Director of Public Health Report 2018

Homelessness and health: improving the health and wellbeing of those without safe and stable housing in Central Bedfordshire

Executive Summary

Central Bedfordshire

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Summary

The annual Director of Public Health report is an independent report focused on improving the health of the people of Central Bedfordshire and this year the report focuses on the important topic of homelessness and health. It aims to highlight issues, present evidence and make recommendations to address the public health challenges of homelessness, in order to better prevent homelessness and improve the health of homeless people.

Ill health can be both a cause and consequence of homelessness. Being homeless is associated with extremely poor health outcomes relative to the general population. In 2012 the average age of death of homeless people was 47 years for men and 43 years for women, compared to 77 years for the general population (74 for men, 80 for women). Homeless people are more likely to have poor physical and mental health, and people with physical and mental health problems are more vulnerable to becoming homeless.

As with other risks to public health, prevention and early intervention can keep people housed appropriately, preventing the escalation of health and social issues that can lead to the loss stable accommodation and worsening health.

The root causes of homelessness

Several factors have driven the recent rise in homelessness in England, impacting the vulnerability of individuals and families to homelessness and the wider societal conditions that give rise to homelessness. The important drivers of homelessness in England include:

Health, social and behavioural risk factors

A range of health, social and behavioural risk factors put individuals and families are greater risk of insecure housing and homelessness and are the focus of this report. They include:

- Complex and overlapping needs.
- Substance misuse, including misuse of drugs and alcohol.
- Mental ill health.
- Offending behaviour.

Socioeconomic risk factors

A range of economic and social risk factors put individuals and families at greater risk of insecure housing and homelessness, including:

- Relationship breakdown (including domestic abuse)
- Growing relative poverty and social inequalities – a combination of income inequality, inflation and stagnant wages puts additional pressure on the affordability of housing for many households.
- Problematic household debt – a growing issue nationally that is exerting significant pressure on household budgets and affordability of everyday living.

The supply of affordable housing.

- Alongside an overall shortage of housing in England, there is strong evidence that long term underinvestment in affordable housing has increased vulnerability to homelessness nationally and undermined protections for the homeless population (Downie et al., 2018).
- Since 2009/10, there has been a decline in the overall supply of affordable housing options in the UK housing market, including the availability of affordable social rented housing, shared ownership properties and affordable home ownership options.

The impact of welfare reform.

- Reductions in housing-related welfare payments associated with the introduction of universal credit have resulted in an increasing proportion of accommodation options becoming unaffordable for individuals and families.
- A related and well-documented issue has been the impact of the late payment of benefits on the affordability of housing, combined with the rising cost of temporary/transitional accommodation.

The costs of homelessness

Research shows that early intervention and prevention can have a big impact on reducing the financial cost of homelessness to society and taxpayers.

Economic costs

- In 2012 the cost of homelessness in England was reported to be up to £1 billion per year (Department for Communities and Local Government, 2012).
- One study reported that the cost of a single person rough sleeping in the UK for 1 year was £20,128 (Pleace, 2015). This includes costs incurred by NHS services responding to the health impacts of homelessness, including A&E departments and mental health services.
- In 2015-16, local authorities in England spent £1,148 million on homelessness services. The single largest component was spending on temporary accommodation which increased by 39% in real terms between 2010/11 and 2015/16 from £606 million to £845 million (National Audit Office, 2017).
- Research shows that early intervention and prevention can have a big impact on reducing the financial cost of homelessness to society and taxpayers.

Impact on public services

- Homelessness costs an average of £4,298 per person to the NHS, £2,099 per person to mental health services and £11,991 per person for offenders (Pleace and Culhane, 2016).
- In Scotland, homeless people use NHS services 24% more than the general population (Scottish Government, 2018).
- Research shows that homelessness increases reoffending by about 20% (Scottish Government, 2018).

Homelessness in England and Central Bedfordshire

Homelessness in England is a much bigger problem than that captured by statutory homelessness statistics.

- Rough sleepers represent the 'tip of the iceberg' of homelessness and are the most visible group affected. However, a much larger group include people living in temporary accommodation, the 'hidden homeless' (including those known as 'sofa surfers') and people without access to safe and secure housing.
- In England, there is strong evidence that homelessness has increased significantly in recent years. Between 2010/11 and 2016/17 rough sleeping increased by 134% and the number of households in temporary accommodation increased from 48,240 to 77,230.

In Central Bedfordshire rates of homelessness have largely remained below national statutory homeless measures due to its relative affluence and substantial investment in tenancy sustainment, supported housing and homelessness prevention. However, several measures of homelessness have increased since 2010/11. Rough sleeping has increased significantly since 2010/11 but then reduced more recently (2017/18), helped by the interventions of the Rough-sleeper partnership. Since 2015 the number of households in temporary accommodation has risen and remains a priority for Central Bedfordshire Council, though rates of family homelessness and overall statutory homelessness since 2011-12 have experienced less fluctuation and remain markedly below national levels.

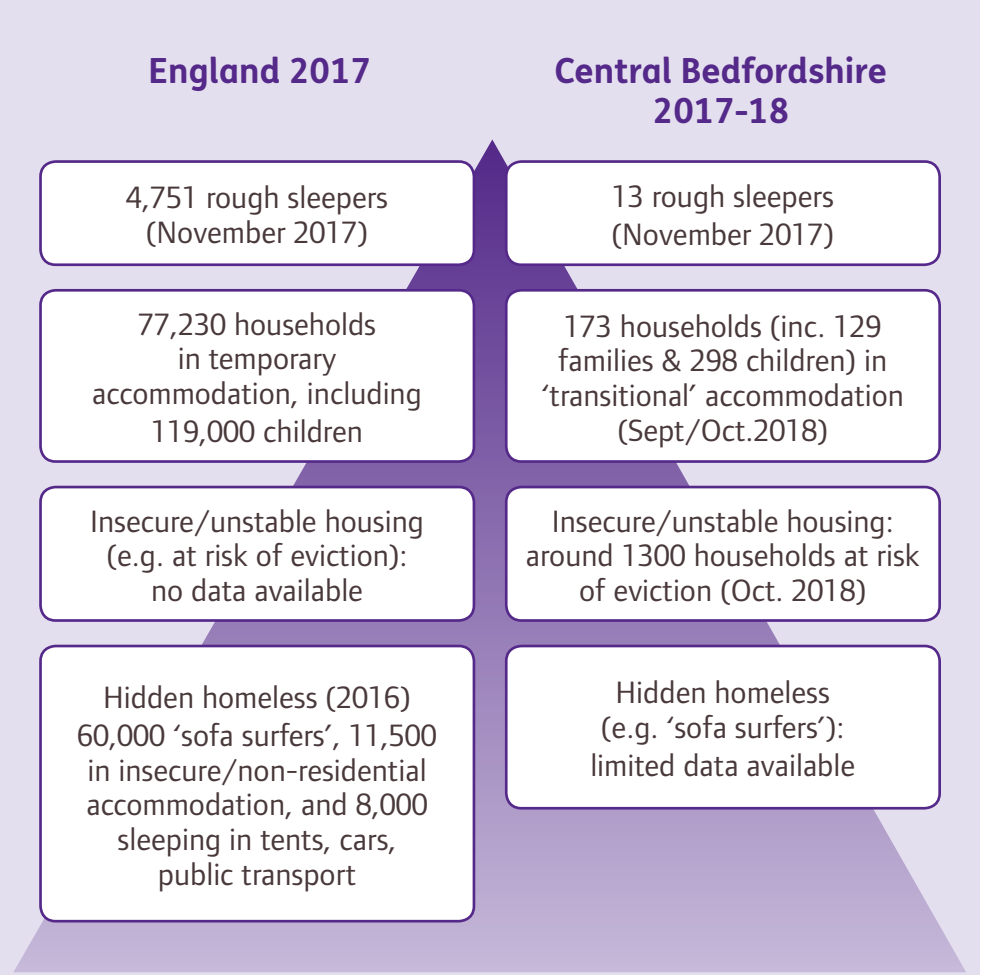

Figure: The pyramid of homelessness in England and Central Bedfordshire

Statutory homelessness measures

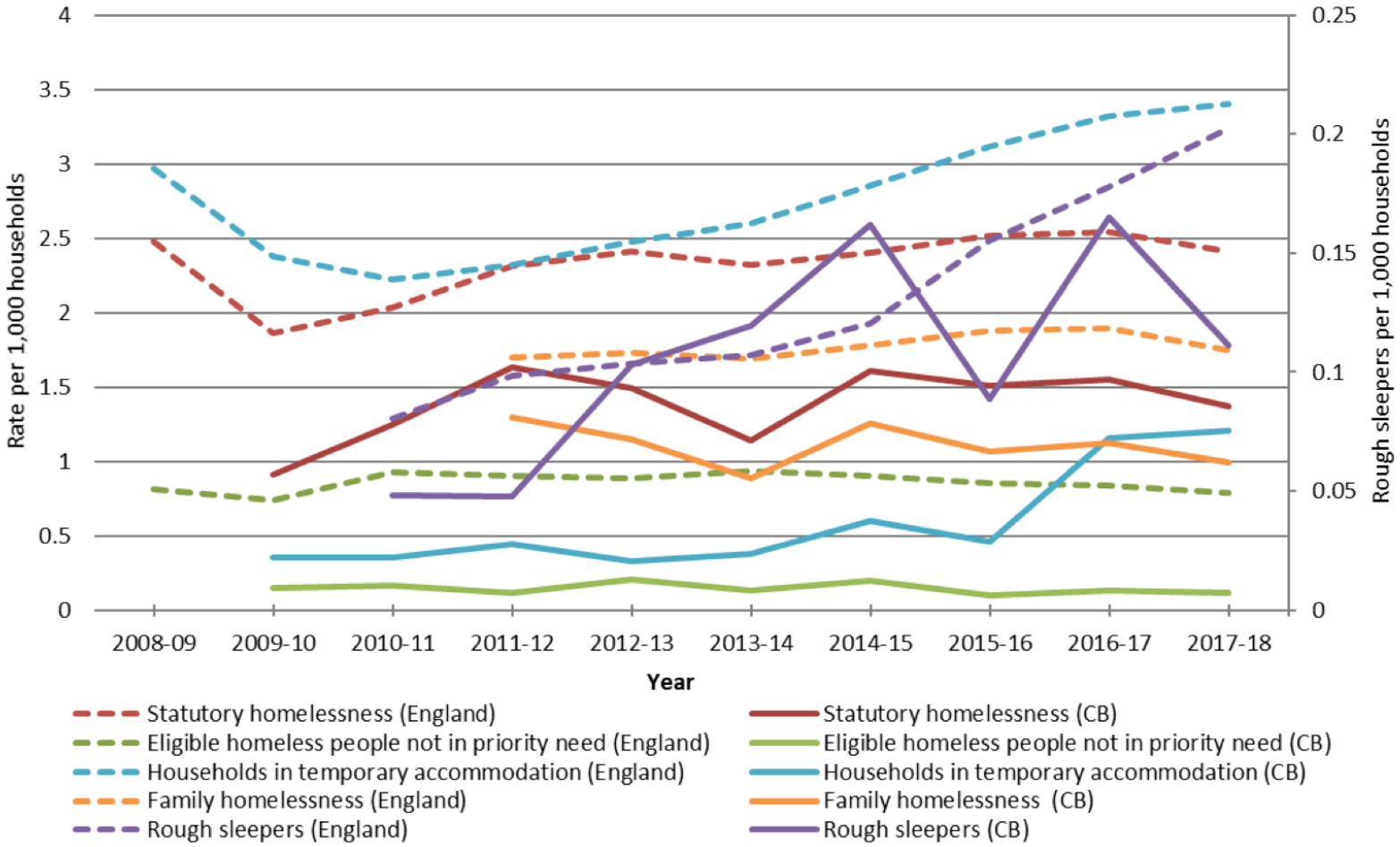

Figure: Snapshot of current national homelessness and recent trends in England and Central Bedfordshire
(Source: Ministry of Housing, Communities & Local Government)

Homelessness Reduction Act (2017)

This report comes during the implementation of the Homelessness Reduction Act in England. This means that historical trends and current levels of homelessness are presented with reference to measures of 'statutory homelessness' collated by national government, including households in temporary accommodation and family homelessness.

The report also presents information on wider homelessness in England and Central Bedfordshire, building on definitions provided by Crisis and in the context of the Homelessness Reduction Act, which seeks to lower the threshold of vulnerability qualifying individuals and families to assistance from local authorities.

The Homelessness Reduction Act aims to encourage local authorities to focus on prevention and early intervention, improve the quality of advice and assistance provided, improve protection for single homeless people and promote joined up services. It amends existing homelessness protection in five important ways:

1. Improved advice and information about homelessness and the prevention of homelessness.
2. Extension of the defined period of "threatened with homelessness".
3. New duties to prevent and relieve homelessness for all eligible people, regardless of priority need and intentionality.
4. Introduction of assessments and personalised housing plans.
5. Duty of public bodies to refer service users who may be homeless or threatened with homelessness to a local housing authority.

By lowering the threshold for support the new duties place additional pressure on local authorities in terms of advice, assessment and the provision of temporary accommodation.

The complex relationship between homelessness and health

Homelessness among children, young people and their families

- Children who have lived in temporary accommodation for more than a year are over three times more likely than non-homeless children to develop mental health problems such as anxiety and depression, and 33% experience self-harm (PHE, 2018).
- Homeless children and young people experience more bullying and social isolation and have lower educational attainment due to a disrupted school life, absenteeism and overcrowded home environments.
- Homeless children are exposed to more adverse childhood experiences, including all forms of abuse, neglect and exposure to domestic violence.
- Homeless children are more likely to suffer from health problems associated with overcrowded home environments, including accidents and respiratory infections.

Hidden homelessness

- Hidden homeless are those who may be considered homeless, but whose situation is not visible on the street or in official statistics. This includes sofa surfing, inappropriate or non-residential housing. More widely this can also include overcrowded households, sharing households and concealed households (family units or single adults living within other households). Estimates include 60,000 sofa surfers (Bramley, 2017) and 2.32 million concealed households (Fitzpatrick et al., 2018) in England.
- The majority of single homeless people are hidden: in one study, 62% of homeless surveyed were 'hidden' homeless at the time of interview, and 92% had experienced hidden homelessness in the past (Crisis, 2011).
- A UK survey of about 2000 16-25-year olds found that 35% had experience of sofa surfing, of which 20% had sofa surfed in the last year (Clark, 2016).
- The hidden homeless are more likely to find it difficult to practice healthy behaviours and find themselves in high risk or vulnerable situations.

Homelessness and complex needs

- Homelessness commonly overlaps with a wide range of vulnerabilities that impact health, particularly (JRF, 2011):
  - Mental health problems
  - Substance misuse
  - Offending behaviour
- Homeless people with complex needs experience special barriers to accessing services. In one survey 32% of hostel residents had complex needs; 66% of respondents had experienced difficulties in accessing mental health services; 36% reported difficulties accessing drug services; and 33% reported difficulties accessing alcohol services (Homeless Link, 2017).

Homelessness and mental health

- Homelessness and mental health often interact. For example, homelessness may exacerbate a pre-existing mental health problem, and mental ill health is a risk factor for sustained homelessness, making it more difficult for vulnerable people to find and maintain secure and stable housing (MIND, 2017).
- The prevalence of common mental health problems is over twice as high among the homeless compared with the general population, and prevalence of psychosis is up to fifteen times higher (NHS England, 2016).
- Over the life course, 72% of the homeless population are affected by a significant mental health problem, compared to 30% of the population as a whole (Homeless Link, 2018).
- In a survey of 900 homeless people, Homeless Link found that 49% had experienced depression and over 40% had experienced anxiety (NHS Confederation, 2012).

Homelessness and substance misuse

- Misuse of drugs and alcohol is highly prevalent among the homeless population; two thirds of homeless people cite drug or alcohol use as a reason for first becoming homeless, and those who use drugs are seven times more likely to be homeless (Crisis, 2018).
- Drug and alcohol misuse are particularly common causes of death amongst the homeless population, accounting for over a third of all deaths (Thomas, 2012).
- Homeless people are between seven and nine times more likely to die from alcohol-related diseases than the general population, and twenty times more likely to die from a drug-related cause (Thomas, 2012).

Homelessness among ex-offenders

- Offending and homelessness are closely interrelated; an estimated 20-33% of rough sleepers and the 'hidden homeless' having previously spent time in prison (Crisis, 2011; Greater London Authority, 2016).
- 13% of females and 15% of males on short term sentences are released with no fixed abode (HM Inspectorate of Probation and HM Inspectorate of Prisons, 2016).
- There is a greatly increased risk of death in the period post release from prison. It is particularly marked in the weeks immediately post release (especially for females) and is often associated with drug misuse.

Homelessness among veterans

- In 2014 it was estimated that the proportion of veterans sleeping rough ranged from 3% to 6% (Forces in Mind Trust, 2014).
- In 2015-16 there were an estimated 452 homeless veterans in England, of whom 142 were UK nationals (Murphy, 2016).
- For many veterans, pre-existing vulnerabilities such as poor educational attainment, relationship breakdown, mental ill health, family unemployment, domestic abuse or substance misuse may be exacerbated by transitioning out of military service, increasing their risk of future homelessness (RBL, 2010).

Current work to reduce homelessness in Central Bedfordshire

There has been considerable work in Central Bedfordshire to reduce homelessness and especially rough sleeping over the last few years. Central Bedfordshire Council's ongoing strategic priorities reflect this work and the need to work more in partnership both to prevent people becoming homeless and to provide a joined up response when people do become homeless. However, further work is needed to prevent and address the health impact of homelessness and to understand and address the wider forms of homelessness and their impact on health and wellbeing.

Figure: Examples of homelessness services available in Central Bedfordshire

Recommendations: How can we work together to reduce rough sleeping, better prevent homelessness and improve the health of homeless people in Central Bedfordshire?

1. Improve awareness of the Homelessness Reduction Act 2017 and its implications for partner organisations, especially regarding the duty to refer

- To improve awareness among public authorities in Central Bedfordshire of the new duty to refer and consider whether there should be wider implementation than the listed public authorities, e.g. in primary care.
- To achieve commitment to the aims of the Homelessness Reduction Act 2017 (with a focus upon improved referral routes and advice offer), building upon the Duty to Refer portal already established by CBC and aligned to the Care Act 2014.
- To develop a CBC Rough-sleeping strategy to be adopted by CBC Health and Wellbeing Board and CBC Executive by August 2019. This will help strengthen partnerships e.g. with Housing Associations and a further enhanced housing advice offer.

2. Improve the identification, assessment, recording and sharing of housing vulnerability, including little understood groups such as the hidden homeless

To improve system-wide understanding of homelessness, its impact and the current response, Central Bedfordshire Council should build on existing good practice by expanding its multi-professional approach to housing need, identification and assessment through:

- Building on existing work to capture information on the hidden homeless and wider homeless groups.
- Consideration of developing a single assessment process for vulnerable households (Care Act 2014 compliant), to identify at first assessment (using pre-agreed criteria) those at risk of deteriorating health and wellbeing. The impact on health and wellbeing will then be evaluated.
- Determining how public sector bodies and commissioned services should routinely record housing status, housing vulnerability and the duty to refer during initial assessments, and proactively address risk factors for homelessness.
- Developing and encouraging long-term housing approaches for vulnerable people (e.g. strengthen existing work with hospital discharge teams, prison/ offender management services and the veteran housing advice service).

3. Improve understanding of the overlap between mental health, other vulnerabilities and housing

- Improve mental health literacy by providing mental health awareness and intervention training for all frontline staff involved in homelessness prevention.
- Increase homelessness awareness within mental health and substance misuse services and ensure that care providers support individuals to obtain safe and stable housing.
- This improved partnership approach could include formal review meetings to learn from cases and transform services where required, including those relating to children leaving care and children in transitional accommodation.

4. Improve signposting and access to local services that can address the root causes of homelessness

- Improve system-wide knowledge regarding local services to maximise effectiveness and prevent duplication.
- To improve signposting from primary care to local services, Central Bedfordshire Council should work with GP practices to build and launch a 'resource pack' for primary care professionals.
- Increase signposting to advisory services (e.g. homelessness and debt advisory services) in health settings including primary care, mental health and drug and alcohol services, linking with existing work on GP signposting and social prescribing.

5. Improve consistent healthcare access for homeless individuals, from primary care through to acute care

Increase the proportion of the homeless population registered with a GP practice (including children and families in temporary accommodation). Approaches to improve registration could include:

- Development of a shared strategy to improve registration of homeless patients across all GP practices in Central Bedfordshire.
- Education and training for GP practices to clarify rights and responsibilities in relation to registration of homeless patients.
- Introducing the 'My Right to Healthcare' card in Central Bedfordshire.

6. Incorporate health and wider outcomes into evaluations of homelessness initiatives

- Measure the impact on health, wellbeing and socio-economic outcomes within any evaluation of homelessness initiatives e.g. the Rough Sleeper Outreach Service.

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