

Appendix 1: Individual Stories

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Introduction

Many of the services that contributed to the Council's review of rough sleeping services in Camden shared anonymised stories of individual people who they are currently supporting.

Challenges around No Recourse to Public Funds

Since July 2020, Routes Off The Streets (RTS) have been working with a man in his late 20s, whose heroin and crack cocaine use leads to regular hospital admissions. He was admitted to hospital 30 times in 2023. There is a significant risk of mortality while he is rough sleeping as his physical and mental health continue to worsen.

This person has lived in a number of different hostels, an emergency placement, and various holding areas. Throughout this period, his engagement with support has been minimal, he did not have a methadone prescription, and although he expressed a wish for drug rehab to RTS workers, he did not engage with the process. There was an attempt by a multi-agency team to secure a stabilisation bed in a city outside of London for the young man but this was not successful. He is now rough sleeping in Camden.

This person has pre-settled status but no recourse to public funds. He will not be eligible to apply for settled status until June 2025. The only solution RTS can currently propose is purchasing a space in one of the pathways until he is eligible for full settled status. This would be unusual practice and may set a financially unsustainable precedent.

Working with trauma and in a gender-informed way

Camden Respite Rooms, a commissioned women's service run by Single Homeless Project (SHP), has been working with a victim of modern-day slavery and human trafficking. From the age of six, this person was the victim of sexual and physical abuse and religious persecution in her home country in East Africa. She left as a refugee but was separated from her husband in another African country and trafficked to the UK. She escaped her perpetrators and was given Home Office accommodation in the UK. During her stay she was

stabbed by another resident, fled the accommodation, and came to Camden, where there is a large diaspora community from her home country.

Routes Off The Streets found her rough sleeping in a park in Camden. They spoke to her and decided to refer her to Camden Respite Rooms. When she first came, she was deeply traumatised, could not speak to staff and spent days crying in her room. Staff at the accommodation worked to build her confidence and secured a one bedroom property through the Clearing House in Islington. They referred her to Mental Health services where she now receives counselling, and to Camden Adult Social Care. SHP supported her to maximise her income and apply for grants for her new property. She now presents as a confident woman and is excited for the next chapter of her life.

Sustaining accommodation and breaking cycles

A long-term resident from Camden was released from prison and placed in a holding area in a large hostel in Camden Town, but she was unable to sustain this placement. She was offered a place in Kings Cross, further away from where she used to use drugs and knew a lot of people who would use and/or sell drugs. She accepted this placement and engaged effectively with staff. This was a big achievement because she had been unable to settle in one place in the past.

Unfortunately, someone she had been in a relationship with began to use tents near a transport hub to deal drugs. At this time, no-one was known or seen to be living in the tents. She started to spend time there and used the tent for drug taking and begging. Before long, she had stopped returning to her hostel each day and began sleeping in the tent. She has now abandoned her space in the hostel and the bed has been closed. The person has disengaged with the staff at the hostel, and Routes Off The Streets is beginning the process of asking her to consider housing again. The opportunity presented by her stay in prison and subsequent engagement with staff has been lost and she has returned to rough sleeping.

Navigating complex care and support needs

Routes Off The Streets referred a 66-year-old man to the Health Outreach Pilot (HOP) due to concerns about his health. This person was Roma with little English and no settled status, who had been rough sleeping for several years. His medical records showed significant and chronic health needs including chronic obstructive pulmonary disorder and alcoholism. The person was found at his sleep site vomiting blood and taken to A&E by the Outreach Nurse. He was then supported to register with his GP and access appropriate medication.

The outreach psychologist identified concerns around cognition, memory and his ability to self-care. Following multi-agency planning and work to build trusting relationships with the person, he has re-engaged with support services including the St Mungo's Roma team and GP services and he has been referred to adult social care and drug and alcohol services.

He has started to take his medication properly, has a referral to the memory clinic, and has a social care package for basic care needs. He has an allocated social worker and has now been granted settled status which will help him to secure housing support.

Working in a multi-disciplinary, multi-agency team

Routes Off The Streets and the Health Outreach Pilot began interacting with a 35-year-old gay man from Asia during an outreach shift. The person is HIV positive, but had not been taking his medication, and was a user of a class-A drug. He was in a relationship with another rough sleeper who he shared a tent with. His partner disclosed that the person was being sexually exploited and that he heard and responded to voices telling him to harm others.

Outreach workers liaised with healthcare professionals to arrange for health checks and psychiatric assessments for the person and encouraged engagement with the Supported Housing team. Multi Agency Risk Assessment Conference and safeguarding referrals were completed, and the police were informed about the abuse the person was experiencing.

The person and his partner were brought into accommodation. Following this, the person started to take his HIV medication and was treated for a sexually transmitted infection. The psychologist and the psychiatrist have arranged for further assessments to take place.