

Subject:	Update on Homelessness and Rough Sleeping		
Date of Meeting:	16th January 2013		
Report of:	Strategic Director, Place		
Contact Officers:	Name:	Narinder Sundar	Tel: 29-2960
		Jenny Knight	Tel: 29-2960
	Email:	Narinder.Sundar@brighton-hove.gov.uk	
Ward(s) affected:	All		

FOR GENERAL RELEASE**1. SUMMARY AND POLICY CONTEXT:**

The recession and welfare benefits reform have had a disproportionate impact on vulnerable individuals and families, resulting in significant increases in homelessness and rough sleeping across the country. In Brighton and Hove, additional local demographic factors such as pressures from an expanding population, an acute shortage of affordable and suitable accommodation, high numbers of vulnerable individuals and households with high care and support needs (such as substance misuse, mental health and physical health needs), a large high-cost private rented sector and high benefit dependency, has had a detrimental impact on the health and wellbeing of many local residents, particularly the most vulnerable groups.

The last official rough sleepers count in November 2012 recorded 43 rough sleepers in the city, compared to 37 counted in November 2011. This is a significant increase from rough sleeper counts in previous years, 14 in 2010 and 9 in 2009. The Rough Sleepers Street Services Relocation Team (RSSRT) commissioned by Brighton & Hove City Council, worked with 588 rough sleepers in 2010/11 and this increased to 732 in 2011/12, a 24% increase. Health inequalities widen and the levels of vulnerability and support needs significantly increase the longer someone is without housing. The life expectancy of a long-term rough sleeper is only 42 years, compared to 79 years for the average UK citizen.

The Joint Strategic Needs Assessment (JSNA) Summary published in 2012 includes information on current and future needs of local people in Brighton and Hove to inform commissioning of local services to improve health and wellbeing and reduce inequalities. The 'Housing' and 'Rough Sleepers' JSNA summaries indicate that the health and wellbeing needs of homeless people and rough sleepers is very high, with a high prevalence of complex needs including mental health issues and drug and alcohol dependency. In addition, the summary highlighted the relationship between poor, insecure housing and

health outcomes and stated that, 'poor housing conditions, including homelessness, temporary accommodation, overcrowding, housing in poor physical condition presents risks to health'.* (*'Fair Society, Healthy Lives: The Marmot Review, 2010)

The Local Authority has a legal duty under the 1996 Housing Act to provide advice and assistance to prevent homelessness to individuals and households who find themselves homeless or threatened with homelessness and provide accommodation to individuals and households who are deemed vulnerable and in priority need. In Brighton and Hove, 24% of those accepted as homeless in 2011/12 were in priority need due to physical disability or mental illness, compared with 14.5% in England. Homelessness in the city has increased by 35% over the last 2 years.

2. RECOMMENDATIONS:

This report is for information only and provides an update on homelessness and rough sleeping in Brighton and Hove. It includes information on:

- Current service provision for homeless people and rough sleepers
- Key pressures and challenges: higher levels of vulnerability, risks, social care and health needs of homeless people and rough sleepers
- Progress on new proposals and pilots to improve current provision and build capacity

3. SUMMARY OF CURRENT SERVICE PROVISION FOR HOMELESS PEOPLE & ROUGH SLEEPERS:

3.1 Integrated Support Pathway (ISP)

Brighton & Hove City Council commission a range of housing and support services in the city for homeless people and rough sleepers that are funded by the 'Supporting People' Welfare Grant and the Homelessness Prevention Grant. These services represent the 'Integrated Support Pathway' (ISP) which is made up of the following 'bands' of services:

- Band 1: outreach support services for rough sleepers ***(Appendix 1)**
- Band 2: support to people in temporary accommodation ***(Appendix 2)**
- Band 3: supported accommodation ***(Appendix 3)**
- Band 4 & 5: support for more independent living ***(Appendix 4)**

The ISP also includes a number of supplementary services including work and learning services to support people to develop skills and experience to get back to work, the behaviour support service which promotes psychological interventions to challenge and change behaviour and substance misuse services to enable clients to access treatment.

A case study of a service users experience of ISP services is attached as **Appendix 5.**

3.2 Young Peoples housing-related support services

Young peoples housing-related support services work on a similar basis to those for adult services above. Sussex Central YMCA Young Peoples Housing Advice Service is in Band 1 and supports young people at risk of homelessness. There are also a range of hostels in Band 2, supported accommodation in Band 3 and floating support in Band 4 for young people. ***(Appendix 6).**

Housing have led a review of housing and support services for young people during 2012 with commissioning colleagues in Childrens and Young Peoples services. This has involved undertaking a comprehensive strategic needs assessment, developing priorities and commissioning recommendations and drafting a joint housing and support commissioning strategy, which is currently in development. Consultation on the draft strategy will be undertaken during 2013.

3.3 Additional services

The services summarised above are complemented by other, additional services commissioned by Brighton and Hove City Council through various funding streams. This includes services commissioned by Housing by central government DCLG grants such as the Homeless Transition Fund and additional Sussex-wide funding for rough sleepers and homeless people and jointly commissioned services across Housing, Health and Adult Social Care.

These services include:

Severe Weather Emergency Protocol (SWEP)

BHT is commissioned by Housing Commissioning to deliver SWEP. When the temperature is predicted to drop below 0 degrees for two nights in the row SWEP is instigated to provide emergency accommodation to all rough sleepers including those without a local connection. This year two shelters opened accommodating 45 individuals. We also accommodate homeless people by utilising the Council's temporary Bed & Breakfast accommodation through the use of wellbeing powers.

'No second night out'

CRI and BHT supported by the local authority made a successful bid for Homeless Transitions Fund from DCLG to run 'No Second Night Out' in Brighton & Hove. This initiative works with people new to rough sleeping by providing immediate support and help to prevent them becoming entrenched rough sleepers. This project accommodates people outside of the traditional hostel pathway which tends to cater for clients with complex needs. **(Appendix 7).**

BHT First Base Day Centre

This service is commissioned by the NHS and Adult Social Care and receives funding from the National Lottery and is monitored by Housing Commissioning. First Base Day Centre offers showers, food, laundry

services, support and advice, work and learning, access to a GP, Podiatrist, Ophthalmologist, the Rough Sleepers Team, Mental Health Homeless Team and Equinox Alcohol Outreach Service. It is open 5 days a week with an average of 52 people using the service every day (**Appendix 8**).

Substance Misuse:

A significant number of those entering the hostel pathway have substance misuse issues and hostels are able to access a range of support for their clients. This includes an Alcohol Nurse who works within the hostels to support individuals around their alcohol use and helps them access treatment services. The Alcohol Nurse pilot project has been extremely successful and due to its success a similar post for those with drug addictions commenced in 2012 (**Appendix 9**).

Hostel residents also have direct access into treatment services via treatment preparation beds based in New Steine Mews Hostel. Residents can be transferred into these beds to prepare to enter St Thomas Fund which is a residential detox and recovery service for those with substance misuse issues. Housing Commissioning in conjunction with the NHS commission a total of 79 units of accommodation for Detox, Recovery and Move On for those with substance misuse issues through BHT Addiction Services and CRI St Thomas Fund.

CRI Recovery Mentors:

CRI are commissioned by Housing Commissioning to run a peer mentor scheme which places ex-rough sleepers within services to support clients who are struggling to maintain their hostel accommodation or to move off the streets. We currently have 12 peer mentors supporting clients throughout the Hostels, First Base Day Centre and the Rough Sleepers Team with a further 15 more commencing the accredited Recovery Mentors Training Course.

Equinox Alcohol Outreach Service:

Commissioned by Housing Commissioning Equinox is an assertive outreach service which works with street drinkers many of whom are accommodated. They help client's access treatment services and support them to move away from the street drinking community ***(Appendix 10)**.

Training Flat:

Individuals who are struggling to develop the life skills to move on from hostel accommodation to Band 3 can access the training flat. This flat situated in a council block in Whitehawk and provides an opportunity for individuals to live independently for up to 8 weeks in order to develop essential skills for move on such as budgeting and cooking.

Finally there are a range of non-commissioned services run by charitable organisations which are listed in ***(Appendix 11)**.

4. KEY PRESSURES & CHALLENGES: HIGHER LEVELS OF VULNERABILITY, RISKS, SOCIAL CARE AND HEALTH NEEDS OF HOMELESS PEOPLE AND ROUGH SLEEPERS

4.1 Increase in demand on local services

The increase in homeless people and rough sleepers in Brighton & Hove, has resulted in a greater number of people waiting for longer periods of time rough sleeping before hostel accommodation is available. Additional numbers further creates extra pressures on SWEP and temporary, B&B accommodation.

The high number of rough sleeping in Brighton & Hove without a local connection presents further pressures due to challenges in relocating people due to diminishing resources and closure of direct access hostels across other parts of the country. Of the 43 rough sleepers counted in November 2012, 29 did not have a local connection. A breakdown (including information on area of origin and reason for rough sleeping/last accommodation type) for 29 rough sleepers that did not have a local connection is provided in **Appendix 12**.

4.2 Increase in levels of vulnerability, risks, social care and health needs

An increasing number of homeless people, rough sleepers and residents in hostel and temporary accommodation have complex and multiple needs relating to mental health, substance misuse, learning disabilities, physical health and social care needs. In addition, a number of 'revolving door' clients with complex and multiple needs that exhibit aggressive and unacceptable behaviour towards residents and staff, are repeatedly evicted from accommodation.

The lack of suitable accommodation locally for clients with complex and multiple needs which are too high for hostel or temporary accommodation, has resulted in very vulnerable clients becoming more vulnerable and excluded from services. In addition, clients in hostel accommodation with other support needs, such as learning disabilities, are sometimes open to exploitation and abuse in a hostel environment.

5. PROGRESS ON NEW PROPOSALS AND PILOTS TO IMPROVE CURRENT PROVISION AND BUILD CAPACITY:

5.1 Improvements to current provision:

There are number of new developments taking place within Housing Commissioning to develop and improve our current services for homeless people and rough sleepers. These include:

- Joint commissioning with Health Partners to provide additional, higher level mental health supported accommodation over the next 2 years for

people with multiple, complex needs including dual diagnosis and substance misuse

- ISP review includes a pilot project of substance free band 3 accommodation and a proposal to create units of accommodation in Band 2 which will also be substance free
- Referral processes into ISP services have been updated to allow for greater flexibility
- A personalisation pilot is being run in homeless services to provide individuals with access to funding for services and activities which they have previously been unable to access, to include specialist counselling, equipment for work and training courses through city college.
- An evictions protocol has been implemented for hostel accommodation utilising good practice from Homeless Link to tackle challenging behaviour and prevent evictions in ISP services.
- Development of new Housing and Support Strategy for young people to increase and re-model supported housing and improve the accommodation pathway for young people
- The current Homelessness Strategy is currently under review and will identify local needs for homeless services to inform future commissioning.

5.2 Rough Sleepers Street Services Relocation Team Action Plan

The Rough Sleepers Street Services Relocation Team (RSSSRT) commissioned by the Council are undertaking a review of practice, approach, joint working and rough sleeper pathways. Due to current demands on services for rough sleepers, immediate actions to tackle pressures until April 2013 have been agreed, to include:

- targeting street drinking groups with no local connection by applying different measures to accommodate until successful relocation
- piloting 'ring-fenced' bed provision to quickly access accommodation to prevent clients becoming entrenched rough sleepers
- utilisation of mentors to support those rough sleepers that are more entrenched
- piloting a BHT band 3 recovery unit to create more successful pathways from rehabilitation services
- increasing integration of services by improving the enforcement of Exclusion and Diversion Police to reduce entrenchment and dependency

5.3 Sussex Single Homeless and Rough Sleeping Consultation Group

A new 'Sussex Single Homeless and Rough Sleeping Consultation Group' has been set up in 2012 with Sussex authorities to promote health and well-being for single homeless and rough sleepers across the county. The group is funded by Department of Communities and Local Government to deliver its 'Sussex Single Homeless and Rough Sleeping Action Plan', which includes recruitment of additional outreach staff working with rough sleepers across Sussex, a Project Co-ordinator to work with all Sussex authorities and

voluntary agencies to build capacity in current services, develop information sharing protocols and database system to 'track' rough sleepers.

5.4 Big Lottery Complex Needs Initiative

A new 'Big Lottery Complex Needs Initiative' launched in July 2012 will provide between £4-£10m Big Lottery funding over 5-8 years across Brighton & Hove, Eastbourne and Hastings. This funding is for 'strategic interventions' to improve outcomes specifically for people with multiple, complex needs (to include homeless, substance misuse, mental health, reoffending) by supporting development of co-ordinated services to reduce intervention costs (such as accident & emergency, police and anti-social behaviour). A bid has been submitted and a decision will be made in March 2013, with projects to start in September 2013.

6. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

All relevant background information is included as appendices to this report and listed under 'Supporting Documentation' below.

7. COMMUNITY ENGAGEMENT AND CONSULTATION

This report is for information only and there has been no specific consultation.

8. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

The 2012/13 gross budget for Temporary Accommodation & Allocations, Housing Options & Homelessness and Housing Support Services is £11.996m, £2.192m and £2.687m respectively. The services and projects referred to in this report are funded through the Supporting People Grant £10.624m and the Homelessness Prevention Grant £1.3m apart of section 3.3 which is funded from the budget above. The pressures on Temporary Accommodation & Allocations, Housing Options & Homelessness and Housing Support Services are reflected in the monthly budget monitoring process and are forecast to overspend by £0.217m in this financial year. The 2013/14 budget proposals recognise the investment required and indicative service pressure funding of £1m has been allocated to homelessness in relation to increased numbers of acceptances and rising prices of accommodation.

Finance Contact consulted : Neil Smith Date: 7th January 2013

Legal Implications:

This report is for information only and has no legal implications save that we are using resources to address our statutory duties. Changes to resources should be carefully considered and be dealt with by way of any future report. There are no Human Rights implications from this information only report.

Equalities Implications:

This report is for information only so there are no equalities implications arising from it.

However individuals within the Integrated Support Pathway often have multiple needs such as learning disabilities, mental health, physical disabilities and substance misuse issues, which can lead to multiple exclusion. Life expectancy is well below that of the wider population and health outcomes for this client group are poor.

Sustainability Implications:

This report is for information only there are no sustainability implications.

Crime & Disorder Implications:

There are no crime and disorder implications arising from this report however there are a number of crime and disorder implications which could arise from an increase in rough sleeping and homelessness within Brighton & Hove. A proportion of the individuals housed in the Integrated Support Pathway have a history of offending this includes 95% of the clients housed in Glenwood Lodge Hostel. Any decrease in provision or increase in numbers of those on the street could cause a corresponding increase in crime, anti-social behaviour, visible street drinking and drug use and begging.

Risk and Opportunity Management Implications:

This report is for information only as an update. There are some risk management implications in relation to increases in numbers of homeless clients and rough sleepers, levels of vulnerability and risks, substance misuse issues, anti-social behaviour and street drinking. The implications of the lack of suitable accommodation in the city of vulnerable homeless people and rough sleepers is a negative impact on tourism, local businesses, increasing levels of crime, anti-social behaviour, increasing pressures and demands on health and social care services (and associated intervention costs). This represents significant risk management concerns, which would need to be effectively mitigated and managed.

Public Health Implications:

This report is for information only and there are no public health implications arising from it

Corporate / Citywide Implications:

This report is for information only as an update. There are some corporate and city wide implications of increasing number of homeless people and

rough sleepers and increasing numbers of clients with complex issues, that relate to corresponding demands and pressures on health and social care services. In addition, the Welfare Reform changes may increase numbers of homeless people and direct payments of benefits, may generate increased numbers of tenants in rent arrears and increased numbers of evictions. This would further compound levels of rough sleeping and street drinking, anti-social behaviour and reduce community safety for local residents.

9. EVALUATION OF ANY ALTERNATIVE OPTION(S):

No options are included as part of this report

10. REASONS FOR REPORT RECOMMENDATIONS

There are no recommendations made as part of this report.

SUPPORTING DOCUMENTATION

Appendices:

- 1 Rough Sleepers
- 2 Band 2 Hostels
- 3 Band 3 Supported Accommodation
- 4 Band 4 Floating Support
- 5 Case Study
- 6 Young People
- 7 No Second Night Out
- 8 First Base Day Centre
- 9 Alcohol Nurse
- 10 Equinox Alcohol Outreach Service
- 11 Non Commissioned Services
- 12 Rough Sleepers Count

Appendix 1 – Rough Sleepers

Rough Sleeper Street Services & Relocation Team (RSSSRT)

CRI are commissioned by the local authority to provide services to rough sleepers. This is an outreach based service which operates across Brighton & Hove to identify people sleeping rough and assist them into accommodation or support them to relocate where they have no local connection. The team works 6 days a week including early mornings and evenings. Within the service there are two part time workers who specialise in work with A10 nationals and speak a range of Eastern European languages and a complex cases Social Worker.

The numbers of Rough Sleepers

CRI are commissioned to work with all rough sleepers in the city and they have seen the numbers of rough sleepers worked with increase since 2010.

Number of individuals worked with by RSSSRT

	2010/11	2011/12	% increase
Total number worked with	588	732	24%
Number with a LC	208	265	27%
Number without a LC	377	467	24%

In the first two quarters of 2012/13 the numbers of individuals worked with by the rough sleepers team has shown a small increase of 3%. The numbers with a local connection have increased by just 1%.

	Q1	Q2	Total Q1&2
Total number worked with 2011/12	222	192	414
Total number worked with 2012/13	203	222	425

In quarter 2 2012/13 the average time taken to move someone off the streets was 38 days, it was 26 in the same quarter last year. Although this figure varies from quarter to quarter there has been an upwards trend due to the increasing numbers of people trying to access Band 2 Hostels and the reduction in the number of direct access hostels around the country to which people with no local connection can be relocated.

Street Count

The official street count takes place once a year and follows the methodology laid down by CLG. It is widely known that the street count does not capture all individuals who are on the street however because this methodology has been used within Brighton & Hove and country wide for a number of years it does reflect trends and provides us with a snapshot of the extent of the problem.

The 2012 street count took place in the early hours of the morning of the 23rd November 2012. Seven teams of four individuals led by a member of the Rough Sleepers Team went out across the city to count those bedding down on the streets.

The count was well attended with representatives from Sussex Police, Brighton & Hove City Council, CRI, the voluntary sector, local counsellors and the Argus newspaper which followed up the count with an article on Monday 26th November. The count was independently verified by a representative of Homeless Link. 47 individuals were found on the street count, 4 of these had accommodation available to them but had chosen to sleep out. Street counts and estimates took place across Sussex on the same night with the numbers available so far showing increases in a number of areas including Eastbourne, Adur & Arun.

	Number counted	Locally connected
November 2010	14	2
November 2011	36	14
November 2012	43	14

47 individuals were found on the street count however 4 of those had accommodation available to them on the night of the street count but chose to sleep out. As of the 21st December 11 of the 43 are now housed.

Local Connection

The Area of Origin of Rough Sleepers Q1 & 2 2012/13

Area	Number Q1 2012/13	Number Q2 2012/13
Brighton & Hove	78	60
London	25	25
South – East	32	32
South –West	5	28
Midlands	11	22
North – East	2	22
North – West	5	5
Scotland	4	8
Ireland	2	2
Wales	2	2
EU	23	16
Abroad	3 (Brazil 1, Iran 3)	0
Total	192	222

Snapshot of those with a Local Connection:

During the period 18th September 2012 to 19th October 2012, 32 new locally connected individuals presented to the RSSSRT, some of those individuals were already known to the team and were re-presenting and some were new to the streets. The reasons for their arrival on the streets is broken down as follows:

Previously known to RSSRT		Not known to RSSRT	
Prison releases	2	Evicted PRS	4
Hostel evictions	8	Evicted HA	1
Abandoned Housing Association	1	Home repossession	1
Abandoned hostel	2	Family breakdown	5
Abandoned Detox	2	Lost tied in accommodation	2
Evicted from Emmaus	1	Evicted from Emmaus	1
		End of Well Being Powers	2

Snapshot of those without a local connection:

During the period 1st July -18th July 2012, 46 individuals without a local connection were verified by RSSRT of those 13 (28%) were relocated within this time period. The following is a breakdown of where those individuals came from, their last accommodation and their reason for rough sleeping.

Area		Last Accommodation		Reason for Rough Sleeping	
London	14	Rough Sleeping in other area	14	History of rough sleeping	10
South West	7	Family	9	Relationship Breakdown	10
East Sussex	6	Private rented sector	7	Evicted from accommodation	7
Manchester	4	Friends	6	Prison Release	6
Midlands	4	Tied in accommodation	3	Friends unwilling to accommodate	5
West Sussex	4	Home owner	1	Abandoned accommodation	3
Kent	3	Squatting	1	Lost job and tied accommodation	3
Hampshire	2	Hospital Discharge	1	Hospital Discharge	1
Scotland	1	Emmaus	1	Squat closure	1
Southern Ireland	1	Out of area hostel	1		

Needs of Rough Sleepers

Need*	Q1 2012/13	Q2 2012/13
Physical Disability	10	10
HIV / AIDS	1	1
Degenerative Illness	0	0
Learning Disability	1	1
Mental Health	117	87
Drugs	143	95
Alcohol	127	198

Dual Diagnosis	0	0
Leaving Prison	5	7
Refugee / Asylum Seeker	0	0
Young Person at Risk	1	1
Physical Health	57	57
At Risk of DV	0	0
Frail / Elderly	2	2
Dependent Children	0	0
Single Homeless in need of Support	192	222

*Clients will have more than one support need

Rough Sleepers Team Complex Cases Social Worker

The Rough Sleepers Team employ a Complex Cases Social Worker who uses the model of Case Coordination. This approach enables the worker to work with service users with complex needs who are entrenched in their behaviour which is often linked to their mental health (i.e. substance/alcohol misuse – ‘self-medication’, challenging and aggressive behaviour, non-engagement with services, high risk behaviours) with increased positive outcomes. This method of Case Coordination is also employed by CRI’s Anti-Social Behaviour Outreach Workers commissioned by the Community Safety Team.

The criteria for referral to the Complex Cases Social Worker is as follows:

- Local connection
- Mental health issues alongside other support needs (i.e. substance misuse, alcohol misuse, head injury, ASB, physical health problems)
- Service user not engaged with statutory mental health services and/or other health and social care services.
- Service user either faces repeat evictions or is hard to engage into available accommodation
- Outreach workers have attempted engagement within their remit but service user continues to rough sleep with complex needs Or, clients with complex health and social care issues, usually where negotiations between services are necessary
Or,
- Service users with complex Health and Social Care issues where services are reluctant to work with the service user due to their past risks/behaviour.

In Quarter 2 2012/13 there were 13 complex cases worked with by Social Worker who met the criteria detailed above. In addition to this there were 29 other individuals being worked with by the team who had complex needs. 10 were being worked with by RSSSRT outreach workers (complex needs incl. alcohol dependent, substance misuse, mental health issues, older person, physical health needs) and

19 were being worked with by Anti-Social Behaviour workers using the case coordination approach.

Health and Social Care Needs of Rough Sleepers

There were 13 people engaged with Health and Social Care Services in Q2 2012/13*

3	Statutory mental health team (i.e. MHT, AOT, Recovery Team)
3	Community Alcohol Team/SMS
2	HIV Team/Lawson Unit
2	Adult Social Care Learning Disability Team
1	Adult Social Care SIT
1	Adult Social Care Rapid Response Team
1	currently an in-patient in RSCH
1	Children Services

*One service user is open to 2 services

There were 17 service users on the caseload in Q2 2012/13 who have Health or Social Care needs but are not engaging with the required service*

9	MHT – Mental Health Team for Homeless
5	Physical Health Needs
4	Community Alcohol Team
1	HIV Team
1	SMS
1	Mental Health Recovery Team

*4 service users fall into 2 categories

The reasons why the 17 individuals listed above are not engaged with the services they require includes:

- Service stating the service user does not meet criteria (i.e. high levels of alcohol use so MHT are not able to engage)
- Service user hard to engage with services – requires more assertive approach than services can provide
- Individuals often have dual diagnosis (substance misuse & mental health) and are not able to access mental health treatment until they have engaged with treatment services which they are not motivated to do.

There are a number of barriers to these individuals with complex needs accessing the right support including the lack of appropriate accommodation. Clients who have been assessed under the Community Care Act and found to be in need of Adult Social Care services often cannot access their accommodation due to the fact they have been banned or they are deemed unsuitable, this leaves them in Band 2 hostels which are not appropriate for their needs often resulting in eviction or service users being stuck in hostels unable to move on to Band 3.

Appendix 2 – Band 2 Hostels

Rough Sleepers with a local connection and individuals who present as homeless and requiring support to the councils Housing Options Team will be referred into Band 2 of the integrated support pathway which consists of hostel accommodation staffed 24 hours a day.

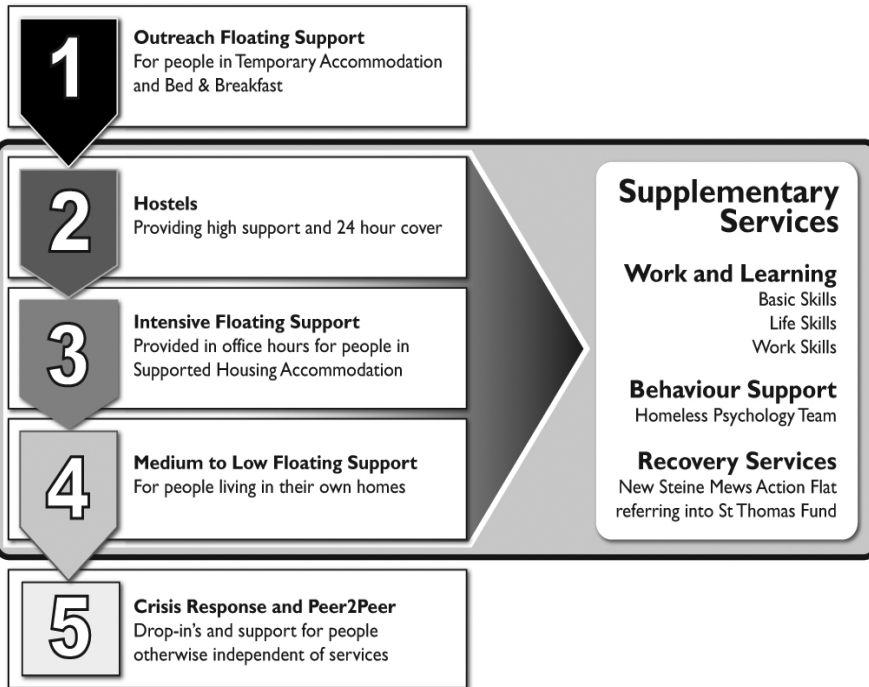
Over a 4 week period during October to November 2012 the Rough Sleepers Team saw an average of 8 locally connected individuals requiring Band 2 accommodation per week. The average number of Rough Sleeper beds in hostels becoming vacant per week was 3.75.

Within the councils allocations team there were 53 individuals waiting for Band 2 accommodation as of the 22nd August 2012. These individuals are currently accommodated in a range of places including with family, sofa surfing, in hospital, in prison and in B&B accommodation.

The following hostels are commissioned to provide accommodation and keywork support to rough sleepers and single homeless individuals. These hostels provide 24 hour staff cover and often work with clients who have complex needs and exhibit challenging behaviour.

Name of Accommodation:	Number of Units of Accommodation:	Client Group / Referrer:
BHCC, Glenwood Lodge Hostel	46	Male Only 75% referrals from Probation Service 25% Single Homeless. The service takes clients with an offending history often directly from prison.
BHCC, New Steine Mews	24	Rough Sleepers
BHCC, West Pier	16	Rough Sleepers. The hostel has an additional 25 beds in the mental health pathway for those with mental health & substance misuse issues.
BHT Phase One	52	Single Homeless & Rough Sleepers
Brighton YMCA, William Collier House	96	90 Single Homeless, 4 Rough Sleeper Beds and 2 Probation beds.
Brighton YMCA, George Williams Mews	25	Single Homeless
Riverside, St Patricks	29	Rough Sleepers
Total number of units :	288	

BAND



Outcomes for those leaving Band 2 accommodation

In 2011/12 323 individuals entered Band 2 hostels and 352 departed, in the first two quarters of 2012/13, 182 individuals have entered Band 2 accommodation and 175 have departed. The table below shows where the individuals leaving Band 2 accommodation have moved on to.

Departures from Band 2 Accommodation:	2011/12		April – September 2012 (Q1 & Q2)	
To Friends	6	2%	2	1%
To Family	8	2%	6	3%
To Temporary Accommodation	8	2%	2	1%
To Supported Housing *	59	17%	36	21%
To Sheltered	4	1%	1	1%
To Detox & Recovery	39	11%	14	8%
To private rented	14	4%	5	3%
To RSL Tenancy	27	8%	16	9%
To LA Tenancy	8	2%	2	1%
Ended Probation / Returned to Previous home	23	7%	12	7%
To Care Home	2	1%	2	1%
To Sleeping Rough	10	3%	7	4%
To Long Stay Hospital / Hospice	1	0%	2	1%
Into Custody	38	11%	16	9%
Unclassified *	104	30%	51	29%
Total	352		174	
<i>Independence Achieved (target 45% of all departures)</i>	186	53%	75	43%

*To Supported Accommodation is mainly those moving on to Band 3 accommodation but may also include those moving into mental health / ASC supported accommodation.

*unclassified includes those who have been excluded or have abandoned their accommodation and whose whereabouts are unknown to the hostel.

Departures from Band 2 Accommodation:	2011/12*		April – September 2012 (Q1 & Q2)*	
Deceased	4	1%	5	1%
Abandoned (target below 10%)	25	4%	11	2%
Excluded (target below 15%)	95	15%	42	9%

* percentages are calculated on all current and former tenants, not on departures.

Complex Needs:

Individuals who enter hostels have a range of complex needs such as substance misuse, mental health and physical health issues. 80% of individuals entering Band 2 (from a sample of 70% of the total service users in 2011/12) classed themselves as needing support with substance misuse issues, when leaving the service 56% of those individuals felt those needs had been met.

Glenwood Lodge & New Steine Mews reported the following support needs for clients within their service in 2011/12.

Support Need	% of Clients New Steine Mews *	% of Clients Glenwood Lodge *
Learning Disability	10%	10%
Mental Health	31%	40%
Physical / Mobility	25%	13%
Substance Misuse	46%	71%
Alcohol Misuse	65%	25%
Personal Care Needs	8%	1%
MAPPA / PPT		9%
Offending	12%	95%

*clients will have more than one support need

Hostels also face issues with individuals who are unsuitable for their accommodation but where no other provision is available. There are around 12-14 individuals in Band 2 accommodation at the present time who fall into this category. Below are two case studies which provide an example of the issues the services are facing in meeting client needs.

1. Elderly, complex alcohol support needs, gout, poor mobility, incontinent. Refuses to see GP, or attend hospital appointments. Meals on wheels. Referred to ASC but not suitable for extra care or residential told to bid on sheltered but alcohol use and street drinking likely to make him unsuitable.

2. Learning Disability. Intravenous drug use, other accommodation options have all been tried and discounted. Unable to develop the skills to move to lower supported

accommodation. The Hostel is accommodating despite H&S concerns around needles due to high risk of death should the individual be made homeless.

Appendix 3 – Band 3 Supported Accommodation

Within the integrated support pathway there are 215 units of semi supported accommodation for those moving on from Band 2. Those who are ready to move on are assessed by the Band 3 Co-ordinator and need to demonstrate that they have begun to address substance misuse issues, completed the lifeskills course and are involved in meaningful occupation. This accommodation is offered for up to 2 years and allows individuals to live more independently while still having regular visits from a Support Worker.

Departures from Band 3 Accommodation:	2011/12		April – September 2012 (Q1 & Q2)	
To Friends	9	14%	1	1%
To Family	4	6%	0	
To Supported Housing	5	8%	5	7%
To Sheltered	2	3%	3	4%
To Private Rented	13	21%	2	3%
To RSL Tenancy	3	5%	11	16%
To LA Tenancy	25	40%	41	60%
Unclassified *	1	2%	3	4%
Total				
<i>Independence Achieved (target 45% of all departures)</i>	56	89%	59	87%

*unclassified includes those who have been excluded or have abandoned their accommodation and whose whereabouts are unknown to the service.

Departures from Band 2 Accommodation:	2011/12		April – September 2012 (Q1 & Q2)	
Deceased	2	1%	0	
Abandoned (target below 5%)	5	2%	2	1%
Excluded (target below 10%)	2	1%	1	0%

Appendix 4 – Band 4 Floating Support

When an individual moves on from Band 3 accommodation they have access to Support4Housing which provides floating support to help people to settle into their independent tenancies. Of the 106 people who departed the service in April to September 2012 92% successfully completed the programme of support.

Appendix 5 – Case Study

My name is James*, I'm 49 year old gay man living in Brighton. I have a long-term history of mental health and behavioural issues dating back to childhood which are centred around violent parental sexual abuse. I was in the local care system from the age of 18 months until I left school at 16.

In the latter part of 2010 and due to a violent breakup with my partner of the time I found myself out of work and sleeping rough. I was sleeping on benches in the Hove Esplanade area and also on benches behind a club called "Babylon Lounge".

I was unaware of what, if any services were available for the homeless in the area, so subsequently for about a month, I would spend most of my time just wandering around the streets trying to keep out of sight and out of any trouble. A couple of other guys who were rough sleeping informed me about a place called "First Base" and they said that I should go there and see if there was any help available. After a couple of days getting up the nerve to go to a new place I eventually made it there and was welcomed in and given a great cup of hot tea and left to sit for a while until the bloke who would end up being my "keyworker" came and introduced himself and then had a chat with me, telling me all the things that they could offer me there and a good guide of how they could help me to help myself to access all the other services on offer.

A couple of days later I was introduced to a guy called Bernie, he explained how the RSSSI worked and told me that he'd see me a few days later while he was 'doing his rounds', I thought he meant at First Base, so imagine my surprise when one morning as I was walking along the promenade at about 7am, I heard this voice calling my name, and there he was, disgustingly bright and cheerful.

I soon got into a regular routine of activities, mostly going to places like First Base for a meal and shower and use of the laundry service and to keep in touch with my Keyworker. Other than that the days just tended to blur in one another. Either wet, hungry and bored, or hot, hungry and bored depending on the weather.

After a few months Bernie met me in First Base and told me that he'd managed to set me up with a meeting at the housing offices with a guy called Lee* who was the man to see about all things housing. As I always get very scared if I have to meet new people, Bernie was happy to attend the meeting with me. The meeting went well. Lee was very easy to talk to and I left the meeting fully informed of what was going to be done by Lee on my behalf to help get me off of the streets. A few days later I was told by Bernie that a place had become open for me in temporary accommodation in Percival Terrace and that I was being housed there under the terms of the "Wellbeing Act".

The housing at Percival Terrace was a bit overwhelming at first as there were about 60 people living there and it took me weeks before I would stop panicking at every strange sound and manage to get a full night's sleep, but it did its job and got me off the street when I was in a very vulnerable state and gave me time to get things sorted in my head, thus allowing me to see that there may be a future worth working towards and it can be very hard to see that when on the street. Where there were

lots of people staying there, all with their own issues to deal with I found the best way to survive there was to keep myself to myself and to avoid getting involved with the other residents as I believed that it would be only too easy to go downhill if I were for example to start hanging around with the drinking or drug using crowd. I was living there for approx. 6 months.

Lee via Bernie then told me that I was to attend an interview at the Phase One hostel. At the interview I was amazed at the difference between there and Percival Terrace in all areas, from cleanliness to attitude. After I had moved and settled in the staff were all so helpful. They would always be willing to help with ANY problems I had and would always help me to help myself solve them. It's a great place. I stayed in the main hostel area for about 4 months then moved down to the Pre-Tenancy Flats which were very useful in helping me to prepare for moving on from the hostel. In December 2011 I was lucky enough to be offered a flat in one of the BHT properties. It was what is termed BAND 3, meaning it's a semi supported tenancy where I had regular meeting with a housing support officer to ensure and encourage me in keeping the tenancy going well. I guess it all worked as I have just moved on from there into my own permanent accommodation, a great one bedroom flat that's ALL MINE !!

In closing I would like to say that even though at times it felt that there were too many people telling me what I had to do, I followed almost all of their advice and in doing so it worked. So remember the support network is there for a reason, SO USE IT

*name has been changed

Appendix 6 – Young People

Sussex Central YMCA Young Peoples Housing Advice Service is in Band 1 and supports young people at risk of homelessness, they either work to prevent homelessness or to seek alternative housing options. Of the 244 18-25 year olds seeking advice in quarter 4 2011/12 the main reasons were parental eviction 33%, friend / relative eviction 15%, unhappy with current accommodation 28% and the end of an Assured Shorthold Tenancy 22%.

Accommodation on presentation at Sx Central YMCA	Percentage of clients
Sofa Surfing	30%
Residing with Family	17%
Private Rented Sector Tenancy	13%
Staying with friends / Relatives	11%
Rough Sleeping	8%
Squatting	2%

From Band 1 some young people will be referred to Supported accommodation in the form of Band 2 24 hour supported hostels for young people. These consist of:

Name of Accommodation:	Number of Units of Accommodation:	Client Group
Impact Initiatives, Stopover One	8	Women only aged 16-25
Sussex Central YMCA, Gareth Stacey House	15	16-25
Sussex Central YMCA, Lansworth House	18	16-19
Sanctuary, The Foyer	25	16-25
Sussex Nightspot	Varies Host Families	16-25
Total number of units:	66	

From this accommodation young people will be referred on to Band 3 supported accommodation of which there are 58 units of accommodation and 20 units of floating support in Band 4.

	2009/10		2010/11	
	Planned moves	Evictions	Planned moves	Evictions
Hostels (band 2)	66 68%	26 27%	63 66%	28 29%
Supported Housing (band 3)	62 77%	14 17%	57 80%	11 15%
Floating Support	37 65%	2 4 %	59 71%	0
Total	250	44 (17.6%)	249	39 (15.6%)

Appendix 7 – No Second Night Out

In Quarter 2 2012/13 No Second Night Out worked with 33 individuals new to rough sleeping, all of those individuals were accommodated and no one returned to rough sleeping.

	Number of Service Users / %
Number of NSNO SU worked with	33
Males	28 (85%)
Females	5 (15%)
Country of Origin	
UK	23 (70%)
Europe: Italy	1 (3%)
Greece	1 (3%)
Portugal	1 (3%)
Rep of Ireland	1 (3%)
NASS: Iranian	1 (3%)
Turkish	1 (3%)
Kurdish	1 (3%)
Arabic	1 (3%)
Housing Outcomes	
Short-term private B&B	24 (73%)
Private Rented	4 (12%)
Wellbeing Power bed	3 (9%)
Accommodation 4 Work	1 (3%)
Priority Need	1 (3%)
Number placed in accommodation returning to rough sleeping	0

Appendix 8 – First Base Day Centre

In 2011/12 491 rough sleepers were accessed at First Base of these:
397 (81%) participated in a programme of support, 349 were men & 48 were women.
259 (53%) found accommodation as a result of the service.
225 people took part in work / learning / training opportunities
1,378 visits were made to visiting healthcare providers at First Base

In quarter 2 2012/13 147 new or returning people accessed the Rough Sleeper Service for an assessment (123 males, 23 females, 1 transgender).

Appendix 9 – Alcohol Nurse

The hostel nurse worked with 40 Cases from May 2011- May 2012

Services used in the 6 months prior to intervention.	Prior to intervention	Post intervention	Difference	Unit cost	12 month cost saving
Emergency call-outs (data for 26 clients)	143	53 (23 due to one client) <i>23 drugs</i>	90	£445 (Source: PCT)	£40,050
Presentation at A&E (data for 29 clients)	152	44 (17 due to one client)	108	£111 (Source: Curtis 2009 – SIPS Project)	£11,988
Hospital Admissions	62	11	51	£1,600 (Source: Curtis 2009 – SIPS Project)	£81,600
Long term hospital admissions	200	10	190	£569 (Source: NHS)	£108,110
TOTAL actual savings: 12 Months.					£241,748
Additional significant cost savings					
Sexual Health/Pregnancy	0 of 8 female clients not using contraception and having unprotected sex. 4 have children in care.	All 8 using contraception and engaged with sexual health.		TBA	TBA
DNA (did not attend) Specialist Appointments	15 clients consistently DNA'ing.	Min. one appt less missed each month.	180	£100 (Source: NHS)	£18,000
DNA's GP	21 DNA'ing	Min. 1 appt less missed each month.	252	£32 (Source: PCT)	£8,064

Ambulatory detox (ie not inpatient)	N/A	5	5	£1,415 (Source: DoH)	£7,075
Engaged in Treatment	0	23(detox/rehab/ waiting list)	20	TBA	TBA
Deaths	All 24 drinking at fatal level.	17 abstinent or drinking below RDA	17	£1,410 (Source: BHCC)	£23,970

Reducing Evictions:

Data currently available for 13 clients.

Client	Evictions pre intervention	Evictions post intervention
1	2 in 14 months	0 in 10 months
2	2 in 11 months	0 in 10 months
3	2 in 4 months	0 in 10 months
4	10 in 8 months	0 in 3 months
5	1 in 4 months	0 in 10 months
6	3 in 6 months	0 in 10 months
7	2 in 16 months	0 in 8 months
8	3 in 16 months	0 in 7 months
9	1 in 3 months	0 in 7 months
10	3 in 8 months	0 in 8 months
11	1 in 5 months	0 in 9 months
12	6 in 17 months	1 in 1 month
13	1 in 3 months	0 in 5 months

Appendix 10 – Equinox Alcohol Outreach Service

On October 29th 2012 the 28 Alcohol Outreach service users were in the following accommodation:

Accommodation:	Number of Clients:
Private Rented Sector	1
Southdown Tenancy	1
William Collier House	5
West Pier Project	3
St Patricks	3
Glenwood Lodge	9
Phase One	2
Rough Sleeping	4

Appendix 11 – Non Commissioned Services

A range of other non commissioned services work with homeless individuals offering food, sleeping bags and support these services are as follows:

Service:	Operating Times:
Food:	
Friends First	Monday evenings
Salvation Army	Showers & food, Wednesday Mornings
Montpelier Baptist	Wednesday evening
St Peters Church	Saturday evening (term time only)
Kemptown Soup Run	Mon-Sun evening
B&H Soup Run (Hove)	Mon-Sun evening
Day Centres:	
Anti Freeze	Mon, Tues, Thurs, Fri & street outreach Mon-Fri evening
St Anne's Centre	Breakfast & Lunch Mon – Fri
Clocktower Sanctuary	Young People Tues – Fri daytime & Mon-Sat evening
Health Care:	
St Johns Ambulance	Mobile Health Unit Mon, Tues, Thurs
Advice:	
Brighton Unemployed Centre	
Big Issue	
St Luke's Advice Centre	
Nightshelter:	
Churches Nightshelter Operating in 7 churches across Brighton & Hove with sleep spaces for 15 individuals.	7 nights per week from 1 st December 2012 to 28 th February 2013.

The following services are all members of the Day & Street Services Working Group which is facilitated by Housing Commissioning and chaired by CRI, the intention of the group is to share information about trends and risks and to facilitate joint working. Sussex Police, Rough Sleepers Team, Clock Tower Sanctuary, Riverside, Mental Health Homeless Team, Sussex Central YMCA, St Johns Ambulance, Hospital Pathway Project, Equinox, BHT First Base, Oasis, Churches Night Shelter, Anti Freeze / Off the Fence, BHCC, Brighton YMCA.

Appendix 12 – Rough Sleeper Count

Area of origin and reason for rough sleeping/last accommodation type for the 29 individuals without a local connection found on the street count in November 2012.

Area of origin	Number Found
London	6
Not Known *	7
Kent	3
Hampshire	3
France	2
Manchester	2
South West	1
West Sussex	1
East Sussex	1
Berkshire	1
Poland	1
Bedford	1
Total	29

*not known consists of those whose origins are still being investigated, those who have been travelling both inside and outside the UK and those released from prison.

Reason for Rough Sleeping	Number Found
Rough Sleeping in other area	9
Prison	4
Abandoned PRS	4
Left travellers site / caravan	3
Evicted from PRS	2
Evicted from Hostel	1
Parental eviction	1
Sofa Surfing	1
Squatting	1
Lost tied accommodation	1
Evicted from Housing Association Property	1
Abandoned from Hostel	1
Total	29