

Street Begging in Edinburgh

A comprehensive evaluation of data available
November 2016 to October 2018

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Executive summary

Begging on the streets is a notable feature of many city centres in the UK today, and Edinburgh is no exception. Often, however, little is understood about the real circumstances of the people sitting on cardboard behind a cap or a broken cup. In December 2017, the City of Edinburgh Council (CEC) Community Safety Partnership commissioned Shelter Scotland to carry out research into begging in Scotland's capital city to improve understanding of this complex issue. For the purpose of this research, 'street begging' refers to people who ask for money from members of the public in a unilateral exchange.

The research examines a range of data sources provided by three of Edinburgh's major homelessness service providers¹ about people who were known to have begged in the city between November 2016 and October 2018. In addition, surveys were carried out with 54 people to give depth and insight into their experiences and situations. Although based on a comparatively small sample, the survey responses provided valuable insight and information, giving people's own opinions as to what is important for them.² The approach of this research is to put together glimpses of people's stories available from the survey responses, together with the data that is available for larger numbers, in order to provide a picture of begging in Edinburgh that has some level of both breadth and depth. Taken together, the data and the surveys provide the most comprehensive review of begging in a UK city in recent years.

Who is begging in Edinburgh

Through careful data matching, it was found that a minimum of 420 different people experienced begging on the streets of Edinburgh between November 2016 and October 2018. Alongside information from two Streetwork counts, which found approximately 90 individuals begging on a single day, it is evident that significant numbers of people are begging on the streets of the city.

Demographic gender and age distributions among the population followed the expected patterns, with the majority of people begging being male (78.3%) and most people being between 30 and 49 years of age. Predominately, the people begging in Edinburgh are UK nationals (89.0%), with a local connection of accommodation or last settled address being in Edinburgh (at least 73.0%).

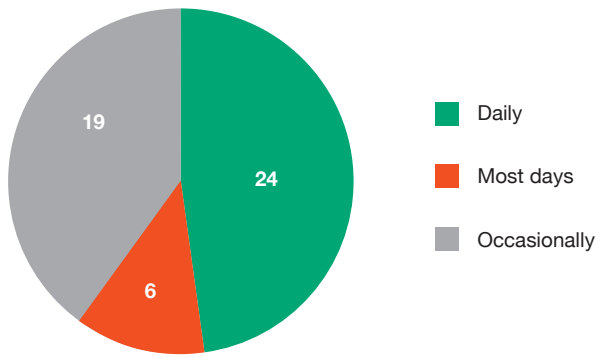
The issue of non-UK nationals begging on the streets is particularly politically and socially sensitive. This research found that 11.1% of people begging to be non-UK nationals, comprising of six different nationalities, with the most represented group being Romanians. It is notable that nobody from outside of Europe was recorded. There was some evidence to suggest that other nationalities (particularly Romanians) were underrepresented in the sample and therefore the figure of 11.1% non-UK nationals is likely to be an underestimate. Only five people out of 130 (3.8%) were found to have no recourse to public funds, although this low figure should be treated with some caution due to the complex nature of the issue.

What begging looks like in Edinburgh

People are drawn to begging for a wide variety of experiential, economic and emotional reasons, and often a combination of these factors. The most cited reasons were economic, as a way to respond to general poverty or to afford specific items such as food. More commonly, people started begging to fund an addiction. Some people could point to their begging being rooted in adverse childhood experiences, while for others it was to do with more recent negative events. For the vast majority of people, the reasons that initially motivated them to beg are the same factors that maintain their begging behaviour. You might say that, while begging, people are stuck in their circumstances: the flip side of this is that, while people are stuck in their circumstances, they continue to beg.

¹ Cyrenians, Streetwork and Hopetoun Rapid Access (at the time managed by City of Edinburgh Council).

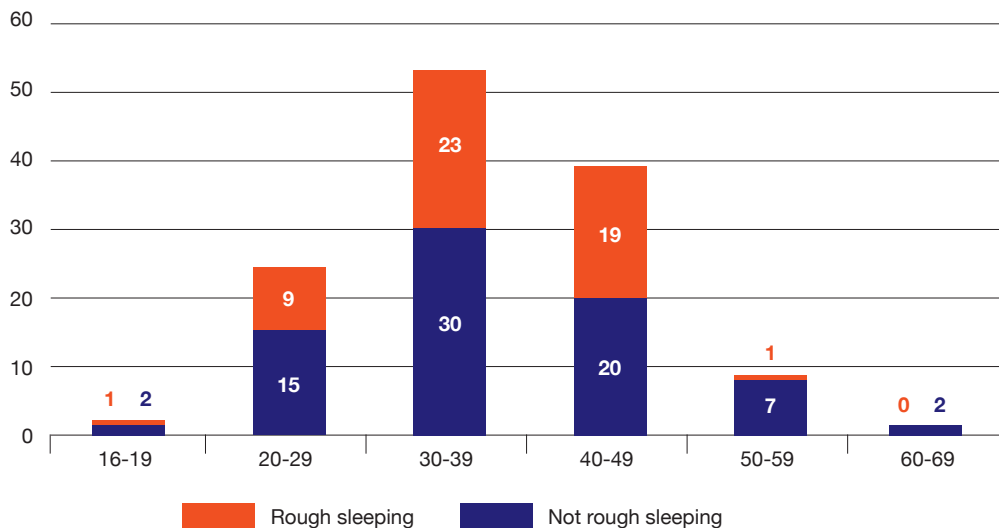
² Taking a person-centred approach to services and valuing the voice of those with lived experience has been highlighted as best practice, for example in the Scottish Government's 'Ending Homelessness Together: High Level Action Plan', published in November 2018.



In terms of patterns of begging, it was not possible from the sources available to paint a definitive picture of how long people are involved in begging for. However, it could be surmised that approximately half are begging for under a year and half for over a year. Also, about half of people beg every day, but how long people beg for varies, with the most common time of day to beg being in the afternoon. Most people beg in the city centre, although approximately a third of locations cited were outside of the centre, which is not a small proportion. Due to methodology, responses were weighted towards the city centre and it may be that more people beg in peripheral areas. While begging in Edinburgh, nearly three-quarters (74.0%) of people have experienced some form of abuse, whether physical, verbal or theft. Concerningly, women are more likely to have been the victims of abuse than men.

Support needs

The research found a population defined by multiple and often complex needs. Several indicators throughout the research, particularly in the more detailed survey responses, show that many people had suffered from 'adverse childhood experiences', which have been recently recognised by the Scottish Government as significantly impacting life outcomes.³



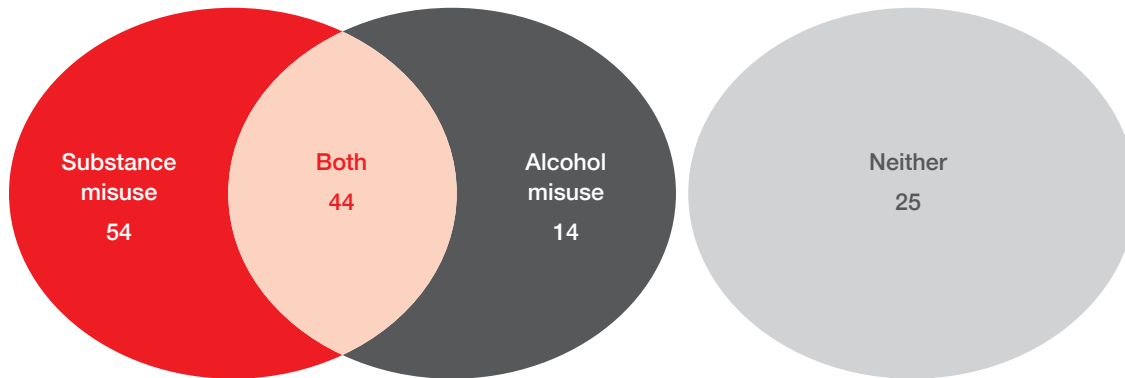
Some 43.0% of people who beg in Edinburgh sleep rough and 60.5% currently have accommodation.⁴ The most common forms of accommodation are temporary accommodation, supported accommodation and social tenancies, with almost the same number of people in each of these categories. It is interesting to note that 95.0% of people who currently have social tenancies and beg are also misusing substances.

There was a very high incidence of mental health issues (80.6%) and physical health issues (62.4%), with only 10.5% of people not reporting either and 54.0% reporting both. Although the data does not directly capture the severity of the illnesses that people are experiencing, the high prevalence (75.3%) of people claiming Employment Support Allowance (ESA) or Personal Independence Payments (PIP) would suggest that, for many, these have been assessed as having ongoing, serious issues. Encouragingly, 97.0% of people were registered with a GP and Edinburgh Access Practice (EAP) was one of the most used services.

³ Scottish Government, Programme for Government 2018-19 <https://www.gov.scot/publications/delivering-today-investing-tomorrow-governments-programme-scotland-2018-19/>

⁴ This adds up to more than 100%. However, these categories are not, in fact, mutually exclusive and slightly different baseline figures were available for each category.

Addiction is endemic among the begging population: only 11.7% of people were recorded as misusing neither substances nor alcohol. 77.9% of people begging were recorded as misusing substances, with opiates being by far the most used drug. Almost half of these people are receiving treatment (48.9%). Alcohol misuse was found to be less prevalent than drugs misuse, although it still accounted for almost half of the sample (46.1%). However, access to treatment was worryingly low (14%) for those we had information on. There is a significant overlap (34.4%) between those that are misusing substances and alcohol. 67.2% of people have both a mental health issue and misuse substances, sometimes referred to as a ‘dual diagnosis’ and indicating a particularly challenging interaction of circumstances to support people in. It is important to highlight that drug and alcohol misuse is often a means by which people try to cope with very difficult circumstances in their present and/or from their past. The statistics around substance and alcohol misuse should not be considered in isolation as the defining characteristic of people begging in Edinburgh, but considered as part of the full range of information presented.



Moving people away from begging

71.4% of people begging had previously had an opportunity to move on but had either not taken that opportunity, or had not been able to sustain it and had returned to begging. Across all indicators of what can promote or prevent people from moving on from addictions, ‘internal factors’ such as motivation and accommodation were consistently highlighted, along with the importance of relationships and the need for support around benefits/work. Indeed, this research has shown that neither treatment for addiction nor the provision of accommodation alone will ‘solve’ begging for everyone (although it may for some), but that responses must be varied, holistic and targeted for the individual. The breadth of factors at play suggest that, in order to tackle begging in the city, a co-ordinated, considered and resourced response across multiple teams will be needed. The characteristics of frontline staff (e.g. non-judgemental, listening and understanding) were viewed as far more important by people who beg than practical support or service design.

	Identified Barriers (preventing move on)			Identified Routes Out (promoting move on)	
Ranking by count	Past experience stopping from moving on	Reasons for not accessing identified support	Biggest barrier to moving on	Would like more help with	Aspirations
1st	Addiction	Addiction	Internal factors	Accommodation	Accommodation
2nd	Accommodation break down	Not ready	Addiction	Benefits	Work
3rd	Not ready	Administrative issues	Accommodation	Getting work	Recovery from addiction
4th	Relationships	-	Money	Addiction treatment	Not able to engage with future
5th	Associates	-	Involvement with criminal justice system	More money	Relationships

Strategic recommendations

- If there is to be an improvement in Edinburgh's response to begging then there must be a **strategic, coherent and co-ordinated** evidence-based approach.
- This strategic approach must ensure buy-in, cooperation and involvement from **departments across City of Edinburgh Council** as well as external agencies if it is to be effective. Opportunities to identify begging and offer appropriate, preventative support are almost certainly being missed by council services such as homelessness, drug and alcohol services and housing support.
- The **Complex Needs/Street Begging Task and Co-ordination Group** was highlighted by several parties as a notably effective mechanism for moving people on from begging. This meeting brought around the table multiple partner organisations involved in working with people who beg. It encouraged flexibility in usual practices in order to overcome barriers for a small caseload of individuals. It is important that this meeting, or regular meetings like it that mirror the effective characteristics, take place regularly and expand the caseload to encompass a greater number of people.
- This research shows that the vast majority of the begging cohort have multiple and deeply rooted issues, for which no quick fix will be available. This has implications for the **commissioning of support services**. Staff need to have the capacity to stick with people over the long term and create trusting relationships, with staff properly trained in the appropriate skills, and working with clients until such a time as they are 'ready' to move on. Services must be flexible and accessible to those with more complex needs.
- Within the bounds of what is cost-effective and practicable, third sector coordination and the potential for **data gathering and sharing** should be explored in order to avoid duplication and maximise effectiveness of resources.
- There should be **further investigation** into the begging behaviour of non-UK nationals in Edinburgh, consolidating local professional insight and gathering additional evidence.

Operational recommendations

- It is hoped that the managers of frontline teams have the opportunity to **reflect** on their current operational practices in light of the evidence and analysis provided in this report.
- To design and improve services to meet the needs of this group and to measure the impact of any new initiatives that are put in place, **data collection** must be reviewed and redesigned.
- It will be no surprise to those working with this group that less tangible factors are crucial on the road away from begging, which in this report have been termed 'internal', and are often expressed as whether someone feels 'ready' to accept help. Projects need to go **beyond signposting** and, instead, to provide proactive support to people, using skills such as motivational interviewing and active listening while working towards co-produced personal development plans that are targeted at moving the individual away from begging.
- Given the importance of characteristics of **frontline staff**, those working with this complex and often demanding group must be invested in. They are an organisation's most valuable asset and budget must be dedicated to initiatives such as training.
- Given that there is a higher incidence of mental health issues (80.6%) than physical health issues (62.4%), services should draw on relevant insights from the **Psychologically Informed Environments** movement.⁵
- There are high proportions of people who are not receiving treatment (especially regarding alcohol). As addiction is identified as one of the main barriers to moving away from begging, the potential for a **drug and alcohol services worker** (e.g. from Spittal Street) to accompany street outreach teams should be explored.
- Approximately a third of people were found to beg **outside of the city centre** (likely to be an underestimate). Frontline agencies should explore ways to ensure that these individuals do not miss out on opportunities to receive support, although this must be balanced with the practical restrictions and logistics of limited resources.
- When people who have been begging receive a tenancy, or transition between tenancy types, the right level of **tenancy support** being in place is crucial for people to be able to sustain this important building block away from begging.

⁵ E.g. Breedvelt, J.F. (2016) Psychologically Informed Environments: A Literature Review. Mental Health Foundation. <https://www.mentalhealth.org.uk/sites/default/files/pies-literature-review.pdf>

- **Relationships** with family and the role of associates are repeatedly mentioned as things that hold people back. The response to this may be that support staff should be aware and organisations cognisant of it in staff training. However, opening access to mediation services as part of someone's 'move on' plan where it is an identified factor may be appropriate in some cases.
- For a small number of people, begging has become a habit or provides an economically advantageous alternative to doing nothing. For these few, as well as the many that aspire to move on to work, there is an important role here for **engagement initiatives**, for example the Grassmarket Community Project and programmes run by Crisis. Discussions should be held with these organisations to ensure that referral routes are open and accessible for people begging.

Chapter 1: Introduction

Begging on the streets is a notable feature of many city centres in the UK today, and Edinburgh is no exception. Often, however, little is understood about the real circumstances of the people sitting on cardboard behind a cap or a broken cup. In December 2017, the City of Edinburgh Council's Community Safety Partnership (CSP) commissioned Shelter Scotland to carry out this research into begging in Scotland's capital city to improve understanding of this complex issue. It is hoped that the evidence and analysis will provide a sound basis on which to inform future strategy and shape responses that can support people to move away from begging.

1.1 Research approach

Against a background of informal consultation with stakeholders in the city⁶ and a brief evidence review (Chapter 2), the main body of the research examines a range of data sources about people who were begging in the city between November 2016 and October 2018. Information was provided by Streetwork and Cyrenians, two of Edinburgh's support services that have street outreach projects, and a sample of data from Hopetoun Rapid Access (December 2017–May 2018), which provides accommodation for homeless people. In total, some level of information was gathered on 420 people that begged in the city during the period. Appendix 1 gives details on the data that was analysed and the methodology. The research also includes evidence from surveys carried out by Streetwork with 54 service users to give greater depth and insight into the reasons that people beg and what might be done to help them move away from begging. Although based on a comparatively small sample, the survey responses provide valuable insight and information, giving people's own opinion into what is important for them.⁷ The approach of this research is to put together glimpses of people's stories available from the survey responses, together with the data that is available for larger numbers, in order to provide a picture of begging in Edinburgh that has some level of both breadth and depth. Taken together, the data and the surveys provide the most comprehensive review of begging in a UK city in recent years.

1.2 Scope and limitations

For the purpose of this research, 'street begging' refers to people who ask for money from members of the public in a unilateral exchange. It does not include, for example, street performers or people selling the Big Issue. Information is drawn from different services that work with people who beg in the city, but the research does not include service comparison or evaluation. The scope of this research has been determined by the CSP, and focused on understanding who, where and why people are begging in Edinburgh. The impact of begging on Edinburgh's businesses, services, tourism and public perception lies outside of the scope of the investigation, although concerns regarding these spheres will naturally influence the city's responses to begging.

⁶ Meetings were held with Bethany Christian Trust, City of Edinburgh Council Family and Household Support Team, Cyrenians, Essential Edinburgh, Police, Streetwork and Turning Point Scotland.

⁷ Taking a person-centred approach to services and valuing the voice of those with lived experience has been highlighted as best practice, for example in the Scottish Government's 'Ending Homelessness Together: High Level Action Plan', published in November 2018.

Chapter 2: Brief evidence review

To inform the current research, a brief evidence review was undertaken. Very little peer-reviewed research specifically into the practice of begging has been published in the UK, or indeed other European countries, in the last 18 years.^{8,9} During this period, some local authorities, often in partnership with the police, have conducted small-scale unpublished investigations into begging, the findings of which have been referenced in the press. These figures have been included in the current review due to a lack of more solid evidence, but should be treated with caution as they have not been verified.

2.1 Overlap between begging and homelessness

The question most often addressed regarding begging is the extent of the overlap between begging and homelessness. Sources have found that between 20% and 70% of people who beg are 'homeless' (see Table 1). It should be noted that the definitions of 'homeless' in the surveys vary, from 'rough sleeping' to people who have been accepted as 'homeless' in England, which requires a priority need status. However, a stronger correlation has been found of there being a history of rough sleeping among people that beg. Streetwork's 2017 survey found that 17 of the 22 people with experience of begging surveyed (77%) had a history of rough sleeping. In a 2006 study by Crisis, while only a minority of homeless service users who engaged in street activities such as drugs misuse, drinking and begging might be currently sleeping rough, many had done so in the past.¹⁰ Research from 2000 confirms this trend, with 27 people surveyed in Edinburgh who had at some time begged all (100%) having, at some point, slept rough. Interestingly, the research also found that rough sleeping had almost invariably preceded begging.¹¹

Although the proportion of rough sleepers who beg is outside the scope of the current research, it is important contextual information to note that large-scale research in 2017 found 167 of 458 homeless people (36.5%) had engaged in begging within the past 12 months.¹²

2.2 Substance misuse

The second most prevalent issue considered by the sources was substance misuse. Most sources found 50–70% of people begging to be misusing substances (see Table 1). Outlying figures were a Glasgow Homelessness Network (GHN) 2016 survey finding 30% of respondents self-reporting a need for support with substance misuse¹³ and, at the other extreme, a police operation having found 100% of people arrested to test positive for substance misuse.¹⁴

An indirect measure of the scale of substance misuse among people who beg is to look at what the money gained from begging is spent on. Three studies investigated this:

- In a 2017 survey by Crisis of 458 homeless people, the three main reasons given for begging were: needing to buy food (78%), buy drugs (45%) and buy alcohol (39%).¹⁵
- When GHN (2016) asked 67 respondents to prioritise the essentials when spending their money, they were rated 1) Drugs, 2) Food, 3) Alcohol.¹⁶
- In Edinburgh and Glasgow in 2000, 41 out of 53 (77%) people who begged were spending most, if not all, of the money on alcohol or drugs use.¹⁷

⁸ Evidence was available from countries such as India and Tanzania, but a brief look at abstracts showed that the contexts and research approaches were too different to make studies comparable for the purpose of this research.

⁹ The most relevant published research is by Glasgow Homelessness Network (2016) *Experiences of Begging in Glasgow*, written in response to Glasgow City Council issuing a public opinion survey on begging in the city. Prior to that, the most recent comprehensive survey undertaken was by Fitzpatrick, S. and Kennedy, C. (2000) *Getting By: Begging, rough sleeping and The Big Issue in Glasgow and Edinburgh*, Policy Press.

¹⁰ Randall, J. and Brown, S. (2006) *Steps off the street: Solutions to homelessness*, Crisis.

¹¹ Fitzpatrick and Kennedy.

¹² Sanders, B. and Albanese, F. (2017) *An examination of the scale and impact of enforcement interventions on street homelessness in England and Wales*, Crisis.

¹³ Glasgow Homelessness Network.

¹⁴ Birmingham Police operation, cited Thames Reach <https://thamesreach.org.uk/what-we-do/campaigns/killing-with-kindness/giving-money-people-begging-frequently-asked-questions/>

¹⁵ Sanders and Albanese.

¹⁶ Glasgow Homelessness Network.

¹⁷ Fitzpatrick and Kennedy.

By almost all measures, substance misuse has been found to be endemic among people who beg. However, as shown below, people who beg are likely to have many and complex needs, of which substance misuse may be one, often following from a life that has included trauma, disadvantages and exclusions. For example, research has found that those who have suffered abuse in early life often point to this as the root of their substance dependency.¹⁸

2.3 Who is begging on the streets?

As the general population demographic varies considerably between cities in the UK, a comparison of sources is not necessarily useful on this point. However, it is worth noting that a 2017 street survey in Edinburgh undertaken by Cyrenians and Essential Edinburgh found 77% (36) to be British, with 23% (11) being of Romanian origin, with a 79% (37) male, 21% (10) female split. In 2016, GHN found that beggars in Glasgow were also mostly male and white Scottish. Similarly to the Edinburgh survey, the study found 20% of the 67 surveyed to be from the Roma community.¹⁹

Looking beyond top-line demographic information, research has consistently shown that the more pertinent common factors among people who beg are to do with adverse life experiences. One researcher summarises, ‘They told of lives that were at best unhappy and at worst traumatic.’²⁰ Streetwork’s 2017 report unpacks this as respondents ‘having similar backgrounds of being looked after by local authorities, a victim of abuse or violence, involved in offending, addictions and family and social relationships considered poor’. In 2000, Fitzpatrick and Kennedy found:

‘Almost all of those interviewed had suffered severe trauma in their lives, including sexual, physical, mental or emotional abuse; alcohol or drug misusing parents; the death of a parent; relationship breakdown; mental illness; and institutional living.’²¹

2.4 Why do people beg?

As one of the key pieces of research on this issue highlights, begging is ‘an economic activity’.²² That is, people beg to get money. As shown in the little evidence available, there have been inconsistent findings about the proportion of people for whom begging is their sole income, ranging from 23% to ‘most’ (see Table 1). It is notable that this will be a particularly contentious issue for people on the street to discuss because they may feel that an admission of income from another source would undermine their position in begging for money. Some of the research points to the fact that a proportion of people who beg will be entitled to claim benefits but do not do so, with two of the more recent investigations pointing to sanctions as a reason that benefits were not being received.²³

Fitzpatrick and Kennedy comment that ‘People beg as a means of survival rather than to accumulate wealth – it is overwhelmingly driven by “need” not “greed”’.²⁴ This is also reflected in the Streetwork report, which asserts that: ‘There is a feeling of no choice. People felt they had an immediate need to be met that required money to do so.’ Both of these studies also acknowledge, however, that, for half (Streetwork) or the majority (Fitzpatrick) of people, begging was primarily to feed an addiction (see also section above), i.e. the ‘need’ is to buy drugs or alcohol. Discussion of the physical needs that an addiction may create is outside of the scope of this research. However, Sanders and Albanese, basing their research on a far larger sample size than these two studies, found that for 78% of people the reason they were begging was to buy food (followed by drugs (45%) and alcohol (39%)).²⁵

Regardless of why people beg, the fact remains that they are choosing to do something that they do not enjoy in order to get money. Some of the research has highlighted that people decide to beg as an alternative to getting money through breaking the law: ‘I’d rather do this than do crime, rob people.’²⁶ Fitzpatrick and Kennedy found that many who begged chose to do so over other unattractive means of making money because it was a lawful and ‘honest’ activity. To counter this, Thames Reach quotes a Metropolitan police analysis that: ‘showed no displacement into crime by beggars moving off the street and the crime figures for the areas remained the same’.

¹⁸ Fitzpatrick and Kennedy.

¹⁹ Glasgow Homelessness Network.

²⁰ Dean, H. and Melrose, M. (1999) ‘Easy Pickings or hard profession? Begging as an economic activity’ in *Begging Questions: Street-level economic activity and social policy failure* (Hartley Dean Ed), Cambridge University Press.

²¹ Fitzpatrick and Kennedy.

²² Dean and Melrose.

²³ Glasgow Homelessness Network, and Cyrenians (2016) *City Centre Rough Sleeping and Begging: Recommendation to Essential Edinburgh*, Unpublished, Edinburgh.

²⁴ Fitzpatrick and Kennedy.

²⁵ Sanders and Albanese.

²⁶ Glasgow Homelessness Network.

Interestingly, GHN's recent Glasgow survey found that begging was as much about the time spent as the money made, with the 67 respondents being evenly split as to what makes them decide to stop each day. This potentially points to begging as an activity that can be a more meaningful activity for people than their alternative activity. This is in contrast to the Fitzpatrick study, which found that people would stop begging when they had made the required amount of money.

2.5 Abuse on the streets

Some of the research has offered the important perspective of asking people to describe their experiences of begging on the streets. Most conclude that people who beg would rather not be doing so and can be the subject of abuse. The Cyrenians/Essential Edinburgh 2017 survey found that nearly all 47 respondents had received negative comments, with some experiencing serious aggression and assault. Worryingly, two women in this investigation reported experiencing regular sexual aggression. Another researcher found 13 out of 19 respondents to have experienced aggression and gives a more descriptive insight into life on the streets:

*'Such incidents included systematic beatings by vigilantes, casual violence from passers-by (characteristically young male and drunk), and abusive behaviour (spitting, the throwing of cigarette ends, the kicking over of the participant's hat or board).'*²⁷

The researcher also notes that it may not be just a simple us/them dynamic, but that such incidents can also be perpetrated by other beggars. However, the GHN report found that people begging found other people doing the same to be one of the friendliest and least aggressive groups.²⁸

2.6 Conclusion

Although there is not a great deal of recent and relevant evidence available about street begging, the investigations that have been done have broadly focused on similar issues to those addressed by the current research. However, in almost all areas of quantitative data there is a wide divergence in findings. This may be explained by the variety of locations and time periods in which research was undertaken, or by the fact that the majority of evidence considered is neither peer reviewed nor published and, therefore, potentially subject to the bias of the authors. A third reason that may lie behind the range of reported figures could be the reliability of the self-reporting of the begging population on which many of the studies were based. One factor in this could be the sensitive nature of many of the issues and a desire of the subject to be perceived in a particular way, for example to 'justify' their begging. Another factor in reliability could be the chaotic nature of the lives of many people who beg, many of whom have mental health issues.

²⁷ Dean and Melrose.

²⁸ Glasgow Homelessness Network.

Research	Date	Location	Sample size	Homeless	Substance misuse	Begging as sole income?
Begging in Edinburgh (Streetwork, unpublished)	2017	Edinburgh	20	20% rough sleeping 60% temporary accommodation	55% (addiction support needs)	23%
City Centre Rough Sleeping and Begging (Cyrenians, unpublished)	2016	Edinburgh	47	50+% (homeless or very insecurely housed)	-	'Most' reported no other income
Experiences of Begging in Glasgow (<i>Glasgow Homelessness Network</i>)	2016	Glasgow	67	50+% (sleeping rough the night before; others commonly in temporary accommodation or sofa surfing)	30% (identified as needing support for substance misuse)	50%
Framework (The Telegraph, 17th June 2015, Police survey finds just one in 10 beggars are homeless, https://www.telegraph.co.uk/news/uknews/11681593/Police-survey-finds-just-one-in-10-beggars-are-homeless.html)	2015	Nottingham	52	40% (rough sleeping and sofa surfing)	50% (self-reported)	-
BBC Breakfast FOI Police figures (Thames Reach, Giving money to people begging frequently asked questions, https://thamesreach.org.uk/what-we-do/campaigns/killing-with-kindness/giving-money-people-begging-frequently-asked-questions/)	2014	England and Wales	1,002	20% (legal definition)	-	-
Birmingham Police operation (<i>Thames Reach</i>)	2003	Birmingham	40	40%	100% (drugs test)	-
Getting By: Begging, Rough Sleeping and the Big Issue (Fitzpatrick and Kennedy)	2000	Edinburgh	42	70%	89% ²⁹ (self-reported)	7%
Easy Pickings (Dean and Melrose)	1999	Oxford	19	<50% (rough sleeping; many staying in hostels or sofa surfing)	68% (self-reported)	Minority
Metropolitan police operation (<i>Thames Reach</i>)		London		40% (self-reported)	60 - 70% (Class A drugs test)	-

Table 1. Sources comparison

²⁹ This is based on substance misuse rather than dependency and is taken from the larger sample of 66 individuals who were either rough sleeping, begging, or selling the Big Issue, and includes alcohol use.

Chapter 3: Who is begging in Edinburgh?

3.1 Scale of begging in Edinburgh

A total of 420 unique individuals were identified as having engaged in begging in Edinburgh on at least one occasion between November 2016 and October 2018. This number was established by careful matching between the sources available using first names, last names, gender and date of birth to ensure no duplication or double counting.³⁰ However, there are at least three reasons that 420 should be understood as a minimum figure.

Firstly, 420 is a minimum because data was only received from Streetwork, Cyrenians and Hopetoun Rapid Access. Given that not all agencies working with people begging in the city were able to contribute data, it is fair to assume that some people who beg will not have been included in this analysis. A total of 45.9% (17) of Cyrenians clients had not been included in the Streetwork data, which demonstrates that, despite being the biggest holder of data on begging, it is not comprehensive and there are people engaged with other organisations who are not included in it.

Secondly, data was submitted for this research that shows some people have been seen begging by Streetwork but have not given their names and, therefore, are not included in the 420. Streetwork recorded 256 'anonymous' contacts between 4 January 2018 and 31 October 2018 with people who were seen begging by outreach teams. As these are records of the number of total sightings of people, rather than the number of separate people, it cannot be confirmed how many additional individuals this indicates. There is the possibility that some are included in the 420 through engagement with Cyrenians or Hopetoun Rapid Access, but also that these people, along with others, do not engage with any agencies at all.

Thirdly, there is evidence that even the largest dataset available does not cover everyone begging on the streets of Edinburgh. Streetwork is the biggest provider of services to people begging in Edinburgh, and the Streetwork 'seen begging' dataset is the most comprehensive database that it holds of people begging in Edinburgh. This research includes an extract from that database covering 300 days in the period, during which there were 844 contacts with people who were seen begging.³¹ Thus, on average less than three clients were recorded as begging on any given date, which is a very small proportion of the number of people begging on any day (see section 3.2). The low numbers being contacted are understandable, as Streetwork staff engage with clients to provide a wide range of services. Identifying and collating information on begging is not the primary purpose of these interactions. However, this is another indicator that even the 420 unique individuals identified PLUS an awareness of the 256 anonymous contacts made across 300 days does not give the full picture of people begging in Edinburgh and should be regarded as a confident minimum.

3.2 Streetwork begging counts

This research looks at people who have been engaged in begging in Edinburgh at some point between November 2016 and October 2018. Streetwork performed begging counts in the city on 13 June and 20 September 2018. This provides both a helpful 'snapshot' of the numbers of people that beg in Edinburgh on any one day, and a lens through which to understand the data that has been provided for the current research. Streetwork spoke to 89 people during the course of the day on 13 June and 94 people on 20 September.

The count was carried out in 'three main catchment areas covering the main begging pitches in the heart of the city'. This suggests that the count figures do not incorporate people begging in more peripheral areas of the city. In light of the current research findings about begging locations further from the city centre (see section 4.7), it is likely that there are in fact more than the approximate 90 suggested by the counts of people begging on any one day in Edinburgh.

³⁰ See Appendix 1 technical note for details.

³¹ Of these, 256 were with anonymous clients and 588 were with identified Streetwork clients.

3.3 Gender

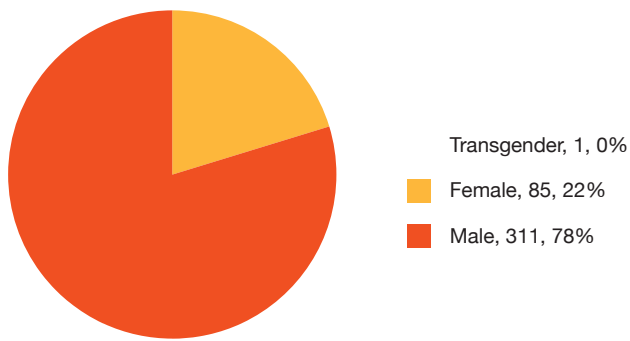


Chart 1: Gender³²

Among the unique identified individuals begging, 21.4% (90) were female, 77.1% (324) male, and one (0.0%) transgender person. This proportion of majority male begging reflects the findings of previous research and also frontline experience.

By comparison, anonymous contacts with people begging recorded by Streetwork were 29% (69) female and 71% (172) male. This may imply that females are slightly less likely to engage with support staff – although, as mentioned in section 3.1 above, the anonymous contacts cannot be used as a robust indicator as they may include the same individual multiple times.

3.4 Age³³

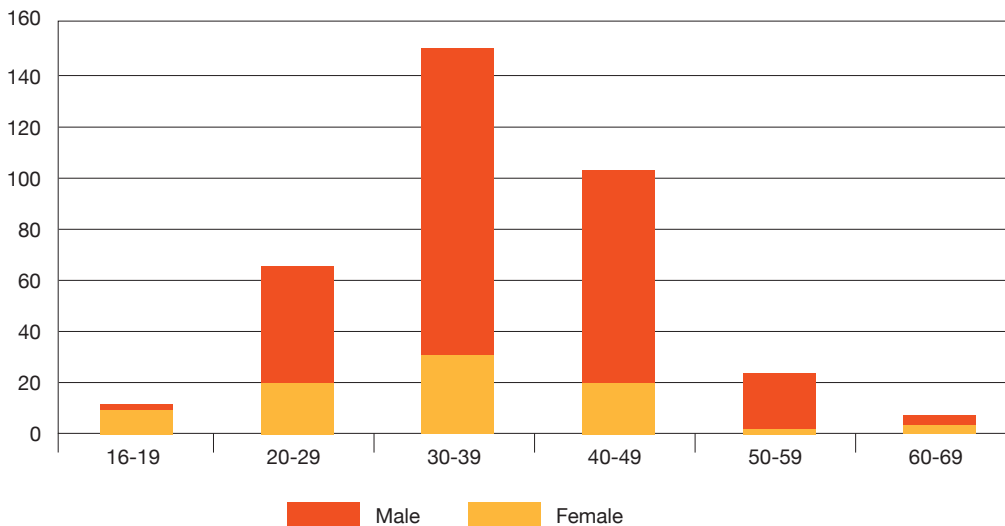


Chart 2: Age and Gender by 10-year age band³⁴

The age of the begging population captured within this research broadly follows a normal distribution. Most people begging are between 30 and 49 years of age, with most of the people being in the 30–39 age group. There are very few people in either the youngest or oldest age groups, although interestingly it is at these extremes that females are overrepresented. It would be helpful for this observation – and further details on begging among young people – to be responded to by youth-specific organisations such as the Rock Trust and organisations that focus on the elderly such as Age UK. Only one female is recorded in the 50–59 age band.

³² Gender information is available for 397/402 unique individuals (4 not recorded, 1 not answered).

³³ Information on age is available for 373/420 people (47 N/A).

³⁴ This chart includes information for 415 individuals. Gender information was not available for one person. The transgender individual is recorded as within the 30–39 age category, but one person would be too small to show on the graph.

3.5 Nationality³⁵

Broad Nationality	Specific listed nationality	Count	Percentage
Total UK National ³⁶		356	89.0
	British	26	6.5
	UK	6	1.5
	Scottish	287	71.8
	English	30	7.5
	Welsh	4	1.0
	Northern Irish	3	<1
Total Non-UK National		44	11.0
	French	1	<1
	Hungarian	1	<1
	Irish	6	1.5
	Polish	13	3.3
	Romanian ³⁷	17	4.3
	Roma	1	<1
	Spanish	2	<1
	Slovakian	1	<1
	Italian	1	<1
	Latvian	1	<1
Total		400	100%

Table 2: Nationality

As can be seen from [Table 2](#) above, 89.0% (356) of the uniquely identified people that nationality data has been provided for are UK nationals, with Scottish (287) specified for most of those.³⁸ Only 11.0% (44) are non-UK nationals, comprised of ten different nationalities. It is notable that all of the other nationalities represented are European. The most represented non-British nationality is Romanian (17), followed by Polish (13) and Irish (6). One person from each of France, Spain, Hungary, Italy, Latvia and Slovakia are also reported.

However, it is also informative to look at the contacts that Streetwork has recorded with people who wished to remain anonymous. [Table 3](#) shows the number of contacts made by Streetwork between 4 January and 31 October 2018 with named individuals or anonymous clients, analysed by nationality. It is important to note that there is no information available on whether the contacts were multiple times with the same person, once each with multiple people, or a combination of both.

³⁵ We have information on nationality for 400/420 unique individuals (2 not answered, 17 N/A, 1 unknown).

³⁶ There are overlapping categories in this dataset as data has been provided by different sources without a proforma.

³⁷ The Romanian/Roma categories here may not be accurate. 'Roma'/'Romani' is more accurately understood as an ethnicity rather than a nationality. Some people may have been recorded as Romanian that would more accurately be regarded as Roma.

³⁸ Scottish may also be included in the 'British' or 'UK' categories.

Nationality	Streetwork named client	Anonymous User	All seen begging
UK National³⁹	502	116	618
Non-UK National	55	43	98
Bulgarian	-	2	2
French	-	1	1
Hungarian	1	4	4
Irish	26	-	26
Italian	-	1	1
Other European	-	2	2
Polish	3	-	3
Roma	-	2	2
Romanian	25	31	56
Total	557	159	716

Table 3: Contacts made with named clients or anonymous users, by nationality

This data demonstrates two important points. Firstly, that there are broader ranges of nationalities begging on the streets of Edinburgh than are represented in the datasets that are analysed for most sections of this research. Secondly, that non-UK national contacts with Streetwork were more likely to be anonymous than those by UK nationals. Some 18.8% (116/618) contacts with UK nationals were anonymous compared to 43.9% for non-UK. Particularly notable is that 55.4% (31) contacts with Romanians were anonymous. Although this source provides just a sample of a limited time period of work by one organisation, it is fair to assume that this under-representation in proper records of non-UK national begging is indicative of a wider trend of under-representation, including within this research.

There are several reasons that non-UK nationals may be more likely to go ‘under the radar’ of support organisations. These include:

- Not wanting to engage with any services due to fear of getting in trouble with ‘authorities’ regarding immigration status
- Not wanting to engage with support if begging is purely an organised, itinerant economic activity⁴⁰
- Coming from a culture of being less willing to accept support
- A language barrier existing with support staff
- Support staff feeling less confident and informed to interact with the issues that may be involved in working with other nationalities

However, despite all of these challenges, it is concerning that almost half of contacts made with non-UK nationals did not result in enough engagement and trust to be built for even a name to be given, let alone further appropriate support being delivered.⁴¹

³⁹ Incorporating recorded categories British, English, Scottish, UK and Welsh.

⁴⁰ Frontline staff observe organised groups of non-UK nationals begging in the city. This research can neither confirm nor deny this suggestion on the basis of the data available.

⁴¹ See note above on itinerant organised begging.

3.6 Connection to Edinburgh⁴²

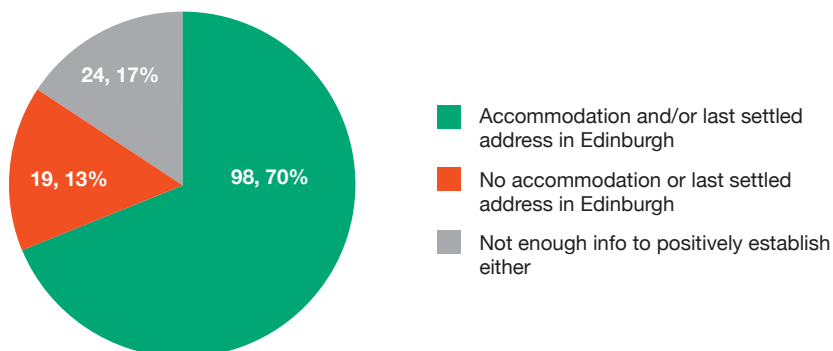


Chart 3: Current accommodation or last settled address in Edinburgh

Historically, there has been some concern about people from outside of Edinburgh being drawn to the city to beg. The data gathered for this research shows that at least 73% (101)⁴³ of people begging in Edinburgh either have accommodation in the city at the moment, or that their last settled address was in Edinburgh. Neither of these factors were true for 11% (15) of people, although it should be remembered that they may have been deemed to technically have a 'local connection' in a homelessness assessment through other factors such as family relationships.⁴⁴ There were 23 people (17%) for whom not enough information was provided on either accommodation or last settled address to establish whether they had a connection to Edinburgh through either of these criteria.⁴⁵

Almost all of those who have accommodation stated that their current accommodation was in Edinburgh⁴⁶ (93.0% (66) people), with only five (7.0%) living outside of Edinburgh. Of those people with accommodation outside Edinburgh, one is reported as having a private tenancy, two are reported as having a social tenancy, one is in temporary accommodation, and one is sofa surfing.

3.7 Recourse to public funds⁴⁷

The issue of recourse to public funds is a complex one. The term is used to refer to whether an immigrant in the UK can access welfare benefits. However, the rules governing both immigration and benefits are subject to frequent amendments. These rules often refer to an individual's circumstances, such as relationship, care giving or employment, factors which themselves may change. In addition, case decisions made in both the immigration and the benefits systems are regularly overturned through appeals processes, such that an individual may be deemed to have no recourse to public funds but then, following appeal, may indeed have access to certain benefits.

Of the 130 people we have information for, only seven (5.4%) are recorded as having no recourse to public funds. This is in line with the low proportion of non-UK nationals in the sample. The nationalities of the seven people that do not have recourse to public funds are recorded as follows:

- 2 Romanian⁴⁸
- 2 Polish
- 1 Spanish
- 2 Scottish

⁴² Information on whether accommodation was in Edinburgh was available for 75/139 people for whom core data was gathered (10 not answered, 4 not applicable, 2 not asked, 2 not known, 1 not reported, 45 not relevant). Information on last settled address was available for 103/139 (16 not answered, 1 not applicable, 15 not asked, 3 not known, 1 not relevant). This is a comparatively low response rate, but the question may have been seen as only applicable for those who are currently without accommodation.

⁴³ Includes three people who said they did not have accommodation but who nevertheless gave details of accommodation they had access to.

⁴⁴ One of these had a last settled address in HMP Edinburgh, and for 14 no accommodation in Edinburgh was implied by answering the question as 'not relevant' or 'not applicable'.

⁴⁵ Although we know that three of these were not last settled, and one does not have accommodation.

⁴⁶ One of these in fact is recorded as not having access to accommodation, suggesting that the question had not been interpreted as intended. The more accurate figure may be 65 (84.4%).

⁴⁷ Information on recourse to public funds was provided for 130/139 people for whom we have 'core' data (1 declined, 8 not answered).

⁴⁸ One Romanian individual is recorded as having a derivative right to reside, which is an indication of their immigration status, but under current rules they would be eligible to claim benefits.

The latter two 'Scottish' are unexpected. This recording could potentially be due to a misunderstanding of the question by those providing data. If you are a Scottish national, then you would normally automatically have a right to public funds, even if you do not or cannot access them. In exceptional circumstances, a person may not be entitled to public funds, regardless of their nationality.⁴⁹ It is likely, however, that these Scottish individuals have been recorded as such due to a lack of access to benefits (e.g. through sanctions) and may be living with the same level of destitution as their non-UK national counterparts. Discounting the two Scottish individuals, it would be more accurate to say that only five (3.8%) of the cohort were found to have no recourse to public funds in its technical sense.

However, this 3.8% should probably be understood as a conservative estimate of the proportion of people begging in Edinburgh who have no recourse to public funds due to the following factors:

- The low proportion should be understood in the context of the limitations of the data for this study. As has been noted in section 3.5 above, it is probable that non-UK nationals who beg, including those with no recourse to public funds, are underrepresented in this sample.
- As has been seen with the Scottish nationals above, recourse to public funds is not well understood. It may be that some of the people recorded as non-UK nationals but with access to public funds⁵⁰ have been wrongly recorded and, in actual fact, do not have recourse to public funds.
- People may be unwilling to disclose their status as 'no recourse' due to shame or fear of implications for any other support they might receive.
- It should be noted that the individual that declined to comment on recourse to public funds is Polish, as are two of those for whom the question has not been answered. It is likely, although not certain, that these people also have no recourse to public funds.

3.8 Children⁵¹

Of the 19 people who gave information on whether they had responsibility for the care of children, only two (10.5%) said that they did. One of these was male and one female. However, the brief details that people were asked to give about the situation in these two cases suggest that, in fact, the children are not in the everyday care of these individuals. One commented that their daughter is 'in a children's unit' and the other said that they are 'in the process of seeing my kid'. People may perceive themselves as having responsibility for a child, even if they do not live together. The importance of this bond should not be underestimated. One respondent commented that they have a nine-year-old son in Poland, but that he doesn't see him 'as I have no home here'. For some people, relationship breakdown will have been a key event leading to their begging activity; for others, reinstating those relationships, including with children, is identified as a resilience factor that they believe would help them move away from begging (see sections 4.1 and 6.7).

⁴⁹ If you have been ordinarily resident outside the UK for three months or more, then you may be subject to the Habitual Residency Test.

⁵⁰ 1 French, 4 Irish, 2 Polish, 1 Romanian, 1 Slovakian.

⁵¹ Only 19/54 survey respondents answered the question 'Do you have responsibility for the care of any children?' (5 not answered, 30 not asked). The small sample size means that the information can in no way be regarded as conclusive. There are three reasons for this low response rate: 1) it was introduced in phase II of the project, following a request at the Edinburgh Community Safety Partnership meeting, at which the interim report was presented; 2) The question was not included in some versions of the questionnaire that were used by Streetwork in phase II. 3) This is a very sensitive issue for many people. Staff members conducting the survey judged that, in some cases, asking this question could shut down responses to the other questions and so did not ask it.

Chapter 4: What does begging look like in Edinburgh?

4.1 Starting begging⁵²

In answer to the question 'What led you to start begging?' some surveys recorded a single word answer (e.g. 'drugs'), whereas other responses painted a fuller picture of why somebody first started to beg: '[I] lost my job and came back to Edinburgh. Could not apply for benefits so I could not get accommodation.' Respondents gave answers that tell different elements of their story, which can be separated into three categories: experiential, economic, and emotional drivers. In reality, as some of the more elaborated responses suggest, for most people it is likely that an interrelated combination of experiential, economic, and emotional reasons pushed (or pulled) them towards begging.

Three people pointed directly to childhood experiences as the root of their begging: 'From 10 years old I asked someone on the street. My parents didn't give me anything'; 'To block out my childhood abuse that I suffered and the fact that I was in care from the age of 11 years old.' Others pointed to more recent life events that they felt had led them to begging such as relationship breakdown or domestic abuse (5), homelessness (4) and being 'in and out of prison' (1). Although these experiences don't necessarily lead to begging, people may have pointed to these factors as they can be intrinsically linked to being financially insecure. Alternatively, it may be that a cluster of life experiences, defined for them by the ones they mentioned, led to begging. Four people also gave answers that might indicate that they started begging because their experiences led them to be in some other way street engaged at that time: 'sitting about streets', 'rough sleeping on Waverley Bridge'. Three people talked about starting to beg because they didn't have the support that they felt they needed.

The majority of people (59.2%, 29) answered this question in more directly economic terms, talking about either having no money or about needing to beg in order to pay for particular things. Eight people specifically stated that they had no money or income, with some mentioning having their benefits stopped (3) or not being able to access benefits (1), two people having lost their jobs and another who didn't want to ask family or friends to help. For some people, starting to beg was specifically driven by needing money for a particular thing. Far and away the largest response to what led people to start to beg was to fund addictions (12 people, 22.4%⁵³), with most of these being drugs, but two referring to alcohol. This correlates with the prevalence of addiction as a key factor in preventing people from moving away from begging (see section 6.9). Other items mentioned as driving the need for begging were: food (6), accommodation (5),⁵⁴ to pay bills (2), or to buy clothes, pay off debt, or send money back to a child in Romania (one each). Also falling into the economic category would be the three people who candidly said that they started begging because it is 'easy money'.

In response to this question, a handful of people spoke more about emotional drivers for beginning to beg. Four people are recorded as being desperate: 'Bored, not working, desperate.' The quotation already mentioned about blocking out child abuse also points to a deeper emotional or psychological pull towards begging. Somebody else mentioned that they 'started drinking heavily to block everything out'. Less negatively, one person commented that they started begging 'to see what it was like and it helps when you are struggling'.

4.2 Ongoing reasons for begging⁵⁵

The vast majority of people (82.9%, 34) stated that their reasons for continuing to beg are the same as the reasons that led them to beg initially.

Only six people had different reasons for their ongoing begging. For two of them, this was due to changed circumstances, one stating that they had now moved into temporary accommodation and another explaining: 'I'm on a script so I don't take drugs anymore. I beg now because I'm waiting on my benefits to be sorted out.' One other person, who had said that addiction was a reason they started begging, now says that they beg 'To make money to live day to day and also to get money for a B&B for the night', which might also infer that they are no longer begging to support an addiction. In the other direction, however, another two respondents had not mentioned that drugs

⁵² 49 out of 54 survey respondents answered the question 'What led you to start begging?' (4 not answered/ 1 'no' answer)

⁵³ 11/49 plus one clearly indicated in response to the following question.

⁵⁴ The four people that referred to homelessness may also have been referring to the need to pay for accommodation, although this wasn't explicitly stated on the survey form.

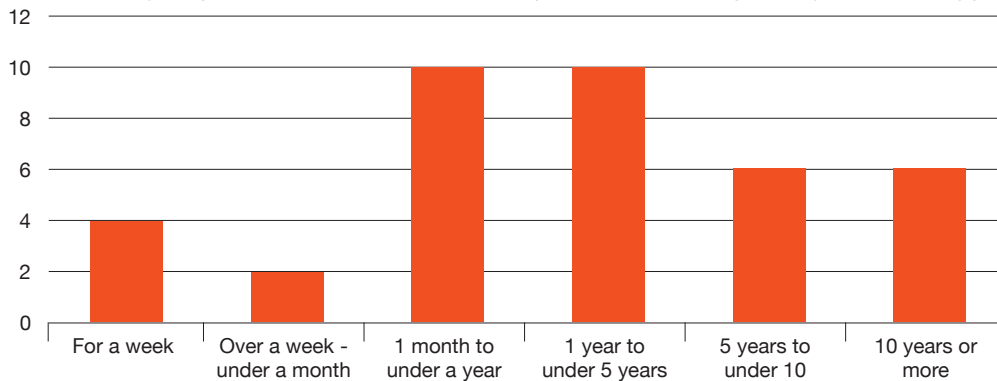
⁵⁵ 41/ 54 people responded to the question 'Is your reason for begging the same these days as it was when you first began? If not, what keeps you begging?' (4 not asked/ 3 not answered/ 1 not relevant/ 1 '0' answer/ 4 not relevant answers recorded).

were a reason they had started begging, but said that drugs were the main reason they continue to do so. This might indicate that they have been drawn into drug use through associating with addicts while begging. As a more hopeful story, one respondent stated that they are no longer begging.⁵⁶

4.3 Length of time begging⁵⁷

Chart 4: Survey responses to 'How long have you been begging?'

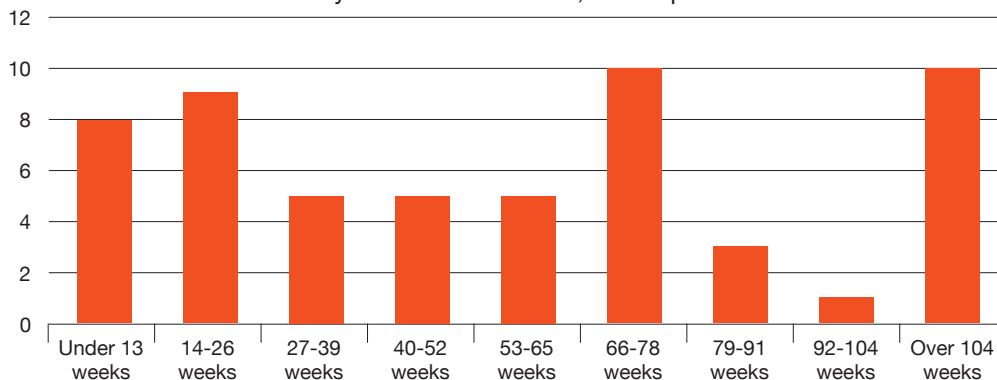
Of the 36 survey respondents that answered the question 'How long have you been begging?', answers can be



grouped as shown in **Chart 4** above. The graph shows three clear groupings, with small numbers of people having been begging for a short period (For a week – 4; Over a week to a month – 2). The most common categories are in the mid-range (1 month to a year – 10; One year to 5 years – 10) and the longer time periods still representing notable numbers (5 to 10 years – 6; More than 10 years – 6). However, as this data is from a small sample size and the sample was self-selected, this cannot be taken to be a robust estimate of the proportion who have been begging for a considerable time. The method of data collection may have influenced the results, as staff may have been less likely to approach people they hadn't met before or didn't have such established relationships with to complete the survey. Also, those who have been street engaged for less time may not know about or use the Holyrood Hub as much as more established people who beg. People who are newer to the streets and potentially more nervous may have been less likely to consent to taking part.

Chart 5: Length of time begging at February 2018 from section of core data

Given concerns about the survey results on this issue, it is helpful to look at indications from other sources about how



long people beg.

Chart 5 is derived from contact data for 56 clients of Streetwork and Cyrenians services begging between January and June 2018, for whom the service provided the date on which the client first contacted the service. The records available also included when contact had first been made with these individuals. Therefore, it is possible to establish for those people the minimum amount of time they had been begging as at February 2018 as a snapshot of the length of time begging. Roughly half (51%) had been in contact with the service for over a year, of whom 18% had been in contact for over two years. Although not directly comparable, this could be viewed as confirming the survey findings that people begging on the streets of Edinburgh are often doing so for significant periods of time.

⁵⁶ This may also be indicated by the 'Not relevant' response noted above.

⁵⁷ 38/54 survey respondents answered the question 'How long have you been begging?' (12 not asked/ 4 not answered). Answers were given in different formats (e.g. 'since Christmas', 'a few months', '4 years') and so have been grouped for analysis.

Of the 245 Streetwork clients identified as begging in the 14 months between November 2016 and December 2017, 126 (58%) were not identified as begging in the 10 months January to October 2018. It is highly likely that almost all of these 126 clients are no longer begging, or are begging so infrequently that they have been missed in the Streetwork 'seen begging' records. Looking at the reverse of this analysis, of the 211 clients 'seen begging' by Streetwork in 2018, 107 (51%) had not been identified by Streetwork as begging between January 2016 and the end of December 2017. Taken together, these two pieces of information would suggest that around half of those begging at any one time have started begging within the past year, while around half have been begging for over a year. However, this evidence can be taken to be only broadly indicative of the rates at which people start and stop begging.

Looking across the sources, there is not sufficient information to provide a robust estimate of the total number of clients of the three services who have been begging for over a year, or the 'flow' of people starting and stopping begging over time.

4.4 Patterns of begging⁵⁸

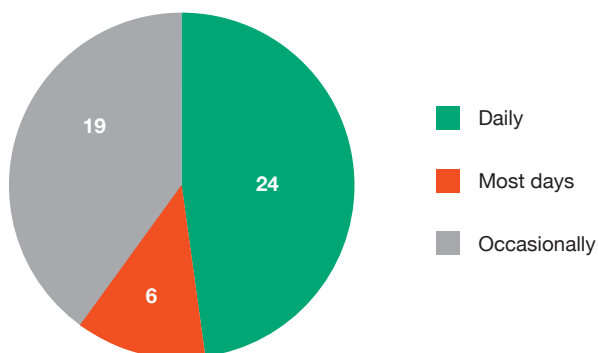


Chart 6: Frequency of begging from survey data

As shown in the chart above, just under half (49.0%, 24) of survey respondents beg every day, with 38.8% (19) saying that they beg occasionally and 12.2% (6) commenting that they beg most days.

By cross-analysing begging patterns with reasons that people started to beg, it is shown that those that beg daily are equally as likely to be driven by addiction (7) as by citing other economic needs (7). Interestingly, almost all of those who pointed to homelessness as the driver for their begging are begging now every day. Nearly all of those that beg most days (83.3%, 5) started doing so for economic reasons. This suggests that, where begging isn't an everyday occurrence but happens regularly, there is an economic exclusion that drives people to beg. No clear patterns can be found among those who beg occasionally, although again the split between those that point to addictions (5) and other economic drivers (4) are similar. Both people that had mentioned boredom as a factor in why they started begging only do so occasionally.

Looking at the relationship for survey respondents between how regularly people beg and how long they have been begging, there was a relatively even distribution between those who beg shorter, mid and long term across the daily/most days/occasional categorisation. The only slight variations to note are that those that have been begging for under a month are more likely to beg every day (66.7%, 4) than those who have been doing so for longer, and those who have been begging for over five years are more likely to only beg occasionally (33.3%, 4) than those who have been begging for shorter periods.

In conversation, one person discussed that even though they had stopped begging when they started on their methadone prescription nine months ago, when it gets to Christmas time they may start again because their income from ESA would not be enough to cover any gifts that they wanted to buy or to do anything celebratory.

⁵⁸ 49/ 54 people answered the question '[Do you beg] every day or just occasionally?' (5 not answered).

⁵⁹ 48/54 people answered the question 'What time of day do you normally beg?' (6 not answered). Answers were given in different formats (e.g. 'morning', '3ish to 6ish') and so have been grouped for analysis.

⁶⁰ Extending to 11pm for one person and 12pm for two people.

4.5 Times of begging⁵⁹

Responses to this question were grouped into 'morning', 'afternoon' and 'evening'.⁶⁰ Also, whether a respondent recorded begging for one, two or three parts of the day was recorded. Of the 50 people for whom information was available, 17 people only beg for one part of the day, 13 beg for two parts (7 begging morning/afternoon and 6 begging afternoon/evening) and 13 beg all day long. As can be seen from Table 4 over, most people beg in the afternoon with similar numbers begging in the morning and evening. Alongside frontline experience, this data could inform how outreach resources are managed.

	1 part day	2 parts day	3 parts day	Total
Morning	6	7	13	26
Afternoon	7	13	13	33
Evening	4	6	13	23

Table 4: Times of day begging from survey respondents

Of the 50 people that answered this question, five gave answers that did not fall into the morning/ afternoon/evening categorisation. Their answers were as follows:

- Whenever (two people)
- Until raises £20
- Depends on the night before
- When it is convenient for me

4.6 Experiences of abuse on the streets⁶¹

Over two-thirds of people begging on the streets in Edinburgh (74.5%, 76) have experienced some form of physical/ verbal abuse or theft on the streets. Of those survey respondents for whom more specific information was available, 39.0% (16)⁶² had had money stolen from them and 58.8% (30)⁶³ had been the victim of physical or verbal abuse. One person commented: 'Haven't begged for three years as too many bad things were happening. Being spat on, kicked, propositioned for sex, etc.' Another man gives an insight into life begging in a different part of the survey, to which he responds: 'I'd like a place to retreat to when I'm scared.'

Women are disproportionately likely to have experienced abuse while begging, representing 28.8% (40/139) of the relevant sample, but 39.5% (30/76) of those who have experienced abuse. No specific patterns of discrimination were visible in the data regarding nationality or age. However, one comment reads: '[I have been abused] many times. Due to being Polish I did not report to police. Fear of being called a grass.' Some of the abuse will have been from members of the general public,⁶⁴ but it is known that there can be antagonism and theft between people who are begging: 'I used to beg on High Street, but another [person begging] was harassing me so I moved'.

4.7 Where people beg⁶⁵

Geographical locations of begging pitches that people said they use have been grouped into 'zones' to give a sense of the spread of begging activity across Edinburgh.

⁶¹ Information on whether they had experienced physical/verbal abuse or theft whilst begging was available for 102/139 people for whom we have 'core' data (11 not answered, 26 not known).

⁶² 41/54 survey respondents answered the question '[Have you] had money taken from you?' (10 not asked, 3 not answered).

⁶³ 51/54 survey respondents answered the question 'Have you been physically or verbally assaulted by passers-by whilst begging?' (3 not answered).

⁶⁴ Indeed, the survey respondents were specifically referring to this.

⁶⁵ We have information on begging locations for 272/280 unique individuals, of whom 12 were recorded as begging in various locations or as a hand tapper.

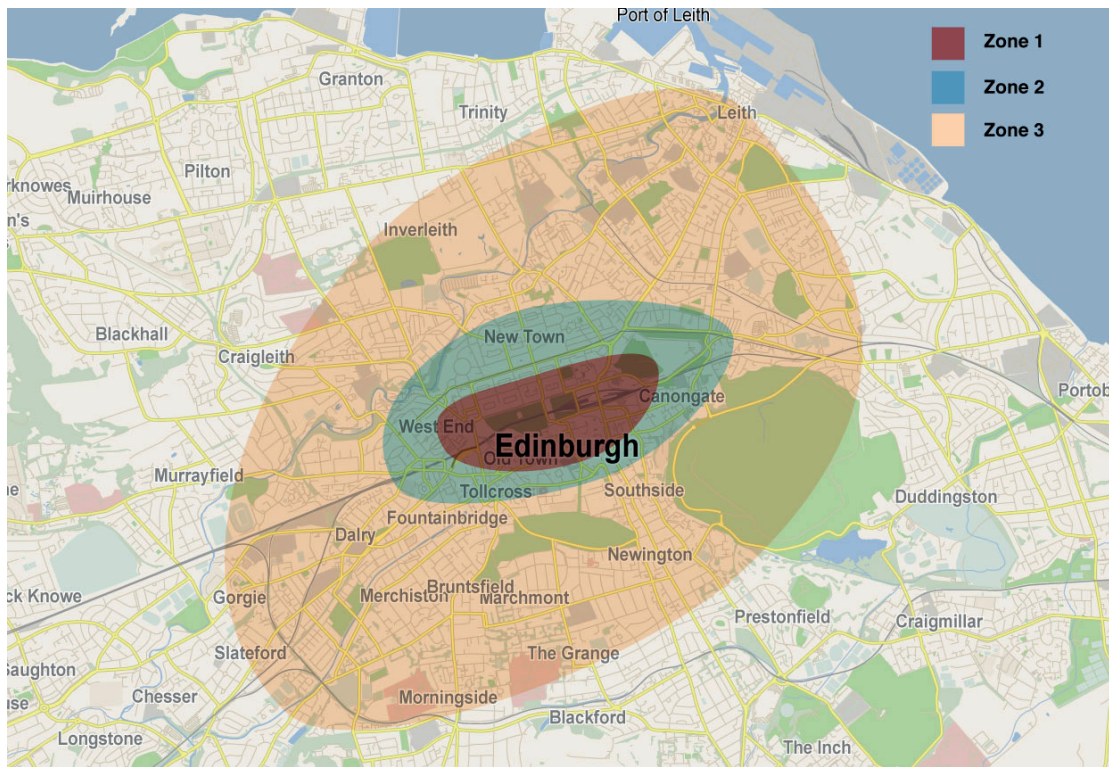


Figure 1: Beggling zones in Edinburgh

As can be seen from Table 5 on previous page, the vast majority of people are recorded as begging in ‘zone 1’ (i.e. the city centre) with reducing numbers towards the outskirts of the city. However, approximately a third (32.3%, 100) of locations cited are outside of the city centre, a fact that has service delivery implications for frontline staff.

Zone	Specific sites mentioned	Count
Zone 1	Carlton Road, ‘City Centre’, Cockburn Street, Elm Row, Fleshmarket Close, Frederick Street, George IV Bridge, George Street, Grassmarket, Greyfriar’s Bobby, Hanover Street, High Street, Holyrood Road, Hunter Square, Jeffrey Street, (top of) Lothian Road, Market Street, Mound, Nicholson Street, North Bridge, North Street, Andrew Street, Picardy Place, Princes Street, Rose Street, Royal Mile, South Bridge, South Street, Andrew Street, St Andrews Square, St Mary’s Cathedral, Waverley Bridge, Waverley Station, Waverley Steps, West End.	204
Zone 2	Broughton Street, Bruntsfield, Clerk Street, Cowgate, Earl Grey Street, Easter Road, Haymarket, Home Street, Kings Stables Road, Leith Street, (top of) Leith Walk, Leven Street, (bottom of) Lothian Road, Meadowbank, Middle Meadow Walk, Nicolson St, Nicolson Square, Shandwick Place, South Clerk Street, Spittal Street, Tollcross, West Port.	60
Zone 3	Dalry Road, Gorgie Dalry, Leith, Morningside, Morningside Road, Newington, St Nicholas Square, Stockbridge, (bottom of) Leith Walk	40
-	Individual did not give specific detail, e.g. ‘various places’, ‘everywhere’	21

Table 5: Sites of begging by Zone

Number of Zones	1	2	3
Count	214	42	2

Table 6: Number of zones individuals beg in

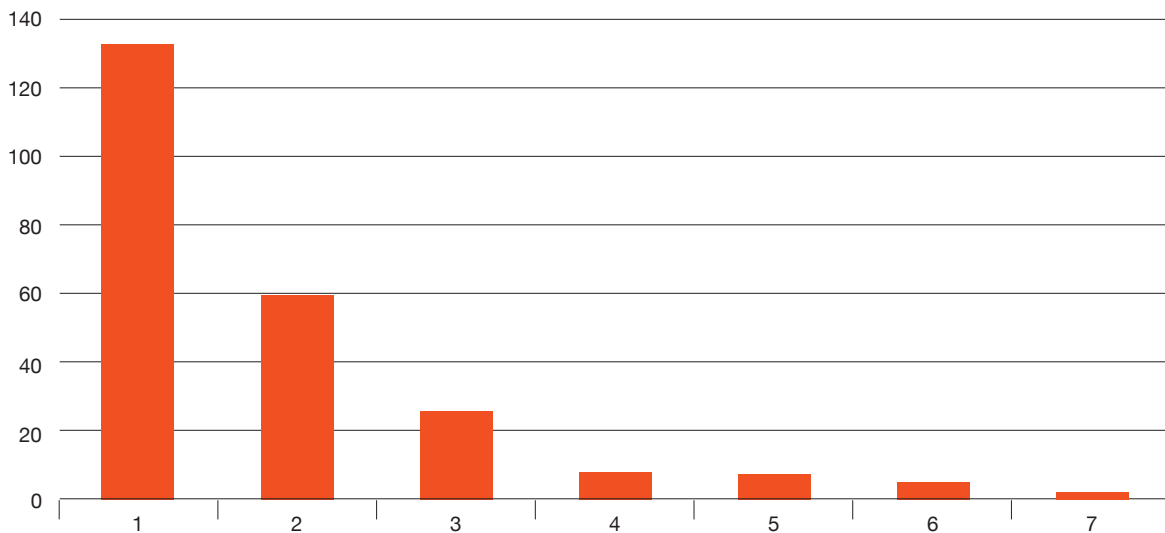


Chart 7: Number of locations listed by unique identified individuals

In addition to this geographical information, four people identified themselves as ‘handtapping’, which is understood to mean approaching people on the streets and asking for money, often under the guise of a specific immediate need, e.g. for public transport.⁶⁶

It is clear from the number of locations included in the non-exhaustive list above that there are an extensive number of places in Edinburgh that begging occurs. This is confirmed by the Streetwork counts of people begging on certain single days in June and September 2018, which recorded 103 and 104 pitches respectively. As shown in [Table 6](#) and [Chart 7](#), the vast majority of people remain within the same zone and most have only listed one location where they beg.

These results would seem to confirm the accepted wisdom that begging predominately takes place in city centre locations. However, it is worth noting that the sources of data for this research are biased towards giving this result due to the geographical areas that the services cover (or at least spend most time in). That is to say, outreach teams primarily spend time in the centre of the city and therefore are more likely to gather data from people who beg in the centre of the city. Indeed, one of the Cyrenians projects is specifically funded by Essential Edinburgh to work solely in the Central Business District. The location of Streetwork’s Holyrood Hub, where the majority of surveys were completed, is likewise going to attract more contacts from people who beg in the city centre.

Interestingly, analysis of Streetwork’s ‘seen begging’ dataset reveals that a high proportion of the 56 begging contacts with Romanian Anonymous Users were in Zones 2 or 3 (39%, 22). One factor affecting this may be the partnership that the city centre police have with the Home Office through which they can make immediate referrals for immigration assessment. This may push people who wish to avoid Home Office scrutiny outside of the city centre. It may also be influenced by there being a stronger level of competition for city centre pitches with UK nationals.

Due to project constraints, the methodology has not been able to include reliable, robust research into the spread of begging beyond the traditional city centre focus covered by existing services. Therefore, it is important to stress that this research can neither confirm nor deny anecdotal evidence that more people are now begging in peripheral areas of Edinburgh.

⁶⁶All four of these were Cyrenians clients.

Chapter 5: What are the support needs of people begging in Edinburgh?

5.1 Accommodation⁶⁷

A total of 60.5% (78) of people included in the core data set reported that they have access to some type of accommodation.⁶⁸ 39.5% (51) of people stated that they did not have access to any accommodation, with 47 of these reported that they were sleeping rough. It may be that the remaining four had interpreted the question about accommodation to mean their 'own' accommodation (i.e. a permanent tenancy).

The chart below shows the types of accommodation that were reported by 81 people.^{69 70}

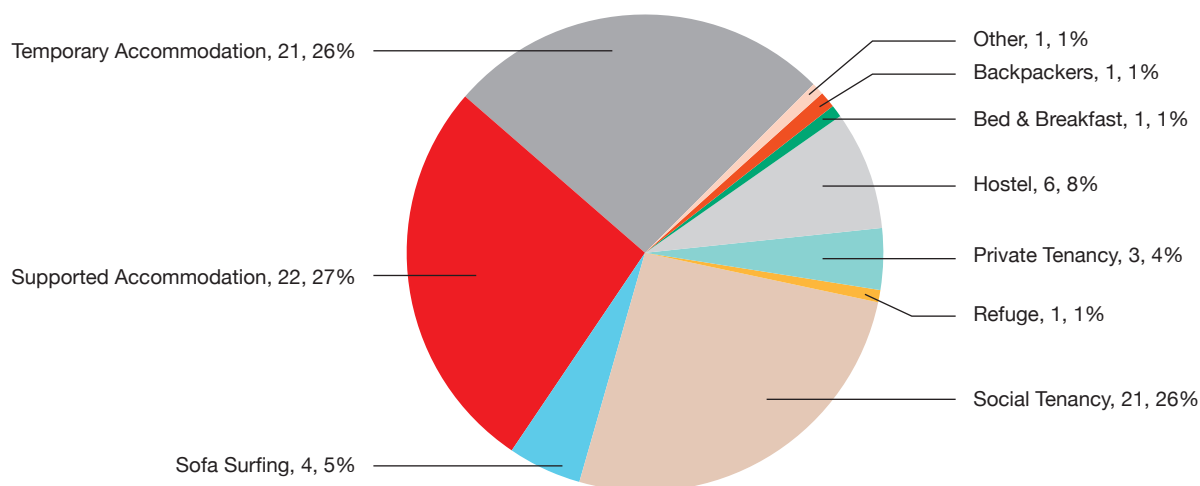


Chart 8: Types of accommodation

The most common category for those who have access to accommodation is supported accommodation (27.2%, 22) followed by temporary accommodation (21, 25.9%), and a social tenancy (25.9%, 21).

5.1.1 Accommodation and substance misuse⁷¹

A slightly higher ratio of people who beg and are in accommodation are those that misuse substances (79.2%, 61/77) than those who do not have access to accommodation (75.5%, 37/49). The highest prevalence is among those that have a social tenancy (95.0%, 19/20). The small sample size means that this data should be treated with some caution, but there may be a story about those who do not have accommodation being more likely to beg for a variety of reasons – such as not having access to benefits – but that the more 'stable' the accommodation is, the more likely you are to only be begging if you need to feed an addiction.

5.2 Rough sleeping⁷²

43.0% (59/137)⁷³ of people sleep rough, with 56.9% (78/137) people who beg reporting that they do not sleep rough. Within this population, females are proportionately slightly less likely to sleep rough than their male counterparts (37.5% females, 45.8% males).

⁶⁷ Information on accommodation was provided by 129/139 people for whom we have 'core' data (8 not answered, 2 not known).

⁶⁸ This includes one person who would categorise themselves as 'sort of' having access in the form of sofa surfing.

⁶⁹ There is some ambiguity in categorisation. 'Bed & Breakfast' (1) may refer to temporary accommodation. 'Hostel' (6) may refer to establishments similar to the 'Backpackers' category, or may refer to supported accommodation.

⁷⁰ This includes four people who had reported that they didn't have accommodation and three people who didn't answer whether they had accommodation.

⁷¹ Information was provided on both substance misuse and accommodation for 126/139 in the core dataset.

⁷² We have information on whether they sleep rough for 137/139 people for whom we have core data (1 not answered, 1 not known). N.B. for the 54 completing a survey, this question was specifically 'Did you sleep rough last night (in winter incl. in the churches)?'

⁷³ Including one person who reports that they sleep rough 'sometimes'.

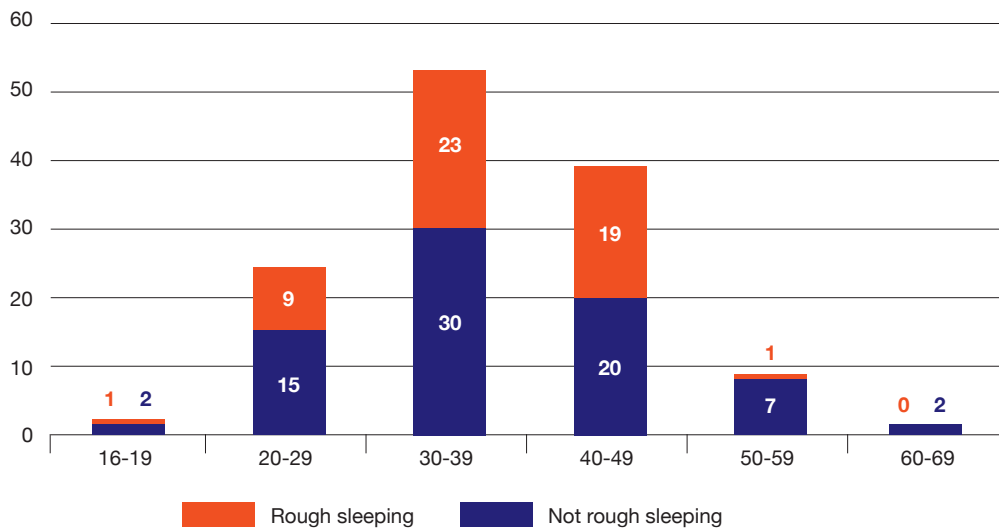


Chart 9: Whether rough sleeping by 10-year age band

As can be seen in **Chart 9** above, people are significantly more likely to be sleeping rough if they are aged between 20 and 49.

It is important to remember that this research does not capture people’s often complex accommodation journeys over time, and only reflects the point at which the data was captured (either through a survey or frontline worker reporting). Comments that were included regarding accommodation reflect this. For example: ‘Currently rough sleeping but has been accommodated in CEC temporary accommodation on several occasions over the years’ and ‘On first contact was accommodated in temporary B&B, but due to being unable to observe rules regarding on-site alcohol use he lost this place and has returned to using night shelters.’

Another area of complexity is that some people both sleep rough and have access to accommodation. Seven people who said that they have access to accommodation also said that they sleep rough. The types of accommodation they have access to were social tenancies (3), backpackers (1), bed and breakfast (1), temporary accommodation (1) and other (non-specified) (1). Rather than being a contradiction, this points to complex lives and circumstances whereby someone does not feel that they are able to stay in accommodation. For example, one support worker comments: ‘[They have a] local authority tenancy but on first contact he was not staying due to threats of violence.’ In these scenarios, it is unlikely that the accommodation will be sustained, and significant tenancy support will need to be in place.

Case study

‘At time of first contact he was rough sleeping in [location] – due to significant mental health issues he felt unable to use hostel or night shelter accommodation services. With support from our service, and by fulfilling his parts of the agreed upon action plan, he was accepted as a case by this local authority and offered temporary accommodation, and has since obtained permanent accommodation.’

5.3 Mental health⁷⁴

A total of 104 (80.6%) people are recorded as having mental health issues, compared to only 25 (19.4%) who do not. We have some detail of the mental health issues of 53 people, shown in **Chart 10** below, and of the number of mental health issues that they reported (**Table 7**). Thirty-nine of these people (73.6%) have two or more mental health issues.

⁷⁴ We have information on mental health for 129/139 people for whom we have core data (1 declined, 5 not answered, 4 not known).

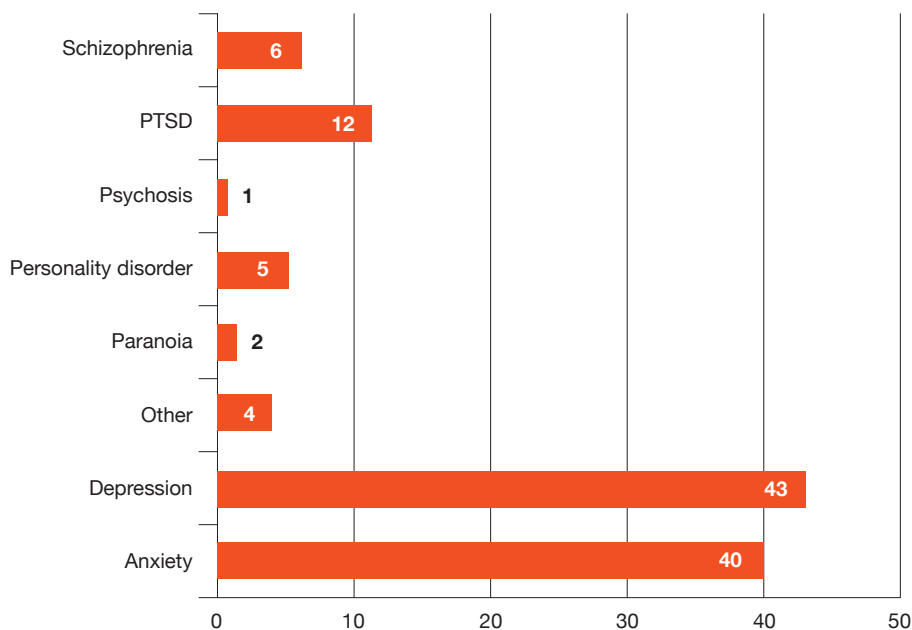


Chart 10: Mental health issues

Number of mental health issues	1	2	3	4
Count	14	23	11	5

Table 7: Number of mental health issues

There was no difference in the mental health reported in the cohort between those who sleep rough and those who do not: 80.4% (41/51) of rough sleepers have mental health issues and 80.3% (61/76) of people who do not sleep rough have mental health issues. This is interesting, as those who sleep rough are known to be more likely to suffer mental ill health than the general population.⁷⁵ This suggests that those who beg have many of the same experiences and characteristics that lead to mental health issues as the rough sleeping population. Additionally, it might be expected that rough sleeping would have had an additional adverse impact on mental health, but this does not seem to be the case for this cohort. Potentially being street engaged through begging could be seen to have the same negative impacts on mental health as rough sleeping does, to the extent that rough sleeping does not add any additional negative mental health impact.

5.4 Physical health⁷⁶

Some 60.5% (78) of people were recorded as having physical health problems (36.4%, 47) people reporting no physical health problems). Some detail of physical health issues was provided for 37 people, listed below in Table 8. Table 9 also shows how many issues were listed for these individuals. No notable correlations could be found between people with two or more health conditions (34.1%, 17) and other relevant fields of data.⁷⁷

Health condition	Count	Health condition	Count
Cardiovascular	7	Injuries	7
Musculoskeletal	6	Skin	6
Eye	5	Neurological	5
Respiratory	5	Blood condition	4
Drug related	3	Inflammatory & immune system	3
Infection	2	Oral & Gastro	2
Poor Health	2	Arthritis	1
Ear	1	Health-Alcohol	1
Metabolic	1	Renal & Urogenital	1
		Other	1

Table 8: Physical health conditions

⁷⁵ Homeless Link (2011) 'Homelessness, Mental Health and Wellbeing Guide'.

⁷⁶ We have information on physical health for 125/139 people for whom we have core data (1 declined, 7 not answered, 6 not known).

⁷⁷ Analysis was carried out for age/gender/nationality/whether rough sleeping/GP registration and substance misuse.

Number of health issues	1	2	3	5
Count	20	12	3	2

Table 9: Number of physical health conditions

5.4.1 Relationship between mental and physical health needs⁷⁸

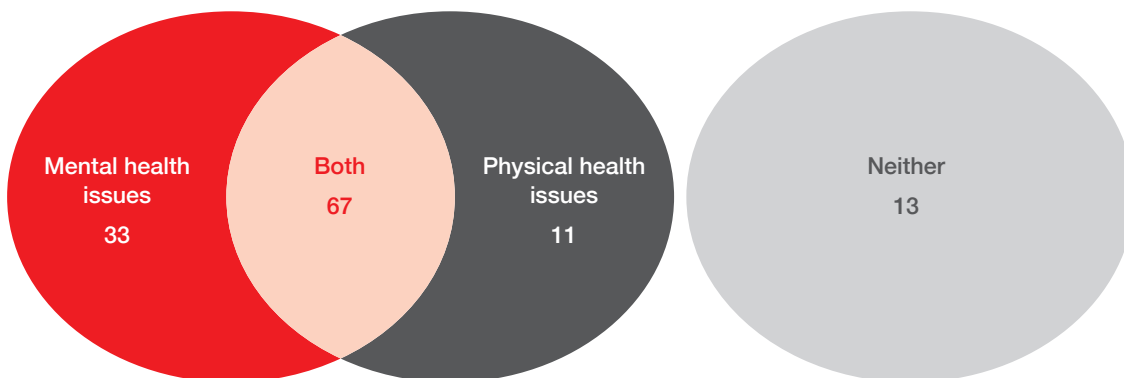


Chart 11: Interaction of physical and mental health issues

As seen from Chart 11 and the discussion above, both mental and physical health issues are prevalent among the begging population: only 10.5% (13) are reported as not experiencing either. Further, the majority (60.4%) of those that suffer one or the other issue suffer both, with 54.0% (67) of the total population suffering from both physical and mental health issues. This level of health issues experienced among the begging population highlights the importance of joined-up working between general and specialist health services and the other agencies that are involved in supporting people to move away from begging. Despite only one person pointing to poor health as the biggest barrier to them moving on from begging, it is clear that both mental and physical health issues can act as a barrier to gaining employment, maintaining a tenancy, engaging with universal services and other resilience factors.

5.5 GP registration⁷⁹

Encouragingly, 97.0% (116/120) of people were registered with a GP (11.7%, 14, were not). Of the 14 not registered with a GP, seven are recorded as having both physical and mental health problems, one as having solely physical health problems and one as having solely mental health problems. It is concerning to note that one of the people who is recorded as having five health issues is not registered with a GP.⁸⁰ Nationality does not have an impact on GP registration. As can be seen from section 6.2, for at least 23 people this important support is provided through the EAP. Registration with a GP, however, does not necessarily mean that somebody's health needs are being fully or properly responded to. For example, given the information we have on appointment attendance (section 5.8), it is likely that making and keeping appointments for some of the group is a challenge. It could also be inferred from the same information that these individuals could struggle to collect and take regular prescribed medicine. Therefore, frontline workers from all agencies should be aware of the high likelihood of mental and physical health issues and look to ensure that these needs are being addressed and supported as part of any work to move someone away from begging.

5.6 Addiction

It is important to highlight that drug and alcohol misuse is often a means by which people try to cope with very difficult circumstances in their present and/or their past. The statistics around substance and alcohol misuse should not be considered in isolation as the defining characteristic of people begging in Edinburgh, but considered as part of the full range of information presented in the report.

⁷⁸ Data is available on both mental health and physical health issues for 124/ 139 people (1 declined both; 1 physical health not answered, no mental health; 1 mental health not answered, no physical health; 4 not answered both; 4 not known both; 2 not answered physical health, yes mental health; 2 not known physical health, yes mental health).

⁷⁹ We have information on GP registration for 130/139 people for whom we have core data (6 not answered, 3 not known).

⁸⁰ Nationality data is not available for this individual.

5.6.1 Substance misuse⁸¹ and treatment⁸²

A total of 77.9% (102) of people begging are recorded as misusing substances, with only 22.1% (29) being recorded as not misusing substances. We have more detailed information on the types and number of drugs used for 52 people, shown in Tables 10 and 11. As can be seen from Table 10, 'opiates' and 'heroin' are by far the most commonly listed.⁸³ Of course, the category 'opiates' may include heroin and methadone. Similarly, there is ambiguity in whether those that list 'methadone' are using it as part of a script, or buying and using it illegally.⁸⁴ Some 71.2% (37) of people are listed as using only one drug, with significantly decreasing numbers using two (23.1%, 12) or three (5.8%, 3). Interestingly, all three of those listed as using three substances use the combination opiates, crack cocaine and cannabis.

What this analysis does not give information on is the scale of the substance misuse/addiction. One comment from a frontline support worker says: 'Using large amounts of heroin a day costing £100 plus. Abscesses and infections due to injecting.'

Type of drug	Count
Opiates	20
Heroin	18
Methadone scripted	7
Methadone	7
Crack cocaine	6
Diazepam	5
Cannabis	4
Amphetamines	1
Butane gas	1
Other	1

Table 10: Types of drug used

Number of drugs listed	1	2	3
Count	37	12	3

Table 11: Number of substances listed

As shown in Chart 12, almost equal proportions of people misusing substances are not receiving treatment (46.7%) or waiting for treatment (4.4%) as are receiving treatment (48.9%).

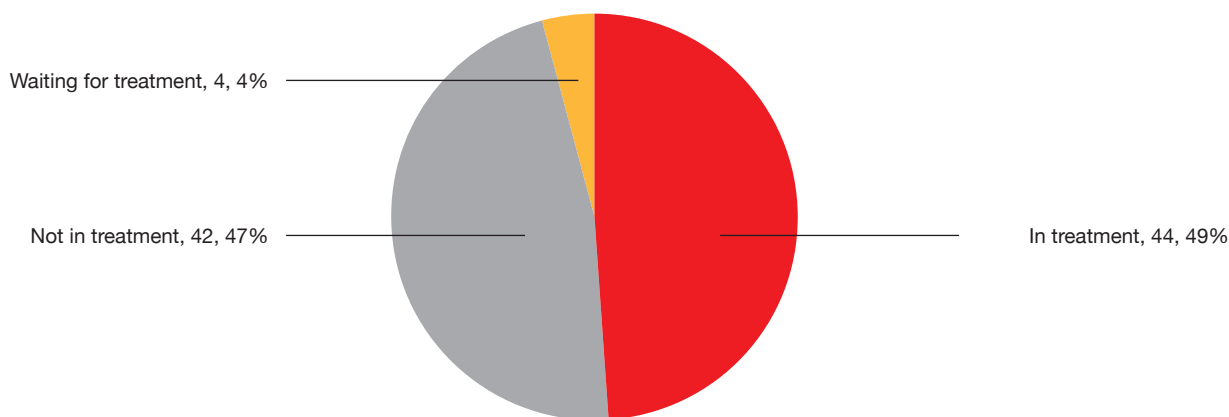


Chart 12: Substance misuse treatment

⁸¹ We have information on substance misuse for 131/139 people for whom we have core data (7 not answered, 1 not known).

⁸² Of those that answered that they were misusing substances, we have information on whether they are engaged in treatment for 90/102 (4 not answered, 4 not known, 4 not reported).

⁸³ It should be noted that some responses to this question were through the survey carried out face to face with the individual and some were caseworker reported. For those that were case worker reported, there may be a bias towards more 'obvious' drug use, which would include opiates and heroin and may not include, for example, occasional cannabis use.

⁸⁴ These ambiguities have arisen as a result of the methodology, which used a free text field due to the range of potential substances that might have been listed rather than a tick-box approach.

It is concerning that such a low proportion of people are in treatment, given the strong prevalence of drugs misuse among those begging, and the proportion of people for whom drugs are the reason that they started, and continue, to beg. However, this figure also demonstrates that engagement in treatment neither immediately nor automatically always provides a route out of begging.

5.6.2 Alcohol misuse⁸⁵ and treatment⁸⁶

46.1% (59) of people misuse alcohol, with 53.9% (69) recorded as not misusing alcohol. Although those misusing alcohol make up almost half of the sample, which is obviously very high, it is still a significantly lower proportion than those misusing substances (77.9%). Insight from a frontline organisation suggests that outreach staff are advised not to approach people begging who are visibly inebriated. In these situations, there may be a risk to staff of violent behaviour, and it is an employer's duty to keep employees safe. It is important to note that this may skew the sample away from people that are misusing alcohol.

Alarming, only seven (14.0%) of the 50 people for whom we have relevant information are recorded as being in treatment for their alcohol misuse. This is concerning regarding the health implications of ongoing alcoholism for those individuals who aren't receiving treatment and also as a factor that has been identified as maintaining begging behaviour.

5.6.3 Relationship between substance and alcohol use⁸⁷

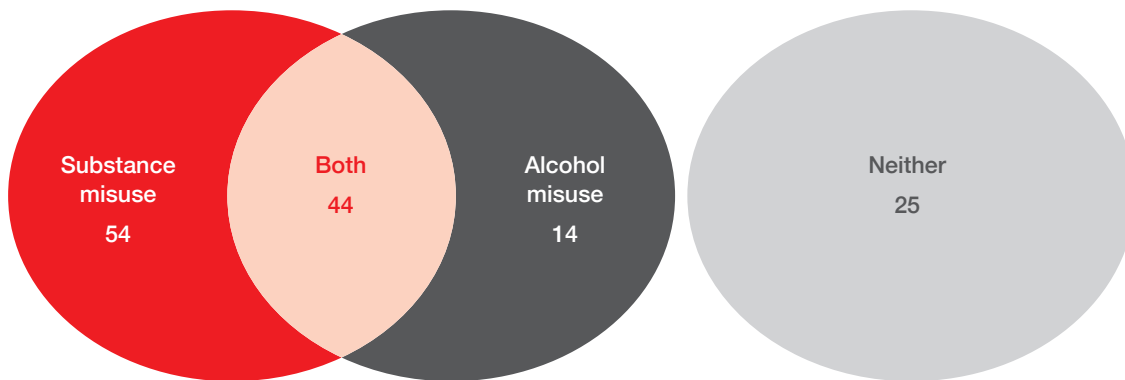


Chart 13: Relationship between substance and alcohol misuse

As can be seen in Chart 13 above, there is a significant overlap between those that are misusing substances and alcohol, with 34.4% (44) of the sample misusing both. Those misusing alcohol are very likely to also be misusing substances (75.9%, 44/58), whereas less than half (44.9%, 44/98) of those misusing substances are also misusing alcohol. Perhaps most surprisingly, only 15 (11.7%) people misuse neither substances nor alcohol.⁸⁸

5.6.4 Dual diagnosis⁸⁹

'Dual diagnosis' is the term used for people that both misuse substances and have mental health difficulties. It is a notoriously difficult combination of needs to support people with due to the complexity of conditions and referral and service criteria, meaning that people face multiple barriers in accessing services.⁹⁰

⁸⁵ We have information on alcohol misuse for 128/139 people for whom we have core data (9 not answered, 2 not known).

⁸⁶ Of those that answered that they were misusing alcohol, we have information on whether they are engaged in treatment for 50/59 (5 not answered, 3 not known, 1 not reported).

⁸⁷ We have information on both substance and alcohol use for 127/139 people for whom we have core data (6 not answered either question, 1 not answered substances but misuses alcohol, 1 not known either question, 3 not answered alcohol but misuses drugs, 1 not known alcohol but misuses drugs).

⁸⁸ See section 5.6.5 below on Nationality and addiction.

⁸⁹ Information was available on both mental health and substance misuse for 125/139 uniquely identified individuals (1 declined MH, drugs no; 1 MH no, drugs not answered; 4 not answered either; 2 MH yes, drugs not answered; 1 MH yes, drugs not known; 1 drugs yes, MH not answered; 4 MH not answered, drugs yes). N.B. 1 MH 'none apparent' and 3 MH 'none reported' have been included as 'MH no'.

⁹⁰ This [Shelter briefing](#) gives helpful insight into why the combination of mental health issues and substance misuse is so challenging.

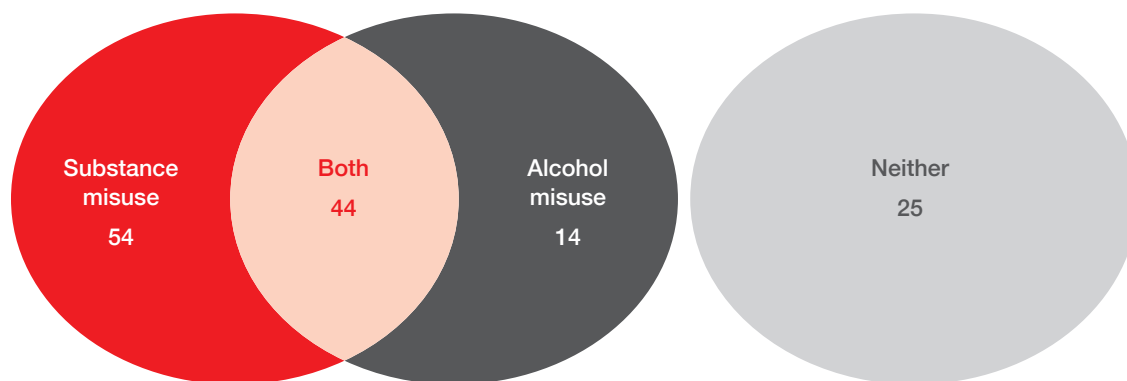


Chart 14: Relationship between mental health issues and substance misuse

	Substance misuse			
Mental health issues	No	Yes	Total	% Yes
No	11	13	24	54.2%
Yes	17	84	101	83.2%
Total	28	97	125	77.6%

Table 12: Proportion of people with mental health issues and substance misuse

Unsurprisingly, there is a strong relationship between those who have mental health issues and those who report substance misuse. Of the 125 people on whom we have data, both on substance misuse and mental health issues, 83.2% of the 101 who have mental health issues abuse substances, compared with 54.2% of the 24 who do not have mental health issues. Table 12 shows that those who misuse substances are more likely to have mental health issues compared with those who do not (figures in the % yes column). However, among the begging population it should be noted that high proportions of those who do not misuse substances also have mental health issues; and a high proportion of those without mental health issues also misuse substances.

5.6.5 Nationality and addiction

Analysis was carried out on the relationship between nationality and alcohol/substance misuse. This should be treated with caution due to the small numbers of non-UK nationals represented in the core data sample (12.9%, 18). However, it is interesting to note that, of the total 29 individuals who do not misuse substances, 13 (44.8%) are not UK nationals, which is disproportionately high. Indeed, of the 15 that neither misuse drugs nor alcohol, seven (46.7%) are not UK nationals. This suggests that if someone is begging and not British, they are significantly less likely to be misusing drugs/alcohol than their British counterparts.

5.7 Benefits⁹¹

86.2% (112) people claim at least one benefit. The types and number of benefits claimed are shown in Tables 13 and 14 below.

Type of benefit	Universal Credit	Employment Support Allowance	Housing Benefit	Job Seekers Allowance	Personal Independence Payment	Severe Disability Premium
Count	2	95	24	10	18	1

Table 13: Types of benefit claimed

Number of benefits claimed	1	2	3
Count	77	29	6

Table 14: Number of benefits claimed

As can be seen, ESA is by far the most common benefit claimed (95 people), which, along with PIP, is a health or disability related benefits. This correlates with the prevalence of health issues reported in section 5.4 and may give some indication of the severity and endurance of the health conditions that the cohort experience. In answer to one of the survey questions, one respondent commented: 'Epileptic seizures mean that I can't work.'

⁹¹ We have information on whether benefits are claimed for 133/139 people for whom we have core data (6 not answered).

Despite the high proportion of people claiming at least one benefit, for nine people, additional support regarding benefits was felt to be a key aspect that would help them to move away from begging (section 6.4). This would imply that, for at least those people, the benefits that they are currently receiving do not match what they feel they should be getting. One support worker commented about a client: '[They are] struggling to budget on UC; in the process of requesting fortnightly payments instead of monthly.'

5.7.1 Not claiming benefits

13.8% (18) people were not claiming any benefits. Of these, only five are recorded as having 'no recourse to public funds'.⁹² If the other 13 do have a right to receive benefits, then it is important to consider why they are not doing so. One note states: '[He was] not in receipt of any benefits on admission to rapid access. He stated he had given up. Had been rough sleeping for 3/4 years after relationship breakdown.' One Scottish survey respondent said that they had started to beg and continue to do so because their benefits were stopped, although unfortunately no further detail is given.

There are challenges to accessing the often complex and bureaucratic benefits system for people who are homeless, suffer mental health issues and/or otherwise have chaotic lives. Barriers faced might include literacy, the complexity of benefits claims forms, the stress of the assessment process, need for specific types of ID, a working mobile phone with credit, or an address to navigate the benefits system.

5.7.2 Sanctions⁹³

Thirty-five (31.8%) people mentioned having been subject to benefit sanctions. This finding is similar to previous research on homeless people being sanctioned, which found that 39% of homeless people had been sanctioned, and that homeless people claiming JSA are twice as likely to be sanctioned as other benefits claimants.⁹⁴ In general, details were not provided about these sanctions. However, struggling to keep benefits appointments was mentioned specifically by a handful of people as the cause of the sanctions. This correlates with one-third of survey respondents regularly finding it difficult to attend appointments (section 5.8). For people who are already living in financially precarious situations, sanctions on the small amount of income that they do receive will potentially put increased pressure on their need to beg.

5.7.3 Other income⁹⁵

Among the smaller cohort of survey respondents, 78.4% (29) said that they didn't have any other ways to get income aside from benefits and begging. Those that did respond positively gave the following answers:

- Asking partner for money
- Free food from services
- Friend
- Partner also begs
- Prostitution
- Shoplifting (two people gave this response)
- Work (unclear whether this was aspirational or current)

5.8 Attendance at appointments⁹⁶

As indicated by one respondent in the above section, people who face multiple challenges in their lives can find it hard to remember or to make it to appointments with services that they are given. The majority of mainstream support services operate an appointments-based delivery model or, as with accessing benefits, require attendance at meetings to qualify for help. In order to establish how well people that beg can engage with these services, survey respondents were asked: 'Think about the last couple of appointments that you have been given. Have you gone along to them on the day? None/one/two.' The results were as follows:

⁹² One further individual is noted as having a derivative right to reside, but people with this status should have access to benefits in the UK.

⁹³ Information on sanctions was available for 110/139 people for whom core data was gathered (24 not answered, 3 not relevant, 2 not known).

⁹⁴ Batty, E., Beatty, C., Casey, R., Foden, M., McCarthy, L. & Reeve, K. (2015) Homeless people's experiences of welfare conditionality and benefit sanctions. London: Crisis.

⁹⁵ 37/54 survey respondents answered the question '[Have you got] any other ways to survive/ money comes in?' (12 not answered, 5 answered 'begging').

⁹⁶ 48/54 survey respondents answered the question, 'Think about the last couple of appointments that you have been given. [How many] have you gone along to on the day? None/ one/ two'. (3 not answered, 1 not relevant, 2 unclear responses ('no', 'yes')).

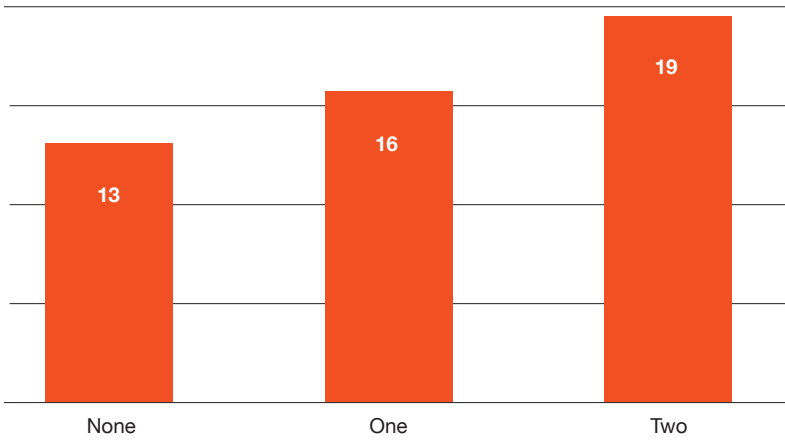


Chart 15: Number of appointments attended out of previous two

As can be seen from **Chart 15** above, most people (19) attended 100% of their previous two appointments, with slightly fewer (16) only making one out of the previous two, and slightly fewer again (13) not making any of their previous two appointments. This encouragingly implies that the largest group (39.6%) can frequently keep scheduled appointments, which could help them in accessing mainstream services. It is likely that individuals who are more inclined or able to engage with services responded to the surveys and, therefore, it is likely that this result is skewed towards those that would be able to attend appointments. However, these results indicate that at least 27.1% may struggle to access any appointment-based services and that one-third (33.3%) experience some difficulty in doing so.

Chapter 6: Helping people move away from begging

6.1 Opportunities to move on⁹⁷

Of the 47 survey respondents that answered the question ‘Have you had an opportunity to move on in the past? What happened?’, 35 (71.4%) responded that they had had an opportunity and 14 (28.6%) responded negatively. This question is perhaps the best indicator of what might help people move away from begging as it is closer to recording past experience rather than being purely based on participant perception.

Of those that felt they had had an opportunity to move on from begging in the past, all bar two gave some insight into what had stopped them from being able to take up or maintain that route out. Although each response was unique, several shared factors emerged, represented in [Chart 16](#) below.⁹⁸

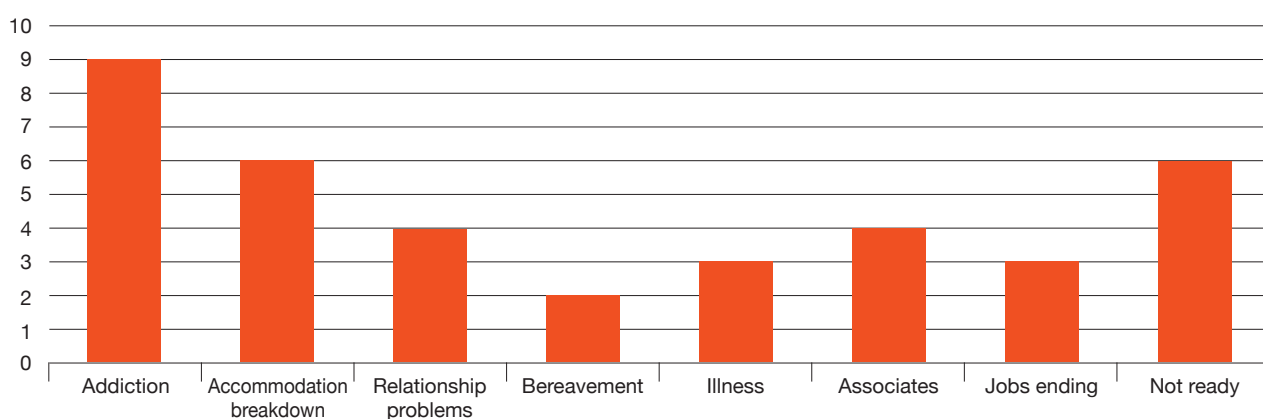


Chart 16: Past barriers to moving away from begging from survey responses

Addiction (including both drugs and alcohol) was the most common factor mentioned that had prevented people from taking up or sustaining opportunities to move away from begging (nine people).⁹⁹ For some people, this was the main and only factor, ‘Addiction takes over’, whereas for others it was linked to specific circumstances, ‘My mother died and I relapsed and turned to drugs to cope.’

Those that mentioned accommodation breakdown (six people) expressed a range of circumstances, including not being able to meet B&B curfew standards, and losing entitlement to benefits. In these circumstances, it is easy to imagine how breakdown of accommodation could lead someone to return to begging. Linked to this, one respondent who could not say that they had had an opportunity to stop begging said: ‘I did not feel ready and no support was given to help me move forward. I have been rough sleeping for years as I felt safer outside.’ Although there is not a direct correlation between begging and rough sleeping¹⁰⁰ (or vice versa), it is clear that for some the loss of a roof can lead to a return to begging. One person answered this question by saying, ‘Yes, I have my own place’, thus pointing to accommodation as an opportunity that had been given to them to stop begging.

Survey response – ‘[] Did have a tenancy, a private let, got evicted as I had left the property empty. My father had dementia and I was staying with my brother to help him look after my father. I did not seek help for my housing issues at the time due to my father being ill.’

⁹⁷ 49/54 survey respondents answered the question ‘Have you had an opportunity to move on in the past? What happened?’ (4 not answered, 1 not relevant, 2 answers listed not in response to question – ‘I could move home to England’/‘I’ve re-applied for ESA. Waiting for response now’ – both talking about routes available to them now to move away from begging).

⁹⁸ For some people, there was more than one factor.

⁹⁹ One of the respondents that said they had not had an opportunity to move on may also be considered to fit into this category: ‘No. Has a criminal record from crimes committed at 20 years old and feels this prevents him from moving on. Was in Dunedin a few years ago but drug addiction set him back.’

¹⁰⁰ See section 2.1

The theme of whether someone is ‘ready’ to be helped is one that is often highlighted by frontline support staff as crucial to success in moving someone away from the streets. Six people in the surveys made comments that might be grouped into this category, which was the joint second most mentioned alongside accommodation breakdown. As such, it is worth detailing the language used that has been grouped for this category:¹⁰¹

- Decline
- I have had lots of opportunities, I just haven’t been able to
- I was lazy and knew better
- Unforeseen forces blocking my capacity
- Wasn’t ready, struggled
- I wasn’t ready

Although this list by no means points to a uniform experience, each carries the implication that whatever support was offered, they were not able to engage or follow through with it for emotional/personal/motivational reasons. This is mirrored by two of the people who said that they had not had the opportunity to move on: ‘[because] I did not feel ready and no support was given’.

The category of ‘Associates’ in the chart (four people) also bears more explanation. For two people, this was to do with people that they were choosing to spend time with: ‘I did [have an opportunity to move on], but got back into drugs and mixed with the wrong people.’ For the two others, it was to do with those that they unavoidably found surrounding them: ‘When I got my house [it was an opportunity to move on], but my partner and neighbours were abusing/harassing me.’ Although more agency could potentially be credited to the first pair, both scenarios highlight the importance of relationships and social networks in helping or hindering someone from moving away from begging.¹⁰²

6.2 Current interaction with services

A total of 127 people provided information on at least one support organisation that they engage with. The organisations given have been grouped into types of service where appropriate and are shown in [Chart 17](#) below.¹⁰³ As you might expect, given the origin of the data, Streetwork is the service most regularly cited (98), followed by Cyrenians (34). This result would also be expected given that these are the two organisations specifically commissioned to work with street beggars in Edinburgh at the moment. Beyond this, two statutory services have the greatest reach: EAP (23) and The Access Point (TAP) (20).

Due to the methodology, the information provided cannot be treated as exhaustive. It may be that support workers providing the information are not aware of, or did not record, other organisations that those they work with are in touch with. For example, the total number reported to be engaging with General Health/EAP (26) is significantly lower than the number who are recorded as being registered with a GP practice (117). Those recorded are likely to point to the services that are particularly pertinent at this time. However, the comparatively low count for any other individual service, or even group of services, is notable and may raise questions for commissioners around whether interaction with the begging community should be specified for other organisations.

¹⁰¹ It is worth noting that support staff filled in most of the survey forms, so some of the language may reflect their understanding rather than that of the individuals themselves.

¹⁰² The importance of social networks in helping someone to maintain positive outcomes in moving away from rough sleeping has been evidenced, as listed on this Shelter webpage.

¹⁰³ Details of coding can be found in appendix 1.

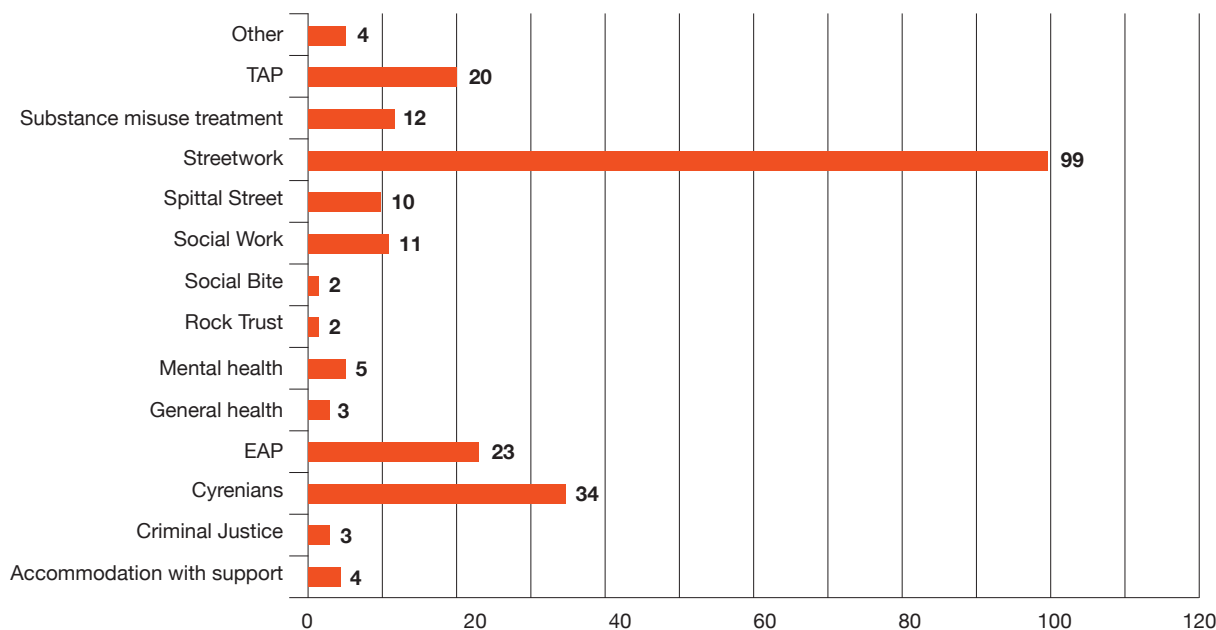


Chart 17: Support organisations engaged with

Number Support Organisations	0	1	2	3	4	5
Count	13	57	44	16	7	2

Table 15: Number of support organisations listed

The number of organisations that individuals are recorded as engaging with are shown in Table 15. Approximately half (49.3%, 69) of the cohort are recorded as engaging with two or more services, with the other half (50.7%, 71) being recorded as engaging with no services or just one service.¹⁰⁴ Given the high levels of need in a variety of areas that have been evidenced in other sections of this research, this result should be further investigated. Not just signposting, but also holistic joined-up working should be at the centre of interaction with people begging in Edinburgh.

6.3 Characteristics of good support services¹⁰⁵

The most important thing to people begging about support services is that the support staff should have the right attitude and characteristics (74 characteristics listed). The most frequently mentioned characteristic was being non-judgemental (14), closely followed by being people who will listen to (11) and understand you (11). Being helpful (7), caring/nice/kind (6), and friendly (5) were also seen to be valuable. If the support worker is genuine (3), doesn't give up on you (3), and motivates/believes in you (3) then positive change is perceived as being more likely to happen.¹⁰⁶ This focus on who and how the person providing support is towards the people they work with highlights the importance of robust recruitment processes and looking after, training and retaining staff is a support organisation's most valuable resource.

The shape of services was also seen to be important, albeit taking less prominence than the right staff (18 characteristics listed). The main themes were the services being accessible, including street outreach and drop-in services (5), and being informed/knowing people's rights (3). Having the time and capacity to help was seen as useful (3) as was providing one-to-one support, such as to attend appointments (2). Notably, only one person mentioned that practical support was important to them, in the form of food and sleeping bags.¹⁰⁷

¹⁰⁴ It should be noted that, due to the method of recording, those that do not engage with any services cannot be separated here from those that did not answer the question.

¹⁰⁵ 47/54 survey respondents answered the question, 'In your opinion, what makes a good support service?' (5 not answered, 2 irrelevant answers 'no' and 'I don't know').

¹⁰⁶ Other responses were actions not words, no pressure, explains things, ability to form trusting relationships, not asking too many questions, someone with lived experience and treating with respect.

¹⁰⁷ Other responses were access to interpreters, being able to deal with TAP/CEC, and providing a welcoming environment.

'I would like someone to believe in me and listen to me, not being judgemental about my past as I have been begging. [I've been] in and out of jail since I was 16 years old. I just want someone to help me get back on track with my life.'

6.4 Additional help to move away from begging¹⁰⁸

During the surveys, after people were asked about the support organisations or services that they use at the moment, they were asked, 'Is there anything else that would help you to move away from begging, but haven't got that help at the moment?' Of those that answered, only five (10.6%) felt that there wasn't anything additional that would help them move away from begging. One of these commented: 'It's just a habit now.' Responses from the 42 people that did feel there was something they weren't accessing at the moment that would help them are shown in the table below:¹⁰⁹

Additional help needed	Count of respondents
Accommodation	18
Benefits	9
Job	8
Addiction treatment	7
More money	4
Reinstating family relationships	3

Table 16: Additional support needed

The most common thing that people felt would help them to move away from begging was access to accommodation (18). For some, this was literally having a 'roof over my head', whereas for some it was about getting their own secure tenancy. Two people specifically mentioned that support to sustain a tenancy once they get it would be important for them in permanently making the move away from begging. This is insightful, given that at least six people who had previously been given accommodation returned to begging because the tenancy broke down (see section 6.1 above).

The second most common concern was the need to access the right benefits (nine respondents). 'Benefits put in place so that I can then access accommodation and a good relationship with my children.' There are many reasons why people would not be currently accessing the right benefits (see, for example, the box below and section 5.7.1), but it is clear from the responses to this question that not accessing the right benefits are seen as a barrier to moving away from begging. Encouragingly, almost as many people would look to support to find a job (eight) as to accessing benefits as a route out of begging (nine).¹¹⁰

'My benefits were stopped in December (missed an appointment but got a letter about the appointment two weeks after the appointment happened). Sorting out the benefits would help. The housing are saying that they cannot put me anywhere because I've got no income so I cannot claim housing benefit. I requested the ESA forms myself again, changed the address to Streetwork, filled the forms in and I'm waiting to hear back.'

It is perhaps surprising that treatment does not feature more highly on the list of additional help that people seek (seven people) given the prominence of addictions as a motivator for starting to beg, maintaining begging, and as a reason for people not making the most of previous opportunities to move away from begging. It may be that more people are not listing it because, in 48.8% of cases, drug users are already accessing the support they need in this area. It may also be because some people can be blind to the true barriers to them moving on and are more likely to see external resources such as being given a tenancy as the key to success. One response in answer to this question sheds light on the perspective of an addict that begs: 'I need to address my addiction because I feel it became a priority for me. I know of Spittal Street but I have to go there to get help, but I spend most of my time begging to feed the addiction... It's hard to find time to go to services.'

¹⁰⁸ 47/54 survey respondents answered the question, 'Is there anything else that would help you to move away from begging, but haven't got that help at the moment' (6 not answered, 1 irrelevant answer 'I beg with my sister. I sit not far away from her so I know she is OK.')

¹⁰⁹ Some people listed more than one factor.

¹¹⁰ See section 6.5 on employment below.

6.5 Employment¹¹¹

Of the survey respondents, 83.7% (41)¹¹² had at some point had a paid job. This is consistent with previous research, which found that 88% of homeless people had previously had employment.¹¹³ Not much detail was collected in the surveys, but jobs mentioned include: farm worker, construction worker, bar work, baker, kitchen porter. Each of these can be relatively low-paid, low-skilled roles and which, in some cases, may not offer much job security. Encouragingly, almost as many survey respondents said that they would look to support to find a job (eight) as to accessing benefits as a route out of begging (nine), and 15% of people would aspire to be working in 12 months' time.¹¹⁴

Public opinion would point to employment as being one of the main routes away from begging. However, there can be complex barriers to people who have a variety of support needs finding and staying in employment. From the non-exhaustive evidence analysed in the above section, the following could be seen to indicate some of the barriers that individuals may have to overcome:

- Of those with a tenancy, 53% were in supported or temporary accommodation. Due to rent structures, both of these forms of tenancy can be unaffordable for people on a low wage.
- 43% of people sleep rough, which in itself will make accessing the jobs market challenging. In purely pragmatic terms, sleeping rough means that you do not have an address of your own and can make it hard to have a bank account, both of which can be barriers to even applying for a job. Access to washing and storage facilities can be limited.
- 80.6% of people are struggling with mental health issues and 62.4% with physical health issues. Although neither of these things, in their milder forms, preclude a person from working, either one can make it significantly more difficult to get a job in the first place. For example, anxiety may hinder performance in an interview situation.
- The proportion of people claiming Employment Support Allowance (73.1%) or receiving Personal Independence Payments (13.8%) suggests, however, that for most people with physical or mental health issues their conditions are at least moderate and enduring and have been assessed as prohibitive to work.

6.6 Reasons for not accessing additional help¹¹⁵

The barriers that respondents identified to not accessing services varied widely. However, none of the answers given would surprise frontline staff as they are oft-repeated stories. Broadly, the barriers can be split into factors 'Internal' and 'External' to the individual, as set out in [Table 17](#) below. It should be remembered that people can feel as equally powerless to control or change internal challenges as they can about external factors.

Internal Factors	External Factors
<ul style="list-style-type: none"> ■ *Addiction ■ Haven't asked for help ■ Choice to spend time begging ■ *Not ready/chaotic life/don't want to ■ Finding it hard to keep track of appointments ■ Low motivation 	<ul style="list-style-type: none"> ■ *Administrative issues ■ No access to benefits ■ Subject to violence/abuse ■ Political ■ Other people's attitudes (disbelief, judgement, not listening) ■ Prison sentences ■ Limited accommodation for dogs ■ Language barrier ■ Disruption within services ■ Entry barriers to support (No local connection, rent arrears)
<p><i>*denotes challenges mentioned by more than two people</i></p>	

Table 17: Reasons for not accessing desired support factors

¹¹¹ 49/54 survey respondents answered the question 'Have you ever had a paid job?' (1 declined, 4 not answered).

¹¹² Including one person who answered 'not for years'.

¹¹³ Sanders, B., Teixeira, L. & Truder, J. (2013) Dashed hopes, lives on hold Single homeless people's experiences of the Work Programme. London: Crisis.

¹¹⁴ See section 6.7.

¹¹⁵ 40/54 survey respondents answered the question, 'How come you haven't got that help?' (9 not answered, 3 not relevant, 2 don't know).

The only challenges that, when broadly grouped together, were identified by more than two people were: not being ready/life being too chaotic (seven people), addiction (four people), and administrative barriers (three people).

Although administrative barriers were cited by only three people (ID and bank account not being available, DWP error, no address), this is a factor worth noting as it is highlighted by frontline staff as a reoccurring issue. Helping individuals to overcome administrative barriers can take significant time and expertise to navigate multiple bureaucratic systems; this should not be underestimated in calculating the hours needed to support sometimes chaotic people to access other services and resources that they need.

6.7 Aspirations¹¹⁶

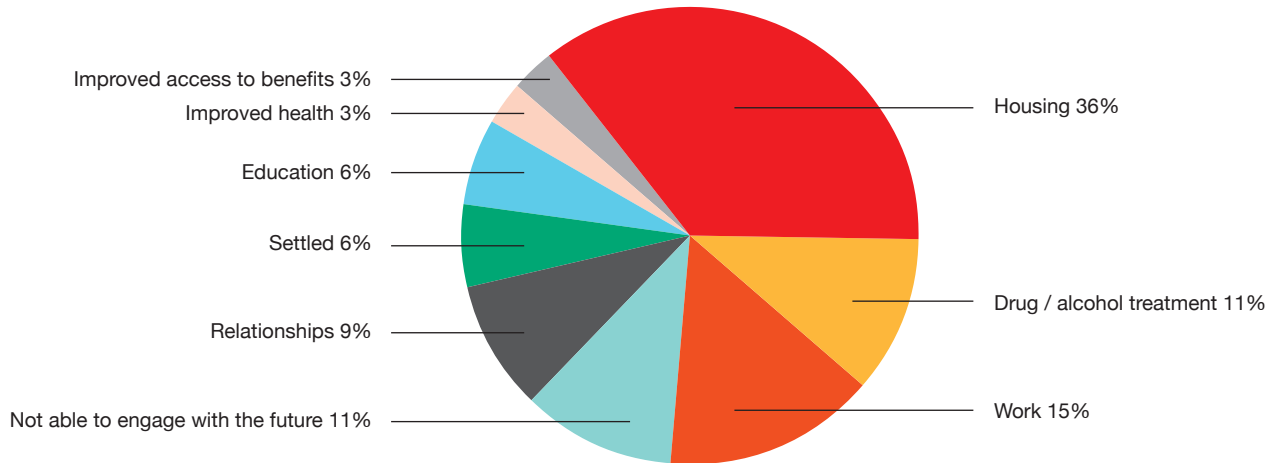


Chart 18: Aspirations¹¹⁷

Predominately, aspirations that survey respondents correlate with the categories that they would like additional support with. Responses to both questions show that stable accommodation is the thing that people most desire. However, whereas the second most popular concern for additional help was to sort out benefits, 12 months from now the second most popular aspiration is to be in work. In the longer term, people do not want to rely on benefits but would like to be working to support themselves. Although help for treatment with addictions came out 4th most mentioned in terms of needing further help, being in a better place with addictions is 3rd most prominent in the aspirations survey results. This may indicate that those who want help in this area are getting it already, or it may suggest that, for some people, addiction is not part of their vision of the future even though they are not ready to access the help at this time.

Reinstating or repairing family relationships was also a common aspiration (9%, 9), as well as featuring as an area of life that some people would like more support with. When people were thinking to the future, several people were hoping that they could be reconnected with damaged or distanced family relationships. These types of severed relationship can cause a deep sadness and contribute to mental health problems. It is natural, therefore, that when encouraged to think hopefully about the future, some people would want to have loved ones around them: 'Finding my birth mother and other members of my family is so important to me to find my missing link. I left my adopted parents' home when I was 15 years old'; 'To get my daughter back with me.'

Ten (10%) comments in response to the question either implicitly or explicitly indicated that the person found it difficult to engage with thinking about aspirations for the future. For some, this was conveyed via humour: '[I'd like] to be living in Edinburgh Castle.' Others gave more honest, often hopeless responses: 'I'm taking life day by day. I'm not thinking that far;' 'Anywhere but here;' 'Unconscious.'

Another category of comment was more general and concerned the desire to be 'settled' and 'to get my life together' (6%, 6). In these comments, perhaps more than anywhere else in the surveys, we get an insight into how it might feel for some people to be relying on begging and often facing multiple exclusions from society: '[I want to be] living a normal life like everyone else.'

¹¹⁶ 53/54 respondents to the survey answered the question 'Where would you like to be 12 months from now? What are your aspirations for the future?' (1 declined). Most people listed more than one factor, such that there were a total of 100 aspirational factors given.

¹¹⁷ Other single responses were driving, leaving the UK and having more community.

6.8 Biggest barrier to moving on¹¹⁸

Survey respondents were asked to say what they felt was their biggest barrier to moving on from begging. Responses to this question show the respondents' opinions and perceptions rather than presenting any evidence to support the answers. However, these opinions in themselves are instructive in considering how to work with people to help them away from begging.

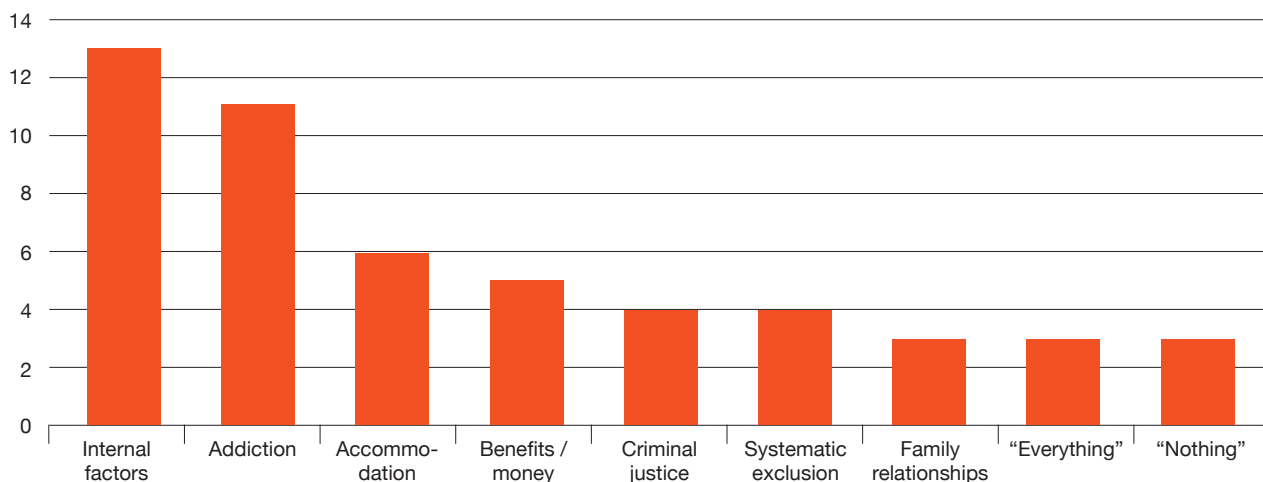


Chart 19: Perceived biggest barriers to moving on¹¹⁹

There was a familiar list of factors that respondents perceived to be the biggest barrier to them moving on. The two most common responses were addiction (11) and 'internal' factors (13). This is a notably similar pattern to answers to the question about why respondents aren't getting any additional support that they would want.

Specifically in answer to this question, several (7) people said that they themselves were the biggest barrier to moving on from begging: 'Me and my lack of motivation'; 'It's them against me and me against myself.' The other responses that have been grouped into this category were: not enough motivation (3), lack of confidence (1), pride (1) and depression (1). In addition, three people responded that 'everything' is the biggest barrier, and three others said that 'nothing' was a barrier to them moving on. These answers, in their broad hopelessness, also suggest a similar outlook and perspective on the respondents' personal capacity to move away from begging. For this group, especially the ones that directly answered 'me', there is a clear recognition that it is not the provision of any particular service or resource that will make the difference for them, rather it is something within themselves that needs to be altered before they will be able to move away from begging. When addressing the issue of how to help more people to move away from begging, this again points to the importance of services that can come alongside people and address their complex, nuanced, often very broken internal landscape. Skills such as motivational interviewing, counselling/therapeutic approaches and relationships, and peer mentoring are the factors that will unlock change. From a commissioning perspective, these are the services that can be harder to justify: they are slower to have an impact, less tangible and with harder-to-measure outcomes. However, this evidence from the survey cohort suggests that, for at least some people, without a breakthrough in these areas more tangible interventions, such as the provision of accommodation, will not be effective.

¹¹⁸ 52/54 survey respondents answered the question, 'What is your biggest barrier to moving on?' (1 no answer, 1 not clear in answer to the question 'Settled down in Edinburgh'). Some people gave responses that included more than one category of answer. Answers were grouped thematically into categories.

¹¹⁹ Other individual responses were: The negative impact of a social circle, lack of community, time, language barrier, health, administrative issues.

6.9 Overall review of routes out of begging

	Identified Barriers (preventing move on)			Identified Routes Out (promoting move on)	
Ranking by count	Past experience stopping from moving on	Reasons for not accessing identified support	Biggest barrier to moving on	Would like more help with	Aspirations
1st	Addiction	Addiction	Internal factors	Accommodation	Accommodation
2nd	Accommodation break down	Not ready	Addiction	Benefits	Work
3rd	Not ready	Administrative issues	Accommodation	Getting work	Recovery from addiction
4th	Relationships	-	Money	Addiction treatment	Not able to engage with future
5th	Associates	-	Involvement with criminal justice system	More money	Relationships

Table 18: Comparison of identified factors preventing/promoting move on from begging

The survey questions discussed in this section of the research each give a slightly different angle on the begging experience and what is keeping people from moving on (preventative factors), or what they believe would help them (promoting move on). In many cases, these are two sides of the same coin: failure to access and sustain appropriate accommodation is a barrier to moving on from begging, whereas achieving this is seen as a route out. In addition to the analysis of each question separately above, it is also helpful to take a step back and look at the bigger picture of what this information is describing. Four conclusions might be drawn from [Table 18](#), which lists the top five ranking factors across the relevant survey questions:

- **Accommodation and addictions** are crucial. The recurrence of these themes across all five questions highlights as strongly as any of the quantitative data analysis the dual importance of housing and substance misuse services in moving people away from begging.
- Less easily defined **internal factors** that, together, lead to whether someone is 'ready' to move on plays a very important role as well. Indeed, some people are not in a place where they can engage with even imagining an alternative reality for themselves. Support services such as Streetwork and Cyrenians that can build trusting relationships with individuals are an important precursor to any other interventions.
- **Relationships** with family and the role of associates are repeatedly mentioned as both things that hold people back and, if resolution were possible, could help people move away from being street engaged. The response to this may just be that support staff should be aware that this may be an important factor, and organisations be cognisant of it in staff training, or it may include access to mediation services as part of someone's 'move on' plan, where it is an identified factor that could help them move on.
- **Economic inclusion**, whether through maximising benefits or accessing and sustaining employment, is a key part of the route out for many. Beneath and/or alongside the stories of why many people are begging is a deep poverty. Services and support to address the financial needs of people who beg must be a part of the solution to moving people away from begging.

Chapter 7: Conclusions and recommendations

7.1 Summaries and conclusions

Combining data from Streetwork, Cyrenians and Hopetoun Rapid Access, this research identified that a minimum of 420 different people experienced begging on the streets of Edinburgh between November 2016 and October 2018. Alongside information from two Streetwork counts, which found approximately 90 individuals begging on a single day, it is evident that significant numbers of people are begging on the streets of the city. This section first summarises and draws conclusions from the main sections of analysis and then makes further conclusive points based on the broader research process and findings.

7.1.1 Who is begging in Edinburgh

Demographic gender and age distributions among the population follow the expected patterns, with the majority of people who are begging being male (78.3%) and most people being between 30 and 49 years of age. Predominately, the people begging in Edinburgh are UK nationals (89.0%), with a local connection to Edinburgh (at least 73%). Very few people (5) in the data set were found to be travelling from outside the city to beg here.

The issue of non-UK nationals begging on the streets is particularly politically and socially sensitive. This research found 11.1% of people begging to be non-UK nationals, comprising of six different nationalities with the most represented group being Romanians. It is notable that nobody from outside of Europe was recorded. There was some evidence to suggest that other nationalities (particularly Romanians) were underrepresented in the sample; therefore, 11.1% of non-UK nationals is likely to be an underestimate. Only five people out of 130 (3.8%) were found to have no recourse to public funds, although this low figure should be treated with some caution due to the complex nature of the issue.

7.1.2 What begging looks like in Edinburgh

People are drawn to begging for a wide variety of experiential, economic and emotional reasons, and often a combination of these factors. The most cited reasons were economic, as a way to respond to general poverty or to afford specific items such as food, but more commonly to fund an addiction. Some people could point to their begging being rooted in adverse childhood experiences, while for others it was to do with more recent negative events. For the vast majority of people, the reasons that initially motivated them to beg are the same factors that maintain their begging behaviour. You might say that, while begging, people are stuck in their circumstances: the flip side of this is that, while people are stuck in their circumstances, they continue to beg.

In terms of patterns of begging in Edinburgh, it was not possible from the sources available to paint a definitive picture of how long people are involved in begging for. However, it could be surmised that approximately half have been begging for under a year and half for over a year. Also, about half of people beg every day, but how long people beg for varies, with the most common time of day to beg being in the afternoon. Most people beg in the city centre, although approximately a third of locations cited were outside of the centre, which is not a small proportion. It is noted that, due to methodology, responses were weighted towards the city centre and it may be that more people, especially Romanians, beg in peripheral areas. People are likely to stay within their 'zone' and most gave only one location in which they beg. While begging in Edinburgh, nearly three-quarters (74.0%) of people have experienced some form of abuse, whether physical, verbal or theft, and, concerningly, women are more likely to have been the victims of abuse than men.

7.1.3 Support needs

Some 43.0% of people who beg in Edinburgh sleep rough and 60.5% currently have accommodation.¹²⁰ The most common forms of accommodation are temporary accommodation, supported accommodation and social tenancies, with almost the same number of people in each of these categories. It is interesting to note that 95.0% of people who currently have social tenancies and beg are also misusing substances.

There was a very high incidence of mental health issues (80.6%) and physical health issues (62.4%), with only 10.5% of people not reporting either and 54.0% reporting both. Although the data does not directly capture the severity of the illnesses that people are experiencing, the high prevalence (75.3%) of people claiming ESA or PIP would suggest that many these people have been assessed as having ongoing, serious issues. Encouragingly, 97.0% of people were registered with a GP and the EAP was one of the most used services.

¹²⁰ This adds up to more than 100% but these categories are not, in fact, mutually exclusive and slightly different baseline figures were available for each category.

Addiction is endemic among the begging population: only 11.7% of people were recorded as misusing neither substances nor alcohol; 77.9% of people begging were recorded as misusing substances, with opiates being by far the most used drug. Almost half of these are receiving treatment (48.9%). This is a strong indication that, although receiving treatment for drug use is an important part of the route away from begging for many people, it does not by itself necessarily equate to a solution. Alcohol misuse was found to be less prevalent than drugs misuse, although still accounting for almost half of the sample (46.1%). However, access to treatment was worryingly low (14%) for those we had information on. There is a significant overlap (34.4%) between those that are misusing substances and alcohol; 67.2% of people have both a mental health issue and misuse substances, sometimes referred to as a 'dual diagnosis' and indicating a particularly challenging interaction of circumstances to support people in.

In reading the main points of the needs outlined above, it would be easy for some to focus on the findings that 60.5% of people have accommodation and 77.9% are drug addicts. However, this would be reductionist and not take into account the whole picture, which shows a population defined by multiple and complex needs. Several indicators throughout the research, particularly in the more detailed survey responses, show that many people had suffered from 'adverse childhood experiences', which have been recently recognised by the Scottish Government as significantly impacting life outcomes.¹²¹ Indeed, although we must be careful not to conflate the begging population with the homeless population, there is some overlap and many similarities in the needs of the two groups. The following description from a report that focuses on Multiple Exclusion Homelessness provides a helpful perspective on understanding the experiences of many in this research:

"The evidence shows that... structural preconditions for severe and multiple deprivation [including homelessness] clearly interact with family and individual level sources of disadvantage – including childhood trauma and very poor educational experiences – to render some people at far greater risk of severe and multiple deprivation than others living in similar circumstances of material deprivation and poverty."¹²²

7.1.4 Moving people away from begging

71.4% of people begging had previously had an opportunity to move on but had either not taken that opportunity, or had not been able to sustain it and had returned to begging. The main reasons that people had not moved or stayed away from begging were addiction, not being 'ready', and accommodation breaking down. Indeed, across all indicators of what can promote or prevent people from moving on, addictions, 'internal factors' such as motivation, and accommodation were consistently highlighted, along with the importance of relationships and the need for support around benefits and work. Indeed, this research has shown that neither treatment for addiction or the provision of accommodation alone will 'solve' begging for everyone (although it may for some), but that responses must be varied, holistic and targeted for the individual. The breadth of factors at play suggest that, in order to tackle begging in the city, a co-ordinated, considered and resourced response across multiple teams will be needed (addressed further in section 7.2 Recommendations).

7.1.5 Further conclusive remarks

The above analysis has been carried out on the basis of the limited information that was available for the research. Of the seven organisations initially highlighted as regularly interacting with people begging in Edinburgh, or holding a significant interest in the issue, only two could provide any information beyond anecdotal evidence held by specific staff members. Hopetoun Rapid Access was later identified as a source and did provide data on residents during a limited time period. For the three organisations that did provide data, it was not an easy task to extract information, requiring significant staff commitment and time. Given that CEC commissioned this research, it was particularly notable that no information at all was forthcoming from within CEC. This lack of data collection among partners may be indicative of a lack of both strategic and operational focus on begging to date. To keep the level of understanding of any issue at an anecdotal level will necessarily impact an organisation's own ability to design and improve services to meet the needs of this group. For the Edinburgh Community Safety Partnership on a strategic level, this also has implications in terms of ensuring that resources are targeted effectively and finances are distributed appropriately between partners.

The cost of not responding effectively to these individuals is high in human, societal and monetary terms. Although, as has previously been stressed, begging and homelessness cannot be conflated, there may be an indicator of the financial cost in research carried out by Nicholas Pleace at the University of York, who found that preventing

¹²¹ Scottish Government, Programme for Government 2018-19, <https://www.gov.scot/publications/delivering-today-investing-tomorrowgovernments-programme-scotland-2018-19/>

¹²² Fitzpatrick, S; Edwards, J; Ford, D; Johnsen, S; Sosenko, F; Watkins, D, Bramley, G; (2015) 'Hard Edges: mapping severe and multiple disadvantage in England' (Heriot Watt University).

homelessness would save the public purse between £3,114 and £18,702 per individual compared to allowing homelessness to continue for 12 months.¹²³ It was beyond the scope of this research to look at the impact of begging on the city in broader terms such as public perceptions of safety, trade for businesses and tourism, but these are also important facets of the city-wide picture with regards to begging.

It is hoped that the information and detailed analysis included in this report will have increased an understanding about begging in Edinburgh and can provide a resource that CEC and its partners can draw on.

7.2 Recommendations

The recommendations included in the following section are designed to focus attention on issues that have been highlighted through this research. Many of the issues raised will have been considered before, but in the current context should stimulate discussion and be considered if CEC and its partners are committed to improving the response to begging in the city. Although in reality very much related to each other, recommendations have been split into strategic and operational concerns.

7.2.1 Strategic recommendations

- It is acknowledged that CEC operates under considerable fiscal restrictions and that increased investment in any one area often requires redistribution of money away from another cause. The recommendations below do not focus on high-cost interventions, but some would require **additional resource** to implement.
- If there is to be an improvement in Edinburgh's response to begging, then there must be a **strategic, coherent and co-ordinated** evidence-based approach.
- This strategic approach must ensure buy-in, cooperation and involvement from **departments across CEC** as well as external agencies if it is to be effective. Opportunities to identify begging and offer appropriate, preventative support are almost certainly being missed by council services such as homelessness and housing support.
- Based on the evidence of this research, recommendations cannot be made on whether or not CEC should adopt a public advice strategy regarding giving to people begging. This lies outside the scope of the research brief and to implement such a campaign would be a political decision.¹²⁴
- The **Complex Needs/Street Begging Task and Co-ordination Group** was highlighted by several parties as a notably effective mechanism for moving people on from begging. This meeting brought around the table multiple partner organisations involved in working with people who beg and encouraged flexibility in usual practices in order to overcome barriers for a small case load of individuals. It is important that this meeting, or regular meetings like it that mirror the effective characteristics, take place regularly and expand the case load to encompass a greater number of people. Although multi-agency meetings can be difficult to organise and hard to sustain momentum, as an effective tool in addressing begging this group has a strategically significant role to play.
- As the most frequently used services (after Streetwork and Cyrenians) in this research, the role of the **Edinburgh Access Practice and The Access Point** in both strategic and operational discussions should be reviewed. Similarly, given the evidence of the high prevalence of substance and alcohol misuse among the begging population, the engagement of **drug and alcohol services** at both a strategic and operational level will be crucial.
- This research shows that the vast majority of the begging cohort have multiple and deeply rooted issues, for which no quick fix will be available. This has implications for the **commissioning of support services**. Staff need to have the capacity to stick with people over the long term and create trusting relationships, with staff properly trained in the appropriate skills, and working with clients until such a time as they are 'ready' to move on. Services must be flexible and accessible to those with more complex needs.
- Within the bounds of what is cost-effective and practicable, third sector and public sector co-ordination and the potential for **data gathering and sharing** should be explored. There should be a review and redesign of what information is needed to effectively implement and monitor any strategy or initiatives targeted at begging. This will also help to avoid duplication and maximise effectiveness of resources.

¹²³ Pleave, N., (2015) 'At What Cost? An estimation of the financial cost of single homelessness in the UK', Centre for Housing Policy, University of York.

¹²⁴ A report on the approaches and impact of action by local authorities in England has been published by Homeless Link. Crisis recently conducted research into the impact of enforcement measures in England (Sanders, B. and Albanese).

- Due to the methodology of this research, the data analysed has been mainly based on those that have engaged with support services. It has been identified that there may be many reasons for non-UK nationals not to engage with these services and there is some evidence that this group is underrepresented in this study. It is recommended that there should be **further investigation** into the begging behaviour of non-UK nationals in Edinburgh, consolidating local professional insight and gathering additional evidence.

7.2.2. Operational recommendations

- It is hoped that the managers of frontline teams have the opportunity to **reflect** on their current operational practices in light of the evidence and analysis provided in this report.
- It will be no surprise to those working with this group that less tangible factors are crucial on the road away from begging, which in this report have been termed ‘internal’, and are often expressed as whether someone feels ‘ready’ to accept help. Projects need to go **beyond signposting** and instead to provide proactive support to people, using skills such as motivational interviewing and active listening while working towards co-produced personal development plans, targeted at moving the individual away from begging. There should be training, investment and time capacity (e.g. accompanying people to appointments where appropriate) given to develop the appropriate skill sets for staff.
- The lack of data collection among partners indicates a lack of both strategic and operational focus on begging to date. To design and improve services in order to meet the needs of this group, and to measure the impact of any new initiatives that are put in place, **data collection** must be reviewed and redesigned.
- Given the importance of characteristics of **frontline staff**, those working with this complex and often demanding group must be invested in. This begins with robust recruitment and induction processes and should continue through a programme of investing in staff to encourage retention: they are an organisation’s most valuable asset and budget must be dedicated to this.
- Given that there is a higher incidence of mental health issues (80.6%) than physical health issues (62.4%), services should draw on relevant insights from the **Psychologically Informed Environments** movement.¹²⁵
- Given the high proportion of people not in treatment (especially regarding alcohol) and the barrier that people identify addiction as being to moving away from begging, the potential for a **drug and alcohol services worker** (e.g. from Spittal Street) to accompany street outreach teams should be explored. This may also be able to increase engagement with alcoholics who are begging.
- Some people who are begging have the right to claim benefits but do not do so, others do not receive the right benefits, and almost a third have experienced sanctions. Assisting people to **maximise benefits** can be complex and time consuming, but for many it will be a vital element of a road away from begging.
- Approximately a third of people were found to beg **outside of the city centre** (likely to be an underestimate). Frontline agencies should explore ways to ensure that these individuals do not miss out on opportunities to receive support, although this must be balanced with the practical restrictions and logistics of limited resources. One solution may be to periodically send outreach teams to find where the pitches are and give information to shop managers about how to contact services regarding begging activity.
- It has been identified that those who beg that have accommodation, social rented, temporary and supported accommodation are the most common tenancies. In all three of these living scenarios, there should be opportunities for **staff to work with tenants** to identify and, on some level, address the issues that are driving them towards begging. Development of training programmes may be appropriate.
- When people who have been begging receive a tenancy, or transition between tenancy types, the right level of **tenancy support** being in place is crucial for people to be able to sustain this important building block away from begging.
- While a high proportion of people are registered with a GP, this does not necessarily mean that they are attending appointments or having their health needs met. The high prevalence of mental and physical health needs means that frontline workers need to be aware of and informed about routes into the **medical and psychological services** available and are able to accompany people to appointments if appropriate.
- Frontline staff should be aware of police and Home Office practices regarding immigration and also be comfortable with approaches to assisting those with **no recourse to public funds**.¹²⁶

¹²⁵ E.g. Breedvelt, J.F. (2016) Psychologically Informed Environments: A Literature Review. Mental Health Foundation. <https://www.mentalhealth.org.uk/sites/default/files/pies-literature-review.pdf>

¹²⁶ E.g. No Recourse to Public Funds Network, <http://www.nrpfnetwork.org.uk/Pages/Home.aspx>

- **Relationships** with family and the role of associates are repeatedly mentioned as things that hold people back and, if resolutions were possible, this could help people away from being street engaged. The response to this may be that support staff should be aware of this and can be an important factor and that organisations can be cognisant of it in staff training. However, opening access to mediation services as part of someone's 'move on' plan where it is an identified factor may be appropriate in some cases.
- For a small number of people, begging has become a habit, or provides an economically advantageous alternative to doing nothing. For these few, as well as the many that aspire to move on to work, there is an important role here for **engagement initiatives**, for example the Grassmarket Community Project and programmes run by Crisis. Discussions should be held with these organisations to ensure that referral routes are open and accessible for people begging.

Appendix 1: Technical note on data

Sources of information on those who beg

- A. The information for the research comes from three organisations: Cyrenians, Streetwork and Hopetoun Rapid Access. These organisations provide services to vulnerable clients, some of whom beg. The information was provided in a number of formats, ranging from the provision of basic demographic data, e.g. name, age, gender, date of birth and nationality, through to responses to a detailed questionnaire on clients' circumstances and experiences of begging. Table A summarises the data sources and key contents.
- B. It is important to note that almost all of the detailed information collected about the characteristics of those who beg and their patterns and experiences of begging was in relation to those who were begging in the period January 2018 to October 2018. There was only one source of information for those begging in the earlier period. This information was provided by Streetwork and provided the name, date of birth, gender and nationality for clients known to have begged between November 2016 and the end of 2017.¹²⁷

Matching between datasets

- C. Clients on more than one of the three datasets were, in most cases, matched using a unique identifier comprising surname, first two initials of first name, gender, and month and year of birth. In cases where the date of birth was not known, matching was by name and year and month of birth.
- D. In all datasets, matching was checked visually and, in some cases, duplicates were identified through different spellings of same-sounding names. While the matching was as precise as we could manage, there were a limited number of cases where those providing information did not give their full name or date of birth. Matching in these cases is less precise than when we had complete identifiers.

The data which was collected

- E. Table B gives a more detailed list of the data collected from the proformas and 'seen begging' datasets. The table also shows the number of unique clients for whom we have each item of information, and the dataset used for its analysis.
- F. Table C shows the questions used in the survey administered by Streetwork.

Coding core data

- G. There were five questions in the core dataset which required further coding:
 - a. Types of accommodation to which the client had access.
 - b. Support services used.
 - c. Drugs used where relevant.
 - d. Physical health problems.
 - e. Mental health problems.
 - f. Where the client begs.
- H. The coding of places where clients were begging and further coding into broad zones is discussed in the section of the report on begging patterns. The coding frames used for the other questions are set out in Tables D to H.

¹²⁷ This dataset was provided by Streetwork in mid-January 2018, so may have covered some clients begging in early 2018. The dataset did not give dates when clients had been begging.

Table A: Datasets and sources used in the analysis			
Main analysis datasets	Content	Number of clients	Data sources
Demographic dataset	Name, date of birth, gender and nationality of clients of each service who are known to beg; plus gender and nationality of people seen begging as recorded by Streetwork staff.	420	All datasets provided by the three service providers: Streetwork, Cyrenians, Hopetoun Rapid Access
Core dataset	In addition to demographic data, information provided by the three service providers on clients' health, access to accommodation, access to and use of services, begging patterns and places where the client begs.	139	Proformas on clients known to beg completed by staff in each of the three service providers. The client surveys also provided core data.
Client survey dataset	In addition to core data, information from a sample of people who beg on their experiences of, and reasons for, begging. Clients' views on factors which affect when and how often they beg and routes away from begging.	54	Surveys completed by people who were known to beg. Those who provided information for the survey were given a Tesco voucher in return for their cooperation in the survey. Streetwork staff administered the survey either on the street, in the Holyrood Hub, or at Social Bite. In most cases, the survey proforma was completed by the Streetwork staff member in discussion with the client. In a number of cases, the survey was completed by the client without the support of a Streetwork staff member.
Streetwork clients begging in 2016-17	Name, gender and date of birth of Streetwork clients who were known to beg between November 2017 and end of December 2018.	246	Data provided by Streetwork. Unlike the 'seen begging' dataset, there were no contact details and there was no information on numbers of non-clients (Anonymous Users) contacted.
Seen begging dataset	Information covering the period 4 January 2018 to 31 October 2018 on contacts with people seen begging by Streetwork staff. These data give date, time and the place the person was seen begging, together with demographic information on those seen begging.	211	The information on those 'seen begging' was recorded by Streetwork staff as part of the information which they record on people whom they contact. For those seen begging identified as Streetwork clients, Streetwork provided date of birth, gender and nationality. For those seen begging who were not identified Streetwork clients, name (if given), gender and nationality were provided.
Where clients beg dataset	This draws data together on where clients beg from all of the above sources, together with the demographic data on clients available from all sources.	293	Taken from each of the above sources apart from Streetwork clients who were begging in 2016-17. Of the 239 clients in these datasets, 237 provided information on the locations at which they begged.

Table B: Data collected from each source	
Data	Availability: Number of unique clients for whom data were provided
Date of birth: Used to derive age bands used in analysis	373
Gender	415
Nationality	400
Problems with physical health	126
Problems with mental health	129
Whether registered with a GP	130
Whether has recourse to public funds	130
Which benefits client was eligible for	112
Whether client was subject to benefit sanctions	110
Whether client was sleeping rough at the time they were begging	137
Whether the client had accommodation they could access	129
Where relevant, the type of accommodation	81
Whether the accommodation was in Edinburgh	75
Whether client's last settled address was in Edinburgh	103
Whether client has substance misuse issues	131
Whether client is receiving treatment for substance misuse	92
Whether client has alcohol misuse issues	122
Whether client is receiving treatment for alcohol misuse	60
Support services used	127
Where the client begs	237
Whether the client experienced harassment while begging	102

TABLE C			
Shelter Scotland Edinburgh Street Begging Survey			
Filled in by:		Date:	
Has this person been seen begging by Streetwork before? Y / N			
About you			
1. *Name (first and surname):			
2. Gender: M / F / Other		3. *Date of Birth:	
4. Nationality (please be specific):			
5. Registered with a GP? Y / N			
6. *Do you have any physical health issues that are really affecting you at present? Y / N			
Type of issue:			
<input type="checkbox"/> Blood condition <input type="checkbox"/> Cancer <input type="checkbox"/> Cardiovascular (heart/circulation) <input type="checkbox"/> Congenital (abnormalities & syndromes) <input type="checkbox"/> Ear <input type="checkbox"/> Eye <input type="checkbox"/> Infection <input type="checkbox"/> Inflammatory and immune system <input type="checkbox"/> Injuries <input type="checkbox"/> Metabolic (e.g. diabetes, thyroid disease)		<input type="checkbox"/> Musculoskeletal <input type="checkbox"/> Neurological (e.g. dementia, epilepsy) <input type="checkbox"/> Oral & Gastro (mouth/digestion) <input type="checkbox"/> Renal & Urogenital (kidney & genitals) <input type="checkbox"/> Reproductive health <input type="checkbox"/> Respiratory (e.g. asthma) <input type="checkbox"/> Skin <input type="checkbox"/> Stroke <input type="checkbox"/> Other	
7. *Mental health issues? Y / N			
<input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Schizophrenia		<input type="checkbox"/> PTSD <input type="checkbox"/> Other	
Money			
8. *Do you claim benefits? Y / N			
a. If No, would you have the right to claim benefits? (i.e. does the individual have No Recourse to Public Funds?) Y / N			
b. If Yes, what benefits do you get?			
<input type="checkbox"/> JSA <input type="checkbox"/> ESA <input type="checkbox"/> PIP		<input type="checkbox"/> Universal Credit <input type="checkbox"/> Other	
9. Have any changes to your benefits influenced whether or how much you beg? Y / N			
<input type="checkbox"/> Sanctions <input type="checkbox"/> Bedroom tax <input type="checkbox"/> Waiting for Universal Credit payments		<input type="checkbox"/> Benefits cap <input type="checkbox"/> Introduction of PIP <input type="checkbox"/> Other	
10. Any other ways that you survive/money comes in?			
11. Have you ever had a paid job? Y / N			
(Do you have responsibility for the care of any children? If so, please give brief details. This question was introduced in phase II of the project (May 2018 onwards), following a request at the Edinburgh Community Safety Partnership meeting at which the interim report was presented.)			
Accommodation			
12. *Did you sleep rough last night (in winter, including in the churches)? Y / N			
13. *Do you have access to your own accommodation: Y / N			

a. If not sleeping rough and no access to own accommodation, are you:				
Sofa surfing		Staying in backpacker's hostels		Other
b. *If yes, what type of accommodation could you access (can select more than one):				
Social tenancy		Temporary accommodation		
Owner occupier		Other		
c. *Is own accommodation in Edinburgh: Y / N				
14. Was your last settled address in Edinburgh or have you previously lived long term in Edinburgh? Y / N				
Areas you might need support with				
15. *Substance misuse? Y / N				
a. What type of drugs are you using at the moment?				
b. Treatment for substance misuse? Y / N / waiting				
16. *Alcohol misuse? Y / N				
a. Treatment for alcohol misuse? Y / N / waiting				
17. *Are there any support organisations or services that you use at the moment? (please list)				
18. *Is there anything else that would help you move away from begging, but haven't got that help at the moment? (please list)				
19. *How come you haven't got that help?				
20. Think about the last couple of appointments that you have been given. Have you gone along on the day? None / one / two				
21. In your opinion, what makes a good support service?				
Experiences of begging				
22. *What led you to start begging?				
23. *Is your reason for begging the same these days as it was when you first began? If not, what keeps you begging?				
24. *Have you been physically and verbally assaulted by passers-by while begging? Y / N				
a. Had money taken from you? Y / N				
25. Whereabouts do you beg? Ever outside of the city centre?				
26. What time of day do you normally beg?				
27. *How long have you been begging?				
28. Every day or just occasionally?				
The future				
29. *Where would you like to be 12 months from now? What are your aspirations for the future?				
30. *Have you had an opportunity to move on in the past? What happened?				
31. *What is the biggest barrier now to you moving on?				
Any other information/quotes you would like to include:				

Table D: Coding of accommodation	
Table heading code	Written in values
Backpackers	Backpackers
Bed and Breakfast	Bed and Breakfast
Hostel	Hostel
Night Shelter	Night Shelter
Private tenancy	Private tenancy
Refuge	Refuge
Social Tenancy	CEC Tenancy
	CEC Tenancy, Scottish Secure Tenancy
	Dunedin Canmore Tenancy
	LA Tenancy
	Local Authority
	Social tenancy
Sofa Surfing	Sofa Surfing
Supported Accommodation	Settled Supported Accommodation
	Temporary Supported Accommodation
Temporary Accommodation	B&B
	CEC Rapid Access Accommodation
	CEC temp accommodation
	Temp Accommm
	temporary accommodation
Other	With partner

Table E: Coding of support services		
Description	Table heading code	Written in values
Accommodation provided with support	Accomm with support	<ul style="list-style-type: none"> ■ Castlecliff ■ Hopeton Rapid Access ■ Key Moves - Cranston St Housing officer ■ Keymoves
Civil and criminal justice services	Criminal Justice	<ul style="list-style-type: none"> ■ Civil Legal ■ Community Police ■ Criminal Justice
Services provided by Cyrenians	Cyrenians	<ul style="list-style-type: none"> ■ Cyrenians ■ Cyrenians (St John's Hill) ■ CYRENIANS HNP ■ HNP ■ IE Case Coordinator ■ Street Outreach
Medical services provided by the Edinburgh Access Practice	EAP	<ul style="list-style-type: none"> ■ Access Practise ■ EAP ■ Edinburgh Access Practice
General health services other than EAP	General health	<ul style="list-style-type: none"> ■ CPN - Pennywell Medical Centre ■ Hospital ■ Mainstream GP ■ Mental health specialists ■ Royal Edinburgh Hospital
Edinburgh City Council Housing Options Service	Housing Options Team	<ul style="list-style-type: none"> ■ Housing Options Team
Edinburgh City council homelessness out of hours emergency accommodation service	Out of Hours	<ul style="list-style-type: none"> ■ Out of Hours
Rock Trust services for homeless young people	Rock Trust	<ul style="list-style-type: none"> ■ ROCK TRUST
	Social Bite	<ul style="list-style-type: none"> ■ SOCIAL BITE
Edinburgh City Council Social Work Service	Social Work	<ul style="list-style-type: none"> ■ SOCIAL WORK ■ Social Work ■ TRANSITIONS
	Spittal Street	<ul style="list-style-type: none"> ■ Spittal St ■ SPITTAL STREET
Support services provided by Streetwork	Streetwork	<ul style="list-style-type: none"> ■ STREETWORK ■ Streetwork ■ STREETWORK HUB ■ STREETWORK OUTREACH
Services providing treatment for substance misuse	Substance misuse treatment	<ul style="list-style-type: none"> ■ CDPS ■ Harm Reduction Team ■ HRT ■ HRT
Edinburgh Council service for homeless people providing assistance on housing, health and social care	TAP	<ul style="list-style-type: none"> ■ Access Point ■ ACCESS POINT ■ TAP ■ TAP - GP ■ The Access Point

Table F: Coding of written in descriptions of drugs used	
Table heading code	Written in values
Amphetamine	Speed
Butane Gas	Butane Gas
Cannabis	Cannabis
	OCASSIONAL CANNABIS USE WHEN AFFORDABLE
	Weed
	USES CANNABIS
Crack cocaine	CRACK COCAINE
	Crack cocaine
	Crack cocaine occasional
	REGULARLY SMOKES CRACK COCAINE
	SMOKES CRACK
Diazepam	SMOKES CRACK COCAINE
	Diazapan
	Diazepan
	Valium
Heroin	Vallium
	Heroin
	Heroin occassionally
Methadone	Heroin occasional
	Methadone
Methadone Scripted	METHADONE SCRIPTED BUT TOPPING UP WITH STREET HEROIN
	Methadone on prescription
	Methadone prescription
	Script
Opiates	INJECTING OPIATE USER
	Opiates
	Opiates - injecting
Other	Street drugs sometimes
Spice	Spice

Table G: Coding of written in values for physical health conditions

Table heading code	Written in values
Arthritis	■ Arthritis
Blood condition	■ Blood condition ■ Hepatitis ■ Hep C ■ Hep C
Cardiovascular	■ Bacterial Endocarditis ■ Blood clots ■ Cardiovascular (heart & circulation) ■ Cardiovascular
Ear	■ Ear
Eye	■ Cataracts ■ Eye
Health-Drug	■ Drug related hospital admission ■ HEALTH ISSUES RELATED TO LONG-TERM INJECTING DRUG USE ■ Heroin addiction ■ Methodone ■ PHYSICAL ISSUES RELATED TO INJECTING DRUG USE
Health-Alcohol	■ HEALTH ISSUES RELATED TO ALCOHOL USE
Infection	■ Infection ■ Leg Ulcers
Inflammatory and immune system	■ Inflammatory and immune system ■ Inflammatory and immune
Injuries	■ Injuries ■ PHYSICAL ISSUES AS A RESULT OF MOTORBIKE ACCIDENT
Metabolic	■ Metabolic
Musculoskeletal	■ Chronic Back Problems ■ Chronic back pain ■ Difficulty walking damaged ligaments ■ Musculoskeleton ■ Musculoskeletal ■ Nerve Damage
Neurological	■ Epilepsy ■ Neurological (e.g. dementia, epilepsy) ■ Neurological ■ Cognitive Impairment (Memory Deficit)
Oral&Gastro	■ REQUIRES DENTAL TREATMENT ■ Oral&Gastro ■ Ulcer
Poor Health	■ Generally poor physical health ■ Low weight
Renal&Urogenital	■ Renal&Urogenital
Reproductive health	■ Reproductive health
Respiratory	■ Asthma ■ COPD ■ Early Emphysema ■ Lung Cancer ■ Respiritory ■ Respiritory
Skin	■ Skin
Other	■ Other

Table H: Coding of mental health issues	
Table heading code	Written in values
Anxiety	Anxiety
	ANXIETY
	Self harm
	Self harming
	Stress
Depression	LOW MOOD
	DEPRESSION
	Depression
	Low mood
Other	Poor memory
	Registered with challenging behaviour practise
Paranoia	DELUSIONAL BELIEFS
	PARANOIA
Personality	Bi-polar
	Bipolar disorder
	Borderline personality disorder
	Mistrust
	Personality disorder
Psychosis	Psychosis
PTSD	Complex trauma
	PTSD
Schizophrenia	Hears multiple voices
	Schizophrenia

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