

Homelessness

Introduction

Homelessness includes those households who are defined as statutorily homeless within the Housing Act 1996 and Homelessness Act 2002, such as families with dependent children, pregnant women and adults who are assessed as vulnerable. These households meet specific criteria of priority need set out in the legislation, and a homelessness duty has been accepted for them by a local authority. Such households are rarely homeless in the literal sense of being without a roof over their heads but are more likely to be threatened with the loss of their current accommodation.¹

In addition, non-statutory homeless include singles 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.

Homelessness, statutorily or non-statutorily, can also be defined by need (roofless, houseless, insecure or inadequate housing) each bringing different priorities and support requirements including health and wellbeing issues.

Housing and health are linked and those who are homeless are more likely to have physical and mental health issues, including depression, misuse of drugs and alcohol, than the general population. They are also less likely to receive primary health care and more likely to require help from acute services.² The life expectancy of a homeless person is also significantly lower than that of the general population.

Summary

The House of Commons, Communities and Local Government Committee report³ "Homelessness" recognised that homelessness was increasing. The factors acknowledged in causing this increase are: the cost and availability of housing, a varied approach to support by different local authorities, multiple complex needs especially of vulnerable groups including poor mental health and domestic violence, and the impact of recent welfare reforms.

The Homeless Reduction Act 2017 was introduced for all local housing authorities to provide additional help to people who are affected by homelessness, not just those who fall into the priority need categories. This included extending the period a household is threatened with homelessness from 28 to 56 days, meaning prevention can start at an earlier stage, a new duty to support those already homeless for 56 days to relieve their homelessness by helping secure accommodation and a duty to refer for certain public authorities.⁴ The Ministry of Housing, Communities & Local Government published their Rough Sleeping Strategy in August 2018 with a commitment to halve rough sleeping in the current Parliament and to end it by 2027.⁵ The strategy is based on three pillars of Prevention, Intervention and Recovery.

Homelessness affects 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 the recommended amounts.

Headlines

Numbers accepted as being homeless and in priority need, is 1.52 per 1,000 households for 2017-18 for Norfolk⁶, lower than the national and East of England rate both at 2.41. Family and young people homelessness rates in Norfolk are both lower than England. However, eligible homeless people not in priority need is slightly worse at 0.9 per 1,000 where nationally this is 0.8.

There is variation across the county also where the highest rate of households in temporary accommodation for 2017/18 is highest in Great Yarmouth at 1.5 per 1,000 households, the lowest in Breckland and South Norfolk with 0.2 or less.⁷ Similarly, for eligible homeless people not in priority need Great Yarmouth has the

¹ Homelessness: data notes and definitions. <https://www.gov.uk/guidance/homelessness-data-notes-and-definitions> (accessed 12/11/2019)

² 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)

³ 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)

⁴ <https://www.gov.uk/guidance/homelessness-code-of-guidance-for-local-authorities/overview-of-the-homelessness-legislation>

⁵ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/733421/Rough-Sleeping-Strategy_WEB.pdf

⁶ <https://www.norfolkinsight.org.uk/data-catalog-explorer/indicator/I26818?geold=G3>

⁷ <https://fingertips.phe.org.uk/search/homeless#page/3/gid/1/pat/6/par/E12000006/ati/201/are/E07000145/iid/11502/age/-1/sex/4>

highest rate at 4.9 per 1,000 in 2017/18 which is the highest for all districts in this region (England 0.8). This increased to 5.6 in 2016/17 but has decreased this last reported year 2017/18.⁸

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. Based on findings from 3,355 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 smoking⁹. Access to services can also be an issue which limits preventative measures and treatment for health conditions resulting in an increase in demand for acute services. A review by the Parliamentary Office of Science and Technology in 2011 found that poor quality housing is associated with increased risk of cardiovascular diseases, respiratory diseases (such as asthma), depression and anxiety as well as eczema.⁵

Homeless people are more likely to die younger than the general population.¹⁰ There are more deaths of homeless people in urban areas (574 in 2017 across England) compared to rural areas (26).¹¹ The health of the homeless is worse than that of the general population, a study carried out in 2014 by Homeless Link¹² estimated 78% 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 month (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 Greater Norwich homeless needs audit in 2016¹³ found very similar results although those surveyed were in receipt of a service and willing to participate, therefore did not include those with more chaotic lives or not yet in receipt of services.

The same study found 35% do not eat at least two meals a day, two-thirds consume more than the recommended amount of alcohol 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 a dentist.

The link between housing and health is documented and the effect is detrimental to those who find themselves homeless.¹⁴ Not only does this have an impact on the people themselves but also impacts on health services and places a higher demand on the acute services. The Department of Health's estimate puts homeless people's use of health care at a minimum of £85m per year.

Social, environmental, population context

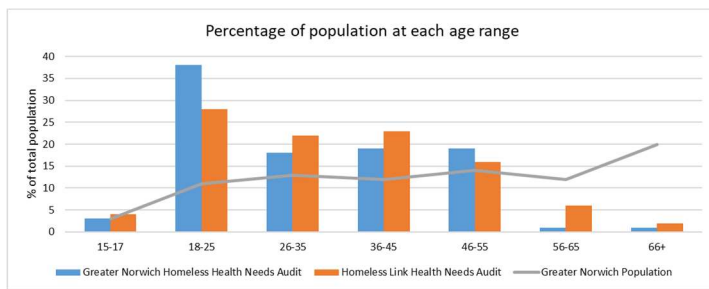


Figure 1.

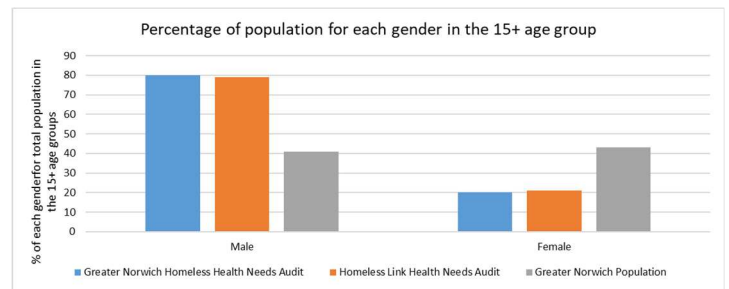


Figure 2.

⁸ <https://fingertips.phe.org.uk/search/homeless#page/3/gid/1/pat/6/par/E12000006/ati/201/are/E07000145/iid/92314/age/-1/sex/4>

⁹ Homeless link, "Health Needs Audit": <http://www.homeless.org.uk/facts/homelessness-in-numbers/health-needs-audit-explore-data> (accessed 11/09/2019)

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

¹¹ <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsofhomelesspeopleinenglandandwales/localauthorityestimates2013to2017>

¹² <https://www.homeless.org.uk/sites/default/files/site-attachments/The%20unhealthy%20state%20of%20homelessness%20FINAL.pdf>

¹³ https://www.norwich.gov.uk/download/downloads/id/3950/greater_norwich_homeless_health_needs_audit_2016.pdf

¹⁴ Houses of Parliament, Parliamentary Office of Science and Technology, "Housing and Health", Postnote Number 371 January 2011

Figure 1 shows the age distribution of the homeless population according to three different surveys. The 2016 Greater Norwich homeless health needs audit¹⁵ compared the ages of the participants of the survey with national participants of the same survey¹⁶ and the general population of the Greater Norwich area (Figure 1). The data demonstrated a younger population with significantly lower levels of older people. The mean age at death for the homeless between 2013 and 2017 was 44 years for men and 42 years for women¹⁷, for the general population of Norfolk men 80 years and women 84 years.

Figure 2 shows the gender distribution of the homeless population according to three different surveys. Rough sleepers in England in 2017 included 14% women, for the East of England this was 19%.¹⁸ Within the Greater Norwich Health Needs survey the gender split was 80% male, 20% female, these respondents were those in receipt of a service and willing to participate (Figure 2).

LGBTIQ+ - Homeless link's report, supported by The Outside Project, "Supporting LGBTIQ+ people in homeless services"¹⁹ describes the issues specific to LGBTIQ+ people who are homeless and the reasons why they may find themselves homeless. The report describes that although 1.7% of the UK population identifies as lesbian, gay or bisexual, rising to 3.3% for 16-24 year olds, within the homeless population approximately 4% identify as LGBT and among the youth homeless 24% as LGBTIQ+. Young people identifying as LGBTIQ+ reported their top three reasons for their homelessness as; parental rejection, abuse within the family and aggressive/ violence in the family and face discrimination and exclusion even within a service. Many have substance misuse or mental health issues, as both are more prominent in this group.

Prisoners – 15% male and 13% female prisoner state 'no fixed abode' as their accommodation status when leaving prison.²⁰ 66,000 prisoners leave each year meaning 9,900 men and 8,580 women leave with no home declared. 23% of people accessing homeless accommodation projects and 16% of day centres have had contact with the criminal justice system.²¹ 15% of newly sentenced people reported being homeless and 79% of those whom had previously been homeless are reconvicted in the first year after release.²² Homeless Links report "Working with prison leavers"²³ includes discussion as to whether homelessness can contribute to re-offending and why some people leave prison without a clear plan.

Veterans – The "Strategy for our veterans" presented to parliament in November 2018 includes the theme of making a home in the civilian society.²⁴ The "Homelessness code of guidance for local authorities" Chapter 24: Former members of the armed forces²⁵ sets out responsibilities in support, and qualification for support for veterans. Despite this support the House of Lords Library briefing "Veterans Strategy: Background to Government Policy"²⁶ discusses that estimates for veterans that might be homeless range from 7,000 to 13,000.

Children and families – homelessness for children can have a lasting impact.²⁷ They are more likely to suffer ill health, physical and mental, experience stress and anxiety as well as bullying and isolation. Temporary accommodation increases the risk of infections and accidents. Children are more likely to be absent from school impacting on their long-term attainment. There has been an increase in families experiencing housing difficulties likely to be caused by the increase in private rent and the loss of the Assured Shorthold Tenancy.

¹⁵ https://www.norwich.gov.uk/download/downloads/id/3950/greater_norwich_homeless_health_needs_audit_2016.pdf

¹⁶ <https://www.homeless.org.uk/facts/homelessness-in-numbers/health-needs-audit-explore-data>

¹⁷ <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsofhomelesspeopleinenglandandwales/2013to2017>

¹⁸ <https://www.homeless.org.uk/sites/default/files/site-attachments/Homeless%20Link%20-%20analysis%20of%20rough%20sleeping%20statistics%20for%20England%202017.pdf>

¹⁹ <https://www.homeless.org.uk/sites/default/files/site-attachments/Supporting%20LGBTIQ%2B%20people%20in%20homelessness%20services%20May2019.pdf>

²⁰ www.gov.uk/government/statistics/prison-population-figures-2017

²¹ <https://www.homeless.org.uk/sites/default/files/site-attachments/Full%20report%20-%20Support%20for%20single%20people%202016.pdf>

²² www.bristol.ac.uk/poverty/downloads/keyofficialdocuments/Reducing%20Reoffending.pdf

²³ <https://www.homeless.org.uk/sites/default/files/site-attachments/Working%20with%20prison%20leavers%20March%202018.pdf>

²⁴ <https://www.gov.uk/guidance/homelessness-code-of-guidance-for-local-authorities/chapter-24-former-members-of-the-armed-forces>

²⁵ <https://www.gov.uk/guidance/homelessness-code-of-guidance-for-local-authorities/chapter-24-former-members-of-the-armed-forces>

²⁶ <https://researchbriefings.files.parliament.uk/documents/LLN-2018-0118/LLN-2018-0118.pdf>

²⁷ https://www.local.gov.uk/sites/default/files/documents/22.7%20HEALTH%20AND%20HOMELESSNESS_v08_WEB_0.PDF

Young people – Young people become homeless for a variety of reasons, however they are more likely to have experienced abuse at home. Risk of homelessness is greater for those leaving care, run away, BME, LGBT or have had some contact with the criminal justice system. Also, young refugees and asylum seekers as well as young people from rural areas are at higher risk. They are also less likely to know how to access services and lack any formal support, increasing their vulnerability to exploitation, abuse, trafficking or involvement in criminal or gang activity.

Housing prices – The private rented sector has grown more than social housing. Ending an Assured Shorthold Tenancy is a significant reason for households turning to the local authority for help. 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. Unless one is receiving severe disability premium, state pensionable age, temporary accommodation or live in sheltered or supported housing benefits will be paid as part of universal credit.²⁸ Many landlords are reluctant to let to tenants in receipt of housing benefit or universal credit 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 – From 31 December 2018 18-21 year olds will be entitled to claim support for housing costs in Universal Credit (UC), abolishing a policy introduced in April 2017. As a result, some unemployed UC claimants aged 18 to 21, who are living in a UC full service area would not receive help with their housing costs through the housing element of UC. 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 shared 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 UC 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.

Burden of ill health and gaps in services

NICE sets out how providing shelter for homeless people with tuberculosis is one way local government can help tackle TB.²⁹ Other evidence shows the link between homelessness and health, as 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 July 2013 paper “Health and homelessness: Understanding the costs and role of primary care services for homeless people”³⁰ discusses the cost to services and uses case studies to understand this cost.

Crisis paper “At what cost? An estimation of the financial cost of single homelessness in the UK”³¹ uses case studies to estimate the cost of support and reviews existing evidence.

The King’s Fund’s paper Housing and Health: Opportunities for sustainability and transformation partnerships³² estimates a cost of £62 million per year over and above the costs for the same number of the general population. A Department of Health study³³ found homeless people were 3.2 times more likely to be an

²⁸ <https://www.gov.uk/housing-benefit>

²⁹ 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)

³⁰ 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>

³¹ 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>

³² https://www.kingsfund.org.uk/sites/default/files/2018-03/Housing_and_health_final.pdf

³³ https://webarchive.nationalarchives.gov.uk/20130123201505/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_114250

inpatient admission than the general population. Treatment costs for drugs and alcohol and mental health support were reduced when the individuals were moved into accommodation with co-ordinated support. An A&E visit costs £147; 4 out of 10 experiencing homelessness have used A&E in the last six months. £1,668 is the average cost per arrest; 7 out of 10 homeless ex-offenders are reconvicted within one year. Evidence shows that people who experience homelessness for three months or longer cost on average £4,298 per person to NHS services, £2,099 per person for mental health services and £11,991 per person in contact with the criminal justice system.³⁴

Current services, local plans and strategies

City Reach³⁵ 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, it has strong relationships with associated services and focuses on health issues known to be a factor for the homeless. It also conducts on-the-spot health assessments when working with outreach workers. Many barriers are removed through this service including; no requirement to present documentation, reminders 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 Strategy³⁶ presents 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 alongside partners and commissioners. It is 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 was published in 2016³⁷ in collaboration with partners and providers. A survey was completed and collated in line with studies by Homeless Link www.homeless.org.uk. Norwich City Council also convene the Greater Norwich Homelessness Forum³⁸ which meets quarterly and includes council officers, providers, charities and other groups working together to co-ordinate activity in this area.

District Direct supports patients and hospital staff to identify and overcome barriers to discharge via a dedicated district council resource within the integrated hospital discharge hub. The aim is to identify housing related barriers to returning home at the earliest opportunity and support residents to return home in a timely manner from hospital to an environment that meets their needs with the necessary support in place. The service works across Norfolk & Norwich Hospital, Queen Elizabeth Hospital and James Paget Hospital and is funded until March 2020 by Adult Social Care and the CCGs. It is also rolling out to Hellesdon Hospital and community hospitals until March 2020 using winter resilience funding. To date the service has received over 1800 referrals. Patients include those identified at risk of delayed discharge and/or re-admission due to the home environment, financial situation, homelessness, energy issues etc. and patient's needs not covered by other statutory organisations.

St. Martins Housing Trust³⁹ is a charity in Norfolk and Norwich whose objective is to “provide food shelter and accommodation in Norfolk for poor people having no other residence or 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.

A social enterprise called The Feed provides catering services, a training centre and café from which profits go to The Feed Foundation a charity set up to help with poverty and homelessness in Norwich⁴⁰.

³⁴ <https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/cost-of-homelessness/better-than-cure-2016/>

³⁵ City Reach <http://www.norfolkcommunityhealthandcare.nhs.uk/The-care-we-offer/Service-search/city-reach.htm>

³⁶ Norwich City Council (2015), 'Greater Norwich Homelessness Strategy' https://www.norwich.gov.uk/downloads/file/3243/greater_norwich_homelessness_strategy (accessed 01/10/2016)

³⁷ https://www.norwich.gov.uk/download/downloads/id/3950/greater_norwich_homeless_health_needs_audit_2016.pdf

³⁸ https://www.norwich.gov.uk/downloads/download/2287/greater_norwich_homelessness_forum

³⁹ St Martins Housing Trust <http://www.stmartinshousing.org.uk/>

⁴⁰ <https://thefeed.org.uk/>

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

Within the House of Commons Paper² a section is included which focuses on the service users' perspective. Their identified themes were: Being treated with respect and compassion, an understanding of the person's 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 Link⁴¹, Crisis⁴² and Shelter⁴³ campaign on behalf of homeless people and campaign for policy change that will help end homelessness.

Considerations for HWB and commissioners

Homelessness and health are linked, 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 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, circumstance and requirement.

Need levels and service requirements vary across the county, across urban and rural areas and population groups which should be considered when designing interventions.

Use of acute services is greater amongst the homeless and is higher than the general population so the provision of open door primary care, targeted or embedded in out-reach services for the homeless help prevent the use and requirement for emergency and acute services.

LGBTIQ+ service users require specific support and understanding the Homeless Link report "Supporting LGBTIQ+ people in homeless services."⁴⁴ sets out the considerations for this group.

People leaving prison have specific requirements to be supported to prevent homelessness and reduce the chance of re-offending, considerations for supporting prison leavers into accommodation are covered in Homeless Links report "Working with prison leavers"⁴⁵. The report includes current legislation, work prior to leaving prison and accommodation pathways.

References and information

Norwich City Council (2015), 'Greater Norwich Homelessness Strategy'

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The Feed <https://thefeed.org.uk/>

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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⁴¹ <https://www.homeless.org.uk/>

⁴² <https://www.crisis.org.uk/>

⁴³ <https://england.shelter.org.uk/>

⁴⁴ <https://www.homeless.org.uk/sites/default/files/site-attachments/Supporting%20LGBTIQ%2B%20people%20in%20homelessness%20services%20May2019.pdf>

⁴⁵ <https://www.homeless.org.uk/sites/default/files/site-attachments/Working%20with%20prison%20leavers%20March%202018.pdf>