

NORTHAMPTON BOROUGH COUNCIL
Scrutiny Panel 3 – Homelessness (Pre-decision Scrutiny)

Your attendance is requested at a meeting to be held in The Jeffery Room,
The Guildhall, St. Giles Square, Northampton, NN1 1DE on
Thursday, 24 November 2016, commencing at 6:00pm

D Kennedy
Chief Executive

If you need any advice or information regarding this agenda please phone Tracy Tiff, Scrutiny Officer, direct dial 01604 837408 email ttiff@northampton.gov.uk who will be able to assist with your enquiry. For further information regarding **Scrutiny Panel 3 - Homelessness (Pre-Decision Scrutiny)** please visit the website www.northampton.gov.uk/scrutiny

Members of the Panel

Chair	Councillor Zoe Smith
Deputy Chair	Councillor Terrie Eales
Panel Members	Councillor Rufia Ashraf Councillor Mohammed Azizur Rahman (Aziz) Councillor Vicky Culbard Councillor Janice Duffy Councillor Terrie Eales Councillor Elizabeth Gowen Councillor Dennis Meredith Councillor Cathrine Russell Councillor Samuel Shaw
Co-opted Member	Pete Smith, Head of Partnerships, Homeless Link

Calendar of meetings

Date	Room
26 January 2017 6:00 pm 30 March	All meetings to be held in the Jeffery Room at the Guildhall unless otherwise stated

Northampton Borough Scrutiny Panel 3 - Homelessness (Pre-Decision Scrutiny)

Agenda

Item No and Time	Title	Pages	Action required
1. 6:00pm	Apologies		The Chair to note any apologies for absence.
2.	Declarations of Interest (Including Whipping)		Members to state any interests.
3.	Deputations and Public Addresses		The Chair to note public address requests. The public can speak on any agenda item for a maximum of three minutes per speaker per item. You are not required to register your intention to speak in advance but should arrive at the meeting a few minutes early, complete a Public Address Protocol and notify the Scrutiny Officer of your intention to speak.
4.	Minutes	1 - 5	The Scrutiny Panel to approve the minutes of the meeting held on 22 September 2016.
5.	Witness Evidence		The Scrutiny Panel to receive a response to its core questions from key expert advisors.
5 (a) 6:05pm	Director of Public Health	6 - 26	
5 (b) 6:20pm	Manager, Maple Access Centre	27 - 29	
5 (c) 6:30pm	Manager, The Hope Centre	30 - 36	
5 (d) 6:50pm	Operations Manager, Midland Heart Housing Association		
5 (e) 7:10pm	Manager, NAASH	37 - 40	
6. 7:20pm	Background data	41 - 65	The Scrutiny Panel to receive briefing notes on: Various published papers Best practice
7. 7:30pm	Site Visits	66	The Scrutiny Panel to receive a report regarding proposed site visits.

Document is Restricted



Maple Access Practice

October 2016

	<p>Information provided by Dr Simon Tickle, GP with Special Interest complex mental health needs and substance misuse, and Andy Garnett, Clinical Support Co-ordinator Mental Health Team and outreach worker</p>
<p>1</p>	<p>Please describe your understanding of the nature, causes and extent of homelessness and rough sleeping, and the impact that homelessness has on the health, wellbeing and safety of homeless people.</p>
	<p>Our perception is that there is inadequate housing provision and also housing support in Northampton, with over-rigorous exclusion of our patients requesting housing. This is exacerbated by problems caused by the cessation of housing benefit and resulting evictions. Benefits are sometimes stopped without investigation so patients become homeless.</p> <p>Homelessness and the threat of it destabilises patients with existing mental health problems and increases our work load, and that of the Council and other public services we assume.</p> <p>Lack of liaison between prisons and the Council: often our patients are released from HMP without anywhere to live, or their housing is reallocated when they are sentenced. There is then a subsequent increased risk of relapse into substance misuse and recidivism into offending behaviour.</p> <p>Homelessness increases physical health problems too: homeless patients attend A&E more, make increased demands on the out of hours service and have higher hospital admissions. The ambulance service's workload, and that of the police, also increases when called by members of public concerned about rough sleepers.</p> <p>Patients who are mentally unwell and are rough sleeping are vulnerable and at risk of physical and sexual assault on the streets.</p> <p>Medical and psychological therapeutic treatments have limited success until a patient is adequately housed as it is impractical and sometimes unsafe to treat people on the street.</p>
<p>2</p>	<p>Please describe the services, assistance and support that are available to people who are homeless, including rough sleepers.</p>
	<p>Oasis House; Hope Centre; No Second Night Out; Jesus Fellowship; Salvation Army; Maple Access GP Practice providing open access and support for mental health and physical problems: CGL support for substance misuse; housing support services - Gateway (although our perception is that these services have been reduced); police; ambulance; hospital.</p> <p>We feel that there has been an increase in unrealistic and stringent conditions set to access homelessness services. Patients are being asked to jump</p>

	through more hoops before being considered for housing services. Stable accommodation is a necessity for future work to manage patients' physical and psychological health problems, address addictions, rebuild their lives following prison sentences, etc - see Maslow's hierarchy of need.
3	Please provide details of the contribution that your organisation is making (through its work and the initiatives in which it is involved) to tackle, prevent and reduce homelessness and rough sleeping in the borough.
	We feel that homelessness and rough sleeping can only be reduced by the provision of housing. We have found it increasingly difficult over the years to get Northampton Borough Council to accept this and provide additional housing. Improvements to patients' health are limited if homelessness continues.
4	Please provide details of the action that your organisation is taking to improve the health, wellbeing and safety of homeless people.
	Open access and on the day appointments for patients to address physical and mental health problems at our surgery in Hazelwood Road; 3x weekly clinics at Oasis House with one of our Mental Health Nurses and our Clinical Support Coordinator; outreach visits; mental health team and support worker; weekly clinic with GP with Special Interest in complex mental health needs and substance misuse. We are funded through NHS England PMS contract.
5	Please provide details of the local Homelessness Strategy and Rough Sleepers Strategy and how their implementation is being monitored and assessed.
	We are not aware of this strategy.
6	Please provide details of the arrangements that have been put in place to provide rough sleepers with emergency shelter during severe weather.
	As far as we know provision during severe weather is via the Hope Centre at Oasis House, or No Second Night Out.
7	Please provide us with any statistics and data you hold in relation to the number of people / households that are homeless, and details of the methodology you have used to count the number of people sleeping rough.
	We record homelessness as NFA (no fixed abode) and currently have 218 patients registered in this way. However this figure underestimates the extent of homelessness as many patients are "sofa surfing" with "care of" addresses, or living in unstable and temp accommodation.
8	Are you aware of any specific groups that are not accessing local services and, if you are, please can you provide details and describe the reasons why some homeless people are difficult to engage and support?
	Patients with severe psychological problems or addictions are often barred from services as their behaviour can be very challenging and anti-social; some patients lack social capital and social skills to be able to communicate

	<p>their needs and assert their rights without advocacy; others continue indefinitely in temporary situations relying on relatives and friends to help; some patients chose to live on the streets and continue rough sleeping.</p> <p>Since funding has been pulled from third sector and other voluntary agencies, we have noticed a reduction in the provision of outreach and advocacy workers</p>
9	<p>Are there any significant gaps in service and do the services link together well enough?</p>
	<p>Homeless people are vulnerable and need advocacy via sympathetic and accessible outreach workers, as often they are suspicious of “authorities” and do not attend centres, Council offices, or organised programmes for their wellbeing.</p> <p>We feel that homelessness has increased since the DWP benefit reforms; some of our patients are wrongly failing medical assessments and losing their benefits. There is a shortage of advisors, advocacy and support workers to attend appeals with patients to speak on their behalf and help regain housing benefit. The current DWP medical assessments can contribute to financial hardship and increase homelessness as they are often conducted by inappropriately experienced assessors who do not understand the impact of complex mental health problems or substance addiction on a patient’s ability to work.</p>
10	<p>How can we increase awareness of the services, assistance and support available to people who are homeless, including rough sleepers?</p>
	<p>We feel that there is awareness, however there is lack of services and inadequate support to cope with the volume of homeless in Northampton. There is a lack of housing stock and slow turn-over of properties. Unrealistic housing provision.</p>
11	<p>What action is being taken to ensure that all agencies and members of the public know what to do if they know that someone is homeless or sleeping rough?</p>
	<p>We feel that members of the public and agencies are frustrated – homelessness is reported, but very little is done; our patients remain homeless due to inadequate housing provision and lack of support.</p>
12	<p>Do you have any other information you are able to provide in relation to homelessness and rough sleeping?</p>

Northampton Hope Centre

Response to Scrutiny panel, 24th November 2016

1. *Please describe your understanding of the nature, causes and extent of homelessness and rough sleeping, and the impact that homelessness has on the health, wellbeing and safety of homeless people.*

We do not cover homelessness amongst those with statutory entitlement.

Homelessness is complex and there is no single group of people with common characteristics who are homeless in fixed circumstances. Their circumstances are often fluid. It is most important that homelessness is not conflated in the minds of either policy makers nor the public with rough sleeping as these are different things. We estimate that at any one time, based on the numbers attending the centre, that there are up to 200 people who are single or couples without children who are homeless in the broadest sense at any one time.

They vary from a core of regular rough sleepers – perhaps up to 20, with a further group of up to that 200 total who whilst generally not street homeless, may include some who will sleep rough from time to time, as circumstances arise. In the main this wider group are sofa surfers, staying with others, but between such places and after rows etc some people will sleep rough for short periods, sometimes just for a night. Therefore although on a specific night the numbers may be no more than 15-20 counted, this masks a much larger number of people who are functionally homeless in the sense of not having anywhere permanent to live, nor the means to get housing, who will dip in and out of street homelessness.

Causes are similarly wide. Street homelessness is often associated with problems like mental ill-health and substance misuse and up to 80% of all street homeless are substance misusers, sometimes with very significant problems. However the degree to which the one causes the other are variable, with the life on the street always accentuating previous, less entrenched substance use, to the degree it is not easy to generalise. However amongst longer term street or surfer homeless, substance misuse and mental health issues are hugely prevalent.

About 20% of our service users are Eastern European and they have a similar pattern of demography and behaviour, but are nearly all men.

Many of these bouts of substance misuse are in turn brought on by relationship breakdown, by redundancy or unemployment, which start a spiral towards homelessness, especially in men who make up $\frac{3}{4}$ of the 200 total (a quarter of whom are under 25). Other factors include the bedroom tax, as parents have nowhere to put up children; the unavailability of social or affordable housing, landlord practices (evictions to raise the rent, unwillingness to keep people in housing who have lost their jobs or let to them in the first place), and the stagnation of wages against housing costs. Many of these causes are rooted in successive policies of government of all types who have failed to take a strategic approach to housing which fails to make available enough affordable housing with support. Support is crucial and we do not support the Housing First approach which implies that support is not needed for the client group described above. People need support to stay and survive in tenancies.

The effect of homelessness in the broad sense I have described above is well known; homeless people have poor mental and substance health, poor physical health, malnutrition, poor teeth, poor eyesight (both by inattention, substance misuse and diet) poor foot health, lice and poor health from smoking. Whatever their state when they became homeless, without help these problems magnify and entrench them in homelessness, along with offending too, and for some women, sex work. Their confidence to seek work and keep work is massively eroded making their chances of getting it or keeping it slimmer.

2. *Please describe the services, assistance and support that are available to people who are homeless, including rough sleepers.*

Hope does not supply housing nor offer supported housing. Other providers offer this, such as NAASH, Mayday, CAN (Richmond Fellowship) etc. The Borough council offers outreach and works on allocations to hostels and of course addresses statutory homelessness. There are also various religious organisations that provide street outreach to people on the street and also a couple of other centres that offer food, like the Jesus Centre. The Maple Access clinic offers mental health and some substance misuse help specifically for our client group

Hope offers two areas of support: a day centre and support to get training and work.

The day centre: Each year we see over 1000 individuals within our day centre, on average seeing about 80-100 people each day. They are largely single adults and couples: we do not work with young people in the day centre although about a quarter of our service users are 18-25. Not all are homeless; many have been housed but come to us for continuing support, which helps prevent future homelessness, alongside work to get people housed.

Each month we provide around 1400 meals, 3,500 cups of tea and coffee, 700 hours of computer access, 350 hot showers and around 300 items of clothing (all provided with donated food and clothing).

We run daily activity and educational workshops, which help us to engage in different ways with our clients, such as Cookery sessions, Art and Creative Writing classes, gardening at our community gardens, as well as practical support such as free access weekly to a Chiropodist and hairdressing. We are based in Oasis House, within short walking distance of the town centre and nearby railway station. This is a purpose built centre, opened in May 2012 with the aim of providing a co-ordinated support service to help the homeless and disadvantaged in Northampton. We work with a number of other agencies e.g. Northampton Borough Council, Midland Heart, NAASH, Maple Services (local authority, social housing provider, supported accommodation provider and GP surgery respectively) all based within the building to ensure we can provide 'wrap-around' care service to our clients.

Each day, we provide support to around 80-100 vulnerable and disadvantaged people. These individuals come to us destitute and broken, individuals who for a range of reasons are leading chaotic lives, characterised by offending, homelessness, drug abuse and long term unemployment. We work with hundreds of people each year who have learning difficulties but who have never been assessed or received the support they need.

As a day service, we make a huge impact in terms of addressing the immediate needs of our service users – we can provide hot showers, a decent meal, and access to a dentist, podiatry, befriending and encouragement. By working with people at risk of more serious street homelessness, and overcoming their problems, we act to prevent homelessness and minimise harm. We help people access accommodation and support them through into getting and settling into a home, such as classes on how to buy food and cook a meal. We help them to maintain those tenancies with support – but we have no funding to do this at the level needed.

Training and Work: Whilst this support is incredibly important and necessary, we can and must do more to enable service users to achieve a long term and sustained recovery and escape acute poverty and homelessness. We have adopted a simple slogan to say what we do: offering a hand-up, not a hand-out.

We help our clients to access support for the complex health related issues, particularly drugs, alcohol, gambling and mental health, that prevent them getting work. This comes through developing referral links to substance misuse services, but also through accessing funding to provide some of these services ourselves. However, we do not see ourselves as a therapeutic service providing a high degree of counselling and therapy. Rather, we deploy counselling skills to motivate people to access such services elsewhere, and through providing activities, offer ‘therapy’ in a looser sense through diversionary and relaxing activities, including our gardening projects and reflexology; and more practical support to help people get jobs, focused on improving their confidence and skills.

For us, the most effective means of moving out of destitution is through employment, and we see ourselves as playing an increasing role within this sector, building on our pedigree as a social enterprise and our Big Lottery funding.

Our Big Lottery grant provides us with five years of funding to develop a pathways to independence project, identifying people who could benefit from work to help them get work ready, finding them training, volunteering, work experience or actual jobs, and then supporting them within those jobs to avoid failure. We work closely with local businesses to support this project and to provide opportunities, and through our related social enterprise, we are able to directly provide work to clients as part of their rehabilitation.

Pathways to Independence Project.

This is a transformational programme, funded by the Big Lottery over five years, which seeks to support individuals with complex and multiple needs on a path towards recovery, economic and social independence and resilience.

Individuals begin the programme receiving low-level support to deal with their immediate needs – a hot shower, a change of clothes, a cup of a tea and a chat with a befriending volunteer. The aim at this stage is to engage and build trust, encouraging individuals to keep visiting the centre and develop the confidence to participate in activities.

Those who are ready to participate in more formal support will be provided with weekly keyworker sessions, where their needs and goals will be assessed and a support plan developed with them. It is through these sessions that their support will be directed, with the keyworker making appropriate referrals to external specialist provision and facilitating the individual’s inclusion on our wellbeing

and learning programmes where they will receive the support they need to address issues relating to mental health, addiction and personal care alongside confidence building and soft skills development through activities such as arts and craft, creative writing, IT and sports.

As each individual progresses, they will be supported to undertake more structured and work focused personal development activities. These will include volunteering in our programmes and for those ready to take up the challenge, undertaking training with our social enterprise, Hope Enterprises, or with other supportive local businesses.

The ultimate aim of our programme is to have enabled our service users to have moved closer to or into employment. We know that this will be easier for some than others, and for some people, moving into a regular volunteering role is more achievable and desirable. Success will look and feel different for each individual, and they will experience many intermediate outcomes before they move into the destination of their choice.

We operate a related social enterprise which gives skills, training and work to people leaving our services and also those from other services who are looking for training. This provides two trades: catering and tool repair. In catering people receive up to Level 2 catering training (City and Guilds). In tool repair people are placed for a four week block where they learn to repair, recycle and sell garden tools. In a year we train up to 100 people.

We are looking to expand to other areas like gardening, also qualification based.

3. *Please provide details of the contribution that your organisation is making (through its work and the initiatives in which it is involved) to tackle, prevent and reduce homelessness and rough sleeping in the borough.*

We have described in detail what we do above. We are acutely aware of the need not to make it easy for people never to work, by providing food and clothes which free spare money for substance misuse. That is why we ask for small payments towards subsidised food, and have developed all the volunteering, training and work related services listed to help people change. Our purpose is to use food as a lure or catalyst for more lasting change marked by training and work, rather than just offer food, as some street outreach does, which we see as supporting homelessness. We do not give out bedding either. Instead we work to move people on into more responsible lives, It is hard, given the benefit system, but also because of the immense challenge our clients face to feel they are capable of working, and to keep jobs we get. We are realistic that for some we are just caring for them before they die. Despite this, we will support anyone looking for work and actively do so, through the services listed above.

Our work in the day centre is preventative, because it focuses on the skills and emotional resilience needed to leave the street and engage with the real world. If people are at risk of homelessness, we work with them to hold onto their tenancies or wherever they are staying, and to overcome drug or other problems, or to manage their money. We help people to keep the tenancies they may get, by supporting their budgeting and life skills, and so prevent tenancies breaking down, but with more funding could do more in this area. Too often people are housed yet that is where their problems

continue, and they need better support that they often receive. We offer as much as we can, but more could be done.

3. *Please provide details of the action that your organisation is taking to improve the health, wellbeing and safety of homeless people.*

We have largely described it. By hosting services like Maple Access clinic and Bridge in the building we strive to address health problems and addictions. We have podiatry and reflexology on site for users, offer haircuts and showers, and provide healthy food. We address health needs through craft and activities that support mental wellbeing. Buy helping people feel better about themselves, and by getting them training and jobs, we address health and wellbeing. By being with us, in a drink and drug free environment, we help people stay safe – and protect the community from them.

5. *Please provide details of the local Homelessness Strategy and Rough Sleepers Strategy and how their implementation is being monitored and assessed.*

We have seen the strategy and contributed a little to its development. We have however received almost no information about how the strategy is being progressed and have not been asked to participate in anything other than short, large scale and very broad brush discussion events. For example the proposed night shelter has not been discussed in any detail nor has our advice been requested on its development, despite our 42 year history and expertise in this sector with this client group, nor the need to clarify and agree what services it will provide and how these relate to what we already do –eg providing breakfast.

6. *Please provide details of the arrangements that have been put in place to provide rough sleepers with emergency shelter during severe weather.*

In the past the SWEP protocol has meant that in successive nights of extremely cold weather the day centre opens at night to provide immediate, basic care for very short periods. We are not sure how this will be affected by the new night shelter. It has not been discussed.

7. *Please provide us with any statistics and data you hold in relation to the number of people / households that are homeless, and details of the methodology you have used to count the number of people sleeping rough.*

The rough sleeper count is a fair snapshot of people visible on that night, but we have detailed above our understanding of numbers of homeless in the broadest sense and the larger numbers in the broader categories. Our figures are based on our clients and their conversations with staff.

8. *Are you aware of any specific groups that are not accessing local services and, if you are, please can you provide details and describe the reasons why some homeless people are difficult to engage and support?*

We have said why many homeless people are challenging. Their experiences, their personal problems, their histories and the exclusion status all prevent them accessing help easily. Mental

health problems and anti-social personality disorders abound in this group, and are exacerbated by learning difficulties, mental health, abuse, offending and poor treatment by authorities. This means that some people, through disordered thinking, actually prefer to live outside, have fear of being contained, or have had bad experience of housing. They choose to be street homeless, a choice yes, but one created through mental instability, no other factor. Overcoming these barriers should not be a matter of coercion and buying; these people need help. They come to us for support and we do our best to change their mindset but we need to have realism here about the nature of the mental health conditions and all the rest that applies. Criminalising this group will not help.

9. *Are there any significant gaps in service and do the services link together well enough?*

We work closely and co-operatively with all other charities working in this field, with substance misuse agencies and with the Maple Access GP service. We are not aware of any substantial problems in linking together.

There is a shortage of suitable hostel provision and we believe we could be funded to do more work with street drinkers who are homeless from substance misuse funding. More detoxes need to be available and rehabilitation. We do not know enough about the forthcoming night shelter to be able to comment on what need it will meet and what services it might duplicate.

There is a need to do more with young people at risk of becoming part of the 200 group above prior to the point they enter this, which we would be interested in working on. The same is true of offenders in custody. Prison and Probations services link very badly with services outside, an historic, national problem that has never been solved.

More can be done to prevent tenancies breaking down. We provide support for some people in this category but could do more. Some supported housing provision could be improved to reduce breakdowns and renewed homelessness. These services are not well integrated- for example we have training places available but get no referrals from such services.

10. *How can we increase awareness of the services, assistance and support available to people who are homeless, including rough sleepers?*

We need to make the general public aware through more campaigns when it is appropriate and how to help this client group – we would like to do more in this regard.

Homeless people do not need education about available services. The client grapevine flawlessly lets people know what is available

11. *What action is being taken to ensure that all agencies and members of the public know what to do if they know that someone is homeless or sleeping rough?*

We tell any member of the public to contact the outreach team, and advertise this. We are not sure how widely this is communicated through other routes.

12. *Do you have any other information you are able to provide in relation to homelessness and rough sleeping?*

We would be interested to discuss with Borough officials about the proposed night shelter and how it will operate and relate to ours and other services. We wish to ensure there is no duplication of effort and to offer our advice.

NORTHAMPTON BOROUGH COUNCIL

OVERVIEW AND SCRUTINY



SCRUTINY PANEL 3 – HOMELESSNESS

(PRE-DECISION SCRUTINY)

CORE QUESTIONS – EXPERT ADVISORS

The Scrutiny Panel is currently undertaking a review: Pre-Decision Scrutiny: To review how the Borough Council and its partners prevent homelessness and respond to those without homes in the borough

Key Lines of Enquiry

- To gain an understanding of the work currently being undertaken by Northampton Borough Council (NBC), partnerships, statutory and voluntary organisations to address homelessness
- To assess the extent of homelessness and rough sleeping in the borough assess the initiatives currently in place to tackle homelessness
- To examine the Council's Severe Weather Provision
- To gain an understanding of the effect on the health, wellbeing and the safety of homelessness people, including rough sleepers
- To gain an understanding of the causes and barriers to support homelessness
- Identify any specific groups that are not accessing services

The expected outcomes of this Scrutiny Review are:

- To reduce homelessness in the borough of Northampton
- An understanding of the local authority homelessness role and the services provided in Northampton
- A review of existing homelessness services in Northampton, in order to assess their quality and effectiveness and identify any significant gaps in service

CORE QUESTIONS:

A series of key questions have been put together to inform the evidence base of the Scrutiny Panel:

1. Please describe your understanding of the nature, causes and extent of homelessness and rough sleeping, and the impact that homelessness has on the health, wellbeing and safety of homeless people.

Homelessness has many causes some we have encountered are: a change to benefits with sanctions , PRS landlords selling houses, relationship breakdowns due to addictions, lack of PRS, customers with Complex needs unable to maintain a tenancy, crack house closures, accrued rent arrears.

Large amounts of EUs sleeping rough with no recourse, no specific support to access documents, support back to work (as what used to happen).

Rough sleepers from other areas sleep in the borough as there is no provision in their own LA for non priority homeless or substance misuse services. Northampton has these services.

Organisational concern that rough sleeping has become underground, although not visual in town centre many sleeping where not seen / outside of town centre.

Rough sleeping has a negative effect on both physical and mental health. If customers are not picked up in a timely manner their well being deteriorates and they can also become used to rough sleeping and therefore difficult to engage and house. The longer someone rough sleeps the worse any addiction gets and also high percentage gain another addiction. Rough sleeping is very unsafe for anyone numerous rough sleepers have been assaulted, abused and bullied. The longer someone rough sleeps the more complex their needs become

2. Please describe the services, assistance and support that are available to people who are homeless, including rough sleepers.
3. Please provide details of the contribution that your organisation is making (through its work and the initiatives in which it is involved) to tackle, prevent and reduce homelessness and rough sleeping in the borough.

NAASH provides the support within Oasis House and subsidises this service to ensure a high level of support is provided to each customer. NAASH works as an advocate for the customers and partnership works with the landlord to sustain their tenancies and address any issues which have prevented them from maintaining a tenancy previously.

NAASH manages a no second night out service which has 11 beds in a manned project and an additional 51 units of accommodation within Northampton, to whom 2 tenancy sustainment officers are allocated to the units. NAASH recently leased 14 properties from a private landlord who was going to sell them and evict the tenants. NAASH took on the tenants along with the properties. These customers have a mix of issues including substance misuse , mental health, no access to LA housing register, rent arrears, workers with no deposits for PRS, couples who cannot access other supported housing projects, customers with no recourse can be taken in for a fixed period to enable them to find work, those evicted from other NAASH projects (where the risk is manageable)

NAASH initially subsidise the rents for workers on low income and assist them to access affordable long term housing, NAASH has a budget to undertake community events to benefit both the community and give customers a sense of purpose. Gardening and clearing projects have been undertaken in local church grounds regularly,

NAASH currently NAASH works closely with the Police to reduce ASB and street drinking from its customers, S2S to engage those with an addiction , The Bridge Substance Misuse Programme to enable customers to fill their time productively, The Police / probation to refrain customers from street drinking, offending, private rented landlords to provide additional properties where needed, NPH to access long term housing for those eligible

NAASH regularly moves customers around the services to prevent eviction and ensure appropriate placements are completed.

NAASH has also worked to house customers on release from prison where they had accessed services before their sentencing.

4. Please provide details of the action that your organisation is taking to improve the health, wellbeing and safety of homeless people.

NAASH uses their ability to move people around their services to ensure a timely placement is offered. NAASH works in partnership with a local GP surgery, who provides both mental health and physical support on site at Oasis House for all NAASH customers to use. This GP surgery also supports NAASH staff within their work, this enables NAASH staff to refer in at an early opportunity for concerns around someone mental health, physical health or substance misuse.

NAASH has contact within the PRS and supports landlords who in turn provide some accommodation to the customer group NAASH deals with. NAASH is working with PRS landlords to encourage more to work in partnership and hopefully provide additional accommodation / move on from the hostels.

NAASH is proactive around exclusions with its customers living within its No second night out project to prevent evictions. This enables customers to keep

their tenancy but gives flexibility to staff to prevent anyone in an unmanageable state from entering the manned project.

Anyone who has been in NAAH services are made aware that they can always access for advice at any point.

5. Please provide details of the local Homelessness Strategy and Rough Sleepers Strategy and how their implementation is being monitored and assessed.
6. Please provide details of the arrangements that have been put in place to provide rough sleepers with emergency shelter during severe weather.

NAASH has provided this annually prior to 2016. This will now be provided to male rough sleepers in the night shelter.

7. Please provide us with any statistics and data you hold in relation to the number of people / households that are homeless, and details of the methodology you have used to count the number of people sleeping rough.
8. Are you aware of any specific groups that are not accessing local services and, if you are, please can you provide details and describe the reasons why some homeless people are difficult to engage and support?
9. Are there any significant gaps in service and do the services link together well enough?
There is a gap where someone has complex needs as hostel environments' are not conducive to their support needs.
10. How can we increase awareness of the services, assistance and support available to people who are homeless, including rough sleepers?

More outreach during the day and night and clear information given on what is provided where. Information posters at strategic points in the borough

11. What action is being taken to ensure that all agencies and members of the public know what to do if they know that someone is homeless or sleeping rough?

NAAASH is an active part of Killing with Kindness held yearly in the town centre. NAASH undertake public education around this alongside the Police and NBC

12. Do you have any other information you are able to provide in relation to homelessness and rough sleeping?