

<b>REPORT TO:</b>	<b>HEALTH AND WELLBEING BOARD (CROYDON)</b> <b>10<sup>TH</sup> JUNE 2015</b>
<b>AGENDA ITEM:</b>	<b>9</b>
<b>SUBJECT:</b>	<b>Homeless households in temporary accommodation needs assessment</b>
<b>BOARD SPONSOR:</b>	<b>Paul Greenhalgh, Executive Director of People</b> <b>Mike Robinson, Director of Public Health</b>
<b>CORPORATE PRIORITY/POLICY CONTEXT:</b>	
Producing a local Joint Strategic Needs Assessment (JSNA) has been a statutory requirement since 2008. The Health and Social Care Act 2012 has reinforced the importance of JSNA in informing local commissioning decisions and given responsibility for the JSNA to health and wellbeing board members. Local authorities and Clinical Commissioning Groups are required to collaborate to produce a Joint Strategic Needs Assessment (JSNA).	
<b>FINANCIAL IMPACT</b>	
Homelessness and living in temporary accommodation has a range of impacts on the health and wellbeing of homeless households that are set out in the report below. These impacts have immediate financial implications for the health service in terms of additional demands placed on emergency and other health care services. They also have longer term implications in respect of education, accessing and maintaining employment and social exclusion.	
There are no commitments to additional expenditure set out in the report and any changes in service provision have been achieved within existing expenditure levels.	

## **1. RECOMMENDATIONS**

This report recommends that the Health and Wellbeing Board:

- 1.1. Considers the homeless households in temporary accommodation chapter, approves the document and principle and delegates final approval of any further amendments to the responsible directors
- 1.2. Notes and endorses the recommendations set out in the needs assessment.

## **2. EXECUTIVE SUMMARY**

- 2.1. This chapter on homelessness is the final of four key topic chapters which, alongside the Annual Key Dataset, form the 2013/14 Joint Strategic Needs Assessment.

2.2.

2.3. The scope agreed for this chapter was an assessment of the impact on health and wellbeing of living in temporary accommodation, with a focus on bed and breakfast. The agreed scope did not include other forms of homelessness such as rough sleeping, nor the prevention of homelessness, although reducing the need for temporary accommodation is clearly part of the challenge facing the Borough. A homelessness plan focussing on prevention strategy, reducing the use of temporary accommodation, tackling rough sleeping and improving services will be published in the Winter of 2015/16.

2.4. The aim of the JSNA Homeless Households in Temporary Accommodation chapter is to provide an overall picture of the extent of homelessness in Croydon, the number of households in temporary accommodation, and the impact this emergency provision has on the health and wellbeing picture of the households living in this type of accommodation.

2.5. The key issues that will be of particular interest to the Health and Wellbeing board are:

#### **The known association between health and homelessness**

- Research on the subject of homelessness is difficult: poor health can be both a cause and effect of homelessness, much of the research focuses on rough sleeping as opposed to temporary accommodation, and the research that does exist on temporary accommodation often fails to distinguish the type of accommodation they cover (i.e. bed and breakfast, shared or self-contained accommodation.)
- However, there is sufficient evidence to support the conclusion that living in temporary accommodation is associated with poor physical and mental health
- In terms of physical health:
  - multiple housing problems increase the risk of severe ill-health or disability during childhood and early adulthood by up to 25%.
  - respiratory problems such as asthma and bronchitis, which can be directly caused by damp inside properties, are more common. Infectious diseases, such as tuberculosis and meningitis in children are also more common particularly where overcrowding occurs.
- In terms of mental health problems:
  - Accident and emergency attendances for homeless clients are five times more likely to be for mental health problems than in the general population.
  - Living in temporary accommodation is associated with increased stress, depression and anxiety in particular.
- The effects of temporary accommodation on children have been shown to be particularly problematic and long lasting.

#### **Engagement with homeless households in Croydon emphasised the impact of temporary accommodation on mental health**

- Being depressed was a particularly common theme in the focus groups carried out to support this chapter, with many volunteering that they had been prescribed anti-depressants.
- The main perceived causes were:

- Overcrowding/living in confined spaces: feeling imprisoned with no freedom; lack of privacy
- Lack of cleanliness
- Problems eating healthily due to restricted cooking facilities: reliance on takeaways
- Antisocial behaviour of residents (eg drug taking) not being addressed by housing providers
- Communication problems with/perceived lack of support from Council staff/lack of choices being offered/assumptions they were to blame for their situation and weren't making efforts to change this
- Disruptive effect on children and their education

### **Homelessness is a growing problem in Croydon and nationally**

- How homelessness is caused is not straightforward and different causal factors interact. Housing market trends and policies have a more direct impact on homelessness than structural economic and labour market factors which have a direct impact, however, are subject to some time lag and can be mitigated by welfare policies. Individual factors including vulnerability, mental and physical health, support needs, addiction and substance misuse play a part, but are often (although not always) exacerbated by poverty and disadvantage. Family and other relationships, which help support people and prevent homelessness, can also be strained by economic circumstances and result in relationship breakdown and loss of accommodation.
- The economic recession therefore has been an underlying factor in terms of homelessness, and the way the housing market has changed since the Credit Crunch in 2008, particularly in terms of affordability and access to home ownership in London. Particular issues for Croydon are the relatively small social housing stock in the borough making it difficult for the Local authority to “absorb” rapid increases in homelessness, and a decrease the supply of private rented accommodation available to the council has can be used to both prevent homelessness and provide temporary accommodation.
- Croydon has one of the highest rates of households in temporary accommodation in the country, at 16.2 per 1000 households (nearly 5% higher than London and six times higher than the England average).
- This represents around 2,700 households being accommodated in temporary housing in Croydon at any one time, including around 600 families/ more than 1,000 children at any one time in emergency (B&B type) accommodation. The largest accommodation offered is Gilroy Court, which housed more than 250 families last year, a sizeable proportion of the total
- These numbers also do not include, for example, people living in hospital accommodation who cannot be discharged due to lack of accommodation, nor those who are homeless but not known to the council, nor the small number of rough sleepers.
- Many of the causes of homelessness are beyond the control of local authorities.

### **Cost of homelessness to the NHS is high and increasing**

- The Department of Health suggest that the cost of homelessness to the NHS as a whole is £64 million a year. As this does not distinguish the costs of rough sleeping from those living in temporary accommodation, it is not possible to quantify the specific costs of temporary accommodation to the NHS in Croydon. However, the association of homelessness with poor health, particularly poor mental health, and the long term effect of periods of homelessness on children mean that the growth of homelessness in Croydon will be of concern to the CCG.

### **Homeless health team**

- Croydon's Clinical Commissioning Group currently commissions a homeless health team which targets those in bed and breakfast and hostels, as well as the street homeless and asylum seekers. The service provides specialised services tailored to meet health needs, GP registration, primary health care as well as outreach services. The team also offer an advice service around housing and welfare benefits.

2.6. The recommendations are set out in Section 6 of the chapter, and are formed around the following objectives:

- Improving information, advice and support for homeless families
- Improving access to health services
- Ensuring children do not miss education
- Improving access to employment and training opportunities
- Increasing the supply of temporary accommodation
- Preventing homelessness

## **3. THE NEEDS OF HOMELESS HOUSEHOLDS LIVING IN TEMPORARY ACCOMMODATION**

- 3.1. The overall aim of the homeless households in temporary accommodation JSNA chapter is to improve outcomes for the homeless people in Croydon through influencing commissioning by analysing information of current and future need and access to services.
- 3.2. The chapter identifies the impacts on the health and wellbeing of homeless households placed in temporary accommodation under the local authority's legal responsibilities in respect of homelessness. The key findings, data and conclusions have shaped the recommendations set out in the report and will also influence Croydon's future homelessness plan and the development of the People Gateway.
- 3.3. The chapter will be made available online on the Croydon Observatory website.

## **4. CONSULTATION**

- 4.1. As part of the drafting of this chapter of the JSNA focus groups were held with homeless households living in temporary accommodation. The chapter also includes details from focus groups also carried out previously with households living in temporary accommodation as part of the development of the Council's

Child Poverty Strategy. The findings from this consultation, as well as data on homelessness and information about local services have also been included in the chapter.

4.2. The chapter was shared widely during the JSNA process. Input and direction have been obtained from a wide range of stakeholders across Croydon. Presentations of drafts of the chapter were given to:

- JSNA Steering group
- Croydon Clinical Commissioning Group Senior Management Team
- Croydon Clinical Commissioning Group Governing Body
- Council Leadership Team

## **5. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS**

- 5.1. It is very difficult to estimate the cost incurred in Croydon from additional demand on health services, or from the longer-term impacts in terms of access to and maintaining employment, educational attainment and social exclusion generally.
- 5.2. The JSNA chapter includes a range of cost effective interventions in relation to the preventing homelessness, improved communication and support, and improvements in targeting services to this often "hard to reach" group which are designed to improve health and well-being and reduce overall expenditure through earlier intervention.

## **6. LEGAL CONSIDERATIONS**

6.1. Producing a local JSNA is a statutory requirement.

## **7. HUMAN RESOURCES IMPACT**

7.1. There are no staffing issues arising directly from this report.

## **8. EQUALITIES IMPACT**

- 8.1. The JSNA Homeless Households in Emergency Accommodation chapter has considered equality and diversity implications, by examining the impact of living in emergency accommodation on homeless households and considering the needs for those people with protected characteristics (see the data on homelessness set out in section 2).
- 8.2. There are differences in who becomes homeless in terms of ethnicity. In Croydon, as well as London and England, black or black British households are disproportionately represented in the homeless population.
- 8.3. In Croydon, 20% of the general population are black or black British, but 48% of homeless households are of black or black British ethnicity. These disparities are not seen with white or Asian populations.

- 8.4. Young people, women, and people with mental health problems are also disproportionately represented amongst those in temporary accommodation.
- 8.5. In addition the impact of living in temporary accommodation on children's physical and mental health, and their development is particularly stark .

## **9. ENVIRONMENTAL IMPACT**

- 9.1. There is no specific environmental impact arising from this report.

## **10. CRIME AND DISORDER REDUCTION IMPACT**

- 10.1. There are no specific crime and disorder considerations arising from this report.

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### **BACKGROUND PAPERS - LOCAL GOVERNMENT ACT 1972:**

Key Topic 4 JSNA Homeless households in temporary accommodation Chapter 2013/14