

IMPACT REPORT 2015

HOW BHT COMBATS
**ROUGH SLEEPING IN
BRIGHTON & HOVE**



“There is **no place** for
homelessness in
the 21st Century.

The key to delivering that
vision is **prevention**
– agencies **working**
together to support those
at risk of homelessness.

Making Every Contact Count Report

A joint approach to preventing homelessness, August 2012

Department for Communities and Local Government

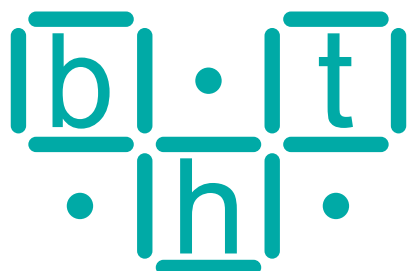
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This report looks at the work of BHT in combating homelessness.

Without the work of BHT and our partners, including Brighton and Hove City Council, Sussex Police, CRI, the YMCA and others, there would be many, many more people sleeping on the streets of the city.

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BHT'S MISSION:



Combating Homelessness ●

Creating Opportunities ●

Promoting Change ●

How BHT Combats Homelessness

BHT relieves the worst aspects of homelessness by the **provision of basic, life-sustaining services.**



BHT's **First Base Day Centre** provides the very basic amenities most of us take for granted – food, toilets, showers, clean and dry clothes.

BHT ensures that men and women sleeping on the streets of Brighton and Hove **can access basic health care.**



In partnership with the **NHS and others**, First Base offers **primary health care** as well as **dentistry, optometry, podiatry and sexual health work.**

First Base FEEDBACK



Food, advice, bedding and a sympathetic ear – this is what rough sleepers want. Let people say what they need to say rather than saying the same things over and over to people from behind a desk.

First Base FACTS



Number of meals provided annually:

20,076*

*including breakfast and assuming that a third of clients have a hot meal.

First Base **FEEDBACK**



Right from the get go getting people to move away from drinking and smoking. They're looking for cheaper ways to blunt the pain as money runs out.

BHT provides respite by providing temporary accommodation for those who would **otherwise be sleeping on the streets**.



Our large hostel, **Phase One**, accommodates 52 men and women, often as the first stop after living on the streets.



BHT helps people overcome the issues that **resulted in them becoming street homeless**.

We provide **several specialist services**, including those that address addictions and mental ill health.

It is not only the men and women with whom we work every day of the year that benefit from our services.

By combating homelessness of individual men and women, there are **savings for the wider public purse**:



FEWER AMBULANCE CALL OUTS

FEWER ATTENDANCES AT ACCIDENT AND EMERGENCY UNITS

FEWER VICTIMS OF CRIME



First Base **FACTS**



The number of cups of tea consumed annually:

30,160*

*assuming two cups per client of early morning session each day.

BHT'S AMBITION:

It is our **ambition** that **by 2020**, we will have reached the point where **nobody** has to be **street homeless** in Brighton & Hove.

BHT believes that nobody should be sleeping rough on the streets of Brighton & Hove, one of the wealthiest cities in one of the wealthiest countries in the world.

It is to our **collective shame** that in recent years the number of men and women who are street homeless in this city has increased. Sleeping rough can be a dangerous and traumatising experience. Many people who sleep rough suffer from **multiple health conditions**, such as **mental health problems** and **physical illnesses**.

Will this be **easy**? **ABSOLUTELY NOT.**

Is it **possible**? **ABSOLUTELY, YES.**

Can **BHT** achieve this **on our own**?

NO, IT WILL TAKE:

- ✓ Massive collective **AMBITION** and **EFFORT**
- ✓ Fearless **LEADERSHIP**
- ✓ **DETERMINATION**
- ✓ **A REALIGNMENT AND FOCUS** of many services with the objective of **ENDING ROUGH SLEEPING IN BRIGHTON & HOVE.**

ENDING ROUGH SLEEPING

The Moral Case

Rough sleepers are **47 times more likely to be a victim of theft** than the general public.

Rough sleepers are **35 times more likely to kill themselves** than the general population

The average life expectancy of a **man** living on the streets is **47 years**, for a **woman** just **43**.

Average national life expectancy: **78.8 for a man** and **82.8 for a woman**

Homelessness **should never be a lifestyle choice**, and it rarely is.

Rough sleepers are **13 times more likely to experience crime** than the general public.

Rough sleepers are **four times more likely to die from unnatural causes** such as accidents, assaults, murder, drug or alcohol poisoning.



ENDING ROUGH SLEEPING

As well as a moral case for working to end rough sleeping, there is also a **strong economic case** to be made:

Homeless people use hospital services at a **disproportionate rate** to the general population



Mainly because of barriers to accessing **mainstream health services**, such as **inflexible appointment systems** or the need for an **address to register with a GP**. Homeless men and women can also face **discrimination** or **judgement** by health workers.



Health problems, in particular **mental health** problems, **substance misuse** and **alcohol dependency** are more prevalent among the homeless population, especially among **rough sleepers**.

Department of Health research warns of **potentially significant costs** for health and support services. There is a lack of evidence of the numbers of homeless people who use these services. Case study evidence suggests the **costs to the public services** of people with multiple needs **can be considerable**.

First Base **FEEDBACK**



Have a newsletter for rough sleepers containing information like night shelters and things. Have everything in it.

First Base **FACTS**



Number of mobile phones charged annually:

1,300*

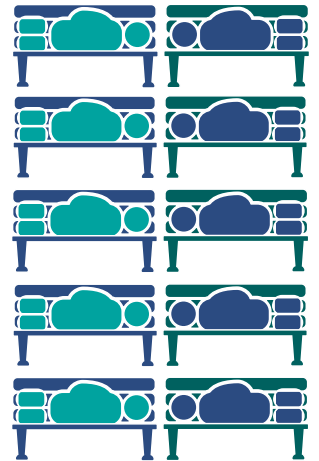
*First Base provides Samsung, Nokia, Apple, Blackberry and Motorola charges for its clients.

The Economic Case

Rough sleeping also has a **negative impact** on the **economic prospects** of the **local area**.



In Brighton and Hove, **tourism can suffer** from the **visible rough sleeping** and from **anti-social behaviour**, such as begging and street drinking, behaviour which is often caused by people who are not sleeping rough.



Single homeless people are **five times more likely to use Accident and Emergency departments** than the general public.

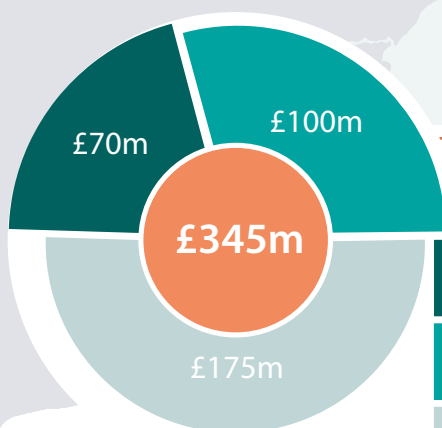
Healthcare for Single Homeless People, Office of the Chief Analyst, Department of Health, March 2010)

Evidence suggests that **homelessness** and **offending behaviours** are **interwoven** and **mutually perpetuating**.



Costs to the **criminal justice system** and **policing** may be significant. The **total costs** for a **drug offence conviction** is estimated at around **£16,000**.

Ministry of Justice research



Homelessness Prevention
Temporary Accommodation
Homelessness Functions



English local authorities' **expenditure on homelessness in 2010-11** totalled almost **£345m**

Department for Communities and Local Government August 2012.



THE SITUATION NATIONALLY

Who can get help from the Local Authority?



To receive help from the local authority you must be deemed to be in **priority need**:

You may be eligible for **help** from the **local council** if you:

- ✓ are **16 or 17** years old
- ✓ are a **care giver**
- ✓ have **children** who live with you
- ✓ are **pregnant**
- ✓ at risk of **violence**
- ✓ are **vulnerable** due to **old age, mental** or **physical illness**

Those who are not eligible often have to find their **own solutions** (such as sofa surfing with family or friends) and **some have no choice** but to **sleep rough**.



In **2012 BIFFA**, a specialist waste management company, reported **20 incidences** of finding **individuals in waste containers**.

People have reported **sleeping in cars**, under **upturned boats** on the beach, **underneath the pier** and even in **wheelie bins** and **refuse containers**.

HOMELESSNESS DEFINED



The homelessness definition **includes**:

Contributory factors **include**:

- ✓ families and individuals in **housing need**
- ✓ people who have been **evicted from tenancies** or have had homes repossessed
- ✓ people living in **very overcrowded** or **unfit housing**
- ✓ the so called **hidden homeless** - people who sofa surf with families and friends or who 'live' in cars and vans
- ✓ **relationship** breakdowns
- ✓ a young person being **thrown out of the family home**
- ✓ **domestic violence**
- ✓ **ill health** and **unemployment**
- ✓ **bereavement**

THE SITUATION IN BRIGHTON & HOVE

Brighton & Hove is a city of contrasts; areas of extreme affluence sit next to areas of deprivation, with some residents experiencing significant inequality in terms of access to suitable housing, health and life expectancy, and work and learning opportunities.

Brighton & Hove has one of the **highest averages for house prices** outside London, coming within the **top 10 local authorities**.

High rental prices within the private rented sector mean that affording to meet rental commitments each month becomes **unsustainable for many households**.

Despite receiving national recognition for **good practice and innovation** in dealing with the issue of rough sleeping, Brighton & Hove continues to have one of the **highest numbers of rough sleepers outside of London**.



Audits and Assessments for Brighton & Hove



Rough Sleeping & Single Homeless Needs Assessment 2013



The **rough sleeping population** in 2012 was **91% male 9% female**

72% of rough sleepers reported needs around **alcohol use**

47% of rough sleepers reported needs around **drug use**



Brighton & Hove Homeless Health Needs Audit 2014



84% reported at least one **physical health issue**

85% reported at least one **mental health issue**

73% reported this mental health issue **had been ongoing for 12 months** or more.

ENDING ROUGH SLEEPING

BHT has a number of projects which work directly with people who are rough sleeping, the largest being our **First Base Day Centre**.

A large, **multi-service day centre** supporting people who are street homeless or vulnerably housed in the city, BHT's First Base Day Centre helps people to **move away from sleeping rough** and to **realise their aspirations**.

The centre provides **practical services** such as **food** and **showers**, **health care** including **dentistry** and **podiatry**, as well as work and learning activities providing **employment skills**.



What is First Base doing to end rough sleeping in Brighton & Hove?

REDUCING ROUGH SLEEPING

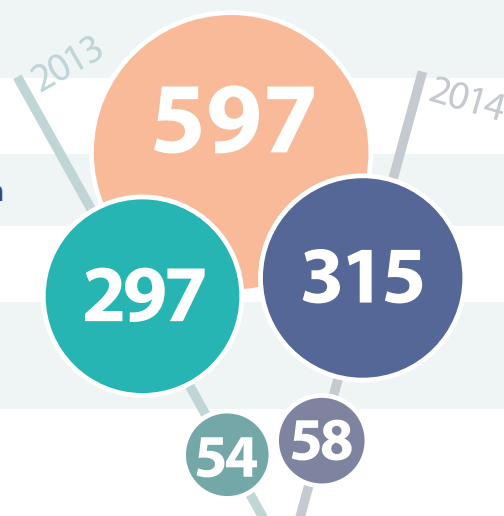
First Base works in partnership with the **Rough Sleepers Street Services and Relocation Team**, provided by **CRI**, **police** and other services within the voluntary and community sector, providing an **integrated service for rough sleepers**.

BENEFITS INCLUDE:

- ✓ improved **information sharing**
- ✓ **rapid assessment** of rough sleepers
- ✓ **direct referral rights** into temporary and hostel accommodation
- ✓ the targeting of **hotspot areas**
- ✓ the service providing a balance between **support** and **enforcement**

We have seen the average number of people using the **sleeping rough service** increase from **54** in 2013/14 to **58** in 2014/15.

In 2014/15, a total of **597 men and women** came to **First Base** while they were **sleeping rough**. Each year First Base supports more people to **secure accommodation** and **move away from rough sleeping**, increasing from **297** in 2013/14 to **315** in 2014/15.



BHT's First Base Day Centre

“First Base is the **backbone** of **Brighton** — everything for rough sleepers **evolves around it**. Without First Base **nothing would work**.”

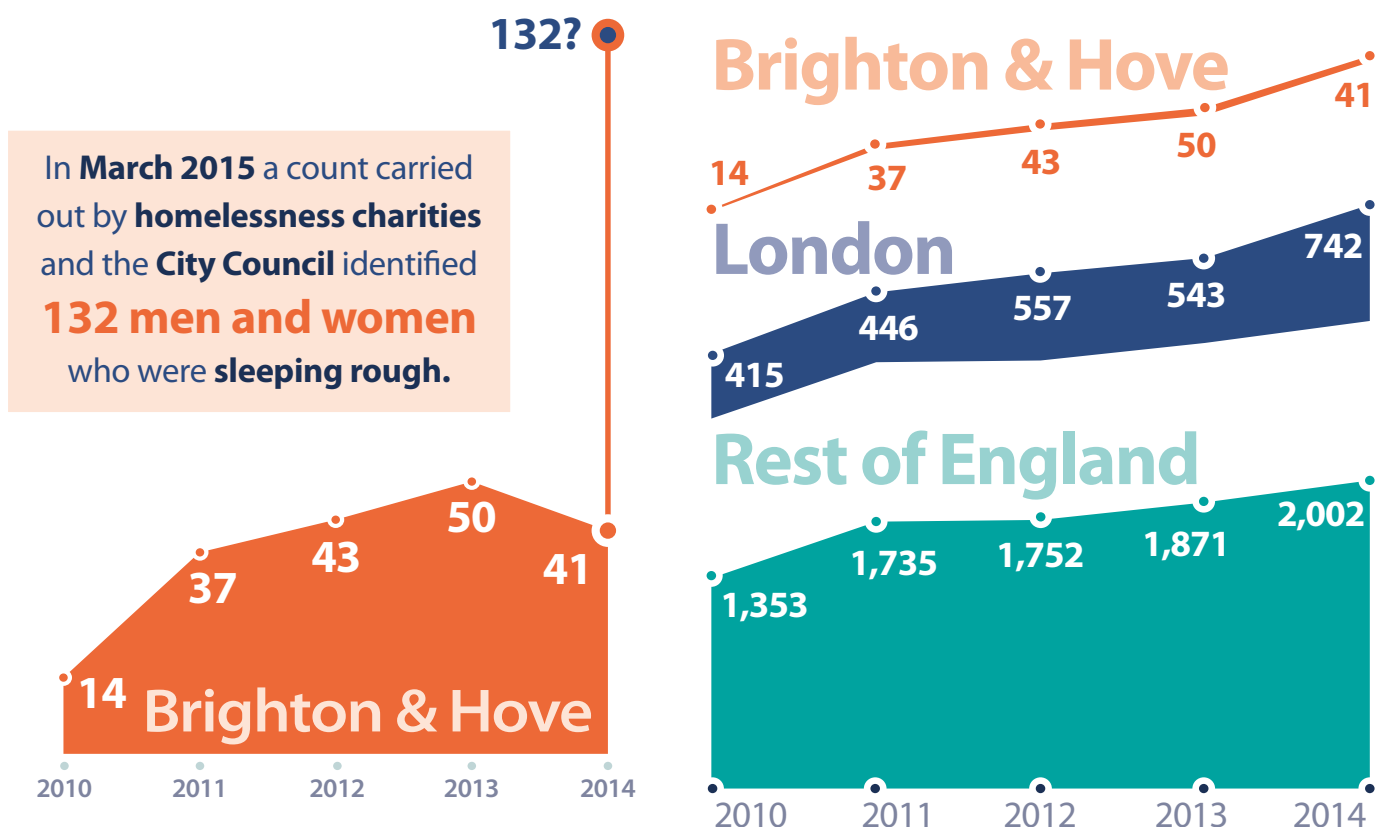
First Base Day Centre Client



How Rough Sleepers are Counted

The official rough sleepers figure is a snapshot taken on one night and **often falls well short of what we know to be the true figure.**

It correctly does not include people in hostels or shelters, people in campsites or other sites used for recreational purposes or organised protest, squatters or travellers.



ENDING ROUGH SLEEPING

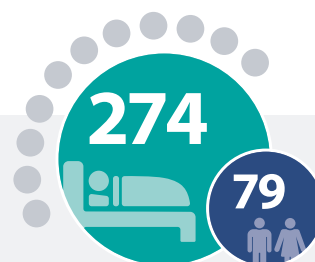
What is offered at First Base?

EMERGENCY SHELTERS IN EXTREME WEATHER



First Base coordinates emergency shelters for rough sleepers when **weather conditions are extreme** – cold, wet or windy – working with the Brighton and Hove City Council and partner organisations in the city, often at short notice.

Last winter, which was mild by comparison to previous winters, shelters were open for **11 nights** and provided **274 bed spaces** for **79 different people**.



First Base FEEDBACK



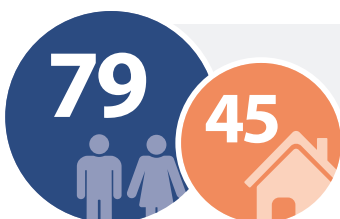
It can feel like you get addicted to being homeless, this is it, this is all you can expect.

EMERGENCY ASSESSMENT CENTRE



Operating from First Base, the **Emergency Assessment Centre** is a partnership between **Brighton Housing Trust, Sussex Police, CRI, and Brighton & Hove City Council**, providing a safe space where specialist workers from different organisations can work together to achieve positive outcomes for clients in terms of health and accommodation.

The Emergency Assessment Centre targets its work on **people sleeping rough** who are **not accessing any support services**, have **mental health** and/or **substance misuse** issues, and are **not engaging with accommodation services** or do not have a **realistic plan** for ending their rough sleeping. The shared aim of all agencies involved is to reduce the risk of harm to people by ending their period of rough sleeping and supporting them to access safe accommodation.



Over the past year **79 men and women** were worked with through the Emergency Assessment Centre, **45** of those people were **helped into housing**.



BHT's First Base Day Centre

REDUCED SUICIDE



Psychiatrists and specialist mental health workers use **First Base** as a suitable place to engage with clients who are expressing suicidal thoughts and who are in crisis, offering both preventative and emergency interventions.

First Base's **dedicated Mental Health Worker** coordinates input from other mental health professionals and services. This is a **proactive** and **preventative intervention**, with the worker coordinating services at times of crisis.

Half of the people referred were expressing suicidal thoughts

First Base recognised the need for a **uniform approach** to **engaging with suicidal clients**. We created **suicide intervention guidelines** which has led to **clear procedures** being in place for clients experiencing suicidal tendencies, and this has **reduced the stress** this can cause staff supporting such clients.

First Base is represented at the city-wide multi-agency weekly **Safeguarding Hub meetings** and is able to refer clients of concern. The forum **agrees action plans**, particularly for people with **multiple and complex needs***

*(a combination of problems, including mental ill health, addictions, homelessness, physical illness, etc.).

REDUCED CRIME



First Base is represented at **bi-weekly meetings with Sussex Police, CRI's Rough Sleeper Street Services and Relocation Team, and Equinox's Harm Minimisation Service, to agree interventions to reduce anti-social behaviour.**

First Base works closely with Sussex Police **Street Community Neighbourhood Policing Team** who provide a policing service for rough sleepers in the Brighton & Hove area.

First Base plays an active role in **Operation Street**, led by Sussex Police, which records **violent crime** committed against members of the street community even if the victim does not report the crime themselves. Known as **Third Party Reporting**, crimes are reported to the police and recorded under Operation Street in order that Sussex Police can gather intelligence and reduce incidents of crime.



ENDING ROUGH SLEEPING

What is offered at First Base?

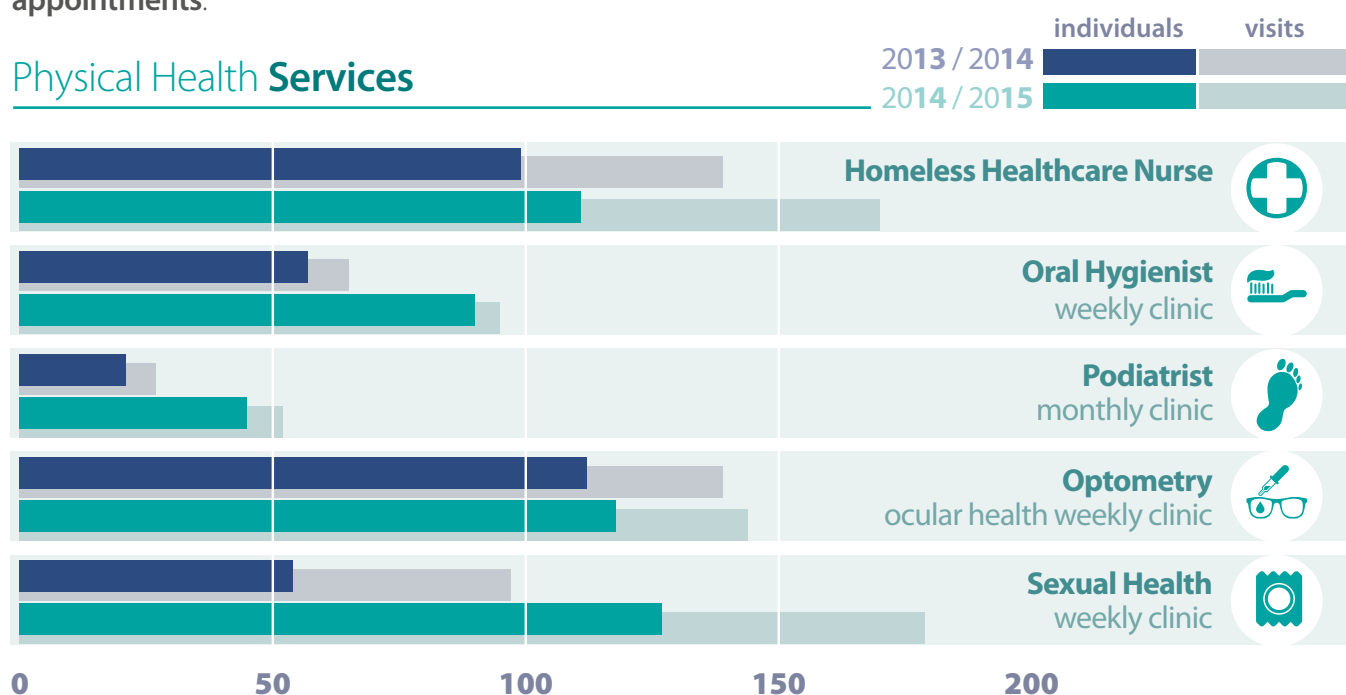
IMPROVED PHYSICAL & MENTAL HEALTH

First Base has a **dedicated medical room** for visiting healthcare workers to hold clinics and **allows blood work such as tests, flu jabs and other vaccinations to be administered.**

As a result, men and women who may **neglect their physical health needs**, or might feel **excluded from mainstream services**, are able to **receive health care.**

First Base ensures that clients feel **safe and comfortable** and, similarly, health professionals can meet clients safely in a **clinical environment**. First Base staff coordinate access and **ensure clients attend follow-up appointments.**

Physical Health Services



REDUCED HOSPITAL ADMISSIONS



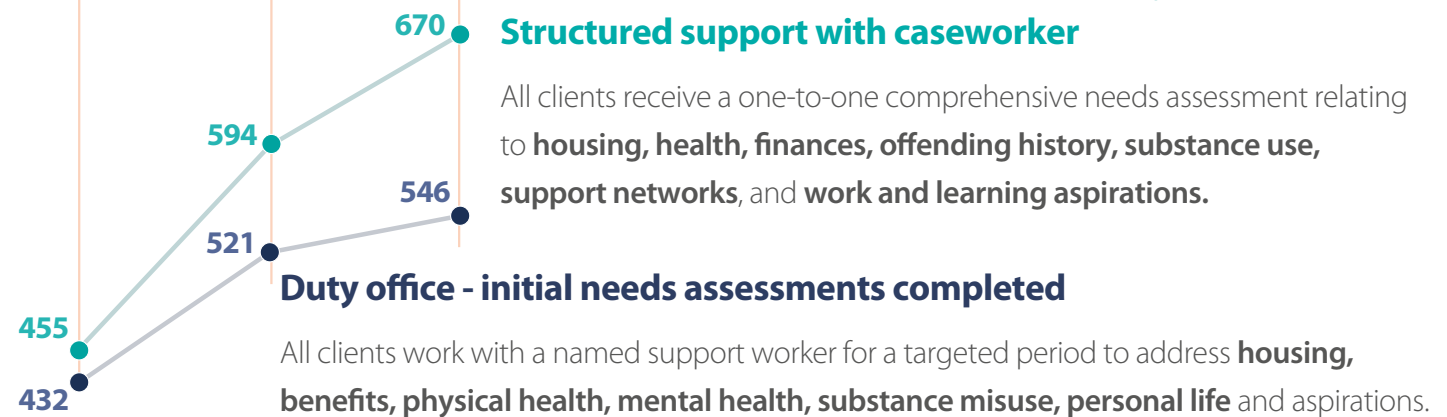
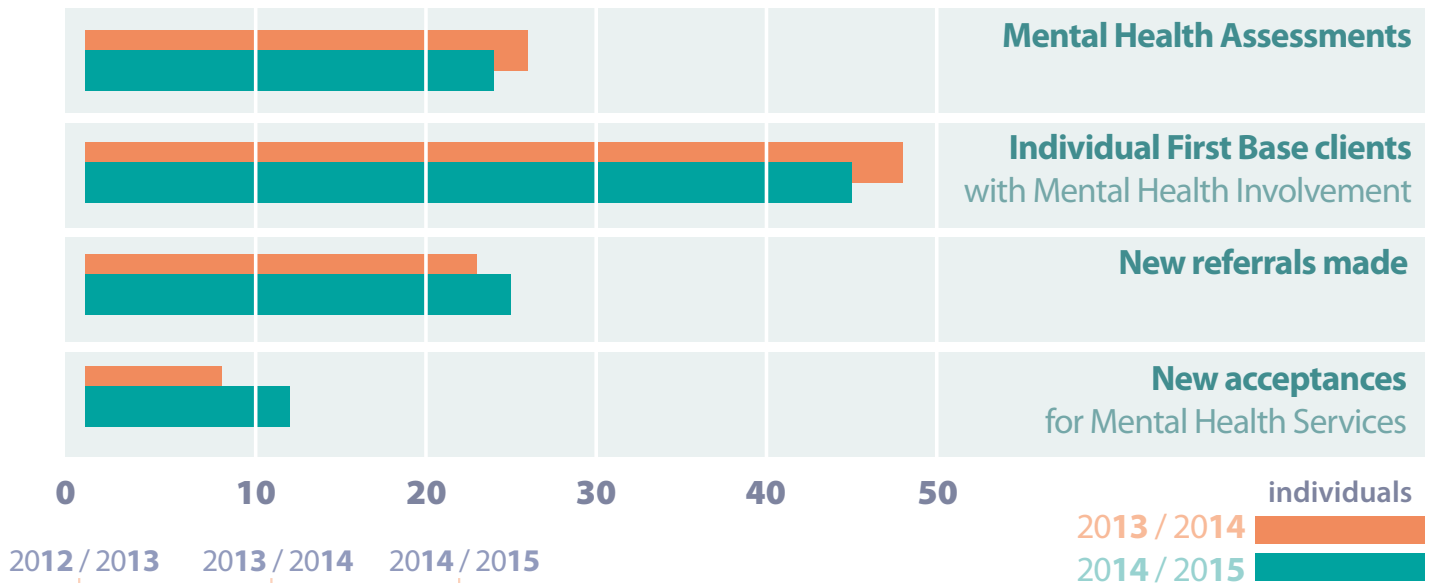
Visiting healthcare services at First Base provide **help at the point of need in order to prevent injuries and to ensure that conditions are addressed and do not become chronic.**

These services include **weekly visits** from a nurse, **oral hygienist**, **St John Ambulance**, a **podiatrist**, **optometry** and the First Base **Sexual Health Service.**

BHT's First Base Day Centre



Mental Health Services



First Base FEEDBACK



Make sure that staff have all the correct information so there's a constant approach and people don't get mixed messages.

First Base FACTS



Number of towels laundered annually:

15,600*

*for people who use the shower facilities

ENDING ROUGH SLEEPING



John



John was diagnosed with having both **mental health** and **substance misuse** problems.

He had been homeless, and **in and out of prison** multiple times for petty offences, which usually occurred when **rough sleeping, drinking** and in **poor mental health**. Due to an **arson conviction** and **queries over his local connection**, it was difficult for him to get the **supported accommodation** he needed.

Consequently, a cycle of **rough sleeping, decline in mental health, drug** and **alcohol** use, and **offending behaviour continued for many years**. John was very willing to engage but felt extremely despondent that anything would ever change and he would be **homeless for the rest of his life**.

After being released from prison in October 2013, John became **mentally unwell**. He was sleeping **alone in a park** outside of town and became **very mistrusting of people**, believing that government agents were following him and trying to harm him.

We noticed this at **First Base** and managed to **link him in quickly** with the psychiatrist at the **Substance Misuse Service** and a specialist general practitioner who **specialises in working with homeless men and women**. John's medication was altered and he **stabilised quickly**.

First Base contacted the GP and the psychiatrist at this point to **obtain evidence** to **support a homeless application**. It was at this point that John was able to reduce both his alcohol and drug use, and **engage more positively**.

Using the supporting information from the GP and psychiatrist, First Base supported John at an **appointment** at **BHT Housing Advice**. The council agreed to place John in supported housing as he now had **sufficient information to prove a local connection**. John is now accommodated at **BHT's Phase One project**. He has a keyworker and, following a spell in hospital, has been **detoxed from alcohol**.

John's mental health remains stable and he is well on the path to living a more independent life. He has not offended since being released from prison in October 2013.

The People Behind the Statistics

Bal



Bal slept rough in a tent on Brighton seafront for just over six months, after running out of money.

He would carry all his possessions on bags on his bicycle, and was embarrassed, as he 'looked homeless':



“After being told about First Base I would go there every morning. If I'd had a bad night, say it had been wet and raining, I could talk to the other people who had experienced a bad night too, get a wash, warm up and have breakfast.

“I had so much time to go over the problems in my head, and could see that other people around me had been doing this for a lot longer than me; I could see people talking to themselves and had mental issues going on, which made me feel we all need help. I needed food and occasional friendship. It's nice to be a friend to people but also to have my own space to think about my issues.

Bal started part time work in November 2014 as a cleaner, whilst still living in his tent. In mid December he was referred to BHT's Accommodation for Work project and moved in on News Years Eve:

“I thought it was going to take four to six months to get a place, but it happened within a week. It was amazing having my own bed after sleeping on the stones on the seafront and the concrete floor when I moved inland in my tent.

“It was security that I could lock my bedroom and front door, away from the cold and wind, and now when I go outside I'm not carrying all my belongings. I feel free and not weighted down, literally and metaphorically.

“Being homeless has made me much stronger as a person, as I realise I have a caring side, and like to help people around me. The homeless community is all about sharing, giving means more. I feel stronger as I've managed to get through that time; it was life changing for me. In the past I wouldn't ask for help, but being in such a bad situation I had to get help from places like First Base, it's helped me to open up a bit more.

ENDING ROUGH SLEEPING

The People Behind the Statistics

Dan

Dan first began rough sleeping in 2003, after losing his job as a bathroom sales consultant a result of taking time off due to undiagnosed mental health problems.

He got into **debt**, suffered a **nervous breakdown** and, after exhausting his housing options with his family and friends, began to **live rough**. He describes himself at this point, and for the next decade, as **mentally very unwell**.

After being **barred from a local day centre** Dan travelled around the country and eventually ended up **sleeping rough in Brighton**. During this time he was offered work by a man that he met on the street and, on and off for the next ten years, he travelled around the UK and Europe with a **tarmac and block-paving gang**, working long days and sleeping in a caravan.

Dan often found himself in **unpleasant and frightening situations**: witnessing fights and being around people with guns and machetes. Dan was regularly **expected to steal petrol and food** and was exchanged by the gang masters to work with different gangs. Dan was **never paid for this work** but didn't leave as the alternative was to go back to living on the streets.

When he eventually decided to leave Dan found himself **back in Brighton** and was told about **BHT's First Base Day Centre**:



I was a mess at first. I would sleep in the day and walk around at night, scared of being stabbed. First Base is the first point for someone with nothing and nothing to lose, the first step to reintegrate into society. First base provides options: food, groups and activities.

In 2013 Dan was **sectioned** under the Mental Health Act, placed in Millview Hospital and **diagnosed with schizophrenia**, an illness which he believes first manifested in around 2003. After spending eight months at Millview, during which time he **responded well to treatment**, got plenty of rest and was able to sort out his **benefits** and **debt problems**, Dan was referred to **BHT's Phase One hostel**. He continued with his medication, took on **various volunteer roles**, including client rep, and **slowly began to piece his life back together**.

Dan now lives in one of Phase One's low-support flats, and is getting ready to move on. He has regained contact with his family and is hopeful he will work again in the future.



How I was perceived whilst living rough: the general public are used to seeing people on the streets. I wasn't afraid of the public but I think they were afraid of me. Afraid of the lower class, the unpredictable.



Being sectioned saved my life. On the street my mind went; depression destroys you: you don't want help so go on a downward spiral. You either go mental or end up in prison.

OUR PARTNERS

Ending Rough Sleeping

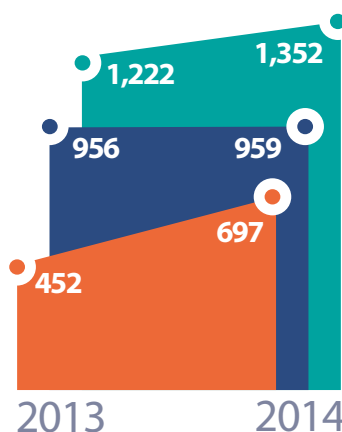
THE CAIERS INITIATIVE

The **CAIERS Initiative** (Coordinated Agency Interventions to End Rough Sleeping), led by **BHT First Base**, **CRI's Rough Sleeper Street Services and Relocation Team**, and **Project Antifreeze**, was developed in response to the increase in number of people rough sleeping.

Partners now also include **YMCA Downslink**, the **Clocktower Sanctuary** and **Equinox** with input from **Brighton & Hove City Council Housing Department**, **Mental Health Team for Homeless People**, and **Sussex Police's Street Community Neighbourhood Policing Team**.

The services collate a single list of all people who they believed to be rough sleeping in the city:

This exercise produces a **definitive list** of people with whom we are working and also provided the **best estimate of the number of people sleeping rough in the city**.



Incidents of rough sleeping worked with

Individuals worked with

Positive housing outcomes achieved

This new way of working sets an **agreed target date for ending each individual's rough sleeping** and identifies the most appropriate agency to lead on the action plan for each client, depending on the client's presenting need.

Through this initiative, First Base is able to **access funds** held by the Rough Sleepers Street Services and Relocation Team to pay for the costs associated with **supporting people to relocate to an area where there are better opportunities** available to them than in Brighton & Hove. This means people are **sleeping rough for less time** before accessing accommodation.

Each week agencies provide an update on client movement, either to or away from rough sleeping, enabling us to monitor the number of people sleeping rough in the city. First Base coordinates this weekly update on behalf of our CAIERS partners.

First Base FACTS



Number of socks swapped annually:

1,560

OTHER BHT SERVICES

Ending Rough Sleeping

BHT ACCOMMODATION FOR WORK

BHT's Accommodation for Work project is a **Big Lottery funded residential project** providing support to 18 previously homeless residents.

All residents are involved in paid or voluntary work, or are in education or training.

The project works to address the factors that **contributed to its residents becoming homeless**, such as **rent arrears**, lack of knowledge around **claiming benefits**, or **money management**. **14 people who used the service last year were sleeping rough** before moving into the project, and **13 others were sofa-surfing**.



BHT PHASE ONE

Phase One is a **hostel working with homeless men and women with complex needs**.

It supports clients to address issues of **substance misuse**, **mental health** and offending **behaviour** and seeks to support clients to **gain stability** and move on from an unsettled way of life by **empowering them to take responsibility** for their own lives.

The service plays an **active role in reducing rough sleeping**, reducing the need for **costly publicly funded services** such as **hospital admissions** or **periods in prison**, and **reducing crime** such as **crime to feed addiction**, **begging** and **anti-social behaviour**. **In 2014/15, 78 clients were housed in Phase One**.

BHT ADVICE SERVICES

These services are focused on **preventing homelessness and improving housing conditions**.

They support vulnerable people to **manage their household costs** by **alleviating debt and poverty**, and, where possible, **maximising their income**. The service **prevented 1,545 cases of homelessness in 2013/14**.

BHT ADDICTION SERVICES

BHT's Addiction Services provide a pathway consisting of **three services** for men and women seeking **abstinence and long term recovery from addiction to alcohol, drugs and novel psychoactive substances** (commonly known as 'legal highs').

Most residents will have a **history of rough sleeping**. Of the 112 residents who entered these services in 2013/14, **70% completed the programme** and **two thirds of them were alcohol and drug free a year after they left the service**.

No other alcohol and drug service in Sussex comes near to matching these positive outcomes.

Acknowledgements

The First Base **quotes and feedback** were given by clients of First Base who are rough sleeping during consultation exercises with our clients and client consultant which took place between **February** and **April 2015**.

The achievements set out in this report have been possible by our partnership working with:

Brighton and Hove City Council

CRI Rough Sleepers Team

YMCA Downslink Group

Project Anti-Freeze

Clocktower Sanctuary

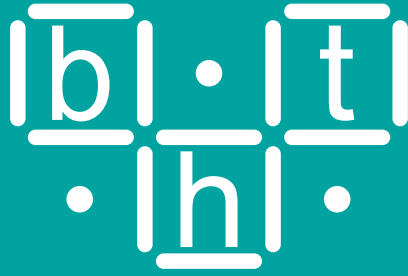
Equinox

Sussex Police

St John Ambulance Homeless Service

Mental Health Team for Homeless People

And special thanks to everyone who has supported our work through personal donations, individual and group fundraising, and contracts from Brighton and Hove City Council, the Brighton and Hove Clinical Commissioning Group, the Big Lottery, and others.



It is BHT's ambition that by 2020
no one should have to sleep on the
streets of Brighton & Hove



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