



Lewes District Council



# Eastbourne and Lewes Street Communities Strategy 2018-2021

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## Why have we developed the Street Community Strategy?

There have been increasingly visible changes in the numbers of people sleeping, drinking or begging on our streets in the last two years. We want to change this.

The impact on these people due to their current way of life is severe and extremely risky. At the same time, the effect of their presence and activities on the places they gather can be detrimental to local businesses and to our residents and visitors.

This strategy is designed as a starting point to address a number of concerns which local people and agencies have identified in relation to 'street communities' in Eastbourne and the Lewes District. The strategy sets out the Councils' approach to the issues covered and an overarching action plan to address these through close working with our many statutory, voluntary and private sector partners in response to these concerns

The strategy has been developed in discussion with local stakeholders and will provide a starting point for further discussion and action planning for the new Eastbourne and Lewes Street Communities Partnership.

It also reflects the Government's 'Rough sleeping strategy: prevention, intervention, recovery', published in August 2018 and will contribute to its core aims of halving rough sleeping by 2022 and ending it by 2027.

More detailed background information, statistics and analysis of the local picture can be found in APPENDIX I

## Introduction

'Street community' is an umbrella term that in fact relates to several different groups of people, all of them with individual circumstances and needs. Not everyone who is part of the street community is homeless. It includes, but is not limited to:

- people with mental health needs, whether these have been formally diagnosed or not;
- those at risk of homelessness, rough sleeping and sexual exploitation;
- entrenched rough sleepers;
- people who may or may not be housed and are begging on the streets; and
- street drinkers, drug users and people generally causing anti-social behaviour, including youths.

There are frequently overlaps between these groups with some people involved in or affected by a number of issues.

. This strategy acknowledges there is not a 'one size fits all' approach to meeting the needs of street communities. Support and interventions should be tailored to the different needs of all those individuals identified as part of our street communities, and agencies must work together to achieve positive outcomes.

We recognise that members of the street community have multiple complex needs, which in many cases prevent them from accessing the very services that they require the most, and this leads to isolation and vulnerability in addition to the other key support needs outlined above



## What Do We Aim To Achieve?

### **To ensure that no one needs to sleep rough on our streets**

Develop clear referral pathways into a range of accommodation and support options to PREVENT rough sleeping

### **To establish an effective route into settled housing for rough sleepers**

To develop a model of accommodation and support to RELIEVE rough sleeping, even for the most entrenched clients

### **To provide effective support services which vulnerable people are able to access**

Dedicated outreach staff, delivering services in a flexible way to people in places and at times which meet their needs.

### **To make the best use of our resources through an effective multi-disciplinary approach**

Structured, regular core group meetings bringing together the councils, support services, police and volunteers to agree joint approaches to support and intervention

### **To make and keep our streets safe for everyone**

Understand the needs of the Street Community, address any unmet needs, and reduce the impact on local services.

### **To learn about what works and share our learning.**

A commitment to continuous improvement and learning

## Our aims and values

The core aims of our strategy are to reduce rough sleeping and the impact of the wider street community. The strategy reflects our determination to identify and address the needs of individual people sleeping, living, socialising, drinking and begging on our streets and to deliver appropriate services which these people can engage with effectively.

At the same time we recognise the value of enforcement action to tackle violence and persistent anti-social and criminal activity, and will work with the police and others to agree the most effective approach and use of different options. Our general approach is to engage with people to identify their needs and provide support wherever possible and before taking enforcement action, except where there is an immediate need for this.

To achieve the best balance, we need close working relationships with a wide range of key agencies, including the police and different health and support services, and our work will be developed through a number of multi-agency partnership arrangements, pathways and protocols.

# How Will We Achieve Our Aims?

## **Expand accommodation options for rough sleepers**

- Secure long term commitment and funding to expand the Ministry of Housing, Communities and Local Government (MHCLG) funded Rough Sleeper Initiative
- Step-up/step-down accommodation model with intensive support
- Multi-disciplinary team and gateway to 'golden ticket' approach
- Explore alternatives to Emergency Accommodation

## **Recruit a dedicated outreach specialist**

- Act as a single point of contact
- Collate better quality data on the street community
- Targeted outreach patrols
- Coordination of support and intervention
- Chair monthly core group meetings - including rough sleeping counts
- Work with volunteer groups and best utilise time and resources, including Severe Weather Emergency Protocols

## **Street Community Partnership core group**

- Monthly multidisciplinary meetings
- Clear terms of reference and set agenda
- Identify most at risk clients
- Conduct monthly rough sleeping estimate
- Manage the operational delivery of services including MASCOT (multi-Agency Street Community Operations Team) and the HUB (drop-in sessions for rough sleepers)
- Supported by smaller, regular casework meetings as needed, and larger local homelessness forum.

## **New Ways of working**

- Homelessness Reduction Act – new duties including ASSESSMENT, PREVENTION, RELIEF and DUTY TO REFER
- Early identification, early intervention, holistic and client-centred
- County-wide agreements with statutory agencies
- Pathways into support and information sharing

## **Landlord Rewards Scheme**

- Financial incentives for private landlords in return for 12 month Assured Shorthold Tenancies
- Secure access to more affordable private rented sector stock
- Dedicated liaison officer and caseworkers to support landlord and tenants throughout tenancy
- Stepping stone to county-wide social lettings approach

## **Allocations Policy**

- Priority move on from supported housing
- Designed to create churn within limited supported housing stock

## Expand accommodation options for rough sleepers

Our initial approach will be to reduce the need for anyone to sleep rough. This is challenging in the current housing market, and reflects the nationwide increase in homelessness, rough sleeping and lack of affordable accommodation, along with cuts to essential support services.

In April 2018 the Ministry of Housing, Communities and Local Government (MHCLG) announced a £30million fund for targeted work to reduce rough sleeping, MHCLG approached the more than 80 local authorities most significantly affected by increases in rough sleeping and invited bids. Crucially they asked 'what will it take to reduce rough sleeping before the onset of winter 2018?'

A joint bid between Eastbourne Borough Council and Hastings Borough Council was submitted and successfully awarded £664,000 in 2018/19 and £810,000 in 2019/20.

Our bid develops a best practice model of rough sleeping services of prevention work, multi-disciplinary outreach, intensive floating support and set-up/step-down accommodation options including assessment units and Housing First

Specifically, the funding will be used to:

- appoint a Rough Sleeping Initiative coordinator and an administrator
- appoint a multidisciplinary team of specialist professionals seconded from key agencies tasked with assessing needs and working together differently, to overcome existing barriers and ensure people engage with the services they need. It will include:
  - Adult social worker
  - Community Psychiatric Nurse (CPN)
  - mental health worker
  - Substance misuse worker
  - Housing Needs worker
- expand our East Sussex Rough Sleeper Prevention Service by funding two additional Home Works specialist rough sleeping prevention workers
- develop or buy a database that enables us to respond and react to reports of rough sleeping so that we can respond in a targeted way and share information effectively
- cover the costs of hiring rooms and paying for staff at two day centres (Seaview in Hastings and the HUB in Eastbourne), to manage the day to day running of local contact and assessment points which will accommodate a multidisciplinary team and provide initial assessments and referral services
- provide an assessment centre for rough sleepers to be accommodated for up to three weeks whilst their needs are assessed in full and they are provided with intensive

support to access and engage with the services they need to address these needs and resettle in long-term housing

- provide ten 'Housing First' properties in Eastbourne and ten in Hastings, providing tenancies. Housing First offers affordable housing and support to homeless people with high needs, and with a history of rough sleeping or repeat homelessness. The model is based on the premise that housing an individual should take priority and should not be conditional on them being ready to take on a tenancy. There is no expectation that they should abstain from their use of alcohol or other substances in order to secure housing. The model involves active engagement with a small number of people and intensive support, and has been particularly effective at supporting people to stay in their housing with around 80 per cent success rates. The housing we provide will be scattered geographically across Eastbourne and, if needed, within the Lewes District. The multi-disciplinary team will provide high levels of support.
- provide a team of ten intensive floating support staff working with up to five people each, providing day to day support, action planning and links with the multi-disciplinary team to help people through the transition from rough sleeping and enable them to sustain their housing in the longer term.

## **Recruit a dedicated outreach specialist**

The approach we have developed is closely based on research evidence and on our own experience of working with rough sleepers through the SHORE project<sup>1</sup>, the Eastbourne HUB and the East Sussex Rough Sleeper Prevention Project<sup>2</sup>. It builds on our partnership work with the Chamber of Commerce and Business Crime Groups which provides a valuable information network to enable us to identify the impact of street activity on the local community and focus resources. The Chamber of Commerce and Business Crime Groups have played a key role initiating efforts to bring together resources to develop a pilot outreach service and recruit an outreach worker. Together they have contributed £10,00 towards these costs. This has been matched by £10,000 from Sussex Police and a further £10,000 from Eastbourne and Lewes Community Safety Partnerships.

In July 2018, we appointed a new Rough Sleeper Outreach Worker to identify, engage and work with a small number of individual rough sleepers. This worker will provide a single point of contact for agencies (such as the Business Crime Groups, police and drug/alcohol treatment services) identifying rough sleepers. The Rough Sleeper Outreach Worker will also respond to reports made through the Streetlink Referral Process<sup>3</sup>. They will carry out patrols based on the intelligence they receive and will provide a link with our day centres to ensure rough sleepers' needs are assessed and that they engage with the services they need. In liaison with key agencies, the Rough Sleeper Outreach Worker will use a targeted approach

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<sup>1</sup> The Sussex Homeless Outreach Reconnection and Engagement (SHORE) project was developed in 2011 and delivered services to homeless people across Sussex until 2016.

<sup>2</sup> The Rough Sleeper Prevention Project is a county-wide partnership launched in June 2017 which works with people at imminent risk of rough sleeping, and provides personalised services designed to reduce the flow of new rough sleeping by helping people secure accommodation and the personalised services they need.

<sup>3</sup> StreetLink provides an on-line referral service that enables members of the public to report their concerns about someone they have seen sleeping rough. These reports are passed on to the local authority and outreach worker to respond to.

working with those who are most at risk of serious harm to themselves and/or to others. They will be based equally between the Council's housing team and STAR, the drug and alcohol treatment service.

In addition to this work we will build on the work of voluntary sector organisations that provide winter shelters in the local area through the Severe Weather and Extended Winter Partnership (SWEP). In East Sussex we have agreed to provide shelter to people who would otherwise be sleeping rough when the temperature dips below zero for just one night, rather than observing national guidance which states accommodation only needs to be provided when the temperature dips for three nights or more. We will also work to keep people in their placements for the duration of cold weather rather than asking them to leave as soon as the temperature rises. We will take the opportunity to work with them to identify their support needs and provide a gateway for them to access services.

We will continue our work with the Sussex Rough Sleeper Prevention programme, funded by the Ministry of Housing, Communities and Local Government (MCHLG). This project currently pays for two specialist rough sleeping prevention workers, employed by Home Works and follows the key principles of the 'no first night out' and 'no second night out' model, recognising that providing accommodation quickly helps people to resolve their housing situation in the longer term and prevent them from becoming entrenched rough sleepers. Targeted support and the co-location of Council and Home Works staff have proved highly effective. Based on this pilot and our learning, and with further funding awarded by the MCHLG to Eastbourne and Hastings Councils in July 2018 to reduce the level of rough sleeping, we will commission Home Works to employ a further two workers to expand this work.

These workers are co-located with the housing teams in Eastbourne and Hastings Borough Councils to ensure close working relationships and effective information sharing. Their role includes identifying those at risk of rough sleeping such as those who are sofa-surfing and insecurely housed; providing early interventions and a rapid response to those new to rough sleeping; finding more secure accommodation; and providing intensive support working with people through that transition to ensure they settle into their new accommodation.

This pilot project is funded for two years until June 2019. At the end of the first year:

- 92% of people supported were not rough sleeping 3 months after accessing the service
- 88% of people supported were not rough sleeping 6 months after accessing the service
- 31% of people supported, after being signed-off from the service, were staying with friends/ family, 28% had been supported to secure private-rented housing and 23% had secured Supported Housing
- assistance provided by the service had included support to engage with community services (97%), make contact with friends and family (84%) and engage with a GP/ healthcare services(59%).

## Street Community Partnership core group

The structure of the Street Community Partnership is designed to bring together the key agencies involved with our street community clients, through a clear set of procedures and core group meetings, that allow us to identify who is most in need, address unmet needs, move people into accommodation options as appropriate and address problem behaviour.

The core group meetings will convene monthly, coordinated by the Street Community Outreach Officer who will act as the single point of contact to identify the street community and collate relevant data. The group should be attended by those agencies that have the greatest day to day involvement with our known community:

- Housing Needs
- Neighbourhood First
- CLG
- Homeworks
- Brighton Housing Trust
- Fulfilling Lives
- The Police

The group will be expected to address the following key agenda items:

- Rough sleeping monthly estimate
- Priority clients
- Planning for operational delivery including the monthly HUB and MASCOT
- Action plans from this strategy

To compliment the core group meeting, there will be smaller, more regular multi-disciplinary casework meetings to discuss the detailed support plans of key individuals within the street community, identified that month as being the highest priority to the group; client of concerns and those most at risk.

Furthermore there will be a large homelessness forum, meeting at least once every six months. This will be a large learning and networking event for all relevant agencies directly and indirectly involved in homelessness and rough sleeping, including presentations from key partners, updates and consultations.

Not all people identified with street communities are homeless. Many have a history of homelessness or are living in very insecure accommodation. We need to work with them to ensure they have meaningful access to the services they need and are supported to engage with drug and alcohol treatment services, mental health and other health services, housing and other services, and are receiving and maintaining any welfare benefits they are entitled to.

This means working with those needing treatment or support to manage addictions at the time of day, generally early in the morning, when they are able to respond. For those with multiple needs such as mental health conditions and drug or alcohol addictions, this involves close collaboration with all the services they need to develop workable treatment and support plans.

As with rough sleepers we will engage with these people through our outreach work, day centres and a multi-disciplinary team of specialists. Our focus will be on overcoming barriers to services, engaging with people directly, assessing their needs and providing effective support services which they are able to access. We will work to reduce the level of street drinking and begging by working to address the needs of those involved before resorting to enforcement action.

At the same time, local police need to meet the expectations of local people to engage with street communities and provide reassurance and safety. Working through a new Prevention Model of policing which came into force in 2017, officers and efforts are focused and prioritised on the basis of threat, harm, risk and vulnerability. As well as responding to reports of anti-social behaviour and disorder, the police identify high profile locations and work closely with the Outreach Worker to engage with people in those locations and address their needs.

This approach builds on the work the police have developed with partners in the last two years. The Eastbourne Community Safety partnership initiated a multi-agency team (MASCOT<sup>4</sup>) bringing together officers from statutory agencies to address the issues associated with street communities. Key priorities for the team have been encouraging the public to report incidents of anti-social behaviour involving the street community, identifying locations within the town with a high incidence of reports, ensuring engagement with street communities in those areas at key times and looking at ways to design out crime through building and public space design. The team has worked to identify the most appropriate agency and specialist staff best suited to tackling a particular problem and to take responsibility for those actions that fall within their area of expertise, both through tailored support and effective enforcement where needed.

‘Operation Mascot’ has run in the summer months in 2017 and 2018, and has involved a team engaging with street communities in high profile areas to address problems before they escalate and to help homeless people access the help they need. The team has done some good work in these locations engaging with local street drinkers, working closely with the Council’s neighbourhood teams, housing staff, Business Crime Specialist Advisor and other partners to agree the actions to take in relation to particular individuals to reduce the harm they pose both to themselves and to the wider community. The involvement of other agencies, such as those providing mental health, drug and alcohol treatment services and supported housing providers, as proposed by the proactive outreach approach set out in this strategy, will allow this multi-agency approach to be even more effective.

The approach which the police are evolving in their work with street communities is based on the new emphasis on prioritising responses according to the level of threat, harm, risk and vulnerability and building public confidence through effective communication and on the key Neighbourhood Policing principles:

- directing foot patrols in areas where problems are known to have occurred, where issues are persistent or where evidence suggests this would be beneficial in reducing the threat of crime
- taking the lead on problems only when it is a policing matter

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<sup>4</sup> Multi-Agency Street Community Operations Team

- ensuring teams are well trained in the specialist skills they need to offer the best advice and guidance, and to identify risk at the earliest opportunity
- working with partners and communities so that they can take ownership of problems that are not policing matters.

There is a strong emphasis on improving intelligence and understanding of where and when problems arise and any underlying reasons for peak times and places, targeting police activity where it is needed and working closely with partners to ensure the best response.

The involvement and support of health partners is critical to delivery of this strategy. The Government's rough sleeping strategy clearly identifies the need for NHS England and Public Health England to fill gaps in health services for people sleeping rough as part of the long term plan for health and social care. NHS England is being asked to spend up to £30 million over the next 5 years on health services for people who sleep rough and we will work closely with health trusts and Clinical Commissioning Groups (CCGs) covering Eastbourne and Lewes to develop the most effective approach and make best use of the resources available.

Over the next few months, East Sussex County Council will be recommissioning drug and alcohol services. In line with national policy, the aim will be to provide services which support recovery rather than focusing primarily on treatment. This will involve building recovery communities to support people leaving treatment for drug and alcohol abuse through a range of services designed to help them beyond treatment. This may include a range of peer led projects, groups and activities supported with funding from Public Health Grant, as well as provision of help with housing, career support and health support.

Health, treatment and recovery services need to be delivered flexibly. Involvement in the HUB has improved access to services for rough sleepers, and the links we are making through secondments from health services and from drug and alcohol treatment and recovery services will enable crucial services to be offered and accessed in a way which meets the needs of our street communities more widely.

In addition to the core group operational meetings, we will continue to ensure we liaise effectively with related partnerships. We will:

- continue to liaise with the Lewes and Eastbourne Community Safety Partnerships, updating them on implementation of this strategy and on the outcomes achieved at their Strategy Group meetings
- provide regular updates on street communities and rough sleeping to the Safer East Sussex Board
- use our representation on the East Sussex Health and Wellbeing Board to highlight the needs of homeless people and rough sleepers and ensure the Board is able to provide leadership in the future development of homelessness and rough sleeping strategies and plans<sup>5</sup>
- use our membership of the Health Overview and Scrutiny Committee to ensure effective service provision and delivery by health and social care services

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<sup>5</sup> MHCLG Rough Sleeping Strategy August 2018 states that the government will 'support Health and Wellbeing Boards to fulfil their statutory duties and to provide leadership in the development of homelessness and rough sleeping strategies'.

- work with voluntary sector partners through the Eastbourne Strategic Partnership, Eastbourne Youth Partnership and local community networks to raise awareness of the needs of homeless people and rough sleepers and engage voluntary and community organisations in delivering this strategy and contributing to the work of the Street Communities Partnership
- work with the Local Safeguarding Children Board and the Safeguarding Adults Board to highlight the needs of rough sleepers and street communities, to review gaps in services and provision for those most at risk and investigate any gaps which may have contributed to deaths and serious harm.

Separate delivery arrangements and governance structures involving the accountable agencies are in place to deliver:

- the East Sussex Rough Sleeper Prevention project
- the Rough Sleeping Initiative.

## New Ways of Working

The Homelessness Reduction Act 2017 introduced new duties for local housing authorities and is being implemented in 2018. Under the new Act, councils have a duty to carry out a full assessment of the needs of everyone who is homeless or threatened with homelessness within the next 56 days, and to develop and review a Personalised Housing Plan to ensure their needs are met and prevent them from becoming homeless. For those who are homeless or become homeless within this 56 day period, the Council must secure or provide housing for up to 56 days. Housing clients using these services are expected to co-operate with the Council in resolving their housing issues, and the Council's duty may end if they do not. The Personalised Housing Plans need to be based on the households' specific needs and must include steps to be taken to prevent or relieve their homelessness.

We need to build our staff teams and train them to work with housing customers in new ways, providing better customer care. This will involve meaningful co-location of staff from different agencies. This requires 'buy-in' at every level of our own and our partner organisations and a commitment to these new ways of working and a multi-disciplinary approach

From October 2018, the new Duty to Refer will require named public authorities to notify a housing authority of service users they consider to be homeless or likely to become homeless within 56 days. The named authorities include:

- prisons, youth offender institutions, secure training centres, secure colleges, youth offending teams, and probation services, (including community rehabilitation companies)
- Job Centres including DWP Partnership Managers and work coach homelessness leads
- Social Service authorities
- Health services including emergency departments, urgent treatment centres and hospitals providing in-patient care
- The Secretary of State for Defence.

Housing staff will need to respond effectively to these referrals and ensure these agencies have a good understanding of homelessness and the needs of their own customers, and be able to work through agreed arrangements which are designed to provide the best outcomes for service users. As the local housing authorities, the District and Borough Councils will need to develop these agreements and referral pathways, and to build new working relationships with the referring agencies. These agreements will be based on shared objectives that are monitored and reviewed on a regular basis.

We have begun work on developing protocols with these agencies and will need to ensure effective prevention of homelessness amongst those leaving prison – through our liaison with Probation and Community Rehabilitation Companies – and will explore opportunities for building on these links as we progress.

We are also committed to working with young people leaving care. It is widely recognised that these young people are at significant risk of becoming homeless. We work closely with Children's Services and contribute to the costs of an East Sussex Young Person's Coordinator who works with looked after children, homeless young people and those at risk of homelessness. We will continue to work closely at county level to minimise homelessness amongst young people and will continue to work with Downlink Group YMCA who provide supported housing to young people to reduce youth homelessness and support those young people who have become homeless.

The government strategy refers to the Homeless Link Annual Survey of youth homelessness which estimated that around 7 per cent of young homeless people were LGBT and noted that the causes and needs of LGBT people experiencing homelessness can be different from those who are non-LGBT, with many having experienced familial rejection, abuse and violence and an increased risk of sexual exploitation. This is an issue which we need to research at a local level to improve our understanding of the causes of local youth homelessness and approach to preventing homelessness.

The strategy also highlights the key role of health services in addressing the needs of rough sleepers. We are working with hospital admissions and discharge teams to build clear pathways and bridges between health and housing taking into account Caldicott principles on information sharing.

We are also building links with local Job Centres and have secured DWP Flexible Support funding for a pilot 'Housing and Employment' project to help homeless people and those at immediate risk of homelessness overcome the barriers they face to securing paid employment. We are currently developing a further funding bid to work with tenants needing support to prepare for 'migration' to Universal Credit and the associated requirements on them to search for work.

In Lewes district the Council has awarded a grant to BHT Eastbourne Advice to appoint an advice and support worker who will work alongside our council housing staff supporting people who need to claim Universal Credit, to minimise the risks of people becoming homeless. We are currently working with BHT to agree protocols for shared working and information sharing on this project.

## Landlord Rewards Scheme

Private sector landlords have many apprehensions about accepting tenants who are homeless with support needs or on benefits, and many authorities use incentive schemes to overcome and address these barriers.

A permanent role has been approved to coordinate this work within Housing Needs; a landlord liaison officer will be recruited to market our offer to private sector landlords, and procure at least 50 new assured shorthold tenancies in the area. This will:

- increase our access to sustainable, good quality accommodation
- rebuild our relationships with PRS landlords and portfolio holders
- work towards a social lettings model.

The offer to landlords is designed to incentivise them to accept homeless applicants as their tenants, and to overcome some of the concerns and barriers they have experienced in the past, such as offering ongoing support for landlords and tenants for the first two years, a named point of contact, guaranteed income and no agency fees for landlords or tenants.

In the short term we hope to use these properties for those currently in emergency accommodation, which will free up units for others who need them. In the longer term we hope to utilise new IT solutions to develop a social lettings platform.

## Allocation Policy

The new Allocations Policy went live on 1 June 2018. Clients moving on from supported accommodation are awarded priority band A when they are ready to live independently; meaning they will have a reasonable preference above other applicants on the register to move into a social tenancy. This in turn will avoid a bottleneck of supported accommodation tenancies and make way for new clients who need those services.

The policy also paves the way for clearer referral routes into supported accommodation across the county, detailing the need for the local authority to approve the placement and move on requests, ensuring that we work in a joined up way to ensure placements go to those who need them the most.

## Looking to the future

The new package of services described in the strategy is designed to allow us to trial new ways of working and respond to individual needs in a flexible way. The services and pathways we are developing need to be tested in practice. We need to ensure we are reviewing and evaluating the effectiveness of our approach and adapt this as we learn from our experience.

To help us learn, we need to agree a set of outcomes which we will measure. We propose the following:

- ✓ Number of people / households PREVENTED from becoming homeless
- ✓ Number of people / households whose homelessness was RELIEVED
- ✓ Number of people sleeping rough
- ✓ Number of people reconnected
- ✓ Number of people engaging successfully with drug and alcohol treatment services
- ✓ Number of people engaging successfully with mental health services
- ✓ Number of people registered with a GP
- ✓ Number of crisis admissions to hospital
- ✓ Level of anti-social behaviour (measured by the rate of notifications and complaints received)
- ✓ Number of enforcement actions taken (measured by number of injunctions, dispersal orders, arrests)

Individual projects covered in this strategy may collect more detailed information on outcomes, but those listed above relate directly to the aims of the Strategy as a whole.

Providing clear evidence of the impact of our work will enable us to develop future services which are effective. We also need to ensure we achieve the outcomes we are being funded to deliver and provide the information we will need for future funding applications. At present the funding for our Rough Sleeper Outreach worker is for one year only; funding for the East Sussex Rough Sleeper Prevention project runs out in June 2019; and the funding for the Rough Sleeping Initiative project is due to end in April 2020. The Street Communities Partnership will need to work together to identify future opportunities for funding and ongoing provision of services.

## Street Community Partnership - Action Plan

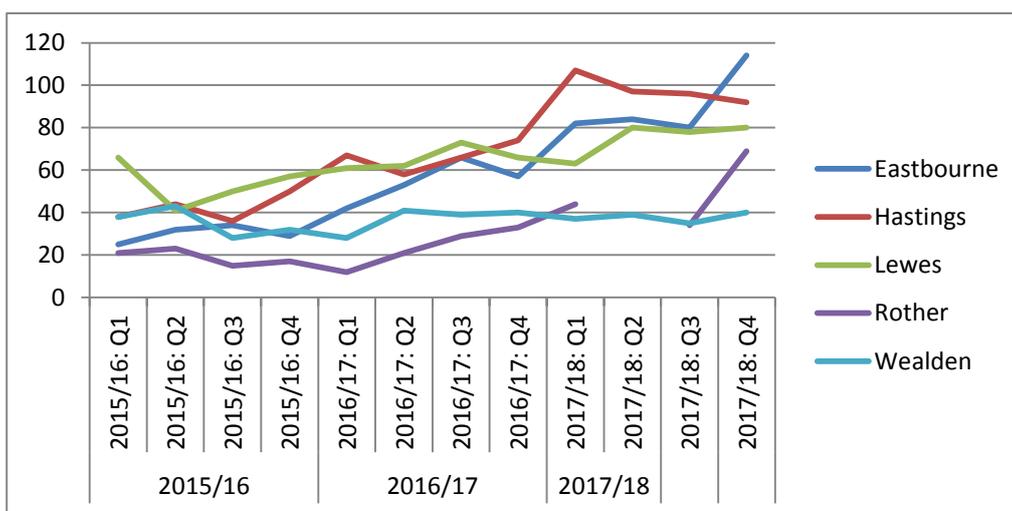
Actions	Lead and partners	Resources / barriers	Milestones
<b>Service development</b>			
Set up regular SCP meetings, agree attendance and agenda			
Expand monthly Homeless HUB services			
Agree and deliver expanded Severe Weather provision			
Agree referral routes into rough sleeping initiative and contribute towards its success			
Develop and agree referral processes, information sharing protocols and consent forms with agencies responsible for the 'Duty to Refer'			
Provide training, shadowing and co-location options with key agencies			
Agree Terms of Reference and protocols to enable appropriate levels of information sharing between key agencies which protect the confidentiality of individual service users			

Ensure accuracy of monthly Rough Sleepers count or estimate and build on existing data for the street community			
Increase access to affordable private rented sector accommodation – Landlord Rewards			
Cement long term joint investment in the Rough Sleeping Initiative or equivalent ways of working			

## APPENDIX 1 - The context: homelessness and rough sleepers

This section includes key figures which provide evidence of the need for a multi-agency, strategic approach to rough sleeping. Recent years have seen huge increases in the number of people becoming homeless. In Eastbourne, for example, over the 5 years from 2013 to 2017, the number of households applying to the Council as homeless increased from 92 in 2013 to 271 in 2017. The number has increased again in 2018, particularly following the introduction of the Homelessness Reduction Act. Similar increases have been seen across the county.

This, in turn, has an impact on the number of people needing to be placed in Emergency Accommodation. The chart below shows the increases in the last three years.



**Households in temporary accommodation 2015/16 to 2017/18**

Following the introduction of the Homelessness Reduction Act, the number of households now living in temporary accommodation has risen still further. In Eastbourne for example, the number of households placed in temporary accommodation increased to 120 between 3<sup>rd</sup> April and end of June 2018 compared with 48 for the same period the previous year., By the end of June 2018 there were 153 households living in temporary accommodation.

Local authorities conduct counts of people sleeping rough in their area on one night each year. These counts identify people who are sleeping, about to bed down or actually bedded down in the open air - on the streets, in tents, doorways, parks, bus shelters or encampments - and people in buildings or other places not designed for habitation such as stairwells, barns, sheds, car parks, cars, derelict boats, stations, or 'bashes'.<sup>6</sup>

Rough sleeping figures only provide a snap shot of the number of people sleeping rough and do not account for those others who may be sofa surfing, in prison or not seen at the particular time of the count.

<sup>6</sup> The definition does not include people in hostels or shelters, people in campsites, squatters or travellers.

‘Rough sleepers may not be known to local services because they remain out of sight, bedding down at different times of day or night, and moving from place to place.’<sup>7</sup>

The numbers published are highly likely, therefore, to be an underestimate of the actual number of those sleeping rough.

Nationally, the counts of people sleeping rough show that there were 4,751 people sleeping rough in 2017 compared with 1,768 in 2010, a 169% increase. A sharper increase was found in the South East, with 1,119 people counted sleeping rough in 2017 compared with 310 in 2010 – a 261% increase.

Within the south east, towns and cities along the coast have been significantly more affected by an increase in rough sleeping.

### Regional statistics – Sussex, Brighton & Hove, East Sussex<sup>8</sup>

Street counts and estimates of rough sleeping, by local authority district and region								
Local authority / Region	2010	2011	2012	2013	2014	2015	2016	2017
England	1,768	2,181	2,309	2,414	2,744	3,569	4,134	4,751
South East	310	430	442	532	609	827	956	1,119
Brighton and Hove	14	37	43	50	41	78	144	178
Eastbourne	6	3	11	6	11	10	19	41
Hastings	3	5	3	15	12	16	26	40
Lewes	4	3	0	0	0	9	3	1
Rother	6	5	5	5	0	5	1	4
Wealden	0	0	0	0	1	0	7	4
East Sussex total*	19	16	19	26	24	40	56	90

The figures above show the steep rise in the numbers of people sleeping rough, particularly in Eastbourne – from 6 in 2010 to 41 in 2017; Hastings – from 3 in 2010 to 40 in 2017; and Brighton and Hove – from 14 in 2010 to 178 in 2017.

As ‘snap-shots’, these figures do not reveal the movement of rough sleepers between different locations. People regularly move between towns, particularly along the coast, and areas close to Brighton and Hove, Eastbourne, and Hastings, including parts of the Lewes District such as Telscombe Cliffs and Peachaven, are more likely to be affected by the number of homelessness people and rough sleeping in their own areas than these figures reveal.

In addition to these annual counts, we record the number of rough sleepers using services at the Eastbourne HUB<sup>9</sup>.

<sup>7</sup> StreetLink. About rough sleeping. <http://www.streetlink.org.uk/node/5>. Last accessed on 12/07/16.

<sup>8</sup> Source: MHCLG. The Autumn rough sleeping counts and estimates were carried out between 1 October and 30 November 2017. East Sussex total calculated by adding together figures for Eastbourne, Hastings, Lewes, Rother, and Wealden.

Of the people sleeping rough in Eastbourne at the time of the count, 12 were not known to the HUB and only 3 used a winter night shelter provided in Eastbourne through the Severe Weather Emergency Protocol that year.

Of the 70 people who used the HUB in 2017/18 only 29 had been identified in the count of rough sleepers in November 2017.

26 people were admitted to a winter night shelter. Of these, 4 were known to the HUB, 3 had been identified in the count of rough sleepers, and only 1 was known to all three services.

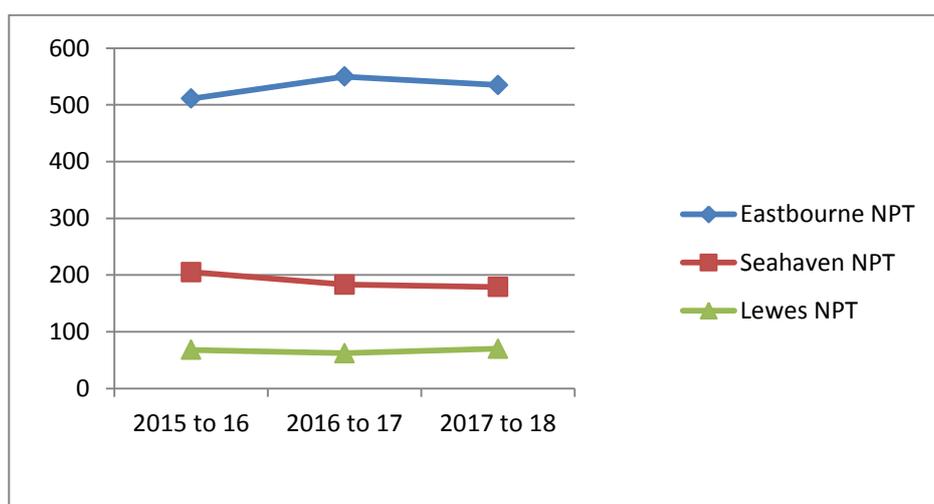
## Anti-social behaviour, street drinking and begging

A report produced by Mike Ward of Alcohol Concern in 2016, Tackling Street Drinking, and used by the Police and Crime Commissioner's to support her guidance to partners, spells out the problems identifying the number of street drinkers in any area:

The problem is too ill-defined, variable and hidden to be reliably counted.<sup>10</sup>

Estimates suggest a range of between 15 and 60 street drinkers in an average sized lower tier council area such as Eastbourne or Lewes district. The report states that it is 'impossible to be certain whether the number of street drinkers is increasing' because there is no comparison data over time.

An indication of the levels of street drinking in different areas can be derived from the number of recorded reports of Alcohol Related Crime responded to by Neighbourhood Policing Teams. 513 reports of Alcohol Related Crime were dealt with by the Eastbourne Neighbourhood Policing Team in the year ending 31 March 2017 compared with 70 reported to the Lewes Neighbourhood Policing Team, covering Lewes Town and the rural areas, and 179 reported to the Seahaven Neighbourhood Policing Team covering Seaford, Newhaven, Peacehaven and Telscombe Cliffs in the same year.



<sup>9</sup> Eastbourne HUB was developed in 2012 to ensure access key health, advice, housing and support services to homeless and insecurely housed people alongside their evening meals at the Salvation Army Citadel in Eastbourne

<sup>10</sup> Mike Ward, Alcohol Concern, 2016

The summer months in 2017 saw a significant increase in the number of reports made to Sussex Police relating to the street community, with 164 reports in the three months from May to July alone. This reduced gradually over the next few months and we have seen a continuing reduction overall. Between 3 March and 7 May 2018 there were 70 incidents and from 8 May to 22 August just 60 incidents were reported, compared with 164 the previous year – a significant reduction.

Anti-social behaviour associated with street drinking can have a detrimental impact on communities' quality of life. In some cases it may be associated with violence and it is often a precursor and sometimes a cause of wider crime. It can leave people feeling frightened, unsafe and anxious within the neighbourhoods and there is a strong expectation from residents and businesses that the police will take action.

In response to a 42.9 per cent increase in reports of street drinking in the Devonshire Ward and with a 33.3 per cent increase in Upperton Ward – covering the Eastbourne town centre area - as well as an increase in complaints from businesses and members of the public, Eastbourne Borough Council introduced a new Public Space Protection Order in 2017. This will be used by the police to request those in possession of alcohol and acting in an anti-social manner to stop drinking or surrender any alcohol in their possession.

## **The impact of sleeping rough**

The majority of people sleeping rough have faced major personal, social and health problems prior to doing so and have resorted to sleeping rough at a time when they feel this is their only option. According to Shelter, the national housing and homelessness charity, those suffering from homelessness are more likely to have long-term health and mental health problems and are more likely to have problems with drugs, alcohol and smoking.<sup>11</sup>

The impact of sleeping rough significantly exacerbates and adds to these difficulties. The need to prevent rough sleeping before it begins and minimise the length of time people are at risk is therefore central to our response.

Rough sleepers face a range of risks to their personal safety and to their physical and mental health, as evidenced by a wealth of research summarised in the Appendix to this Strategy. A survey of 450 rough sleepers reported by Crisis in their report 'It's no life at all' documents the experiences of violence and abuse which many are subjected to. Street communities are also particularly vulnerable to being drawn into criminal activity, such as drug dealing, by organised crime groups associated with County Lines. County lines exploitation describes how gangs from large urban areas supply drugs to suburban and rural locations; using vulnerable children and young people to courier drugs and money.

Many rough sleepers have high levels of multiple and complex needs with mental health problems, drug and alcohol dependencies, and a background of long periods in institutional

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<sup>11</sup> Shelter. The impact of bad housing.

[http://england.shelter.org.uk/campaigns/\\_why\\_we\\_campaign/housing\\_facts\\_and\\_figures/subsection/?section=the\\_impact\\_of\\_bad\\_housing](http://england.shelter.org.uk/campaigns/_why_we_campaign/housing_facts_and_figures/subsection/?section=the_impact_of_bad_housing). Last accessed on 12/07/16.

settings (prison, armed forces, care) as common factors. The government points to a 'clear link between homelessness and health and wellbeing' which needs to be addressed.

The longer someone sleeps rough, the greater the risk that they will become trapped on the streets and become a victim of crime, develop drug or alcohol problems, or experience problems with their physical or mental health<sup>12</sup>.

A&E visits per homeless person are four times higher than for the general public and homeless people access GPs roughly 1.5 - 2.5 times more than the general public each year, and rough sleepers are over 9 times more likely to commit suicide than the general population; on average rough sleepers die at age 47 (age 43 for women).

At the same time, research published by St Mungo's in 2016 found that rough sleeping makes it harder to access mental health services as a result of stigma, a lack of services for people with multiple problems including drug and alcohol use, difficulties getting an assessment or referral to secondary care without being registered with a GP, problems associated with disruptive behaviour and difficulties keeping appointments while sleeping on the street.

Rough sleepers face additional difficulties maintaining their benefit claims. Those on work-related benefits (Job Seekers Allowance and Universal Credit) face significant problems meeting the 'conditionality' requirements for receiving these benefits, and in particular the requirement to search for a job. Whilst there are "easements" that acknowledge that homeless claimants may face difficulties, concerns have been raised about the high rate of sanctions on homeless claimants and the additional impact this can have.

Being homeless can also cause or intensify social isolation, and create barriers to education, training and paid work. St Mungo's homelessness charity has reported that over half of their clients cannot read and write to a functional level; 50 per cent say their lack of self-confidence is holding them back; and three quarters have some form of mental health condition. Nevertheless, 80 per cent of their clients said that work was one of their goals.<sup>13</sup>

Rough sleeping is also costly to the public purse. Rough sleepers are likely to have more frequent and sustained contact with public services compared to other citizens.<sup>14</sup> This includes the costs of health services as well as policing and criminal justice costs. For example, 79 per cent of prisoners who were homeless before custody were reconvicted in the first year after release, compared with 47 per cent of those who were not homeless before custody.

Most of the additional financial costs of homelessness to health and support services and the police and justice system are attributable to the most vulnerable and hardest to help. Individual needs and service use vary but estimates range from a cost of £16,000 a year on average for

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<sup>12</sup> StreetLink. About rough sleeping. <http://www.streetlink.org.uk/node/5>

<sup>13</sup> House of Commons Library. (9 March 2018). [Rough sleepers: access to services and support \(England\). Briefing Paper Number 07698](http://researchbriefings.files.parliament.uk/documents/CBP-7698/CBP-7698.pdf). P.41. <http://researchbriefings.files.parliament.uk/documents/CBP-7698/CBP-7698.pdf>

<sup>14</sup> House of Commons Library. (9 March 2018). [Rough sleepers: access to services and support \(England\). Briefing Paper Number 07698](http://researchbriefings.files.parliament.uk/documents/CBP-7698/CBP-7698.pdf). P.4. <http://researchbriefings.files.parliament.uk/documents/CBP-7698/CBP-7698.pdf>

long-term rough sleepers to £21,180 a year for homeless people with a history of substance misuse and offending, compared to an average UK public expenditure of £4,600 per adult.

Early intervention services, as well as being vital to reduce the risks to individual rough sleepers, can also minimise the public costs. Research commissioned by Crisis estimated that in the case of a man in his 30s who becomes a rough sleeper, the cost of resolving homelessness quickly is £1,426, which rises to £20,128 if homelessness persists for 12 months.<sup>15</sup>

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<sup>15</sup> House of Commons Library. (9 March 2018). [Rough sleepers: access to services and support \(England\). Briefing Paper Number 07698](http://researchbriefings.files.parliament.uk/documents/CBP-7698/CBP-7698.pdf). P.29. <http://researchbriefings.files.parliament.uk/documents/CBP-7698/CBP-7698.pdf>

## Appendix 2 - How we consulted

In April 2018 we consulted partners and stakeholders on:

- The correct definition of street community groups
- What services / support is needed, particularly where those groups overlap
- What amendments are needed to Terms of Reference for existing partnerships to ensure we make best use of resources, avoid duplication and maximise the benefits of multi-agency working
- The best measures to track outcomes and any other performance indicators needed.

The key messages received from partners were:

- The need to focus definitions on needs (such as health needs) rather than behaviours (as initially suggested – e.g. street drinking, rough sleeping, begging), and ensure we do not exclude anyone – e.g. young people. Suggestions included ‘mental health – diagnosed or undiagnosed’; ‘vulnerable with or without substance misuse’; ‘rough sleeping / homeless’; ‘ASB, Crime and Disorder – offenders’; ‘domestic violence’.
- The value of increased representation for mental health service providers
- A preference for positive measures focusing on numbers of people housed and engaging with services rather than on the reduction of negative measures such as injunctions, dispersal orders and complaints
- The importance of capturing the views of the people we are aiming to support and liaison with service user groups who include people who have been supported
- A need to focus on the accessibility of the support services being offered and remove barriers which people face using these services
- More communication about people who have been dispersed to enable more engagement with them and follow-up on the signposting provided by Operation MASCOT
- Quick responses to those new to rough sleeping to minimise the risks of developing addictions and / or mental ill health
- An understanding of the sense of security that some people find mixing closely with other people living on the streets and the need to support people once housed to minimise feelings of loneliness, insecurity and financial stress
- The need to ensure follow-up support for people and stop this falling away once they have been housed to reduce their vulnerability to eviction (for example, through the behaviour of their visitors) and to prevent the cycle of re-housing, eviction and rough sleeping.

## Appendix 3: Partner agencies and lead partners

### EASTBOURNE & LEWES STREET COMMUNITIES PARTNERSHIP

#### **Political leaders**

Stephen Lloyd MP (Eastbourne)

Maria Caulfield MP (Lewes)

Councillor Shuttleworth – EBC Cabinet Member – Direct Assistance Services

Councillor Maskell – LDC Cabinet Member – Housing

#### **Private sector / business partners**

Eastbourne Chamber of Commerce

#### **Eastbourne Borough Council / Lewes District Council**

Head of Homes First

Street Communities Partnership Chair / Housing Lead

EBC/LDC Specialist Advisor Housing Needs

Neighbourhood First Team Leader

Specialist Advisor Business Crime

Rough Sleeper Project Coordinator

EBC/LDC Outreach Worker

#### **Hub + Street Community Support Agencies**

Brighton Housing Trust (BHT)

Homeworks

Fulfilling Lives

CGL Manager and STAR Manager (drug treatment and recovery service)

Salvation Army

Matthew 25

Nightshelter

Kingdom Way Trust

Downslink Group YMCA and Foyer

Sanctuary Hyde

#### **Health / Mental Health / Social Care:**

Adult Social Care Mental Health commission and operations staff

DOP Manager

Community Psychiatric Nurse (HUB)

OM – Acute Care

RO SA & SMS ESCC

SP SMS

#### **Sussex Police**

District Commander and Strategy