Homelessness

Introduction

Homelessness includes those households who are defined as statutorily homeless within the Housing Act 1996 and Homelessness Act 2002 (families with dependent children, pregnant women and adults who are assessed as vulnerable), however non-statutory homeless include single or couples without dependents who are sleeping rough, living in supported accommodation or are deemed as "hidden homeless" often sleeping on friends or family sofas.

Housing and health are linked and those who are homeless are more likely to have general health (including drug and alcohol issues) and mental health issues than the general population. They are also less likely to receive primary health care and more likely to require help from Acute services.[1]

Summary

Homelessness, statutorily or non-statutorily, can also be defined by need, roofless, houseless, insecure or inadequate housing, each brings different priorities and support requirements including health and wellbeing issues. Ill health, depression and substance misuse issues are also higher for those sleeping rough or in unstable accommodation.

The House of Commons, Communities and Local Government Committee report[2], Homelessness recognised that homelessness is increasing. The factors acknowledged in causing this increase are the cost and availability of housing, a varied approach by different local authorities to support, the multiple complex needs especially of vulnerable groups with a particular concern for poor mental health and domestic violence. The impact of recent welfare reforms and are awaiting a review of the impact on support accommodation.

Rough sleeping has increased nationally, demand on services for the homeless is on the increase whilst local government funding pressures impact on capacity.

Homelessness has an effect on health and wellbeing, homeless people are more likely to die young, have a physical or mental health problem, have taken drugs in the last 6 months, been to A&E or admitted to hospital. They are also less likely to have a good diet, have access to preventative health services and more likely to smoke or drink alcohol above than the recommended amounts.

Headlines

Homeless people are more likely to die young with an average age of 47 years, slightly younger for women, as opposed to the general population with a life expectancy of about 80 and women living longer than men.[3]

Health of homeless people is worse than the general population, a study carried out in 2010 by Homeless Link[1] estimated 73% had some physical health problem, 41% had a long-term physical health problem (28% in the general population), 80% some form of mental health issue, 45% diagnosed with a mental health problem (25 % general population) and 36% had taken drugs in the past 6 months (5% general population). Also 35% had been to A&E and 26% had been admitted to hospital over the past six months four times higher than that of the general population.

The same study found 35% do not eat at least two meals a day, two-thirds consume more than the recommended amount of alcohol each time they drink and 77% smoke. Many respondents to the Homeless Link survey said they did not receive any help for their physical ill health. 17.5% for drugs and 16.7% for alcohol said they would like support but are not receiving it. 7% have even been denied access to a GP or Dentist.

It is estimated that there has been a 30% rise in rough sleeping nationally from 2014 to 2015, within Norfolk Norwich has the highest current rate with South Norfolk the lowest.

The link between housing and health is documented and the effect is detrimental to those who find themselves homeless.[4] Not only does this have an impact on the people themselves but also impacts on health services, a higher demand on the Acute services and higher levels of all health concerns than the general population. The Department of Health's estimate puts homeless people's use of health care at a minimum of £85m per year.

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[1] Homeless Link "Homelessness and health campaign" http://www.homeless.org.uk/our-work/campaigns/policy-and-lobbying-priorities/homelessness-and-health-campaign (accessed 01/10/2016)

[2] House of Commons. Communities and Local Government Committee (2016), 'Homelessness', http://www.publications.parliament.uk/pa/cm201617/cmselect/cmcomloc/40/40.pdf (accessed 01/10/2016)

[3] Homelessness: A silent killer, Crisis: http://www.crisis.org.uk/data/files/publications/Homelessness%20-%20a%20silent%20killer.pdf (accessed 17/10/2016)

[4] Houses of Parliament, Parliamentary Office of Science and Technology, "Housing and Health", Postnote Number 371 January 2011

Influences on Health and Wellbeing

Homelessness is an indication of severe poverty and is associated with adverse health, education and social outcomes, particularly for children. Those who are statutorily homeless are amongst the most vulnerable and in need of our population. A link between Housing and health are established. Based on finding from 2,590 people using services across the country Homeless Link found their health was worse than the general public in terms of general and mental health as well as drugs, alcohol consumption and smoking[5]. Access to services can also be an issue which limit preventative measures, treatment for health conditions and an increase in demand for Acute services as a consequence. A review by the Parliamentary Office of Science and Technology in 2011[5] found that poor housing is associated with increased risk of cardiovascular diseases, respiratory diseases, depression and anxiety as well as eczema and asthma from poor low quality housing.

Social, environmental, population context

Housing prices – The supply of affordable housing has grown more within the Private rented sector to fill the gap in need and the lack of other options such as council housing. Ending an Assured Shorthold Tenancy is a significant reason for households turning to the local authority for help. Increasing from 13 to 30% from 2005 to 2015 due to an unaffordable increase in rent for those on low income. Local Housing Allowance (LHA) is a flat rate of housing benefit payable to claimants living in the private rented sector and there may be a gap between the calculated LHA level and average private rents in the area. This benefit has been frozen for four years where as rent prices continue to increase. Many landlords are reluctant to let to tenants in receipt of housing benefit and fewer to the homeless. Although there is a focus on starter homes and right to buy schemes many who are homeless or struggling with housing costs cannot make this step and require affordable rental social housing.

Benefit changes – In 2015 the LHA was frozen for four years and that the entitlement to housing support for new claimants of Universal Credit would be removed from 18-21 year olds who are out of work (from April 2017 although vulnerable young people will be exempt from this change). However there is a risk to this age group of becoming homeless for example losing their employment with no grace period of receiving this credit whilst they look for employment. The Shared Accommodation Rate (limiting the amount of housing benefit payable to that of a room in a share house) was extended to cover single people under the age of 35 from 2012, previously applying to the under 25 year olds. Other influences are the restriction of housing benefit and tax credits to only take account of two children, the roll out of Universal Credit and the removal of the direct payment scheme for LHA.

Local Authority responsibility – Local authorities have a duty to provide accommodation for all homeless people who are judged to be in “priority need” as categorised by section 189 of the Housing Act 1996 with some expansion in 2002. If not falling into one of the categories qualifying for accommodation only the duty to provide advice and assistance falls to the Local Authority. Increasing demand for this support whilst in a climate of reduced funding challenges the delivery of this service. Also of concern is the effect on applicants when offered a place outside their local authority.

Evidence

Within the Public Health Framework, Wider determinants of health, are published figures for Statutory homelessness – Eligible homeless people not in priority need and households in temporary accommodation Norfolk has a lower rate of both indicators than the region or England, however the trend across the country, including Norfolk, is rising.[6]
The Homeless Link Health Needs Audit support the effects that homelessness has on health and levels compared to the general population.[6] Also supported by the House of Commons. Communities and Local Government Committee (2016), ‘Homelessness’ [2] which goes on to discuss the impact of recent changes of legislation and housing availability.

Burden of ill health and gaps in services

[5] Homeless link, “Health Needs Audit”: http://www.homeless.org.uk/facts/homelessness-in-numbers/health-needs-audit-explore-data (accessed 17/10/2016)
[6] PHOF, Statutory homelessness: http://www.phoutcomes.info/public-health-outcomes-framework#page/3/gid/1000041/pat/6/par/E12000006/ati/102/are/E10000020/iid/11502/age/1/sex/4 (accessed 17/10/2016)

A recent article by NICE set out how 'Providing shelter for homeless people with tuberculosis: just one way local government can help tackle TB' [7] and other evidence shows the link between homelessness and health already discussed, where homeless people are more likely to have general and mental health conditions as well as for those conditions to get worse due to the lack of accessible healthcare and shelter.
St. Mungo's Broadway in July 2013 published a paper "Health and homelessness: Understanding the costs and role of primary care services for homeless people." [8] In which they discuss the cost to services and use case studies to try and understand this cost.
Crisis publish a paper "At what cost? An estimation of the financial cost of single homelessness in the UK"[9] using case studies to estimate the cost of support for each illustrative vignette as well as a review of existing evidence.

Current services, local plans and strategies

City Reach[10] in Norwich provides healthcare services for people who find it difficult to visit mainstream GP service including the homeless. Set up by a group of local healthcare professionals and homeless service staff and as such has strong relationships with associated services for the homeless and focuses on health issues known to be a factor for the homeless. Also conducting on-the-spot health assessments when working with outreach workers. Many barriers are removed this service including; no requirement to present documentation, minders to attend appointments, flexibility with appointments (tolerance for timing, more time if necessary) and help with managing any further documents or paperwork.

Greater Norwich Homelessness Strategy[11] sets out a collaborative approach to tackling homelessness in Greater Norwich over the five years from 2015-2020. It sets out how Broadland, Norwich and South Norfolk councils will work together and with partners and commissioners. Based on an early help approach to not only prevent homelessness but also improve health and wellbeing, and job opportunities.

Greater Norwich Health Needs Assessment, work is currently underway to produce a Health Needs Assessment for Homeless in the Greater Norwich Area in collaboration with partners and providers. A survey has been completed and is being collated in line with the studies done by Homeless Link www.homeless.org.uk and will be published later this year.

St. Martins Housing Trust[12] is a charity in Norfolk and Norwich who's objective is to "provide food shelter and accommodation tin Norfolk for poor people having no other residence or the place to sleep….". They provide access to a direct access hostel, registered care home for people with mental health problems and with drug/or alcohol dependency, Sheltered housing, Community services, contact, assessment and Prevention Service, Temporary Accommodation project, Under- 1-roof training, education and employment preparation centre, and a Learning Employment Accommodation project.

National charities include Homeless Link, Street Link and Shelter.

Voice – the perspective from the public, service users, referrers and front line staff

[7] Providing shelter for homeless people with tuberculosis: just one way local government can help tackle TB' https://www.nice.org.uk/news/press-and-media/providing-shelter-for-homeless-people-with-tuberculosis-just-one-way-local-government-can-help-tackle-tb-says-nice (accessed 17/10/2016)
[8] St. Mungo's Broadway "Health and homelessness: Understanding the costs and role of primary care services for homeless people." July 2013: http://www.mungos.org/documents/4153/4153.pdf
[9] Crisis, "At what cost? An estimation of the financial costs of single homelessness in the UK": http://www.crisis.org.uk/research.php?fullitem=448
[10] City Reach http://www.norfolkcommunityhealthandcare.nhs.uk/The-care-we-offer/Service-search/city-reach.htm

[11] Norwich City Council (2015), 'Greater Norwich Homelessness Strategy' https://www.norwich.gov.uk/downloads/file/3243/greater_norwich_homelessness_strategy (accessed 01/10/2016)

[12] St Martins Housing Trust http://www.stmartinshousing.org.uk/

Within the House of Commons Paper[2] a section is included which focuses on the Service-users perspective. Their identified themes where; Being treated with respect and compassion, an understanding of the persons situation that they are a victim of circumstance not part of a problem, Choice and autonomy, openness to the requirements or restrictions for each individual and Quality of Service, appointments met, consistent approach across all contacts within a service and consistent criteria across all councils.

Charities such as Homeless Link campaign on behalf of homeless people and campaign for policy change that will help end homelessness.

Considerations for HWB and commissioner

Homelessness and health are linked and there is a current increase in levels of both statutory and non-statutory homelessness. Affordability of private renting has a direct affect as rent prices increase, available, affordable and suitable housing for all groups within the homeless is required. Early intervention services can work to prevent or support people before they become homeless supporting them during a crisis or sudden change in circumstance.
Consistency of approach and criteria would ensure an understanding of those using the services across the county. Those who find themselves homeless need access to services to be direct and uncomplicated as well as open and flexible to individual need and circumstance/ requirement.
Need levels and service requirements vary across the county and across urban and rural areas.
Use of Acute services is greater amongst the homeless is higher than the general population so the provision of open door, targeted or services embedded in out-reach services for the homeless help prevent to use and requirement for more acute services.

References and information

Norwich City Council (2015), 'Greater Norwich Homelessness Strategy' https://www.norwich.gov.uk/downloads/file/3243/greater_norwich_homelessness_strategy (accessed 01/10/2016)

City Reach http://www.norfolkcommunityhealthandcare.nhs.uk/The-care-we-offer/Service-search/city-reach.htm

Street Link http://www.streetlink.org.uk/

Shelter http://england.shelter.org.uk/

St Martins Housing Trust http://www.stmartinshousing.org.uk/

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