



SAFE SPACE IMPACT & VALUE REVIEW

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The Office of the Police and Crime
Commissioner for Derbyshire and
Derby Homes Ltd.
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Safe Space – What & Why

The Problem

Safe Space is the invention of a collaboration of statutory organisations in response to a presenting problem that became acute for the City of Derby in 2017. The problem defined was a combination of interrelating issues:

- High levels of police deployment to anti-social behaviour (ASB) and other incidences that required officers to remain with individuals who were under the influence of substances until they recovered. This often included the issue of a forty-eight-hour dispersal notice¹ which simply pushed them to another policing area
- Highly visible substance misuse in the City Centre affecting businesses and public perceptions the City and their perception of safety
- Concern that the individuals involved in ASB and visible, incapacitating substance misuse were exhibiting a high level of vulnerability but with no means or method to adequately reduce this
 - The numbers of rough sleepers in the City were very high
- Short and medium term accommodation services for those who had rough slept, were involved in ASB and incapacitating substance misuse, were repeatedly having to exclude and/or evict of the same individuals, often requiring police attendance to do so, only to start the housing cycle again with the same result

The Solution

The solution was to design a venue and service to be known as Safe Space, on the edge of the City and Normanton policing areas, to which individuals can be dispersed/sent to rest and recover from their substance misuse/intoxication, and/or to have their immediate needs met

(shelter/water/sanitation/ refreshments/safety) - and where there is 24/7 support to access the services and help they need, when they are ready. Access to Safe Space would remove these individuals from visibility and anti-social /criminal activity in the City Centre and reduce their immediate vulnerability which for some, is significant. The location of the Safe Space was considered pivotal, and all partners, especially the Police, supported the specific location of the service, at a reasonable distance from residential areas and directly on the border between two policing areas. Safe Space opened in March 2019. The Safe Space now (2021) operates as a Multi-Agency Rough Sleeper Support Hub (MARSH) where direct access to services and multi-agency problem solving occurs.

The Police and Crime Commissioner and the Chief Superintendent Divisional Commander covering the South, Derby Homes Housing Services Director and the Assistant Director in Public Health analysed their collective problem and proposed a solution in 2018. This Partnership was formalised and named the Safe Space Partnership in 2019. Further to a funding contribution change in 2020, it is currently made up of three parties; The Police & Crime Commissioner for Derbyshire, Derbyshire Constabulary and Derby Homes with funding contributions as follows.

The Police & Crime Commissioner for Derbyshire and Derbyshire Constabulary	£100,000
Derby Homes	£100,000
Derby Homes (grant funded from the Ministry of Housing Communities & local Government)	£118,000
TOTAL	£318,000

¹ A dispersal notice enables a police officer to direct a person committing or likely to commit anti- social behaviour to leave an area for 48 hours

In addition, members of the Partnership separately contributed to the capital costs and refurbishment of the Space, as it was felt that the location of this venue was unique for the purposes needed, and worth securing as a future “hub” site.

The Clinical Commissioning Group (CCG) also contributed to the Safe Space initiative, with funding of £93K for Paramedic services from April 2021. This arrangement is yet built into the partnership.

The Safe Space 2019 - 2021

Over two and a half years have passed since Safe Space first opened, and whilst the model to be tested has only one full year of test as originally planned, the ensuing period during COVID has both caused and enabled a wider scope and period of testing to determine what, if anything, might be needed going forward. This review has sought to capture the impact of the Safe Space provision and function within a much wider system and provide some clarity as to what outcomes it influences and achieves against the annual Partnership investment.

Executive Summary

Contributions from and interviews with over twenty different teams and agencies combined with analysis of a wide range of local data collected by key agencies over the past two and half years draw the conclusion that the investment made in Safe Space is currently returning at least three times the investment value each year in measurable cost savings, with upward of £480K per annum in policing alone.

Furthermore, the unanimous view from all agencies is that Safe Space enables efficiency and time saving through more immediate and effective location and engagement with transient complex individuals who do not access, interact or comply with statutory services/agencies in a manner which is recognisable within established service delivery models. As a result, individuals, are more likely to receive the help and support they need, when they need it, and avoid unnecessary criminal justice penalties and victimisation because of their high levels of unmanaged vulnerability. This is particularly true for females, as data and partner experience demonstrates that Safe Space provides a place of safety and engagement for some of the most chaotic, vulnerable and complex homeless females within the criminal justice system who are also victims of serious crime.

Since the launch of Safe Space in March 2019, the City Centre has noticed a ninety three percent drop in ASB dispersals, a sixty one percent reduction in arrests linked to the street community/rough sleepers, and rough sleeping numbers have reduced by seventy seven percent. Accident and Emergency attendances and 999 calls for an ambulance by/for the cohort have reduced by ninety seven percent across the same time frame with most individuals now using their GP in a more proactive and timely way, instead of emergency services.

Since opening, two hundred and ninety-two individuals have accessed Safe Space, sixty-five of these, female. A review of those individuals who accessed Safe Space in the first six months of opening, (one hundred and sixteen), eighty five percent are now in settled accommodation. Out of the one hundred and sixteen, none remain rough sleeping, although two still use Safe Space periodically. Eight percent (nine) of the one hundred and sixteen have died.

However, whilst the review tells the story of progress above, the level of complexity being managed through the Safe Space initiative in 2021 has now increased. There is a small group of the most severely disadvantaged individuals presenting with the most complex needs and multiple vulnerabilities who appear to remain as persistent offenders/victims and frequently lose accommodation provided. Females in this small group display significantly more complexity, need and vulnerability than the males. The review found that Safe Space is the only place of safety for most of these individuals, as their complexities and behaviours prevent access to other services, including domestic violence refuges. Despite proactive and concerted multi-agency effort and service offers the level of need appears too high and a harm minimisation safeguarding approach and response plan is coordinated, with the Safe Space acting as back stop.

In terms of placing a financial value on the benefits of Safe Space, the review has considered a number of academic studies, local prices and reference costs (Appendix B) which have been used to estimate the fiscal return on the £318,000 investment in Safe Space combined with the CCG funding of £93K.

Excluding any loss of investment in the City Centre, the review estimates the aggregated system savings to be at least c£1,350,966 per annum. This needs to be offset by additional costs to be met by the City Council linked to safeguarding and social care, which for safeguarding alone is estimated to be c£163,770 per annum. These costs link to need which was previously unidentified and unmet but existed, nonetheless.

For the PCC, the funding contribution of £100,000 has yielded a minimum of £805,631 saving to the criminal justice system.

If, as anticipated, the work of Safe Space has removed a threat to investor confidence in the City Centre, then this could equate to c£40m investment otherwise lost.

A breakdown of benefits and savings/costs is shown below, and further detail is provided in Appendix B.

Organisation	Benefit of Safe Space to organisation	Indicative Value of benefits	Costs to the organisation
Derbyshire Police	Reduction in Dispersal & Arrests in City Centre Increased efficiency and use of officer resources Reduction in crime/ ASB/ vulnerability Improved community Safety in City and surrounds	A minimum of £482,842 per annum excludes custody, IOM management, VCOP, MARAC & MOSOVO costs saved through reduction in arrests/recalls/ breaches and crimes	£100,000 PCC & Derbyshire Police contribution to Safe Space
Probation Service/Prisons	Reduction in recalls to prison and breaches	£322,770 per annum	£0
Derby City Council (Derby Homes) - Housing	Reduction in numbers rough sleeping (60% attribution to Safe Space)	£209,556	£100,000
Emergency, Hospital & GP Health Services	Reduction in ambulance call outs, A&E attendances, direct hospital admissions and net affect of increased GP appointments less previous GP missed appointments	£335,797	£93,000
Adult Social Care	Increase in adult safeguarding referrals and demand for social worker allocation/packages of care	Compliance with & Delivery of statutory function to hard to reach group.	Additional cost c£163,770 This does not include increase in adult social care spend.
Victim Services	Effect not yet capitalised: Increase in referrals and engagement with victim services	Not known	£0
Derby City Economy	Reduction in visible ASB/ street behaviours that might impact on investment in City Centre – assume 20% loss impact	Up to £40m	£0

NB: It is worth noting that at the time of publishing this review – we are also awaiting the publication of the City Council’s commissioned Joint Strategic Need Assessment (JSNA) for Homelessness, which will necessarily add to the findings of this report.

Safe Space Impact

Safe Space – Operations & Costs

Derby City Mission, who own the property where Safe Space is located, has been grant funded to run the Safe Space 24/7 including all estate costs/cleaning and 24/7 staffing including paid and volunteer staff, (a minimum two staff at any one time). The property has a high level of security, with controlled entry/exit, good CCTV coverage and a robust, but short list of rules which are rigorously upheld. Individuals can be excluded, but normally for very short periods of time e.g. twenty-four hours. There is a fully kitted clinical room, two appointment rooms, a kitchen area, TV area and toilet/shower area. Pre COVID, up to sixteen individuals could be accommodated at any one time. This has been reduced to eight overnight (8pm-8am) – in line with public health guidance, but capacity has been sustained at sixteen at any one time during the daytime.

Staff can facilitate rapid access to services for clients and can connect individuals to the right support at the moment when they are ready.

The cost for the 24/7 service, and Paramedic service during working hours is currently

	Breakdown	Totals
Safe Space premises (including all overheads and a daily deep clean contract)	£50K	
24/7 staffing	£268K	
Safe Space Partnership Funded Safe Space running costs		£318K
CCG Funded Paramedic & Emergency Care Assistant role (9-5)		£93K
Total funding dedicated to Safe Space Initiative		£411K

Safe Space Users & Complexity

Footfall

Since opening, 292 unique individuals have accessed Safe Space.

The footfall per month at Safe Space is currently c55 unique individuals.

The average attendance per day is currently c 13 unique individuals

The average number of times the police bring an individual to Safe Space is 8 per month

Complexity of those attending Safe Space

Calls for police service to the Safe Space over the past 3 months is 1 per month

Complexity of those attending Safe Space

Derbyshire Police analysed NICHE data on the 33 females in the Safe Space cohort in June 2021, to examine the level of police resource linked to the cohort. This showed that over a 9-month period there were.

- 121 Public Protection Notices issued (PPN – police form used when a vulnerability is identified) - average 5 per female per year
- 264 occurrences, 135 of these with the female as the aggrieved (victim) - average 5 per female per year
- 528 separate NICHE entries - average 21 entries per female per year

The above is indicative of the tension between victim/offender frequently being managed within the system, and the volume of activity related to the female contingent alone. It also illustrates the significant and disproportionate experience of victimisation and vulnerability by the females using Safe Space as compared to the wider population.

An analysis of the severity of complexity/need/vulnerability and risk assessed in both females and males within the most entrenched rough sleeper group (36 individuals) shows that 50% of females are considered to have the highest level of need (Level A) compared to 24% of the males.

A piece of work completed for this review by the City Council, showed that since March 2019, there have been 3583 adult safeguarding referrals made where the motivating factor was homelessness and, for the 5-month period of March to July 2021, 25% of all adult safeguarding referrals made had homelessness as a motivating factor.

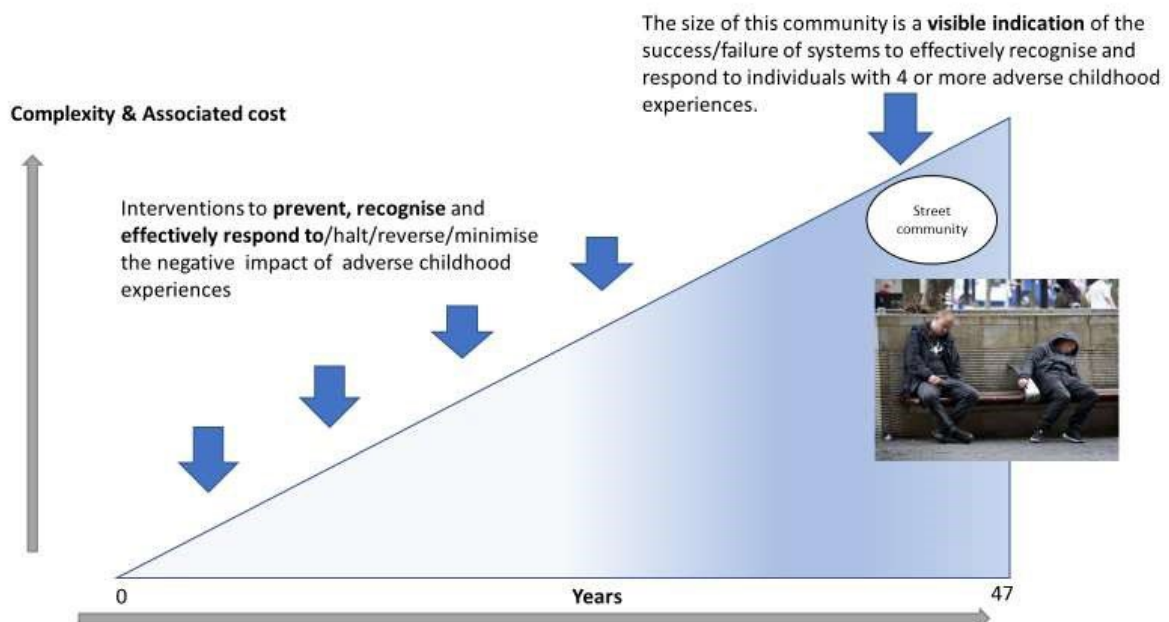
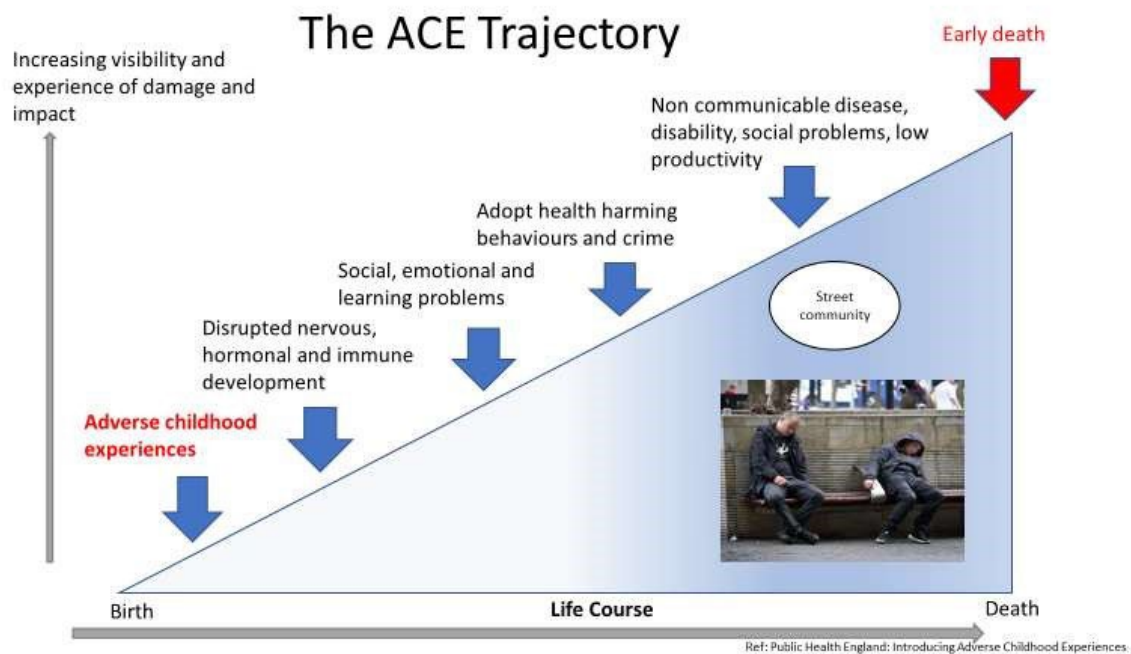
The Safe Space paramedic has completed an average of 199 health triage assessments per month on an average of 79 unique individuals.

Out of the 65 females in the 292 individuals who have accessed Safe Space since opening, 7% are now deceased. (5)

Out of the 227 males in the same 292 cohort, 2% are now deceased. (5)

Research & what we know about the likely Safe Space users (the cohort)

Safe Space planning drew from Public Health England evidence to help shape a model that was fit for the reality of the street community and rough sleepers. This focused on understanding the life trajectory that is shown to follow multiple adverse childhood experiences. This research evidences that multiple Adverse Childhood Experiences (ACEs) lead to chronic traumatic stress which is toxic to brain development. It fundamentally alters nervous, hormonal, and immunological system development. The science says this can result in individuals whose systems are 'locked' into a higher state of alertness; permanently prepared for further trauma. This state, without intervention, can lead to the life experiences and state, as shown below.



Safe Space is not an early intervention initiative, rather, it is a safety net that seeks to respond to those individuals who are approaching the final stages of the trajectory, and tackles both the individual's presenting vulnerability and need whilst also mitigating the impact of their behaviours on the wider community. It is important to note that health outcomes for this cohort are poor; for example, the average age of death of a repeat homeless person is between forty and forty two years, and a homeless drug user admitted to hospital is seven times more likely to die over the next five years than a housed drug user admitted with the same medical problem.² The average age of individuals in the Safe Space cohort is thirty seven for females and forty for men.

² London Pathway & College of Medicine (2011) Standards for Commissioners and Service Providers. Faculty for Homeless Health – London Pathway & College of Medicine

Safe Space Impact Areas

To understand the impact of Safe Space, each key agency has been interviewed, and available data collated and analysed.

The measurement cannot be an exact science, as the level of detail required to measure direct cause and effect of change has not been in the scope of this review, but the qualitative interviews coupled with some standard reported data can act as indicators of impact since the opening of Safe Space. The detail below seeks to capture this to tell the story of the indicative impact of Safe Space on the core business of a range of statutory services/functions and users themselves.

Police

The impact on the police is multi-faceted, as the Safe Space cohort are often both victim and offender, with multiple vulnerabilities and risk to the public and others. It is not uncommon to see individuals linked to a wide range of occurrences, divisions, operations, and interventions as shown.



The graph below shows the changes in arrests, dispersals since Safe Space opened in March 2019.

Changes to street-community arrests & dispersals since Safe Space opened:



Safer Neighbourhood Sergeants

“ASB in City is now minimal with very little begging compared to before.

If Safe Space was not there – we would be stuck for sometimes hours with individuals under the influence, whom EMAS would not accept. We don’t have another place of safety for vulnerable individuals – we can’t leave them at hospital as if they abscond, they are a missing person.

The join up between services has become professional and business as usual – with no weak-link. Standards and expectations are clearer and there’s a common thread of approach. Service users know what to expect and cannot ‘play’ people off as the rules are consistent. Now, Police relationships with the cohort are good – there are real conversations/relationships, as the trust is there. They know we are not there just to lock them up or disperse them.

Key features of Safe Space are that it is open out of hours, has tight controls, short exclusions and does enable reasonable conversations with often very troubled individuals.

The place is well managed/secure/CCTV and individuals know where they are with it and respect the place and feel safe there”

Police IOM Manager:

“Many high risks prolific (IOM) offenders don’t fit with accommodation options available due to their high levels of risk and refusal to engage with services. Safe Space gives these individuals somewhere to go where they can engage (or not) - and some visibility/method of contacting them. Without Safe Space there are no options. Safe

Space also is a place to "check" the whereabouts of clients, helping us to protect the public."

Neighbourhood Safeguarding Team:

"Safe Space has been running for a few years now and is crucial to those that use this service. I was Derby City Centre Sergeant from 2012 to 2015 so speak from experience.

They (Safe Space staff) are able to tell us / update information on the client, when he shows up and they have engaged with him on my part and passed on any support information or tried to get them help and assistance. Altogether I have to say what a brilliant asset this is to our team!

Safe Space is a name that is known within the City Centre by Partners, Services, and the Homeless community. That is testament to its impact. The Homeless Community, with whom it is notoriously hard to engage, use the Services. The information Safe Space have concerning what's happening within the Community they serve is invaluable to services and allows targeted work to be done"

Primary Care (GPs)

GP lead for homeless

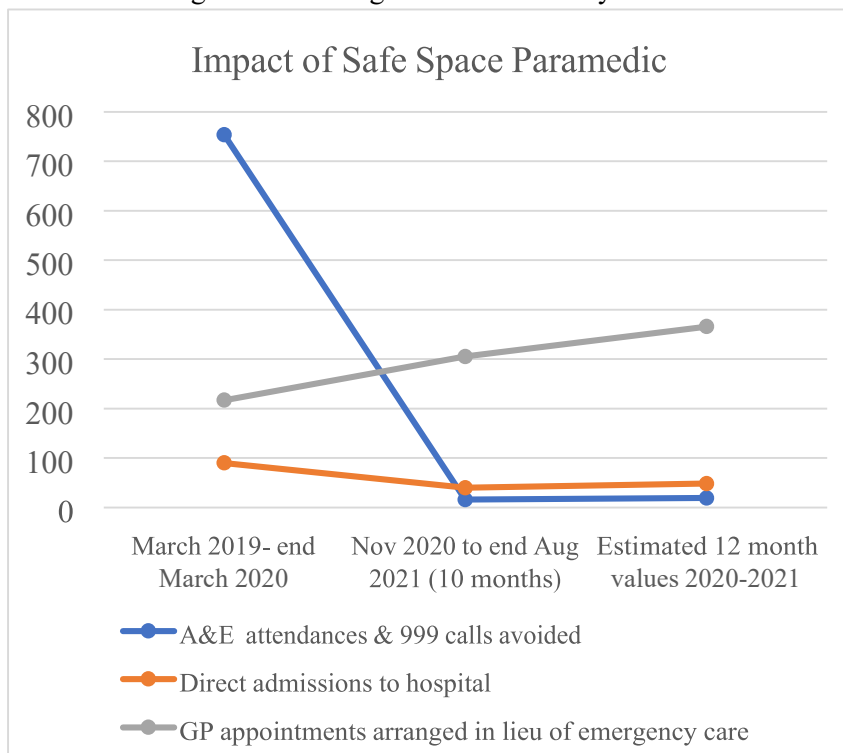
“Homeless patients need support at their point of contact – not ours, and Safe Space enables this to happen, and avoids vulnerable people floating around the NHS system, with often

discontinued/broken care. Patients without addresses and phones can go to Safe Space and know they can get access to treatment/care – and there’s no doubt without Safe Space, we would see an increase in emergency calls to the practice/for an ambulance. Sadly, patients in

this cohort face a negative bias within the NHS, and don’t attend appointments/go for blood tests or follow up as they feel like they are different and without value. Admittedly they need intensive management, but this is our issue to resolve, not theirs. The combination of Safe Space with Tracy (Safe Space paramedic) mean that a patients doesn’t need to always go to the practice, but can have an online appointment there, and we can complete regular check-ups and pick up issues, for which there are many, early. People die very early who are homeless, so Safe Space is vital.”

Safe Space Paramedic (East Midlands NHS Ambulance Trust)

The Rough Sleeper Paramedic has developed a new way of responding to and managing the complex needs and health related behaviours of individuals within the cohort, working with local GPs, colleagues within the Ambulance Trust, the Emergency Department, Hospital Wards Community Services and safeguarding leads to design pathways that work outside of the norm. We do not have data on deaths or indicators of ill health prior to Safe Space opening as there was no collective management of the cohort, but comparing data from the opening of Safe Space to current day illustrates changes in that period which have occurred. It should be noted that the CCG now funds the Safe Space Paramedic further to the Safe Space Partnership preparing a business case for this and in addition has approved the funding for an additional support role to work alongside. The CCG report that the business case was unequivocal in demonstrating the benefits against costs to the system as shown below:



The increase in health assessments by the Safe Space Paramedic has increased the use of primary care (GP) and reduced the use of high cost emergency services and hospital care, the latter which often ends in self discharge and prolonged and acute health issues. Issues are picked up before the state of crisis/emergency through better managed care of very complex individuals

Furthermore, the Safe Space Partnership have negotiated the funding for a clinical multi-disciplinary team to look at the most complex cases within the cohort with clinical need, with a view from the CCG that should this improve outcomes by moving activity from emergency/urgent response towards primary care (GP) then they would seek to fund this on an ongoing basis.

The Safe Space Paramedic works out of Safe Space, Milestone House (Derby Homes hostel) and out on street outreach.

Safe Space Paramedic

“Safe Space means I am able to handover - send individuals to Safe Space for shower/cup of tea/watch a film and then they are more likely to be ready to access benefits/info/housing. It’s so much better having one reliable location where this can all get done. Safe Space also means I am able to arrange some immediate protection in for those who are vulnerable, can request prioritisation.”

Safe Space is the communication hub where we can get messages to and from those who are NFA/rough sleeping. I know if I leave a message for someone, for example about a hospital appointment that it will get passed on. We’ve now got important services running from Safe Space which the homeless just would not access, e.g. dentistry, sexual health, hepatitis C and of course COVID vaccines. Services running from here: Help C/Vaccines/Dentists x 2 a week, Sexual health. Safe Space seems to mop up the inadequacies of other services who fail to design their services to meet the needs of this group.”

City Centre Management & Businesses

The City Council has committed to an ambitious economic regeneration strategy in the City Centre, with work on a £200m project which will see the development of hundreds of homes, offices, restaurants and cafes around a new public square at Becketwell, on the site of the former Debenhams store and Duckworth Square shopping centre. It is expected that the project will create more than two thousand jobs. However, these areas were, in 2018, hotspots for ASB incidents, crime and other emergency services call outs, which, if continued would reduce investor confidence that the area is a place public and visitors want to go, spend/work/live.

The City Centre Locality Manager set up an email response system for businesses to email their concerns/complaints for a rapid response in July 2021. Since July there have been no emails re any issues around rough sleeping/ASB incidents. Compared to 2018, before Safe Space, this is a significant change as business complaints and issues were at that time, prolific.

There are two Business Improvement Districts in the City (BIDS), funded almost entirely through a business levy. The funds contribute to the funding of BID rangers whose job it is to liaise with the public, businesses, and work with partners to address ASB issues and crime in the City Centre. The BID rangers report using Safe Space by proxy, i.e. if they respond to a situation relating to a rough sleeper/member of the street community, then they will contact either the police or the paramedic, with the net result behind that the individual is often removed to Safe Space and the issue resolved.

City Centre Neighbourhood Manager

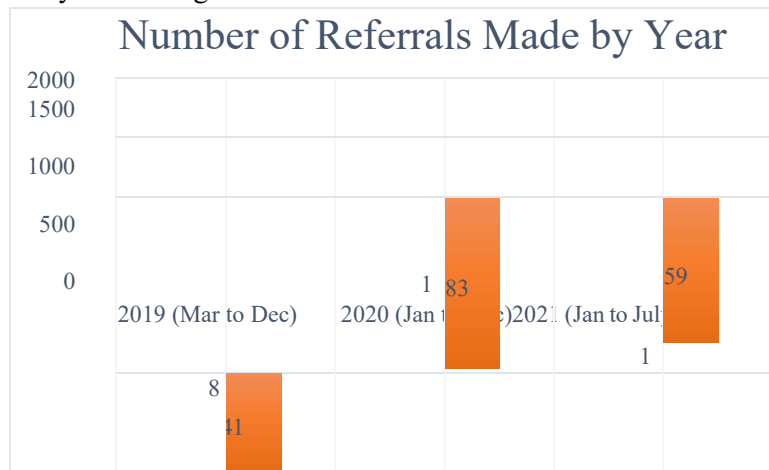
“It’s been the community safety strategy in the City to make it uncomfortable for the cohort in

question to hand out in the City Centre, but without Safe Space, there would be nowhere to point people who would otherwise need to be dispersed. It seems unfair, and a reasonable court defence to say, “if you give me a dispersal and I am a rough sleeper – where exactly do you want me to go?”

Adult Safeguarding

The Care Act 2014 – Safeguarding Enquiries, Section 42(1) describes the duty to make enquiries which should be triggered where an adult who has needs for care and support (whether or not the authority is meeting any of those needs), is experiencing, or is at risk of, abuse or neglect, and as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it. Under this description, when Safe Space first opened, it was recognised that too few referrals for rough sleepers and those who were repeatedly losing their accommodation were being made. The graph below shows the changes in adult safeguarding referrals since Safe Space opened.

Since March of 2019, a total of three thousand five hundred and eight three referrals have been made to Safeguarding Teams by Partner Agencies where the referral reason was Homelessness³



Year	Percentage of the Total Number of Referrals (3583) between March and July of that Year with referral reason as homelessness
2019	11.8%
2020	15.5%
2021	25.1%

The increase in referrals has significantly impacted the Adult Safeguarding Team, and therefore additionally added to the social care burden as social care need is identified and a social worker assigned

³ Social Care Insight Team | Policy, Insight & Communications | Derby City Council

to the case. Safe Space has enabled social care staff to locate and communicate with individuals and provide for their safety whilst plans are designed and put in place but has contributed to a significant increase in the social care workload.

Senior Adults Safeguarding Social Worker

“Safe Space is a place of safety - reduces risks to individuals and others and without it we would often find it difficult/impossible to mitigate risks and establish a meaningful and effective safety plan for those with no fixed abode/rough sleepers/ repeat homelessness. Without Safe Space we would be likely to see an even a greater spike in referrals - as more safeguarding concerns would be raised. In addition, without this provision for the most complex individuals who have repeat referrals for safeguarding concerns, there is no way any long term work can be completed by locality teams, as we simply could not locate people or start, let alone maintain engagement. People forget that most Domestic violence refuges do not accept individuals with the level of complexity of those we see at Safe Space, and many are at high risk of serious harm. For these individuals there is nowhere else for them to go for safety – and Safe Space it is known for its safety and security.

Safe Space as a hub enables rapid intel gathering to create an initial safety plan. It’s also the communication vehicle between agencies and the individual. The fact that it is 24/7, enables a more thorough observation/assessment of individuals without this it would be very difficult to have an honest view. Safe Space is often preferable for many of this cohort than B&B. Locally we have seen suicides in B&B with no visibility or support as we’ve not had the visibility/understanding of what is going on. Clients know what to expect from Safe Space - it is familiar, constant, consistent and 24/7. It is known to be safe and secure, and no coercion. Evictions are short. The open door is critical for people who are up & down and inconsistent.”

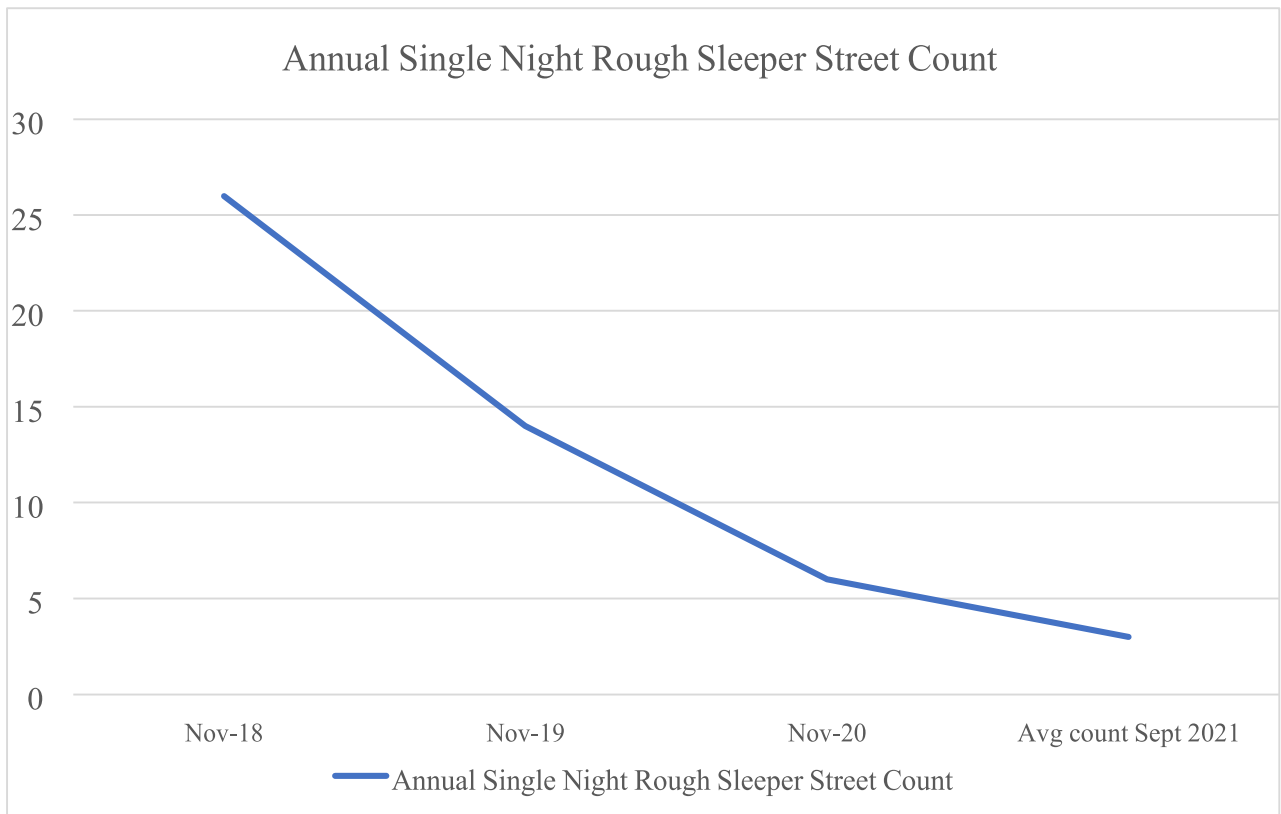
Housing & Singles Homelessness/Rough Sleeping

Derby has attracted a significant amount of funding to support the government aim to eradicate rough sleeping by the year 2024. Part of this funding has gone towards the funding of Safe Space, and the rest towards other initiatives. However, the provision of Safe Space was and is integral to the model of working in Derby to prevent and ameliorate rough sleeping, by targeting those who persistently refuse to engage with any other offer of help. The Safe Space findings show that for those rough sleeping individuals who attended Safe Space in the first six months of opening (one hundred and sixteen), none of these remain rough sleepers although two still use Safe Space. The majority (eighty five percent) are now in settled accommodation. Derby Homes, the arm’s length provider of housing services for the City Council, have also found that Safe Space has enabled them to more fully adhere to their own properties’ exclusion policies, and exclude individuals when this is required as there is no longer the

moral dilemma of excluding an individual to sleep on the streets, rather, they can signpost them to Safe Space for the shelter and period of “reflection” they often need.

The rough sleeper annual count has reduced by seventy seven percent since the opening of Safe Space, with some week’s street count at zero (see graph).

Derby Homes housing staff also use Safe Space as single location from where to communicate messages/locate individuals with rough sleepers/transient/individuals with no fixed abode. During COVID restrictions, online housing appointments have been facilitated, and Safe Space has been used as place of safety for individuals and for those who have exhausted all other housing options. Life skills work, counselling and therapeutic activities also take place out of Safe Space which have been used to trigger engagement with housing services, and a desire to accept housing on offer.



Derby Homes use a system for monitoring the demand and complexity of single individuals within the housing system, which shows that there remain a high number of complex individuals who are being actively case managed with the support of Safe Space, (seventy two). This in turn reflects the potential City Centre problem without Safe Space as a location where individuals can go during the day to access support/advice or simply to be distracted.

Milestone House Hostel Manager

“Without Safe Space, we (Milestone House hostel) would have kept people when really, we should evict, and this means we end up managing a higher risk level. Safe

Space will always pick up people and at times we do “swaps” with people. Safe Space gives breathing space for customers/time out – we don’t have an alternative other than the streets. Our big problem is that the individuals Safe Space pick up are the ones

no one else wants as their needs and risks are too high. Safe Space will work with them

and other parts of the system to try and find housing options which are more likely to work. All the cohort know it's safe in there - they are not questioned/assessed or asked to provide detail – they just know what it is.”

Rough Sleeper Initiative Coordinator

“The cohort we work with are very complex and frequently booked out of accommodation with no other options. Without Safe Space they would be on the streets. Most are very visible, and some behaviours create a public disturbance/unpleasant. Safe Space is that safety net - somewhere we use to catch those who otherwise head into City with ASB/ vulnerabilities/negative behaviours. The extra accommodation 24/7 also gives system time of "grace" to find more suitable accommodation - not put people in places which will set them back. Specialist services Rough Sleeper Outreach Team are on hand and accessible. So often there is out of hours demand, e.g. a weekend prison release, and Safe Space can be the only offer of shelter available. If Safe Space closed - individuals would either rough sleep and/or go to inappropriate places/be exposed re vulnerability and/or put other's tenancies in jeopardy /sabotage others in accommodation. Safe Space is a place to locate people/message/continue a homeless approach – it's very difficult otherwise to keep track of them. Safe Space has a short exclusion policy and staff are very reasonable and accommodating. The place is well run and safe. It's the only option for individuals with no recourse to public funds. Safe Space is preferable to B&B for some as more oversight/needs can be met when in crisis. For NRM cases - it is a place of safety out of hours and immediate support/specialist advice.”

Drug & Alcohol Treatment

Treatment Manager and team

“Treatment services manage a huge number of patients, of which the homeless community is a small, but extremely time-consuming part. Safe Space enables us to manage this cohort much more efficiently, especially our patients who appear to have disengaged, as we have a place which will help us locate and get messages to the individual, and who can help us re-connect with individuals who are in treatment but who have to be seen. We use Safe Space to pass on messages to those without phones/addresses about where to pick up their medication/any changes. For those patients who do use Safe Space, it IS a Safe Space and makes a huge difference to their vulnerability, as they are safe when they walk through the door. Treatment staff report feeling relieved if they know one of their patients are accessing Safe Space as they know they will be safe/have positive messaging & communication and that they will be able to “find them” and get a message to them/check they are ok. Safe Space massively increases efficiency for the team.

We used to spend a large amount of time walking between Milestone house (hostel), Padley (hostel and day centre) and the City Centre looking for our patients, but this has significantly reduced, as we can usually find our patients easily.”

Mental Health Services

The CCG fund a community psychiatric nurse (CPN) to manage those with acute mental health illness who are homeless. This role forms part of the multi-agency hub arrangement to support effective problem solving around individuals with acute mental health problems. Mental ill health is a common feature for those using Safe Space, although not all issues are accepted as appropriate for mental health services, given either the mental health issues is deemed caused by substance misuse, and will cease as substance misuse ceases or the presenting mental health behaviours are assessed as being “personality disorders” or in need of a different type of service (e.g. cognitive behavioural therapy), which do not accept those with the level of complexity presented by the Safe Space cohort. However, the impact of Safe Space has been to identify the issues within the system(s) that lead to individuals falling through the net, and mental ill health or conditions worsening, which is then taken up through the CCG or through social care to address. The CPN reports that the Safe Space does allow for a longer and more thorough assessment to take place as the 24/7 staff can observe behaviours and presentations over time, which better leads to a more accurate assessment of need, This is otherwise unobtainable within the standard hour of assessment usually offered.

In addition, those individuals who do have an acute mental health diagnosis which needs regular medication administered by the mental health team, often refuse their medication and become unwell and/or miss appointments and then end up discharged from services and very unwell in the community/city centre. Safe Space staff have been used by the CPN/Paramedic and GP to reassure individuals about their need to receive their medication (usually an injection), and they have persuaded them to comply, through sitting with them whilst the treatment is administered at Safe Space.

Derby City Council – Management of Modern Slavery/County Lines

Prevent and Integration Manager, Community Safety & Integration Service

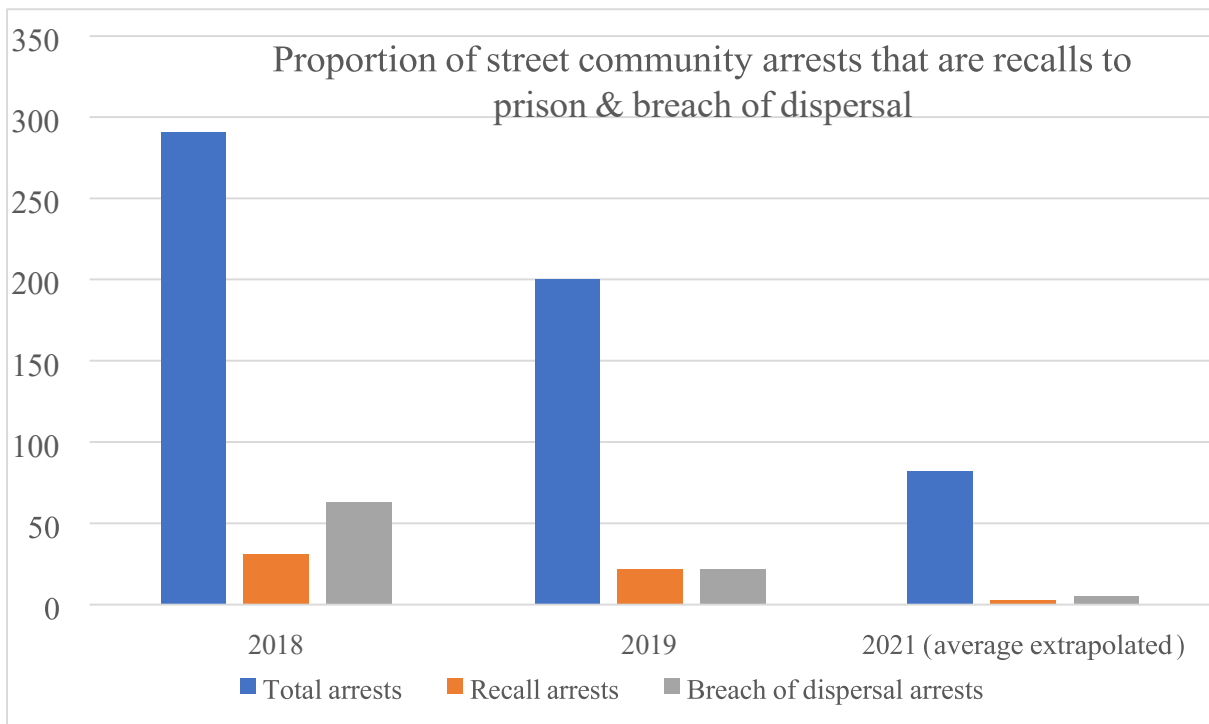
“NRM (National Referral Mechanism for Modern Slavery) cases need to consent before accessing our service offer, and some are not ready, yet we need to keep them safe. Safe

Space has provided this “stop gap” to help support individuals to agree to access the service. Already we struggle to keep a certain number of NRM cases safe, and without Safe Space this would be so much worse. Also – Safe Space has a role as a place of safety for those out of

hours domestic abuse (DA) cases which we cannot place in the middle for the night – although it’s the DA pathways that need to develop better here.”

Probation Services:

When Safe Space was initially set up, the National Probation Service identified that probation services would hope to see a reduction in prison recalls within this cohort as result of the initiative. The graph below indicates that there has been a significant drop in police arrests for both recalls and breaches of bail conditions over the period since Safe Space started.



NACRO Resettlement Manager

“Safe Space saves more than it costs. Without Safe Space – offenders who are NFA (No Fixed Abode) have nowhere to go, so offend and/or get involved in negative behaviours/activities ASB on street more likely if not there. At Safe Space they get some support/positive interaction and the whole Safe Space approach enables re-engagement

with probation. We want to avoid recall/breach as it costs a lot of taxpayer’s money and means that work started by us is stopped and lost (e.g. credit claim/housing effort) - and

will need to be restarted. Being able to locate and work with folk is essential – Safe Space is always a place for them to remove themselves and connect with things that matter.”

Senior Offender Manager

“Safe Space often means we know where offenders are and keeps people away from the street for at least part of the day and encourages them to work towards their outcomes.

It’s definitely a route into communication with individuals who are often very difficult to locate – and if we can reconnect with them, then we can avoid a recall and try – again, to re-engage. We would much prefer re-engagement to taking their liberty away. Our staff liaise well and regularly with Safe Space staff, and if Safe Space was no longer there – we would certainly see less people completing their licences and being recalled to prison.”

Safe Space Clients

The review asked Safe Space staff to ask individuals accessing Safe Space about their experience. NB: Safe Space refer to individuals as “guests”

“The comments we often hear from guests is that Safe Space is different to all the other places where the NFA people go or are sent. The first thing guests notice when they come in is the quietness, where you can find peace. There is not much shouting and screaming, guests feel they can really rest and recover from life on the streets where there are drugs and alcohol everywhere. Staff have time to talk and discuss with the guests. They say that this makes them feel human again and not some invisible person with problems

Guests like learning to do things for themselves, things they have long forgotten, like cooking, that arises an interest away from their addictions.

Guests who stay over at night after a few days commonly tell us that these were the best night’s sleep they have had in ages. There are several reasons for this – they feel safe as there is a ratio of 1 staff member to 3 guests, it is quiet as we turn the lights and TV off and don’t allow smoking/snacks etc after midnight, the beds are comfortable and clean, it is peaceful.

One ex guest recently told me that he had been through the local hostels and kept getting evicted through drug use. It wasn’t until he came to Safe Space and had persistent help from the Safe Space staff that picked him up every time, he failed that eventually he was housed, came off drugs and got a job. He is now a manager of 3 people and doing well. “

Victim Services

The recent NICHE data analysis of the female cohort (thirty three) showed that seventy five percent had been victims of crime, forty two more than five times and nine percent more than ten time over a nine month period, and these were just for those reported. The types of crime were, in the main, for serious crime, e.g. physical and sexual assault. The Safe Space staff and Safe Space Paramedic report via a PIN (police intelligence notification) all incidents, many of which are criminal, that the cohort are affected by, although on most occasions the victim does not want to pursue a police report. However, the close operational arrangement with the police mean that where possible a crime is processed as victim-less. In terms of the cohort accessing victim services, officers completing the VCOP will liaise with the Safer Neighbourhood Team who will contact the Safe Space staff to locate and communicate with the victim, as more often than not, the victim has neither an address or consistent phone number. The extent to which victims consent to a referral to victim services and then take up services is unknown at this point, but is likely to be very low, given the complexity/chaos that often surrounds the victim within the cohort. Work is currently in hand to more routinely connect the Victim Liaison Unit with Safe Space, using an operation incident flag on NICHE (Operation Snowgoose) so that they can communicate with victims.

In terms of domestic abuse, three of the Safe Space’s target priority group (the most entrenched rough sleepers) have recently been open to IDVA (independent domestic violence advisors) services with one being managed by the Police’s DAIM (domestic abuse intensive management) service, and another request for another female victim in progress. All three remain at high risk of domestic violence, and enquiries as to case closure is underway. A further three individuals on this target priority group are

domestic violence perpetrators. Safe Space is used as the critical communication point for services trying to support these individuals.

The extent to which commissioned victim services and pathways are designed to be able to accommodate the complex needs of the cohort may require some work as this review suggests that the benefits of Safe Space in terms of providing access to the right care and support for repeat victims of serious crime has as yet been maximised.

Other Models

As part of this review, a scan of similar/alternative interventions and solutions in use in other areas was completed, and these approaches have been compared with Safe Space. Three approaches were identified as “similar”, all though, no single collaborative solution was found that addressed a similar problem, and therefore comparison was constrained, as different aspects of the solution were being managed through different funding streams which were not easy to identify or quantify.

The three approaches were namely:

- Operation Luscombe – a national policing approach to the management of ASB in City/Town areas
- By Name Lists – new to the UK, but longstanding in parts of the US
- Enforcement Operations – various guises of coercion to enter support via enforcement
- Hotel + Support - the model used across the UK during COVID, and was used in Derbyshire County and Derby City

Comparison

Initiative	Impact	Cost	Comparison
Operation Luscombe: Police issue “tickets” in line with Community Protection Notices/Warnings and Dispersals, which are linked to the individual attending a multi-agency hub for help which is open once a week for 2 hours	Reduction in visibility of individuals involved in ASB in the operation area for up to three months No other data available e.g. rough sleeping/vulnerability/recalls/arrests	Additional Police cost is negligible, although proactive work by neighbourhood police is required. Partner costs not quantified	Dispersal approach is similar to what is in place in the City, with similarities to the PEP. ⁴ Time limitation of hub would limit daily contact/access to/cohort which this review describes as pivotal to achievement of outcomes, especially around place of safety. Potentially low cost – but evidence suggests significantly lower return

⁴ PEP – Proactive Enforcement Project – multi-agency management of the most prolific offenders frequenting the City and those individuals who are high users of emergency services

By Name List (BNL) - A multi-agency agreed named list of individuals who are homeless/part of street community/rough sleeping which is routinely used to collectively and proactively give oversight and manage response/support plans	Reduction in rough sleeping and persistent homelessness and efficiencies within agencies in delivering core functions	Coordination, administration of the BNL, and respective dedicated roles within agencies for managing a response to the list – between 50K – 200K	The MARSH replicates the BNL with fortnightly meetings and proactive case management, c 150 names on list. Roles are committed by partners. The BNL model lacks a place of safety/hub which can be the default access to services point for individuals. Without an overnight hub -many on the list would be rough sleepers
Enforcement Operations - Police drive periodic operations that target specific locations and ASB using available powers	Short term impact reported – ASB reduces for a period, before increase, and need for further operations	Neighbourhood policing operation costs in excess of business as usual	Previous lessons learned in City show that this approach only moves the problem to another police area. No offer of support to compliment the enforcement

Appendix 1

Contributors

REDACTED ALL NAMES OF CONTRIBUTORS

Derby Homes

- Rough Sleeper team
- Singles Homeless team
- Milestone House Manager

Derbyshire Police

- Safer Neighbourhood Team
- Neighbourhood Safeguarding Team
- Domestic Abuse Intensive Management Team
- Input from Gangs/Knives, MOSOVO & Drug Intelligence

Derby City Council

- City Centre Neighbourhood manager
- Adult Social Care (Safeguarding)

- Community Safety Partnership
- Prevent and Integration Manager, Community Safety & Integration Service

The Probation Service (NACRO) (Women's' Work)

BID Team (Rangers)

Safe Space staff

Safe Space users

Department for Work & Pensions

NHS

- Rough Sleeper Paramedic (EMAS)
- Primary Care (Wilson Street for Homeless)
- Community Psychiatric Nurse for Rough Sleepers
- Substance Misuse Treatment Services

Appendix 2

Costing Tables

The tables below capture the local data combined with reference costs. These are indicative only and are used conservatively to avoid an inflated overestimation of value and benefit. Many additional costs, for e.g. in policing and health have been excluded as local data and reference costs are not readily available.

Reference source	HOUSING	Unit cost	Per year	Cost per year per person
Local cost	Outreach & In reach team contact cost per case on REST case load per month	£ 257	12	£ 3,084
Local cost	High Intensity Support accommodation - support costs - 12 weeks	£ 5,166	2	£ 7,749
costsofhomelessness_finalweb.pdf	Processed by Housing options team (and then options refused)	£ 558	10	£ 5,580
Local cost	B&B costs (local price per night)	£ 35	30	£ 1,050
Local cost	TOTAL per annum cost per person			£ 17,463
	Assume 60% of rough sleeper reduction is attributable to Safe Space - annual value of saving	£ 17,463	12	£ 209,556

Reference source	POLICING	Unit cost	Annual Activity Reduction figure	Cost Reduction
costsofhomelessness_finalweb.pdf	Arrest & Detain	£ 719	172	£ 123,668
costsofhomelessness_finalweb.pdf	ASB incident (assume similar to Dispersal)	£ 673	437	£ 294,101
Local cost	Administration/Officer time relating to an adult PPN = 3 hours x £30.38ph	£ 91	500	£ 45,570
Local cost	Officer time remaining with an intoxicated/drug affected individual until they are safe to leave/organised a handover: 2 officers x 2 hours @£30.38ph	£ 122	96	£ 11,666
Estimate - for indication only - conservative figure	Criminal justice processing of crime/victim contacts - Estimate 3 hours per case arrested and 50% of arrests @£30.38ph	£ 91	86	£ 7,838

	TOTAL per annum value of saving			£ 482,843
Reference source	PROBATION & PRISON	Unit cost	Annual activity reduction figure	Cost reduction
costsofhomelessness_finalweb.pdf	Recalls to prison - estimate short term sentence costs	£ 3,710	29	£ 107,590
costsofhomelessness_finalweb.pdf	Breaches of bail/licence - estimate short term sentence costs	£ 3,710	58	£ 215,180
	Total per annum value of saving			£ 322,770
Reference source	HEALTH	Unit cost	Annual activity reduction figure	Cost Reduction
1-services Health care unit costs.pdf	Ambulance Call Outs for Street community need (baseline March 2019)	£ 192	734	£ 140,928
1-services Health care unit costs.pdf	A& E attendances further to ambulance call outs (for 75% call outs)	£ 300	551	£ 165,150
1-services Health care unit costs.pdf	Direct Hospital Admissions	£ 602	42	£ 25,284
1-services Health care unit costs.pdf	GP appointments made (increase)	£ 37	149	£ 5,573
	Outpatient DNA rate not costed			
costsofhomelessness_finalweb.pdf	Drug treatment level of intensity for rough sleepers (assume 60% of rough sleeper reduction attributed to Safe Space)	£ 322	12	£ 3,864
costsofhomelessness_finalweb.pdf	Mental health level of intensity for rough sleepers (assume 60% of rough sleeper reduction attributed to Safe Space)	£ 512	12	£ 6,144
	TOTAL per annum value of saving			£ 335,797
Reference source	ADULT SAFEGUARDING	Unit Cost	Annual increase in activity	Cost increase
Models of Adult Safeguarding in England. Findings from a Study of Costs and Referral Outcomes https://eprints.whiterose.ac.uk/120631/1/Models_of_Safeguarding_outcomes_KCL_Portal_version_.pdf	Increase in Referrals. Assume 25% of total increase relate to homelessness	£ 570	287	£ 163,733
	Total additional cost - excluding additional social care costs			£ 163,733
TOTAL VALUE OF SAVINGS PER ANNUM				£ 1,350,966
VALUE OF ADDITIONAL COSTS PER ANNUM				£ 163,733
Economic Benefit to City Centre	Illustration of loss of 20% City investment due to ASB (£200m planned), now negated by Safe Space impact			£40,000,000,000

Appendix 3

Glossary

ASB	Anti-Social Behaviour
CCG	Clinical Commissioning Group
CPN	Community Psychiatric Nurse
DA	Domestic Abuse
DAIM	Domestic Abuse Intensive Management
EMAS	East Midlands Ambulance Service
IOM	Integrated Offender Management – police lead management of the highest risk/prolific offenders
IDVA	Independent Domestic Violence Advisor (High Risk)
MARSH	Multi Agency Rough Sleeper Support Hub
NICHE	Police Crime management system
NFA	No fixed abode
NRM	National Referral Mechanism for Modern Slavery
PEP	Proactive Enforcement Project
PIN	Police Information/Intelligence Notice
PPN	Police vulnerability report – public protection notice
REST	Rough Sleeper Engagement and Support Team
VCOP	Victim Code of Practice – officer responsibilities