

LGA's Homelessness Report

Purpose

For discussion and direction.

Summary

The LGA's Environment Economy, Housing and Transport (EEHT) Board commissioned a report to help inform the LGA's position on homelessness. The EEHT Board will be considering how to use the findings of the report going forward. A key strand of the report covers the role of health and social care. This paper sets out the key findings and recommendations that cross over with the remit of the LGA Community Wellbeing Board.

Recommendations

Members are asked to:

1. Note the Homelessness report commissioned by the EEHT Board;
2. Note the recommendations in the report of relevance to this Board;
3. Agree that the Board should contribute to the LGA's cross-cutting work on homelessness and as appropriate develop a work plan to respond to the recommendations in the report set out in paragraph 14.

Action

Officers to action as appropriate.

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LGA's Homelessness Report

Background

1. In April 2016 the LGA's Environment Economy, Housing and Transport (EEHT) Board commissioned a report to help inform the LGA's position on homelessness, and to provide evidence-based recommendations for policy work going forward. The EEHT Board will be considering how to use the findings of the report going forward to inform the LGA's internal discussions ahead of agreeing a position on how to respond to homelessness.
2. The report was commissioned at a time when homelessness levels are rising from a low point in 2010, and an expectation that this trend will continue. This trend is increasing demand for local government and other public services at a time of reduced funding, but there are also local and national ambitions to improve health and wellbeing.

Key findings

3. The report noted that from 2009/10 to 2015/16, in England there has been:
 - 3.1. A 28.7 per cent increase in households for whom the local authority has prevented or relieved homelessness;
 - 3.2. A 16.2 per cent increase in households who had made a homelessness application to the local authority but the decision had been taken that there was no statutory duty to accommodate;
 - 3.3. A 44.3 per cent increase in households to whom local authorities have owed a statutory duty to accommodate;
 - 3.4. A 102 per cent increase in rough sleepers.
4. The report also noted that up to 70 per cent of young people who are homeless have mental health issues and 33 per cent self-harm¹. Young homeless people are significantly more likely to have been diagnosed with a mental health condition than the general population (27 per cent compared to 6 per cent)²
5. Although low compared to other households, older people who are making homelessness applicants have increased by 94.9 percent. The largest growth is in households aged 75 years and over – homelessness has increased by 120 per cent.
6. Research suggests that the average age of death of someone who experiences homelessness and has other needs is 47 years of age.

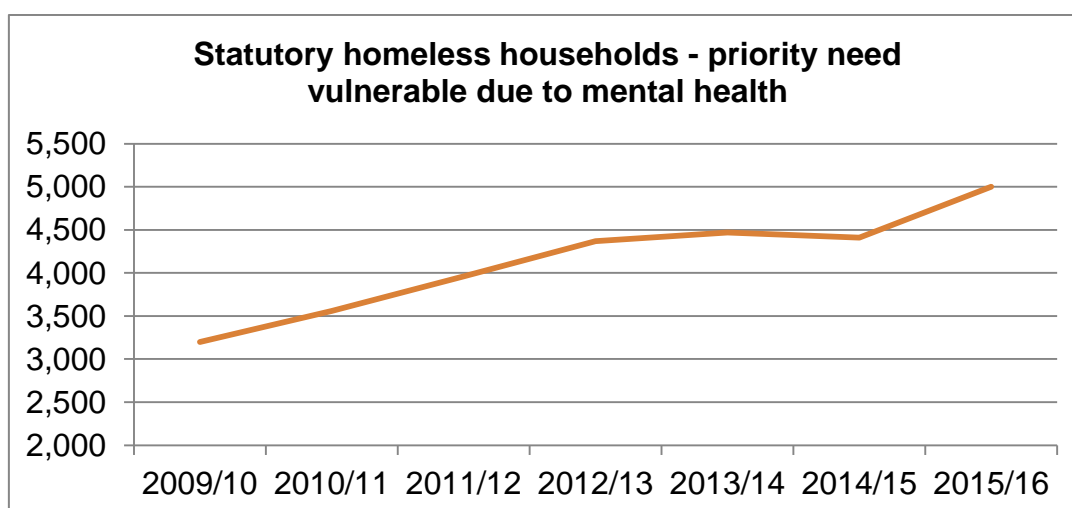
¹ "The changing face of youth homelessness: trends in homeless young people's support needs" Available at http://centrepoin.org.uk/media/11287/the_changing_face_of_youth_homelessness_-_final_report.pdf

² Making it matter: Improving the health of young homeless people, pub. April 2012 by Depaul UK www.depauluk.org/uploads/documents/120330-booklet-final.pdf

Mental Health

7. Official data for statutory homeless households indicates a 56 per cent increase in households who have been found vulnerable due to their mental health since 2009/10. This is likely to be an underestimate, and is likely to refer to households for whom they have a formally diagnosed mental health problem.
 - 7.1. Common mental health problems are over twice as high among people who are homeless compared with the general population, and psychosis is up to 15 times as high.
 - 7.2. People with mental health conditions are one and a half times more likely to live in rented housing.
 - 7.3. Mental ill-health is frequently cited as a reason for tenancy breakdown³.

Statutory homeless households - priority need vulnerable due to mental health



Source: DCLG homelessness statistics live table 773

8. Partners and councils suggest that increasing inaccessibility to mental health services as a consequence of funding cuts is contributing to the rise in homelessness, and particularly for households who have other needs such as substance misuse. This is also felt to be contributing to increasing entrenchment amongst people who already experience rough sleeping. They report the increasing complexity of homeless single persons' situations, including mental health, drug/alcohol abuse, offending, and/or learning disabilities. Also, that it is difficult even for homelessness services to secure the right mental health support and services on their customer's behalf.
9. Some councils have noted increasing mental ill health amongst adolescents but have reported that it is extremely difficult to get CAMHS involved, and at the right time, to help families to deal with presenting problems. Some councils are still experiencing 'discharge to homelessness' from mental health hospitals with no risk-assessment information.

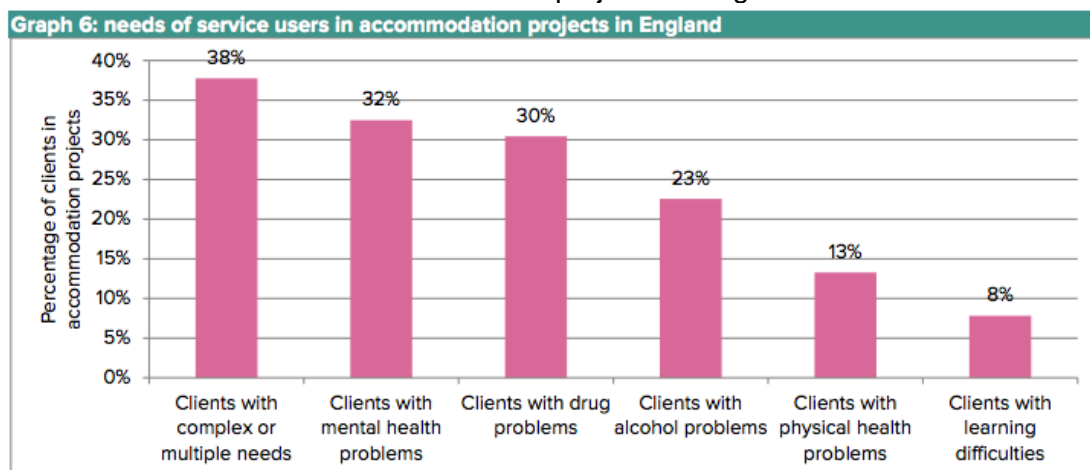
³ Social Exclusion Unit, Mental Health and Social Exclusion, www.nfao.org

Substance Misuse

10. Mental ill health and dual needs are more prevalent amongst the homeless population than the general population. Homeless Link's 2014 audit of health needs reports that 12 per cent of participants in their survey who were diagnosed with mental health issues also reported drug and alcohol problems, and 41 per cent of those people with mental health needs said they self-medicate with drugs and/or alcohol⁴.

11. Homeless Link's 2015 survey of single homeless accommodation services identified that 30 per cent of users have drug problems and 23 per cent have alcohol problems (of over 8,000 people), but there will be those who are identified as having complex or multiple needs which include substance misuse.

Needs of service users in accommodation projects in England



Accommodation provider data return
N=250/250

Source: Homeless Link 2015

The Report's Conclusions

12. Homelessness is not simply a 'housing' matter: for many people who experience the threat of, or actual, homelessness, it is other circumstances in their lives that have led to this point: their childhood; their education, employment and skills to live independently; their capability to generate and sustain sufficient income to meet their own needs; their health and wellbeing; their relationships; their experiences of neglect, abuse and trauma. Structural factors add to the challenge of enabling a personalised response to homelessness.

13. Overall, local government is spending more on homelessness at a time when overall spend locally is reducing. Local authority net revenue expenditure on homelessness

⁴ The Unhealthy State of Homelessness, Homeless Link 2014

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

services has increased by almost 5 per cent since 2012/13, whilst the total net expenditure on all services has decreased by just over 3 per cent.⁵

Proposals for the Community Wellbeing Board

14. The report makes a number of recommendations of direct relevance to the Community Wellbeing Board. These are to:

- 14.1. Bring together Association of Directors Adult Social Services (ADASS), Association of Directors of Children's Services and other social care interests, national homelessness and health partners to better understand the relationship between housing, social care and health care needs and homelessness, and if necessary take action to inform local integration to better prevent and respond to homelessness, and manage the impact of homelessness and housing needs on social care and other budgets.
- 14.2. Participate in national partnership working to address homelessness and promote inclusion health amongst people who experience the worst inequalities.
- 14.3. Incorporate homelessness within the revised LGA mental health self-assessment and guide for local government in partnership with ADASS.
- 14.4. Work with Public Health England and the Department of Health to develop the mental health prevention concordat and guidance for local plans: this will be a 'bottom-up' approach, and recognise the role of housing and homelessness, and the housing and homelessness workforces, in enabling good mental health.

15. Given the extensive nature of these recommendations and the wider recommendations around homelessness it is proposed that the Board contribute to the development of the LGA's cross-cutting work to respond to the report and that as appropriate a work plan is developed in relation to the specific CWB recommendations, with the Board updated at further meetings on how this work is being progressed.

Next steps

16. Members are asked to:

- 16.1. Note the Homelessness report commissioned by the EEHT Board;
- 16.2. Note the recommendations in the report of relevance to this Board;
- 16.3. Agree that the Board should contribute to the LGA's cross-cutting work on homelessness and as appropriate develop a work plan to respond to the recommendations in the report set out in paragraph 14.

Financial Implications

17. None.

⁵ LG Inform analysis of Revenue Account returns to DCLG. Accessed 20 June 2016.
http://lginform.local.gov.uk/reports/lgastandard?mod-metric=1766&mod-period=3&mod-area=E92000001&mod-group=AllLainCountry_England