Westminster City Council
Rough Sleeping Strategy
2007–2010
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Foreword

Welcome to Westminster’s Rough Sleeping Strategy. Thank you to everyone who contributed as part of the city council’s consultation with residents and partners working on homelessness.

For a number of reasons to do with the ‘pull’ of central London, Westminster attracts very high numbers of homeless people and rough sleepers in a high-pressure housing environment. The scale of the challenge is such that three years ago there were more people sleeping rough in Westminster than in all of England’s social services’ areas put together. But our approach – working innovatively and looking for new ways out of homelessness, and prioritising prevention – has led to a reduction in the number of people sleeping rough in Westminster by over half in just three years.

This strategy builds on what we have learnt about supporting rough sleepers to more positive housing options. The introduction of the Westminster Buildings Based Services policy in 2005 responded to evidence of rough sleeper’s diverse needs. Three dedicated sites located across the city now deliver the full package of primary care, mental health, substance misuse, and housing assessment and advice services. The approach has attracted national attention and delivered striking results: now over 70% of those who access hostels move into positive, more independent housing.

This strategy represents our high level commitment to continue our holistic approach to rough sleeping and its causes. Alongside delivering excellent local services, key priorities for Westminster will be developing closer links with the health service, the police and other local services that have a role to play in tackling rough sleeping, as well as homelessness more generally. Overall, Westminster will be looking to respond to the findings set out in the Hills Review about the extent and impact of worklessness in the UK’s homeless population, including tackling barriers to employment. For the first time, the number of people sleeping rough in Westminster fell below 100 in 2007, and I look forward to reducing that number still further.

I commend our refreshed Rough Sleeping Strategy to you, and I would like to take this opportunity to thank everyone involved in supporting people who, for whatever reason, sleep rough on Westminster’s streets.

Angela Harvey
Cabinet Member for Housing
Part One: Background and supporting information
Executive summary

Westminster has always had the highest number of rough sleepers of any local authority in the country. They are the most excluded members of our society, and the council is committed to finding solutions that will help these individuals move away from a life on the street that is both dangerous and unhealthy.

Building on successes to date, we have developed a new strategy to take this work forward over the next few years. The priorities of our rough sleeping strategy for 2007-10 are:

• commissioning dedicated multi agency services that meet the needs of rough sleepers and rapidly assist individuals off the streets

• reconnecting rough sleepers back to their home areas

• meeting the complex physical and mental health needs of rough sleepers, and preventing deaths on the streets

• changing lives by providing a range of accommodation services via identified pathways

• reducing anti-social behaviour associated with rough sleeping, including begging, street drinking and rough sleeping ‘hot spots’

• seeking lasting solutions to rough sleeping among all foreign nationals who have no recourse to public funds

• reducing the over-provision of soup runs in Westminster.

In 2005 we introduced a new approach to tackling rough sleeping - Building Based Services (BBS) - which concentrated support services in buildings such as day centres to enable more comprehensive assessment and advice services, and reduce incentives for people to appear on the streets in order to access services.

An evaluation of this approach was carried out in 2006, which concluded that the move had been successful. The number of rough sleepers has declined, and continues to fall. Our short term objective is to reduce the number of people sleeping rough on any given night to 79, and then to as close to zero as possible.

Buildings Based Services meet approximately 1,800 verified rough sleepers per year who either self refer, are met on the street, or are referred or signposted to the services. These services undertake needs-led assessments and casework, and achieve a range of outcomes including reconnections, links into specialist services (mental health, substance misuse etc) and referrals into accommodation both inside and outside of Westminster.

These services are, however, coming under increasing pressure from new arrivals to the city. In the past year all three day centres have reviewed and adjusted their point of access arrangements and criteria to target their resources for their key client groups. Services will continue to be reviewed, in particular to target long-term rough sleepers who do not choose to use day centre services, or who use the day centres but continue to sleep rough.

The majority of those sleeping rough in Westminster do not have any lengthy connection with the area. For a myriad of reasons they become homeless elsewhere and make their way into central London to sleep on the streets. This places enormous pressure on Westminster’s
services. Consequently Westminster City Council has been instrumental in establishing a pan-
London reconnections protocol that provides a framework for connecting rough sleepers back
to services in their home area. Westminster City Council will also support the introduction of a
national reconnections protocol.

Since Europe expanded in May 2004, street counts have evidenced that up to one in four
rough sleepers on Westminster streets are Accession State Nationals. The majority of rough
sleepers from Accession State countries are fit, healthy economic migrants who move off the
street within a day or two. However, a small but significant group have, or develop, support
needs that mean they share characteristics with other entrenched rough sleepers.

Government restrictions on the ability of Accession State Nationals to qualify for state benefits
and treatment, mean that this group is not able to access the services that other rough
sleepers have available to them.

The ability of the city council to help this section of the community is severely restricted. We
will therefore continue to lobby the central government to provide basic job search assistance
for A8 nationals through the network of Job Centre Plus and lobby embassies to provide
accessible assistance to their nationals in need of reconnection to their home country. We will
also lobby the Home Office to make arrangements for those whose asylum application has
been refused, but whose country is not deemed safe for return.
The Strategic Framework

Developing our strategy
The last Rough Sleeping Strategy was developed in 2003. Since then there have been changes in the profile of rough sleeping, and the challenges we face. Our priorities for the next four years, as set out in this strategy, reflect these changes whilst building on the achievements since 2003.

Strategic context
Our strategy supports and complements the following Westminster City Council strategies:

- **Westminster Housing Strategy, 2005-09**
  Supporting the council’s programme to regenerate the social, physical and economic infrastructure of the city.

- **Westminster Homelessness Strategy, 2003-08**
  Preventing homelessness and providing accommodation and support to the homeless and insecurely housed.

- **Westminster Supporting People Strategy, 2005-10**
  Improving quality of life for a range of vulnerable adults and young people in Westminster - enabling improved health, greater independence and control in making life choices.

- **Crime and Disorder Reduction Strategy, 2005-08**
  Working to reduce crime, disorder, anti-social behaviour and drug misuse across Westminster.

- **Westminster Drug Intervention Programme/Prolific and Priority Offenders Alignment Plan**
  Working to improve the case management of the clients, delivering a greater reduction in drugs misuse, crime and re-offending.

- **Begging Strategy**
  Creating a cleaner and safer environment for the general public across Westminster by taking effective action to reduce begging.

- **Tackling alcohol misuse in Westminster, 2006-09**
  Supporting the Government's Alcohol Harm Reduction Strategy for England (2004), and providing a collective response from partner agencies to prevent any further increase in alcohol-related harm in Westminster.

- **One City**
  Westminster City Council's vision for 2005-09. Focusing on "Strong Communities – Excellent Services" with the four strands of “Order, Opportunity, Enterprise and Renewal".
In this strategy, when referring to what ‘we’ propose to do, ‘our’ priorities, or issues of concern to ‘us’, it is the city council and, primarily, the council’s Housing Directorate that is being referred to.

The strategy has been developed and will be delivered in close partnership with a variety of stakeholders.

### Links between Rough Sleeping Strategy and other corporate plans

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### How we will ensure our strategy is delivered

Each priority is supported by a number of objectives and an action plan through which priorities are delivered. These feed through into the council’s business plans and the delivery plans of our providers. Our progress will be monitored throughout the year by:

- monthly performance plan reports made to Housing Division as part of the council’s performance framework
- quarterly rough sleeping services monitoring reports
- performance reports to the Rough Sleepers Steering Group
- contract monitoring of commissioned services.
Rough Sleeping Services in Westminster

A wide variety of agencies are involved in providing services for rough sleepers in Westminster. Below is a list of key agencies with whom the city council work in partnership.

The Passage – located in the Victoria area of Westminster. The Passage provide day centre services seven days a week for rough sleepers and insecurely housed people. Services include: one-to-one assessments, advice and support planning, daily group and individual sessions, health care, training and employment services, and a range of practical facilities including food, laundry and showers. The Passage also co-ordinate provision for rough sleepers in the south area of Westminster.

Passage House Assessment Centre – located close to the Passage day centre, the Assessment Centre occupies one floor of a building which also contains a second stage hostel, and provides full assessment and support planning, with a view to resettlement. Referrals are made to drug, alcohol or mental health services.

Connection at St Martin’s (CSTM) – located in the central area of Westminster, just behind Trafalgar Square, CSTM provides a day centre service seven days a week with the same range of provision as The Passage (see above). In addition, CSTM provides a dedicated space and sessions for young people aged 25 and under. CSTM also co-ordinate provision for rough sleepers in the central area of Westminster.

CSTM Night Centre – by night, the Connection at St Martin’s (CSTM) day centre becomes a 40-space night centre, providing the teams with ‘safety net’ provision. The night centre meets a range of needs, providing resources for:

- preventing newly-homeless people in crisis falling into a rough sleeping lifestyle, while other options, e.g. reconnection, are planned
- those rough sleepers currently only willing to come indoors overnight, on an ad hoc ‘no strings’ basis
- allowing a period of observation overnight (the night centre has a high staff ratio) when the teams have concerns about individuals
- hostels to avoid evictions onto the streets.

St Mungo’s Assessment Centre – St Mungo’s co-ordinate provision for rough sleepers in the west area of Westminster. Their assessment centre is open five days a week for one-to-one assessments, advice and support planning. They work closely with the West London Day Centre situated next door.

West London Day Centre – located in the north-west of Westminster, close to Marylebone Road, West London Mission provide a day centre service from Monday to Friday. Services on offer include advice, health care, a workshop, training and advice, and practical services (food, showers, laundry, left luggage and post safekeeping).

Building Based Services Co-ordination Unit – responsible for co-ordinating joint work across the BBS teams, including liaison with other services, sharing good practice and delivering on pan-Westminster objectives.

Safer Streets Homeless Unit (SSHU) – SSHU are a dedicated Westminster-wide police team, operating from Charing Cross police station, who deal with all crime and anti-social activity that relates to rough sleepers and the street population. This includes begging and street drinking.
The team also provide assistance to those rough sleepers without recourse to public funds who decide that they would like to return to their country of origin.

HARRT - the HARRT Criminal Justice Team are the specialist team providing a support service for rough sleepers with a significant history of offending, including Anti-Social Behaviour Order and Acceptable Behaviour Agreement candidates.

Drug Intervention Programme (DIP) Teams - the Westminster City Council Drug and Alcohol Action Team funded service implementing the Home Office's legislation aiming to get offenders out of crime and into treatment. Turning Point’s Hungerford team provide the service for homeless clients.

Equinox - the drugs outreach team commissioned by Westminster City Council Drug and Alcohol Action Team to target entrenched rough sleepers with drug and alcohol support needs.

Joint Homeless Team (JHT) - the multi-disciplinary mental health team who engage and work with rough sleepers in Westminster who have significant mental health problems.

Homeless Health Team (HHT) - the team funded by the Primary Care Trust and based in the three Westminster day centres, comprising of a clinical manager, specialist nurses, GPs, a counseling service and input from a podiatrist.
Rough Sleeping in Westminster

The challenge of rough sleeping in Westminster: building our strategy through consultation and evidence

Consultation

Consultation on this strategy began with the commissioning of an independent evaluation of services for rough sleepers in 2006. This research, "Evaluation of Building Based Services and other rough sleeping programmes in Westminster", is available on our website.

The research involved interviews with partner agencies, in-depth qualitative interviews with service users, analysis of needs led assessments, a review of internal documents and monitoring information, and observation of meetings. This research was launched at a conference in November 2006. Feedback was gained through workshops held on the day.

We have consistently consulted with residents via appropriate fora. A recurring concern has been noise and anti-social behaviour affecting residents near soup run sites, particularly around the Cathedral Piazza in Victoria. Priority 7 sets out our strategy to tackle this issue.

A draft version of this document was distributed widely for comments, to multi-agency stakeholder groups including: Westminster Rough Sleepers Steering Group, Westminster Rough Sleepers Multi Agency Meeting, Service User Panel, BBS Managers Groups and Area Fora.

Evidence of need - Rough Sleeping in Westminster

Our strategy is based on ongoing analysis of a range of data sources that evidence rough sleeping in Westminster. A summary of trends is provided below, and a Statistical Appendix is included in appendices one, two and three.

The long-term features in Westminster that have led to continuing high levels of rough sleeping include:

• national and international rail and bus termini
• magnet effect exerted by capital cities as major employment and service centres
• an active drugs market, attracting homeless people who use drugs
• high levels of street handouts
• reduction in the availability of affordable accommodation elsewhere.

The data set that informs establishment and analysis of rough sleeping levels is complex. There are three main sources of data, explained below:

1) Street counts take a snap shot of rough sleeping on a single night. They are the major means of monitoring rough sleeping and are a Best Value Performance Indicator reported to central government. The benefits and limitations of assessing the numbers of people sleeping rough through counts on a single night have been examined in detail in the evaluation of the
government's Rough Sleeping Unit (Randall and Brown, 1999). This evaluation concluded that street counts are a valid means of measuring the relative scale of problems between areas and of changes over time, within an acceptable margin of error.

2) The CHAIN web-based database records rough sleepers in London, tracks their use of services and records outcomes. To be entered on to the database, a rough sleeper must be ‘verified’. This means that they have been met, when bedded down on the street, by a designated worker. CHAIN is funded by the Communities and Local Government Department (CLG) and gives a full picture of rough sleeping.

3) The outcomes collected by Building Based Services providers provide an even wider picture by including people presenting at services as rough sleepers who have not been verified.

CHAIN Data

Of the three data sources, the CHAIN data represents the best tool for evidence-based planning, and the following paragraphs highlight the key trends from 2006/07.

For 2006/07, CHAIN evidences:

- 1,820 verified rough sleepers were contacted by BBS teams
- of these, 1,597 had a bedded-down contact in the year
- 52% of the total rough sleepers met were newly entered on CHAIN in the year
- 201 were met only once in the year
- in total, 580 rough sleepers arrived in rough sleepers accommodation in Westminster.

Within the wider picture of flow and transience, there is a smaller, more static priority cohort of c.300 per annum consistently on the street. Within this figure there are two key priority groups:

1) rough sleepers refusing all offers of services
2) revolving-door clients, moving in and out of services and returning to the streets.

While successes are being achieved, the priorities and action plans in this strategy set out further initiatives to help these groups off the streets.

CHAIN also documents the support needs and institutional histories of rough sleepers (excluding 'not known' data):

- in 2006/07, 40% had alcohol support needs, 33% had drug support needs, and 40% had mental health needs. 20% had some form of multiple support needs
- 38% had previously been in prison, 13% had previously been in care, and 6% had previously been in the armed forces.

The demographic profile has consistently shown:

- 90% of rough sleepers found in Westminster are male
- 77% of rough sleepers met in Westminster are white, 13% are black and 2% are Asian
- 1.2% of rough sleepers met in Westminster are under the age of 21 (all 2006/07 data).
We are faced with a number of uncertainties in meeting our rough sleeping objectives. National immigration policies in particular can have an impact on rough sleeping. The continued expansion of Europe since 2004 has had an immediate and dramatic impact on rough sleeping, and Priority 6 further discusses these issues.

The overall target as set by the Communities and Local Government Department (CLG) is for Westminster to reduce the number of rough sleepers on any one night to 79 in the first year of this strategy, and after that to as close to zero as possible.

Resources

Meeting the objectives of our strategy is made possible by rigorous business planning processes that ensure that we make the best and most effective use of the resources available to us. These include key partners in the voluntary and statutory sectors and an integrated corporate response from within the City of Westminster.

The majority of this activity is grant-funded by the Communities and Local Government Department, with some specific Home Office funding. This funding is critical to the services provided, and it recognises the fact that provision for rough sleeping services in Westminster has to respond to national issues and to the impact of international migration.
These priorities have been identified following needs-led analysis and consultation, and are in place to meet the overall strategic aim of reducing numbers of rough sleepers on the streets of Westminster.

### Part Two: Our seven priorities and action plans

- Commissioning dedicated multi-agency services that meet the needs of rough sleepers and rapidly assist individuals off the streets
- Reconnecting rough sleepers back to their home areas
- Meeting the complex physical and mental health needs of rough sleepers and preventing deaths on the streets
- Changing lives by providing a range of accommodation services via identified pathways
- Reducing anti-social behaviour associated with rough sleeping, including begging, street drinking and rough sleeping ‘hot spots’
- Seeking lasting solutions to rough sleeping among all foreign nationals who have no recourse to public funds
- Reducing the over-provision of soup runs in Westminster
Why is this a priority?

• 1,800 rough sleepers are met in Westminster each year.
• This is the highest concentration of rough sleeping in England and Wales.

Our objectives

• To achieve the reduction by two-thirds in rough sleeping (to 79) on any one night during 2007/08, and then to as close to zero as possible.
• To maintain a model of rapid, needs-led assessment, advice and support planning that prevents rough sleeping.
• To target and gate-keep resources for rough sleepers on the basis of vulnerability and need.
• To provide integrated services that provide clear pathways off the street.
• To provide services indoors to encourage people off the street.
• To create dedicated time and space indoors for priority groups of rough sleepers (women, older, long-term rough sleepers etc).
• To use evidence to inform commissioning of services for rough sleepers.

Since 2005, Connection at St Martins, the Passage and St Mungo’s have provided the core BBS for rough sleepers, and a dedicated specialist service for rough sleeping offenders is provided via West London Mission HARRT.

In total, the BBS meet c.1,800 verified rough sleepers per year who either self refer, are met on the street or are referred or signposted to BBS. The BBS undertake needs-led assessments and casework and achieves a range of outcomes including reconnections, links into specialist services (mental health, substance misuse etc) and referrals into accommodation both inside and outside of Westminster.

Background

The model of Building Based Services for rough sleepers was developed in the Vantagepoint report commissioned in 2003 by the then ODPM and WCC. The report looked at the long-term strategic direction of rough sleeping services and recommended the move to a BBS model. This recommendation was adopted by WCC following consultation with partners.
The move to BBS provision in July 2005 involved a shift away from providing services to rough sleepers on the street, instead providing services in buildings with extended opening hours (such as day centres and night centres) where rapid and assertive needs led assessment and support planning takes place. Within the model, there remains a level of street work for verification and for targeting rough sleepers to access services indoors.

The introduction of Building Based Services was based upon:

- The number of people on the street had stabilised, and it was felt that the BBS approach would further reduce the numbers of those sleeping rough.
- It was felt that traditional outreach arrangements created a perverse incentive for clients to sleep rough in visible areas in order to be met by outreach staff and access services. Withdrawal of generic outreach work aimed to remove this incentive and create an incentive to access services indoors.
- Working from strategic day centres offers advantages over on-street assessments and street work for both outreach staff and rough sleepers. For staff, it can be advantageous in terms of health and safety and availability of support, expertise and resources. For rough sleepers, it provides certainty on where and when they can meet with workers.

The BBS model was evaluated by an independent researcher, and a report was produced in November 2006 (Geoffrey Randall and Susan Brown, Evaluation of Building Based Services and other rough sleeping programmes in Westminster, Nov.2006). The report concluded that there had been improvements in joint work and in the support offered to rough sleepers through the BBS model.

In November 2006 and March 2007, sub-100 full street counts were achieved for the first time. Given the success thus far, we propose to continue the model of commissioning front line Building Based Services for rough sleepers.

Day centres

The three day centres act as a platform for external services and provide services themselves to create ‘one stop shops’ of high quality services, including:

- health care (GP, nurses, podiatry, dentistry, alternative therapies) through Westminster PCT services
- mental health services
- substance misuse services
- benefits and housing advice
- education, training and employment services
- a range of targeted group sessions
- primary services, including cheap nutritious meals, showers, laundry and clothes.

Day centres play a key role in preventing rough sleeping by providing crisis intervention advice to people who have ended up in central London. They also enable mainstream services (such as primary health care and Job Centre Plus services) to reach the most socially excluded. However these services constantly need to guard against the ‘magnet effect’ of attracting people to the area from areas where such facilities do not exist. Day Centres’ ability to ensure high-quality services are endangered by high volumes of service users. Over 2006/07, all three day centres have reviewed and adjusted their point of access arrangements and criteria to target their resources for their key client groups.

Day Centres will continue to review and evolve their services, in particular to target effectively:

- long-term rough sleepers who do not choose to use day centre services
- long-term rough sleepers who use day centre services but continue to sleep rough.
Case study BBS Group work

David was a middle aged rough sleeper with a drink problem that he acknowledged. He was invited to attend the Rough Sleepers Group at Connection at St Martin’s (CSTM), and agreed to attend when he had not been drinking excessively. He enjoyed playing crib and chess, would take the opportunity to shower and wash his clothes, and began to talk with other clients and workers.

His attendance at the group varied according to his drinking levels, but workers were patient with him, and after a year he was persuaded to begin reflexology sessions at the group. He showed great insight into his addiction, and began to express an interest in entering a hostel where he might receive help to control his drinking. David made contact with Great Chapel Street medical centre and spoke about medication that would enable him to cope in a hostel environment.

David became more relaxed, began to eat more regularly and healthily, and reduced his drinking gradually. He eventually was helped to access a 2 week detox programme, and moved into hostel accommodation on successful completion of this stay.

Case Management of long-term rough sleepers

A minority of those rough sleeping on any one night in Westminster are long-term, entrenched individuals with very complex support needs, who have been known to the BBS teams for many years. A variety of approaches have been taken over the years to encourage these individuals to accept the help that they need, without success.

From April 2007 a pilot approach has been instigated whereby intensive case conferences are held, involving all rough sleeping agencies that either have come into contact with these individuals in the past, or are likely to do so in the future.

The pilot features:

• multi-agency case conferencing at key times
• a trailing mechanism following clients path through services
• client-centred planning.

All options will be considered to help this particularly vulnerable group, whose street lifestyle is in most cases having considerable negative effects on their health, both physical and mental.

Case study – BBS persistence

Building Based Services teams often work with clients for long periods of time whilst they attempt to work through their serious and multiple issues. Many clients will initially be very resistant to talking through their problems and accepting help, and even once they do, many will have frequent relapses in their recoveries. Patience and persistence are therefore very important to achieve positive outcomes with many of the most entrenched individuals.

An example of the outcomes that can be achieved by working for prolonged periods with difficult individuals is the case of Archie, a 48 year old man who was noticed sleeping rough by the Passage day centre about two years ago.

He was from a travelling family, had never received any formal education, was a long-term
Maximising street intelligence

The BBS model involves an emphasis on utilising the intelligence of street-based teams, e.g. City Guardians, Safer Neighbourhood Teams and Street Environment Managers. Liaison between these teams and BBS is now embedded in the system. In addition, information from the general public through the Westminster Rough Sleeping Telephone Helpline (020 7641 3841) helps ensure that isolated rough sleepers are identified.

heroin and alcohol addict, HIV and Hepatitis C positive, and had served numerous prison sentences for various low-level offences. His long-term partner, also a heroin and alcohol addict, and the mother of his several children, who were all also street homeless and drug addicted, had died of an overdose, as had his eldest son.

After a number of discussions and interventions by Substance Misuse workers at the day centre, Archie agreed to visit Great Chapel Street Medical Centre and was issued with an appropriate methadone script. He was persuaded to use the day centre in the afternoon, when it was quieter, and after a number of false starts, Archie agreed to move into a hostel where he remains to this day. This is a remarkable breakthrough for a man who has spent his whole adult life living nomadically, and illustrates the results that can be achieved by patient multi-disciplinary work within day centres, away from the chaotic lifestyle many individuals are involved with on the streets.

Key Targets and actions

Year 1:
• Day centres will self-review service provision to ensure they:
  • attract long-term rough sleepers who do not currently choose to use day centre services
  • engage innovatively and effectively with long-term rough sleepers who use day centre services but continue to sleep rough.
• Introduce a case management system to create single integrated plans for long-term rough sleepers mapping their pathway off the street into accommodation.
• Undertake an internal communications campaign to raise the profile of the rough sleeping sector and further utilise street intelligence of WCC street based staff.

Year 2:
• Continuation of the contracting process for Building Based Services following the completion of the initial contract period.

Year 3:
• Complete an equalities impact audit of services.
Priority 2
Reconnecting rough sleepers back to their home areas

Why is this a priority?
• Approximately 80 individuals new to rough sleeping are met in Westminster every month. These rough sleepers arrive from around the country, Europe and the rest of the world.

Our objectives
• Reduce the flow of new rough sleepers onto the streets of Westminster.
• Reconnect individuals quickly back to their home areas.
• Champion the pan-London Reconnections Protocol.
• Encourage reconnections opportunities to be explored within our accommodation services.
• Promote a National Reconnections protocol alongside the CLG guidance document issued in 2006.

New Strategic Developments
• WCC was instrumental in supporting the pan-London reconnection protocol adopted by London Councils in 2006/07.
• WCC is supporting the introduction of a National Reconnections Protocol.

The majority of those newly sleeping rough in the centre of London do not become homeless here. Rather, for complex and varied reasons, they become homeless elsewhere, leave that area and journey to the centre of London and end up sleeping rough. Reconnecting new rough sleepers to services in their home areas is a key goal, and fundamental to this initiative is the principle that it is in the best interests of the individual to access services nearest to the community they are most familiar with, within which they have the greatest social capital.
Case study – Reconnections Unit

In 2006, Westminster piloted a scheme in Look Ahead hostel in Victoria, which provided ten short-term beds for individuals who were able to be reconnected back to their home area but who needed a place to stay and help to make links back.

The Reconnections Unit has been particularly successful, and the pilot project has been extended, with 94% successful reconnections outcomes to date.

Examples of successes include:

i) a young care leaver threatened with eviction for non-payment of his service charge was reconnected after a week through contact with his social worker, new accommodation was arranged, and debt counselling appointments scheduled.

ii) a long-term cannabis user going through rehab was connected to first stage accommodation in his home area. Plans were made for further move-on but the individual had already sourced his own accommodation in the private sector and was rebuilding bridges with his family.

There are numerous other examples of potentially vulnerable clients who have been put back in contact with either family, friends or service in their home area and have been able to sleep in Look Ahead Victoria rather than on the streets.

Key targets and actions

Year 1:

- Collate and review data to identify the flow trends of new rough sleepers onto the streets of Westminster.

- Share best practice from the hostel-based Reconnections Unit amongst BBS and hostels.

- Champion the London Reconnections Protocol by supporting a launch event.

- Monitor the number of individuals who are successfully reconnected on a monthly basis, and analyse data.

Years 1, 2 and 3:

- Monitor the outcomes of the hostel-based Reconnections Unit, tracking length of stay in area of reconnection.
Priority 3
Meeting the complex physical and mental health needs of rough sleepers, and preventing deaths on the streets

Why is this a priority?
Rough sleepers in Westminster have a wide range of health needs. In 2006/07, of the rough sleepers met in Westminster (excluding ‘not knowns’):

- 40% had alcohol support needs
- 33% had drug support needs
- 40% had mental health support needs
- 21% had physical health support needs (and research has established rough sleepers have a higher prevalence of hepatitis C, HIV, TB, and chronic chest problems than the general population)
- 20% had multiple support needs.

The average life expectancy of a rough sleeper is 42 years (Crisis, 1996, Still Dying for a Home).

Our objectives
- To work in partnership with the Westminster Primary Care Trust (the NHS body responsible for health services in Westminster) to improve the health of rough sleepers, reduce inequalities and promote access to mainstream services

Current Provision
Homeless Personal Medical Service
The Homeless Personal Medical Service, set up by Westminster PCT in 2002, continues to operate as the Homeless Health Team (HHT). It works in partnership with Great Chapel Street Medical Centre, the Doctor Hickey Surgery and voluntary sector partners. Drop-in clinics are held at day centres across Westminster, providing health care to rough sleepers and hostel dwellers. The team consists of a Clinical Manager, specialist nurses, GPs, a counselling service, and there is input from a podiatrist. The clinics allow people who are temporarily housed or sleeping rough to see a health professional at short notice. Their aim is to address inequities and support access to mainstream services. The HHT provide comprehensive health assessments and work opportunistically, when necessary, in order that users’ physical, mental and social care needs can be addressed. Immediate and necessary health services are provided to all homeless people who present, regardless of their status.

The HHT also run regular training sessions for workers and staff on a wide range of homelessness-related health issues. In 2007, the Homeless Health Team won the Reducing Health Inequalities category at the prestigious Health and Social Care Awards.
In addition, the Health Support Team (HST) also work with vulnerable individuals who have difficulty accessing services, and provide a service at the Rolling Shelter.

**Mental health services**

Mental health workers are situated throughout the pathway of services for rough sleepers (day centres, hostels, move on schemes), addressing mental health needs and making referrals on to statutory mental health teams.

Westminster Joint Homelessness Team (JHT) is the multidisciplinary statutory mental health team working on an outreach basis to improve access to services for rough sleepers. The service receives around 250 referrals a year from day centres, BBS and police.

Many of the individuals seen by the team are sufficiently ill to require hospital treatment under the Mental Health Act, and the team arranged 57 such admissions in the year to December 2006. The team works with the individual to plan discharge and to source appropriate accommodation, and will continue to provide support until the person is stably housed, or can return to their home area.

Research by the team has shown very positive outcomes, in that only 10% of people return to rough sleeping after receiving appropriate treatment and on-going care.

An increasing percentage of people referred to the team are people with no recourse to public funds. Often they have long-established mental health histories in their home country, and the priority is to provide mental health care and assist their return where possible.

There is a statutory responsibility placed on the local authority to provide aftercare for those who remain here after treatment, and in the case of those without recourse to public funds, this includes all living and subsistence costs.

National housing policy dictates that whilst the local authority has the financial responsibility for providing support, that same local authority cannot allow access to its own housing stock, or to any commissioned supported housing service. This results in individuals being placed inappropriately in the private sector, and this continues to be a concern which the council flags with relevant government departments.

There are gaps in service provision relating to long-term rough sleepers with mental health issues below the severe and enduring level, including personality disorder, depression and post-traumatic stress disorder. Recent evidence suggests that therapeutic interventions are effective, and funding will be sought for 2007/08 to take forward a pilot scheme to meet this need, including utilising therapeutic interventions in hostel settings.

**Substance Misuse Service**

Westminster Drugs and Alcohol Team (WDAAT) is a strategic partnership responsible for commissioning treatment services. WDAAT aims to enable drug and alcohol users to access a range of treatment options to achieve better health, reduce criminal activity and return to mainstream lifestyles. These services are commissioned in line with 'Models of Care for Treatment of Adult Drug Misusers', a national framework for the commissioning of adult substance misuse treatment in England. They include open access and low threshold services, structured community based programs, detoxification services and residential rehabilitation with harm reduction interventions integrated into all services. Particular emphasis is placed on minimising the spread of blood-borne viruses, reducing the risks of overdose and minimising the harm to local communities via a multi-agency Westminster Harm Reduction Action Plan and Steering Group.
Over 2006/07, the DAAT has commissioned specialist drugs services to be provided within four key rough sleeping hostels, including key work, harm minimisation group work and needle exchanges. This will be further developed in 2007/08 with a GP-shared care pilot linking up hostel key work support and prescribing services.

The number and variety of treatment services in Westminster poses challenges in ensuring clarity of pathways and effective interfaces with the services for rough sleepers. It has been identified that there is a lack of awareness of commissioned alcohol treatment services in Westminster and over 2007/08 training will be delivered to raise awareness of options and brief intervention approaches that can be used by generic workers. A particular problem facing services in Westminster lies with those rough sleepers with long-term alcohol misuse unwilling to seek treatment. By enabling front line non-specialist staff to intervene earlier and make appropriate referrals to specialist agencies, it is hoped that this group can be reduced in future. With today’s long-term, rough sleeping street drinkers, novel solutions are required, but the lack of new resources for alcohol interventions is hugely problematic. Funding alcohol treatment services with the parity and urgency of drug services remains on our lobbying agenda with the government.

To improve cross-council working, the Rough Sleeping team and the DAAT will introduce integrated contract monitoring arrangements for key providers, and clearer pathways to and between housing and treatment services will be developed (see priority 4). Interfaces with the key services will be reviewed along with general screening and referral tools. All Tier 1 services (including hostel and building-based services staff) have access and will be encouraged to attend the Working with Drug and Alcohol Users’ DAAT-commissioned training program held throughout 2007-08.

Severe Weather Emergency Protocol

In order to prevent deaths on the street in the event of severe weather, a protocol is in place to monitor temperature and trigger an emergency response to bring vulnerable rough sleepers indoors.

New strategic developments

• Over 2006/07, a harm-reduction steering group has been established with representation from key rough sleeper hostels, aiming to reduce excess morbidity and mortality associated with injecting drug use. A harm reduction plan has been drawn up for 2007/08.

• Over 2006/07, a mental health working group has been established to seek new responses to the gap in service provision for long-term rough sleepers with mental health issues below the severe and enduring level, including personality disorder, depression and post traumatic stress disorder.
Case study – Health services for rough sleepers

The breadth of the range of health services provided for rough sleepers in Westminster is demonstrated well by the case of Imran, a 29-year-old British Asian man who had been using the Passage day centre intermittently for about a year, whilst moving between London and Leeds.

He had a diagnosis of a psychotic illness, used drugs occasionally and sold sex to make a living. He was very withdrawn and would not communicate with peers nor seriously engage with workers.

He was persuaded to visit a homeopath at the Passage. She was able to prescribe remedies that helped with his anger, anxiety and consequent violence. From that beginning, she was able to link him in with housing advice, health treatment for his previously undiagnosed eyesight problems, and even a group session where he opened up about his past and revealed that abusive relationships had played a part in his background.

He has now returned to Leeds and has his own room in a supportive hostel, and has sent a card to the homeopath at the Passage thanking her for all her help.

Key Targets and Actions

Year 1:

• Funding will be sought for a therapeutic interventions pilot to meet the needs of long term rough sleepers (approximately 100) with mental health problems below the severe and enduring level, and people with personality disorders.

• A series of training sessions for workers on learning difficulties will be delivered (as it has been identified that the needs of rough sleepers with mild learning difficulties often go unrecognised).

• A hospital discharge protocol for rough sleepers will be developed.

• Existing screening tools and referral tools for treatment services will be reviewed, with a view to implementing an updated tool with the rough sleepers services including day centre and hostels.

• Participate in a pilot scheme led by Thames Reach which will enable liaison between London Ambulance Service crews and BBS.

• Revising and reprinting the “Get Sorted” guide to Drug and Alcohol Services.

• Commission substance misuse training for hostels and day centres through the DAAT, including training on alcohol services.
Priority 4
Changing lives by providing a range of accommodation services via identified pathways

Why is this a priority?
• There are a total of 1,038 accommodation-based units in Westminster for single homeless people with support needs (including rough sleepers).
• This resource needs to be regularly reviewed to check that it reflects needs on the street and of those moving through services.

Our objectives
• To improve the quality of life for rough sleepers and ex-rough sleepers in Westminster, and enable them to achieve improved health, greater independence and control in making life choices

The Rough Sleepers Pathway
The rough sleepers pathway diagram puts the BBS and Supporting People projects within the context of rough sleepers pathway arrangements in Westminster. The pathway is designed to allow service users to move through temporary accommodation options to more permanent placements with greater independence. The Pathway diagram can be found on page 27.

Maintaining a clear overview of accommodation activity
Data is collated and the pathway reviewed holistically on an annual basis in terms of:
• service utilisation
• referral routes
• assessed needs
• outcomes
• exit strategies
• equalities
• gaps in service provision.

A need has been identified to create more sophisticated data on the support needs of the rough sleeping and hostel populations, and over 2007/08 we will work on ways to better-interrogate CHAIN data to identify profiles of needs.

Over 2006/07, WCC and Look Ahead Victoria & Bayswater hostels took part in the Homeless Link Move On Planning Protocol pilot, involving an audit and action plan approach to move on, and the process will be extended to all other rough sleeping hostels in 2007/08. This will further assist in creating a needs-based pathway and a whole system approach to the rough sleeping accommodation sector, to create:
• a greater degree of specialism (to better
meet needs) within hostels and clarity about roles

- a mutually supportive network of services
- embedded partnership working.

**New Strategic Developments**

- An assessment centre was created in 2004 by remodelling an element of a first stage hostel.
- National Hostels Capital Programme is funding improvements to three Westminster hostels.
- A 10-space reconnections unit was established in 2006.
- Arrangements put in place for hostels to access the sheltered housing stock for older residents in Westminster in 2006/07.
- Gatekeeping of the Westminster Clearing House was re-geared in 2006/07.
- Two extra rooms for couples introduced in 2006/07.

**Gaps in service**

There remain identified gaps in service provision, and the following paragraphs outline our plans to address this:

**Integrating housing and treatment pathways**

While Westminster has a number of cutting-edge hostels catering for ongoing substance users, there are fewer appropriate accommodation options for those further along the treatment journey, particularly former rough sleepers leaving prison having gone through detox while inside.

Utilising the toolkit produced by the Homeless Link ‘Clean Break’ project, we will audit and plan for the development of clearer pathways between housing and treatment services to create appropriate housing options for drug using or former drug using rough sleepers at different treatment stages.

**Complex-needs female rough sleepers**

Women represent 11% of all rough sleepers but are over represented in the long-term groups refusing all offers of services or moving in and out of services and back to the streets. A gap in service provision has been identified in particular for the revolving door group who are typically chaotic drug users with multiple, complex needs. Over 07/08 we will research the needs and options and establish consensus on the best accommodation service model with a view to remodelling provision for this group.

**Rough sleepers with dogs**

At present two Westminster hostels accept dogs. Over 2007/08 we will work with providers to share good practice and double the number of hostels taking dogs.
Key targets and actions

Year 1:

• Roll out the lessons and experiences from the Homeless Link Move On Planning Protocol Pilot across all the rough sleepers hostels, including an audit move on.

• Remodel existing provision to create abstinent schemes to meet gaps in service provision.

• Commence a Private Rented Sector Pilot to help 30 hostel residents no longer needing support to access the private rented sector.

• Increase the number of spaces for couples by 6, and rough sleepers with dogs by 8.

• Create 5 spaces for female substance misusing rough sleepers with complex needs.

• Review the role of Substance Misuse Units in Westminster.

• Work with the DAAT to identify treatment and accommodation pathways for former rough sleepers leaving prison detox, wishing to access community services.

Year 2:

• Review accommodation spaces for couples and rough sleepers with dogs according to needs and demand.

• Review accommodation spaces for female substance misusing rough sleepers with complex needs according to needs and demand.

• Subject to review, extend the Private Rented Sector Pilot.

Years 1, 2 and 3:

• On an annual basis, collate data and review the rough sleeping pathway.

• Develop clearer pathways to and between housing and treatment services to create appropriate housing for drug using rough sleepers at different treatment stages.

• Create a “whole system” approach to the rough sleeping accommodation sector.
Rough Sleepers Pathway

Routes into BBS
1) Self-referrals
2) Met on the street and sign-posted by City Guardians, Safer Streets Homeless Unit, Safer neighbourhoods Team etc
3) Met on the street by BBS
4) Referred by Another Agency: Drug Intervention Programme, Housing Options or Other Homeless Agencies

BBS Services-Assessment and Referrals (Gate-keeping function)
Connections Passage St Mungo’s at St Martin’s

Assessment
Rolling Shelter Passage House Assessment Centre Safe Stop Look Ahead Re-Connections Unit

Outcomes: Reconnections Links into Services Referrals into hostels in and outside of Westminster

Out of the hostel system

Specialist Units
Substance Misuse Accommodation Young People’s Accommodation Mental Health Accommodation

Move On Within Westminster

Acton HA Training Flats St Mungo’s Supported Housing Montfort House Thames Reach Daventry Road Training Flats Wytham Hall Supported Housing Broadway Supported Housing

Long-Term
Clearing House Peabody 55 Private Rented Sector Sheltered Housing Homebuy/Intermediate Rented Hostels Move-On Quota Options Outside Westminster

**Substance Misuse Services Pathway for Rough Sleepers**

**BBS Services - Assessment and Referrals (Gate-Keeping Function)**
- Connection at St Martins
- The Passage
- Night Centre
- St Mungos
- HARRT

**Assessment**
- Rolling Shelter
- Passage House Assessment Centre
- Safe Stop
- Look Ahead Victoria Re-connections Unit

**Hostel Services**
- Passage House
- King George’s
- Look Ahead Victoria & SMU
- Dean St & SMU
- Hopkisson House
- Edward Alsop Harrow Road
- Shroton St
- Look Ahead Bayswater
- LA Victoria Cluster Flats

**Drug or alcohol problem and wants prescribing:**
- Contact Soho Rapid Access Clinic (SRAC).
  - Maximum 12 week program.

**Westminster Treatment Centre:**
- Maintenance Substitute Prescribing

**GP Shared Care Programme:**
- Maintenance Substitute Prescribing

**Move On Within Westminster**
- Acton HA Training Flats
- St Mungos Supported Housing
- Montfort House
- Thamesreach Daventry Rd Training Flats
- Wytham Hall
- Broadway Shirland Road Supported Housing
- Cardinal Hume Horsebery Rd Supported Housing
- Broadway Sutherland Avenue Supported Housing

**Longer Term Accommodation**
- Clearing House
- Peabody 55
- Private Rented Sector
- Sheltered Housing
- Homebuy/Intermediate Rented
- Hostels Move On Quota
- Options Outside Westminster

**Individuals leaving rehab**
**Individuals wanting to live in an abstinent environment**

**Specialist Units**
- Young Peoples Accommodation
- Mental Health Accommodation
Priority 5
Reducing anti-social behaviour associated with rough sleeping – including begging, street drinking and rough sleeping ‘hotspots’

Why is this a priority?
• Tackling crime and anti-social behaviour is the highest priority set for the Council by the City Survey, the largest survey of resident opinion.
• Not all begging is carried out by actual rough sleepers, but as much as 90% of begging that does take place funds substance misuse.

Our objectives
• Reduce anti-social behaviour, including begging, street drinking and drug activity.
• Maintain a balance between social care and enforcement in dealing with anti-social behaviour.
• Take measures to ‘design-out’ areas used for anti-social behaviour.
• Work jointly with the Drug Intervention Programme to get rough sleepers away from crime and into treatment.
• Proactively work to create strong partnerships between the different enforcement agencies to provide a seamless, responsive service for residents.

Current provision
Safer Streets Homeless Unit – We have a dedicated police team for rough sleepers and associated street activity. The team consists of an Inspector, three Sergeants, eight PCs and eight PCSOs. They play a vital role in addressing anti-social behaviour carried out by those on the streets. Their help in the management of hotspots has, we believe, been a crucial factor in reducing the number of hotspots and consequently, encouraging many of the most entrenched rough sleepers to access help and accommodation.

Departmental co-operation – The Rough Sleeping team co-operate closely with Community Protection, linking into Civic Watch and liaising with City Guardians.

Building Based Services and other rough sleeping agencies also liaise closely with Civic Watch and City Guardians to ensure that all information is captured and any enforcement action taken is consistent. Specific anti-social behaviour issues can cut across the remit of a number of agencies (SNTs, British Transport Police, Transport for London etc), and we proactively seek to create and publicise arrangements that provide residents with an accessible, seamless service with clarity on who to contact.

Designing-out – We continue to ‘design-out’ areas (with the assistance of other departments and external agencies, e.g. Transport for London, where appropriate) that experience high levels of anti-social behaviour. Several innovative solutions have been found which have contributed greatly to the management of hotspot areas and reduction in anti-social behaviour, including clearing of vegetation, sealing of underpasses and gating of cul-de-sacs.
New strategic developments

- Acceptable Behaviour Agreement (ABA) worker - a worker from the HARRT team has taken on responsibility for work on anti-social behaviour carried out by hostel residents and rough sleepers. The worker takes the lead on co-ordinating ABAs and liaising with the relevant agencies where ASBOs are deemed suitable.

- Cross-border working - many persistent beggars and individuals who commit prolonged anti-social behaviour move between areas and boroughs. Information sharing and joint tasking procedures are now in place.

- Anti Social Behaviour monthly meetings - WCC now hold monthly, multi-agency meetings to discuss rough sleepers or hostel residents who are on the radar of the police and other enforcement agencies due to their behaviour. Action plans are drawn up. This meeting feeds into the work of the HARRT ABA worker, as well as cross-border arrangements.

Key targets and actions

Year 1:

- Street Population Team - to seek funding for a team responsible for addressing the anti-social behaviour of individuals who are housed but who continue to engage in street activity, complementing the work of the SSHU. This group of people is significant, and currently there is no dedicated team who works specifically to address their behaviour and balance enforcement with the social care options that this group require.

- Review all commissioned services to ensure robust ‘good neighbour policies’ are in place that manage the behaviour of clients outside the project.

Case Study - Harrow Road roundabout

A significant part of the Westminster approach to reducing rough sleeping is hotspot management. Hotspots (areas where 4 or more rough sleepers are bedded down) act as catalysts for increased rough sleeping and street activity and can make it difficult for workers to liaise with individual rough sleepers.

Hotspot areas are often well hidden and relatively inaccessible to workers. This increases their attractiveness for rough sleepers. Consequently design solutions often need to be employed in hotspot areas to make them less conducive to rough sleeping and enable workers to engage with individuals to address their support needs.

One excellent example of the positive impact of such a policy was an exercise carried out at a large traffic roundabout at Harrow Road - a particularly inaccessible site for workers and one that was hidden entirely from view by dense foliage. Upwards of 8 rough sleepers at any one time had turned the roundabout into an encampment, with tents and furniture. The area was unsanitary and dangerous and a complete no-go area for the public.

The police paved the way for the site to be cleared by moving the rough sleepers away from the area. The local BBS team were on hand to provide advice on accommodation options. Then WCC’s environment teams and cleaning contractors cleared the site of debris (two vans worth of debris, including many boxes of used needles). Finally the Arboriculture team attended to cut back the foliage and ensure the centre of the roundabout was less hidden from the road.

The result of this is that, months later, no rough sleepers have returned to the area. Six very long-term, poly-drug using, non-engaging rough sleepers have accessed accommodation and treatment, including one couple. This backs up WCC’s belief that the designing out of hotspot areas is in the long-term interests of those rough sleepers who are consequently encouraged to accept our offers of help.
Priority 6
Seeking lasting solutions to rough sleeping among all foreign nationals who have no recourse to public funds

Why is this a priority?

- Street counts in 2006 evidenced that up to one in four rough sleepers on Westminster streets were Accession State Nationals (A8s and now A2s).
- The majority of rough sleepers from A8 countries are fit, healthy economic migrants who move off the street within a day or two. There exists, however, a small but significant group who have, or develop, support needs that mean they share characteristics with other entrenched rough sleepers.
- Government restrictions on the ability of Accession State Nationals to qualify for state benefits and treatment mean that this group are not able to access the services that other rough sleepers have available to them.
- Foreign nationals represent 25% of the case load of the mental health team for rough sleepers.
- With the largest rough sleeping population in the country, Westminster suffers disproportionately from the financial burden of rough sleepers with significant support needs but no recourse to public funds.

Our objectives

- To pursue lobbying and policies that will contribute to a reduction in rough sleeping amongst all foreign nationals without recourse to public funds.

A8 Nationals

Westminster’s location in the heart of London, along with the presence of international rail and coach termini, means that it is the natural point of arrival for large numbers of foreign nationals. A percentage of those unable to find employment on arrival end up sleeping rough on Westminster streets.

Individuals from the new Accession State countries who cannot fund their own accommodation do not have recourse to public funds and, as a result, cannot access hostels or other services for rough sleepers. However treatment for primary health care and interventions for communicable disease treatment are provided.

Given that this group of people have almost invariably travelled to Britain to seek work, Westminster Council believes that the government, through the Department of Works and Pensions, and specifically Job Centre Plus, need to take responsibility for providing help and information for this group of people to access employment.

From December 2005 to October 2006, over 900 individual A8 nationals were recorded as being in touch with the three principal day centres in Westminster. The majority used The Passage, where they made up 33% of users of general day centre services and 40% of employment and training services. These levels put a significant strain on local...
homelessness services to meet the needs of their core vulnerable verified rough sleeper client group. From 1st January 2007, the Passage and Connections at St Martin's had to move away from an open-door policy, and restrict their service to those with support needs, whilst signposting individuals to appropriate services or sessions.

**A2 nationals**

In January 2007, Bulgaria and Romania acceded to the European Union. Work restrictions that were not placed upon A8 nationals were imposed on individuals from these two countries, and hence there has not been a comparable volume of migrants from either country.

Levels of rough sleeping amongst this group have so far been low, although levels at the time of writing are showing some signs of increasing.

A2 nationals are in a different position to A8 nationals in that in order to gain employment they need to be in possession of a visa (limited by quota), or to be self-employed (and able to prove they are self-employed). The individuals that come into contact with Westminster’s rough sleeping agencies fall into neither camp. These individuals therefore do not need help to access employment, as they are ineligible, and the issue is one of resources for enforcement agencies to ensure that the regulations set out by government are abided by.

There has been a marked increase in the number of A2 nationals being arrested for begging offences since January 2007. This has had implications for the resources of Westminster police teams.

There has been a co-ordinated response from WCC and all rough sleeping agencies to these issues, and there is widespread agreement on the way forward and on the issues that require further lobbying of central Government.

**Other groups with no recourse to public funds**

On average, 7% of rough sleepers (2006/07) on the street on any one night have no recourse to public funds. This includes rough sleepers who have exhausted the immigration process but have not been deported, those who have overstayed their visa, those who did not formally enter the country and those without official identification.

We continue to work proactively with immigration services to help establish status, and also work with the International Organisation for Migration, who are able to help with repatriation costs where appropriate.

**New Strategic Developments**

A one-year invest-to-save project was funded by the Home Office from July 2005 to tackle rough sleeping and associated street activity of Accession State Nationals.

The money was used to fund the Safer Streets Homeless Team for the work they carry out with Accession State nationals, seconded officers from the Immigration and Nationality Directorate and Job Centre Plus, translation costs, and reconnection costs for those individuals ready to return home but without the resources to do so (at March 2007, some 450 individuals had been assisted to return home).

Funding has been extended, jointly by the Home Office and Department for Communities and Local Government, into 2007/08.

Building Based Services took the decision in January 2007 to alter their criteria so that individuals without recourse to public funds must have some support needs in order to access services at the day centres.
Key targets and actions

Years 1, 2 and 3:

- Continue to lobby central government to provide basic job search assistance for A8 nationals through the network of Job Centre Plus.

- Continue to lobby embassies to provide accessible assistance to their nationals in need of reconnection to their home country.

- Continue to lobby the Home Office to make arrangements for those whose asylum application has been refused, but whose country is not deemed safe for return.

If provision is not mainstreamed as above, continue to bid for funding to deal with consequences on the streets (i.e. extra police resources, reconnection costs, etc.).
Priority 7
Reducing the overprovision of soup runs in Westminster

Why is this a priority?

• It is the council’s view that there is over-provision of Soup Runs in the borough. Excessive soup run activity helps to maintain a street lifestyle for people unwilling to come indoors, and draws people out of accommodation and back into street culture.

• A scoping exercise (January 2007) showed that in some areas of Westminster, as many as three Soup Run organisations provide food to exactly the same group of people on the same night and in the same place. This kind of uncoordinated provision does not meet any real need on the streets and causes maximum disruption to the local area.

• Anti-social behaviour is rife before, during and after soup runs, and turns many residential and public areas into virtual no-go areas. The majority of soup run users are not rough sleepers.

Our objectives

• Reduce the number of soup runs in operation in Westminster.

• Co-ordinate provision and tie in volunteers with existing frameworks of support for rough sleepers.

• Where appropriate, use preventative and enforcement measures to deal with anti-social behaviour during soup run visits.

• Pursue a London Local Authorities Bill to control soup run provision.

• Ensure that rough sleepers assessed as vulnerable, and refusing to use BBS’, are targeted for sustenance.

Activity to date

Discussions with soup run providers have been ongoing for many years. These discussions are ongoing, and WCC hope that they will result in some organisations directing their resources into areas where they can be of more long-term assistance to rough sleepers. Other work undertaken includes:

• A “Soup Run Summit” was held in September 2005, where as many soup run organisations as possible were invited to discuss many of the issues above

• All Soup Run providers were contacted in May 2006 and recommended alternatives to soup run provision

• A scoping and mapping exercise was carried out in December 2004 and was repeated in January 2007

• Support was provided for the publication of “A Christian Response to Street Homelessness in Westminster” in May 2005

• Legal powers have been explored and
discounted (anti-social behaviour orders, acceptable behaviour agreements, food safety and noise legislation).

New strategic developments

- The council is pursuing the possibility of introducing a measure through the London Local Authorities Bill to confront the excessive nature of soup run provision in the borough.
- A controlled dispersal zone was created at the Cathedral Piazza in Victoria, one of the most popular sites for soup run organisations. This was to deal with the large-scale anti-social behaviour that was being experienced on a nightly basis, including littering, urination, intimidation of the passing public and noise to local residents. This has been successful in reducing the problem in that particular area and is a policy that will be looked at for other areas of concern in the future.

Key targets and actions

Years 1, 2 and 3:

- Maintain a dialogue with the Soup Run Forum group by attending meetings and presenting alternatives to soup runs.
- Explore new legal options to regulate provision of free street food in Westminster.
## Appendix 1

### Westminster street counts of rough sleepers, 2001-2007

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<td><strong>166</strong></td>
<td><strong>175</strong></td>
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| Accession state nationals | 24 | 8 | 6 | 4 | 29 | 12 | 31 | 33 | 33 | 20 |
Appendix 2

Street Count Levels 2004-07

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