



Northamptonshire County Council

Ms Tracy Tiff
Scrutiny Officer
Northampton Borough Council
Guildhall
St. Giles Square
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27th December 2018

Dear Tracy

Re: Scrutiny Panel – Homelessness and Rough Sleepers

Thank you for the opportunity to contribute to your review of homelessness and rough sleepers and how the Council and its partners engage with rough sleepers; 'Housing First' can be used to reduce rough sleeping; to understand the nature and extent of hidden homelessness and how it can best be addressed.

I have focused on the core questions posed as relevant to a public health response.

1 Please provide details of what contact or involvement your organisation has with people who are homeless (sleeping rough or 'hidden') and the services and organisations that are able to address their needs.

Public Health commissions services that contribute to either supporting those people who are currently rough sleeping or homeless, or people who are at risk of becoming homeless to remain in accommodation.

For example the Public Health commissioned drug and alcohol treatment service providers deliver programmes that support vulnerable groups of people who without this support, are at high risk of homelessness. The Provider employs workers to identify people living on the street with drug and alcohol problems and provides links to housing officers, where appropriate, to support people to continue to access services.

In addition public health contributes to a social wellbeing contract with Commsortia, which provides wrap around support for single vulnerable adults who are homeless or threatened with homelessness and who face specific challenges in securing and maintaining their own accommodation. Wrap around support is time limited and usually offered to individuals as part of a supported housing offer. We work with local housing teams with a view to moving people back into recovery and independence. Priority

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is given to individuals with a learning need or significant mental health condition, substance or alcohol dependency, history of domestic violence or history of offending.

This year public health has also led a multi-disciplinary team to support the homeless, rough sleepers and those people living in supported accommodation to access health services, offering infectious disease screening, NHS health checks, liver screening, flu vaccination and help to register with a local GP. Four events took place in the NBC area in December 2018.

For those people who have need for sexual health services, open access clinics are available, and Public Health has recently recommissioned a new service that will deliver outreach sexual health services to vulnerable people including the homeless.

2 Please provide details of your understanding of the causes and extent of rough sleeping in the borough.

There are many reasons why people are homeless and/ or rough sleep, and there is usually more than one contributory factor. Commonly homelessness is divided into three interdependent categories; personal causes – lack of support, debt, poor health, relationship breakdown; structural causes – local housing availability, policies and affordability; and the reasons people state themselves; breakdown of social and family circumstances and refusal by their network to accommodate them, loss of tenancy.

However, these reasons are only the catalysts that may trigger people into seeking assistance, and not the underlying issues that have caused the crisis to build up in the first place. In reality for many people, there's no single event that results in sudden homelessness. Instead, homelessness is due to a number of unresolved problems co-existing over a period of time.

Regardless of the category, the stigma associated with homelessness is well acknowledged. Many people have experienced adverse life events as a child and/or adult that has led to homelessness either directly or indirectly, for example, bereavement, divorce, unemployment and leaving the armed forces. Indeed many people with this or without these experiences also suffer from complex mental and physical health risks and/ or conditions which may be the cause or be a contributory factor to their homelessness.

Groups of people at higher risk of homelessness are: ex-armed forces personnel, ex-offenders, care leavers, those people who are substance misusers, immigrants and men and women fleeing domestic violence. Also included are single people, who do not meet the threshold for accommodation and cannot afford private rented accommodation.

To fully understand the root cause of homelessness in each area local authorities have spoken directly to people rough sleeping to determine how their life situation has led them to this point, and while this will be individual, patterns of need where focused service provision could be deployed at prevention and early intervention levels have been highlighted.

3 Please provide details of your understanding of the impact that rough sleeping has on the safety, life expectancy and health of people who are sleeping rough, and the implications that rough sleeping have for safeguarding and community safety.

This can be considered from two perspectives – the implications for the rough sleeper and the impact on the local community.

The average age of death of a single homeless person is 30 years lower than the general population at 47 years, and even lower for homeless women, at just 43 years. ([PHE, 2018](#))

The homeless/rough sleepers can often have chaotic and unhealthy lifestyles and experience some of the worst health problems in society and face significant barriers to accessing treatment; registering with a GP, or dentist, using preventative services such as sexual health services, maintaining access to drug and treatment services, and mental health services when required; and often wait until their health is at a critical state, and attend, or are conveyed to emergency acute care.

For women the profile of rough sleepers is often linked to abuse, fleeing from abusive relationships resulting in homelessness, and often leading to further abusive relationships living on the street. A small scale study by East London housing partnership in 2014 estimated that of the women sleeping rough, 73% had experienced domestic violence, 65% had substance misuse needs, and 77% suffered mental ill-health.

From a safety position, it is also perceived by the homeless that there are geographical locations where they feel unsafe, for example, areas where street lighting is dim; people are less secure and are vulnerable, and consequently will congregate in more well-lit areas for safety.

From the perspective of the community, rough sleepers are clearly visible, and are often misunderstood and therefore avoided, perceived to have health problems such as mental ill-health and substance misuse problems, and often considered to be rough sleeping as a result of personal circumstances for which they are responsible. This national view is often exacerbated by incidents of poor behaviour, littered sleeping areas and aggressive begging, although there is little evidence of this behaviour locally.

4 Please provide details of your understanding of the nature of the work that is currently being undertaken by Northampton Borough Council and local groups, services and organisations to engage with people who are sleeping rough in the borough.

Northampton has a good night shelter, which moves people through quickly and provides effective support. People come to Northampton because they can get a hot meal every night and there is peer support within the shelter.

This shelter is currently available for men. For women there is a lack of available shelter, and for vulnerable women such as sex workers the lack of a safe overnight location increases their susceptibility to crime, and they can be targeted.

5 Please provide details of your understanding of how effective Northampton Borough Council and local groups, services and organisations have been in engaging purposefully with people who are sleeping rough and helping them to come off the streets.

Street outreach workers: The role is to deliver two assertive outreach services per week to people who are sleeping rough; one in the morning and the other late-night. These outreach sessions offer housing advice and support any negotiation with landlords and families, help people access the night shelter, local housing projects and the private rented sector.

Reconnection service: This is for people who are sleeping rough in Northampton and have no local connection, NBC help them return to an area (or country of origin) that is familiar to them and where they may have local connections and be better supported. To assist with the person's reconnection, it organises their travel and meet their travel costs.

Single Homelessness Adviser: Works closely with the Street Outreach Team, the Tenancy Relations Officer and Northampton's Emergency Night shelter and is proficient at delaying and preventing homelessness especially in relation to private rented accommodation and family breakdown.

SWEP (severe weather emergency protocol): normally operates when the temperature falls below freezing and is forecast to remain below freezing for a period of at least three consecutive nights. If someone is sleeping rough, or is at risk of having to sleep rough, and does not meet the access criteria of Northampton's Emergency Night shelter (because, for example, they are unwilling to engage with local services) they can register for SWEP.

In addition there are local agencies such as the HOPE centre, Jesus Centre and Salvation Army and May Day trust who offer:

- i. Provision of practical needs; also about giving the time, dignity and friendship to those facing tragedies, difficulties, addictions and hopelessness.
- ii. Run day centres, inspire learning, improve employability and provide emergency shelter in severe weather.

6 What changes would you like Northampton Borough Council and local groups, services and organisations to make in order to engage more effectively with people who are sleeping rough and to help them come off the streets, in a planned way, as quickly as possible?

We would welcome:

- A plan to work in collaboration with public and voluntary sectors.
- Availability of walk in emergency shelters to provide temporary stay throughout the year, not just in winter.
- More timely provision of support and accommodation, as the lengthy process pushes a person to sleep rough and get trapped in to the circle of its negative influence.
- Consistent multiagency engagement with active dissenters to influence behavioural change.

7 In what ways do you think the 'Housing First' model can be used most effectively to reduce rough sleeping in the borough, and in what ways (if any) could your organisation work differently to ensure its success?

Placing people in accommodation after being homeless for a period of time, with their individual health needs and vulnerabilities, without the necessary support can lead to an increase in poor social behaviours, a lack of ability to self-care, impact on unplanned care services and an increased risk of eviction.

People need to be supported to care for themselves as part of a programme of housing and care, to be helped to access services they need and take a step towards independence. The Housing First Model provides a framework, locally applied based on need, and supported by local health and social care organisations to give people the best chance of recovery for the long term.

Public health could contribute to this by ensuring our commissioned services are working more closely on an outcome based commissioned approach to provide outreach services that support individuals as part of a planned intervention, where services are more tailored to individual need and the impact on individuals is monitored.

8 Please provide details of your understanding of the nature and extent of ‘hidden homelessness’ in the borough, including the profile of the people affected and what contact (if any) they have had with Northampton Borough Council, Northampton Partnership Homes and/or other local advice and support providers.

Official statistics under-represent the scale and numbers of people affected by homelessness as many people do not show up on official figures – this includes people who become homeless but receive temporary accommodation, ‘being put up’ by friends and relatives, live in squats or in other insecure accommodation.

9 Please can you suggest ways in which services and organisations can connect with, and meaningfully engage with, harder to reach groups?

- Through outreach – services need to go to these individuals and groups rather than expect them to go to services.
- Eradicating, at a minimum reducing stigmatisation and judgement of the homeless by front line workers would encourage greater engagement with this group of people.
- Better partnership working in which the work of individual organisations/services with the homeless is properly recognised and co-ordinated.
- Northamptonshire Armed Forces Covenant Partnership notes that ex-armed forces personnel are at higher risk of homelessness compared to the general population. The NCC Public Health team hosts the Armed Forces Covenant Partnership Officer and through the Covenant partners work together to better meet the needs of our armed forces community, including addressing housing needs where relevant / appropriate.

As a system Partner organisations should more effectively take action to implement the Homelessness Reduction Act – Duty to Refer. Working with and ensuring that the relevant organisations have

established relevant processes and are meeting their duty to make those referrals is a way in which NBC could work in partnership to prevent homelessness.

10 How are data, statistics and demographics gathered and used to meet the needs of men and women who are homeless?

Numbers of homeless and rough sleepers is difficult to obtain with accuracy. People bed down at different times, seek shelter in derelict buildings and can be unseen. Each year every LA in England does estimate or count the number of people living rough in their area which is submitted to DCLG as an estimate of the number of people sleeping rough on one static night.

Data published in 2018 showed 4,751 people sleeping rough in England on one night. There should be caution based on this figure for the reasons discussed above and also as new data will be available on 31st January 2019.

Locally we collect data on rough sleeping as this relates to service activity – again caution needs to be taken as these are people presenting to services; we know that many rough sleepers do not routinely access services and therefore any data we have is likely to be an underestimate.

11 What do you think are the main reasons for hidden homelessness and why do you think people sofa surf and are without settled accommodation?

It is fair to say that people who sofa surf are not usually choosing this as a lifestyle, and do so for a number of reasons. These reasons could be that they have no expectation that they will meet a priority threshold for local authority provided accommodation, or that there is a convenience to knowing you have a roof over your head, or that this provides company, in a location where you may want to remain. Indeed this could also be the most economical route to accommodation. In some cases these people may not identify themselves as 'homeless' or, even if they do, do not wish to be counted as a statistic and therefore do not register for help.

In addition there are too few available accommodation units, and the move on plan for those people in this accommodation is not as timely as it could be, this creating a lack of throughput to secure, long term housing.

12 How effective do you think the Council is at informing people and organisations about its homelessness policies and procedures, and in what ways could it improve its communication?

The landscape can be difficult to negotiate and is not always helped by the fact that each Borough and District has its own individual housing strategy and priorities. It would be helpful to produce a clear guide to housing support services in each area.

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

Local organisations are aware that there are areas of the town that require a focus by services, such as the bus station, Market Square, Mc Donald's area and the Drapery.

Linked to this Armed Forces Covenant is the Ministry of Defence's 'Future Accommodation Model' is a revised approach to providing accommodation for service personnel and their families which may have implications for their housing needs. Information can be found:

<https://www.gov.uk/government/publications/future-accommodation-model-what-you-need-to-know/what-you-need-to-know-about-fam>

14 Do you have any other recommendations for the Scrutiny Panel to consider including within its final report?

Housing authorities need to work more in partnership with other organisations in the area with a statutory responsibility or who have been commissioned to provide services or commission services to identify what resource is available, which each service offer is, what outcomes are being achieved at what cost to look for opportunities to collaborate. The development of a Homelessness Pathways Map, and to develop services with partners to make a demonstrable impact at scale would be a good starting point.

Most importantly we need to engage the homeless population more often and more effectively so that they recognise they are valued members of society and worth support, rather than stigmatised.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Lucy Wightman', written in a cursive style.

Lucy Wightman
Director of Public Health