Release's Written Submission to the Vagrancy Act Consultation
5th May, 2022

Release is the national centre of expertise on drugs and drugs law in the UK. The organisation, founded in 1967, is an independent and registered charity. Release provides free non-judgmental, specialist advice and information to the public and professionals on issues related to drug use and to drug laws. The organisation campaigns directly on issues that impact on its clients - it is their experiences that drive the policy work that Release does and why Release advocates for evidence-based drug policies that are founded on principles of public health rather than a criminal justice approach. Release is a NGO in Special Consultative Status with the Economic and Social Council of the United Nations.

Release welcomes the opportunity to consult on the proposals being put forward by the Government, and whilst we welcome the repeal of the Vagrancy Act, we fundamentally oppose the criminalisation of people who are begging. The need to beg is driven by homelessness, poverty and multiple health issues, including drug and alcohol dependency, therefore the solution must be to address the underlying drivers of these issues, rather than criminalising an already marginalised and stigmatised population. We have answered the questions below in an attempt to limit the worst aspects of the proposals, but ultimately, Release disagrees with the premise that the criminal law is a mechanism for tackling what are societal issues resulting from inadequate economic, social, and health policies.

Question 1. Do you agree that the government should introduce new offences to prevent specific forms of begging that may be harmful to individuals or detrimental to communities?

We question the need to introduce new offences to prevent the specific forms of begging considered in this consultation, or any forms of begging. We believe that introducing new offences will fail to assist the Government in meeting its commitments to levelling up, beating crime, and ending rough sleeping. Any new offences will also fail to meet the stated expectation of the public, which is that vulnerable people who are sleeping rough will be "supported to create and sustain a life away from the streets".

It is not possible to improve the self-sufficiency of individuals and reduce their need to rely on state support without putting in place the actual support that many of these people will need to achieve this aim in practice. Those that need this support are themselves members of the community, not apart from it, and neither criminalisation nor coercion through law enforcement will address issues which are predominantly questions of health and poverty. Communities cannot be made safer by pushing its most vulnerable people ever further to the fringes.

The consultation's position on people who use drugs gives rise to significant concerns as to how the repeal of the Vagrancy Act may only give rise to increased powers against vulnerable people. Our organisation provides specialist legal advice and advocacy to people who use drugs and are deeply familiar with the issues that they routinely face in accessing state assistance, including to the social security system and housing. These issues have also been recognised by separate consultations and reviews by the Government.

In 2019, the Advisory Council on the Misuse of Drugs (ACMD) report on homelessness and drug misuse found that treating homeless people for drug misuse is exceptionally difficult unless their housing needs are addressed at the same time. The ACMD stated that safe, stable housing is essential for people who are homeless and who have problematic drug use, and that it is associated with increased engagement with services. Money would be better spent not on *replacing* one failed criminal sanction with another, but to *widen* access to 'Housing First' schemes and provide suitable accommodation to those who need it.

In 2020 the Ministry of Housing, Communities & Local Government estimated that two thirds of people who sleep rough have a current drug or alcohol problem. A similar proportion also have a

separate and current mental-health issue. Positive outcomes are far more likely through increased focus on initiatives that will engage people in treatment services, some of which we detail below in respect of Adverse Childhood Experiences ('ACEs'), trauma and mental health, and subsequent self-medication through substance use.

In 2021, Phase 2 of the Drugs Review conducted by Dame Carol Black recognised that housing and housing support have a crucial role to play in the success of drug treatment, and that many of those entering treatment report a housing need. There is a strong evidence base that to help break the link between homelessness, begging and non-participation in treatment, what is needed is housing, not the threat of further criminalisation. Clearly, if criminalisation was an effective deterrent in these circumstances then the issues would have long ago been resolved.

Given these repeated earlier findings, including by some of the same Departments now involved in this consultation, it is alarming such findings appear to be disregarded in the context of the Vagrancy Act. We do not agree that the proposed prohibitions at Paragraphs 19 - 22 would be helpful, nor would they address the widely accepted causes of the behaviour which the consultation wishes to address.

It is our view that due to the levels of declared substance use among those without stable, or any, housing, it is inevitable that the majority of those people we assist will find themselves the victim of a net widening exercise as they will be the target of these proposals. It is difficult to envisage who the apparent beneficiaries of this repeal will be if the vast majority will now find themselves targeted by *new* offences rather than interventions which may make a practical difference to their lives.

Due to the criminalisation of controlled drugs the people who use them are, inevitably, involved with criminal activities within communities. This is particularly true among the homeless population due to the higher proportionate use of substances, often in the service of self-medication due to trauma, not least the trauma of rough sleeping. However, to then consider this self-medication as funding organised crime, as the consultation suggests, is to *further* criminalise their health and distract from the difficulties of accessing support for mental health conditions or accessing treatment services. Both the United Nations and public health academics in the UK have highlighted that criminalisation and policing can actively contribute to *worsening* health outcomes. Rather than seek to further stigmatise the most vulnerable in our communities through spuriously linking them to organised criminal markets, causing further criminalisation and disenfranchisement, we would advocate that people who use drugs are given access to support that will make a practical improvement to their lives.

Adequate alternative services could mitigate the link to local crime by providing people who use drugs with access to safe supplies of the drugs on which they are dependent. Such provisions will introduce people who use drugs to treatment services, prescribers, and healthcare professionals. Importantly, such introductions and engagement would not arise from the threat of breaching a conditional caution or discharge, but on their own terms. It would also sever the link between low-level drug use and those who supply them.

In addition, the establishment of overdose prevention centres (OPCs) or drug consumption rooms could fundamentally change the engagement of this community with formal services, and would be an opportunity to address a range of health and social issues, including addressing homelessness and conditions, such as soft skin tissue infections which can lead to serious health consequences. The continued ideological objection to these facilities by the Home Office, despite the overwhelming international evidence of their effectiveness at engaging people who use drugs publicly, is not sustainable. The failure to allow OPCs is contributing to record levels of drug related deaths, especially in the homeless community where drug deaths have doubled in the last six years, as well as allowing our city and town centres to be open consumption spaces.

In our own experience we repeatedly work with individuals who find engagement with treatment difficult as it does not meet them where they are. A common complaint is that to access mental health support many services will require a person to have successfully reduced their use of controlled drugs. However, as detailed in our later responses, their substance use is a vital component of their own self-medication in the absence of alternative support. This difficulty was recognised in Dame Carol Black's report, which encouraged the Government to address this through commissioning of services. We currently await evidence that this is improving access.

The consultation purports to further an ambition to support vulnerable individuals to create and sustain a life away from the streets, and to reduce their need to rely on state support. While a worthy ambition, we fear that the methods being proposed in this consultation will give rise to a real risk of further criminalising marginalised communities for what are health and social problems. Despite nearly 200 years passing, the Vagrancy Act has simply failed to *punish* people out of poverty. The approach does not work, and further failure is assured if the repeal simply serves as an opportunity to formalise a Vagrancy Act 2022.

Question 2. Do you agree that begging is harmful to individuals and detrimental to communities? What forms of begging cause greatest harm to individuals and/or detriment to communities? Are there any forms, in addition to those listed above, that cause particular concern?

The consultation attempts to distinguish between worthy and unworthy recipients of income through begging and we believe this is misguided. The harms and detriment experienced by those who find it necessary arise much before the act itself, and broadly the need to ask for this charity is the culmination of numerous policy failures that preceded it.

Introducing prohibitions on begging at particular locations, such as transport hubs or outside shops, will fail to address the reasons people require money in the first instance. All that will be achieved will be the movement of people from an area where people may be more likely to receive gifts to somewhere else. In acknowledging that no other anti-social behaviour would be involved, the consultation instead frames the existence of poverty as sufficiently anti-social on its own to warrant a criminal prohibition at particular locations.

Other proposals, such as prohibitions of begging where a person is in receipt of welfare, are similarly misguided. A great number of those we assist find themselves refused help from both Local Authorities and the Department for Work and Pensions. We are successful in overturning most of those decisions. However, even once income or support is secured, it offers little more than what is needed to survive. This is a situation that will only be exacerbated by the removal of the £20 uplift to Universal Credit and Working Tax Credits and the broader financial challenges caused by rising inflation. In research completed by the Trussell Trust in 2021, many respondents gave statements to the effect that this would worsen their mental and physical health and they would be forced to again go without basic essentials. It is reasonable to expect this will have a particularly drastic effect on those already suffering from multiple and severe health conditions. Were the proposed prohibitions to threaten criminalisation of receiving charity in these circumstances, the outcome is sadly predictable; a fine may be imposed, or a sanction implemented on their benefits. This will further reduce disposable income; increasing the necessity of someone begging and their disenfranchisement from systems meant to support, and not punish, their vulnerabilities.

The consultation separately proposes prohibitions on instances of begging which it terms "purposefully fraudulent". The example given is of a person feigning injury, but it is foreseeable that within such an ambit could be an individual requesting support so they may pay for an evening in a hostel, when they may instead put it towards alcohol or drugs. Imposing a such prohibition attempts to distinguish between the worthy and unworthy poor and given the co-occurrence of homelessness and drug use

it is difficult to envisage what proportion will truly benefit from the proposed repeal if these new prohibitions are introduced.

Finally, the consultation considers a prohibition on any other instances of begging which causes harm to individuals or detriment to communities and public spaces. On the face of it, this is so broad as to wholly replace and *expand* the provisions the legislation proposes repealing. In the absence of a clear definition of harm or detriment the police will have extensive discretion to target poverty, with the clear risk of worsening the situation for those who are currently targeted under the Vagrancy Act. Even if such definitions were clearly and narrowly defined, there would remain a debate on further expansion in the future as it becomes ever clearer that the criminalisation of poverty will not prevent, or even reduce, the prevalence of homelessness and poverty.

A paternalistic model must give way to consultative engagement with people when determining their own welfare. The existing issues in engaging those who are currently not reached by commissioned treatment services will not be abated by the police using Drug Testing on Arrest to refer people into treatment. It must also be recognised that genuinely positive interventions will not happen overnight, they will not generate immediate successes, and they may not follow a direct path. Each individual will engage with services for their own motivations. For some this may well be abstinence but this cannot be the only metric of success by which individuals, and commissioned services, are measured against. We must facilitate, through engagement with treatment services, a transition to stability and this will require the availability of services able to assist with structural impediments in the person's life: housing support, mental health services, benefits advisors, debt advisors, employment support and more.

People are more likely to engage with treatment services if those services will support what they need. Rather than supporting the further criminalisation of particular behaviours we reiterate our call for services to be in a position to provide a greater range of treatments than currently available in most settings. In recognising that abstinence may not be the goal of every person, services should be able to meet these other needs. If services were able offer a safe supply there would be immediate benefits to all – currently substitute prescribing is limited to opioid use, but more needs to be done to expand this model to other substances, including benzodiazepines (given the rise in use of street benzos). In addition, given that 54 per cent of those who died from an opioid related death had not been in contact with drug services in the preceding five years, a focus must be on making treatment services accessible, reducing barriers to treatment, and supporting approaches that actively engage with the homeless population. For the community, it diverts people from the illicit market to treatment services; improving the social outcomes through a reduction in anti-social behaviour attributed to the illicit market. For those pursuing abstinence, it allows for their engagement to be on their terms - continuing a theme in our call for user involvement in their recovery journey, which should *include* medically-assisted recovery. There are genuine reductions in harm to be achieved for everybody in transferring people's drug use from the illicit market to a prescribed one.

Release believes there is also a need to explore the provision of additional mental health services to those engaging with treatment providers. In our outreach work we commonly encounter clients with both problematic substance use and mental health conditions. Individuals with a history of ACE or trauma, and where problematic substance use has arisen through self-medication, will often engage with treatment services with a desire to receive support both with their substance use and underlying mental health condition. We repeatedly work with clients who are rejected from receiving any assistance with their mental health, for example through Cognitive Behavioural Therapy (CBT), until they have secured abstinence for a prescribed period. However, for those who use drugs to self-medicate this perpetuates a cycle they feel unable to break; they use drugs to self-medicate in the absence of therapy, that therapy will not be offered unless they achieve abstinence, and stable abstinence is not possible as they continue to self-medicate in the absence of therapy.

We understand that some clinicians would disagree with our proposals. However, the lived experiences of people who are dependent on drugs are that this is gatekeeping, and it makes their

sustained engagement with treatment less likely. These problems are arguably more acute when dealing with the homeless population. For any number of reasons there are people within this population who distrust services and, once trust is gained, it can be easily lost. It is therefore vital to avoid giving this population a reason to believe they are being unnecessarily 'gatekept' from accessing the services they have determined they need.

Question 3. Do you agree there may be benefit in raising public awareness about the drivers of begging, and the links this activity may have to sustaining an individual's life on the street?

The framing of this proposition gives rise to further cause for concern. It is estimated that 87% of people who use drugs are not drug dependent, and for the 13% who do become dependent on drugs it is not about the drug itself, but rather it is linked to a myriad of problems that lead to people 'self-medicating' to relieve the pain and suffering they experience. Addressing the problems that precede drug dependency must instead be the approach taken and we would support raising public awareness on the lack of suitable services currently available.

For people who develop problems with drugs, including alcohol, it will often be to address trauma(s) that they have experienced, especially as children. Many will have experienced violence (sexual and/ or physical), abuse and neglect, attachment problems, bereavement, abandonment, been in care, or will suffer from mental health conditions. It is these lived experiences of trauma that lead people to self-medicate for the ongoing pain they suffer. Addressing Adverse Childhood experiences ('ACEs') is at the heart of any prevention strategy, and the effect of ACEs has been acknowledged by the Advisory Council on the Misuse of Drugs.

Approaches which do not address these problems and instead focus on short-term headlines, such as new people enrolled with treatment programmes, will fail to realise the aims of the consultation. It is long-term stability of people which will, ultimately, secure the better future that the consultation wishes to provide to all individuals and communities.

If public awareness is to be raised the focus should be to broaden an understanding of the root causes of these circumstances. Neither begging nor rough sleeping exist independent of other social policies, and it is reasonable to believe that the development and scaling up of responses that can help young people to deal with trauma and mental health issues will reduce both over time. As we advocated for in our response to the Dame Carol Black Review, we support a whole-system approach where agencies work collaboratively, to ensure services are trauma-informed and routine screenings for ACEs are made in primary and secondary schools, and that children and young people are supported to process and manage their trauma. Not only is this an effective approach to reducing the risk of problematic drug use in later life, but it also has the potential to improve many aspects of people's lives, and it is the right thing to do. When surveyed in 2020 just under half of respondents said they had first slept rough when 25 or younger, and 16% when 15 or younger.

The failure of current policy decisions is clear and has devastating consequences for those who are currently homeless and/or beg. In conflating the money received though begging as being used towards drug and alcohol use there is a grave risk of worsening what is already a dire situation. Among the homeless the main cause of death is recorded as either drug [38.5%] or alcohol [12.5%] poisoning. Removal of limited income through further criminalisation will not address people's substance use, and may cause people to use alternative substances to maintain a stable level of self-medication.

In raising awareness about the trauma suffered by many of those who beg or are unhoused we must also be clear that what constitutes a 'successful outcome' is likely to look wholly different across the population. It must be recognised that what we wish to achieve is long-term stability and improvement in life opportunities. This will rarely be a straightforward journey. It is also unlikely to be a successful

journey where individuals are being coerced into engaging with treatment services as part of a diversion effort or other criminal justice initiative. Participation in treatment services must be truly voluntary, and not in exchange for a reduced form of carceral punishment that has arisen from behaviours exacerbated by mental health, trauma, and poverty. Research has shown that there is no evidence that drug testing and coerced treatment through the court system is effective.

We dispute that begging sustains a life on the streets except insofar as it sustains an ability to live generally under current social policies. Despite the increase in rates in April 2020, the Local Housing Allowance continues to fall short of the great majority of private rental prices. This poses a continuing hurdle to many in successfully, and sustainably, moving from street homelessness. Furthermore, many of those we assist through our legal outreach services, based at both drug treatment services and homelessness services, report significant issues in accessing benefits to which they are legally entitled.

This enforced poverty not only increases the likelihood that people will need to access alternative forms of income, but also acts as a substantial barrier to a full engagement with treatment services even when engaged with voluntarily. Workers at the services where we operate are glad their clients can access legal expertise as it then allows them to focus on what they can help with; providing treatment and support around substance use, rather than appealing unlawful decisions of the Department for Work and Pensions. Understandably, people are less inclined to discuss progressing their treatment if they cannot heat their home, are facing eviction, or have enforcement agents at their door. Given the high level of ACEs and mental health conditions across both people who use drugs and people who are unhoused, we hope that the recent requirement by the Equality and Human Rights Commission that the Department for Work and Pensions improve its treatment of disabled people, (following serious concerns about failures to meet their needs) will improve the experience of many within this cohort.

That begging provides an income to people is indicative that a great deal of the public recognise the terrible struggles faced by some of the most vulnerable in our society, and that the public wish to help in the limited way that any individual can in combatting systemic poverty. The need of individuals to help vulnerable people sustain their lives would be greatly reduced if social policies that adequately supported people were available.

In the Ministry of Housing, Communities and Local Government (MHCLG)'s research in 2020 it was found that only 2% of rough sleepers were homeless after refusing accommodation they had been offered. In contrast, a quarter were homeless as there was no accommodation available for them, and over a fifth reported not knowing how to get help. These responses cannot be separated from over a decade of cuts to both Local Authority homelessness services and reductions in the number of providers of services providing homelessness advice and support under legal aid that could previously have challenged poor decisions. For the majority of people homelessness arises not from their unwillingness to engage with a service, but from services being unable, or unwilling, to assist them. Further criminalisation will not solve this but ensuring services provide their statutory functions could.

Questions 4 and 5 (we have discussed both questions together below):

- **Question 4. What types of offences and associated powers, requirements and penalties are most appropriate to incentivise individuals to engage with support? We would welcome any views about the current options available to the police, local authorities and courts as outlined above.**

- **Question 5. What more could be done to make sure any new offences for begging support the right environment to deliver services and engage with vulnerable people?**

We dispute that any offences or punitive powers are appropriate to "incentivise" vulnerable people to engage with support, and that any new offences for begging can support the right environment to deliver services and engage with vulnerable people.

The criminalisation of begging and rough sleeping does not reduce the number of people who are destitute or homeless, but it does create obstacles to accessing support services, increase health harms, and leaves individuals with a criminal record. Criminalisation for minor offences can also lead to increased reoffending across a range of offences, and wastes public resources which could be more effectively deployed.

The only way to incentivise engagement with support and to reduce instances of begging and rough sleeping is to properly fund appropriate services, build social housing, ensure support is accessible and person-centred, and produce intersectional guidance informed by lived experience. Key to this is support for *Housing First* schemes. Where Housing First is provided it has been shown that it ends homelessness for "at least 80% of people with high and complex needs; improves anti-social behaviour; reduces use of emergency and criminal justice systems" and stabilises or reduces problematic substance use. This is an effective approach which can assist the Government in its ambition to level-up communities, and which can coexist and support a policy of safe supply for cumulative improvements.

Criminalisation is a barrier to accessing support, as highlighted above. Any form of criminalisation for rough sleeping and begging is inappropriate and harmful. For example, civil orders are commonly imposed on individuals who have been prosecuted under the Vagrancy Act. These orders often prohibit an individual from a specified city centre, which is frequently where essential support services reside. This means civil orders frequently prevent individuals from accessing services they may need. Fines are also commonly issued as standalone penalties, or to constitute the punishment element of a rehabilitative community order. A breach of a civil order or a failure to pay a fine can result in further sentencing and opens up the possibility of custodial sentences, further alienating people from support services.

Custodial sentences also do not provide an opportunity for rehabilitation, do not address offending behaviours, do not resolve housing problems, and do not 'level up 'individuals or communities by improving employment prospects following release. Custodial and non-custodial sentences result in a criminal record, meaning individuals face numerous barriers going forward, including access to colleges and universities, training, employment, housing, personal finance, and travel. The proposals outlined in the consultation will do nothing to support individuals and could actually result in greater marginalisation for the homeless population. The constant threat of criminalisation is dehumanising, degrading and counterintuitively results in a lack of trust in services more generally.

Research in 2017 demonstrates that the Vagrancy Act is routinely used informally to move individuals on or ban them from certain locations, often by the threat of arrest. The overwhelming majority of homeless people in this situation reported that they were not offered help or support. Our clients report that when it feels as though the system works only to disempower and criminalise them, they feel alienated and are likely to lose trust in services across the board. This, in turn, reduces the likelihood of individuals engaging with the essential support services they may need, from drug and alcohol services to legal and debt advisory services, and so on.

Rather than addressing issues such as drug dependency through coercive drug testing powers and requirements to engage with treatment assessments, where non-attendance itself is a criminal offence, a more effective approach would be to fund interventions that meet peoples' needs and proactively outreaches to those who are sleeping rough. Engagement must be voluntary. Incentivisation must be through access and addressing common issues and barriers to support people in getting into treatment.

Release has a long history of working with people who are drug dependent, and some of the issues that our clients have raised with us in respect of treatment include:

- Not being attracted to services that place unrealistic expectations on them, including linking medication to conditions, for example group therapy;
- Continued daily pick up or supervised consumption of OST, beyond when it is clinically required;
- Services not recognising the specific needs of certain groups including; women; people of colour; LGBTQIA+; young people; homeless people; people in poverty;
- Fear of accessing services as it is an admission of criminal activity, that is possession of drugs, and stigma;
- Lack of peer initiatives and service user involvement – this includes limited outreach provision;
- Services seen as too paternalistic and controlling and not treating clients as equal with control over their own treatment decisions;
- Clients expected to reduce or come off OST regardless of clinical need;
- Lack of services for interventions and treatment (substitute prescribing) for other substances;
- Single parents, especially women, fearing that their children will be taken into care or social services involvement;
- Lack of services to address social and economic issues, including the provision of legal representation; housing services; and pathways to employment and education.

While we dispute that any offences related to begging and rough sleeping can be fully conducive to supporting vulnerable people, where there *are* penalties and powers in place, there must also be clear person-centred guidance informed by the lived/living experience of individuals which addresses the common issues and barriers to support that they face (as above). Guidance must take an intersectional approach, and focus on harm reduction, individual autonomy, and the impact of criminalising an individual.

Question 6. What changes should be considered to better equip the police, local authorities and other agencies with the tools to engage those sleeping rough and support them away from the streets? What is the best approach if individuals refuse support or where harmful behaviour is involved?

As our responses to the previous questions, as well as other responses to this consultation, will emphasise, there is little if any evidence that criminal sanctions are an appropriate tool, for both moral and practical reasons. Punitive tools – such as prosecution, injunctions and hostile architecture – *displace* rough sleeping and begging, they cannot address their causes. We therefore consider that the police and criminal justice system have little role to play beyond signposting and referral.

To understand how this can work in practice, a guide coproduced by Crisis and the NPCC provides useful examples of what police forces can do with existent tools at hand. If it is accepted that many of the people caught by the Vagrancy Act are vulnerable, likely experiencing mental ill-health and, generally, "clustered injustice", the most appropriate tools revolve around relational care work. Time, effort and patience are the key ingredients for engaging vulnerable and unwell people, especially those displaying harmful behaviour. "Strengths based practice" encompasses a plurality of tools and strategies that are invaluable for practitioners in care and related fields. Ultimately, caring relationships are the key to enabling people to find the motivation for positive change (on the importance of relationships in the context of mental health generally, see here and in relation to homelessness, see here.) An interesting model for dealing with the antisocial consequences of "vagrancy" can be found in the REST centre in Liverpool, where a drop-in centre helped street drinkers access support, stability and reduced antisocial behaviour. Research into the effectiveness of the centre drew important conclusions (despite limitations arising from the short-term nature of the project), with indications that antisocial behaviour decreased in the area. Models like these should be set up regionally, with

concomitant research and analysis, to ensure that measures to displace "vagrancy" are matched by places to absorb it.

Another model for engaging the homeless population, was one commissioned service in the 1990s. The Soho Rapid Access clinic was a drug clinic based within a hostel that integrated a partnership working approach with specialist substance use nurses, local drug treatment providers, and workers from the hostel. Rough sleepers were referred to the clinic by outreach workers, who attended with them, they were assessed within 24 hours of referral with a full physical and psychiatric assessment, and would be titrated onto OST by the next day. The OST medication would be collected daily by a team member and taken to the clinic, so that the client could consume it there and also get some food and support. Most clients would attend for the whole day, so a top up dose could be provided, and dosage would be increased daily until the person was on a suitable dose level. The service was popular and user involvement was at the heart of this clinic, as was joint working with external agencies, outreach workers and hostel staff. There were also units for people in drug treatment within the local hostels, so it was possible to move into a unit where there was much less drug use happening, once on a script. The clinic did short term intensive work with people, looking at initiation into injecting, experience of witnessed overdose, and blood borne virus testing and education. After a period of around 12 weeks, treatment was transferred to local statutory services.

Question 7. What other changes should be considered to better equip police, local authorities and other agencies to engage with people who are rough sleeping including in tents or trespassing on private property?

Reform housing law - whilst the Vagrancy Act criminalises begging, the Housing Act restricts the provision of homelessness services to those with 'Priority Need' and those who are not 'Intentionally Homeless'. Proving that you are in priority need, or challenging determinations that people are intentionally homeless, more often than not requires specialist help and assistance via either legal aid or the third sector. The logical consequence of gatekeeping homelessness resources through these legal tests is "vagrancy": people who fall through the homelessness support net are more likely to be found begging. The money saved by housing authorities will likely be absorbed downstream in the penal and health systems. Research by Crisis indicates that it is cheaper to deal with homelessness sooner rather than later (see also here and here).

As such, we recommend that England follows Scotland and gets rid of the priority need test. This will doubtlessly increase the number of people found to be eligible for homelessness assistance (as it did in Scotland). Despite raising challenges, there has been widespread support for the decision:

> "*Despite the challenges documented here, it is worth emphasising that over seven years on from the full abolition of the test, participants from across the voluntary sector, national government, local authorities and the social housing sector perceived the decision to phase out the test as the right one in principle and as having had positive impacts for single homeless households.*"

This step could of course not be taken without consummate funding. It would be necessary to avoid the mistakes made with the introduction of the Homelessness Reduction Act, which was preceded by a series of underestimations of both the cost and scale of the applications it generated.

Consider the current constitution of the public sector - The government should consider how the sectors that are tasked with helping alleviate "vagrancy" are staffed. For example, it seems that there are many more police officers than social workers: there are 135,301 full-time equivalent (FTE) police officers, but only 32,502 children and family social workers (though an estimate by Statista puts it at 104,400). There does not appear to be a public estimate/statistic on how many housing officers there are in the country. We suggest that work is undertaken to ensure that the sectors able to provide long-term, relational "strengths-based" support to people experiencing street homelessness (such as the social care sector and local authority housing services) are appropriately resourced.

Question 8. Are there any other issues that would emerge from repeal of the Vagrancy Act that you think should be considered in bringing forward replacement legislation?

By one estimate, there are roughly 227,000 homeless people experiencing the worst forms of homelessness (Big Issue/Crisis). As we edge closer to the worst cost of living crisis in memory, it seems unlikely that this number will do anything but swell. There is evidence to suggest that the existing housing stock is adequate to meet the needs of much of the population, or rather; that the housing crisis is not a crisis of housebuilding, but of rights to housing. Reforming the rights of tenants and squatters, and increasing the availability of social housing as well as enabling people to remain in affordable and suitable homes, is *the* key area that must be considered if the perceived detriments of "vagrancy" are to be dealt with.

Submission drafted by members of the Release legal team: Stephen Cutter, Joseph Latimer, and Joscelyn Lee.

Contact Dr. Laura Garius (Policy Lead, Release) for any further information: laura@release.org.uk