

Item

## Rough Sleeping Report

**To:**

Councillor Kevin Price, Executive Councillor for Housing

**Report by:**

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**Wards affected:**

Abbey, Arbury, Castle, Cherry Hinton, Coleridge, East Chesterton, King's Hedges, Market, Newnham, Petersfield, Queen Edith's, Romsey, Trumpington, West Chesterton

### Not a Key Decision

#### 1. Executive Summary

- 1.1 In early 2018, Cllr Bick and County Councillor Nicola Harrison, carried out an investigation into rough sleeping, and its impact on Cambridge. They produced a report with recommendations for the City Council, County Council, Police and other partners.
- 1.2 Cllr Bick has requested that the Housing Scrutiny Committee consider his report.
- 1.3 This covering report provides an officer response to the recommendations.

#### 2. Recommendations

The Executive Councillor is recommended to

- consider the report, and endorse the work already being carried out by the Homelessness team and our partners in delivering services to rough sleepers;

- Request that officers actively engage in the county Council review of supported accommodation, to seek to ensure an outcome that supports vulnerable people and prevents rough sleeping.

### **3. Background**

- 3.1. Rough sleeping has been of concern in Cambridge for some time. The Council works with statutory and voluntary partners to co-ordinate services which seek to prevent the need for rough sleeping, and to support people in need to find appropriate accommodation. The Council and its partners also provide emergency accommodation and support. These services, and our joint work to tackle rough sleeping, are outlined in the Council's Homelessness Strategy and Action plan:  
[https://www.cambridge.gov.uk/sites/default/files/homelessness\\_strategy\\_action\\_plan\\_-\\_names\\_redacted\\_0.pdf](https://www.cambridge.gov.uk/sites/default/files/homelessness_strategy_action_plan_-_names_redacted_0.pdf)
- 3.2 In early 2018, Councillor Bick and County Councillor Harrison carried out an investigation into rough sleeping, which involved interviews with a significant number of staff from both Councils as well as partner agencies. They shared their draft findings with contributors, and have released a report with recommendations (attached).
- 3.3 A point-by-point response to recommendations is outlined below:

Y	Recommendation	Repr ref	Lead Organisation	Officer response	Rationale	Current position
1	<b>A Cambridge Charter</b>	<b>4.6.1</b>	City Council	Not recommended to accept	Resources to develop charter as described would be considerable.	The Council engages widely with a range of partners and community groups with an interest in rough sleeping. This includes proactive engagement with church groups, students, street pastors and others. We accept that there is a need for ongoing community education and engagement, to continue to develop the shared sense of purpose agreed with other agencies in our Homelessness Strategy Action Plan.
2	<b>Further promotion of the Street Aid scheme</b>	<b>4.4.4</b>	City Council	Accept	Council has plans in place to widen promotion of Street Aid	By March 2019 we intend to: <ul style="list-style-type: none"> <li>▪ Seek agreement to use existing resources such as video feeds and social media accounts to promote facts and challenge myths.</li> <li>▪ Establish a contactless giving facility for Street Aid permitting on-street contactless giving at any time.</li> <li>▪ Work with the City's two major retail centres to achieve a higher visibility for Street Aid, leading to an increase in public donations and increased public awareness of the facts around rough sleeping and begging.</li> </ul>
3	<b>Develop a Housing First Scheme using Council and privately rented homes</b>	<b>4.2.3</b>	City and County Councils	Accept – but not in Council tenancies	City is already developing options for Housing First	The Council has an objective to increase its training flats from 2 to 10 and is working with the Counting Every Adult team at the County to coordinate this expansion. We are also planning to pilot a Housing First scheme based around new-build self-contained flats, inter-linked with a communal space, with an on site caretaker/ supporter. These units are not yet in development.

4	<b>Develop Peer mentoring for rough sleepers</b>	4.3.5	County Council	Not currently proposed to accept	peer mentoring is very resource intensive	Turnover of mentors can be high and there is a need for intensive training and support. The County Council is open to considering a range of future models of support including opportunities for community involvement.
5	<b>Assess needs for supported accomm inc long-stay</b>	4.2.1 4.2.2	County Council	For County	City will work with county on assessing/ meeting needs	County is already carrying out a review of supported accommodation in the light of national funding changes
6	Re-organise Outreach services	4.3.2	County Council	For County	City is willing to work to achieve this	City Homelessness Strategy Action Plan commitment to Investigate, with partners, whether more joined-up support services can be developed to help customers through a housing pathway towards independent living.
7	Improve joint work with Police as seen in Oxford	4.5	Police and City Council	We will work with police to improve joint work	There is already joint working but scope for improvements	The Police have recently initiated a monthly multi-agency operational meeting involving representatives from a range of services, and businesses to share intelligence, problem solve and plan to address a range of issues, including street life and drug dealing. We will review with the police whether there are further changes needed, and what we can learn from other cities.
8.	Appoint a <b>problem-solving Police Officer</b>	4.5	Police	Already in place	We are seeking funding to increase activity	The street life working group has submitted a bid to the Government's rough sleeping fund to conduct more out-of-office-hours street life work to tackle begging, tied in with an offer of support services and a guaranteed bed for the night.

9.	Extend outreach /enforcement to weekends and evenings	<b>4.3.3</b>	Police and city	Proposed – subject to funding		The bid to government as highlighted above pilots work in this area and the Council will be looking to evaluate the results carefully.
10	Expand floating support services as people move on	<b>4.3.4</b>	County	County to decide		The County Council is currently assessing tender bids for a reconfigured floating support service. The services will now cover a wider geographical area and thus there will be scope for more resilience across the service.
11	Provision of sharps bins and contact with WHO on safe syringes		City (+ county public health)	Accept, based on need	City has sharps bins in most public toilet cubicles	<p>Provision will be kept under review and extended to public toilets that don't currently have sharps bins, in response to evidence of need.</p> <p>The World Health Organisation (WHO) is recommending new “smart” syringes with features that prevent re-use and protect health workers from injuries and infections. The Council fully supports the WHO proposals and will work closely with relevant service partners to secure the adoption of smart syringes in Cambridge.</p>

## 4. Implications

### **(a) Financial Implications**

The recommendations made by officers do not incur any additional costs at this stage. The City Council will seek to work with the County Council and other partners to develop services that make best use of public funds.

### **(b) Staffing Implications ; no immediate staffing implications**

### **(c) Equality and Poverty Implications**

Officers have not conducted an EQIA on the report prepared by Cllr Bick. The Homelessness Strategy Action plan actions have been subject to EQIA.

### **(d) Environmental Implications; None identified.**

### **(e) Procurement Implications: None identified.**

### **(f) Community Safety Implications**

Improved co-ordination with police, and enhanced out-of-hours support and enforcement activity should contribute to a decline in begging and antisocial behavior, especially in the city centre. Improved floating support for ex-rough-sleepers could increase their ability to settle constructively in a new environment, with a benefit for the wider community.

## **5. Consultation and communication considerations**

This paper is a response to Cllr Bick's report. Actions to be taken forward will be developed in partnership with other stakeholders. The action on Street Aid includes a commitment to increased community engagement.

## **6. Background papers**

Homelessness Strategy Action Plan:

[https://www.cambridge.gov.uk/sites/default/files/homelessness\\_strategy\\_action\\_plan\\_-\\_names\\_redacted\\_0.pdf](https://www.cambridge.gov.uk/sites/default/files/homelessness_strategy_action_plan_-_names_redacted_0.pdf)

## **7. Appendices**

Cllr Bick's report attached – Appendix 1

## **8. Inspection of papers**

To inspect the background papers or if you have a query on the report please contact [Suzanne.Hemingway@cambridge.gov.uk](mailto:Suzanne.Hemingway@cambridge.gov.uk) or 01223 457461.

# Rough sleeping and street life issues in Cambridge

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## An enquiry

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Market Ward, Cambridge  
February 2018

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## **Executive Summary**

As local councillors, we know that local residents are distressed and concerned about the increase in rough sleeping and street life issues in Cambridge in recent times. They want to understand what is going on, what is being done about it and what more could be done - and this report tries to offer some answers.

In our enquiry, we talked with many people working in this field locally and elsewhere, as well as with people who have experience of living on the street. They told us about the range of problems that drive homelessness, including mental illness, substance misuse, family breakdown, domestic abuse, financial loss and debt. They explained how the increasing severity of mental illness and drug addictions among people on the street is making it more difficult for those individuals to engage positively with support and recovery services. We also learned how the growth in expensive drug addictions is fuelling street begging and our report considers how our community might respond to that.

We found a wide range of local services aimed at enabling people on the street to take up accommodation and access other support and treatment. The organisations involved include charities, housing associations, the councils, the NHS and others, working as a loose partnership on many issues. We found a strong spirit of commitment and collaboration among them, not least within the numerous front-line outreach services on the street.

Substantial basic welfare support is available, but many services focus particularly on progress and recovery rather than help that might only sustain the status quo. On this principle, much effort is applied to engaging with people who find it hard or are reluctant to make changes in their lives. Gone are the days when a bed at a night shelter was all rough sleepers could expect – these days support is aimed at meeting the overall needs of the person, to give them the best chance of maintaining progress and avoiding a recurrence of homelessness.

Accommodation provision in the city operates as a 'pathway' - from assessment and short-term accommodation, through supported accommodation to independent tenancies. The pathway has some flexibility for people who find its requirements difficult to accept, but, nevertheless, some people do not manage to stay on track and others are unwilling to engage at all. Whether that choice can be seen as a rational expression of free will, or only a by-product of desperate personal problems, must be judged case by case. We considered other ethical and practical questions like this, such

as whether giving money to beggars is a productive way to help and whether rough sleeping can ever be eradicated.

Cambridge people are generally tolerant of non-conformity and their main concern is about the welfare of people on the street. However, many are also concerned about anti-social behaviour and problems like discarded drug injecting needles, and we consider these issues in the report.

# **1. Introduction**

## **1.1 About this enquiry**

As local councillors for Cambridge's city centre ward, we have seen for ourselves what many residents have raised with us – that rough sleeping, begging and other street life issues have increased in our local area in recent times.

People tell us how distressed they are to see such suffering and deprivation occurring on our streets. They worry for the individuals concerned and are concerned for a society where it is normal to walk past beggars and people huddled in doorways. They want to know what is going on, what is being done about these problems and what more might be done.

Finding no simple way to provide answers, we decided to carry out an enquiry and this report is the result. It is by no means a text book and will make no-one an expert about this very complex group of issues, but we hope it will help ordinary people make sense of the situation and develop their thoughts on the subject. We hope also the numerous organisations working to address these problems will find our analysis credible and our recommendations thought-provoking.

We have taken as our subject a problem as it is perceived by the general public: there are people sleeping on the streets and there are people sitting on the streets. To the observer they do not look very different from each other and sightings of both have gone up, so it is not unreasonable to assume they are two sides of the same coin. We decided it was right to base our enquiry around this perspective, but were and are conscious of the risk of conflating separate issues. In this report, we seek to disentangle the issues where that is appropriate. For example, it has become very clear to us that not all rough sleepers are beggars and not all beggars are rough sleepers.

Language matters in subjects like this. We use the phrase 'street life' to describe a group of behaviours, but it is no way to describe people. For that we use the phrase 'people with a street-based lifestyle' or for short: 'people on the street'; these have limitations, but are the best we have found. We avoid the common phrase 'street life community', because we think it unlikely many people on the street would identify themselves in that way. And when we refer to 'street life issues', we do not include problems like the behaviour of drunken revellers or the dropping of litter on the street, which may be no more or less acceptable, but they are not covered here.

## **1.2 Scope**

We have consciously limited our enquiry by focusing on only one aspect of homelessness – rough sleeping - which is a particularly desperate version of a broader problem, marked out for its implications for individuals' health and security and its impact on the broader community. We feel it cannot simply be treated as the tip of the broader homelessness iceberg because, for many of those involved, it is about much more than just housing.

During this cold winter, the local, national and international media have been full of news and opinion about rough sleeping. This report, however, does not go into the economic and political context and certainly not into the debate over who might or might not be to blame for the problem. This is because, as local councillors, we want to concentrate on the local situation and how the effort, resources and powers that are available locally can be used to improve matters.

We should also mention that although we tend to indicate who pays for the services and initiatives described here, we have not attempted to look at how much they cost. This is obviously a very important matter, but to do it justice is beyond our means.

## **1.3 Acknowledgements**

This enquiry has been a challenging task because the subject is complex and we are amateurs, peering into a mass of information, jargon and ideas, and needing often to question our own values and preconceptions. We have been helped by many people, locally and in other parts of the country, and are extremely grateful for the time, knowledge and ideas they have shared with us. We have been deeply impressed and touched by the extraordinary dedication of so many people working in this difficult field and by their determination to find ways to make things better. We also thank the Wintercomfort service users who took the time to give us an invaluable first-hand insight into their lives, problems and opinions. We have done our best to ensure that this report is accurate and fair, but in any event, we take full responsibility for it.

The organisations we met with are listed in the Appendix. This also includes links to many of the services referred to in the report and to some general reading.

## 2. Who is on the street and why?

### 2.1 Basic numbers

Rough sleepers are counted in a national scheme in the middle of one night each November, and on 3 further occasions as a local initiative. The definition of rough sleeping is tightly drawn: to be counted a person must actually be bedded down when seen by the counting team.

Cambridge's figures grew from 6 in 2010 to 18 in 2015, followed by a dramatic increase to 40 in 2016. The 2017 count, which we participated in, saw a substantial fall to 26, a welcome bucking of the national trend. It is open to debate why the number was so large in 2016 and why it declined so fast again afterwards. A number of measures put in place in the aftermath of November 2016 have been positive, although the local count in May gave a figure of 22 - before these measures had time to bite. The figures themselves are one-night snapshots of course, and they underestimate the problem, because it is never possible to find every person sleeping rough and (as we observed during the recent count) some will not be bedded down when the count takes place. To tell us something, the figures need to be interpreted across a longer timeline. Even if the 2016 number is an isolated high, we are still left with a current level that is higher than any previous year and local quarterly counts are consistent with this. On this basis, it is probably premature to assume a downward trend has been established.

There is no equivalent count of people engaged in other street life activities like begging or on-street drug and drink consumption. We wondered whether the rough sleeper figures are a reasonable proxy, but have become convinced that this is not the case; rough sleepers do not necessarily beg or take drugs, and not all beggars or street drinkers are homeless. People on the street are not all the same.

This is nicely illustrated by a project started a year ago, when outreach workers identified a group of 20 people on the street with particularly chaotic lifestyles and in need of intensive support. Only 20-30% of these were homeless, with the rest known to be housed in hostels or more permanent accommodation. This was surprising to us, but we got a similar picture from other interviewees. One told us he estimates that on a typical day, 10% of people seen on the street are waiting to enter the hostel system, 10-20% are rough sleepers who will not engage with services, 30% are housed people who go onto the street to beg, and the rest are housed, but spend time on the street for more general reasons, for example, they get bored or lonely at home. Like many other estimated figures given to us and repeated in this report, these figures should not be

treated as gospel, but they do serve to emphasise that people on the street are not a community or in any sense a unified group.

## **2.2 A changing profile**

People find themselves homeless and on the street for many reasons. The slide from a stable home, a job, friends, family and good health towards sleeping rough in desperate circumstances can happen quickly and to anyone. Common triggers include mental illness and substance abuse, domestic abuse and family breakdown, debt and major financial loss. Some groups of people are known to be at particularly high risk of rough sleeping, including young people leaving care, people leaving prison and single low-skilled foreign migrants.

These factors probably remain constant, but the profile of rough sleepers and other people on the street has seen change over the last decade or so. Rough sleepers used typically to be older British men, often alcoholics, ex-offenders or ex-military, homeless for long periods, inclined to bed-down in out-of-the-way places and with a nomadic way of life, though night shelter accommodation was available on a more or less unconditional basis for those who wanted it. Some of the people who were sleeping rough then will no doubt have returned to a settled life; others will certainly have died, given the low life expectancy amongst rough sleepers (in the mid-40s for patients at the Cambridge Access Surgery).

By comparison, people on the street now tend to be somewhat younger and more, though still a minority, are women. They are more likely to be from the local area, with currently around 60% of people entering the hostel system having a 'Local Connection'. Debt is often a contributory factor. The nomadic way of life is less frequent, but migration is substantial from other parts of the UK (perhaps 25% of rough sleepers) and from abroad, mainly European countries (perhaps 25%). We spoke to a group of EU migrants, who told us that they normally sleep in a car or tent in quiet spots on the edge of the city. Some were working – often in intermittent, low paid jobs - but prefer not to rent accommodation because they want to send money home. In cold winter weather, they may go to the Cambridge churches' winter shelter, as they had done the night before we met them.

## **2.3 Mental illness and substance misuse**

Substance misuse and mental illness have increased amongst people on the street, both separately and in combination, and figures from 2016 show that 77% of people on the streets in Cambridge were in this position. Deaths from illicit drug use are at a record high nationally and locally. We heard that around 60% of people using the Wintercomfort day centre suffer from one or both of these problems, and all 20 of the Street Life Working Group's hard-to-engage individuals are crack cocaine and/or heroin users.

As well as the cases of more serious mental illness, many other rough sleepers have mild to moderate mental health problems such as depression and anxiety. These may pre-date being on the street or may develop as a result of the sheer hardship of being there. In some cases, these problems may resolve without specific treatment if and when the individual's life becomes more stable.

The city appears to be seeing a reduction in street drinking by groups of people, though many people on the street do consume alcohol. We have been told whilst an individual's alcohol consumption might at one time have been considered a primary problem, it may now be over-shadowed by the seriousness of a drug problem.

The city is seeing an increase in the use of crack cocaine and crack and heroin combined, together with a wide range of other drugs. The increase in chaotic behaviour seen on the street is at least partly explained by the fact that these drugs tend to cause extreme highs and lows and erratic, agitated behaviour. The word "chaotic" is not ours, but was heavily used by many interviewees. Some of these drug users may need a fix numerous times a day, leaving little time or energy for engaging with the support workers who could help them access treatment and other services.

Substance abuse and mental health problems can make it difficult for people to find the motivation to engage with support services, which places the individual at even greater risk. We have heard of people who have refused to be taken to hospital in a crisis, and of others unwilling to claim the benefits they are entitled to, preferring to receive charity or do without. We have ourselves talked to people who will not accept a hostel place, preferring to sleep outside even in winter. Some individuals bounce on and off the street, moving between a friend's sofa, a car and the street. Sometimes people enter the hostel system, but cannot settle there. For others, unacceptable behaviour or a failure to cope leads to eviction from hostels and other accommodation and a return to rough sleeping. One-third of people entering the Jimmy's assessment centre are 'returnees' for one reason or another.



## **2.4 Visibility and begging**

The increase in street life activity is clearly real, but it may also be that these activities have become more visible to us. This may be partly due to the closing off of old haunts with gates and the use of security patrols, leading people to cluster in the city centre. It may also be the case that people feel safer in busy paces covered by CCTV cameras (although during the annual street count last November, we saw rough sleepers who had clearly sought out quieter places). We understand that the rate of attacks on rough sleepers in Cambridge is considered low compared to other cities.

A growth in begging is certainly adding to the visibility of street life activity because, by definition, begging needs to be seen by passers-by. Beggars tend to choose areas of high footfall in the city centre, varying their locations between daytime and evening/night-time to reflect the different activities of the public. We understand that at weekends people come into the city to beg, 'displacing' those who occupy locations on the street during the week.

The increase in begging is at least partly explained by the need to feed expensive drug habits. Public health data show that in 2015, the typical heroin user spent around £1,400 per month on drugs and the Police have given us a current figure of £60-80 per day. Several interviewees told us about the strong correlation between drug addiction and begging.

Drug users need to buy their drugs and there has been a rise in drug dealing in streets, alleyways and parks, often by dealers paying flying visits to the city from elsewhere. There has also been an increase in drug consumption in public places, which may be partly explained by the rise in serious drug addiction and the loss of uninhibition this can entail. As would be expected, this is leading to a rise in the number of discarded needles in public areas. The incidence of needle finds has doubled in Cambridge since 2013, and in our own city centre ward finds have trebled, though not all these were found in public places.

## **2.5 Progress**

The population of people on the street, or at least of rough sleepers, is far from static – for example, only 2 of the 40 rough sleepers counted in November 2016 were also counted a year later. And this turnover can take place over quite short periods, as shown by data from this winter's Cambridge churches shelter. Of the 33 people who used the service during the first two months, 9 have moved into hostels or tenancies or have returned home, with 1 going to prison.

This turnover may be explained in various ways. Some, as the churches' figures show, take up accommodation in the city's hostel system or other housing; some move in and out of homelessness, staying with friends or family and going on the street when the bed space is needed by others; some may come to Cambridge intending to stay only a short time; and others are reconnected to their home area through the 'local connections' policy.

Even people with severe and entrenched problems can make progress: 7 individuals from a group of 20 hard-to-engage rough sleepers identified around a year ago have now been removed from that list.

However, for an uncomfortably large number of people, progress is slow or rocky or non-existent. A 2016 figure showed 75% of rough sleepers refusing to engage with outreach services at that time. Some people enter the hostel system, but cannot tolerate the conditions and return to rough sleeping, while others manage the supported housing system, but do not cope with a move to independent housing.

### **3. How does the system work today?**

#### **3.1 INTRODUCTION**

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We have found an extensive range of services and initiatives provided in relation to rough sleeping and street life issues in Cambridge, often interrelating and overlapping with each other. After a brief look at the framework in which they are operating, we describe them below in three categories:

- Housing
- Welfare and recovery
- Public realm management

##### **3.1.1 Partnership working**

One of the first things we learned in our enquiry was how much commitment, patience and ambition it takes to help people with complex problems to turn their lives around. We saw how hard the people working in this field are working to this end, and how they work together in a strong spirit of co-operation and collaboration. This partnership approach is particularly evident at the coal face, with outreach workers from different organisations sharing information and ideas around individual cases on a day-to-day basis. The partner agencies also operate a shared database, *In-Form*, to aid communication and keep records. Higher level operational decisions are made through numerous working groups that are either wholly or partly focused on rough sleeping and street life issues.

##### **3.1.2 Shared principles**

We found substantial agreement within the partnership about how these problems should be addressed - an approach encapsulated by one of our interviewees as:

*“Always assume people will engage.”*

This seems to us a respectful and optimistic principle and we have found it to be embedded in the way that services are delivered for people on the street. This approach is a progression or recovery model, in which steps are taken along a pathway to address the factors standing between them and a sustainable, healthier lifestyle. Consistent with this, we found a widespread view that support should come first and always be available, while disciplinary or enforcement action should take place only

where the public interest genuinely demands it - and then in ways that are compatible with the individual's best interests.

## **3.2 HOUSING**

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### **3.2.1 Homeless families**

The housing needs of homeless families are generally addressed under the City Council's specific statutory responsibility to locate and place them directly into temporary accommodation. They rarely need to sleep on the streets and are not addressed in this report.

### **3.2.2 Single homeless**

Single homeless people are assisted with housing advice from the City Council. Where housing is the only need, the guidance given will assume the person is able to take ownership for their situation and negotiate their next steps for themselves. They will be guided to entry points to mainstream housing, typically in the private rented sector. If on a low income or housing benefit, they are likely to have to move outside the city, where rents are more affordable. For those with a clear need to remain in the city, the Council has procured a small number of rented houses, which it manages on the landlords' behalf and lets out as shared tenancies that are affordable within housing benefit levels.

People with one or more non-housing needs that present obstacles to gaining access to mainstream housing are more complex to assist and in general less able to resolve their own situation. These individuals are guided towards assessment of their housing and other needs. Most rough sleepers will fall into this group.

### **3.2.3 The housing pathway**

Accommodation for those with significant non-housing needs which prevent them from accessing the mainstream housing market, is operated as a pathway. As they progress along the pathway, individuals are provided with support to overcome the problems which are preventing them from gaining regular accommodation. The assumption is that almost all individuals can achieve this progression and ultimately take a place within mainstream housing. In practice, success and speed in achieving this are a

function of the complexity of an individual's needs, their willingness and capacity to undertake change sustainably and the availability of the necessary support.

### **3.2.4 Sleeping rough**

People wholly without accommodation and therefore sleeping rough in Cambridge are likely to fall into one of these categories: those who are waiting to gain access to Jimmy's; those who have dropped out or been evicted from Jimmy's or another hostel and have not yet re-entered the pathway; those who are unwilling to accept an offer of accommodation; and those without recourse to public funds (usually non-UK nationals without formal employment). In addition, of course, there are people for whom tonight is the 'first night out' – who are at the very outset of the homelessness problem and are as yet unknown to the support services.

The Cambridge Mental Health Street Outreach Team, commissioned by the City and County Councils, is likely to be the first to discover a new face sleeping rough. Its four outreach workers scan the city's hotspots in early morning patrols and draw on reports passed to them from members of the public and other agencies, such as the Police. Since their primary objective is to help people access accommodation, they are an important facilitator to the housing pathway, seeking to engage with the individual in order to make a first level assessment of housing need and other factors which might have to be addressed. They will signpost people to Wintercomfort for basic welfare support, and for accommodation and assessment at Jimmy's. Where needed, they will seek to engineer contact with other more specialist support. In exceptional cases where it is evident that Jimmy's is an inappropriate option, they may recommend - with justifications - to the City Council that an individual be referred directly into the hostel system, by-passing an assessment and stay at Jimmy's. Where an individual has no local connection to the city, the team will assist with reconnecting them to their home area by identifying accommodation there and helping with travel arrangements.

### **3.2.5 Winter shelter**

During nights of severe winter weather, Jimmy's offers 30 open access beds in addition to those described above, which are sanctioned and funded by the City Council through an annual grant. The scheme is known as SWEP (Severe Weather Emergency Provision) and is open to anyone who would otherwise be sleeping on the street, i.e. it is not limited to those who are eligible for housing benefit, although those who are eligible are expected to claim and have it paid directly to Jimmy's. A further 3 beds are provided on the same basis within Riverside's hostels.

The Cambridge's Churches Homeless Project is open every night from 1<sup>st</sup> December to 31<sup>st</sup> March, accommodating up to 15 individuals at nightly rotating city centre churches. 56 different individuals used the provision in 2016/17. Access is by initial referral from Jimmy's and includes an evening meal. This provision is supported entirely by voluntary effort and charitable resources. It sits formally outside the overall housing pathway, but it does adhere to the progression approach in that it provides advice, encouragement and information and a number of its users move on successfully. During the first two months of the current season, 9 out of 33 users had moved on to Jimmy's, tenancies or back home. The scheme operates a light touch regime, but expects individuals to arrive by 7.30pm to ensure that users get the benefit of welfare support and advice as well as a bed.

### **3.2.6 Jimmy's**

The charity Jimmy's, located at East Road, is commissioned by the City and County Councils as an Assessment Centre and is therefore normally the first step in the housing pathway. Obtaining a place there generally requires an individual to present to them on a daily basis until a place is available: the wait was quoted to us recently at 2-3 days. Accommodation costs are met from the individuals' housing benefit.

The assessment centre can accommodate 22 individuals in private, en suite, rooms for up to 28 days, during which period the assessment takes place and a plan is defined (typically over the first 5 days) and executed (typically over the remaining 23 days) for a move-on to longer term accommodation, potentially the supported housing or hostel system, according to the level of need. Jimmy's is the main access gateway to that system, making referrals to these providers. Individuals who have no local connection (some 40% of those who enter Jimmy's) are helped to re-connect to the town or city where they do have a connection.

As part of an agreed strategy, Jimmy's ceased to be an open access 'night shelter' in 2012, a move that was consistent with a desire to accentuate the 'progression' or 'recovery' model in the provision for single homelessness. In this spirit, quite tight conditions are imposed on residents, such as an 11pm curfew and a rule against drug and alcohol consumption on the premises, which requires people to hand these items into a store on entry and potentially to undergo a body search. The case for Jimmy's high threshold in these respects is that admitting potentially unknown individuals from the street carries a high risk to staff and other residents, and also that people using

Jimmy's to enter the housing pathway are assumed to be willing to make some changes to their existing lifestyle.

These conditions are more stringent than the house rules of some of the move-on hostels to which individuals may be referred after a stay at Jimmy's. As we have heard direct from several rough sleepers, and from Jimmy's themselves and other accommodation providers, this regime proves to be too strict for some people, who either leave or get evicted for breaking the rules – or refuse to apply based on reputation.

Jimmy's itself is trying to address this problem through its own street outreach worker, as are other services. In addition, two pragmatic 'work-around' solutions were introduced in 2017. First, Jimmy's re-introduced 4 additional beds, known as 'red beds', with lower conditions of entry and more flexible house rules, available for a 28-day period (or occasionally longer) in which support is given to help people move into the main Assessment Centre. An outreach worker is typically instrumental in introducing individuals to these additional beds, from among those recognised as the most entrenched rough sleepers. Second, the City Council has created a procedure whereby, on an exceptional basis, individuals who are assessed as unlikely to meet Jimmy's gateway requirements can be referred direct to one of the hostels, without first going through the assessment centre. As far as we can ascertain, these initiatives are achieving good outcomes.

### **3.2.7 The supported housing system**

The housing pathway continues with a variety of short and medium term residential accommodation with support workers - each establishment specialising in a particular level, type and stage of need; some of these are known as hostels. Most of these are provided by the not-for-profit sector, funded partly by contracts with the County Council and partly by the transfer of individuals' housing benefit payments, and supplemented to varying degrees from other charitable sources. Riverside and the Cyrenians are the largest organisations in Cambridge offering this accommodation, each operating at a number of different locations in the city.

Cambridge Cyrenians provide 45 units of accommodation in several shared houses to support single, vulnerable adults who are homeless. These meet a range of needs and levels of support. A further 16 units are provided, which are currently funded by the Cyrenians themselves. The Cyrenians also run the Jubilee Project, commissioned by the County Council, providing 10 supported places specifically for ex-offenders, taking referrals from the prison system and the probation service amongst others.

Cambridge Housing Society provides 6 flats at Corona House for homeless women.

Riverside provides 3 homeless hostels: Willow Walk with 20 beds for those with complex support needs; Victoria Project with 30 beds for those with medium/high needs; and The Springs, with 24 beds for those with low to medium needs who are ready to engage with education, training or employment. Riverside also provides 29 units of accommodation for those with low to medium needs who can live in the community with visiting ('floating') support.

Other third sector organisations, including Jimmy's, provide additional supported 'move-on' accommodation, which is not commissioned by local councils, but funded from other charitable and grant sources.

The commissioning contracts for the hostels generally assume that individuals will remain there for a maximum of two years until they are ready to move on to more mainstream accommodation and such accommodation becomes available. There is an expectation of individual progression, and progression does indeed occur, creating vacancies for new entrants, though the need for some exceptions to the target timescales is accepted. The performance of the hostels in relation to the move-on targets is monitored by the commissioning organisation.

### **3.2.8 Move-on to mainstream housing**

Individuals ready to move on from supported housing will normally enter the mainstream local housing market through tenancies in the private rented sector or social housing. Most people doing so are without work or on low wages and, in practice, an individual private sector tenancy in the city will not be affordable to them and securing one will mean moving out of the city. The City Council has established a discretionary scheme of housing benefit top-up awards for 25 people per year. The top-up makes affordable a median private sector rent for an appropriate housing type in the city. The key criterion for such cases is readiness for employment, as awards are predicated on ability to pay the whole rent within 12 months.

For social housing, after going on the Housing Register people may bid for Council and housing association accommodation through the local Homelink service. As homeless people, they are by default ascribed a priority rating of 'band B or C', which means quite a long wait or even failure. As a means of accelerating progression, the local social housing providers, through the Housing Allocation and Resettlement Panel (HARP),



have agreed to enable up to 40 individuals a year living in the hostel system to receive a discretionary 'band A', which is effectively a guarantee of a social tenancy. The cases are selected from caseworker referrals, on the basis of a demonstrated commitment to progress and the need for social housing as opposed to a private sector tenancy.

### **3.2.9 Training Flats**

There are currently two 'training flats' in the city and one in South Cambridgeshire, provided by Cambridge Housing Society. These are social tenancies reserved for allocation to individuals with a chaotic lifestyle who are already receiving support from the County Council's 'Counting Every Adult Team'. The scheme has operated since 2008 and aims to normalise individuals into mainstream housing, with tapering levels of support. The flats should more correctly be called 'tenancies' because they are not fixed properties, but tenancy arrangements on properties that may come in and out of the scheme as new individuals enter it. On a small sample, the scheme is considered successful and we have learned of ambitions to significantly increase the number of flats involved.

### **3.2.10 Long term supported accommodation**

In some cases, individuals continue longer in supported housing than the normal 2-year target period. Some longer term supported housing is provided in the city by housing associations and the city council, most providing mental health support, but amongst them Jimmy's manage a 6-bed project for older, entrenched alcoholics. As we understand it, there is no long term supported housing for people whose primary problem is drug addiction.

## **3.3 WELFARE AND RECOVERY**

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Several of our interviewees stressed to us that "homelessness is not just about housing". Many homeless people have problems which do not go away just because they get a roof over their head and, if these are not addressed, they may lead to renewed homelessness - a pattern that can repeat in a highly damaging cycle. To reduce this risk, many people on the street need a variety of welfare and rehabilitation support, sometimes over a long period, and the services available in Cambridge are described here.

### **3.3.1 Crisis support**

At the extreme, a crisis may occur on the street at night-time; perhaps someone newly arrived in the city, exhibiting chaotic behaviour, cold and without the basics for life. There are no specialist homeless services in this situation and it may well be a member of the public who makes the first contact and decides whether to try to help.

The role of the emergency services is limited. If a person is judged to have mental “capacity”, they are entitled to refuse help, for example from an ambulance. The Police have powers under S136 of the Mental Health Act to remove a person to a place of safety (such as Fulbourn Hospital or the person’s home) if they believe that a person is mentally ill and has need of care and control. We understand that this power can only be used where a person is exhibiting behaviour that may endanger themselves or other people.

Primary mental health services can assist if the individual wishes to accept help. The NHS’s First Response Service (FRS) - available 24 hours a day, every day, by dialling 111 and selecting Option 2 - provides advice and support and potentially a referral to other services including the Cambridge Sanctuary. The Sanctuary, run by the charity Mind, is a physical safe space in the city for individuals experiencing an emotional or mental health crisis, offering a few hours’ practical and emotional support 7 days a week from 6pm to 1am.

The FRS also operates within the Cambridgeshire Constabulary control room, assisting the Police to take the most appropriate pathway with people in mental health crisis. A call to 999 regarding the chaotic behaviour of someone on the street may elicit the involvement of this team.

### **3.3.2 Welfare support**

We found that there is a general welfare and advice element to almost all of the rough sleeping and street life services in the city, even where the service is primarily dealing with specialist issues like housing, mental health, addictions or anti-social behaviour. This makes sense to us, as progress with complex and entrenched problems is unlikely if basic needs are unmet.

It also makes sense that welfare is not just about a meal or a warm coat, but about building relationships and developing trust. Many individuals on the street are isolated and unable to trust other people or the ‘system’, and turning that problem around requires time, energy and compassion on the part of people trying to help. A man we met at Wintercomfort used the word ‘friend’ again and again when singing the praises of a specialist outreach worker helping him to address his mental health and substance

abuse problems. Friendship allowed him to make progress, and progress allowed him to make a friend – a virtuous circle indeed.

In these circumstances, it is not surprising to find that a wide range of local services are putting a lot of time into welfare support, often through outreach on the street.

The charity Wintercomfort plays a vital role in providing and hosting welfare services for homeless and vulnerably housed people. Its 7-day a week day centre at Victoria Avenue is open to all-comers for breakfast, a shower, clean clothes, internet access and a chat. The charity also organises outings and social activities. It is obvious to any visitor that the warmth, food, social interaction and cheerfulness of the staff at Wintercomfort are massively sustaining to the people who go there. Last year, the day centre received an average 76 people a day (160 individuals in total), 50% of whom were homeless (rough sleeping, sofa surfing or camping) and the rest housed in hostels, supported accommodation or their own housing.

As well as the basics, Wintercomfort is commissioned to provide learning and development support and it operates a social enterprise cleaning business offering training and employment opportunities. We spoke to a man who has progressed from a voluntary training role into employment with the business – he still attends the day centre for general support and camaraderie when he is not working.

Wintercomfort is also an important resource for many other service providers - providing a physical space where workers can meet up with clients, or make contact with new people, away from the street. Services like the St John Ambulance foot care team also attend.

Other sources of general welfare support for people on the street include:

- the Cambridge Churches Homeless Project provides an evening meal and friendly conversation with volunteers;
- The Salvation Army and Jimmy's collect and supply items including clothing and food;
- The Cambridge City food bank operates from various locations;
- Many local citizens and students in the city provide volunteer effort at Jimmy's and the other voluntary services, and we understand that citizen groups also organise help out on the street, such as hot food, clothing and bedding in the winter months.

### **3.3.3 Medical and rehabilitation services**

The Cambridge Access Surgery is the city's GP practice catering specifically for people who are homeless or vulnerably housed, providing a drop-in morning service and appointments in the afternoon. Rough sleepers and people who misuse drugs or alcohol tend to suffer poor general health as well as increased risk of mental illness and addiction, and the surgery staff have the skills and capacity to attend to these high needs. Staff from the primary care mental health service attend the surgery, as does the Inclusion drug and alcohol service, which sees around 60 drug and alcohol clients at the surgery.

Drug and alcohol services in Cambridge are delivered by Inclusion on behalf of the County Council, providing advice, diagnosis and treatment programmes. Reflecting the prevalence of substance abuse among people on the street, Inclusion employs a drug and alcohol street outreach worker to help people access the help they need. Treatments include the prescribing of substitute medications like methadone, and range from first stage talking therapies through to structured care plans and, in a very small number of cases, residential rehabilitation at Fulbourn Hospital or out of the county. Inclusion also operates the local needle exchange programme for injecting drug users (the needles themselves are issued and collected through participating pharmacies).

Clinical mental health services are provided through the county's NHS Foundation Trust (CPFT) and charities such as Mind. In addition to the First Response crisis serviced described above, the CPFT operates the PRISM primary care service which makes community psychiatric nurses available to every GP practice, with the goal of improving access to services for patients with mild to moderate mental health problems. For people with more serious and enduring problems, secondary care services are provided by CPFT Locality Teams who offer pharmacological interventions and medication management, psychological therapies and other support. For crisis situations, tertiary (in-patient) care is provided at Fulbourn hospital (and occasionally in specialist facilities elsewhere), where the so-called 3-3-3 model aims to enable patients to return to outpatient care as soon as possible. The long-term trend towards providing outpatient mental health care means that mental illness is more visible within the community than in earlier times.

Others with a role in the mental health field include the Street Outreach Team, and the Cyrenians have 4 years lottery funding for a mental health nurse to work with people living in their hostels - a scheme which may help them take on more high-needs individuals.

The Dual Diagnosis Street Outreach Team (DDST) is new project aimed at helping people on the street who are suffering from a combination of serious mental illness and substance misuse problems. It is recognised nationally that people with a 'dual diagnosis' find it difficult to access the treatment and rehabilitation they need, because mental health services often refuse to treat people while their substance misuse is unmanaged, and drug and alcohol services are unable to make progress with rehabilitation while mental illness is untreated. These people also find it hard to access and sustain housing, so it is not surprising that people with a dual diagnosis are among the most chaotic and entrenched of rough sleepers.

The DDST includes four differently qualified practitioners who, through referrals from other agencies and using outreach on the street, assess the person's needs, provide short term interventions and develop care plans, with the aim of preparing people for access to mental health supported accommodation. We understand that the service is achieving significant success with accessing mainstream mental health services and housing for these individuals. We met two DDST clients who explained to us how the service had changed their lives by ensuring they got a correct diagnosis of their illness and appropriate treatment – progress that, according to them, was not achievable before the DDST was created. The service aims to work with around 45 people per year and is currently funded as a pilot scheme for only two years.

The Counting Every Adult Street Life Project also started in 2017, offering intensive, personalised support to high-needs individuals through a single project worker. Since its primary focus is on support for people engaged in anti-social behaviour, we describe it in Section 3.4 on public realm management.

### **3.3.4 Tenancy/Floating support**

Many formerly homeless people need support to make a success of living independently and in particular to sustain their tenancy. Tenancy or 'floating' (floating as distinct from being attached to a supported housing scheme) may include claiming or appealing for benefits, paying the rent and bills, taking care of the property or behaving as a good neighbour. It could also include helping arrange a social care package or help with making and keeping medical appointments. Support workers who are focused on these practical problems will also be well-placed to spot more personal problems, such as mental illness or substance abuse, that need specialist help. The County Council commissions these services from Centra Care and the CHS Group. Accommodation providers including Jimmy's, Riverside and Cyrenians also provide in-house support of this kind to their residents.

### **3.3.5 Cambridge Street Aid**

The Cambridge Street Aid charitable fund was set up a year or so ago to give people wishing to help individuals on the street an alternative to handing over cash, because of fears that cash handouts can sometimes sustain a street-based lifestyle and hinder progress towards positive outcomes.

The fund aims to help people get off and stay off the streets by providing grants of up to £750. Of £25,000 raised in the first year, £17,000 has been paid out to 65 vulnerable people for uses including:

- paying the advance rent to help someone move into a new home;
- buying essential household items for people moving into in new homes;
- paying for a bicycle to help a formerly homeless person travel to a new job;
- buying new clothing for someone to wear in his new volunteering role;
- helping towards start-up costs for two people who had been on the streets to set up their own small businesses.

## **3.4 PUBLIC REALM MANAGEMENT**

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Sleeping rough and a street-based lifestyle are expressions of need that demand quality responses from housing and support services, which we have examined in the two previous sections. We now look at services focused on the management of public spaces for the benefit of the whole community. In general, these are not specifically designed for dealing with issues raised by rough sleeping and the street-based lifestyle, though some more specific or targeted interventions do exist.

We know of little appetite among city residents for a crack-down approach to people with a street-based lifestyle: the general assumption is that these people need help. However, it is clear that problems that occur in the public realm, such as aggressive or intimidating begging, open drug taking and dealing and the discarding of drugs paraphernalia, human and other waste, are of concern for the general public and these concerns require a range of responses from the authorities.

As we understand it from many of our interviewees, efforts to challenge anti-social behaviour can also be in the best interests of the individuals concerned. Allowing life on the street to continue without any conditions or expectations of behaviour may merely sustain people in an unhealthy or positively dangerous lifestyle, giving them no incentive to change. Appropriate challenge and pressure, backed up by the ultimate threat of enforcement action, can be productive in nudging the individuals concerned towards engaging with the housing and other support services they need to help them move away from the street. This makes sense to us – we all need a prod sometimes.

To ensure that the challenge is, indeed, appropriate and proportionate, it is clearly important the agencies involved with public realm management and enforcement issues work closely on a case-by-case basis with the housing and other support agencies. It seems to us that this kind of collaboration does occur within the overall service partnership.

### **3.4.1 Street Life Working Group**

This is a forum of representatives from all the organisations involved in street life issues in the city, which meets fortnightly to monitor the overall situation and agree priorities. It is convened by the City Council's Safer Communities Team and includes representatives of the Police, the council's housing and environmental enforcement services, Jimmy's and other accommodation providers and various outreach and support services.

The group pools information on individuals in the street life community who are contributing to anti-social behaviour or are personally vulnerable. Its overall priority is to address the situation so far as possible through engagement with accommodation options and with support services where there are obstacles to accessing accommodation. Engagement necessarily is the choice of the individual. The priority – and the experience - is that some will quickly engage through the offers and signposting that are routinely available. The working group focuses on individuals who do not spontaneously engage and are more entrenched in their behaviour, and it co-ordinates more proactive and customised inter-agency approaches to increase the chances of engagement succeeding in these cases. This could include more specific account of mental health or addiction needs in the approach to engagement. In some cases, it could, if justified, involve an enforcement role in providing a 'nudge' towards the preferred outcome of engagement, based on likely alternative enforcement action. The working group maintains, monitors and updates an evergreen list of 20 individuals for this customised approach. In cases where all support-based approaches have

consistently failed, the only effective intervention to their behaviour may be Police enforcement action where this is justified by actual behaviour.

### **3.4.2 Police**

The Police are the primary organisation with powers to back up requests and warnings to individuals with processes leading to penalties, although some powers can also be exercised by councils and some require collaboration between the two.

Having said this, the Police's powers of formal intervention are limited to cases where people are breaking or may be about to break the law. Their remit is not to prevent people acting or looking unusual, if no harm is occurring, and they are obliged to act in relation to behaviour, rather than to type of person.

With the generalised authority of their uniform, the Police can and do challenge patterns of behaviour by request and may succeed in disrupting them by this means. It is clear to us that they are sensitive about punishing individuals for what may be the direct result of social misfortune, in situations where harm to the general community is not completely clear. The fact that many individuals on the street have little stake in the community often leaves non-custodial penalties lacking impact - and custodial penalties achieving little, whilst incurring high costs. In this context, it is perhaps not surprising that, although begging is a criminal offence under the 19<sup>th</sup> century Vagrancy Act, 'passive begging' generally does not result in formal Police action, while 'aggressive begging' is likely to be acted on.

Recent experience has indicated the value of Criminal Behaviour Orders (CBOs) in successfully disrupting street life behaviour which is problematic to others. CBOs are a court disposal provided in the 2014 Anti-Social Behaviour, Crime and Policing Act, but need to be applied in the context of a conviction for a criminal offence, and can be in addition to a sentence or be a part of a conditional discharge. They bind a perpetrator to or from a line of conduct, in situations where their prosecuted behaviour causes harassment, alarm or distress to others and a CBO would be likely to prevent it. Its application is for the culmination of a series of documented anti-social incidents on the part of an individual and requires assembly of evidence that the behaviour is persistent despite requests to desist. Over the past two years, 8 CBOs have been obtained, typically for begging offences and the outcomes have been considered generally effective. At the time of writing, a further 5 similar cases are awaiting court dates.



Outside an emergency situation, the Police's impact is limited by the presence and availability of the neighbourhood policing team. The team for the city centre and north of the city includes two Police Constables who, while performing general duties, have become specialised on issues related to the street-based lifestyle. Until 2015 the City Council subsidised the presence of an additional Police Constable dedicated to street life issues, who would be mainly free of general duties.

### **3.4.3 City Council Safer Communities Team**

This team includes 3 Anti-social Behaviour (ASB) Officers who perform a broad problem-solving and policy role in relation to anti-social behaviour, both in support of the Council's own role as a landlord of its social housing estate and in the public realm in general. They also do the complex case work around street life issues particularly where legal enforcement is appropriate.

In 2017 the team obtained civil injunctions against 9 individuals whose rough sleeping was problematic. This included 4 individuals behind Parkside Pool and 5 in Council garages where there was rough sleeping and associated drug related activity and ASB. Individuals were offered support and accommodation options. The four individuals behind the pool were successfully accommodated as a result of this approach.

They carry out site visits and engage with individuals on the street, have issued warnings and arrange to meet individuals with their support workers to discuss the issues or the consequences of ongoing behaviour. They also liaise with those affected, including the business community. The balancing existence of the Street Aid initiative has helped get the buy-in needed from the community to tackle these issues.

ASB officers also link in with support agencies and will arrange to speak to residents who may be moving on to their own tenancies to advise how ASB can have an impact on them in the future – the aim being to prevent this happening again by ensuring they know how they can report concerns themselves if need be.

The team does not routinely patrol the streets but brings together other relevant services to co-ordinate a response to more complex and intractable situations, including those involving street life issues. In doing this, it responds to city residents highlighting issues and sometimes attends neighbourhood meetings to understand from residents and formulate action plans.

The team, among other organisations including the Police, can issue Community Protection Notices (CPN) under the 2014 Anti-social Behaviour, Crime and Policing Act. In this context CPNs would be directed at individuals who are responsible for ongoing problems or nuisances, which would typically be littering with drug paraphernalia, obstructing entrances or abuse. A notice requires the individual to take reasonable steps to ensure the specified behaviour does not happen again. It must be preceded by a written warning allowing time to comply. It is subject to appeal to the Magistrates Court. Breach of a CPN is a criminal offence which can be disposed by a £100 Fixed Penalty Notice or prosecuted with a fine of up to £1,000. In applying this measure, the team (or other organisation) needs to be satisfied that the behaviour is persistent, unreasonable and detrimental to the community's way of life; in some possible cases evidence of community detriment is hard to evidence from the public. Since April 2017 the team has issued 11 CPN warnings to individuals but no actual follow-on notices, in some instances because, together with support offered, the problematic street presence reduced. However, 4 of the individuals are being considered for escalated action via Police prosecution and 2 for injunctions.

In 2015 the City Council established a Public Spaces Protection Order (PSPO) to prohibit drinking of alcohol in certain areas close to Mill Road. Although there has not been any incident resulting in enforcement action, drinking does appear to have reduced in these areas, though this may have been displaced to other places nearby.

#### **3.4.4 Counting Every Adult**

The Counting Every Adult (CEA) Street Life Project was created with City Council funding in 2017 in recognition of the increasingly chaotic and anti-social behaviour exhibited by some people on the street in Cambridge. The broader CEA service works across the county with vulnerable 'chronically excluded' adults, using a 'truly person-centred' approach that builds trust and confidence by respecting and working with the client's own life choices. The new street life co-ordinator is attached to the Street Life Working Group and takes the lead on around 10 cases selected from the group's rolling list of 20 individuals – people with a poor record of engagement and whose anti-social behaviour is causing concern. The service helps clients to navigate the range of specialist services available, advocating for them and supporting them in areas like housing, health and criminal justice issues. In its first year, the service has worked with 17 individuals, all rough sleepers who beg to feed a drug habit. 13 have mental health problems and in 15 cases their drug habit is unmanaged and untreated. 11 are locally connected to Cambridge and 9 are claiming benefits.

### **3.4.5 City Council environmental response**

The City Council's enforcement team addresses a wide range of environmental issues in public places, such as littering, fly tipping, dogs, 'A' Boards and punt touting. After ceasing its subsidy to the Police, the Council appointed an additional patrolling officer to this team to specialise on street life issues, particularly associated with waste and left belongings. The officer interacts regularly with individuals in this community, and has limited enforcement powers, namely for the removal of abandoned possessions from the street in accordance with a recently introduced City Council procedure.

The procedure involves placing stickers on the items, giving 3 hours' notice to remove, after which time the items may be removed by officers and stored for 28 days. A notice is left at the site from where the property is removed, explaining that the property has been taken and by whom, and that it will be stored and can be reclaimed. It gives two contact phone numbers for arranging for the property to be returned to them and there is also information about other services available in Cambridge.

In a few cases, the enforcement team has also instigated the cutting back of vegetation on public land in close proximity to people's homes, where this become a habitual location for the accumulation of waste and abandoned items.

Discarded injection needles present a safety hazard over and above other abandoned items and the City Council undertakes to safely remove these where found and notified by members of the public within 2 hours, and routinely when they are found in the course of routine street cleaning and ground maintenance. Sharps deposit boxes are provided in a number of public toilets around the city. The needle exchange programme enables injecting drug users to return their needles to pharmacies, but nevertheless over 10,000 needles were collected and disposed of by the City Council in 2017, though this figure also includes collections from within buildings.

## **4. Is there potential for change?**

### **4.1 INTRODUCTION**

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In this section we comment on various aspects of the system as we found it, and identify some practical suggestions for change. We group these as follows:

- Housing options
- From welfare to recovery
- Approaches to begging
- Coordination of enforcement activity
- Making this a community effort

### **4.2 HOUSING OPTIONS**

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The housing pathway aims to move people towards independent housing, with tenancy or 'floating' support to help people stay housed. We are convinced that this progression model is generally the right approach to moving people away from a street life and towards independent living, and that the pathway concept is useful for creating and measuring that progress. Move-on figures from the accommodation providers indicate that the Cambridge pathway works well for many people, though we understand that the rate of progress along it is sometimes limited by the availability of appropriate move-on accommodation.

#### **4.2.1 Getting the housing mix right**

We have not found it easy to get a full picture of the range of accommodation that makes up the Cambridge housing pathway, but our observation is that the type, mix and overall quantity of provision is not necessarily what it would be if the system was designed from scratch today. Indeed, it would be surprising if that was the case, because the individual accommodation projects have started up and operated more or less independently alongside each other over a long period. That leads us to wonder whether, for example, the increasingly complex needs of people on the street means there is now a mismatch between low-needs housing and high-needs clients.

We appreciate that the city's network of supported housing is not in the hands of a single provider or commissioner – and we do not hanker after such an arrangement. However, it is very important that the system is as efficient as it can be, avoiding over- or under-provision of the different accommodation types. We therefore feel there it

would be valuable for the two councils, the accommodation providers, and perhaps others to work together on an assessment of both need and capacity for all types of supported accommodation, with a view to identifying how the provision can be adapted, over time, to respond to changing circumstances. Such adaptation is presumably partly about adjusting the type and level of support provided by staff within the accommodation, and we are aware that the County Council has recently reviewed its support for supported housing. However, it is also important to consider overall quantity in order to meet future predicted needs. In doing so, it is important to take into account losses that have occurred in the system over the years, for example where refurbishment programmes have produced smaller quantities of higher quality accommodation in keeping with modern standards.

**SEE RECOMMENDATION 5** (with below)

#### **4.2.2 Open-ended supported accommodation**

We recommend that the need for and supply of open-ended supported accommodation is included in the review proposed above. Pragmatic work-around solutions are being applied to help some people in the early stages of the housing pathway and we wonder whether the system could also benefit from increased pragmatism towards its end, to give fuller recognition to the fact that, for some individuals, progress may grind to a halt before fully independent living is achieved. These may primarily be older people who have intractable drug addictions and other complex problems, or who have become institutionalised through stretches of imprisonment. Living independently may create loneliness and exacerbate substance misuse and mental illness, may leave the person constantly hovering on the edge of eviction, and may give rise to a particularly horrible form of exploitation – that of ‘cuckooing’ by ‘mates’ who take control of the property for sleeping or drug dealing and consumption.

We have discussed with several interviewees what provision there is and should be for people like this, for whom totally independent living is not a realistic or appropriate goal and who need a permanent form of supported housing. We have described what we understand to be the accommodation currently provided in this category, but our impression is that this provision goes somewhat under the radar, in that there may be move-on targets that are quietly ignored. Whether this is because it is seen as a failure of the progression model, we do not know, but we feel it would be better to acknowledge the need for open-ended supported accommodation, quantify it and look at how it can be met. We think this is important for two reasons: firstly, it may create better living conditions for this cohort of people and, secondly, it may free up capacity

for other people to make timely progress along the pathway.

**SEE RECOMMENDATION 5** (with above)

### **4.2.3 Housing First**

We have examined an approach to provision for the single homeless called 'Housing First', which is applied in a variety of forms in the US and European countries, including several places in the UK, two of which we have visited. The concept is about giving individuals an ordinary tenancy and 'their own front door', combined with personalised intensive support from an assigned visiting support worker, not time-limited, but likely to taper over time with need. This is a significant deviation from the progression model in which independent housing is the successful outcome at the end of the housing pathway.

Although the purest form of Housing First is about the immediate and unconditional provision of independent housing to prevent a 'second night out', in practice in the UK it is used for entrenched rough sleepers who are known to have repeatedly dropped out or been evicted from the hostel system. Greater Manchester has recently announced plans to provide 270 homes to entrenched rough sleepers "who have regularly slept rough over the past two years and/or are well known to homelessness services – over a three-year period". We found a similar approach when we visited Camden. In other words, Housing First is not in practice a first resort housing option, but a special option for people who cannot make progress on the usual pathway. All the UK examples of Housing First that we heard about are complementary to a hostel-based pathway system.

Housing First is quoted as being less expensive to provide than hostel provision because there are no communal facilities to manage; and support – although intensive and personalised – is provided on a visiting basis rather than on-site 24 hours a day as is found in hostels. It is held up as a successful way for individuals to progress to lower and then zero visiting support. To us, it makes sense that while living among peers may be a successful formula for many individuals, for others it is not. In those cases, the security and perceived autonomy of their 'own front door', together with the lack of rules necessary for more institutional living, may be what creates the environment in which they are ready to engage with other support. From what we heard, this approach does succeed in settling individuals who have confounded other approaches, and the level of support required does in general decline over time, for many to zero.

The prerequisites for a Housing First scheme in Cambridge seem to us to be the supply of homes available for this approach and the commitment of resources for assigned visiting support. Camden commissions this overall service from a third sector provider, which procures private sector tenancies and supplies the visiting support. Housing benefit levels mean that the tenancies are in other parts of London; likewise, private sector tenancies would not be affordable in Cambridge. The options here would include utilising private sector tenancies outside the city, or assigning social tenancies within. Funding for visiting support would need identifying, but we consider it essential that funding is sufficiently secure to honour the implied commitments undertaken. There is the potential for overall costs to the public purse to reduce in the long run.

A further issue to be addressed is how to combine Housing First for some people, allowing an individual to 'skip' the usual housing pathway, with retaining the pathway model for others. Some see the pathway model as being grounded in the idea of individual accommodation as a reward for progression and worry about the potential to undermine the commitment to it that many individuals buy into. We feel this is to treat Housing First as only about the provision of accommodation and to ignore the necessary acceptance of personalised support that is integral to it. We note that Camden and other cities do manage to contain a plural approach. Cambridge's two 'training flats' are held up as examples of a local Housing First approach, which could be embryonic for a broader initiative. In some senses this is the case, although a larger scheme would need to be part of a more holistic referrals process. We would also suggest that it should be rebranded to avoid its rather patronising label.

We understand that a bigger commitment to Housing First is already being discussed, but so far without result. We believe this should be accelerated. The City Council should be willing to consider firstly, assigning a number of its total stock (which is to be increased by 500 units owing to its devolution grant from government) to a Housing First approach and, secondly, the procurement of some private sector tenancies outside the city; the City and County Councils should place on their agendas options for the funding of visiting support for these tenancies.

### **SEE RECOMMENDATION 3**

#### **4.2.4 Open-access night shelter**

One of the most basic questions that ordinary people ask about rough sleeping is: can it be eliminated? We have seen that many people are being helped into housing, but if there are people who have no housing options at all, an end to rough sleeping seems

out of reach. We consider a group of people for whom this appears to be true in the section following this one.

As we have seen, among those who are entitled to accommodation within the pathway, a substantial number do not take up the offer or do not sustain it permanently. This may be a matter of choice – and we have met rough sleepers who fall into this category. Or there may be desperate personal problems which make it very difficult to accept help - and this report has tried to describe what the service providers try to do for them. One way or another, this leaves some people out on the street, which is potentially dangerous for them and a matter of grave concern to the public.

We feel we should therefore air the question of whether special facilities should be provided for these people. Such facilities would presumably take much the same form as the night shelter project already provided by the Churches project for part of the year – easy to access and free to use.

This is a really hard question. On the one hand, it seems obviously better that people do not have to sleep rough. On the other, a year-round night shelter is a pure welfare service that could reduce motivation to embark on the progression pathway, with all its conditions and demands. As such, it could draw people out of sofa-surfing and other substandard housing situations and draw new people to the city because night shelters are few and far between these days.

Of course, the same reservation is applicable to the Churches winter project and SWEP system. However, the former is open for only four months of the year, and that may reduce its drawing power, whilst the latter is even more limited in operation. In any event, the imperative of getting people off the street in the coldest weather will be regarded by most people as an overriding one.

As we understand it, most of Cambridge's homelessness professionals would oppose the creation of a year-round night shelter. They would argue that this kind of provision would simply fill up and would increase the already difficult task of getting very entrenched rough sleepers to engage with services. On balance, we have to agree with this viewpoint. The progression model is a hard route, but an effective one for most people. We see that some flexibility is needed – indeed our proposals are an acknowledgement of that need - but we recognise that a return to the night shelter approach would fundamentally undermine the system, and we cannot support that.



Some people will no doubt disagree with this view because it implies that some people may be left with no option but to sleep rough, but we hope it is helpful to present the arguments.

#### **4.2.5 People left out**

Approximately 25% of the rough sleepers in Cambridge are regularly identified as having 'No Recourse to Public Funds' (NRPF) because of their nationality and status in the UK. Despite the majority of these being from other countries in the European Economic Area, we understand they mostly comprise individuals who cannot claim welfare benefits because any employment they have fails to give them worker status or a record of that, so they are unable to prove habitual residency.

As any earnings they have are probably low and from the informal economy, these people have the double jeopardy of being unable to afford market housing or qualify for social housing, and of lacking the pre-requisite to hostel accommodation, namely housing benefit. We are told that in any case some people with NRPF prefer to send what money they do earn back home, rather than spend it on accommodation.

NRPF individuals can access to the Wintercomfort day centre and the Churches winter night shelter and SWEP severe weather beds where, since they have no other accommodation options, it is not surprising that they make up more than 25% of the numbers. They can also get emergency medical attention. There is hardly any assistance for their progression, but equally not much evidence of high needs that would require it. Those taking advantage of the temporary overnight accommodation with the Churches or Jimmy's (through SWEP) are offered help to establish or re-establish their worker status if they are willing to co-operate.

We are told that those with NRPF are not much represented amongst street beggars or those involved in anti-social behaviour. They are said to accept offers of generally available help, but do not otherwise present needs on the system and are not very visible much of the time.

This group's access to public funds appears to have become more and more restricted over recent years, as rules have been tightened as part of the debate over EU membership and immigration generally. It can be said that there is a certain amount of free choice in their situation, which applies less to others. Brexit may at the same time stop this group from growing and leave a residual group with even fewer rights, potentially raising future questions about the need for a concerted project to regularise

their status. As we have said above, we do not believe it would be beneficial overall to return to providing a full scale open access night shelter. In these circumstances we have to acknowledge that we can offer no suggestions that would improve the lot of people with NRPF.

#### **4.2.6 The Homelessness Reduction Act**

This act of Parliament comes into force from April this year. For the first time it gives local authorities a statutory responsibility in the avoidance of homelessness for single people, as previously existed only for households. It also increases emphasis on early assistance in cases of threatened loss of existing accommodation. A formal application process will be in place for 'Prevention' (up to 56 days ahead of loss of existing accommodation) and 'Relief' (for up to 56 days after loss of accommodation or after application). More council resources are being deployed to process applications for support and provide advice through Personal Housing Plans.

The impact of this on rough sleeping remains to be seen. In Cambridge the Act is considered to be confirming the support for rough sleepers that is already in place on a non-statutory basis, rather than causing new things to happen. It is unlikely to change the core challenge among rough sleepers of refusal to engage with help provided. The main positive potential could come from success achieved with preventing homelessness.

### **4.3 FROM WELFARE TO RECOVERY**

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#### **4.3.1 Getting the balance right**

Many workers in the field have stressed to us the importance of finding the right balance between welfare support and recovery support. A reliance solely or chiefly on welfare interventions is considered to provide sustenance to a passive, dependent and self-destructive lifestyle. It is also likely to inflate the client population in Cambridge, by drawing people in from other areas. Recovery, on the other hand, is obviously a positive goal, but cannot be simply handed out – it requires a choice by individuals, sometimes a very hard one. If life on the streets is too comfortable, or is perceived as being endorsed by the support services, some individuals may find it even harder to motivate themselves towards change. Having said this, it is important to make clear that everyone we spoke to believes that, irrespective of people's choices, a welfare safety net must be in place.

To have confidence in this approach, it is necessary to be sure that when individuals are encouraged to choose the recovery path they will get all the support and services they need to succeed. Without this, welfare would be the only valid option and it would be unreasonable and uncharitable not to maximise it. Although we think there are areas for potential improvement, we have concluded that that the recovery option in Cambridge is a real one and ought be relied on.

### **4.3.2 Organisation of outreach services**

Outreach workers face real challenges in trying to build trust and productive relationships with people who may have lost trust in society and people. Good relationships can take a long time to achieve and need to be maintained as people progress along the pathway. We have heard how important this is from support workers and Wintercomfort service users.

In light of this, we have asked ourselves whether front line services are organised in the best possible way. We found in our enquiry that, especially in terms of its substantial outreach element, the organisational structure of the city's street life services is complex and fragmented. We question whether respective roles within this system are clear enough, and whether effectiveness could be improved by reconfiguring services to provide a more fully person-centred, as opposed to institution-centred, form of support that endures along the recovery pathway.

The various components of the system have arrived at different times and we are unsure to what extent it would be designed as it is, if there was a fresh start with a clean sheet of paper. We are aware of the very strong spirit of partnership and collaboration amongst workers, which produces some great results to the credit of all the staff involved, but it is natural to ask whether in such a differentiated structure there is too great a dependence on working relationships and whether a better design would make the time and effort spent even more productive, not least in building trusting, lasting individual relationships with service users.

Given that overall recovery is strongly connected with progression through the housing pathway, we are interested to explore whether individual support could be more oriented to that journey, rather than to individual steps within it. We feel that a user has to tell and re-tell his story many times to many different people as he passes from the street to Jimmy's, from Jimmy's to a hostel, and from a hostel to move-on accommodation and mainstream housing. That is the simple, ideal progression, but the most problematic cases experience many false starts and U-turns on the journey. So, we

ask whether a partial reconfiguration of resources is imaginable, whereby a support worker could follow an individual along the whole journey, with all the dividends that this implies.

We are not in a position to answer such questions, but we do suggest that they should be investigated. In this eventuality, we would suggest that person-centred methodology of the Counting Every Adult Street Life Project may be a good model.

#### **SEE RECOMMENDATION 6**

### **4.3.3 Evening and weekend services**

Front-line services including the street outreach team and the City Council's environmental enforcement service do not currently operate at weekends in the evenings, when levels of street life activity and general shopping and leisure activity both tend to be high. We feel outreach workers could make useful contact with people sleeping or spending time on the street during these times and suggest their hours of operation be extended. We suggest the same in relation to the City Council environmental enforcement team's street life officer role, as extended coverage of this service would benefit the general public.

#### **RECOMMENDATION 9**

### **4.3.4 Floating/tenancy support**

We are convinced that floating support is a key element to the progression model. We understand that the availability of floating support may have reduced in Cambridge over the years, not least in that it falls away too quickly after people move into mainstream housing. Like other preventative social and health services, investing in floating support will tend to save public money in the long run. We believe that expanding the capacity these services is therefore an important priority.

#### **RECOMMENDATION 10**

### **4.3.5 Peer mentoring**

There is evidence that the influence of peers can be a powerful one in various contexts and we have discussed with some interviewees whether a centrally co-ordinated peer mentoring scheme might strengthen the overall service provision for people on the street. This could help bring people to the point where they are ready to engage with formal services and could also help provide continuity in relationships for individuals as they work to rebuild their lives.

## **SEE RECOMMENDATION 4**

### **4.3.6 Issues around injecting drug users**

Some issues around injecting drug users arose during our enquiry. Firstly, we are aware that discussion is going on about where sharps bins should be located. We think all public toilet cubicles should have such bins and we hope that such a step could be taken quickly by the City Council.

The second issue is whether a safer syringe system could be issued to drug users through the needle exchange programme. Discarded syringes/needles in the city are a direct health risk to the public and there are also potential indirect impacts, such as parents keeping their children inside the house rather than letting them run around in parks and recreation grounds. The City Council has focused on the collection and disposal of needles and that is clearly important, but we believe other options should also be considered. In 2015, the World Health Organisation called for research into a form of syringe that “has the potential for re-use”. We take this to refer to a syringe with a retracting mechanism that can be reversed to permit re-use, but which would be retracted at the point of disposal. Such a design would appear to meet the requirements laid down by drugs experts that syringes must be re-usable on grounds of safety for drug users. We absolutely support measures that protect drug users. However, we feel the interests of the general public in this matter have been undervalued in the past. Our recommendation is that NHS and/or County Council public health teams contact the WHO to express support for taking this idea forward.

### **RECOMMENDATION 11**

We are also interested in whether a supervised drug injecting room along the lines found in European countries and, as we understand it planned for Glasgow, could work in a scaled down form in Cambridge. Such a scheme might reduce the immediate risk of infection and provide a platform to engage with users about recovery. We would like the public health team to monitor its effectiveness in Glasgow.

## **4.4 APPROACHES TO BEGGING**

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In a society like ours where freedom of choice is valued, the moral dilemmas that begging presents are significant - some people choose to beg for money and some people choose to give it. In strict terms, begging is illegal, but the Police tend to target this behaviour only where it is aggressive or persistent. The law does not tell us everything about what is right and wrong - we rely also on our judgement.

However, we can try to make objective judgements, and we offer some thoughts based around three questions: Why do people beg? Is it productive to give money to beggars? And are there other ways to help?

#### **4.4.1 Why do people beg?**

With the exception of people with 'no recourse to public funds', rough sleepers and people staying in hostels are entitled to claim Employment and Support Allowance (ESA), currently £73.10 per week for a single person over 25. Various support agencies will help rough sleepers make claim benefits and set up a bank account, even if the individual does not wish to go into accommodation.

ESA is intended to provide for the basic needs of claimants. In addition, free meals are provided daily at Wintercomfort. Homeless people can apply to the Cambridge City Food Bank, and Jimmy's and the Salvation Army holds stores of clothing and other necessities.

When they go into accommodation, including at Jimmy's and other hostels and move-on accommodation, individuals can claim Housing Benefit (which is paid direct to the housing provider) and will be housed whilst the claim is processed. Accommodation providers in Cambridge also levy a service charge of £10-12 per week, with the expectation that this is paid out of ESA.

The placards displayed by some beggars stating that money is needed for a hostel bed are therefore simply incorrect. It seems to us that, in terms of benefits, the state provides equally for people on the street as for other people in the UK. Whether that means begging is necessary is a matter of personal judgement.

As we understand it, what does make begging essential for many people is substance abuse; one estimate shared with us is that 90% of begging in the city is to fund substance drug and/or alcohol addictions. The trade in illegal drugs is massively exploitative to the types of vulnerable individuals often seen on the streets and is clearly driving much of the street begging that we see. It obviously important that the Police continue to treat this as a high priority, although we tend to the view that the wholesale outlawing of drugs itself fuels criminal activity, and street begging is just one feature of this.

#### **4.4.2 Is it productive to give money to beggars?**

We have heard people say that they give to beggars because it feels wrong to walk past someone who is appealing for help; that it is better to give money to someone who doesn't need it than to fail to give to someone who does. Giving is a natural and positive instinct and it is natural too to hope that something good comes from the help we give.

Giving food, drink and basic necessities is clearly a simple act of kindness and some people who have no recourse to public funds, and do not have employment to sustain themselves, are dependent on charitable aid of this kind. It is true that untouched items of this sort are sometimes left behind on the street because people are given more than they need, but that does not feel like a serious problem.

When it comes to handing money to people on the street, the issue becomes more complicated. In this situation it seems important to weigh up the pros and cons – the benefit of enabling someone to go shopping for themselves and the risk that the money will be spent on something the giver would not consider productive.

The latter is a very real risk if we take seriously the claim that the majority of money raised through begging in this city is spent on buying drugs. We have queried and challenged this claim during our enquiry, but we feel forced to conclude that the professional people working in this field who have given us this advice, know what they are talking about and have no reason to mislead us.

#### **4.4.3 Our advice on this issue**

On this basis, we feel we must use this report to encourage members of the public, whether local residents, students or visitors to the city, not to give money directly to beggars. As a community, we surely do not want to be the agents of drug addiction; we want to help people to recover from these problems by accepting the professional support that, as we have described, is available to help them do so.

We want to emphasise that we have come to this conclusion with real difficulty. It is our assumption that, like anyone, we ourselves could fall into such desperate circumstances that we would be prepared to beg, and we hope people would help us. But we also hope that the help given would be in our true best interests, rather than to sustain us in an unhealthy and dangerous lifestyle.

Many service organisations have to work with the consequences of begging. Medical services have to try and manage the drug habits fed by it; workers trying to help people

get off the street find their task more difficult because begging makes the street an attractive place to be; and in some cases, the Police have to devote precious resources to tackle it. And all of us have to live with the fact that successful begging means more begging. If that changed, lives might be changed for the better and the resources saved could be used more productively.

#### **4.4.4 Are there other ways to help?**

Yes! There are loads of ways to help homeless people and other people who live part of their lives on the street. Some people will be able to give practical help, volunteering at Jimmy's, Wintercomfort, the Churches project or many other charities in this city. Some will want to give money to national homelessness charities like Crisis and Shelter.

And some will want to give to the **Cambridge Street Aid scheme**, which provides an opportunity to give to people on the street without giving money directly to beggars.

We are clear from talking with our local residents that public awareness of the Street Aid scheme remains low, as is any appreciation of the disadvantages of giving money directly to beggars. We are very concerned about this and would like to see a much more intensive public awareness campaign to promote the scheme and explain why it is a better way to help people on the street than giving money to beggars. This is not just about press releases, but bringing the community on board. For example, retailers could be asked to help with this by putting notices in shop windows. It may be that the 'Bristol SOS – Safer off the Street' scheme is an example to follow, including its street-based contactless giving points, which provide an extra way for 'in the moment' giving.

**SEE RECOMMENDATION 2**

#### **4.5 CO-ORDINATION OF ENFORCEMENT ACTIVITY**

We have already referred to a consensus among agencies that support to people on the streets should come first and always be available, and disciplinary or enforcement action should take place only where the public interest genuinely demands it and then in ways that are compatible with the individual's best interests. We have also noted that a prod can be beneficial if it helps people confront choices. These observations underline how challenging enforcement interventions are. It is important that they are effective in their purpose, consistent and in particular joined-up.

This view was reinforced through our visit to Oxford, where we noted an attempt at achieving an integrated approach between the city council safer communities team and



the Police, in the context of co-ordination with support services, and that this included the definition of a unified 'enforcement pathway', to which both agencies contribute. We certainly saw elements that already occur in Cambridge, but we believe that the degree to which this has been jointly articulated in Oxford deserves closer examination.

We feel that the specialised street life Police officer position which exists in the Oxford, located within a problem-solving team, is one that could usefully exist in Cambridge and could strengthen partnership working. Restoration of the City Council funding that was withdrawn in 2015 might assist in achieving this. The alternative use of that money, to provide an extra Environmental Enforcement officer has certainly been beneficial, and should now be maintained, but is not addressing the same need.

When we visited Peterborough, we were impressed by the creation there of co-located neighbourhood policing and council enforcement activities, with potential to create a single management structure. Attempting something of this kind for Cambridge would be a longer-term exercise, which would also need to include some County Council functions. We do believe a significant gain might be possible and we advocate a serious examination of this at the point when the relocation of the Police presence from Parkside is being planned.

## **RECOMMENDATIONS 7 and 8**

### **4.6 MAKING THIS A COMMUNITY EFFORT**

#### **4.6.1 A Cambridge Charter**

We have made a lot of suggestions in the previous sections, but we are conscious that none of them really addresses the reason for starting out on this enquiry – to help answer the questions our residents are asking about rough sleeping and street life issues.

Of course, we hope this report will help a bit, but it is not the last word and anyway it will be out of date before long. We think the City Council should work with all of its partners, together with the public and a user group made up of former rough sleepers, to develop a Cambridge Charter for Rough Sleeping and Street Life Issues that sets out this city's mission and goals, and the principles and methods it will use to achieve them. It should be supported by an annual review that would help both the service partners and the public to understand what progress is being made and what issues are arising.

We recognise that a Charter must not be about increasing bureaucracy or tying service providers up in knots; flexibility and creativity are vital in addressing complex problems, and we see that the partnership is strong because of the variety of organisations within it and the positive spirit in which it operates. These must not be put at risk by heavy-handed strategy.

We feel that a Charter can avoid that danger and could add valuable community-wide energy and effort into tackling rough sleeping and street life problems. It could do this in several ways:

- It would enable the public to get on board and share a sense of common purpose, rather than remaining uninformed and often unhappy by-standers as, essentially, they are expected to do at present. We think this would be productive, whether people just want to understand the issues, or want the money they give or time they volunteer to achieve goals they support, or want to use the ballot box to influence priorities for public spending;
- It could create involvement for the people at the heart of these issues – the people who are on the street or have been there in the past - in the design of the system that operates around them;
- It could foster an increased sense of direction and common approach among the wide range of people and organisations who are working in this field.

The Charter idea is not a novel one – Brighton and Hove Council and Manchester City Council have charters for rough sleeping and Oxford is developing one. These could be useful as guides for a Cambridge charter, but this city will want to build its own, based on our own values and circumstances.

#### **SEE RECOMMENDATION 1**

## 5. Conclusions

It dawned on us soon after we began our interviews and reading for this enquiry, that we had got a really tough nut to crack. The subject is complex, involving a wide range of profound problems that demand a multi-dimensional response; and it is difficult - or at least we have found it so - because at every turn it tests your values, preconceptions and judgement.

We see now that there are few simple answers. People who sleep rough or live out part of their lives on the street are not all the same and helping them means providing a wide variety of support and working at whatever pace is required. As we heard: *“For some people, progress will just be about making eye contact after 6 months. For others move-on is reachable.”*

We would describe the approach that we have found in Cambridge to address these issues as a progression model comprising housing and recovery pathways, with a welfare safety net, and it looks like the right one to us, with further improvements both needed and possible.

Whatever the model, there is an issue of free will in this matter that we cannot escape. We are all entitled to make choices, including bad ones. It may be disturbing to walk daily past people on the street, who look and behave outside our norms, but unless mental capacity in the legal sense is lacking or behaviour is causing actual harm, how people look and behave is their freedom and no outreach worker, no housing provider, no Police officer can prevent it. Living in a society that values freedom is precious, but not always comfortable.

We would like to see the wider community involved in the debate about all these issues, and are therefore proposing the development of a Cambridge Charter for Rough Sleeping and Street Life Issues. This could bring the community and the partnership of organisations working in this field together to make a shared commitment for the future. The Charter should be underpinned by the values, principles, bottom lines and red lines that our city holds dear. During our enquiry we have gathered some thoughts about these and offer this list as a starter for ten:

- No-one should have to live their life on the streets
- We have a duty to enable people to effect positive change in their lives
- We have a duty to act in people’s genuine best interests

- We will seek to meet the whole range of people's needs
- We will always assume that people are able to change
- We will tolerate unconventional behaviour where there is no actual harm

And it in that spirit of positive action and togetherness that we end this report by asking ask you to do something right now. Please, get out your mobile phone and

**Text CAMB16 £3 to 70070 to donate £3 to Cambridge Street Aid!**

## 6. Recommendations

### **1. A Cambridge Charter (Section 4.6.1)**

We recommend that the City Council leads on the development of a Cambridge Charter for Rough Sleeping and Street Life issues to create a community-wide sense of shared purpose.

### **2. Street Aid scheme (Section 4.4.4)**

We recommend that the City Council conducts a more intensive public awareness campaign to promote the Street Aid scheme and set out the implications of giving money directly to beggars.

### **3. Housing First (Section 4.2.3)**

We recommend that the County and City Councils develop a Housing First scheme using homes from the City Council's social housing stock and private rented homes close to the city, with provision of associated support.

### **4. Peer mentoring (Section 4.3.5)**

We recommend that the City Council sponsors a peer mentoring scheme among former rough sleepers.

### **5. Supported accommodation (Sections 4.2.1 and 4.2.2)**

We recommend that the County and City Councils make an assessment of the types, mix and overall quantity of supported accommodation provided and needed in Cambridge, including open-ended supported accommodation.

### **6. Outreach services (Sections 4.3.2)**

We recommend that the County and City Councils consider whether outreach and hostel-based support would be better organised to provide a more person-centred service that endures along the progression pathway.

### **7. Joint Working between the Police and City Council (Section 4.5)**

We recommend that the City Council and Cambridge Police assess the joint working between their counterparts in Oxford and Peterborough, and consider adopting any lessons from these in Cambridge.

### **8. Dedicated problem-solving Police Officer (section 4.5)**

We recommend the creation of a Police officer post specialised in street life issues, and alongside this reconsideration of the ending of grant funding from Cambridge City Council to help enable it.

### **9. Weekend/evening street services (Sections 4.3.3)**

We recommend that outreach services and the street life environmental enforcement service are extended to weekends and evenings.

### **10. Floating support (Section 4.3.4)**

We recommend that floating/tenancy support services be expanded to maintain a high-quality service for people after they move into mainstream housing.

#### **11. Drug use issues (Section 4.3.6)**

We recommend: a) that sharps bins are provided in all public toilet cubicles and b) that contact is made with the World Health Organisation regarding a safer syringe design.

## **Appendix: SERVICES AND GENERAL READING**

a) Organisations interviewed for this enquiry

### In Cambridge

Jimmy's Cambridge

Cambridge Cyrenians

Riverside Housing

Willow Walk hostel

Cambridge Street Outreach and Mental Health Team

Dual Diagnosis Street Team

County Every Adult Street Life Project

Cambridge Access Surgery

Wintercomfort for the Homeless

The Wintercomfort Forum

Cambridge Churches Homeless Project

The Bishop's office for homelessness

Cambridgeshire & Peterborough NHS Foundation Trust

- Mental health social work team
- Adults and specialist mental health team

Inclusion Drug and Alcohol Service

Cambridgeshire Constabulary

Cambridge Neighbourhood Policing team

Cambridge City Council

- Housing services
- Safer communities/anti-social behaviour team
- Environmental services/public realm enforcement

Cambridgeshire County Council

- Public health/drugs and alcohol commissioning
- Adult safeguarding/Counting Every Adult
- Communities and safety
- Mental health commissioning

### Outside Cambridge:

Homeless Link

London Borough of Camden – Housing Commissioning and Partnerships team

Oxford Constabulary

Oxford City Council – Trailblazer team

**Peterborough City Council – Communities and Safety team and Enforcement service**

b) Links to services in Cambridge

- Cambridge Street Aid <http://www.cambscf.org.uk/cambridge-street-aid.html>
- Wintercomfort <http://wintercomfort.org.uk/index.php>
- Jimmy's Cambridge <http://www.jimmyscambridge.org.uk/>
- Cambridge Street and Mental Health Outreach Team  
<https://www.changegrowlive.org/content/cambridge-street-mental-health-outreach-team-csmhot>
- Cambridge Churches Homeless Project  
[https://www.hopecambridge.com/Groups/227058/Hope\\_Cambridge/Partners/Cambridge\\_Churches\\_Homeless/Cambridge\\_Churches\\_Homeless.aspx](https://www.hopecambridge.com/Groups/227058/Hope_Cambridge/Partners/Cambridge_Churches_Homeless/Cambridge_Churches_Homeless.aspx)
- SWEP <https://www.cambridge.gov.uk/sites/default/files/severe-weather-emergency-provision-guidance.pdf>
- CPFT Cambridge <http://www.cpft.nhs.uk/>
- CPFT First Response  
<http://www.cpft.nhs.uk/about-us/mental-health-crisis.htm>
- CPFT Dual Diagnosis Street Team <http://www.cpft.nhs.uk/services/dual-diagnostic-street-outreach-team.htm>
- Counting Every Adult Street Life Project
- Inclusion Drug and Alcohol service <https://www.inclusion.org/services/inclusion-cambridgeshire-cambridge/>
- Riverside Housing <https://www.riverside.org.uk/in-your-neighbourhood/cambridge-2/>
- Cambridge Cyrenians <http://www.cambridgecyrenians.org.uk/>
- Cambridge City Council homelessness services  
<https://www.cambridge.gov.uk/homeless-people>
- Cambridgeshire County Council Counting Every Adult service  
<https://www.cambridgeshire.gov.uk/news/ground-breaking-service-tackling-homelessness-to-join-national-project/>
- Cambridge Street Outreach and Mental Health Team  
<https://www.changegrowlive.org/content/cambridge-street-mental-health-outreach-team-csmhot>
- The Sanctuary  
<http://www.cpslmind.org.uk/what-we-do/the-sanctuary/>
- Cambridge City Centre policing team  
[https://www.police.uk/cambridgeshire/CamCity\\_Cambridge\\_City/](https://www.police.uk/cambridgeshire/CamCity_Cambridge_City/)



### c) General reading

- House of Commons Briefing on Rough Sleeping, 2017  
<http://researchbriefings.parliament.uk/ResearchBriefing/Summary/SN02007>
- Crisis - Homelessness Knowledge Hub  
<https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/>
- Homeless Link - research publications  
<https://www.homeless.org.uk/facts/our-research>
- Shelter  
<https://england.shelter.org.uk/>
- Housing First: Homeless Link  
<https://www.homeless.org.uk/our-work/national-projects/housing-first-england>
- Housing First: Greater Manchester <https://www.greatermanchester-ca.gov.uk/news/article/229/greater-manchester-comes-together-to-tackle-rough-sleeping-in-unique-partnership>
- Homelessness Reduction Act [https://www.homeless.org.uk/sites/default/files/site-attachments/Homelessness%20Reduction%20Act%20Briefing%20Nov%202017\\_0.pdf](https://www.homeless.org.uk/sites/default/files/site-attachments/Homelessness%20Reduction%20Act%20Briefing%20Nov%202017_0.pdf)
- Manchester Homelessness Charter <https://charter.streetsupport.net/>
- Brighton and Hove Homelessness Charter <https://www.brighton-hove.gov.uk/content/housing/general-housing/rough-sleeping-strategy>
- Drugs Impact on Cambridge  
[https://www.cambridge.gov.uk/sites/default/files/agenda-item-7-cambridgecity201718q2\\_v1.0.pdf](https://www.cambridge.gov.uk/sites/default/files/agenda-item-7-cambridgecity201718q2_v1.0.pdf)
- World Health Organisation – call re potentially re-usable syringes  
<http://www.who.int/mediacentre/news/releases/2015/injection-safety/en/>
- Glasgow drug consumption facility  
<https://www.glasgow.gov.uk/CHttpHandler.ashx?id=38604&p=0>
- Begging in UK Cities <https://www.homeless.org.uk/sites/default/files/site-attachments/Responses%20to%20Begging%20Dec2016.pdf>
- Nottingham Begging Strategy 2018  
<http://committee.nottinghamcity.gov.uk/documents/s67043/DD3044%20Nottingham%20Begging%20Strategy%202018.pdf>

