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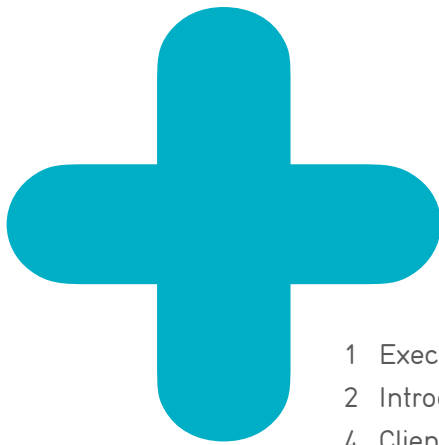
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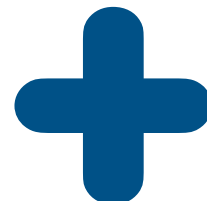
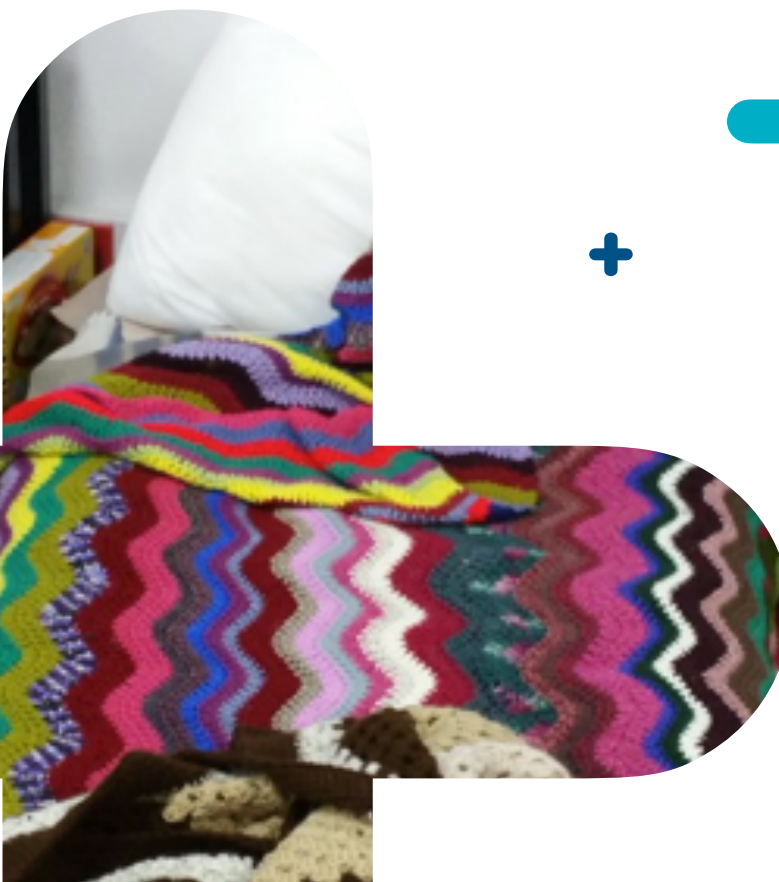
# Exeter SafeSleep

## Project Report 2016/17





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Exeter SafeSleep was commissioned by Exeter City Council and delivered by Julian House in order to provide 90 nights of hostel accommodation during the coldest months of winter and prevent rough sleepers from the risk of death on the streets.

The purpose of the shelter was to provide safe, dry, warm accommodation for rough sleepers, based on principles of client direct access, not requiring referral or assessment in order to make use of the facility

To promote continued stay and engagement as a means to reduce rough sleeping in Exeter and surrounding Authorities and begin processes and enact plans to move individual clients to longer term sustainable accommodation.

The service was delivered in a former shop on Market Street, which required temporary Change Of Use Planning Consent, which was unanimously approved by the Exeter City Council Planning Committee.

The service delivered on its ambitions to provide inclusive safe accommodation for rough sleepers, reduce rough sleeping and provide move on pathways away from the streets.

Whilst the overall impact of SafeSleep has been positive there were challenges for local neighbours, the police and St Petrocks, caused by volume of clients and the enforced closing time of 08:00.

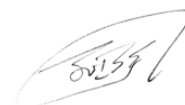
SafeSleep was well supported by the Council and by a wide range of statutory and voluntary services, as well as by the general public and community groups.

- SafeSleep opened on 21st December 2016 and closed after 90 nights on 20th March 2017.
- SafeSleep provided 1909 bed nights of accommodation to 36 individual homeless women (25%) and 107 individual homeless men (75%).
- Occupancy averaged at 21 people per night with a recorded high of 31 and a low of 12.
- 78% of those accommodated had a Local Connection to Exeter (63%) or Devon (15%) 4 clients were non British EU Nationals
- Clients ranged in age between 17 and 73. With 76% of clients, where age was known, in the age range 18-44
- 41% of clients were “New to the streets”, 27% were “Returners” and 32% “Entrenched”
- 65 clients achieved positive move on to more settled sustainable accommodation. 34 clients had negative outcome including returning to the streets, prison, hospital or death. 44 clients had unknown outcomes – predominantly moving out of area.

Client feedback on the service was largely positive, with most people favouring a single venue, but also requesting extended opening as a day service.

Stakeholder feedback presented a range of views which were generally positive although also reflected the impact of unintended consequence of SafeSleep on their own service delivery.

Recommendations include, earlier planning and a longer lead in time at an identified venue. Securing a venue where day activities are also possible. Greater use of volunteers to help deliver the service. Increased staffing to help more clients achieve positive outcomes



John Isserlis  
Operations Director

During the last five years and in common with the National and South West of England trend, Exeter has seen a steep rise in numbers of people counted as Rough Sleeping during annual verified Single Night Counts or Estimates.

The South West region has seen a greater percentage increase in rough sleeping than any other area outside of London.

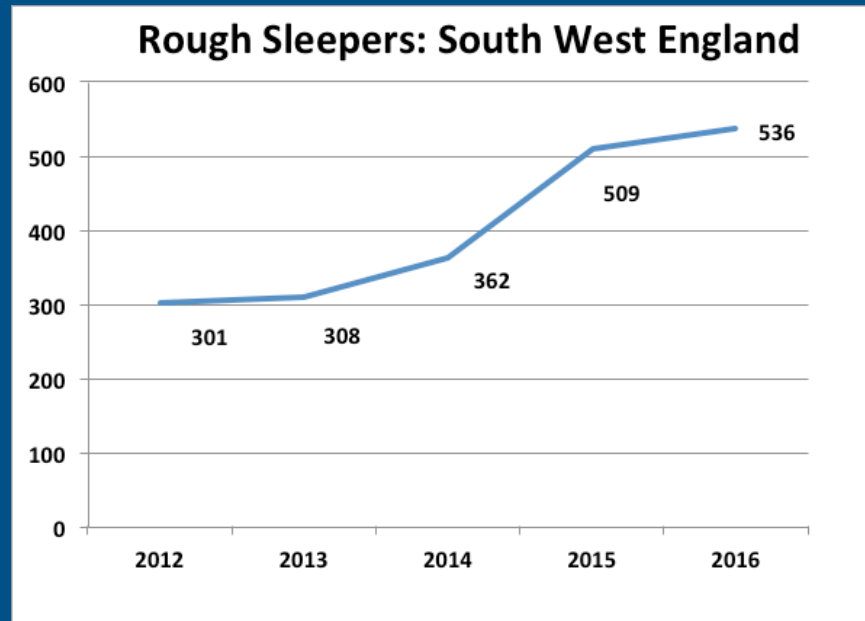
Exeter City Council, Community Safety Partnership, the business community, the public and providers of services to homeless people have all recognised the growing need and the requirement for creative solutions to address it.

In 2015-16 Exeter City Council took the bold step of commissioning its first Winter SafeSleep provision for rough sleepers.

The first SafeSleep was provided at two sites by Bournemouth Churches Housing Association at their Gabriel House Hostel and by St Petrocks at their Day Centre.

The service was successful in consistently providing accommodation for up to 25 rough sleepers during the winter months and in securing significant number of moves into more permanent accommodation for those who used the emergency accommodation.

Due to health and safety considerations neither site was



able to offer fully open access to all the clients who were sleeping on the streets of Exeter.

During SafesSleep 2015-16 there was a consistent list of 20 or more people who were excluded from accessing the service, by virtue of their perceived risk to other clients or staff.

Last year the Outreach Team focussed on feedback from people who had accessed SafeSleep and also from those who had continued to sleep on the streets, but could have accessed accommodation, they consistently cited early curfew as a primary reason for not using the accommodation available.

In developing a model for SafeSleep 2016-17 Julian House wanted to provide an open access service, which did not require referral or prior assessment.

A service which was accessible to clients who were currently sleeping on the streets, where risk was assessed and effectively managed within the hostel and

where permanent exclusion was reserved for only the most dangerous of individuals and where temporary exclusion was used as a tool to maintain safety when required but was also used to promote and allow re-engagement with the service.

Having listened to the feedback from clients in 2015-16 we were also keen to put in place a far later curfew and so allow those who would not access the service earlier in the evening an opportunity to use the hostel on their terms.

Local hostels have a very controlled approach to allowing client's dogs access to services. These controls are in place in order to reduce risk of spread of disease between dogs and to ensure that pet owners are taking proper responsibility for their dog.

Despite the good reasons for these controls being in place, they act as a barrier to access for some clients.

SafeSleep took a more relaxed attitude to dogs accompanying their owners and accessing the service. Our written Policy does not require prior checks on dogs, but is based around responsible ownership and active risk assessment within the building.

Due to the open nature of the hostel space, dog cages were available to be used, in order to create separation and safety for dogs and other residents.

Clients were able to have their dog sleep on their bed with them or next to their bed as they would do whilst living on the street.

Only one owner needed to use a cage for their dog for a few nights, in order to re-assure the animal and provide it with a safe space that it could retire to.

Clients with pets all demonstrated good ownership and care of their dogs and there were no issues with dogs during the operation of the service.

The eventually siting of the SafeSleep Hostel at 19 Market Street, was a late choice of venue and one which came with difficulties.

Although the building was in some senses ideally placed, in the heart of Exeter and in close proximity to Gabriel House and St Petrocks. And therefore in area which already is familiar to street homeless people in Exeter.

Exeter SafeSleep opened on 21st December. The service operated between 20:30 and 08:00 each night offering safe secure accommodation for people who would otherwise be sleeping on the streets of Exeter.

The service was staffed overnight by a newly employed Julian House team, with a minimum of two staff on duty at all times.

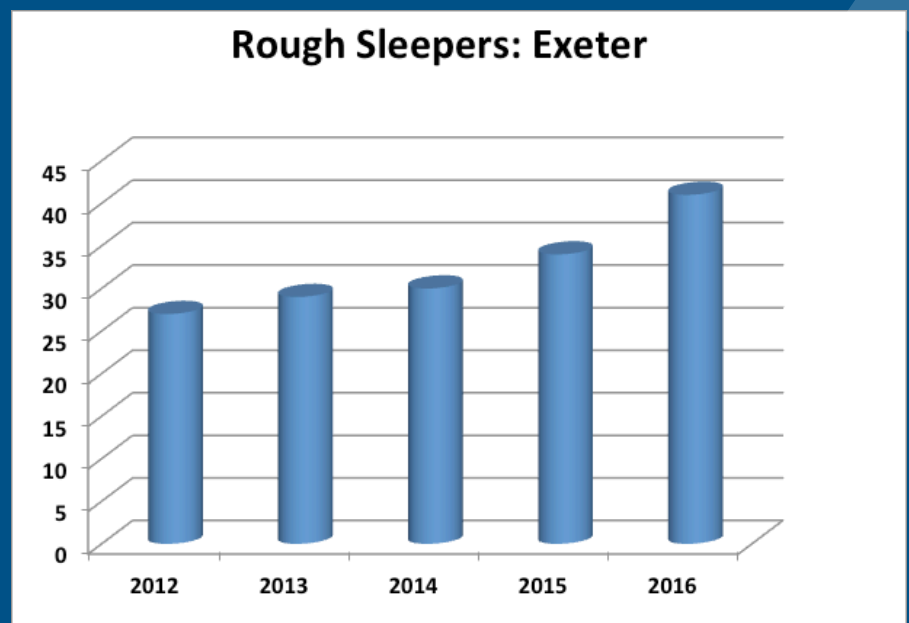
Between 20:30 and 24:00 a minimum of three staff were on duty often supplemented by Outreach team staff dropping in or planned sessions delivered through Exeter City Council Housing Options Team.

The curfew for SafeSleep was officially set at 23:30, although staff had discretion to use good judgement on a case by case basis to allow later entry.

SafeSleep had planned to open for 90 consecutive nights during the coldest winter months, offering respite from sleeping on the streets and preventing winter deaths amongst the rough sleeping population.

As well as providing a continuous nightly service, SafeSleep had the capacity to meet Authority needs to deliver required accommodation under the local Severe Weather Emergency Protocol (SWEP), triggered when three consecutive nights of sub zero temperatures occur.

The winter hostel opened for 89 of its planned 90 nights, providing the agreed level of service and finally closed its doors the on 20th March.



## Client Demographics

SafeSleep offered equal access to men and women, with separate sleeping areas available to protect dignity and reduce risk.

The women's sleeping area was sited in the main room, closest to the staff station and in clear line of sight of staff on duty.

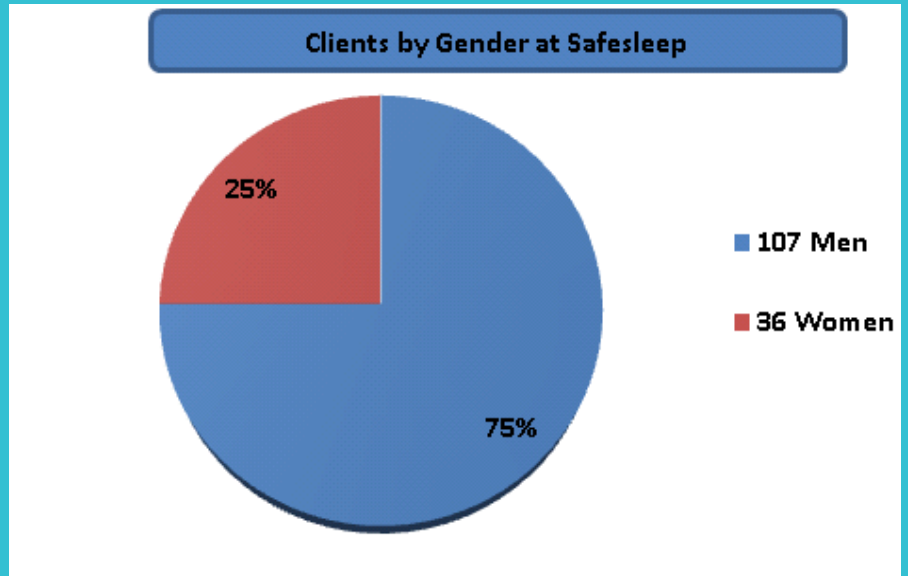
Male clients were prohibited from entering the female area and heterosexual couples were not able to share a space together.

Same sex couples who used SafeSleep presented a specific problem to staff, looking to safely manage the service, as naturally they would be sleeping in the same gender specific area and in beds which they chose to pull together.

The three self declared same sex couples were all made aware of expectations regarding appropriate behaviour in an open dormitory.

However their opportunity to share the same space and sleep close to each other brought about challenges from some of the heterosexual couples who wished to have the same opportunity.

During the summer and autumn of 2016, the Assertive Homeless



Outreach Team had recorded a significant increase in the number of women rough sleeping in Exeter.

This increase led to the creation of a specific Women Rough Sleeper Outreach Worker, funded by Exeter City Council.

The trend identified by the Assertive Outreach team has continued to be present and is evidenced by 25% of clients accessing SafeSleep being female.

A more typical representation of women within rough sleeping

populations in the UK would more typically be expected to be at closer to 15%.

Women's homelessness is a particularly challenging issue, often characterised by "hidden homelessness" and the not insignificant exposure to risk that single homeless women may take to secure a roof for the night.

Risks which although high are more acceptable to them than the potential dangers they face on the street.



Client age on access reflects a pattern regularly seen within age profiles of rough sleepers, in that that the vast majority are aged between 18-45, with a marked decline in numbers of those aged over 45.

Within SafeSleep, where age was known (date of birth supplied and verified), 78% of all clients fell within the age range 18-44.

Two client aged 16 accessed SafeSleep, but were found

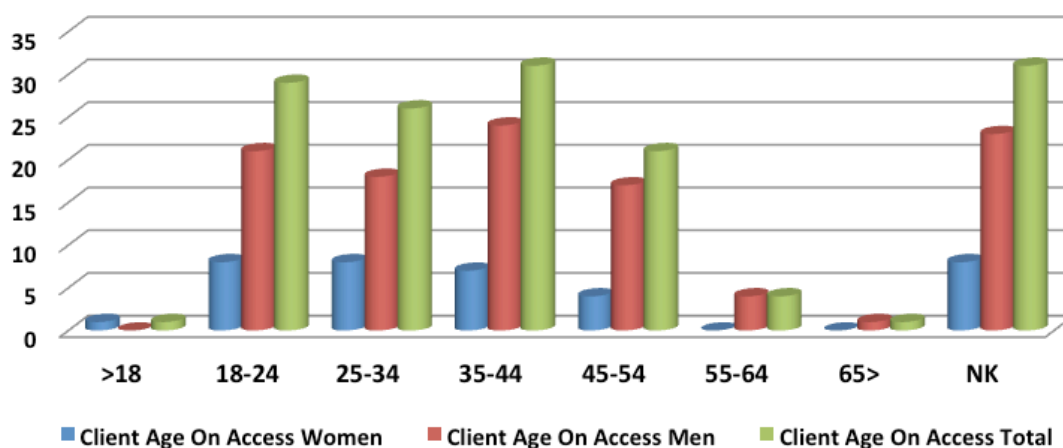
appropriate alternatives and did not stay the night, they are not included in the figures below.

The sharp decline in numbers of those aged above 45 is in part a reflection of early morbidity amongst rough sleepers.

Whilst life expectancy for rough sleeping men is still 47 and worse still for rough sleeping women at 43, the data masks the health inequalities which many homeless people face.

Part of the reason for overall reduction in rough sleeper numbers for those beyond their mid 40's is likely to be in large part a response to the presence of cumulative, co-morbid and chronic health issues, meaning that living on the streets is no longer possible without severe risk of hospitalisation or death occurring.

### SafeSleep clients by age



### Case Study

Male aged 23 from Lithuania RS for several months after losing employment and having no right to benefits. No dependency issues

Accessed local hostel but evicted shortly afterwards as housing benefits were not applicable due to failing Habitual Residency Test. Frequented local day centre for food and daily support. Accessed Safe Sleep and remained for 79 nights, this being his only option

Client acutely aware that had no options other than Safe Sleep to stay off the streets. He realised that to move forward he needed to find another job and private rented accommodation.

During SafeSleep support, client was actively able to look for work and accommodation. He found both and is currently working in a fast food outlet and has a room in a shared house



As pressure increases on Local Authorities to provide services and demands on the housing market can often not be met at a local level, Councils have adopted Local Connection Policy in respect of assessing right of access to accommodation through the Housing Register and relevant support that may be needed alongside this.

Whilst it was not the intention of SafeSleep to base right of access on the presence of a local connection, we recognise that importing rough sleepers to Exeter is not helpful, creates an additional burden of work on voluntary and statutory services and ultimately is not in the best interest of the individual in respect of moving away from a street based lifestyle.

SafeSleep provided open access to anyone presenting as homeless on the night and assessment helped to then determine whether or not the client had a local connection. Clients without local connection were informed of this and that the single service offer, they would receive, would be a planned re-connection to the area where they had a connection.

A planned re-connection is taken to mean referred into available accommodation and all reasonable effort made to ensure that appropriate support systems are in place in the receiving Authority.

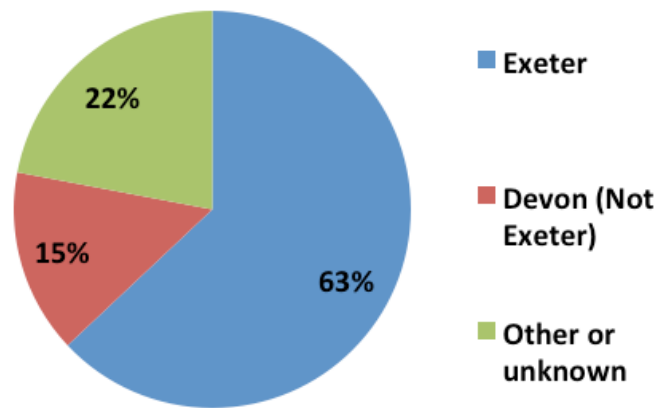
Where a client has no established local connection, due to long term transient lifestyle or similar factors, then the Assertive Outreach Team and Exeter Housing Options will seek to establish a local connection to the locality.

You will have a local connection if you:

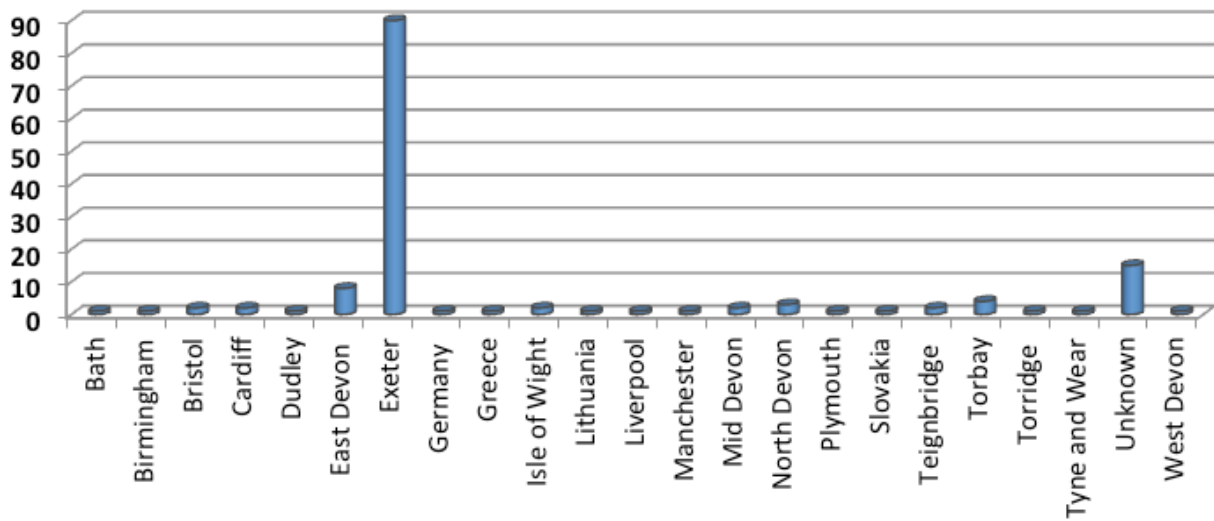
- Have lived in Exeter for 6 months out of the last year or 3 out of the last 5 years.
- Work in Exeter.
- Want to live near a close relative who has lived in Exeter for more than 5 years.
- Need to live in Exeter for a particular reason such as you or your family needing to go to a hospital here.

*(Exeter City Council 2016)*

### Overview of Local Connection



## Local Connection by Authority/Country



As seen in the table above the established Local Connection for those using SafeSleep is diverse, including 4 non British EU Nationals and people from Liverpool, Manchester and Tyne & Wear. However, the majority of clients have an established connection to Exeter or Devon as shown in the two tables below.

78% of clients have an established Local Connection to Exeter or Devon. Of the remaining 22% of

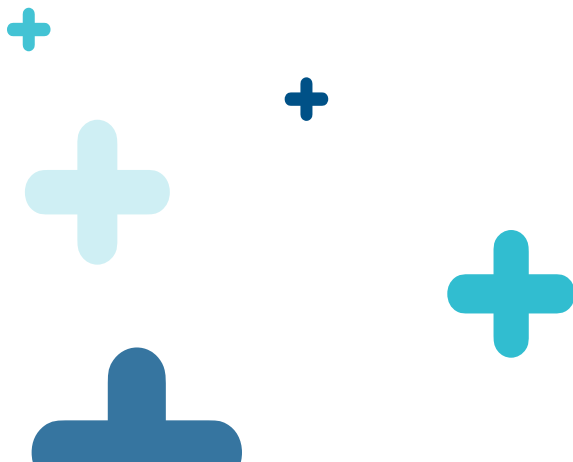
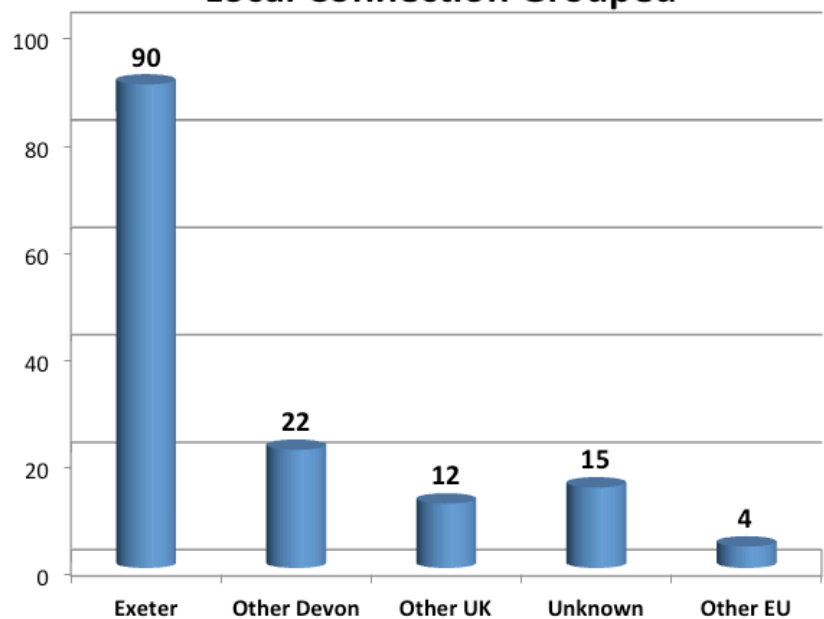
clients, nearly half have an “unknown” Local Connection and it should be assumed that some of these will either have a claim on connection to Exeter or wider Devon or have no Local Connection at all and a connection should be established within the Authority where they are assessed.

Reconnections of clients were made to their area of connection, including a flight back to Athens

for a Greek worker who had been injured at work and had no means of financially supporting himself in the UK.

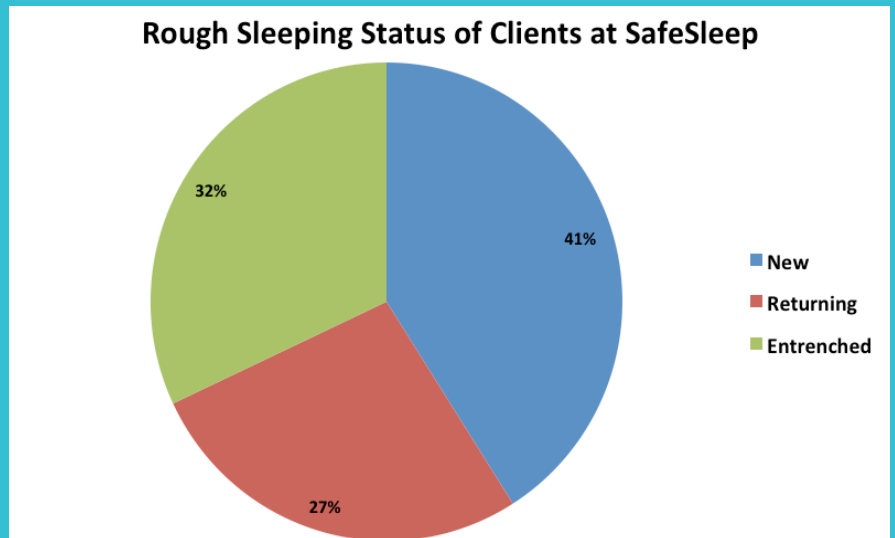
Fears that the open access approach adopted at SafeSleep would act as a magnet to rough sleepers from outside of the area have proved to be largely unfounded.

## Local Connection Grouped



## Client Rough Sleeping Profile

Nearly 60% of clients accessing SafeSleep were people who had a previous history of rough sleeping, either as longer term “entrenched” rough sleepers or those who have had prior episodes of street sleeping and are now returners to the streets. 60 new clients were seen, with nearly half of these staying for 5 nights or fewer.

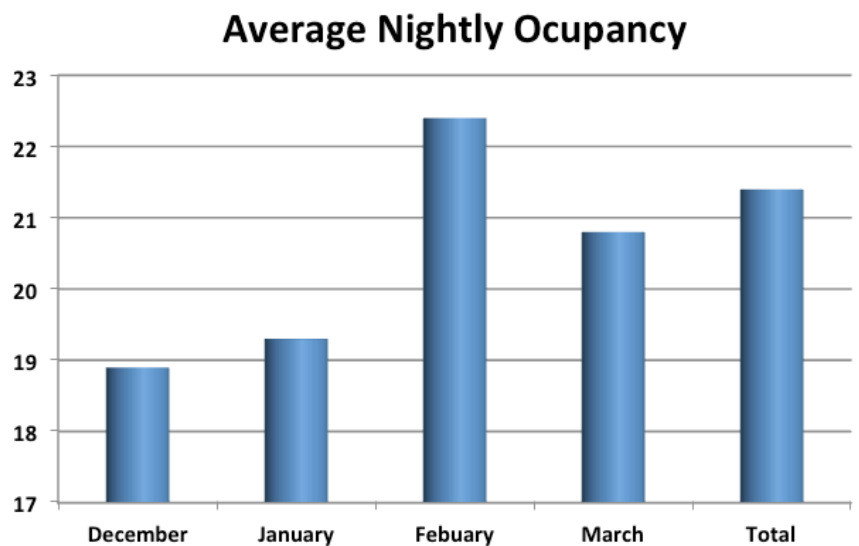


## Occupancy & Usage

SafeSleep had capacity to accommodate up to 35 single homeless men and women on each night that it was open, with an additional stretch capacity of up to 40 if required during periods of SWEP. SafeSleep provided accommodation for 143 individual clients, 36 women and 107 men.

Average nightly occupancy across the 89 nights of service was 21.4 people per night, with a low of 12 clients on 6th January and a high of 31 clients reached on 7th March.

Typically occupancy on Friday and Saturday nights were lower than that during the rest of the week, reflecting increased opportunities to stay with friends, to socialise or to earn money through a busy night time economy.



SafeSleep provided 1909 bed nights of accommodation with the net effect of reducing visible rough sleeping on early morning and late evening homeless outreach sessions to low single figure or zero numbers throughout the operation of the winter hostel.

On some nights clients would access the service and then chose to leave and not return that night.

The individual client decision was sometimes related to confrontation or ongoing argument between themselves and other clients, a need to access drugs or money to buy drugs and sometimes the option of a friend's floor or sofa for the night.

At other times when clients left, the reasons were more difficult to fully understand, although some people made active choices to leave the building when they were wound up or angry in order to avoid confrontation and the risk of being excluded from the service.

Due to the policy of active engagement and implementation of only short term exclusions for breaches of rules at the hostel many clients sustained continuous multiple night stays within the service and through doing this increased their level of engagement and improved their options for referral into more permanent accommodation.

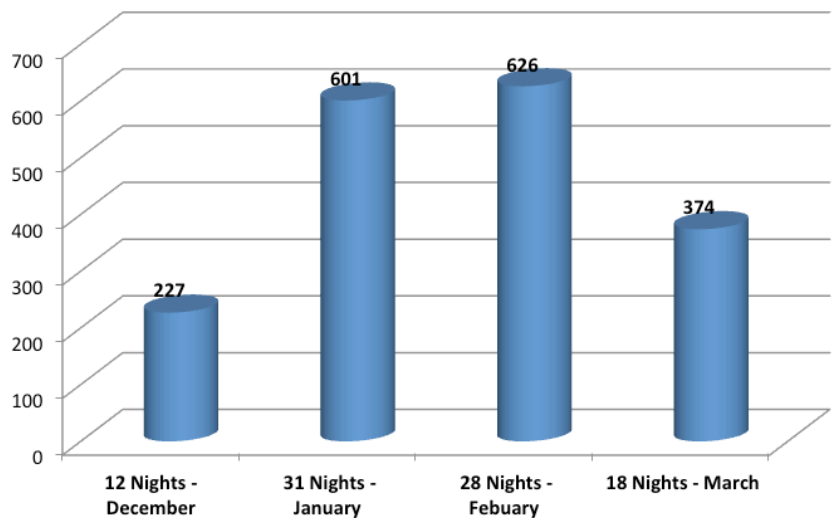
Of the 19 clients who stayed for only a single night 10 were New, 3 Entrenched and 6 were returners.

Of the 10 New clients in this group, one returned to their tenancy, one to Rough Sleeping

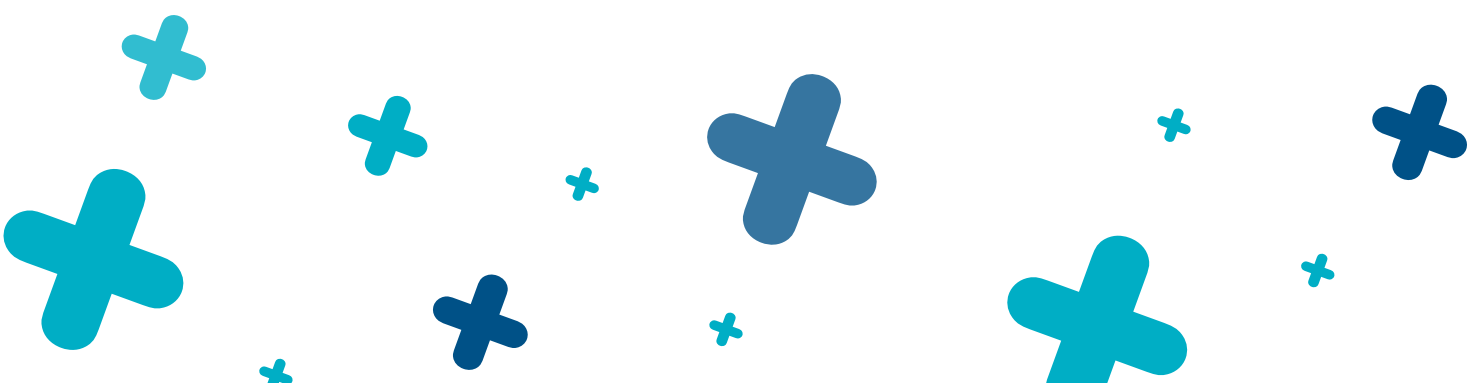
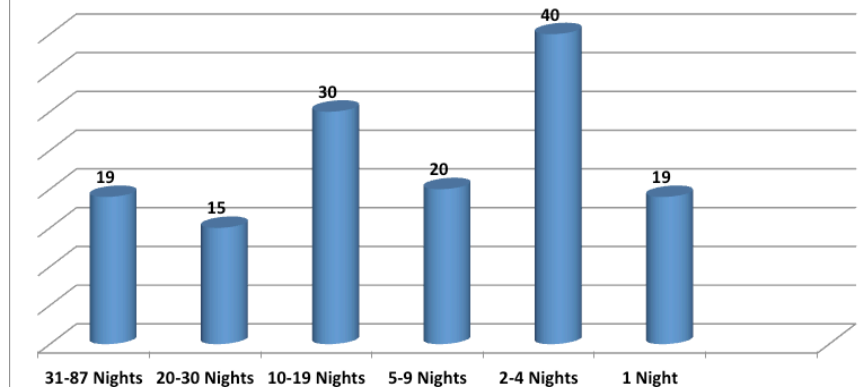
in East Devon and one has moved into a flat through Housing Options.

For the remaining 7 single night stay clients we have no record of what their move on was.

**Total Bed Nights Utilised**



**No. of Nights Clients Accessed SafeSleep**



As important as ensuring that those who would otherwise be living on the street could access SafeSleep, was the need to do all that we could to prevent return to the streets and provide first steps on a positive housing pathway for each client.

No one size solution is suitable for all clients and there were clients at SafeSleep who were a very long way from starting a journey to sustained accommodation.

The table above displays the wide range of outcomes achieved by clients following use and engagement with services at SafeSleep.

Sadly far to any of the outcomes are negative in nature e.g.

detention under Mental Health Act, imprisonment, return to the streets and death.

If “Unknown or Moved Away” outcomes are excluded then achievement of positive outcomes for clients is above 65%.

Evidence that focussed and sustained engagement can make a significant difference even with the hardest to reach and those with multiple and complex needs.

The 21 clients who returned to rough sleeping have mainly done this in Exeter and neighbouring Authority districts.

The Assertive Homeless Outreach Team has been

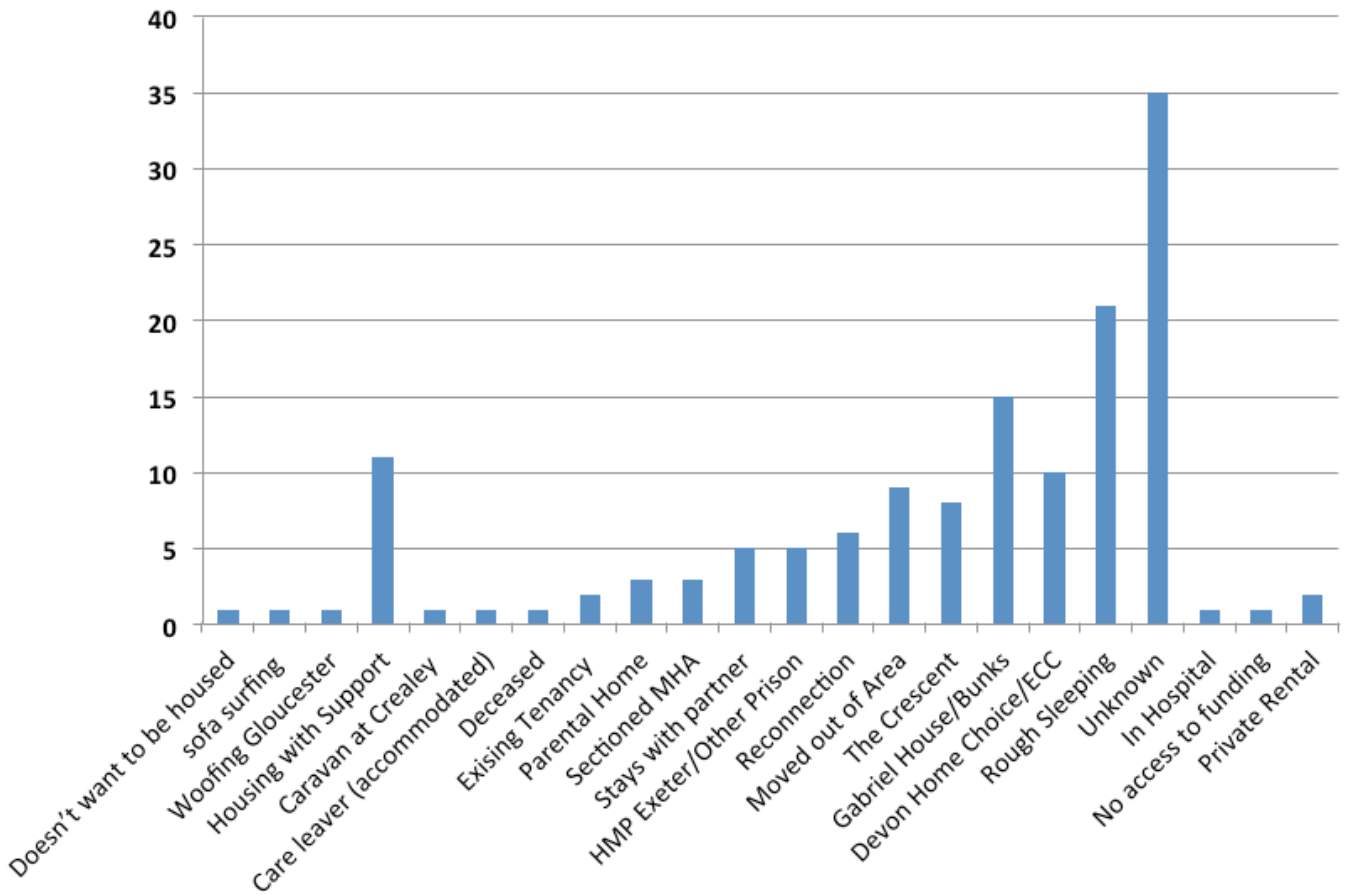
following up with these clients and trying to sustain a focus on moving away from the streets through active engagement with services.

One male client who had stayed with us on 87 out of a possible 89 nights has returned to the streets.

This older man has been offered a range of housing options but has chosen not to accept any of them.

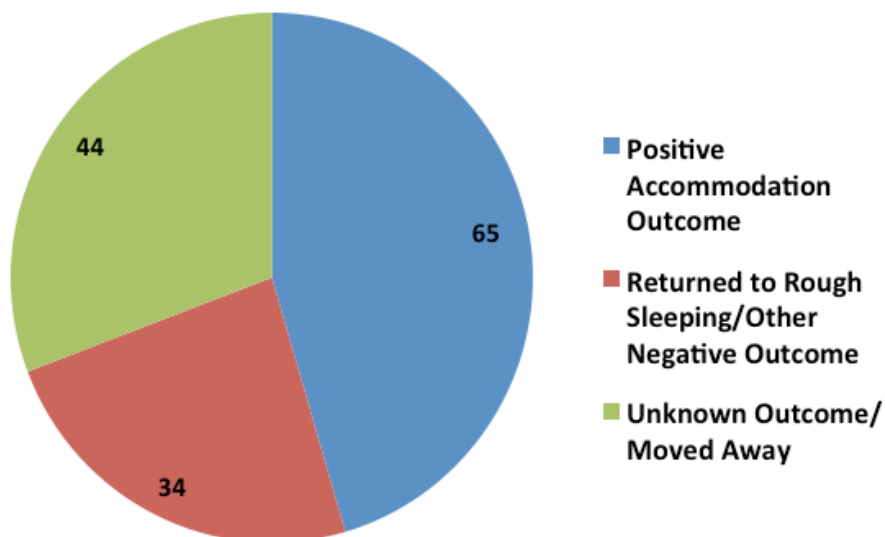
His primary reasons for rejecting good housing offers are that he would have to pay towards his housing costs and then pay costs within his accommodation.

### Client Departure Outcomes



He liked SafeSleep as it provided, a warm bed, meals, showers and ash facilities and company he could engage with or remain separate from and at no financial cost to himself. Assertive Outreach and others will continue to offer him options for accommodation, with the best option likely to be shared housing with other men of a similar age and low level support needs.

## Aggregated Client Outcomes



### Case Study

43-year-old man with a history of returning to rough sleeping after relationship breakdowns. Low level mental health problems connected with alcohol misuse.

Accessed SafeSleep for 32 nights which provided client with stability and allowed outreach worker to engage more with him. Joint working with Probation and RISE provided client with consistent support.

Client had abandoned placements at the hostel on several occasions to return to ex-partner, only to end up homeless again when she kicked him out. Client wanted new start with different accommodation out of area to avoid repeating the same pattern. Also keen to reduce drinking and eventually get back into work.

Client referred and accepted by Alexandra House in Exmouth due to good engagement and outreach worker advocating on their behalf. Moved in on 20/03/17 and remains in accommodation. Continues to engage with Probation and RISE. Involved in meaningful occupation at current housing project.

### Personalised female bed space



SafeSleep 2016-17 succeeded in;

- Reducing numbers of rough sleepers on the streets of Exeter and surrounding Authorities,
- Preventing deaths of rough sleepers on the streets due to cold weather
- Providing safe, secure accommodation
- Achieving a high level of positive outcomes for those who wished to take advantage of the support, links and signposting available.

SafeSleep posed challenges to the local community due to it being sited in an area where

rough sleeping, street attached lifestyles and the presence of Gabriel House and St Petrocks are already features of the immediate environment.

That said, the service was well managed and neighbour complaints raised with the team or management were at a very low level and were all addressed in a satisfactory manner.

The negative impact of SafeSleep was felt most strongly in the early morning, around 08:00 as clients left the hostel and made their way towards the Cathedral Green area and St Petrocks Day Centre.

The impact of this movement of people past an off licence and in

relative large numbers created problems at the Day Centre which ultimately led to it having to review its opening time.

The influx of clients at St Petrocks, became unmanageable at 08:00 and in order to reduce levels of confrontation and pressure the service moved to an 09:00 opening time.

Clients at SafeSleep had been, in most cases, abstinent from alcohol or their drug of choice overnight whilst in the hostel and where dependencies were present clients were driven to meet this need soon after leaving SafeSleep and on their way to St Petrocks, further adding to the presenting chaos on arrival.

### Case Study

55 year old man with a history of entrenched rough sleeping in Exeter and East Devon. He has two diagnosed personality disorders. He is not medicated. He had no accommodation options. He is a high risk client that is part of the MAPPa process. He was evicted from his last accommodation for ASB.

Accessed SafeSleep for 44 nights and was furthered engaged through Assertive Homeless Outreach Team. AHOT assisted MH intervention whilst at Safe Sleep. AHOT looked at possible move on for this complex need client

Client was isolated, he now has a reasonable working relationship with an Outreach worker. Development of a trusting and empathic relationship with the client has allowed him to develop a belief that support is available and that people are interested in him.

Client has moved towns, the last town, he was presenting with ASB, he was accommodated by night at Safe sleep. The AHOT team engaged with him to ask him to access Safe sleep.

Client has had an extensive assessment completed for access to housing.

Client was moved on into accommodation that was suggested through the MAPPa process.

He is now registered with the Clocktower surgery, taken by SafeSleep member of staff.

He has engaged with the GP around possible other medication he will take to increase his chances of sustaining accommodation. Ongoing work with AHOT is in place.

Accommodating typically 25 or more clients each night was testing for the staff team in a building which had been rapidly set up and lacked a containment space at the entrance to the building which would have provided a better filter for those coming in.

The creation of this sort of containment space allows for better initial risk assessment on an individual basis and the ability for staff to make decisions about access at the door rather than inside the building, which can be less manageable.

There was widespread support for SafeSleep from across communities and organisations in Exeter and as a result the service benefitted from high levels of donations of food, blankets, toiletries and clothing from across the community.

The set up of the service received great support from Smile at a Stranger, who provided furniture, bedding, kitchen equipment and tables.

SafeSleep was also the recipient of very generous investment by the Pret Foundation who took our shopping list for Camp Beds, Sleeping Bags, High Quality Microwaves and the essential Tea Urn and arranged delivery to us in readiness to start the service.

Meals at the project were largely created based on donations and cooked by staff and volunteers and through the generosity of the Salvation Army, St Davids Church and other community groups who came and delivered meals to the site, ensuring that clients had varied, sustaining hot food on each night.

It had been hoped that member groups within the Exeter Soup Kitchen Network would be able to provide a support to create and serve meals each night of

## *An unexpected donation at SafeSleep*



the week and reduce the draw of their meals service in other parts of the city.

Members of the network didn't all feel able to commit to this involvement as many of the people they provide meals to are not from within the homeless community and so delivering their service at SafeSleep would have meant its removal from others who rely upon it.

One area where SafeSleep was not able to deliver as it had hoped was in respect of creating a good pool of volunteers to support the employed staff at the service.

Several factors played into this, most significantly the loss of the Outreach Manager shortly before the hostel opened and interim management arrangements which meant that there was less overall capacity to recruit, process and train volunteers.

Although there were many volunteer offers, without suitable induction and training there was a risk that staff would have spent their time supporting and guiding volunteers rather than focussing

on maintaining a safe and orderly service for clients.

The volunteers who were able to come and work at SafeSleep provided excellent engagement with clients including playing board games and cards, helping with forms and simply engaging in positive social interaction.

The work of staff from the Exeter City Council Housing and Benefits team was greatly appreciated in the way it helped us to develop monitoring systems and ensure that as many clients as possible were processed properly in order to claim Housing Benefit.

Similarly the support from the Housing Options Team staff, who regularly came to the hostel to work with clients and help with assessment and referral into accommodation was absolutely invaluable.

As important as ensuring that those who would otherwise be living on the street could access SafeSleep, was the need to do all that we could to prevent return to the streets and provide first steps on a positive housing pathway for each client.



Whilst we got lots of general feedback from clients during SafeSleep, most of it positive, some of it critical, we also undertook a questionnaire survey of clients during the last three weeks of the service in order to learn from their experience, observations and insights. The questions are set out below with a balanced summary of 33 responses provided.

### + We have a curfew time of 11:30, what time do you think the curfew should be?

The range for this answer was split between two camps with one or two outliers.

17 clients felt that the time was fine, with 13 clients feeling that the last access to the hostel should be between midnight and 1.00am.

Two clients felt that there should be no curfew and one client that the curfew should be at 10pm

### + We turn the lights down and television off at 11:30, what time do think this should happen?

Most clients (23) felt that this was a reasonable time, some saying that it was very good.

Six clients felt that it was too early and that lights and TV should be turned down or off between 12.30 and 1.00am

### + We have tried to make sure the service is safe and calm. When things have gone wrong we have excluded people for very short periods e.g. 2 nights

#### (i) Was this the right approach?

Most clients felt that this was the right approach, with none suggesting that it was too tough or managed unfairly. Several clients commended staff for their relaxed and tolerant approach, which had helped to keep the space calm most of the time.

Staff were seen as tolerant and understanding, able to defuse situations and exercise good judgement in overturning exclusions.

#### (ii) What could we have done differently?

One client felt that a First Verbal Warning, Second Written Warning and finally Exclusion process should have been in place.

One client felt that the rules were too relaxed and that "some clients got away with murder".

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## + If we could have been open during the day for groups and activities e.g. art groups, resilience groups, harm minimisation etc. Would you have used these or similar groups?

Only 11 clients gave a response to this question, all of them stated that they would have been interested in using groups and activities during the day had they been available.

The range of interests covered, included computer skills, art groups, cookery, help with forms and simply "space away from the streets".

## + What have you liked least about SafeSleep?

A wide range of responses to this question with common themes being "I have to get up and out of here too early in the morning", "noisy disruptive people", "people snoring", "people not being respectful of the hostel", "drug paraphernalia in the toilets".

## + What things about SafeSleep have been most helpful to you?

Many positive responses about the warmth and friendliness of staff, "I always felt welcome", "the staff were really helpful".

Many clients commented on getting a good nights sleep in a warm bed.

Clients also commented positively on the food, ability to watch DVDs, the hot showers and the donated clothing

## + If we need to run SafeSleep again next winter, what one change could we make to improve the service?

Clients had lots of suggestions from "banning people who snore", "keeping the dickheads out" to making computers and WIFI connection available.

Three clients wanted a space with fewer people in it, four clients wanted more activities and things to do, fourteen clients wanted the service to be open for longer hours and for more nights.

Unfortunately there was limited feedback received from stakeholders, with only 20% of potential responses returned. However the feedback received is valuable in helping to understand what we got right and where we got things wrong. Feedback from the sector gives us valuable insight into the impact of the winter hostel, as perceived by other agencies and services beyond the doors of SafeSleep.

### Which service or area of influence are you responsible for?

Of the 11 respondents, 4 work for Devon and Cornwall Police, 4 work for organisations providing direct support to homeless and marginalised people 2 work for coordinating voluntary organisations and 1 works for Public Health.

### What was your overall impression of the impact of SafeSleep whilst it was running?

Largely a very positive impression, "SafeSleep made a massive impact", "far fewer people on the street", "a huge impact, people were accommodated who had no other place to go". Three of the police respondents felt that the impact was less successful, "didn't notice any real change and some people still chose not to go inside" and "overall the behaviour of those in safe sleep was detrimental to the way St Petrocks was able to support those that needed it", "I didn't see any real impact".

### Were you aware of any positive changes as a result of SafeSleep? What were these?

All those providing feedback were able to identify positive impacts of SafeSleep, both for individuals using the service and across Exeter. "Hugely reduced rough sleeping in the city centre, and an increased level of engagement from the client group as a whole", "An opportunity to engage with complex entrenched clients, linking clients in with services and moving people on to other accommodation." One respondent felt that it gave the public "a chance to see who is just sleeping rough for money" and another reporting "less people sleeping in shop doorways and upsetting the staff".

### Were you aware of any negative changes as a result of SafeSleep? What were these?

Respondents were clear that their had been some negative impact on the immediate vicinity of SafeSleep, pressures on other services and a sense that there was an overall increase in numbers of rough sleepers

"Aware of some feeling the impact of 'turning out time' in the morning, and a few feeling the premises were under supervised. However, I see these as a resource challenge". "There was an influx of homeless from outside of Exeter that have contributed to the crime and ASB in the city. Some of which have stayed in Exeter", "A lot of new people used SafeSleep who had never been at St. Petrock's or rough sleeping before so there was a lot more work to do"

One respondent felt that there was another negative impact; "SafeSleep hides the problem - takes it out of public view and priority agenda"

### If SafeSleep is needed in the colder winter months of 2017-18 what improvements should be made to the way it is delivered?

Only a few responses to this question with one theme echoed by three respondents that SafeSleep should be sited away from existing homeless provision. Other comments included; "A referral co-ordinator is desperately needed. Also, having two venues - one high support, one low support would be better" "Open longer in the morning to link in with St Petrocks" "They should be allowed to keep their alcohol - this was cited as a reason by many for not wanting to use safe sleep".

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## In your view should SafeSleep operate from a single venue or multiple dispersed units?

Views here were split pretty much down the middle, with four respondents saying that a single venue was fine although probably needed higher staffing levels than had been available during this year's SafeSleep.

Two people felt that whether it was delivered from single or multiple venues, what was required was a day service integrated within the provision in order to maximise engagement and impact. A further suggestion was that there might be value in creating specific needs group accommodation at its simplest this could be High Needs and Low Needs, or in a more complex version could be a range of accommodation based on primary need e.g. mental health, addiction etc.

Five respondents, including all of the police, felt that multiple separate venues were the best option with three of the police officers stating that any SafeSleep venue should be sited at distance from existing supported housing or accommodation for vulnerable people. One of the officers felt that the venue should be well outside of Exeter central area.

## Has SafeSleep created any local change beyond providing accommodation during the winter months?

Most people responded to this question with a divide between those responsible for enforcement, who felt change had been negative and those from other services who felt that there was a significant positive impact that extended well beyond the direct service offered to clients and had produced the opportunity for a change of approach within the supported housing sector.

So on the one side:

"SafeSleep has meant that St Petrocks had to open late each day to protect their staff and also contributed to the alcohol related ASB" "It changed the opening hours of St Petrocks, meaning that homeless had no where to go for an hour while waiting for Petrocks to open" and "Hard to quantify too many variables. There are a lot of new faces in the city who may (or may not) have travelled to the area for the provision"

And on the other side:

"I would hope one of the things learnt is that it is ok to house people that other providers perceive to be high risk", "It started a debate among the people when the idea was being mooted. As ever views were fairly polarised but for me it raised the issue of community responsibility for homelessness. It was good to see the number of local businesses and individuals who supported the project", "It has raised awareness about the need for provision longer than just the winter months" "Yes, clients have been engaged in services and moved through to other housing accommodation."

## Is there anything else that you would like to say about SafeSleep

Only four answers were received to this question, including "great work", "it worked really well" and "a real success, why not do it all year round". One respondent commented on the difficulty of making contact with staff, which had caused problems.

Unfortunately there was limited feedback received from stakeholders, with only 20% of potential responses returned. However the feedback received is valuable in helping to understand what we got right and where we got things wrong. Feedback from the sector gives us valuable insight into the impact of the winter hostel, as perceived by other agencies and services beyond the doors of SafeSleep.



The three most challenging aspects of delivering Exeter SafeSleep 2016-17 were:

# 1

## Planning consent

Failure to secure a venue for the service, with relevant planning consents until early December, after the project was due to have commenced.

In future years a suitable building needs to be agreed no later than September allowing a two month lead in to deliver a more effective service.

# 2

## Lack of on site day facilities.

This was not possible due to limits of Change of Use Planning Consent and what would have been significant and probably compelling local objection.

Ability to deliver some day services from a SafeSleep venue would increase client engagement, offer diversionary activity away from less positive behaviours, provide space for specialist agencies to come and engage with hard to reach clients and further contribute to preservation of life and health during very cold weather.

The additional benefit would also be that on site staff, during the day, could manage access for contractors and liaise better with services and delivery companies.

# 3

## Limited use of volunteers.

Again, a feature of the limited lead in time and changes in management of the Assertive Homeless Outreach Team, which occurred as the service was due to commence.

Developing a good pool of trained and well supported volunteers would be an enormous asset to SafeSleep. With volunteers able to support staff with administration, house keeping tasks and providing meals and also being able to work directly with clients through positive social activities, befriending and supporting.

Volunteers are also valuable as a conduit for positive publicity across a wide cross section of society, creating further interest and buy into valuable project, addressing key social challenges.

## Acknowledgments

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There are so many people to thank for making SafeSleep happen and for it becoming the success that it was this year, so apologies to any individual or organisation I have forgotten to name.

Firstly I want to thank the staff, who worked in a developing project from very difficult beginnings, but learnt and grew alongside the service as it developed: John Clarke, Natalie Dagger, Gerry Hunt, Charles Carson, Adam Kerswell, David Twomey and Stephanie Chivers who stepped into manage the service late in the day.

Exeter City Council Planning Committee for unanimously supporting the temporary Change of Use planning consent.

Nicola Forsdyke and Chris Stocks for always being there and always being supportive and gently critical when needed.

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Colleagues and friends at CVS and CoLab for continued interest and support.

Exeter Express and Echo for publicity and help.

All the volunteers, supporters and gift givers from across Exeter, who supported us and made life better for each of our clients.

All of our clients for putting up with our imperfections, a cold building and service which grew around them and which they helped to shape.

*Two Self-Contained Shower, wash basin and toilet pods at SafeSleep – a real hit with cold clients able to warm up and freshen up.*



## The Next Chapter

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So as SafeSleep closed, we packed away client belongings for collection and equipment was gathered for storage for another year.

A new crew of staff moved into the building, to transform it into Exeter Bike Workshop.

A partnership between Julian House and ECI, providing a cycle shop, maintenance, refurbishment of old and neglected bikes, a purpose built training suite to give greater access to online service to our clients who need to have a foot in the digital doorway.

And as well as all those great things a Comic Relief funded part time post, to work with homeless and rough sleeping clients to ensure that they get access to training and support within the new workshop.

