

NORTHAMPTON BOROUGH COUNCIL
OVERVIEW AND SCRUTINY



SCRUTINY PANEL 3 – HOMELESSNESS
(PRE-DECISION SCRUTINY)

CORE QUESTIONS – EXPERT ADVISORS

ASB Manager

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.

This is a complex problem, and one I will try to address, though it will very much be my personal opinions, and I cannot speak on behalf of Northamptonshire Police, or the ASB Unit. Homelessness is caused by a variety of factors, as is rough sleeping. Relationship breakdown, unemployment, the inability to manage debt, finances and responsibility are other factors in homelessness. It has increased as the cost of privately rented accommodation has risen. Mental ill-health is a very common factor in rough sleeping. Childhood neglect or abuse is common, as is a history of institutional care, and therefore some rough sleepers distrust authority figures which makes it hard to engage them in services. Drug and alcohol misuse and offending behaviour are also common factors.

Homelessness is quite extensive, with many people having no place to call home and so 'sofa-surfing' with friends, and the extent of that is very difficult to measure. Rough sleeping is easier to measure, although we may never have a completely accurate count of people sleeping rough, for example in squats, cars, communal areas, garages and so on, where it is harder to see them and count them.

Rough sleeping is extremely poor for the health, wellbeing and safety of these vulnerable individuals. We see too many of them die young, often associated with drug and alcohol misuse. They can also be a risk to each other and to the community. We know of rough sleeping sex offenders, who enjoy the freedom of their independence and absence of supervision. Their victims are often those who are most vulnerable, are rough sleeping with mental health problems, and substance misuse problems, which make them unable to defend themselves or to be credible witnesses in prosecutions.

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

The main service for rough sleepers in Northampton is the NBC Outreach Team directing clients to Oasis House and No Second Night Out. Neither provide emergency accommodation, so there is currently no 'night shelter' provision in Northampton.

The NBC Housing and Wellbeing Team provides a wider level of support to homeless people who are eligible for support by meeting the strict criteria. This dept is always keen to assist people to re-patriate to areas where they are eligible for support, whether nationally or internationally.

Recently, the Outreach Team has started to help people into other accommodation facilities as well as Oasis House, and includes Emmaus facilities, a network of communal homes (none in Northants). This approach is much needed as Oasis House is not suitable for everybody, and other options are essential.

Some faith organisations and humanitarian organisations provide different types of assistance and support to the homeless, mostly around food provision and the provision of sleeping bags, blankets and tents.

There are other housing providers such as CAN, Maplyn, Womens Aid, Eve (formerly Nene Valley) and C2C Social Action, which are for homeless people who actively engage with the relevant services and meet their particular criteria, level of risks and vulnerabilities.

Bridge provides support and activities to service users, and Maple Access provides medical services.

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.

The Northampton Anti-social Behaviour Unit is a joint NBC and Police Unit which I manage, and which sits under the NBC management of Community Safety Manager Debbie Ferguson. The Unit set up the Rough Sleepers, Beggars and Street Drinkers Working Group several years ago, and has been trying to coordinate the multi-agency responses to rough sleeping for several years. Our Unit does not have access to accommodation and does not have outreach workers, so our success has been determined by the participation and support of other agencies and teams. We have recently refreshed this group, now called the Street Community Working Group, which I chair. We have been promoting the use of E-CINS which is a database on which we can all share information about rough sleepers, amongst the partners, which is essential to enable a joined up partnership response.

We tackle the anti-social behaviour caused by this cohort, but always seek to tackle the causes and not just the symptoms, and rely on the local Police (mostly on the Central Sector) to provide the evidence needed for us to tackle the problems. Sometimes our enforcement powers can be used to directly tackle rough sleeping, for example by imposing legal requirements for offenders to work with the NBC team to tackle their homelessness, or with other support organisations.

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

Our Street Community Working Group which I chair is a partnership group, with some partners whose responsibility is to address their health and wellbeing. I base the list of people we discuss on risk, so it's on risk to themselves or to others, and safety is very much on our minds. All rough sleepers are automatically on our case list, because we consider rough sleeping to be a risk to the safety of them all.

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

Phil Harris can provide this.

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

The SWEP provisions are put into place. NBC can provide details.

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.

NBC Outreach Team can provide the latest numbers of rough sleepers. I am unable to give statistics on homelessness.

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?

There has been an increase in Eastern Europeans who are sleeping rough in our town. It can be difficult to engage with these people due to language differences, but also because often they do not have any recourse to public funds, and may not be exercising their Treaty Rights.

There are a few individuals who do not engage because they do not want to face the responsibilities required for engagement: people who refuse to pay rent, or who refuse to address their drug/alcohol addictions. Some struggle with social interactions particularly with authority figures, often because of traumatic childhood experiences.

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

There are some significant gaps in services which need to be addressed:

There are some rough sleepers who are not suitable for Oasis House because they are too vulnerable to live amongst the general population there, and who need supported accommodation. We have some especially vulnerable women with complex issues who are homeless, even sleeping rough, and their housing options are limited, because of the risks they would present to other residents.

Homelessness is not a universal problem with a universal solution. Each individual has their own reasons for being homeless, and will have their own mix of risks, vulnerabilities, health and wellbeing problems, and each will have a different relational network and history of family breakdowns etc. The emergency night shelter may be unsuitable for some of the more vulnerable people who sleep rough. The provision of supported accommodation is essential.

In summary the gaps in services are mostly for the following:

For women: female victims of domestic abuse who are excluded from existing housing options with complex needs and/or certain types of offending history.

For men: men excluded from existing housing options, single men with no dependents; sex offenders; male victims of domestic abuse.

For young people: those with parents who have addictions or MH problems; care-leavers.

Generally: people with dual diagnosis (e.g. mental ill-health and addictions); those who are suicidal or self-harm, those with mental health problems which do not fit the criteria for MH services' supported accommodation. Those with a history of arson. Emergency provision. People with no local connections anywhere.

Need for better links between services: patients released from hospitals who are homeless; prison releases where this is often at short notice. Improvements have been seen and we need this to continue.

10. How can we increase awareness of the services, assistance and support available to people who are homeless, including rough sleepers?
Improve web info, and make leaflets 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?
Strategy, workshops and media input

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

An option well worth considering is the Housing First model. More information is available here:

http://england.shelter.org.uk/_data/assets/pdf_file/0008/145853/GP_Briefing_Housing_First.pdf