

Homelessness and health: Executive summary



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Executive Summary

The Director of Public Health report is an independent report focused on improving the health of the people of Milton Keynes and this year, the report is on the important topic of homelessness and health. It aims to highlight issues, present evidence and make recommendations to address the key public health challenge 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 those of the general population, with the average age of death of homeless people in 2012 being 47 years for men and 43 years for women when compared to 77 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 of stable accommodation and worsening health.

The root causes of homelessness

Several factors have driven the recent rise in homelessness in England, increasing the vulnerability of individuals and families to homelessness. The important drivers of homelessness in England include:



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 – 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.



Health, social and behavioural risk factors

A range of health, social and behavioural risk factors put individuals and families at 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.



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 affordability of housing, combined with the rising cost of temporary 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.
- 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 Milton Keynes

Homelessness in England is a much bigger problem than that captured by 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 Milton Keynes, homelessness increased at a much greater rate than in England, especially after 2014 where there was a steep increase in numbers of people in temporary accommodation and rough sleepers.

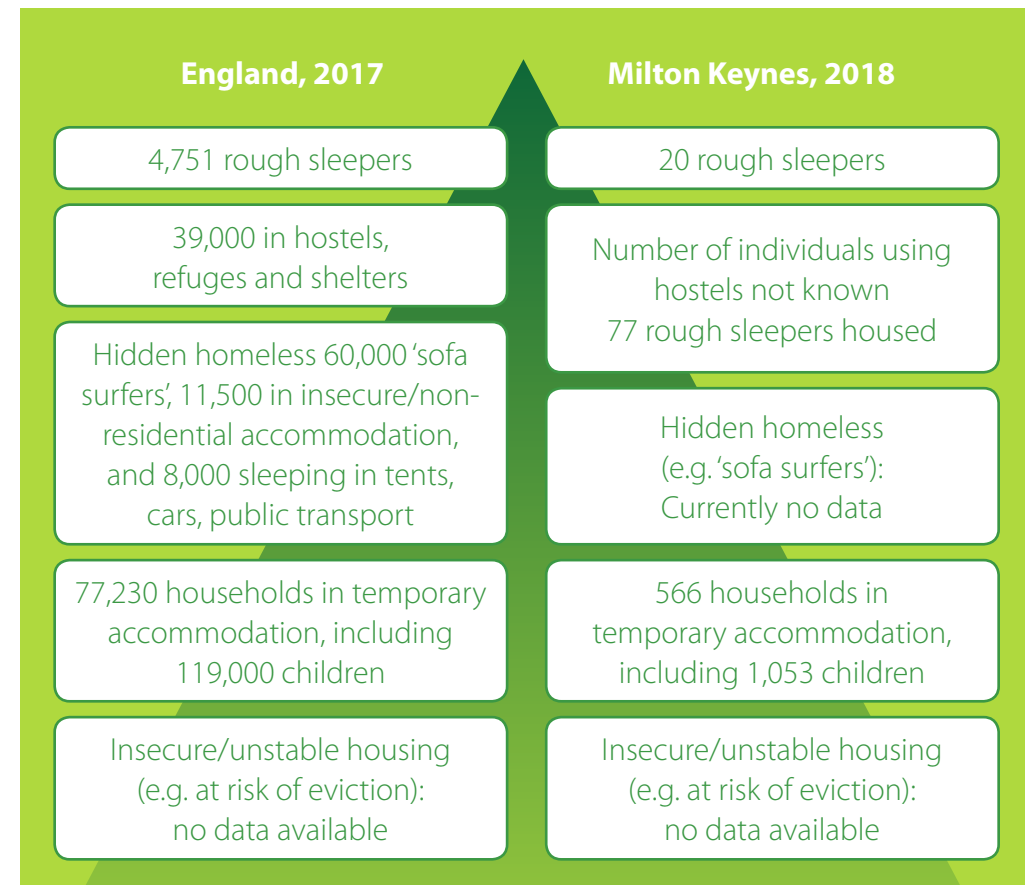


Figure: The pyramid of homelessness in England and Milton Keynes

Sources: Ministry of Housing, Communities & Local Government statistics, Bramley 2017, MKC Homelessness Prevention and Housing Access, Housing and Community team

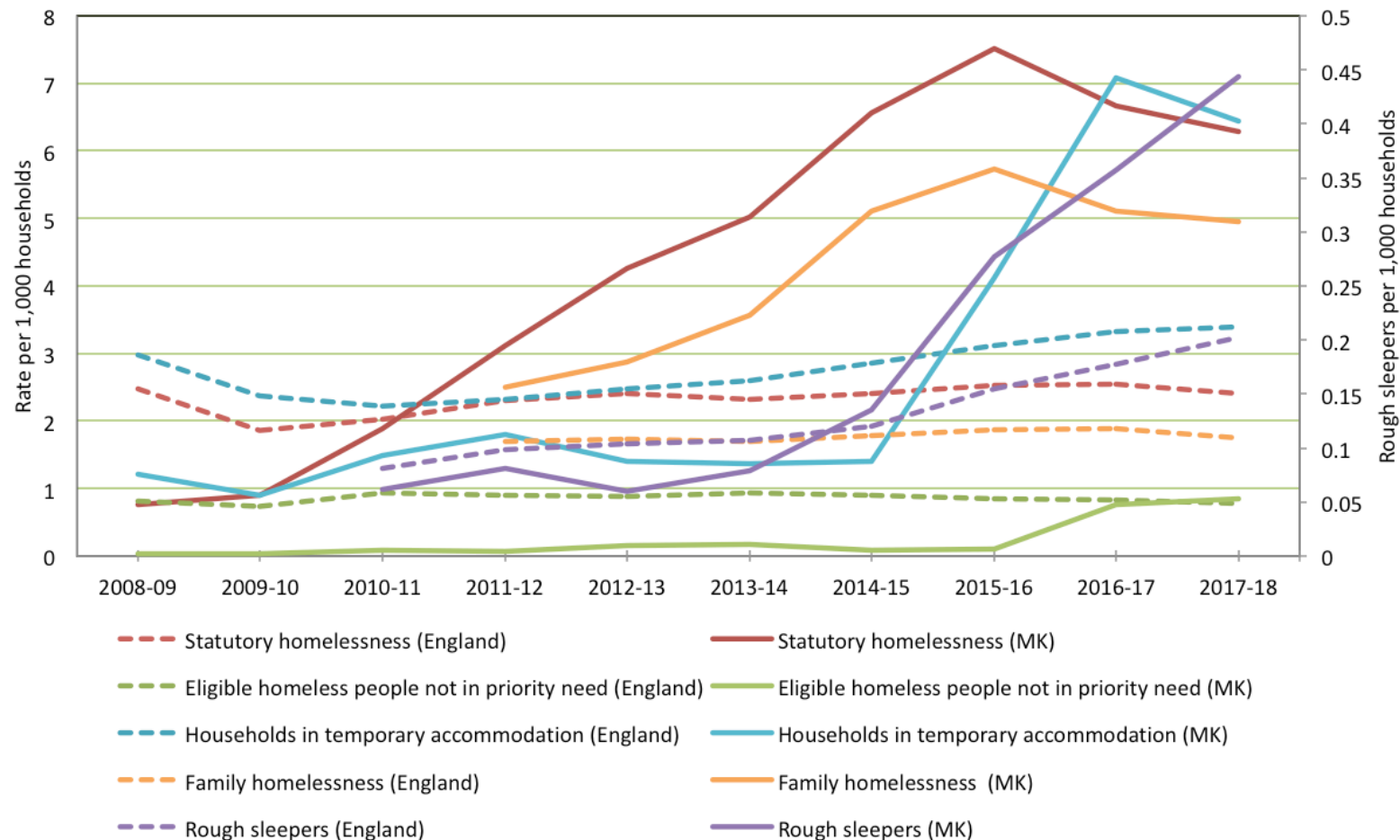


Figure: Snapshot of current national homelessness and recent trends
 (Source: Ministry of Housing, Communities & Local Government)

Homelessness Reduction Act (2017)

This report comes during the introduction and implementation of the Homelessness Reduction Act (HRA) in England. This means that historical trends and current levels of homelessness are presented with reference to the 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 Milton Keynes, building on definitions provided by Crisis and in the context of the HRA, which seeks to lower the threshold of vulnerability qualifying individuals and families to assistance from local authorities.

The HRA 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 (October, 2018).



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 (Shelter, 2006 and PHE, 2018).
- Homeless children are more likely to suffer from health problems associated with overcrowded home environments, including respiratory infections, asthma exacerbations and accidents.
- 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.



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 vary widely from 60,000 sofa surfers (Bramley, 2017) to 2.32 million concealed households in England (Fitzpatrick, 2018).
- 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 Milton Keynes

There has been considerable work in Milton Keynes to reduce homelessness and especially rough sleeping over the last few years. The Rough Sleeping Reduction Strategy 2018-2021 has highlighted the need to work in partnership both to prevent people from sleeping rough in the first place and to provide a joined up response when people do end up on the street, including investment in a Housing First model in Milton Keynes.

Example of homelessness services available in Milton Keynes



Recommendations: How we can work together to better prevent homelessness and improve the health of homeless people in Milton Keynes



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

- Improve awareness of the new duty to refer among public bodies in Milton Keynes and consider whether there should be wider implementation than the listed public bodies e.g. primary care and mental health.



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 current response, Milton Keynes Council should build on existing good practice by expanding its multi-professional approach to housing need identification and assessment by:

- Using wider homeless group definitions to provide further understanding of people at risk of homelessness.
- Determining how public sector bodies and commissioned services should routinely record housing status, housing vulnerability and the duty to refer during initial assessments ensuring they proactively address risk factors for homelessness.
- Developing and encouraging long-term housing approaches for vulnerable people (e.g. by mental health service, prison/offender management services, drug and alcohol services).



Improve understanding of the overlap between mental health, substance misuse 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 the care provided also supports individuals to achieve safe and stable housing.



Improve signposting and access to local services that can impact root causes of homelessness

- Improve system wide knowledge around wider services available to maximise effectiveness and limit duplication.
 - Improve healthcare signposting to local services, MK Council and the MK Homelessness Partnership should work with general practices to build and launch a 'resource pack' for primary care professionals.
 - Consider approaches for placing advisory services (e.g. debt advisory services) in primary care practices, linking with existing work on social prescribing
- Improve access and maximise the effectiveness of drop-in services, ensure unscheduled drop-in appointments are permitted and promoted at all homeless shelters.



Improve consistent health care access for homeless individuals, from primary care through to acute care

Increasing the proportion of homeless populations registered with a GP surgery (including children and families in temporary accommodation) should be a key priority. Approaches to improve registration should include:

- Development of a shared strategy to improve registration of homeless patients across all GP practices in Milton Keynes.
- Education and training for GP practices to clarify rights and responsibilities in relation to registration of homeless patients.
- Consider the 'My Right to Healthcare' card in Milton Keynes, building on work in London and elsewhere.
- Ensure effective implementation Homelessness Reduction Act and the duty to refer by public bodies including hospital emergency and inpatient services.



Incorporate health and wider outcomes into evaluations of homelessness initiatives

- Include impact on health and other system-wide outcomes within any evaluation of homelessness initiatives e.g. Housing First in Milton Keynes.

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