

HOUSING LIN POLICY BRIEFING

Prevention of Homelessness: the role of health and social care

1. PURPOSE OF THIS BRIEFING

This briefing is a joint publication between the Department of Health and the Housing Learning and Improvement Network:

Health and social care staff have opportunities to help prevent homelessness. This briefing paper is intended to highlight ways in which these can be put to the best use. The primary objective is to prevent homelessness, particularly repeat homelessness, but an additional benefit would be a reduction in the resources required to provide appropriate care and treatment for people who experience homelessness. There would also be savings to other agencies such as housing and criminal justice.

2. STRATEGIC CONTEXT

The White Paper 'Our health, our care, our say'¹ emphasised that PCTs and local authorities should work together to provide services for vulnerable groups such as people who are homeless or living in temporary or insecure accommodation. The Commissioning Framework for Health and Well-being², which is part of the implementation of the White Paper describes ways in which closer links between health and social care can be developed and joint commissioning can occur. It focuses, through improved commissioning, on prevention, independence and tackling inequalities in health and social care.

Sustainable Communities: settled homes; changing lives³ highlighted that people who are homeless or living in temporary or insecure accommodation are more likely to suffer from poorer physical, mental and emotional health than the rest of the

¹ *Our health, our care, our say: a new direction for community services*, Department of Health, January 2006 – <http://www.dh.gov.uk/assetRoot/04/12/74/59/04127459.pdf>

² *Commissioning Framework for Health and Well-being*, Department of Health, March 2007
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_072604 - 16k - 11 Apr 2007 -

³ *Sustainable Communities: settled homes; changing lives*, Office of the Deputy Prime Minister, March 2005 – http://www.communities.gov.uk/pub/784/SustainableCommunitiesSettledHomesChangingLivesPDF796Kb_id149784.pdf

population. These health problems can be both a contributory factor to and a consequence of homelessness. Health related issues should be an integral part of local authority homelessness strategies.

3. WHY IS PREVENTION OF HOMELESSNESS AN IMPORTANT ISSUE FOR HEALTH AND SOCIAL CARE SERVICES?

Prevention of homelessness has been shown to have positive health and social benefits. Good housing is central to achieving health and well-being. Conversely, the experience of homelessness affects health negatively.

People who are homeless commonly present to health and social care services in crisis with severe, multiple problems. The costs of providing appropriate health care would be greater than for most other groups of people, even if there were no difference in the way in which care was provided. Thus, the prevention of homelessness would reduce the health and social care resources which otherwise would have been needed.

When people are living in satisfactory accommodation and reasonably settled, health and social care staff have the opportunity to engage effectively to provide appropriate care, including the management of long-term conditions, preventative care, routine screening and continuity of care.

Tackling health inequalities is a top priority across government and the NHS. A Public Service Agreement (PSA) target is to 'reduce health inequalities by 10% by 2010 as measured by infant mortality and life expectancy at birth'. People who are homeless die young. Their average age at death is estimated at about 40, half that for the general population. Prevention of homelessness would contribute to a reduction in overall early mortality rates and help reduce health inequalities.

4. REASONS FOR HOMELESSNESS

There are many causes of homelessness, and homelessness is often the result of a combination of factors. Some groups of people are more at risk than others. Under the homelessness legislation, local housing authorities must ensure that suitable accommodation is available for people who become homeless through no fault of their own, if they fall within a priority need group.

Between January and March 2007:

- in 37% of cases the immediate reason for homelessness was being asked to leave the home of family or friends
- in 13% it was the result of relationship breakdown involving violence
- in 15% it was the result of an assured short hold tenancy ending

Older people can become at risk of homelessness following bereavement, if support to help with the practicalities of living alone is not available. Similarly, younger people may find it difficult to sustain a home without practical support. Those most at risk include people leaving a family home or an institution, such as prison.

Many people who face homelessness and apply to their local authority for help have substantial support needs that are likely to have increased their risk of homelessness and are likely to increase the risk of it happening again. Some may be marginalised from society. This social exclusion may be both a cause and a consequence of their homelessness. Up to half of people staying in hostels or resettlement units have no recognisable social contacts with family or friends. Social networks are even more restricted for people who also have a mental illness.

5. HOW CAN HEALTH AND SOCIAL CARE PROFESSIONALS HELP PREVENT HOMELESSNESS?

Simply asking about a person's housing circumstances can enable homelessness to be prevented if prompt action is taken. For example, someone admitted to hospital may have accommodation but face homelessness if they will be unable to return to their accommodation. A referral for housing advice on admission would help ensure that either their accommodation could be retained or appropriate alternative accommodation made available when the person is ready to be discharged. This will avoid a delayed discharge. Health and social care staff should ensure they are familiar with local housing advice services and how to access them. Identifying problems early in the admission will allow time for the relevant assessments and actions to be made before discharge.

Hospital admission and discharge protocols for people who are homeless or living in temporary or insecure accommodation are commonly used. Accommodation issues are addressed at admission with the expectation that no one will be discharged to an unstable housing situation. The Department of Health, Communities and Local Government and Homeless Link have produced guidelines for the admission to and discharge from hospital of people who are homeless or living in temporary or insecure accommodation⁴.

Housing departments are expected to notify health and education services about the placement in their area of families with children who have been accepted as homeless to ensure they do not experience any disruption in service provision. The aim is to ensure that service and social networks are maintained, minimising the risks of crises developing if treatments, particularly for mental health problems, are interrupted as these may adversely affect a person's ability to retain their current accommodation or access alternative accommodation. The Greater London Authority has set up the NOTIFY system to allow information about families in temporary accommodation who have experienced homelessness to be shared between London boroughs. In other areas (such as Blackburn), housing departments routinely notify health and education staff about all children who present as homeless. Health and social care staff should ensure that local systems are working, for both notification and action taken.

Social, physical and mental well being can be affected by insecure accommodation, and health and social care staff may be in contact with people who are at risk of homelessness. They may be the first to be aware that family relationships are breaking down or someone is suffering domestic violence and thus be in a position

⁴ *Hospital Admission and Discharge: People who are homeless or living in temporary or insecure housing*
http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4142120&chk=tclJOM

to offer help on seeking advice before homelessness occurs. Health staff may be in contact with someone who is bereaved, and thus able to identify when someone might need help in sustaining their home.

Health and social care staff may also become aware of problems of anti social behaviour which affect people they see. They should ensure that they are familiar with local provision and help for dealing with these. In a number of areas, services are provided to address specific anti social behaviour problems. These are proving successful in both preventing homelessness and reducing levels of anti social behaviour. They often involve specialist mental health services.

Health and social care services should be easily accessible to people who are homeless or living in temporary or insecure accommodation. The provision of timely and appropriate care and support can be an essential part of reducing the risk of repeat homelessness. It is important that housing and homelessness agencies know how to get someone:

- registered with a general practice
- referred to mental health services
- referred to drug and alcohol services.

Mental health and primary care staff and teams have been established in some areas to work specifically with people who are homeless or living in temporary or insecure accommodation. These aim to provide specialist treatment and care and work closely with housing agencies to ensure housing related support and suitable accommodation are available. Joint working arrangements are in place in some family hostels which provide temporary accommodation to ensure direct access to child and adolescent mental health services.

Primary care services often undertake shared care management for homeless drug users. Their rates of engagement are generally higher than those achieved by specialist drug services for the same client group. This work helps prevent repeat homelessness.

6. HELP FOR HEALTH AND SOCIAL CARE PROFESSIONALS

Actions to prevent homelessness will only be successful where agencies work together. Joint commissioning and service delivery are essential, as are information sharing agreements. Health and social care staff will need training to understand the range and complexity of needs and the problems and difficulties associated with being homeless or living in temporary or insecure accommodation. The local housing authority and/or voluntary sector agencies may be able to provide this training.

- The Housing Learning and Improvement Network of the Department of Health produced an assessment tool on health risks and health inequalities in housing⁵. Used jointly by housing and health service providers and commissioners, it can help identify problem areas and opportunities for local interventions that can reduce and prevent homelessness.

⁵ Health risks and health inequalities in housing: An assessment tool
http://changeagentteam.org.uk/_library/docs/Housing/Housingandhealth/Health_and_housing_assessment_tool.pdf

- Health and social care staff should know how to contact:
 - Housing advice offices
 - Local authority housing options centres
 - Tenancy support services
 - Mediation services
 - Anti social behaviour services

- Policies and procedures which should be in place include those for:
 - Hospital admission and discharge
 - Discharge from A+E
 - Notification of any children placed in temporary accommodation
 - Referrals from housing and homelessness agencies and services to health and social care services, particularly:
 - Primary care
 - Mental health services, including CAMHS
 - Drug and alcohol services
 - Accessing health care by those who are homeless or living in temporary or insecure accommodation, including
 - Registration with a general practice
 - Community pharmacy services
 - Minor illness schemes
 - Dental care
 - Sexual health
 - Smoking cessation
 - Health promotion.
 - obtaining a medical opinion as part of an assessment of vulnerability

RELATED CSIP NETWORKS MATERIALS AND INFORMATION

- Factsheet 16 on Extra Care Housing models and older homeless people
- Toolkit on Assessing Health Risks and health inequalities in housing
- A report on health and hostel provision (forthcoming)
- Briefing on Improving Access to Health and Social Care Services

If you would like further to receive further briefings from the Housing LIN and/or information on our national/regional events and associated learning tools and resources, please email us at housing@csip.org.uk or write to Housing LIN, CSIP Networks, Department of Health, 3rd Floor, Wellington House, 133-155 Waterloo Road, London SE1 8UG or visit www.icn.csip.org.uk/housing.