

## **Totnes Street Needs Assessment: Analysis and Recommendations**

The Street needs Audit that was carried out on Friday 16<sup>th</sup> April provided a snapshot of the housing and support needs of a group of individuals engaged in street activity in the town.

Provision for rough sleepers is limited. However, some survival services are provided by the Revival Life Ministries Church based in the St Johns Ambulance building, just off the High Street in the centre of town. Here people can get a meal and pastoral support. The Pastor, Mark Hatch, is able to help some individuals get access to Christian based rehabilitation centres.

The St John's building is likely to be sold for redevelopment pending planning permission, which would leave these vulnerable individuals with nowhere to go. The church does provide a good service and arguably should form the basis of any response to the issues highlighted through the audit.

As part of the analysis using the findings from the Street Needs Audit, recommendations will be given as to how a range of services could be provided to meet the needs of a small, but extremely disenfranchised group of individuals whose presence on the streets raises concerns about anti-social behaviour in the town.

### **Evidence of Rough Sleeping**

3 people were found in the morning bedded down; one single man and a couple (2 men 1 female). All of them had dogs, 2 of them did not claim any benefits, and all 3 had an expressed alcohol dependency. These 3 individuals would be classed as entrenched rough sleepers using CLG definitions.

All 3 stated quite clearly that they would not accept hostel accommodation and said that they had moved away from urban areas such as Plymouth or Exeter because of the high levels of drug use and the hard and aggressive nature. One told me:

*'I was advised to come to Totnes because it was friendlier and I wouldn't get in to any fights'*

*'Exeter – it's really hard on the streets there, people get robbed at knifepoint and stabbed'*

1 of the rough sleepers said that he had now got used to living on the streets. All 3 did complain about the treatment they received from the police; being constantly moved on, having alcohol confiscated etc. So it could be argued that even though the police have adopted a 'zero tolerance' position in relation to anti-social behaviour, this has not encouraged them to move on from the town as this

level of 'intimidation' (their perception) is preferable to rough sleeping in a city or accessing hostel accommodation.

A further 3 clients were found living in caravans on the Industrial Estate by the River Dart. Until recently, 2 males had been sleeping rough but had recently managed to acquire a caravan for £20. There was also another man living in a small caravan, who had been there for some time, but as with the other 2, had no access to running water, toilet or washing facilities.

Of these 3, 1 was actually managing to find casual employment, the other 2 were not working - both drank, one quite heavily and the other was extremely vulnerable as he appeared to be in poor mental health (anxiety and depression). The 1 man on his own has received a letter informing him that he cannot stay where he is and the other 2 know a letter is possibly imminent. Therefore all 3 are at risk of returning to rough sleeping if they cannot find anywhere else to pitch their caravans. 2 of the men stated that ideally they would like to live in a flat or house rather than a caravan - in particular one of the men became quite tearful when he explained how cold he was during the winter months.

Exeter and North Devon are currently piloting the use of Individualised Budgets for long-term rough sleepers and the outcomes have been very positive with some very entrenched rough sleepers being helped into accommodation. The model also encourages multi agency working and a client centred approach. In North Devon where there are pockets of rough sleeping they have adopted a 'case conferencing' approach; Agencies meet at regular intervals to discuss cases and agree multi agency support or action plans. These are models that could be considered to work with the most complex cases; the long term rough sleepers with Complex needs.

### **Other Homeless**

Of the remaining 21 people interviewed, 9 were either living in a caravan or vehicle or described themselves as living 'on site'. Some of those living in caravans or vehicles were happy to do so, but needed access to water, laundry and washing facilities, etc. One solution may be to provide a site with pitches for people with adequate facilities. This could be a more affordable option than 'bricks and mortar' housing.

Other people interviewed were of No fixed abode, staying with friends and occasionally rough sleeping. One person interviewed was not claiming benefits, purely because he did not have a care of address. He stated that he had got stuck in a rut; no benefits meant he could not afford anywhere to live or return to education as he wished.

In the winter of 2008/09, there was a Supporting People initiative in Devon named Winter Pressures. Within this there was capacity produced so that floating

support teams (Carr-Gomm and Homemaker South West) could provide short but intensive support to people who were in crisis, on the understanding that once the crisis had passed, the clients' support needs would diminish quite quickly. This model could be explored in Totnes to work with those who have no accommodation of their own to help them find accommodation (possibly within the Private rented sector), and then support them to set up the tenancy.

Another model to consider would be STAR (Short Term Accommodation and Resettlement). This is an initiative piloted in Exeter during the 08/09 Winter Pressures between Exeter City Council (landlord), Carr- Gomm (floating Support provider) and Street Homeless Outreach Team (Referrer). The council have released some of their temporary accommodation stock for the project (currently 10 units):

With reference to Paragraph 4 - Schedule 1 Housing Act 1985, this accommodation is provided at the council's discretion under section 192 (3) of Part VII of the Housing Act 1996 - the power to secure accommodation for applicants who are unintentionally homeless and do not have a priority need. **A power but not a duty.** The tenancy therefore gives the status of an excluded occupier under Section 3A of the Protection from Eviction Act (1977). As such, there is no need to provide reasonable notice, nor does the Council require a Court Order to end occupation. The Council may terminate this occupation agreement immediately if behaviour is unacceptable or there is a failure to pay the accommodation charge specified by the Council. Likewise, a tenant can be asked to leave immediately without notice given their status as an excluded occupier.

As per the Homelessness Code of Guidance Chapter 15 paragraph 5 this accommodation is not intended to be long term and is provided as part of a managed Programme of accommodation to give an opportunity to secure more settled accommodation in due course. The flats are only to be intended to be short tenancies and are furnished with bare essentials. Whilst accommodated, support workers will help the client to identify and secure more permanent accommodation, identifying any support needs and helping them to access support for those, so that any tenancy can be successfully sustained. For more information about the logistics of this scheme, contact Chris Hancock (Housing Needs manager – Exeter City Council) on 01392 265722 or [chris.hancock@exeter.gov.uk](mailto:chris.hancock@exeter.gov.uk)

### **Homeless Prevention**

A couple of the interviewees who were in accommodation, indicated that their tenancies were at risk. One, who spent most of her time on the streets, did not receive any housing support - another who had a history of drug use, was not receiving any support and was due to be evicted although it was felt that with

some input from an agency such as Homemaker South West, the tenancy could be saved.

Shelter did run a Housing advice surgery in the town but in a venue that was not necessarily accessible to this client group. They did not seem to be aware of where they could get support for issues with their accommodation, even though there was some support available. There is a strong argument for agencies to be more proactive in supporting very complex and vulnerable clients by going directly to them. This has been proven as best practice and is how key services are delivered to disenfranchised groups in other parts of the country. The Church would be an excellent venue for agencies to provide a range of 'prevention' interventions; debt advice, support and advice with claiming benefits, housing options, etc.

### **Access to Support Services**

As previously stated, a number of people interviewed were not claiming any welfare benefits, which it could be argued, greatly increases their social exclusion and increases the potential for anti social behaviour such as begging and crimes; shoplifting, theft, drug dealing etc. The majority of those not claiming benefits were not selling the Big Issue either. As a first step to helping people into accommodation, some support should be given to help people claim benefits for which they are entitled, making them less dependent upon begging and crime.

A number of the people interviewed expressed varying levels of mental health problems; one person in particular was in a high state of anxiety, so much so that his interview was cut short. He stated that the church drop in was the only place where he went, as he was too anxious to go elsewhere. Although many of the mental health problems were lower level, in conjunction with other needs, they were having a negative impact on their ability to resolve their homelessness problem.

A number of the people interviewed stated that they had drug or alcohol problems. Some of them said that they got support from their GP in Totnes (same GP) and others from either Shrublands in Torquay or the Harbour Centre in Plymouth. It would appear then that there is not a clear pathway in to treatment for people from the Totnes area; Totnes should be covered by NHS Devon and the Devon Drug Service, but people are effectively going to 2 separate providers (Torquay DAAT area and Plymouth DAAT area). Some clients had used EDP but again they have to travel to Newton Abbot for a service. Arguably, services for complex and chaotic clients need to be consistent and transparent.

Devon DAAT have been contacted to ask about the correct referral route and to enquire whether EDP plans to replicate the mobile harm Reduction Service that runs in North Devon and Exeter and East Devon to cover South Devon. This

would give drug users access to Harm Reduction advice as well as referrals for prescribing.

Addaction have already agreed to run a surgery in Totnes if there is a need. Again it would be useful if they would consider doing this at the Church Drop-in. It would also be useful to work with Dr Dylan Watkins who many clients mentioned and said was helpful and supportive.

### **Summary of Recommendations**

- Look at adopting IB model/ Multi Agency working model for long-term rough sleepers with complex needs.
- Explore the possibility of providing short term accommodation using STAR as a model.
- Look at making available a range of interventions to prevent rough sleeping; Rent deposit scheme, help accessing the private sector, debt advice, advice and advocacy to prevent evictions.
- Flexible floating support to enable crisis intervention or short pieces of intensive support.
- Explore ways of helping clients to improve their mental health.
- Establish clear pathways into drug and alcohol treatment.
- Establish links with Primary Care
- Look at feasibility of agencies providing surgeries at the Church
- Help the Church to secure new premises
- Map out the requirements for a drop in service; access to showers, laundry etc
- Look to set up a multi agency steering group to carry forward work

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