>SUMMARY OF REPORT</b></p> <p>This report explores and sets out recommendations on supporting rough sleepers through a public health approach, with a particular focus on those with long-term health conditions, mental health conditions and struggling with substance misuse.</p> <p><b>Local Government Act 1972 – Access to Information</b></p> <p>No documents that require listing have been used in the preparation of this report.</p> <p><b>Contact Officer:</b> Hannah Bennai Cabinet Officer Corporate Services 5 Pancras Square London N1C 4AG Telephone: 020 7974 1750 Email: <a href="mailto:hannah.bennai@camden.gov.uk">hannah.bennai@camden.gov.uk</a></p>	
<p><b>RECOMMENDATIONS</b></p> <p>Health and Adult Social Care Scrutiny Committee and Housing Scrutiny Committee is asked to:</p> <ul style="list-style-type: none"> <li>a) Note the report of Councillor Richard Cotton, Cabinet Advisor on Supporting Rough Sleepers;</li> <li>b) Comment and provide suggestions as to the implementation of the recommendations ahead of the report being revised by the relevant Cabinet Member and taken to Cabinet.</li> </ul>	

## **1. Background Purpose of Report**

- 1.1. The Leader and Cabinet of Camden Council have established Cabinet Adviser roles to provide evidence-based policy support and recommendations to the Council's Cabinet. The Cabinet Advisers are appointed by the Leader in conjunction with the wider Cabinet and Committee appointments made each year. The report appointing Cabinet Advisers for the 2022/23 municipal year can be found as a Single Member Decision by the Leader of the Council in May 2022 (add in reference here to report on council website).
- 1.2. Cabinet Advisers are to be appointed yearly to engage, research and develop recommendations in a particular policy area, working with a Cabinet Member (or Cabinet Members) and wider elected members and the community.
- 1.3. The Cabinet Adviser roles are non-executive roles and do not sit as part of the Cabinet. They do not have decision-making powers and are limited to collaboration and recommendation-making to the Cabinet and relevant portfolio holder.
- 1.4. Cabinet Advisers present their findings in a report to Scrutiny in its policy and oversight function, to provide an opportunity for discussion of their findings.
- 1.5. Following this, their report will go to Cabinet, alongside a report outlining the views of scrutiny and a response from the relevant Cabinet member. This will allow Cabinet to consider the report, the views of Scrutiny and the Cabinet member together and formally decide whether to accept the recommendations.
- 1.6. Cllr Cotton has been appointed as Cabinet Advisor on Supporting Rough Sleepers. This role explores a public health approach to supporting rough sleepers, especially those with long-term and mental health conditions and those struggling with substance misuse.
- 1.7. This report focuses on Supporting Rough Sleepers across the borough and its preparation follows a series of meetings with council officers and external partners and volunteering with organizations across the borough passionate about tackling homelessness and rough sleeping. Appendix A outlines a full list of meetings and Appendix B a list of printed source materials which have informed this report.

## **2. Introduction**

- 2.1. London is a wonderful city in which to live, work or play – if one has a roof over one's head and, preferably, a job. If you have neither, life is irredeemably grim. It

is impossible to avoid the reality of homelessness in London because we can see the sharp end of the worst housing crisis since the war. The increased Cost of Living with raised essential expenditure such as heating, electricity, rent and food has also had an inevitable impact on increasing numbers of people sleeping rough as well as the 'hidden homelessness' of 'sofa surfing'.

2.2. The late Cardinal Basil Hume who died in 1999 said that he found it difficult to sleep easily when he knew that others were sleeping rough nearby. Sadly, the numbers of people sleeping rough have increased dramatically since he died. The most recent London-wide statistics show that 8,329 people were observed sleeping rough in London in 2021/22, of whom 666 were in Camden (only Westminster with 1698 had a larger number).<sup>1</sup> Those figures represent a fall from a peak in 2018 but are still very much higher than was the case at the turn of the century.

2.3. The life expectancy of a rough sleeper is at least 30 years below that of a settled person and a rough sleeper is more likely to fall victim to violent crime. The average life expectancy of a male rough sleeper is 45 years of age and the equivalent figure for women is 43 years of age.<sup>2</sup>

2.4. Many people are just one marital breakdown, one mental illness, one bereavement, one redundancy or even one pay cheque away from being homeless which has been exacerbated by the communities' recovery from the Covid-19 pandemic and now the increased cost of living. As those already struggling to get by financially fall into further poverty, and many individuals experience severe poverty for the first time, the risk of rough sleeping grows and it is in all our interests to do something about it.

### **3. Support that meets Peoples Needs**

3.1. Of course, the causes of homelessness are complex and varied. 32% of rough sleepers in London had experienced spending time in prison compared with 5.1% of the general population and 9% had experienced the care system, compared with less than 2% of the general population. Those figures have barely changed over time and there is a link between them in that 27% of the prison population and half of all prisoners under 25 have been in care.<sup>3</sup> 50% of London's rough sleepers have mental health needs, 31% alcohol dependency, 34% drugs issues and only 27% have no alcohol, drugs or mental health support

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<sup>1</sup> Combined Homeless and Information Network CHAIN

<sup>2</sup> A short evaluation of the Britannia Hotel Multi-Disciplinary Team (MDT) by Camden Council and the North London Clinical Commissioning Group, October 2020

<sup>3</sup> Full Fact Homelessness in England 22<sup>nd</sup> March 2018 [Homelessness in England - Full Fact](#)

needs.<sup>4</sup> 8 out of 10 rough sleepers have experienced childhood trauma and neglect.<sup>5</sup> Poor health is both a cause and consequence of homelessness and people experiencing homelessness face some of the worst health outcomes in our communities as statistics show rough sleepers:<sup>6</sup>

- Have five times the level of heart disease as the general population.
- Have ten times the level of COPD (and other respiratory illnesses).
- Experience eighteen times the level of psychotic illness as the general population.
- Experience accelerated ageing and elevated frailty. People in one London hostel with a mean age of 55.7 were as frail as 89-year-olds.

3.2. These outcomes arise from a combination of factors not least the enhanced barriers to accessing quality healthcare faced by people experiencing homelessness. Rough sleeping knows no borough boundaries and many of our most vulnerable travel across London to find a space they feel safe and secure enough to rest their heads (be it day or night). With this brings the difficulty of finding a GP, registering with them and securing appointments. Many rough sleepers report being unable to register with a GP because they have no fixed address<sup>7</sup> however, NHS guidelines state that having no fixed abode or identification does not prevent an individual to access NHS practice services. Promoting understanding and knowledge of this enables individuals to access primary care rather than engaging with the NHS via Accident and Emergency Services, which misses the opportunity for early detection and prevention. Rough sleeping is a Public Health issue and the government implicitly recognized this at the start of the Covid-19 pandemic by identifying the funding to allow local authorities to get rough sleepers off the streets.

3.3. Public Health England (now the Office for Health Improvement and Disparities) in their guidance on Health Matters, Rough Sleeping<sup>8</sup> identified the causes of rough sleeping as follows:

<b>Structural factors include</b>	<b>Individual factors include</b>
Poverty	Poor physical health
Inequality	Mental health problems

<sup>4</sup> Combined Homeless and Information Network CHAIN

<sup>5</sup> St Mungo's Homeless Charity [Find out how you can help homeless people this winter and all year round. \(mungos.org\)](https://www.mungos.org)

<sup>6</sup> St Mungo's Homeless Charity [Find out how you can help homeless people this winter and all year round. \(mungos.org\)](https://www.mungos.org)

<sup>7</sup> Gov.uk Health Matters 11 February 2020 [Health matters: rough sleeping - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

<sup>8</sup> Public Health England (now the Office for Health Improvement and Disparities) in their guidance on Health Matters, Rough Sleeping (11 February 2020) [Office for Health Improvement and Disparities - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

Housing supply and affordability	Experience of violence, abuse and neglect
Unemployment or insecure employment	Drug and alcohol abuse
Access to social security	Relationship breakdown
	Experience of care and prison
	Bereavement
	Refugee Status

3.4. Other factors affect different cohorts of homeless people and different cohorts have different needs. For example, women make up approximately 20% of Camden’s rough sleepers and have more complex needs. Their homelessness is often the result of male violence, and they are more likely to experience male violence as rough sleepers. Almost every woman who is rough sleeping has experienced male violence either on the streets or in previous living situations. To protect themselves from male violence, women often sleep in places where they feel safer or hidden such as on stairwells or buses/ tubes. They will often find mixed hostels threatening and unsafe.<sup>9</sup>

3.5. Young people experiencing homelessness are also exposed to risk as they may be fleeing violence including gang violence and others may be care leavers.<sup>10</sup>

3.6. LGBTQI+ youth may have experienced violent homophobia and/or rejection from family and may have specific health needs in relation to chemsex, sexual health and drug and alcohol services.<sup>11</sup>

3.7. The one thing that is common to every cohort and to most rough sleepers is the experience of trauma.

**4. Government Rough Sleeping Strategy**

4.1. In recognition of the significance rough sleeping has on individuals, communities and public health, the government has a manifesto commitment which seeks to end rough sleeping for good. This has since been defined as “rough sleeping will be prevented wherever possible, and when it does occur, it will be rare, brief and non-recurrent”.<sup>12</sup>

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<sup>9</sup> Meeting with Rosie Clewlow Nov 2022

<sup>10</sup> Meetings with New Horizons, Nov 2022

<sup>11</sup> Meeting with LGBTQI+ Outside Project, Nov 2022

<sup>12</sup> Letter from Eddie Hughes, MP Minister for Rough Sleeping and Housing to all Council Leaders and Local Authority Chief Executives in England, 5 August 2022

4.2. In seeking to make good this commitment, the government published a £2 billion rough sleeping strategy announced in September 2022.

4.3. The three key elements of the government's approach are: Prevention, Intervention and Recovery.

- **Prevention** of rough sleeping through early intervention, including a promise that no one will be released from a public institution (e.g. prison) to the streets and supporting young people leaving care and providing high priority access to social housing for armed forces veterans.
- **Intervention** to extend investment into coordinated rough sleeping services and ensure tailored support to meet individual needs. This includes a commitment to provide the necessary tools to local authorities, police and other agencies to work together to address rough sleeping and investment to improve the way in which the public can make referrals when they see a person sleeping rough.
- **Recovery** essentially to help rough sleepers rebuild their lives by improving the support available to help people who have experienced rough sleeping into employment. The government also commits to increasing the levels of investment into drug and alcohol treatment to support people experiencing rough sleeping and improve mental health provision.

## 5. Camden's Response

5.1. The Council published a Camden Homeless Young People's Protocol in 2016 describing what support would be made available for 16- and 17-year-olds who were homeless or at risk of homelessness. In 2018 the protocol was updated to incorporate statutory guidance in alignment with the Homeless Reduction Act 2017 for 'Prevention of homelessness and or provision of accommodation for 16- and 17-year old's'.

5.2. The protocol set out how the Children's Safeguarding and Social Work Division (CCSW) would work with Housing and Adult Social Care (HASC) and Housing providers to ensure that the needs of homeless young people aged 16 and 17 would be met. The protocol sought to "promote multi-agency working and integrated service delivery that ensures young people are able to move successfully to independence".

### Routes Off The Streets

5.3. Camden's Routes off the Streets Strategy (RTS) was published in April 2017 as a response to a significant increase in rough sleeping in the borough. The Strategy marked a new approach and response to the increasing levels of rough sleeping in the borough, which had doubled during the previous five years.

- 5.4. The overall aim of the strategy is to ensure that rough sleepers in the borough receive a service offer tailored to their eligibility criteria as well as individualised support. The strategy is predicated on a multi-disciplinary approach across council services and voluntary sector partners. For example, the 2017 report referenced the extensive network of faith, community and business groups which can offer buildings, volunteers and facilities enabling rough sleepers to access services, advice and support. That is very much the C4WS model, where churches across the borough offer winter shelter to rough sleepers and help them to secure employment and access benefits. The Council's policy was also based on pan-London working with the No Second Night Out (NSNO) project managed by St Mungo's and enabling new rough sleepers to access an immediate offer within an accommodation-based service hub, away from the street.
- 5.5. Routes off The Streets (RTS) is also the name of Camden's dedicated rough sleeping team who provide outreach, specialist support and a day center. RTS outreach workers patrol the streets of Camden, frequently alongside the Police and Community Presence Officers, to locate rough sleepers and offer them support.
- 5.6. RTS relies on information from the public in order to locate rough sleepers . Referrals can be made by calling the 24/7 free-phone service 0808 800 0005, emailing [streetsafe@cgl.org.uk](mailto:streetsafe@cgl.org.uk) or by downloading the [Camden StreetSafe App](#).
- 5.7. In June 2018, Camden was awarded £870,000 from the Government's Rough Sleeping Initiative (RSI), the largest single allocation for any local authority. That allocation was initially for one year but has now been confirmed for a three-year period. In addition, the Council was awarded £420,000 for being an early adopter of the Rapid Re-Housing Pathway (RRP) model, a key strand of the Government's approach to homelessness ensuring that those who sleep rough, or are at risk of rough sleeping, rapidly get the support they need to move away from the streets to sustained accommodation. (There is evidence that the longer a person sleeps rough, the harder it becomes to re-settle that person). As a result of these new financial resources, the Council was able to create a specialist hotspot team in partnership with British Transport Police and a specialist re-connection team, 'Connect Forward' to assist those with no recourse to public funds.
- 5.8. In 2019, Camden Council adopted its Homelessness and Rough Sleeping strategy 2019-2024 following widespread consultation with the voluntary sector. The strategy incorporated the Camden Homeless Young People's Protocol and the Routes of the Streets Strategy, and the report noted the positive impact of RTS with a 58% reduction in the number of rough sleepers between November

2018 and May 2019. The four main priorities of the strategy were identified as **Prevention** (early intervention at the point where a person is threatened with homelessness but not yet rough sleeping), **Supporting** (those experiencing homelessness), **Tackling** (the root cause of homelessness) and **Campaigning**.

5.9. RTS provides an integrated specialist outreach service seven days a week ensuring that all rough sleepers access a service offer enabling them to start rebuilding their lives away from the street. There is a multi-agency hub at Greenland Street in Camden Town, where rough sleepers can access a wide range of co-located support services, including housing advice, legal advice, access to employment and training and agree an action plan. The service seeks to enable drug and alcohol users to access treatment services.

5.10. RTS are also able to refer rough sleepers to appropriate accommodation. Depending on their needs and eligibility they can be referred into emergency accommodation and long-term accommodation. Once someone moves from the street and into emergency accommodation, the Council is committed to ensure that they are given support to avoid them returning to the street. Longer term offers may include privately rented accommodation, the Adult Pathway or social housing. Once in longer-term housing, the following commissioned services are designed to ensure that former rough sleepers can sustain their tenancies:

- RTS 'In Reach' workers provide initial needs assessments, develop housing plans and refer to specialist agencies.
- Navigator Service – a specialist team that works with people with multiple disadvantages following that cohort from rough sleeping through to longer-term accommodation.
- Camden's personalized budgets can be used by support workers to purchase items that might help sustain tenancies.
- Camden Health Improvement Practice (CHIP)
- Drug and Alcohol support
- Employment Services like BEAM

### Specialist Support

5.11. Camden is the main point of arrival for people coming from cities and towns in the Midlands and North. With three main railway termini at Euston, King's Cross and St Pancras International, Camden is also one of the main points of arrival for people coming from mainland Europe. Those with no connection to Camden as well as those with no recourse to public funds are assisted by Camden's Connect Forward Team who provide person centered help and advocacy and help them to return to their area of local connection.



- 5.12. The Camden Adult Pathway Partnership—a homeless health project aimed at single homeless people with complex needs who are living in the Adult Pathway. Tailoring health care to people who have previously slept rough ensures that health inequalities are reduced.
- 5.13. Camden Health Improvement Practice (CHIP) – a specialist GP service commissioned by North Central London Integrated Care Board (ICB) for people experiencing homelessness in Camden.
- 5.14. Focus Mental Health – a specialist mental health team working with homeless people including those who are living in the pathway.
- 5.15. Floating Support Service – providing support to former rough sleepers and those at risk of rough sleeping who are moving from the Camden Adult Pathway into Private Rented Sector accommodation. The Floating Support Service provides structured support for individuals on a recovery journey to prevent them from returning to rough sleeping.
- 5.16. In 2021, Camden was one of 23 local authorities which was awarded the Rough Sleeper Drug and Alcohol Treatment Grant (RSDATG) from the Office of Health Improvement and Disparities (OHID) formerly known as Public Health England (PHE). The grant has recently been extended until the end of March 2024. Public Health commissioners have utilised the grant to commission a designated drug and alcohol service for rough sleepers and those identified at risk of rough sleeping. The service is called INROADS (currently provided by a third sector organisation called Westminster Drug Project). The service works quite differently from mainstream drug and alcohol community services; they are not a building based service and work peripatetically to suit the needs of the service user, they can work with people in the street environment, in emergency accommodation e.g. holding beds, have in-reach clinics at hostels for those who are at risk of returning to rough sleeping due their unmet substance misuse needs and can see people at the RTS Hub. The team consists of a nurse prescriber, specialist women’s worker, specialist outreach workers and a community engagement worker. They conduct joint outreach shifts with RTS as well as their own outreach. INROADS hold a weekly satellite clinic at Women at the Well – a service for vulnerable women experiencing homelessness. They currently have approx. 50 people on their caseload and are able to refer people to the Pan-London rough sleeper detox beds at Guys and St Thomas’s.

#### St Giles Project And Future Rough Sleeping Initiative Funding

- 5.17. The Council funds the St Giles Project, which is a short-stay accommodation project run in partnership with Westminster City Council and run by Single

Homeless Project. The project offers hostel accommodation for people with no recourse to public funds, as well as those that move across borough boundaries.

5.18. The Council Leader, Cllr Georgia Gould, visited the project just before Christmas to announce that Camden is to increase the support it provides to people experiencing rough sleeping over the winter months and through to 2025 after successfully securing government funding for its £6.7 million three-year project.

5.19. The funding is the third highest awarded to a London council and it is the first time that Camden has received funding for a multi-year program. New services will include a new dedicated officer in the Council's Homeless Prevention Team to work directly with rough sleepers and a social worker and an extra nurse for the health care team that works across 15 supported housing services providing accessible nurse-led care support and support to navigate services.

#### Camden Adult Pathway Partnership Team

5.20. The Camden Adult Pathway Team specializes in providing healthcare for people experiencing homelessness who live across 21 sites in Camden, including hostels, shared houses and women's refuges, collectively known as the 'Adult Pathway'. The service is jointly funded by Camden Council and North Central London Integrated Care Board and delivered by University College London Hospitals Foundation Trust (UCLH). The service was recently commended at the London Housing Awards.

#### The Impact Of Covid-19

5.21. The Covid-19 pandemic placed rough sleepers in an incredibly vulnerable position exposed to the corona virus with no possible way of isolating. In response central government provided the "Everyone In" scheme to support local authorities to offer rough sleepers temporary accommodation and long term accommodation. A unique response to a unique situation as a result of which the Britannia Hotel in Hampstead was commissioned by the local authority as a Covid-protect site to accommodate up to 107 single homeless residents. The project was supervised by a multi-disciplinary team (MDT) comprising the Housing charity, Single Homeless Project; UCLH (University College London Hospital) discharge nurses who were triaging residents; a Camden and Islington Focus Homeless team undertaking mental health assessments; Camden's Substance Misuse Service who were providing drug and alcohol assessments; the Camden Health Improvement Practice (CHIP) GP practice conducted video and face to face assessments; a Local Authority Move on Coordinator, to help people move on to more suitable accommodation and reconnecting people to home areas; a UCLH Find and Treat Team to undertake Covid testing as well as HIV, Hepatitis and TB screening and a Pharmacist delivering methadone on site to those not in treatment with Camden & Islington NHS Trust.

- 5.22. The key aim of the project was to protect vulnerable homeless people from Covid-19 infection, and it was a near total success with only person from the whole cohort becoming infected and immediately moved into a Covid Care facility.
- 5.23. The project was evaluated in October 2020 by Debra Holt in a joint report by London Borough of (LB) Camden and North Central London Clinical Commissioning Group ('A short evaluation of the Britannia Hotel MDT, October 2020). That report states "Bringing providers together using a multi-disciplinary team (MDT) approach can make a real difference to the health, wellbeing and engagement of this group. Homeless health inclusion has now become one of the Integrated Care Priorities (ICP) for our local system and partners are working together to improve our service delivery to homeless people". There are obvious benefits to the MDT approach to support homeless people in the entire Adult Pathway.
- 5.24. The council has the network and local connections to best support our rough sleeping communities into secure, long-term accommodation. The pandemic exemplified what can be achieved with greater support and resource from central government. As we recover from covid, rough sleeping continues and our most vulnerable are still exposed. The covid experience shows the importance of adequate central government funding which was available during the pandemic at unprecedented levels. That level needs to be sustained if we are realistically to succeed in the governments stated aim of ending rough sleeping for good.

## **6. Camden's Homeless System Transformation**

- 6.1. The approach underpins the Homeless System Transformation launched in the spring of 2022 which seeks to drive forward a 2-year homeless system transformation, working collaboratively with all organizations that are supporting people experiencing homelessness in Camden. The guiding model for the transformation, developed during the pandemic, is to focus on delivering more holistic, integrated services for people experiencing homelessness. It also builds on national and local drivers, such as the guidance from the National Institute for Health and Care Excellence (NICE) on integrating health and social care for people experiencing homelessness and learning from the Fulfilling Lives in Islington and Camden (FLIC) programme.
- 6.2. More recently, the Council has published its Housing Service Transformation and (reducing) the number of rough sleepers seen on a bi-monthly single night and (increasing) the number of rough sleepers moved off the street into accommodation or reconnected are key performance indicators.

6.3. According to the Street Count, rough sleeping has reduced by 36% since 2018 and 270 people were moved from the streets into accommodation between January and September 2022.

## **7. Internal Meetings**

### Initial Meeting With Council Officers

7.1. Initial meetings were held in June 2022, with council officers including the Rough Sleeping Commissioner, Rosie Clewlow. The work of RTS was outlined as well as the work of the Connect Forward Team who work with people with no connection with Camden and seek to reconnect them with their original home. The RTS Hub has a prescribing service and women's morning. Officers have bi-monthly meetings with all the external organizations working to assist rough sleepers.

### RTS Hotspot Visit

7.2. I joined the RTS 'Hotspot' team led by Andy Lucas on the morning of 22 September 2022 engaging with rough sleepers from King's Cross, Euston Road and Warren Street and I later met with workers at the RTS Hub in Greenland Road. Several of the rough sleepers we met later came into the Hub – a first step on the way to get practical help. Fortnightly clinics are held in Camden's 15 homeless hostels and the Hub has a prescribing service and a women's morning. Building trust is vital because rough sleepers are traumatized and terrified of any bureaucracy or authority. The National Institute for Health and Care Excellence (NICE) recommends an integrated approach between social care, housing and other agencies. That multi-agency, partnership approach is the basis of Camden's Homeless Systems Partnership and Homeless System Transformation.

### Meetings With Head Of Homeless System Transformation

7.3. In October and November, I met with the head of homeless system transformation, Jonathan Horn, who stressed the need for a holistic approach. The issue needs to be on the agenda of leaders – political leaders and leaders of all the partner organizations including Directors of Housing, Public Health, Social Care and Clinical Commissioning. Where organisations might say that a specific case doesn't meet their criteria, it really means a person struggling to get by so much so they are forced to live on the streets, cannot get help from the service they were referred to. This reinforces the need for one single offer to every rough sleeper. There must be a joined-up approach and a reduction in bureaucracy, a way of minimizing the barriers a rough sleeper faces when reaching out for help and the number of times they are asked to repeat their traumatic experience during assessments. Through closer multi-agency working,

e.g., using approaches such as 'trusted assessments' we could achieve a way forward – a point also made in conversations with external organizations.

- 7.4. Rapid responses are needed with all partners working quickly to avoid a scenario where, for example, a delayed mental health assessment could delay a person moving to the next stage of the process.
- 7.5. Research shows that someone who experiences homelessness as a child is likely to experience it again later in life. This could be simply the result of socio-economic disadvantage but not enough is known about the cause of rough sleeping and more research is necessary.

#### Meeting Commissioning Manager For Drug And Alcohol Services For All Adult Residents

- 7.6. I met with the commissioning manager for drug and alcohol services for all adult residents, Lisa Luhman, online on 28 October 2022. She made clear that her role covers drug and alcohol services for all residents aged over 18 and it is not dependent on housing status (so drug and alcohol dependency amongst rough sleepers is just part of her remit).
- 7.7. There are 650 people on the adult hostel pathway many of whom have problems with substance abuse. The service has received a grant from the Office for Health Improvement and Disparities (OVID), formerly Public Health England (PHE). The Rough Sleeper Drug and Alcohol Support Team 'Inroads' works with RTS and are co-located at the RTS Hub. They do assessments on the street or in hostels. There are 50 people on the caseload who are prescribed with an opiate substitute. It's a small caseload as the work is intensive and the service is funded to the end of 2024. There is a need for a holistic package for health care and substance misuse and for the co-location of as many support services as possible. Digital exclusion is a massive problem for people who are not settled. Desktops are provided at the RTS Hub, but rough sleepers need to be able to charge their 'phones and charging facilities need to be made available in all drop-in facilities.
- 7.8. The quickest route into accommodation is the hostel pathway and then on to the private rented sector or social housing but this requires a Camden connection.
- 7.9. The multi-disciplinary approach has improved due to the Covid pandemic and Camden has very much embraced that approach. All staff in the field need to be aware of the need for trauma-informed training.

#### Meeting With The Commissioner For Rough Sleepers

7.10. I met online with the Commissioner for Rough Sleepers, Rosie Clewlow, who has expertise around the issues facing women rough sleepers on 14 November 2022.

7.11. Women make up 20% of rough sleepers. Figures for October 2022 showed out of 90 rough sleepers in Camden, 17 were women. Rough sleeping women have more complex needs than their male equivalents and their situation is often linked to the experience of male violence. Women who are victims of abuse may find it difficult to access specialist services as they may fear being asked to recall their experiences of abuse and relive their trauma. In addition to the experience of fleeing domestic violence, other support needs such as mental health or substance misuse issues are unsupported by many refuges. Additional support needs could be pre-existing or triggered by the traumatic experience of violence and abuse.

7.12. Understanding the need for private shelter following trauma is also crucial to providing needs based responses to our communities. Camden has a fifteen bed Women's respite facility in which women have their own rooms but share facilities. The address is confidential to ensure that it is a safe space and it opened in November 2021.

8. **Meetings with External Organisations** -This is not an exhaustive list of organizations tackling homelessness, but the following are organizations that were visited/interviewed in the preparation of this report.

#### Streets Kitchen

8.1. Streets Kitchen is a UK & Ireland grassroots group working to help the homeless community, providing daily outreach with food, clothing and information. They use the 'Solidarity Hub' building in Holloway and offer services outside Camden Town Tube station on Friday and Saturday evenings and outreach on Saturday and Tuesday mornings. The organization proudly proclaims that it offers 'solidarity not charity' that is volunteer led.

8.2. Streets Kitchen has been working in Camden for nine years whilst the relationship has had its challenges the council aims to build a relationship of collaborative working and learning. The Council has recently offered the organization space within the RTS Hub in Camden Town. I did a shift with Streets Kitchen at the Britannia Junction on 17 June 2022 helping to provide food and hot drinks to rough sleepers from a static location. There has been some criticism in the past that Streets Kitchen provides food to everybody, but having volunteered myself, there was no doubt in my mind that all the recipients are homeless people. The food and refreshments provided relies on donations and is brought from Streets Kitchen's base at the Solidarity Hub in Holloway.

- 8.3. In August 2022, I went with the Cabinet Member for Safer Communities (Cllr Callaghan) to visit the Solidarity Hub. The building is provided by Islington Council as a drop in for homeless people with a medical suite and the organization is hoping to attract volunteer medical professionals as well as counselling support. We met with three of the organizers who stressed the need for improving health care for homeless people who are not connected via GP networks. We were told that relationships with RTS had improved but it is still the case that Islington Council commissions less and keeps more in-house and that Camden should do likewise. As noted above, rough sleepers in Camden are fed using a kitchen provided by Islington Council and using transport provided by Islington Council.
- 8.4. Along with Cllr Callaghan, I volunteered for Streets Kitchen's early morning outreach from 7 am – 9 am on 8 October 2022 starting at Camden Town Tube Station (Britannia Junction) and finishing at Tottenham Court Road Tube Station. We met, fed and watered over 100 rough sleepers in that 2-mile stretch of Camden. This made us wonder whether the street counts used by the council underestimate the true scale of the problem because figures provided by the Council for that same period show a total of 90 rough sleepers.<sup>13</sup>

#### C4ws Homeless Project

- 8.5. C4WS Homeless was founded in 2005 when a group of seven Camden churches took it in turn to provide shelter and food for the thirteen coldest weeks of the year. Thirteen churches now participate and offer shelter for five months of the year and services have expanded to support guests with mental and physical health issues, addiction issues, immigration issues, welfare and housing advice and employment. The organization assists approximately 300 people each year.
- 8.6. I nominated C4WS as my mayoral charity in 2017-18, raised £50,000 for them and subsequently volunteered at their winter shelter in King's Cross, making beds for the guests. I met with their director on 7 November 2022.
- 8.7. According to C4WS relations with the Council have improved, particularly since the Covid pandemic and there's a better understanding of where C4WS' beds fit in to the wider Camden offer. C4WS is working well with Camden Housing Options and RTS. The organization stressed the need for rapid responses and cited the case of a rough sleeper who wanted to get off drug dependency, but it took three weeks for a response to their case by which time the opportunity had been lost. Similarly, the importance of joined-up thinking with organizations knowing what

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<sup>13</sup> Meeting with Rosie Clewlow 14 November 2022

each other is doing and all knowing where to signpost. In addition to substance abuse issues, C4WS flagged up the issue of gambling addiction being another factor in leading to homelessness and rough sleeping. This is in many ways a hidden addiction and even more so given the availability of online gambling.

8.8. There will be warm spaces but there's a need for more day centres providing activities and showers. Homeless people need help navigating bureaucracy. The staff at the RTS hub in Greenland Road do an exceptional job, although it is not an especially welcoming building. C4WS would favour a hub like the Solidarity Hub in Holloway, which could be jointly run by a variety of providers with different organizations having different days.

### New Horizon Youth Centre

8.9. New Horizon Youth Project was founded in 1967 by the late Lord Longford to address the escalating crisis of young Londoners caught up in homelessness, drug use or the criminal justice system. It is based in Chalton Street in Somers Town but works way beyond the confines of Camden. Jon Snow was one of its first directors. He was Chair for twenty years and remains a patron. The Project provides advocacy services, employment advice, help in securing jobs, education and training as well as assisting young people affected by homelessness.

8.10. In January 2021 New Horizons published a snapshot report on the impact of Covid-19 on street homelessness amongst young people.<sup>14</sup> According to that report, London alone saw a 47% increase in the numbers of 16–25-year-olds sleeping rough between July to September 2020. There was a 20% increase in the number of young people presenting at the New Horizon Youth Centre between October and December 2020, with 24% of those being young women more than double the numbers compared to 2019.

8.11. I visited New Horizon Youth Centre in November 2022 and saw the day centre in Chalton Street which has a laundry, showers and a nurse on site. According to the workers I met there, young people are more hidden physically and therefore less visible to outreach teams and when young people present to their local authority only a small minority receive support because it is often difficult to provide sufficient evidence of homelessness. Sometimes a local authority will contact parents (that young people are escaping from) to validate a claim so young people then disengage. Young people are often not believed so there is a need for organizations like New Horizons to be allowed to make trusted assessments.

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<sup>14</sup> 'At risk and uncertain' – A winter snapshot of young people sleeping rough during the pandemic [Rough sleeping snapshot in England: autumn 2021 - technical report](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/97444/rough_sleeping_snapshot_in_england_autumn_2021_technical_report.pdf) - GOV.UK ([www.gov.uk](https://www.gov.uk))



- 8.12. Young people's mental health suffered disproportionately during the pandemic and here is a need for more accessible mental health provision. It's difficult to get a mental health diagnosis and this has a damaging impact on a young person's ability to get a housing assessment as one might be dependent upon the other.
- 8.13. There is insufficient cognizance of the problem of young people fleeing violence including gang violence. Lambeth Council has specific accommodation for young people impacted by violence and Lambeth are also doing smaller hostel projects.
- 8.14. It is not appropriate to place young people with older cohorts and lower numbers in hostels or in smaller hostels will minimize risk.

### St Mungo's

- 8.15. St Mungo's was started in the 1960s with a hostel in Sclater Street near Brick Lane by a Probation Officer, Anton Wallich-Clifford and was unique amongst organizations for its success in alcoholic recoveries. It has since grown to be the largest homeless charity running 1,317 projects supporting 25,000 people and on any given night 3,000 people are afforded a bed and somewhere safe and warm to stay.
- 8.16. St Mungo's has hostels in Camden at Endell Street, Endsleigh Gardens, Birkenhead Street and St Pancras Way and it provides a women's safe space with a women's psychotherapist.
- 8.17. The organization works with people who have no recourse to public funds and therefore has to undertake complex immigration advice work.
- 8.18. I met online with James Lally of St Mungo's on 9 November 2022, and he was very complimentary about Camden Council saying that it is the best borough to work with because of its partnership approach. He said that poor health is both a cause and consequence of homelessness with higher-than-average rates of respiratory illness, heart diseases and poor mental health.
- 8.19. People experiencing homelessness and other forms of multiple disadvantages have overwhelmingly come from poor backgrounds. As well as exposure to the sort of poverty and deprivation that gives rise to health inequalities more generally, more than 80% of this population have experienced childhood trauma and neglect. One third had a violent parent with addiction issues, and more than a quarter were in care. These adverse childhood experiences, on top of a background of poverty, are more likely to push people into homelessness and to experience the cliff edge of poor health outcomes. Most rough sleepers have experienced psychological trauma and people who have experienced trauma are less likely to engage with

formalized structures (including medical professionals, those offering help with substance abuse and local authorities).

8.20. Most St Mungo's clients have low engagement with GPs but high engagement with acute services such as Accident & Emergency Departments. People who are homeless are more than three times more likely to have an impatient admission to hospital than the general population. Attendance at accident and emergency departments is at least eight times higher among people who sleep rough than those who are housed. Rough sleepers had low rates of GP registration (66.5%) compared with the single homeless in accommodation (83.1%) and 'hidden' homeless (88.4%). By contrast, in a representative sample of the general population, in the Health Survey for England, 98.0% of adults were registered with a GP. Rough sleepers are less likely to trust medical professionals and it is important that there is consistency of engagement to build that trust.

8.21. There is a need for ongoing support when a rough sleeper is housed. St Mungo's has a service called 'keeping in touch', which provides contact and support for people who have moved on.

#### The Outside Project

8.22. The Outside Project is a grassroots activist movement established in 2017 in response to those within the LGBTIQ+ community who feel endangered, who are homeless, 'hidden' homeless and feel that they are on the outside of services due to historical and present prejudice in society and in their homes. They launched a 12-bed bus as a winter shelter and are now partnered with Stonewall Housing with grant funding from the Mayor of London's Rough Sleeping Initiative to develop into a 24/7 building based service. The Outside Project has worked with New Horizons and with LGBTIQ+ residents at Arlington House.

8.23. I met online with representatives of the Outside Project on 22 November 2022 and was told that large hostels are not appropriate for this cohort, a point made by New Horizons in respect of younger homeless people more generally. Many LGBTIQ+ young people are made homeless as a result of family rejection and face additional barriers due to societal prejudice. There is a need for drug treatment services to be tailored for the specific needs of the chem sex scene and the Outside Project recommends a dedicated chem sex worker. There is no specific housing in Camden for the LGBTIQ+ community but Haringey has an LGBTIQ+ housing project. There is a need for a drop in for LGBTIQ+ people experiencing homelessness. There is also a need for trans specific advocacy work and a concern that applicants for housing are often misgendered. Domestic abuse within the LGBTIQ+ community is an issue as well and there is a need for a specific drug and alcohol service tailored for the needs of the LGBTIQ+ community.

8.24. Most people who are homeless have experienced trauma so are not happy being around others, reinforcing the need for smaller hostel/housing projects.

8.25. The LGBTIQ+ community has poor health outcomes and homelessness is a health issue.

## **9. Conclusion and Recommendations**

9.1. Camden's approach has been widely commended by partner organizations and the recent figures showing both a 36% reduction in the number of rough sleepers and an increase in the numbers moved from the streets into accommodation is testament to that. Organizations who have been critical of Camden's approach in the past have acknowledged that things have improved more recently.

9.2. A lot was learned during the Covid-19 pandemic, and it is remarkable that only one rough sleeper housed in the Britannia Hotel became infected. There are huge advantages in having all housing and health care professionals, the voluntary sector and rough sleepers all together in one place and, whilst the unique circumstances of the pandemic cannot be replicated outside of it, that multi-disciplinary approach and cross-sector working is key to achieving the goal of ending rough sleeping. Whether that progress can survive the cost-of-living crisis is a moot point. The recently announced 3-year funding is welcome but is it enough? In one sense, the homeless are at the sharp end of the worst housing crisis since World War Two and that crisis is getting worse because of the lack of affordable housing, particularly in London and the South-East.

9.3. Housing and health are inextricably linked in terms of rough sleeping, hence the need for a holistic approach and the cross sector working that characterizes Camden's approach.

9.4. I make the following recommendations for scrutiny's review and for Cabinet to assess, subject to funds being available:

- Noting the success of the approach adopted in the pandemic, to continue press central government for the necessary levels of funding to eliminate rough sleeping for good.
- Supporting preventing homelessness before individuals get to the point where they must rough sleep. This includes increasing awareness among communities as to who they can go to if they feel they may be made homeless so that early intervention can take place.
- Explore ways to address hidden homelessness across the borough.

- To continue to drive forward the Homeless System Transformation, bringing system partners together to deliver a more integrated approach for rough sleepers, working alongside the Housing Service Transformation.
- Ensure that all those working with people experiencing rough sleeping are trauma-informed and provide the necessary training for this.
- To provide a building similar to the Solidarity Hub in Islington that could be run by voluntary sector organizations with different voluntary organizations (e.g. Streets Kitchen, C4WS) responsible for running it and having a presence on different days of the week. If this is not possible, Camden should work with voluntary and community organisations to make use of the RTS Hub.
- To look at ways of minimizing bureaucracy and minimizing the number of assessments a rough sleeper has to go through, for example by increased use of 'trusted assessments' between partner agencies.
- The recent announcement of an extra nurse for the health care team is welcome but the fortnightly clinics in homeless hostels should ideally be rolled out to all rough sleepers and not just to those already in hostels. This would assist rough sleepers in navigating the health care system.
- Commission a worker to cater for the particular needs of the LGBTIQ+ community, perhaps in partnership with other London boroughs.
- To look at the impact of gambling as an additional contributory factor causing homelessness along with drug and alcohol abuse. It is also an addiction yet there has been little study of its impact on homelessness.
- Seek government funding for initiatives to improve the way the public makes referrals when they see a person sleeping rough (something the government says will be available). Most people want to help but do not know how to. Many do not know about the App and Telephone numbers. A public information campaign could include advertising at bus stops, doctors' surgeries and libraries and a campaign could be run with the local press. This would help include the wider public in helping people experiencing rough sleeping.
- Review the way the numbers of rough sleepers are counted as there was a significant difference in the numbers found in bi-monthly street counts and those identified on the Streets Kitchen outreach.

## **10. Finance Comments of the Executive Director Corporate Services**

- 10.1. The Executive Director of Corporate Services has been consulted on the content of this report and has no comment to make at this time

## **11. Legal Comments of the Borough Solicitor**

- 11.1. The Borough Solicitor has been consulted and has no comments to add to this report.

## 12. Environmental Implications

- 12.1. This report should contain no significant environmental implications for Camden.

## 13. Appendices

Appendix A Source Material and Notes of Meetings with Council Officers and External Organizations

Appendix B Source Material – Documents & Publications

### APPENDIX A

#### Source Material – Notes of Meetings With Council Officers And External Organisations

17 JUNE 2022 – Volunteering with Streets Kitchen at Britannia Junction (6 pm to 8 pm)

22 JUNE 2022 – initial meeting with council officers

28 JUNE 2022 – Catch up meeting with council officers

9 AUGUST 2022 – Meeting with John Glackin, Elodie Berland and Phil Cowan of Streets Kitchen at The Solidarity Hub in Holloway

22 SEPTEMBER 2022 – Routes off the Streets Hotspot (RTS) and visit to the RTS Hub (11 am to 1 pm)

8 OCTOBER 2022 – Early morning outreach with Streets Kitchen (7am-9am)

26 OCTOBER 2022 – Meeting with Hannah Bennai (Cabinet Office, LB Camden)

28 OCTOBER 2022 – Meeting with Lisa Luhman (Commissioning Manager, Substance Misuse) Camden and Islington Public Health

1 NOVEMBER 2022 – Meeting with Jonathon Horn (Head of Homelessness System Transformation)

7 NOVEMBER 2022 – Meeting with Nicki Barnett of C4WS Homeless Project

8 NOVEMBER – Meeting with Marijke Van Harskamp of New Horizons

9 NOVEMBER – Meeting with James Lally of St Mungos

10 NOVEMBER – Further meeting with Marijke Van Harskamp of New Horizons

14 NOVEMBER 2022 – Meeting with Rosie Clelow (Rough Sleeping Commissioner) about issues facing women sleeping rough

22 NOVEMBER 2022 – Meeting with Carla Ecola and Laurel Uziell of the Outside Project on issues facing LGBTQ+ community

## **APPENDIX B**

### Source Material – Documents & Publications

A short evaluation of the Britannia Hotel Multi- Disciplinary team by Debra Holt, October 2020

LB Camden Homelessness and Rough sleeping Strategy 2019-2024

At risk and uncertain – A winter snapshot of young people sleeping rough during the pandemic by New Horizon Youth Centre, January 2021

Report from the Young People Sleeping Rough Sub-Group – New Horizon Youth Centre, August 2020

Health Disparities White Paper Homelessness and Inclusion Health Proposals joint paper by Pathway, Crisis, St Mungo's, Groundswell and Homeless Link, April 2022

Briefing Homelessness System Transformation by Jonathan Horn – Head of Homelessness System Transformation, October 2022

Government Rough Sleeping Strategy – Department for Levelling Up, Housing & Communities (DLUHC), August 2022

Safe Space – A gender informed and trauma responsive approach to working with multiple disadvantaged women – St Mungo's, March 2022

Women's Respite Service – Single Homeless Project commissioned by Camden Council