Emergency Assessment Centre

CR1

bht

SUSSEX POLICE

Welcome

- Housekeeping
- Fire Alarm
- Session
  - Presentation – Emergency Assessment Centre
  - Workshop – what can you do?
- Lunch

Introductions

- Sarah Mitchell

  Cluster Manager – CRI Rough Sleeper Street Team

- Sergeant Richard Siggs

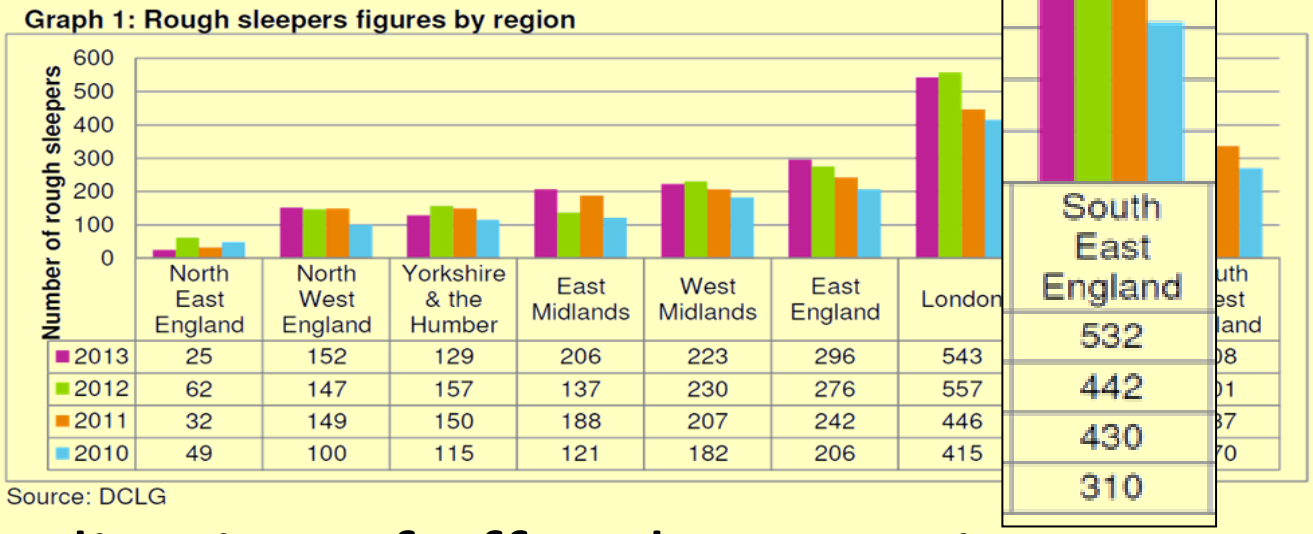
  Sussex Police Street Community Neighbourhood Policing Team

- Simon Hughes

  Operational Manager – BHT First Base

Background Issues

- Increasing numbers of people s g rough

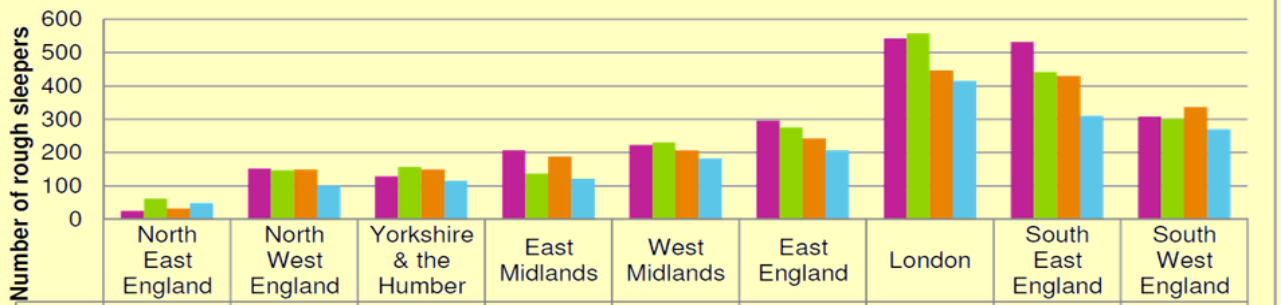


- Duplication of effort by agencies
- Need to share information to support clients
- Existing services reaching capacity

Background Issues

- Increasing numbers of people sleeping rough

Graph 1: Rough sleepers figures by region



	North East England	North West England	Yorkshire & the Humber	East Midlands	West Midlands	East England	London	South East England	South West England
2013	25	152	129	206	223	296	543	532	308
2012	62	147	157	137	230	276	557	442	301
2011	32	149	150	188	207	242	446	430	337
2010	49	100	115	121	182	206	415	310	270

Source: DCLG

- Duplication of effort by agencies
- Need to share information to support clients
- Existing services reaching capacity

Brighton and the South East Coast

Partnership solutions - DSSWG

First Base

Brighton & Hove City Council

Justlife

YMCA

The Clock Tower Sanctuary

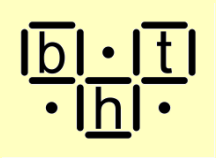
Morley Street - Homeless Healthcare

St John Ambulance
The difference.

NHS
Brighton and Hove

CAIERS

Coordinated Agency Interventions to End Rough Sleeping



CAIERS

- To reduce rough sleeping to zero.
- One single shared list of everyone thought to be rough sleeping.
- Target time to move into accommodation.
- To provide a structure for agencies to work in a structured way to prevent duplication of work.
- To ensure consistent messages are given to people who are sleeping rough about their accommodation and support options.
- To minimise the number of “revolving door” clients.
- To provide an intelligent way of working.
- Weekly updates.

CAIERS

Category	1	2	3	4	5	6	7	8
Goal time to accommodate	3 days	12 weeks	4 weeks	3 weeks	4 weeks	6 weeks	12 weeks	26 weeks

1. NSNO "No Second Night Out" – New to rough sleeping, not engaged with street community, have other support options, realistic opportunity for work/training.
2. Squatting – Choosing squatting as choice, reluctant to engage, not aspiring to independent accommodation.
3. New to services – History of rough sleeping, wants to explore private rented sector solutions / work, willing to engage in related activity.
4. Options LC – Fully engaged with RS team and meaningful occupation, aspires to accommodation.
5. Option non LC – Fully engaged with Relocation team and meaningful occupation, aspires to accommodation.
6. Disengaging – Considering returning to rough sleeping / substance misuse, no benefits, unrealistic aspirations for accommodation.
7. Chaotic – currently has mental health and/or substance misuse issues and only occasionally aspiring for any sort of accommodation.
8. Disengaged – largely refusing all help.

Further Issues

- Murders of people from street community
- Multiple engagements not effective
- People “not on the radar”
- People disengaged

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The vision

- We need to look for people who are
  - sleeping rough
  - not accessing any support services
  - have mental health and/or substance misuse issues and are not engaging with accommodation services
  - do not have a realistic plan for ending their rough sleeping
- In order to
  - prevent death
  - improve health
  - minimise risk of harm
  - promote engagement
  - end their period of rough sleeping

Emergency Assessment Centre (EAC)

- Funded by SHORE grant / subsumed service costs
- Client “target” list ~20 people over 2 nights
- Overnight venue from 21:00 – 08:00
- Food, toiletries, sleeping provision
- Professionals
  - Police
  - Street Support Agencies
  - Building staff
  - Assessments
  - Medical staff – GP (and admin)
  - Housing staff – HPOs
  - Mental health – nurse
  - Drug / Alcohol nurse

Emergency Assessment Centre (EAC)

Person found sleeping out

ID / CAIERS / EAC Check

Person bought to EAC

Person welcomed & inducted

Assessment

GP / HPO / MH / Nurse

SMART Support Plan

Food / sleep

Handover of person & plan to day service

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EAC Pilot Outcomes

Accommodation

Health

Other

4 nights - October / December 2013

EAC Outcomes - Accommodation

- 50 people on target list
- 62 people engaged with police
- 34 people bought in to EAC
- 29 people accommodated
- 4 engaged with Day Services
- 1 detained (subsequently) under MHA

EAC Outcomes – Health

- 11 people were seen by GP
- 2 people were registered with a GP
- 3 people refused to see the GP (MH)
- 2 people were taken immediately to A&E for life threatening conditions and were both admitted to hospital.
- 1 detained (subsequently) under MHA

EAC Outcomes – Other

- 1 person arrested on outstanding warrant
- 14 people received specialist SM advice
- 4 people received Naloxone training and pen
- 2 referred into treatment
- 2 clients applied for NI number for benefits

What if a client refuses

- Offered a warm safe place to stay – food & sleep
- “Assertive referral” to centre
- Arrest under via Vagrancy Act 1824
- Custody for CJLN Assessments
- Use of Mental Health Act

Planned developments

- New assessment in place (January 2014)
- Next EAC early March
- 48 hour project cover
  - Staff start work at the centre for handovers
  - Pre and post handover with day staff
- Summer “tourism”
  - Different times
  - Verification before accessing services

Questions?

Workshop

- How would you identify “targets”?
- Which agencies would need to be involved?
- How would you operate EAC premises?
- How would you measure success?
- How do you follow up the next morning?

Feedback

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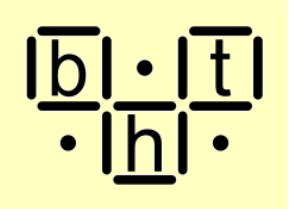
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