



To: West/Central Area Committee
28th October 2010
Report by: The Director of Community Services
Wards affected: All
Subject: Social care responses to street-based anti social behaviour

1. Executive summary

- 1.1 This report aims to inform Members of the role the Council has and is continuing to have in addressing the support and social care needs of street drinkers and beggars in the City and the impact that these interventions are having in maintaining reductions in street-based anti social behaviours in the City.
- 1.2 A number of reports relating to the role of the Council and other partners have in addressing street based anti-social behaviour have been to various committees over the past few years although these have mainly focused on enforcement and control measures adopted.
- 1.3 The report contains a digest explaining some of the issues facing service users, details of the roles of the main agencies that support these individuals and goes on to note key milestone actions and interventions dating back to 2003.
- 1.4 Contained within this report is an assessment of progress made with this client group over the last 7 years and a perspective on some of the challenges and developments that are on the horizon.
- 1.5 The report demonstrates how the City and key partners have managed to make significant progress in ensuring that the enforcement and social care agendas around street-based activity can effectively complement each other to deliver safer and stronger communities. The Housing Options and Homeless section and Safer Communities section within the Community Services Department has worked closely together over the last 7 years to tackle these issues and will continue to do so.

2. Recommendations

- 2.1 Members are offered this report for information and are invited to comment on and/or endorse the Council's dual role in addressing the social care needs of this group whilst reducing the street presence and adverse impact on the community that this group sometimes has.

3. Background

- 3.1 Street drinkers are characterised by low levels of contact with their families, low life expectancy and poor physical health. A significant proportion have mental health problems and while reasonably high numbers have their own tenancies (25% - Street Outreach Team Survey July-November 2006), many have housing problems and have multiple bans from local hostels.
- 3.2 The majority of street drinkers are dual dependent with drug misuse being an issue to address along with alcohol. In Cambridge we have found that alcohol intake increases markedly amongst individuals within the street population once the person becomes scripted as part of a treatment package for opiate dependency. Naturally, this can have hugely negative impact on the individual's drug treatment as this often leads to a pattern of losing and regaining scripts. This is evidenced by the following references:
 - 1) Griffith E, Marshall J & Cook C (2003) *The Treatment of Problem Drinkers: a guide for the helping professions* - Cambridge University Press.
 - 2) Stasny D & Potter M (1991) Alcohol abuse by patients undergoing methadone treatment programmes. *British Journal of Addictions*, 86, 307-310.
- 3.3 It is, therefore, important that alcohol interventions are made at an early stage during the drug treatment process and that services work closely together to coordinate care packages for their service users.
- 3.4 Those involved in street begging often have similar life experiences and are, to a large degree, comprised of individuals who also form part of the street drinking community. A report from the Street Outreach Team in May 2005 revealed that 50% of those found begging have no contact with their families and that 100% found begging in Cambridge over the previous 2 years has had some form of substance misuse issue. The same report revealed that one third had a history of mental illness and that 17% have had psychiatric hospital admissions. 1 in 3 beggars had experienced physical

violence, 30% have been sexually harassed and 60% have received verbal abuse. However, it is also interesting to note from this report that 90% of those that beg have an employment history, 43% of those that beg have educational qualifications and 75% have a trade or profession. (1. Dancuzk (Crisis 2000) Walk on by.....begging, street drinking and the giving age 2. A Murdoch, L. Connell, J. Davis & J. Maher (Crisis1994)We are Human Too – a study of people who beg)

- 3.5 The community that engages in street-based anti social behaviours such as rough sleeping, street drinking and begging is of a transient nature. In the calendar year 2008 there were exactly 300 service users who were assessed under the Reconnections Policy for local connection to Cambridge. Of these 199 (66%) had no local connection to Cambridge and 101 (34%) had a local connection. These figures have remained broadly consistent since the onset of the Council's Reconnections Policy in June 2007. Of those not locally connected, 14.67% had local connections with other districts in Cambridgeshire, 23.33% elsewhere in the Eastern region, 14% elsewhere in the United Kingdom, 1.33% outside the United Kingdom and 13% with no identified local connection anywhere. Comparable figures for Oxford and Brighton are contained at appendix 1
- 3.6 A survey of street drinkers carried out on behalf of the city council in 2004 by Crime Reduction Initiatives (CRI) found that of those with dual alcohol and opiate dependency 50% were engaged in some form of treatment programme as opposed to only 12.5% of those who were only dependent on alcohol. The same survey found that less than half of the respondents were engaged in some form of treatment but 77% expressed a desire to be. The survey partly provided a basis for the development of an Alcohol Community Psychiatric Nurse (CPN) focused on street drinkers in Cambridge as it clearly demonstrated a gap in provision for this group.
- 3.7 Most of the respondents were unhappy with their current level of drinking and would be very keen to cut down or give up. Several mentioned the need to have diversionary activities to help them do this. One said that he would like to see 'any activity at all that would keep people's mind off drink'.
- 3.8 Service user involvement – in 2009/10 the Street Outreach Team asked service users for views on reducing street based anti social behaviour. The views expressed were mixed and can be summarized as follows:
 - There should be clear exclusion zones in the City especially the Market Square, the aggression is distressing to the general public

- Cambridge should have a zero tolerance policy to any street based drinking like some other towns.
- Provision should be made for street drinkers in the City, such as a controlled environment like a regulated beer garden.
- Street drinking should not be an issue, people should be allowed to drink and not be moved on unless there is problem behaviour.
- Street drinking would not be a problem if there was somewhere to go
- There should be a hostel which does not permit any alcohol
- Street based anti social behaviour should be linked to your accommodation and be part of your tenancy agreement.

3.9 The main contributors to tackling street drinking, begging and rough sleeping in Cambridge are:

- Crime Reduction Initiatives (CRI) who currently holds the contract for the Street Outreach Team in Cambridge and has a remit to address all three of these areas via a contract with the City Council. This contract is currently being re-tendered jointly with the County Council and will involve additional mental health services to enhance the work that is being done in this area
- Cambridgeshire Constabulary – The Council has funded a street life Police Officer since 2003 and the Constabulary has matched this commitment by providing an additional officer in this role. This has enhanced the liaison between the police and homelessness agencies in Cambridge.
- Addaction, who currently holds two contracts with the County Council (drugs service) and Cambridgeshire Primary Care Trust (alcohol service). It has only held the alcohol service since 1st July 2010 and, although it is too early to report on progress, the service is committed to meeting its contracted obligations to the street drinking client group via regular clinics at the primary health care service for homeless people – Cambridge Access Surgery (CAS), regular visits to key hostels in the City and effective liaison with the Street Outreach Team and the Alcohol CPN, in particular.
- Jimmy’s Night Shelter – provides emergency accommodation to the single homeless and rough sleeping client group and is undergoing significant change at present. Both the building and the service are being transformed and into a 20 bed Assessment Centre offering a 24-hour service. It is envisaged that the service will continue to help to address rough sleeping but will also allow for greater opportunities to engage this client group in the daytime.
- English Churches Housing Group (ECHG) – There are a number of organisations in the City that provide move on accommodation for service users who may potentially engage in street-based anti social behaviour but ECHG has provided much of the tenancy sustainment support for this group. With exceptions in some specialist areas, floating

support services will be developing on a more generic basis following a recent Supporting People (County Council tendering exercise).

- Wintercomfort – is the contract holder for the learning and development service for homeless or formerly homeless people and provides a range of meaningful activities, educational and training opportunities, support into employment and a social enterprise. It, therefore, offers the client group access to important diversionary activities, which can form a crucial part of a treatment plan to tackle addictions.

4. Progress made by agencies tackling the issues

Rough sleeping

4.1 The 2009-10 CRI annual report for the street outreach service revealed that weekly hotspot counts show the number of people rough sleeping to average a 5 for the last two years. More significantly perhaps, of the 443 individuals found rough sleeping in Cambridge from 1.4.2008-31.3.10 only 47 (10.6%) have returned to rough sleeping for a period of more than 2 weeks. On formal rough sleeping counts Cambridge City has only missed the Government-set target of 10 for the area once in the last three years.

4.2 A significant improvement in the turnover of bed spaces at Jimmy's has meant improved availability for rough sleepers. In 2003 there were a significant minority of residents at the night shelter who had lived there for several years. Most recent figures in 2010 show that 80% of residents are moving on within 28 days and this is set against a backdrop of steadily improving positive move on performance and reductions in the numbers of bans and exclusions from the night shelter.

Reconnections

4.3 The Reconnections Policy has not stemmed the inward migration of homeless service users and those who exhibit a street based lifestyle into Cambridge. However, it has meant that accommodation for move on beyond Jimmy's has been easier to obtain for locally connected service users. This has helped to free up spaces at Jimmy's Night Shelter and, in turn, contributed to the maintenance of low rough sleeping numbers.

4.4 The number of reconnection outcomes had declined from 143 in 2004/05 to 68 in 2008-09 but then rose back up to 144 in 2009-10. The initial dip in reconnection placements is probably explained by the fact that other local authority areas were developing reconnection or local connection approaches at the same time as Cambridge City and placements outside of Cambridge became harder to make. However,

the Street Outreach Team annual report puts recent improvements in placements down to the following:

- Full and comprehensive assessment, including gathering information from current or previous professionals involved with the client.
- Transparency with the client regarding the options available.
- Support for the client in preparing for and attending interview.
- Openness with the accommodation provider regarding the clients' support needs.
- Full communication and liaison with treatment services in Cambridge to ensure transfer of scripting (if necessary).
- Written handover to housing provider.
- More than 40 different housing providers are now used across the country – this does not include successful homeless applications, private renting placements, direct placements with registered social landlords, drug or alcohol rehabilitation placements, return to partner, family or former tenancy and successful homeless applications (total of 50 individual placements)

4.5 From November of this year Jimmy's will assume responsibility for the reconnections process for its service users in preparation for the transformation to the Assessment Centre in January 2012.

Street Drinking

4.6 As highlighted in the report to this Committee in June, street drinking numbers have been steadily declining – 'This impression of a recently improving situation is supported by the count of street drinkers, which is carried out weekly by the Street Outreach Team. In the period August 2009 to February 2010, the team reported an average of 19 individuals a week engaging in street drinking at the time the count took place. By comparison, in the counts conducted during May 2010 this average had fallen to less than eight.' It should be noted that these counts represent a bench marking process and are not necessarily a confirmation of absolute numbers at any one time.

4.7 As a comparator, figures taken from July to November 2006 show the average number of individuals seen in any one week at 29.5.

4.8 The introduction of the Alcohol CPN seems to have had a significant impact on the numbers of service users and frequency of street drinking activity in the City. Outcomes have improved due to the clinical work and input of the Alcohol CPN, thus ensuring the client is more likely to sustain a healthier lifestyle and avoid a return to street based drinking and anti social behaviour.

- 4.9 The Alcohol CPN has, over the past 12 months, engaged 52 clients in positive meaningful activities, 16 clients have been able to complete a community detox and a further 6 have completed inpatient detoxification. It is a key factor that these individuals were previously resistant and avoidant of any alcohol treatment. These outcomes would not have been possibly previously without the dedicated Alcohol CPN. From July 2009-10 86 individuals have had a reduced street presence
- 4.10 The police has noted the positive impact this role has had. 'I have talked with several difficult to engage clients who have spoken enthusiastically about the contact they have with the CPN within Street Outreach, their goals for reducing consumption and the positive outcomes they hope to achieve. These are individuals who otherwise would have become targets for Police enforcement action.' (Quote from street life police officer on the impact of the Alcohol CPN).
- 4.11 The primary health care service for homeless people in Cambridge has also noted some improvements. 'We have been able to do many more community detoxifications at the surgery. This avoids more expensive inpatient admission and is often preferred by the patients. Continuing support to patients is offered post-detoxification, which has resulted in fewer relapses.' (Lead General Practitioner at CAS)
- 4.12 Milestone actions since 2003/4:
- 2003 – Cambridge Access Surgery (CAS) established at a refurbished surgery in Newmarket Road along with a number of other homelessness services
 - April 2003 – The street outreach contract specification was comprehensively rewritten to include a requirement to assertively tackle street based anti-social behaviour
 - October 2003 - Task and Target Group was formed – homelessness services, the Police and other partners began to develop focused plans to address street-based anti-social behaviour on a case-by-case basis.
 - Feb 2006 – The Council produced a report on 'Wet Centres ' (places where street drinkers could congregate and receive services during the day). The report looked at existing research on Wet Centres in the United Kingdom and incorporated the views of stakeholders and service users. However, officers did not come forward with a recommendation to pursue this option for three reasons: 1) Wet Centres are very expensive to run and it is difficult to obtain a site that is acceptable to the community 2) Existing research was inconclusive on the benefits of having such a facility 3) There is a fear that a wet centre would attract even more service users with complex needs to Cambridge.
 - June 2007 – Cambridge City Council introduced a reconnections policy following a consultation with stakeholders. A reconnections policy aims to

resettle those with no local connection to an area to another area where a sustainable housing solution can be offered.

- 2008 - CRI secured funding from the Local Public Service Agreement (LPSA) Reward Grant for 2 years (2009-2011) for an Alcohol CPN to join the CRI Street Outreach Team to respond to the identified need.
- October 2008 – The Learning and Development Service began – the City and County Council have a contract with Wintercomfort who successfully tendered to run the service
- 2009 – The City Council, CRI and Cambridgeshire Constabulary were awarded ‘Rough Sleeping Champions’ status by Communities and Local Government for partnership working in tackling rough sleeping and street-based anti-social behaviour
- May 2009 Alcohol Community Psychiatric Nurse post began
- July 2010 – Addaction began a contract as the new alcohol service providers in the County, commissioned by the PCT.

5. Outlook

5.1 The following areas continue to present challenges for the City Council in addressing this the needs of service users:

- Service users with no recourse to public funds – the Street Outreach Team has worked with 30 people in this situation in the last 12 months and there is potential for the problem to increase
- Inward migration patterns are still high for Cambridge City – the availability of direct access (or self-referral) bed spaces is seen as a significant draw but the City has been, and will continue to, reduce the number of these
- The social responsibilities of off licences is important – selling alcohol to street drinkers, already inebriated, is a challenge for the enforcement authorities to address
- The need to further educate members of the public on begging and how best to support positive progress for those who choose to beg
- Continued funding for the Alcohol CPN service – funding for this role is due to run out at the end of March 2011

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Appendix 1

Oxford

	Oct 08-Oct 09
<i>Reconnection</i>	
Number of new arrivals/referrals to this service.	573
Number of assessments	389
Actual and % figures of new arrivals on the streets with no local connection	219 (56%)
Actual and % of new arrivals on the streets with a local connection	170 (44%)
Number of clients successfully reconnected	72
Number of clients disappeared/ relocated independently	253
Number of clients who returned to Oxford following reconnection	28
Number of clients who refused to engage with the service	---
Number of clients who were excluded from services	60
Number of clients who appealed	4
Number of clients given an exemption due to appealing	1
Number of clients who were given an exemption:	30 Permanent (11 MH, 10 no LC, 5 Fleeing Violence, 4 other reason) 4 Temporary (1 MH, 2 PH, 1 Other)
Number of excluded clients selling the Big Issue	10 Average
Number of excluded clients sleeping rough in Oxford (average)	10 as at review date
Number of reconnections required but not possible due to no service available in area of local connection (please name authority)	4 (Hounslow, Kennet DC, Aylesbury, Royston, Herts & Allerdale, Cumbria)
Number of clients reconnected to Oxford	0
Number of new non UK national presentations	Minimum 4

Brighton

Reconnections	1.4.2009 – 31.3.2010			
Number of service users worked with	560			
Locally connected	184 (32%)			
Not locally connected	376 (67%)			
Reconnections made in the year	202			
Area service user arrived from	London 13.3%	Scotland 1.7%	Ireland 0.5%	Wales 0.1%
	South East 12.6%	EU 1%	Abroad 0.3%	
	South West 5%			
	Midlands 11%			
	North East 2.1%			
	North West 1%			