

# 2013-2014

## Avon and Somerset Rough Sleeper Steering Group's Annual Review



## Acknowledgements

Welcome to this year's annual review which reviews the activities between August 2013 and August 2014.

Much has happened in the second year of sub-regional funding for Avon and Somerset. Significant projects have been funded which should make a real difference for single homeless people and rough sleepers across all the areas covered by the Avon and Somerset sub-regional funding.

Three initiatives funded by sub-regional funding amongst other valuable work are highlights of the year:

- **Winter Watch in Bridgwater opened last November.** Sedgemoor District Council and its partner Somerset Coast YMCA were aware of a group of entrenched rough sleepers in Bridgwater who would come inside during the cold weather, to recover in the warmth and with luck feel secure enough to think about their futures: what next and where? It was so successful that it remains open with continued funding from Sedgemoor District Council and is known as Sedgemoor Street Watch.
- **One25 reaches out to women trapped in or vulnerable to street sex work** supporting them to break free and build new lives away from violence, poverty and addiction. Sadly, during the year, one woman did not make it. On the up-side, last year, One25 helped 285 women; a record-breaking 45 women who escaped the streets for good. One25 is opening an all night drop in centre in partnership with Spring of Hope in Bristol with the help of our funding.
- **The Royal United Hospital in Bath is shortly to have a resource that it has lacked so far: a hospital discharge service for homeless people.**

211 no fixed abode (NFA) clients presented to Accident and Emergency at the Royal United Hospital Bath in 2012-2013. 94 were admitted.

£85 million is spent each year on secondary care for NFA patients. This hospital discharge service to be run by Julian House in Bath, a well established agency providing services for homeless people, will work with the hospital to ensure that patients from Bath and North East Somerset, Mendip and Wiltshire who are homeless are not discharged on to the streets.

**Like last year, there is still much to do:**

**In 2013-2014, the typical single homeless footfall in Bristol was 5300, in North Somerset 1800 and in Banes and the four district councils of Somerset 1500 each. Many of these households were single people with health or life skill challenges but who are not considered vulnerable enough to be offered housing, ie, not in priority need. The typical profile of a single homeless client is someone with one or more support needs, principally alcohol and drug abuse and mental health problems. A significant proportion has all three support needs.**

**Professor Aidan Halligan, Chair of the Faculty for Homeless and Inclusion Health at the College of Medicine University College Hospital, in his 'Call to Action' on health inequalities says: 'levels of social disadvantage in the UK are an extreme symptom of wider levels of inequality in British society. The way we treat the most vulnerable and damaged is a basic test of our civilisation. ...We avert our gaze and have lost hope that anything can be done.'**

**I look forward to working with you all again against this tide.**

**Elizabeth Parry**

**24 October 2014**

## **Aim of the project**

**Avon and Somerset has been awarded £539,000 funding from the Department of Communities and Local Government to develop a strategic response to ensuring that frontline service provision is effective at preventing single homelessness and rough sleeping. Specifically, it is for the purposes of supporting work to prevent and tackle rough sleeping and single homelessness and the development of an early intervention and prevention service across the grouping including supporting the roll out of No Second Night Out.**

**The local authority partners included in the Avon and Somerset grouping are as follows:**

**Bristol  
Bath and North East Somerset  
North Somerset  
Mendip  
Sedgemoor  
South Somerset  
Taunton Deane with West Somerset  
Somerset County Council**

**The demography of each local authority varies considerably from the very urban to the very rural, each with its own challenges for single homeless people.**

- Somerset is in top ten most rural counties in England.**
- Bristol and North Somerset both have Lower Super Output Areas in the top 5% most deprived nationally.**
- In Bath and North East Somerset, 20% of the population is characterised by shorter life expectancy, poor general and dental health, self-harm and alcohol related conditions.**

## Budget

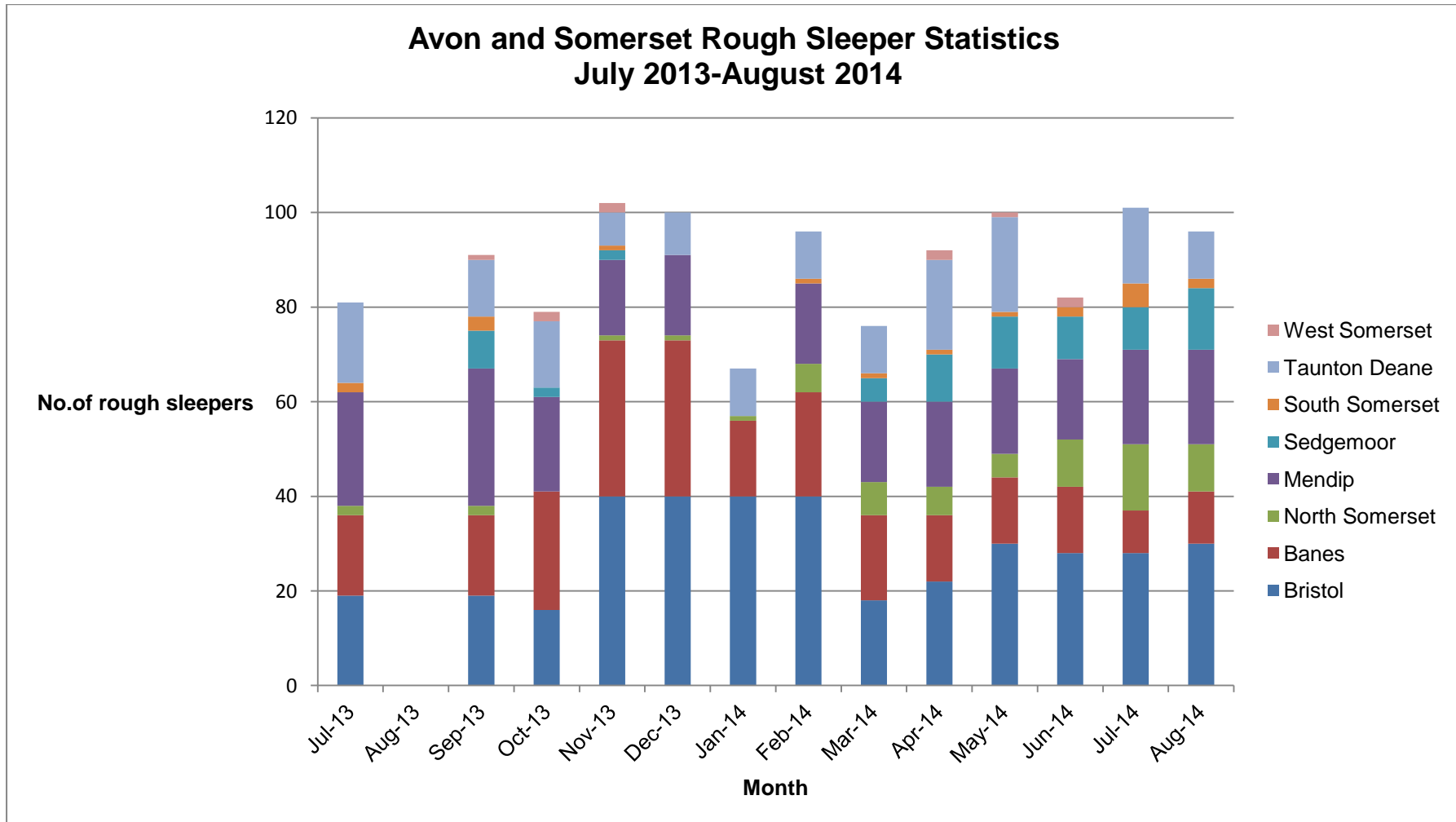
At August 2014, £267,150 remained in the fund with further commitments totalling £248,613 leaving a balance of funds of £18,537.

In the second year funds were allocated to the following initiatives:

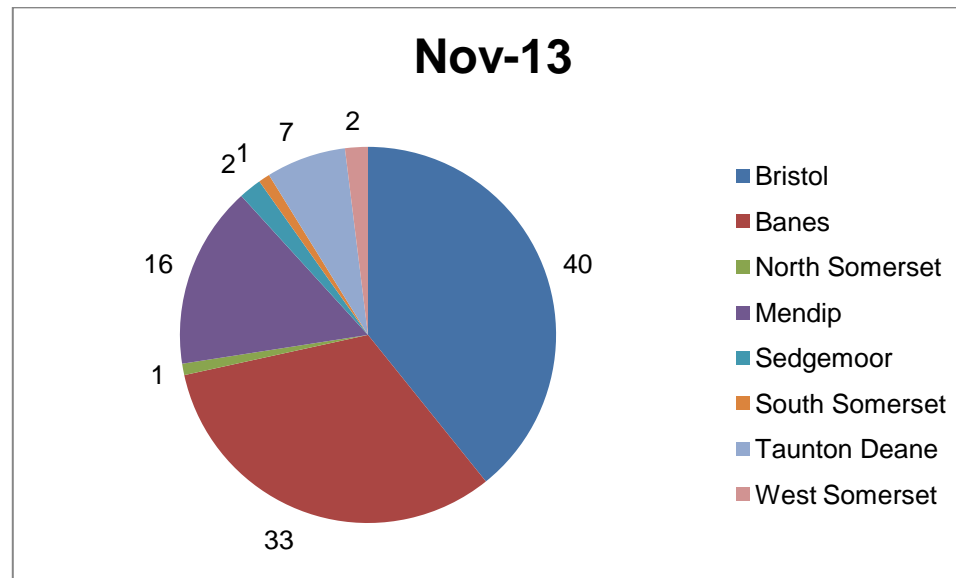
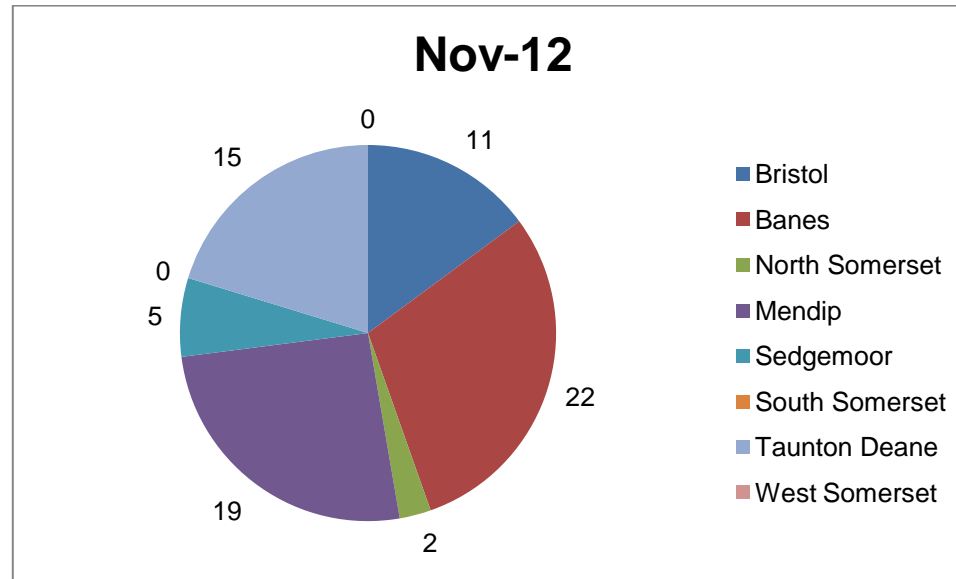
<b>Beneficiaries</b>	<b>Details</b>	<b>£ Amount</b>
Shelter	Housing Options Service Evaluation	2,700
Social Publishing Project	' Nowhere to sleep 'Crisis sheet update	466
Julian House	Publicity for rough sleeper reporting line	555
Sedgemoor District Council	Winter Watch	6000
Julian House	INFORM Licenses for database to record interventions with rough sleepers	1090.50
Homeless Link & Taunton Vale Sports Club	Listening Event on mental health service users at risk of homelessness	1231.70
Julian House	Hospital Discharge Service for homeless people from Royal United Hospital Bath	55,000
South Somerset District Council	South Somerset Homeless Day Centre: contribution to capital costs	70,000
One25	Contribution to overnight drop in services for street sex workers	20,000
Restore Trust	Avon Impact Pathway : homeless offenders	4,999
Mendip District Council	Single Homeless and Rough Sleeper Co-ordinator	44,682

## Statistics

Of the eight local authorities in the grouping, Bristol, Banes, Mendip and Taunton Deane have a disproportionate share of rough sleepers with Mendip consistently returning a high estimate. However, both North Somerset and Sedgemoor have shown increasing numbers month on month over the last year possibly attributable to more intensive outreach in those areas.



# Avon and Somerset Official Annual Estimate for 2012 and 2013



Our understanding of what these numbers represent in terms of causes and individual histories is still limited but we are working on 'drilling down' further to gain better information about demographics, recent histories and interventions in order to better inform preventative strategies. Increasingly, Outreach workers are collecting data that will support this and entering it on the INFORM or other similar databases. This has taken some while to roll out and is still not optimal. However, the example case histories below are of an interest as background information

#### **CASE STUDY**

59 year old male. Life time history of care homes/prison/homelessness. Alcohol dependent and under the care of Community Mental Health Trust (CMHT) although no further support being offered unless client addresses alcohol/drug addiction. Currently rough sleeping and subject of a multi-agency panel. Client deemed at risk of self neglect and accidental death. Client was offered a bed in homeless hostel with daily support from CMHT but was evicted after 1 night due to lighting fires in room, smearing excrement on walls, aggression and throwing vomit at staff.

#### **CASE STUDY**

24 year old male. Long history of Community Mental Health Trust (CMHT) involvement due to personality disorders but is now a closed case and CMHT not willing to re-assess until client resolves drug use issues. After a long period of rough sleeping and short failed periods in hostel accommodation he has spent the last 4 nights in crash pad provision. Client has been deemed too high risk for accommodation with local council in the past due to history of violence towards agency staff.

#### **CASE STUDY**

36 year old male. Long term history in supported housing. Currently in homeless hostel . Client shows no signs of being able to live independently and needs long term care. Client shows significant signs of having mental health and behavioural problems. A diagnosis of any mental health problems remains unaddressed whilst client is still engaged in chaotic drug use. His engagement with drug and alcohol service is minimal due to chaotic behaviour.



## **No Second Night Out**

**In its strategy, Vision for ending rough sleeping: No Second Night Out Nationwide, the Government has asked that every local authority adopt the No Second Night Out standard. The Government recognises that every local authority area is different and that local responses will vary according to the demographic demands. However, the aim is that every community has services in place.**

### **NSNO CASE STUDY**

**A had been rough sleeping for 6 years. He uses alcohol, but had a pattern of drinking heavily for the week after each benefits payment, followed by a week of abstinence. When drinking, A would frequently shout loudly and aggressively in the street, sometimes making sexually inappropriate remarks and intimidating members of the public. Due to his behaviour when under the influence of alcohol, A was regularly charged with public order offences and was barred from the hostel. However, when sober, A is a quiet, self-aware man with good independent living skills.**

**After previous rejections and negative experiences, A had become disengaged from services but did still want accommodation. Over the following months, Outreach services developed a relationship with A whilst liaising with the hostel to find ways to manage the risk he potentially presented.**

**A finally moved into a homeless hostel. Outreach services continued to support him and A made a very successful transition from the street, with only two, very minor, incidents around drunken behaviour. Unfortunately, Anti-social behaviour Order (ASBO) proceedings had just been completed on A, which prevented him from presenting as drunk and disorderly on the streets. In November, after urinating in the streets whilst under the influence of alcohol, A was deemed to have breached his ASBO and was sentenced to 18 months in prison.**

**A Probation officer assigned to A's case contacted Outreach services. A was due to be released the following week, under licence, and a referral to the ex-offenders hostel had been rejected. With no vacancies at the hostel and Housing Options refusing duty, A was about to be released - having been alcohol-free in prison for nine months - back to the street.**

**Finally, a vacancy arose in a small supported housing project. With the Outreach service's previous knowledge of A, the risks he presented were deemed manageable and the service was able to commit to providing intensive support to ensure the success of the placement. Additional support was also offered by an Alcohol outreach worker to complete the package. A was therefore able to move directly from prison into good quality en-suite accommodation with flexible support.**

## **NSNO CASE STUDY**

**TE had studied at university. He had stayed on in the town where he studied after the completion of his degree but had not managed to maintain his private tenancy.**

**TE was living with his parents when he was referred to Somerset's commissioned supported housing service. His parents were struggling to deal with his mental health issues and daily drinking and eventually asked him to leave home.**

**TE's poor mental health results in him having problems in organising his thoughts and he therefore cannot communicate his needs well, deal with his own self-care or make appointments.**

**The Outreach service provided him with food and clean clothes as he had become dirty and dishevelled and was not feeding himself adequately. He was accompanied to the GP at Yeovil Walk-in Centre who were sensitive to his situation and felt another referral to Community Mental Health Trust (CMHT) would be appropriate. The Outreach service also made sure that TE got his sick notes and liaised with DWP to maintain his ESA claim.**

**When a room became vacant at the hostel, TE moved in. TE was offered an assessment with CMHT. They suspect a psychotic illness but cannot be specific and he is now linked to the STEPs team for further assessment. TE is finding the experience much more helpful than before. His mood is greatly improved and he is engaging more with staff at the hostel and other agencies.**

**Last year, funds were allocated to a number of agencies. Here is some feedback.**

- **Big Issue: Bath and Bristol**

The Big Issue has used the Rough Sleeper Fund to work with 14 rough sleepers in Bath and surrounding areas and 27 clients in Bristol. From the funding used to support the Vendor Support Fund, 24 grants totalling £798 were made to Big Issue Vendors. The grants were used for such items as a bike lock, obtaining a driving license to gaining photo ID and buying a sports kit.

**CASE STUDY**

M has been a Big Issue vendor for 10 months and has recently started painting and decorating in the local area. With a grant of £23.99, (80% of the cost) M purchased some Dunlop safety boots. In M's own words: 'I sold the mag for 10 months and during that time had a way to earn and started to sort my life out. I didn't want to claim Job Seekers Allowance, I wanted to work. So I sold the mag and claimed Working Tax credit. I always wanted to run my own business and now it's a reality. With help from the Vendor Support Fund and the local homeless agency I now have a kit to run my own housing maintenance business. I've already done my first job and sent my first invoice. If it wasn't for the services in Bath including the Big Issue, I would still be on the streets begging. Instead I am a business man and have my independence again.'

- **Bath and North East Somerset: supporting access to the private rented sector**

The fund in Bath was used for the 18-35 age groups in partnership with Bristol Credit Union to help them with expenses in accessing accommodation in the private rented sector. 7 clients have used the scheme to date with all loans currently being honoured. Examples of client take up include two clients sharing a house together and one loan was for houseboat insurance.

- **Bath District Deposit Scheme: rent deposits**

Between 1 July 2013 and 30 March 2014, 17 new bonds were issued to single homeless people of whom 14 clients remain in their accommodation.

- **Somewhere to Go: Weston Super Mare**

**CASE STUDY**

B, a Romanian man in his 40s came to England in September last year, intending to find work. B used his IDentity card to enter the country and had no stamp as evidence of the date of arrival. He arrived at the homeless drop in centre where with their assistance he tried to make a claim for jobseekers allowance. He was told that as he couldn't confirm his date of arrival in the UK he couldn't claim until early June and therefore couldn't claim housing benefit. A local landlord agreed to house B and as he is such a good tenant, the landlord allowed B to owe him the money. Meanwhile, he worked as a volunteer and proved to be hard working, reliable and trustworthy. The Fund was used to pay B's rent for a month while he successfully completed some training courses to help him with his job hunting. B is now receiving jobseekers allowance and housing benefit and has a part time job in catering. He served 14 years in the Romanian army and would like to work as a security guard. A local employer is ready to take him on once he has his driving licence, which the Jobcentre is paying for. The Job Centre was so impressed with the work he is doing to put himself in a good position to get employment. B has become a valued member of our team and has really settled in well in England.

**CASE STUDY**

J left an abusive relationship in the north of England and arrived in Weston at the homeless drop in centre. She was offering sex in return for a roof over her head. With the Rough Sleeper Fund, the homeless drop in centre placed her in B&B initially after which she was housed by a local landlord.

- **WDGB: Weston Super Mare**

Of 14 clients who benefited from the Rough Sleepers Fund, 5 are now working, volunteering or in training and four moved on of which only one client suffered relapse. There are no recorded outcomes for the remainder. Three out of 14 clients were female.

## Priorities for Year Three

**The overriding priority continues to be the reduction in the numbers of people sleeping rough and to prevent those at risk of sleeping rough through homelessness from ending up sleeping outside.**

It remains difficult to confirm a correlation between the Department of Communities and Local Government (DCLG ) funding and its impact on reducing rough sleeping. With the mismatch between demand and supply of appropriate affordable accommodation for single homeless people, coupled with zero hours contracts and a more punitive welfare package, few options exist. Clients with low level multiple needs are prevalent amongst the client group presenting at Housing Options Services and other routes into homeless services. Accessing housing and sustaining a tenancy is difficult and problematic for many in this client group and Housing Options Services are thus constrained in what they can offer non-priority single homeless people.

**Prevention work undertaken by outreach staff in face to face contact with rough sleepers to ensure that sleeping out is not sustained, improving access to the private rented sector, coupled with supported tenancies continue to be a priority.**

Ongoing work which is still in train:

**The Day /Community Centre in Yeovil for single homeless people and the development of protocols for clients with complex needs in Bath and North East Somerset and Somerset.**

New priorities will include:

- **Homeless services for women where possible**
- **Addressing health inequalities amongst homeless people**
- **Increased attention to training of front line staff in these less mainstream areas**
- **The outcome of the Help for Single Homeless bids for both Avon and Somerset which will need a plan for both a successful and adverse outcome. In particular, the mental health link worker role for Somerset's mental health users that has been subsumed into the Somerset bid will need re-addressing in the event that the Help the Single Homeless bid is unsuccessful.**

Finally, as with any significant funding from central government, the sustainability of change brought about by injections of funding is critical both from a value for money perspective and from the value derived from the funding by the beneficiaries. Planned exit strategies for the various initiatives are again a key priority for the third year.

## **Conclusion**

The third year of the contract has now just begun. There are some big issues to address, principally around breaking down the barriers to housing for the more vulnerable non-priority single homeless people and rough sleepers. Creating permanence and a more settled way of life for this client group so that their housing is sustainable in the longer term remains of paramount importance.

**Elizabeth Parry**

**Single Homeless and Rough Sleeper Co-ordinator (Avon and Somerset)**

**October 2014**