

HARINGEY COUNCIL
EQUALITY IMPACT ASSESSMENT FORM



Service: Strategic and Community Housing Services

Directorate: Urban Environment

Title of Proposal: Rough Sleepers Strategy 2010 -2012

Lead Officer:
(author of the proposal): Paul Dowling, Principal; Housing Strategy Officer

Names of other Officers involved: Cleo Andronikou, Homelessness Strategy Implementation Officer; Rosie Green, Housing Strategy and Partnerships Manager; Christine Joseph, Urban Environment Equalities Officer

Step 1 - Identify the aims of the policy, service or function

State what effects the proposal is intended to achieve and who will benefit from it.

This strategy has been developed by the Integrated Housing Board (a thematic partnership of the Haringey Strategic Partnership) and is a sub-strategy of the overarching Housing Strategy 2009-2019 and Haringey's Homelessness Strategy 2008-2011.

Haringey's Rough Sleepers Strategy sets out a co-ordinated multi-agency approach to tackling rough sleeping in the borough over the next two years.

This strategy will benefit all members of the community and will help us to deliver the first two objectives of Haringey's Homelessness Strategy:

1. We will actively support and promote a partnership approach to preventing homelessness
2. We will invest in early intervention and effective homelessness prevention

This strategy will also compliment Haringey's Move-on strategy 2010-2015.

Our single priority for tackling rough sleeping is:

‘Through a zero tolerance approach to rough sleeping, reduce and sustain the numbers of people sleeping rough on the streets of Haringey to as close to zero as possible by 2012’

In order to deliver our single priority we have identified the following Key actions:

1. Maximise partnership working across key agencies to tackle rough sleeping in Haringey

Our aim is to provide a coordinated approach to delivering services to rough sleepers both locally and within our sub-region, to make best use of the services available and to provide more opportunities for people to move into a settled home.

2. Adopt an early intervention approach to preventing rough sleeping

By strengthening our links with our partners and ensuring our services are accessible to rough sleepers we aim to stop people reaching the point of rough sleeping and responding immediately to those that do.

3. Provide targeted advice and accommodation options for rough sleepers

While joint working is a key factor in eliminating rough sleeping, we also need to provide targeted advice, plans and accommodation options to prevent people reaching the streets; and to move them off the streets.

4. Adopt an assertive approach to contact and outreach

Through developing a borough wide consistent and assertive approach to contact and outreach, we aim to move rough sleepers off the streets more quickly.

5. Develop accommodation and support pathways for rough sleepers

We will develop initiatives and pathways to ensure that rough sleepers have access to accommodation with support when they need it, and a move to more independent accommodation when they don't.

6. Develop specialist interventions and pathways to independence

To ensure that people do not return to rough sleeping we need to consider the aspirations of the individual and develop innovative ways in meeting these needs.

Step 2 - Consideration of available data, research and information

1. DATA SOURCES

Haringey rough sleepers count

The multi-agency rough sleepers count, undertaken annually, provides a snapshot figure of the number of rough sleepers bedded down on a particular night.

2004/05	2005/06	2006/07	2007/08	2008/09	2009/10
6 (Actual)	1 (Actual)	6 (Actual)	6 (Estimate)	10 (Actual)	3 (Actual)

As the count is collected on a single night and the criteria for counting rough sleepers is quite stringent it is not considered the best tool to give an accurate picture of rough sleeping.

Combined Homelessness and Information System (CHAIN)

CHAIN is London's most comprehensive and widely used database on rough sleeping and the street population. The database records information about contacts with rough sleepers and the street population¹ made by outreach teams.

Basic identifying and demographic information is collected including

- Contacts made with outreach workers - both when a person is 'bedded down' and when they are not 'bedded down'
- Arrivals and departures from short term accommodation such as hostels and rolling shelters, including the reasons for departures
- Basic indications of support needs people have, for example drug misuse or physical health problems

Profiling London's Rough Sleepers, A London Longitudinal analysis of CHAIN data 2009

Published in June 2009, Broadway's report provides a comprehensive profile of the demographic of London's rough sleepers using data collected via chain between 2001/2 and 2007/8.

Haringey street drinking research project 2010

Following a successful Migration Impact Fund (MIF) grant application Haringey's Drug & Alcohol Team (DAAT) commissioned research to focus on street drinking in the borough.

The objectives of this research were to

- i. Build a demographic profile of the street drinkers and identify their health, social care and employment needs

¹ People who have a 'street lifestyle' such as street drinking or begging. Many of these people are also rough sleepers but a minority are not

- ii. Review options for addressing associated crime and disorder issues
- iii. Develop a multi-agency response to street drinking
- iv. Produce information materials in community languages as appropriate

Haringey's Entrenched & Complex Needs Service User List (Famous faces)

Following the extension to the London Delivery Boards rs205 project (designed to tackle rough sleeping amongst the 205 most entrenched rough sleepers), five 'famous faces' were identified in Haringey. This group is defined as...

- Having 3 or more support needs from alcohol/drug use, physical/mental health, behavioural disorders, immigration status, learning difficulties, etc
- Known to and work with London Street Rescue for over 3 years, or know to have been sleeping rough sleeping for at least this amount of time/or
- Rough sleeping for at least 1 year with LSR involvement and with a combined high level of vulnerability and complex needs
- In all cases, service user requires a multi-agency approach to tackle complex needs

This group is worth noting because they do not fit in with the general demographic of rough sleepers outlined in the following section.

GENDER	AGE	ETHNICITY	SUPPORT NEEDS
FEMALE	46	White British	Mental health
FEMALE	37	White British	Heavy drug use, chaotic lifestyle, sex working & alcohol use
FEMALE	39	White British	Chaotic drug user and beggar
FEMALE	38	Black British/Black Caribbean	Alcohol and drug use, chaotic behaviour
MALE	57	White other	Low level mental health

AGE

Between 2000/1 and 2007/8 the mean age of first time rough sleepers in London increased from 35 years to 39 years. Analysis carried out by Broadway suggests a decline in the proportion of very young rough sleepers and a reduction in the oldest age category (65 years and older). The extension of priority need categories resulting from the Homelessness Act 2002 could in part be responsible for this decline.

In the last quarter of 2009/10, 57% of rough sleepers contacted by outreach services in Haringey were between 36 to 45 years old, 76% of all contacts were over 36 years old.

Age and short-term rough sleepers

From 2001/2 to 2006/7 the average age of short-term rough sleepers in London increased as the share of very young rough sleepers (under 25 years old) decreased from 16.7% to 9.5%. Conversely the proportion of 35-44 year olds increased from 26.5% to 31.5%. Over the period there was a 5.7% increase in the proportion of short-term rough sleepers over 35 years old.

Age and long-term rough sleepers

In general long-term CHAIN clients in the period 2001/2 to 2006/7 included fewer very young people (under 25 years old).

Entrenched long term rough sleepers who were not recorded as ever having accessed short-term accommodation in their CHAIN history were typically older – 38% aged 45 years or older compared to 25% of all long term CHAIN clients. This is broadly in line with the age profile of Haringey's famous faces.

GENDER

An analysis of CHAIN data reveals a relatively consistent demographic across rough sleepers in terms of gender. Among first time rough sleepers between 2001/2 and 2007/8 the gender ratio remained between 86% and 89% being male.

Data from the last quarter of 2009/10 reveals that 85.7% of people contacted by outreach services in Haringey were male.

Despite these findings of those 5 rough sleepers identified as being the most entrenched in Haringey, 4 were female which does not fit in with the general demographic. Further work is required to establish whether there is a particular issue with entrenched female rough sleepers accessing services.

A report² published by Crisis in 2007 draws on interview testimony from 44 women about their experiences with homelessness. It suggests that the majority, despite having accessed service-led homelessness provision, subsequently return to 'hidden accommodation' situations such as living in squats or rough sleeping. The report suggests that in the male-dominated world of rough sleeping, services are not necessarily geared up to encourage women off the streets.

DISABILITY

There is limited information on the incidence of rough sleeping among those with a physical disability, further work is needed to establish whether there is an overrepresentation of this group. This section will therefore deal principally with the link between mental health problems and rough sleeping. It will also cover the well established causal and/or exacerbating relationship between drug and/or alcohol abuse, incidence of mental health problems and rough sleeping.

Analysis from CHAIN shows that in the period 2001/2 to 2007/8 just under three quarters (74%) of rough sleepers had one or more support needs relating to drugs, alcohol or mental health. It is worth noting that it has been suggested that CHAIN data may be underestimating the number of clients with mental health problems.

² Homeless Women: Homeless Careers, Homelessness Landscapes, 2007

Further collaborative work with the health authorities is needed to establish whether this is the case.

Further analysis shows that around 30% of first time rough sleepers had mental health problems. However the proportion of those without reported support issues is also significant at around 23%; among this group the primary identified need is accommodation and work. It is worth noting that time spent on the street can increase the chance of significant support needs developing, making an early intervention approach key.

A recent study³ by the London School of Economics (LSE) suggests that a lack of support needs could represent a barrier to accessing the short-term accommodation currently available. People without substance misuse problems also reported that they did not want to stay in hostel accommodation where drugs and alcohol are widely used. A possible response to this is to encourage the development of specific hostels for people with low support needs seeking work.

ETHNICITY

The ethnic demographic of rough sleepers in London changed considerably between 2000/1 and 2007/8. The proportion of homeless people of white ethnic background among London's first time rough sleepers declined from 80% in 2000/1 to 63% in 2007/8. At the same time, the proportion of rough sleepers identified as black or black British grew from 13% to 20%, and the share of those of Chinese or mixed background rose from just under 4% to 7.5%. The largest increase was recorded among rough sleepers of Asian or Asian British background, who made up less than 1% of London's population of rough sleepers in 2000/1, but almost 5% in 2007/8.

A2⁴ and A8⁵ nationals (otherwise known as A10 nationals)

Data on nationality shows a clear reduction in the proportion of British nationals among rough sleepers in London. However, there has been a marked increase in the proportion of rough sleepers from central and eastern European (CEE) countries.

A survey carried out in 2006 by Homeless Link reported that 15% (638 of 4,365) of their contacts were A8 nationals. This survey was repeated in 2007, and it was reported that the proportion of A8 nationals rough sleeping increased to 18% of all contacts.

This trend has continued at a worrying rate; the most recent London Rough Sleepers street count found that "the proportion of rough sleepers that were CEE nationals was 37%. This is an increase on the 28% CEEs reported in the last official count figures for London.

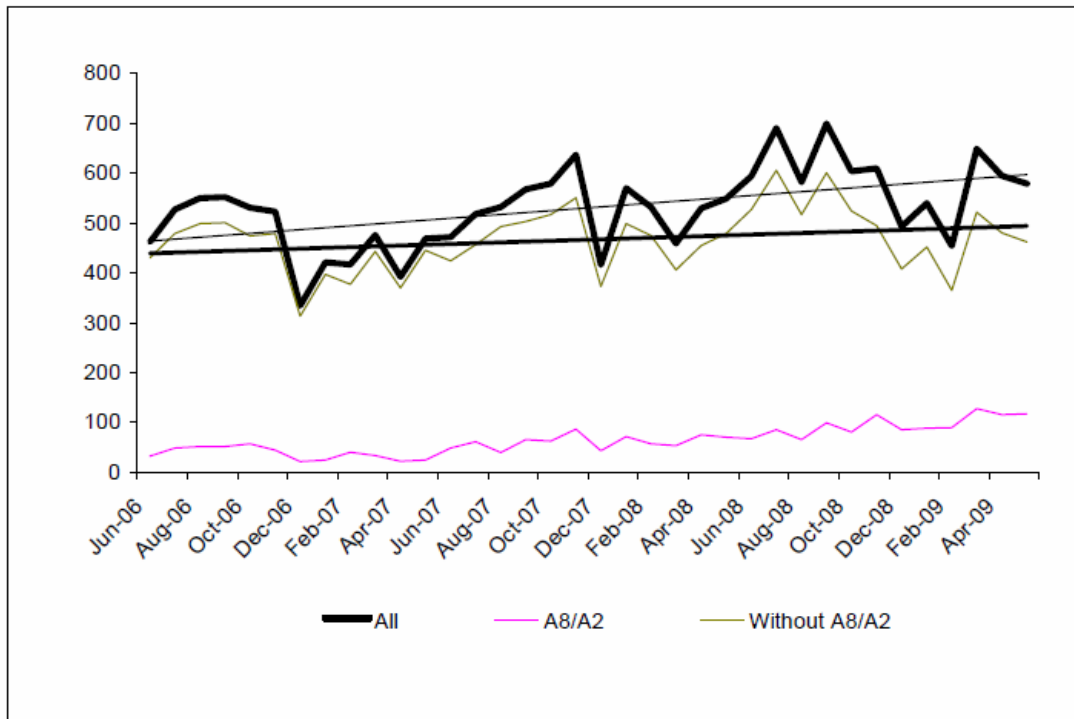
The upward trend in the numbers of A10 rough sleepers in London, against and overall decrease in the number of rough sleepers is seen below.

³ London School of Economics, Soup runs in Westminster research, 2009

⁴ Romania & Bulgaria

⁵ Poland, Lithuania, Estonia, Latvia, Slovenia, Slovakia, Hungary & the Czech Republic

Rough sleeping by month June 06 – May 09



In July to September 2009, CHAIN data for Haringey suggested that just 3 out of 24 verified rough sleepers were from A10 countries. However, in the last quarter of 2009/10 alone, 23% (or 3 out of 13) of contacts with rough sleepers were with A10 nationals.

There is further evidence to suggest that rough sleeping among A10 nationals is even more apparent. On the night of Haringey’s street count there was an unconfirmed report of at least ten A10 nationals having been moved on from the bus depot in Philip Lane. Furthermore, a suspected 40 individuals from the A10 countries are currently being housed by the Highway to Holiness Church, that provides (unendorsed by Haringey Council) food, shelter & bathing facilities to rough sleepers.

A worrying trend is starting to develop among this group; in the twelve month period from January 2009 to January 2010 25% (3) of the murder victims in Haringey were rough sleepers, heavy drinkers and from CEE countries. Those suspected of perpetrating these crimes are also from CEE countries.

SEXUALITY

There is little data available on the sexuality of rough sleepers in Haringey. Several studies have been carried out in relation to homelessness and sexuality – most focused on youth homelessness. It has been suggested that institutional homophobia or lack of knowledge about GLBT issues may be a barrier to some groups accessing services. The potential threat of homophobic abuse and violence has also been suggested as a barrier to GLBT people accessing emergency accommodation.

Step 3 - Assessment of Impact

Using the information you have gathered and analysed in step 2, you should assess whether and how the proposal you are putting forward will affect existing barriers and what actions you will take to address any potential negative effects.

3 a) How will your proposal affect existing barriers? (Please tick below as appropriate)

Increase barriers?	Reduce barriers? ✓	No change?
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Comment

The multi-agency Haringey Rough Sleepers strategy 2010-12 aims to reduce the barriers to services experienced by rough sleepers in Haringey. The actions outlined in section 8 of this impact assessment seek to address the identified issues.

3 b) What specific actions are you proposing in order to respond to the existing barriers and imbalances you have identified in Step 2?

See Action plan (step 8)

3 c) If there are barriers that cannot be removed, what groups will be most affected and what Positive Actions are you proposing in order to reduce the adverse impact on those groups?

No irremovable barriers identified. Positive actions identified through Rough Sleepers Strategy Action Plan

Step 4 - Consult on the proposal

4 a) Who have you consulted on your proposal and what were the main issues and concerns from the consultation?

Throughout the development stages, the rough sleepers strategy steering group have been key in highlighting the main issues and actions that need to be addressed within this strategy.

The draft strategy been posted on Haringey's web site during the consultation period and has been reviewed through the corporate policy network and the Supporting People Partnership Board. A copy of the strategy was also circulated at the rough sleeper's consultation event which took place on 20 March 2010 and at the North London Sub-regional event on 10 February 2010.

There has been widespread support for this draft strategy. Issues that have been raised are principally concerned specific actions that could help deliver the priorities set within the strategy. There has been a particular focus on how this strategy will improve access to services for people with no recourse to public funds (commonly those from eastern European countries, A2, A8). The EIA has also confirmed a

worrying increase in the numbers of A2 and A8 nationals who are sleeping or have slept rough.

4 b) How, in your proposal have you responded to the issues and concerns from consultation?

Amendments have been made to the draft strategy and actions included in the action plan.

4 c) How have you informed the public and the people you consulted about the results of the consultation and what actions you are proposing in order to address the concerns raised?

A consultation report will be produced and placed on Haringey's website. A amended draft strategy will also be circulated to the Rough Sleepers Strategy Steering group prior to seeking Integrated Housing Board approval.

Step 5 - Addressing Training

The issues you have identified during the assessment and consultation may be new to you or your staff, which means you will need to raise awareness of them among your staff, which may even training. You should identify those issues and plan how and when you will raise them with your staff.

Do you envisage the need to train staff or raise awareness of the issues arising from any aspects of your proposal and as a result of the impact assessment, and if so, what plans have you made?

All staff potentially being exposed to rough sleepers will be made aware of the work progressing through this strategy and the referral and support mechanisms available to rough sleepers.

Training needs for a task and targeting group being set up to deliver the operational/client focussed actions of the strategy will receive training as appropriate.

Step 6 - Monitoring Arrangements

What arrangements do you have or will put in place to monitor, report, publish and disseminate information on how your proposal is working and whether or not it is producing the intended equalities outcomes?

- ***Who will be responsible for monitoring?***

The strategy and its outcomes will be monitored primarily through the Integrated Housing Board. We intend annually to review this strategy to

ensure it is delivering its actions. This will be reported to SMT and IHB for monitoring and agreement.

The Vulnerable Adults Delivery Group (a delivery group of the Homelessness Strategy) will be responsible for ensuring actions are implemented.

- ***What indicators and targets will be used to monitor and evaluate the effectiveness of the policy/service/function and its equalities impact?***

There are no adopted indicators that specifically relate to rough sleeping, however quarterly CHAIN reports will be used and disseminated to keep track of the demographic of rough sleepers, and to monitor the effectiveness of the strategy.

- ***Are there monitoring procedures already in place which will generate this information?***

The CHAIN reports circulated quarterly by Broadway as well as specific case information from the CHAIN database.

- ***Where will this information be reported and how often?***

This information will be reported to the Vulnerable Adults Delivery group quarterly and the Integrated Housing Board at the annual review of this strategy.

Haringey's Rough Sleepers Strategy 2010-2012

Step 7 - Summarise impacts identified

In the table below, summarise for each diversity strand the impacts you have identified in your assessment

Age	Disability	Ethnicity	Gender	Religion or Belief	Sexual Orientation
<p>The majority of rough sleepers are over 35 years of age</p> <p>Evidence suggests that older rough sleepers are less likely to engage with services</p> <p>There is evidence to suggest that younger rough sleepers are more likely to dip in and out of rough sleeping, perhaps due to a wider network of family and friends.</p>	<p>The majority of rough sleepers have high support needs. Many have multiple support needs relating to substance dependence and mental health.</p> <p>Mental Health problems and substance abuse problems can be exacerbated the longer an individual is out on the streets.</p> <p>Time spent on the streets can increase the chance of developing support needs.</p>	<p>Evidence suggests that the number of British nationals sleeping rough has reduced significantly over the last few years.</p> <p>There have been increased reports of black African/Caribbean and Asian rough sleepers.</p> <p>The number of rough sleepers from Central and Eastern European countries has increased dramatically over the last year.</p> <p>Rough sleepers from the A10 countries were the victims of ¾ of the murders in Haringey last year.</p>	<p>There is has been a historic 86-89% of rough sleepers being male</p> <p>Current demographic of Haringey's famous faces is 80% female which does not conform to the general demographic</p>	<p>There is insufficient information to evidence any correlation between religion/belief and rough sleeping</p>	<p>Several studies have indicated that homophobia can be a significant barrier to accessing services/ However, there is currently insufficient monitoring information to draw on</p>

Haringey's Rough Sleepers Strategy 2010 - 2012

Step 8 - Summarise the actions to be implemented

Please list below any recommendations for action that you plan to take as a result of this impact assessment.

Issue	Action required	Lead person	Timescale	Resource implications
Overrepresentation of older age groups, particularly entrenched rough sleepers	Evaluate causes through Sub-regional Rough Sleepers Strategy work	Sub-regional Rough Sleepers Strategy Steering Group	2011	None
Consistently high proportion of male rough sleepers	Evaluate causes through Sub-regional Rough Sleepers Strategy work	Sub-regional Rough Sleepers Strategy Steering Group	2011	None
High number of female rough sleepers among Haringey's famous faces	Develop actions through Rough Sleepers Strategy to address the causes of this demographic disparity Monitor through Rough Sleepers Strategy	Rough Sleepers Strategy Action Plan	2010-12	Staff time through Homelessness Strategy delivery group
Lack of information on physical disability	Pursue more comprehensive data monitoring through Sub-regional rough sleepers Strategy	Sub-regional Rough Sleepers Strategy Steering Group	2011	None
Understanding of the complex relationship between rough sleeping mental health problems and drug and alcohol dependence	Pursue collaborative work with NHS Haringey through Rough Sleepers Strategy Action Plan	Rough Sleepers Strategy Action Plan	2010-12	Staff time through Homelessness Strategy delivery group
Lack of support needs potentially being a barrier to accessing services	Develop actions through the Rough Sleepers Strategy to facilitate moves for those with low support needs into the	Rough Sleepers Strategy Action Plan	2010-12	Staff time through Homelessness Strategy delivery group

	private sector			
Mental health problems, illness and substance abuse problems exacerbated by time spent on the streets	Ensure an early intervention approach through Rough Sleepers Strategy	Rough Sleepers Strategy Action Plan	2010-12	Staff time, frequency of meetings to be agreed
Increase of rough sleepers from A10 countries	Develop targeted work through the Rough Sleepers Strategy for rough sleepers with no recourse to public funds	Rough Sleepers Strategy Action Plan	2010-12	Staff time through Homelessness Strategy delivery group
Homophobia as a potential barrier to LGBT rough sleepers	Evaluate impact through Sub-regional Rough Sleepers Strategy work	Sub-regional Rough Sleepers Strategy Steering Group	2011	None

Step 9 - Publication and sign off

There is a legal duty to publish the results of impact assessments. The reason is not simply to comply with the law but also to make the whole process and its outcome transparent and have a wider community ownership. You should summarise the results of the assessment and intended actions and publish them. You should consider in what formats you will publish in order to ensure that you reach all sections of the community.

When and where do you intend to publish the results of your assessment, and in what formats?

Assessed by (Author of the proposal):

Name:

Designation:

Signature:

Date:

Quality checked by (Equality Team):

Name:

Designation:

Signature:

Date:

Sign off by Directorate Management Team:

Name:

Designation:

Signature:

Date: