No Second Night Out - AUDIT

access
community trust

No Second Night Out - AUDIT

Project

The Access Community Trust charity had seen a large increase in the number of people accessing their basic and advice support services who were ‘rough sleepers’. A hard core of around 20 individuals were returning to regularly sleeping rough after a period in temporary accommodation or sofa surfing. People referred to the charity’s hostels were reported as sleeping rough in outlying areas of Lowestoft and it was being reported that there was an increase in rural rough sleeping in surrounding market towns.

Access identified the problem and through this project managed to address the needs of the increasing numbers of vulnerable people appearing within Lowestoft town centre and surrounding areas who needed support.

Audit Report

The evidence I have seen by reviewing the project documentation, discussions with the management of the project and third party agencies enables me to report that the aims and outcomes of the No Second Night Out (NSNO) project have been achieved and exceeded, proving the project to have been very successful.

The original underestimate of the number of people requiring assistance was considerable. However, this does not seem to have fazed the project team who have been highly respected by other organisations who together have worked to provided a very good outcome for a huge number of people within the target group.

Audit conducted by:
James Reeder,
Director of Enterprise Lowestoft
Community Interest Company,
Company No. 5553130.

Scope of Audit

To verify the data and recorded outcomes in order to provide the readers of this audit report with confidence that the project has been managed effectively and efficiently and has achieved the aims and outcomes of the project.

To provide the charity with an independent appraisal of the original concept and vision of the project, and identify the learning that has been gained throughout the life of the project.

The proposal for funding identified 4 Outcomes from the project.

Outcome 1.

No Second Night Out: Improved identification and assessment of New Rough Sleepers and reduced response times to help people off the streets immediately so that they do not fall into entrenched rough sleeping.

Outcome 2.

No one should live on the streets: Improved engagement and access for longer term and entrenched rough sleepers to the right accommodation and personalised support at the right time to meet their needs.

Outcome 3.

No-one should return to the streets once helped: Improved access to longer term flexible support that helps people adapt, stay in accommodation and positively move from the streets into stable independent living and employment

Outcome 4.

No-one should arrive on the street: Improved access to preventative services that identify the causes of street homelessness and work with relevant agencies and individuals to intercept and support people at risk of homelessness before they reach the street.

TARGET FIGURE - 1 night on street	8
TARGET FIGURE - on street long term	8
TARGET FIGURE - returned to street	20
TARGET FIGURE - new to street	9
TARGET FIGURE - risk of homelessness	15
TARGET CLIENT FIGURE - TOTAL	60

EEA National	2	Non EEA National	3
Male	45	Female	15
Transgender	0		
Young people 16-25	20	Older people over 50	5

Source Documentation

i) ACCESS' original concept paper
ii) Homeless Transition Fund (HTF) Round 3 Project Outcomes & Target – as submitted
iii) HTF Terms and Conditions document.
iv) HTF Six Month Monitoring Form M000104
iv) Project Operations File – including Log Sheets and data record sheets.
v) Data Dashboard

Audit Method

- Initial familiarisation discussion with charity's Project Development Manager.
- Reading of concept paper and application to HTF
- Discussion with the Project Co-ordinator
- Review of the Operations File
- Develop and construct questionnaire for the Project Co-ordinator
- Audit test of data
- Communications with other connected agencies

Audit findings

Questionnaire –
Items in green are responses from the Project Co-ordinator
Items in red are auditor's comments

How have you performed against targeted outcomes?

We were targeted to work with 60 individuals with multiple and complex needs who were rough sleeping or facing the possibility of life on the streets. At the end of the project we have worked with around 300 individuals.

Although this is a startling increase on our initial predicted figures, it can be noted that the advice given to 300 individuals was of a more generic housing/homelessness nature rather than the direct, intensive, specialist support plans initially intended for the most complex 60.

My discussions with the project team and connected parties highlighted that there were far more requiring the services of this project - many requiring assistance for multiple needs. The benefit of the project being run by Access Community Trust meant that they were able to use the expertise and knowledge of other departments within the charity.

Did you work to the service template or did you find that you had to adapt in response to identified needs?

Being based at Bridge View, an Access Community Trust drop-in centre working very much at a "grassroots" level and through having input and regularly attending various multi-agency groups and meetings such as WASSP (Waveney against street sleeping partnership) and the Street Drinkers meeting we were able to identify and target the individuals most in need of assistance, presenting with various complex issues and needs and agree and implement a multi-agency support plan. Often these individuals, who have entrenched behavioural patterns and life style choices are of a difficult nature to engage. This meant that support was

delivered over a significant period of time and that interventions had to be very client focused with flexible and creative solution finding being a key to supportive, sustainable interventions.

Digression from the service template was mostly around the demand for a more generic housing and homelessness advice and support service, hence our figures far surpassing the projected 60!

The outreach team found that we were working with a lot of single, non-priority, homelessness cases that the local authority did not have a statutory duty to assist and therefore were, due to high workloads, directed to the Outreach Team for further non-statutory assistance. This group alone made up a high percentage of our cases. We attempted to offer a solution to each individual who presented.

Taking this into account, upon reflection, in assisting such a high number of individuals, capacity to then offer targeted, intensive, support to those most entrenched was limited. However as a needs-led service we adapted to meet the needs of clients.

Did you have enough resources to deal with demand?

Increased staffing levels would have assisted in the ability to meet such high demand. With more staffing we may have been able to diversify the team further with dedicated staff to work with the most complex cases and running alongside this provision staff based at Bridge View to deliver a more generic housing options service.

Availability of housing when working with single, non- priority cases where no statutory duty is owed is always a challenge, particularly when trying to accommodate individuals who have, due to having such complex behaviours, eliminated most available accommodation routes and are no longer accepted into supported accommodation due to high risk assessment/rent arrears etc.. These individuals are not suitable for independent living and by providing such we would be setting them up to fail if they are not equipped with skills to sustain independent living and their own tenancies. If neither hostel/supported accommodation nor private tenancies are available then this inevitably leads to street homelessness, where issues are accelerated and become more complex to manage, often at a cost to services such as police, and health, or sofa surfing, which further serves to entrench chaotic behaviour.

The service template was used but in many cases clients required additional help/support than was initially identified within this project and, as a consequence, many required/received greater help than the template provided for.

Was training and preparation adequate?

Yes.
Due to being a client led, person-centred project we were able to change and adapt as required to meet the needs of clients. Attendance at various national and local conferences, as well as ongoing training opportunities was heavily encouraged. This allowed staff to stay informed on current issues the sector was facing and share good practice with other agencies, developing both personally and professionally.

A tremendous amount of knowledge was brought to the project by the project coordinator and the other departments within Access Community Trust which enabled clients to have access to many more areas of support.

Were there particular difficulties to overcome, or a client group that has proved particularly to work with?

There were a number who had multiple and complex needs which required/took many more resources (project members' time) than initially identified.

What issues have arisen as the most pressing for vulnerable people in Waveney - do we have potential solutions?

Adults with entrenched multiple and complex needs. Due to the nature of their very chaotic lives, the intensity of support required could not be provided due to capacity issues, this often leading to a breakdown in support, or disengagement. Being based at Bridge View was an excellent base in which we could overcome this disengagement by building strong therapeutic relationships, in a relaxed, flexible environment where the customers' basic needs could be met.

Many have few/no skills for independent living and therefore need greater initial support, if not more long term support, once helped to find accommodation, otherwise they lapse back into a 'lifestyle' that found them becoming homeless/sleeping rough.

What does the evidence and expertise you have gained suggest is necessary to keep the NSNO message relevant and in public consciousness?

The success of the project actually means that the public are less aware of the numbers of vulnerable people needing assistance as they are not so visible within the town centre. There is a danger with the end of the project and the warmer weather that more people will become visible which will highlight the ongoing problem which if not addressed with projects such as NoSN the public will have concerns.

Do you think that people in Waveney are more aware of rough sleeping and homelessness in their area due to your efforts?

Yes, awareness raised from both the team and the trust as a whole.
Outreach Team has participated in the following……radio interviews, news story on BBC Look East (reducing the strength campaign), support from local and regional newspapers, street stalls, publicity postcards and posters, multi-agency working, winning the High Sheriff of Suffolk award for Partnership Working.

Yes – as a member of a business organisation I have certainly been made more aware of the difficulties of homelessness and more particularly that if this project had not been running then the challenges that would have faced the community would have been far greater.

Do you have evidence of positive feedback from clients?

Anne's Story

At the start I had a lovely home, I kept it spotless, I love to keep a nice home. It was me and my 4 children and we tried to lead a happy family life apart from the trouble my ex-boyfriend (father of 2 of my children) kept bringing to the door. He was aggressive, argumentative and sometime violent to me and the children, because of this police and social services were often called.

Looking back it was the fire that started the downward spiral. I had my home set on fire twice, once with a cigarette and the other a week later, although abandoned, with a petrol bomb. I'll never know who actually did it to us.

Luckily we were able to go and stay with my sister until the council put us up in emergency accommodation, this was a lot of upheaval for the children and stressful for me but eventually we were settled into another property and looked forward to the future.

It wasn't long before the trouble started up again though. My ex came back onto the scene and continued to cause us all sorts of trouble, making me and the kids feel really vulnerable, it could happen at any point of the day or night. In the end it got so bad social services had to step in and take my children for their own safety.

After this I just lost hope. I didn't know what to do or how to manage the situation I was in. I started drinking to cope with all the stress and pain of the situation and slowly found that I was finding it harder and harder to manage, especially being left in our family home alone. Eventually and inevitably I guess, I was evicted due to rent arrears.

Once I became homeless, everything seemed to accelerate. I was drinking more, finding myself in some really bad situations, I had got away from my ex but somehow ended up being with other men who were just as if not more physically violent and mentally abusive towards me.

I was put into accommodation a couple of times but it was just too much, I couldn't cope or manage and got evicted either due to rent arrears or on behavioural grounds (usually fighting with my so called boyfriend!!!).

At this point I'd lost my home, my children, my self-respect and dignity, I just didn't care anymore. I visited Bridge View everyday though, at least there I knew I could get support and be listened to in a safe and caring environment. The staff were really worried about me, no

matter how bad it got they were always there for me. They helped keep me safe from harm and protected me with help from the police and other safeguarding people from being contacted by my violent boyfriend. As much as I knew it was wrong to be in such a relationship it was so hard not to go back when I was drinking and it was all I knew.

Eventually, regardless of my previous evictions, I was given a place in a hostel, I think the staff could see how much I needed the break, thank god they had some faith in me, even when I had none in myself!!!

Over time they encouraged me to reduce my drinking and get support to stop. I now attend CRI and Open Road on a weekly basis and meet with the Access Community Dual Diagnosis team for regular sessions of counselling, meditation and wellbeing based therapy.

Case Study

CL and her partner NR first presented as homeless to our local Authority Waveney District Council, this was after NR had been discharged from James Paget Hospital, Gorleston, Norfolk after a detox and referral to the gastrology department. Priority need was identified on medical grounds and temporary accommodation offered for 1 night. After this CL and NR decided to try and present as homeless up in Leicester where NR family lived. Leicester did not accept a duty to the couple and they returned to Lowestoft, representing to the Waveney District Council (WDC) Housing Options Team on where they were again placed into temporary accommodation whilst their case was investigated.

During this time CL and NR were engaging with the Outreach Team on a daily basis. When they initially engaged with Outreach for support they presented as quite chaotic, in poor health and struggling to manage their current situation. Outreach assisted them in organising doctor's appointments, key working them on a daily basis, liaising with the Housing Options Team, making relevant referrals, accessing relevant welfare benefits and trying to organise the provision of official documentation to support their homelessness case, since they were not engaging and at risk of the case being closed, with inevitable street homelessness occurring.

During this period in which NR was once again admitted to hospital due to his various medical problems the impact of caring for NR, seeing his deteriorating health and the impending homelessness they may face had a hugely negative impact on CL being able to cope and function on a day to day basis. CL presented as chaotic, difficult to engage, permanently in a state of raised anxiety, erratic both emotionally and physically and volatile to work with.

WDC found the couple to be intentionally homeless and discharged duty. Due to the vulnerability of the couple and the medical conditions that NR suffered Outreach was able to negotiate an extension period on their accommodation until we had secured an alternative placement. Permanent accommodation was offered shortly afterwards.

Outreach continued to work with the couple on a daily basis throughout this period, liaising with all relevant agencies to provide a comprehensive supportive care package for the couple. Sadly shortly after this move into new accommodation NR passed away. CL continued to access the project on a daily basis for high intensity 1:1 support during this time of bereavement. Outreach assisted her in re-engaging with NR's family for support during this difficult time, we organised transport for her to get to the funeral, accessed funding to fully equip her flat with household essentials, ensured all welfare benefits and utilities were in place and manageable as well as offering CL daily emotional support at the project.

CL has moved from strength to strength in recent times. CL eagerly engages with staff and other Services Users at the project on a daily basis. CL enjoys day trips out with the project, taking part in project activities, always with great enthusiasm. One activity of great significance to CL is the Monday night Art Club. This provided her support and comfort during a very difficult period and over time CL saw her confidence rebuild as well and the discovery of her hidden artistic flair! It was a special moment for CL and all that had worked with her when she graduated through the Access Community Personal Development Cookery Programme, and we are pleased to report that she has placed her name down for future courses such as the BTEC Certificate in Work skills and First Aid training.

Client Statement after working with the Outreach Team

“I admit that I was profligate during the good times, like everybody, thinking it would last forever. Then the bubble burst. I was laid off, no job, no income, no savings and now living in a hotel which I couldn’t afford.

With no family and no support, the logical choice was to become more mobile and to travel to other areas in search of employment, get a job and resettle.

Tent, sleeping bag, survival kit, three changes of clothing and a few personal possessions; all I had in the world.

Homelessness is a trap, as I found out, rejection follows rejection, the stigma of homelessness never forgotten.

No job=no money, no money=no home, no home=no job.

Depression, anxiety and even paranoia caused by this cycle only add to the existing problems.

I ended up in Lowestoft. It was my make or break decision.

After unsuccessful attempts I sought the assistance and advice offered by the Access Community Trust Bridge View drop-in centre.

They helped me find an opportunity with a local landlord, they withstood, understood and with patience helped me secure a deposit for accommodation.

Bridge View has developed and re-kindled my personal interests in cooking and gardening and socialising. They have helped my personal development.

To all at Bridge View, I am inspiration, I hope I inspire YOU.

I have seen and read the cards of thanks received from customers.

Did partner agencies respond positively to the service ie- were there gaps in the provision you were able to offer?

My interviews with other agencies have all been positive and they have expressed their concerns about the project ending.

Do you have feedback from other agencies and clients?

Names and addresses of partnership agencies provided.

I have met with and recorded comments from the following agencies.

Mark Sargeant
Town Centre Beat Manager
Suffolk Constabulary
Acting Sergeant 1324
Lowestoft North Safer Neighbourhood Team Police Station Old Nelson Street Lowestoft
NR32 1PE
Direct Dial: 01986 835108
Police non-emergency: 101

Having met with Mark Sargent I can confirm that the NSNO project has provided the police service with an extra very valuable resource. Whilst statistics/information for the 6 months ending 31st March 2014 of the most frequent users of the A&E service at James Paget Hospital are still being compiled, anecdotally a number of this group were customers of the project and there has been a dramatic reduction in those customers accessing A&E, e.g. one individual had attended A&E 10 times within the period April to September 2013 - 9 of those visits by ambulance.

The NSNO project has enabled the police to use the project staff and the facilities at Bridge View to provide a place of safety and help to support the customer without the need of being taken into custody. Also on many occasions the project staff have attended the scene of a reported incident and been able to assess the need of the individual without the need of involving any of the 'Blue Light' services.

Jenna Brock in receipt of the award on behalf of Access Community Trust. Present: Sir Edward Greenwell on the left, PC, Mark Sargeant holding the certificate and PCSO, Michael Soanes.

On Thursday, 3rd April 2014, Sir Edward Greenwell, The High Sheriff of Suffolk, presented the annual High Sheriff Awards ceremony at the University Campus Suffolk.

The evening was well attended and speaking about the awards, the High Sheriff said:

"I should like to congratulate all tonight's winners and runners up. It was a very difficult task to choose winners out of so many excellent nominations. During my year in office it has been a privilege to have met so many people who devote their lives to making Suffolk a better and safer place in which to live. I should like to thank them for what they do and I should also like to thank all the sponsors, as without their support this event would not be possible."

The event was organised by the Suffolk Community Foundation who manage the High Sheriff's Fund and compered by BBC Radio Suffolk's Lesley Dolphin.

The Outreach Team help people in the community facing the prospect of homelessness or already sleeping rough. The Outreach Team aims to work on a one-to-one basis with those individuals who present with complex issues ranging from drug and alcohol to mental health. The target of working with 60 individuals in one year was achieved in under 2 months from the outset of the initiative in April 2013.

Taylor Properties
Jason Taylor
21 Station Square
Lowestoft
Suffolk
NR32 1BA
01502 574688

Taylor Properties provide self-contained flats and work very closely with the authorities to provide good quality accommodation for the rental market with many of their properties being used by people and families on benefits.

Jason Taylor acknowledged that there has been a history of tenants having considerable difficulty in managing their finances and falling into rent arrears which can result in termination of tenancy agreements.

Working with the NSNO project customers have been given the support to be able to manage and helped with securing accommodation when they could possibly have been rejected by landlords as they could not raise the required deposit.

The project has provided Taylor Properties with the confidence to provide their services to a group of very vulnerable people as they know that they have a trusted and competent organisation providing help should they have difficulty with a tenant within the project.

The project has indirectly brought private sector funding to add value to the project as Taylor Properties have on many occasions reduced their advertised rents for accommodation to individuals in need with the knowledge that they will be supported by the project. Without this support this vulnerable group may resort to 'sofa surfing' which can bring its own problems.

Were you able to engage with rural areas in getting the NSNO message across, and what was the response?

Although we conducted awareness campaigns in the market towns and liaised with rural PCSOs, predominantly our main area of need was in the Lowestoft area. It would seem though, from the publicity produced, that when there was the need for a service in the market town and rural areas, people had a better idea of where to go for further advice and support.

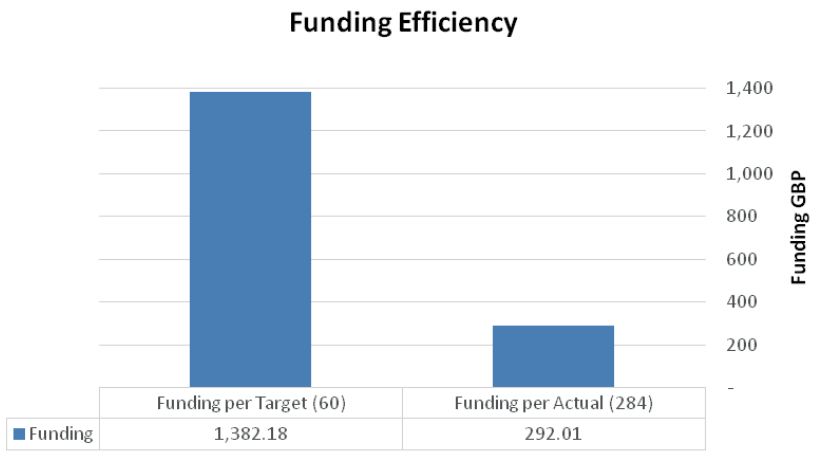
Events within the rural areas were seen as raising a 'Lowestoft' problem and not identified as a being a need for their town. It does show that the community can be quite blissfully unaware of the hardship of others unless it directly affects them.

How cost-effective was the service? Using cost of funding per customer as a measure.

Funded project to work with 60 adults/we worked with 300 – cost effective.

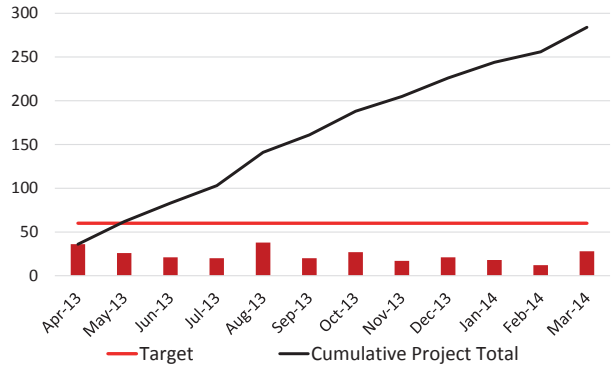
The amount of funding that the project attracted for the number of people who were helped worked out at **£1382.18** per person. The cost to the NHS, Police and other agencies, of leaving people to live on the streets, is enormous. Anecdotal evidence has been received from the police (waiting for the figures to be made available) that people who are living rough make huge demands on Accident and Emergency facilities at the James Paget Hospital as they have no other route to access medical assistance.

The resultant value per person, based on the overall number of people supported equated to **£292.01**.

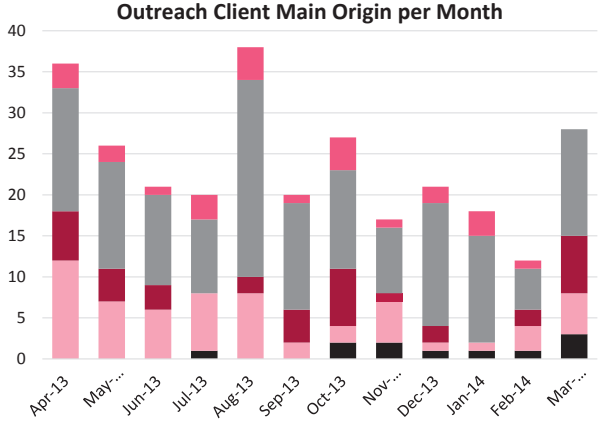


Department	OUTREACH	Owner	JENNA	Manager	PATRICK	Year	2013	FUNDING PROJECT #	2
Project Name	**No Second Night Out**			**Time Period**		**Apr-13**		**Apr-14**	

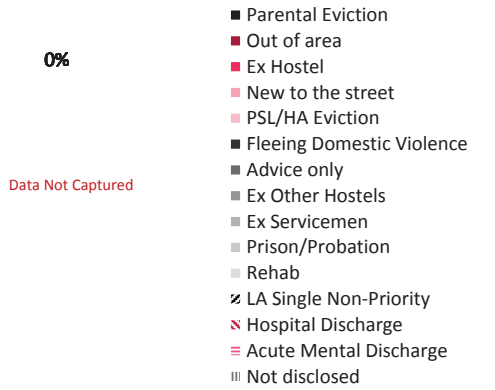
Total Number of Outreach Clients per Month



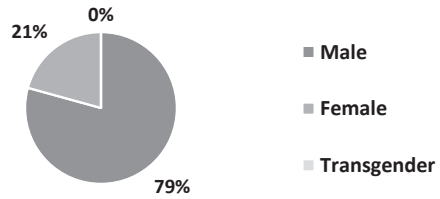
Outreach Client Main Origin per Month



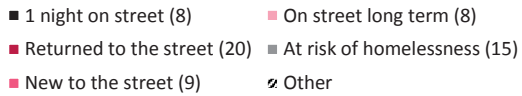
Outreach Client Origin Reason



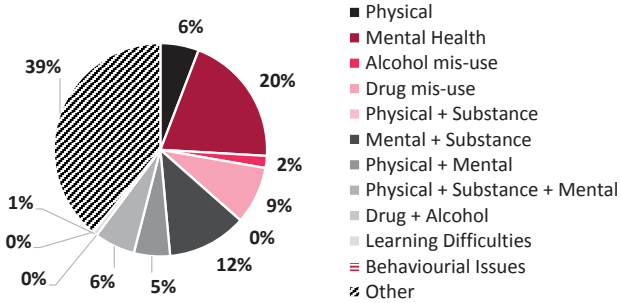
Outreach Client Gender Total



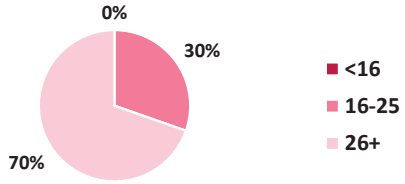
Outreach Client Main Origin Cumulative

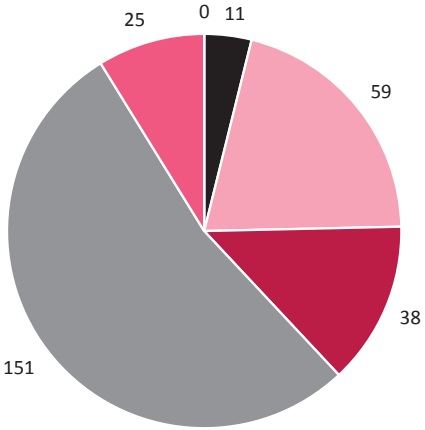


Outreach Client Vulnerabilities

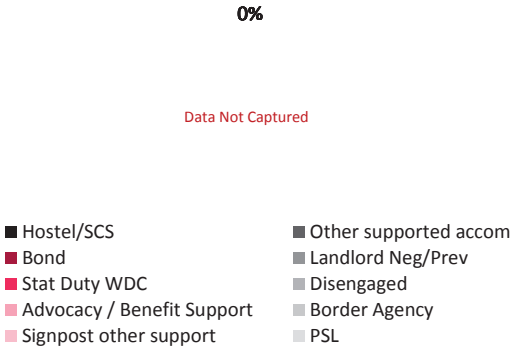


Outreach Client Age Group Total

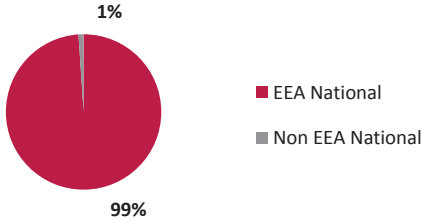




Outreach Client Cumulative Outcomes



Outreach Client Nationality Total



Did you find long–term solutions for most clients or is there still work to do for this?

Most of our clients were provided with a solution to the immediate problem they presented with along with signposting or referrals onto other internal and external support pathways.

Whilst a large number have certainly been helped, there are known individuals who will re-appear on the streets once custodial sentences have been served if their drug/alcohol abuse has not been able to be treated.

Do you feel that 12 months funding was adequate?

No.
So much has been achieved in the last year, with more creative, flexible multi-agency working being done than ever. The support of such clients cannot be limited to a 12 month time span, and the need for housing and homelessness support and advice services is only set to increase as benefit changes and universal credit hit.

No.
The experience of this project has shown that currently there will be an ongoing problem whilst the underlying problems (drug/alcohol abuse) remain unresolved. The project has certainly helped with NSNO but if customers who have been helped with obtaining accommodation are not given continuing assistance and support there is a real danger of the 'revolving door' scenario being played out.

Funding of less than 3 years always causes problems for this type of project because as soon as the project starts it is necessary to start looking again to ensure the continuity of the project.

If the 12 months was just starting again would you approach the service differently with what you have learned?

Better recording systems so that further data could be captured and emerging trends easily identified. This has been addressed with the introduction of the data dashboard analysis system.

It would be recognised that the number of people requiring assistance is much larger than first estimated. Additionally the need to prevent people falling into 'rough sleeping' and the social problems which result from people who are 'sofa surfing' need to be addressed.

Discussions with third party agencies have identified that other local agencies are attracting migration of people with complex needs into the Lowestoft area and when they have completed the course, or are removed from the course as they are unable to adhere to the 'regime', they are left to fend for themselves and Bridge View helps to pick them up.

It has been well documented that when customers have been asked 'Why have you come to Lowestoft?' there are many who may have experienced much happier times here. Many have said 'Wouldn't you rather be homeless at the seaside rather than in a big city?'

What are the next steps for the Outreach Service?

Continue to seek further funding.
Look at new projects such as "Housing First" that help bridge service delivery gaps in the housing market for vulnerable complex need clients.

It would appear from the results of this project that there is a real need for supporting vulnerable people who are sleeping rough and those who are in danger of becoming rough sleepers.

Audit Observations linked to Project Outcomes

Outcome 1.

No Second Night Out: Improved identification and assessment of New Rough Sleepers and reduced response times to help people off the streets immediately so that they do not fall into entrenched rough sleeping.

Discussions with the police have verified that the support that the project has offered their officers has resulted in less calls for their assistance and involvement which has had an immediate positive effect on their resources. The clients are also receiving more appropriate assistance.

Outcome 2.

No one should live on the streets: Improved engagement and access for longer term and entrenched rough sleepers to the right accommodation and personalised support at the right time to meet their needs.

The project has ensured a very strong relationship with organisations offering accommodation to a group which has always been hard to place. The support that the project has given to the customers in order for them to manage independent living has been huge and this has given the accommodation providers the confidence to engage with these customers.

Outcome 3.

No-one should return to the streets once helped: Improved access to longer term flexible support that helps people adapt, stay in accommodation and positively move from the streets into stable independent living and employment

The support for independent living has given many their best chance to break the cycle of having accommodation but then lose it, due to rent arrears and associated problems.

Outcome 4.

No-one should arrive on the street: Improved access to preventative services that identify the causes of street homelessness and work with relevant agencies and individuals to intercept and support people at risk of homelessness before they reach the street.

It has been identified that whilst many people have migrated to Lowestoft to seek help and support where it has not worked and individuals may have been asked to leave the course or have relapsed shortly afterwards they have often stayed in the area. These programmes may assist the individuals but if they stay in our community the projects must 'finish the job' otherwise the individuals can so very easily relapse.

Additional outcomes not originally identified at the outset of the project.

- The Police have found the ability to access an additional resource extremely valuable.
- The target group are amongst the most frequent users of hospital A&E departments.
- The project enables many of the project customers to receive much more appropriate assistance.

access
community trust

28 Gordon Road
Lowestoft
Suffolk
NR32 1NL

Phone: 01502 527200
E-Mail: admin@accessct.org
www.accessct.org

Audit report design sponsored by redhotmedia www.redhotmedia.co.uk