REPORT TO:	**HEALTH & WELLBEING BOARD (CROYDON)** **23 OCTOBER 2013**
AGENDA ITEM:	**6**
SUBJECT:	**THE IMPACT OF HOMELESSNESS ON HEALTH**
BOARD SPONSORS:	**COUNCILLOR MARGARET MEAD CABINET MEMBER FOR ADULT SERVICES AND HEALTH** **HANNAH MILLER, EXECUTIVE DIRECTOR ADULT SERVICES, HEALTH AND HOUSING**

CORPORATE PRIORITY/POLICY CONTEXT:

The council has a statutory duty to provide accommodation, advice and assistance to homeless people under the Housing Act 1996. This report looks at the impact of housing and homelessness on the health of those experiencing homelessness, and then goes on to make a number of recommendations concerning research into the health impacts of living in emergency accommodation (bed and breakfast hotels), supporting the development of a new homelessness strategy and activity to tackle extremely cold or hazardous housing.

The recommendations included in this report also support the priorities set out in the current joint health and wellbeing strategy and community strategy.

FINANCIAL IMPACT

None for the purposes of this report

1. RECOMMENDATIONS

It is receommended that the Health and Wellbeing Board:

1.1. The Health and Wellbeing Board is asked to support and participate in the JSNA deep dive chapter on homeless households in TA in 2013/14 and to support the activity to implement its recommendations.

1.2. The Health and Wellbeing Board is asked to support the council's on-going work to increase supply of accommodation for homeless households, and provide support to these households in achieving sustainable solutions.

1.3. The Health and Wellbeing Board is asked to participate in the review of homelessness and the development of a new homelessness strategy for Croydon in 2014 including priorities around early intervention/prevention, closer co-operation/joint working, and developing joint training and development for staff in health and housing services.

1.4. The Health and Wellbeing Board is asked to participate in (where required) and support the engagement and assertive outreach strategy for destitute Central and Eastern European squatters and local rough sleepers including sending out a clear message that a destitute lifestyle will not be supported in Croydon and enforcement activity will be taken where necessary.

1.5. The Health and Wellbeing Board Support is asked to contribute to enforcement and improvement activity in private rented housing, commission a Building Research Establishment survey into extent of poor condition housing, improve referral arrangements between GPs, care managers and Home Improvement Agency (based on good practice), and examine options for targeted enforcement/improvement activity in areas with the worst problems.

2. EXECUTIVE SUMMARY

2.1. This report examines the relationship between health and homelessness. It examines the role housing plays in providing both shelter and protection, and how a "home" ideally can be more than this providing "a secure platform of stability and affordability from which individuals and families should be able to improve their lives and prosperity"[1]. It goes on to examine what is understood by the term homeless and who should be included in that definition such as rough sleepers, destitute squatters and homeless households accommodated by the local authority.

2.2. The report then goes on to look at the relationship between housing, and health, with reference to the United Kingdom Public Health Association (UKPHA) framework, and then looks at other supporting evidence including:

- Research by Crisis on mortality which shows that the average of death of a rough sleeper is 47, compared with 77 in the general population
- Research by the Mannheim Centre for Criminology which shows rough sleepers are 13 times more likely to be victims of violent attack
- Research by Shelter that 78% of homeless people living in temporary accommodation had a specific health problem and 50% said they were suffering from depression
- Various research studies carried out in the 1990s which showed homeless households in bed and breakfast accommodation tend to use accident and emergency services more than comparably housed groups

2.3. The report concludes that the evidence presented shows a relationship between housing, homelessness and health. That those in acute need such as rough sleepers and destitute squatters face the biggest risks and most severe health impacts. The vast majority of homeless households however, have somewhere to live but there is evidence that living in temporary accommodation, particularly bed and breakfast accommodation has negative health and wellbeing impacts on households and particularly on children.

2.4. The report recommends that the Health and Wellbeing Board supports and participates in the forthcoming JSNA chapter on homeless households in temporary accommodation (TA), supports and participates in the development of a new homelessness strategy for Croydon, and within that supports the proposed engagement work with destitute Central Eastern European nationals in Croydon, and supports renewed activity to tackle severely cold and hazardous housing in the borough.

[1] London Housing Strategy section 1.3.3, GLA February 2010

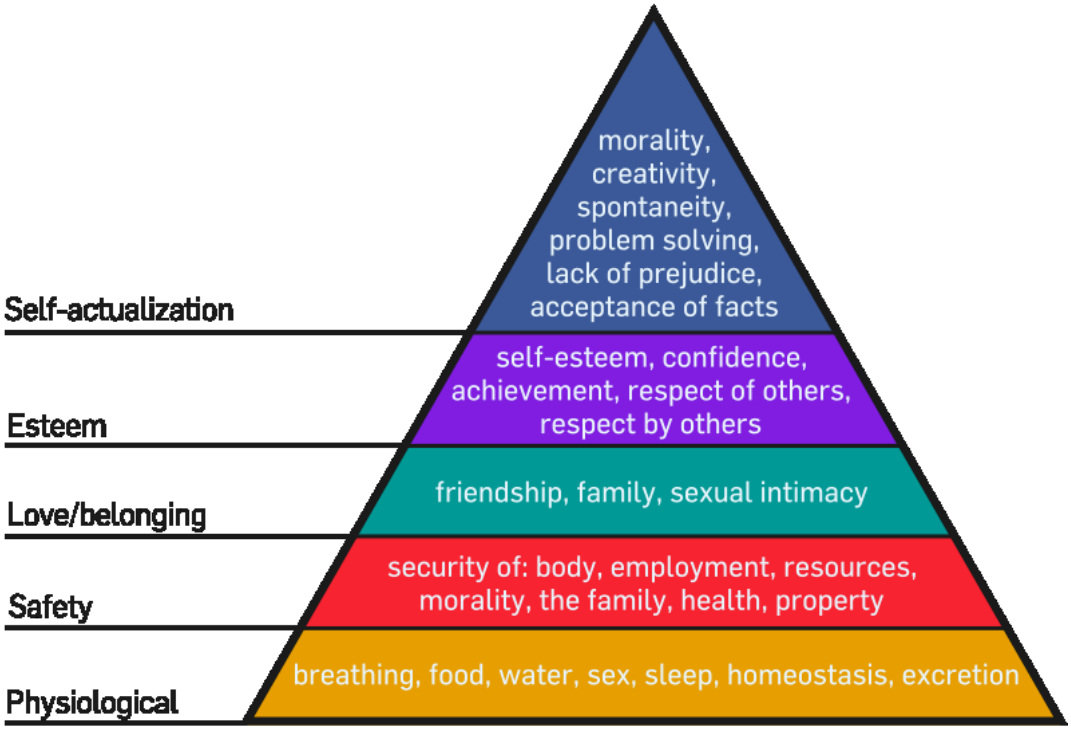
3. DETAIL OF THE REPORT

3.1. This report examines the relationship between homelessness and health, and makes recommendations for a programme of activity to help tackle some of the health impacts arising from living in emergency accommodation (bed and breakfast hotels), rough sleeping and living in extremely cold or hazardous housing. The report initially looks at why housing is important and what it provides over and above the basic need for shelter. The report uses the framework developed by the UKPHA to summarise the complex relationship between housing, homelessness and health. It then goes on to examine what we mean by homelessness and recent trends in levels of homelessness both nationally and in the borough of Croydon. The report then focuses on research into the health impacts associated with homelessness, living in temporary accommodation as well as living in poor quality housing. The report concludes with a number of recommendations that seek to address some of the priorities identified for the Health and Wellbeing Board to consider and approve.

What do we mean by housing?

3.2. Housing is basic human necessity. It provides shelter, warmth and protection. Abraham Maslow's hierarchy of needs shown in Figure 1 below[2] shows how housing provides for our basic physiological and safety needs.

Figure 1: Abraham Maslow's hierarchy of needs



[2] Maslow, A.H. (1943). A theory of human motivation. *Psychological Review, 50*(4), 370–96.

3.3. Article 11 of the United Nations International Covenant on Economic, Social and Cultural Rights recognises:

"…the right of everyone to an adequate standard of living for himself and his family, including adequate food, clothing and ***housing****, and to the continuous improvement of living conditions."*

Housing is therefore a basic human need and a fundamental right. Housing, or more accurately a home, however, can provide more than just shelter to meet our basic physiological needs. Ideally a home provides the space and peace within which to rest, recover, relax and recoup energy. It is where we can live, look after, relate, interact and enjoy ourselves with our family and friends. It can be a workplace, where we learn, exercise, and make plans. It can be an investment and an asset, and as described in the London Housing Strategy published in 2010 can "*provide[s] a secure platform of stability and affordability from which individuals and families should be able to improve their lives and prosperity*."[3]

3.4. Homelessness, therefore, is the absence of these benefits. For rough sleepers it means the absence of basic shelter and protection, and for rough sleepers, destitute squatters and homeless households in temporary accommodation it also means "living in limbo", coping with increasing insecurity, isolation, disruption and social exclusion on top of the loss and trauma experienced in losing a home.

What do we mean by homelessness?

3.5. Unfortunately homelessness is a very complicated subject. To most people being homeless means having nowhere to live and having to sleep rough on the streets. However, as Table 1 below shows the vast majority of homeless people have somewhere to live. Local authorities have statutory duties to a wide range of people who are unable to access accommodation for many different reasons. These duties date back to the Homeless Persons Act 1977 and over the past thirty years the legislation has developed into a complex set of rules that require local authorities to provide a "safety net" in the form of accommodation for certain groups of people, in certain circumstances.

3.6. It is beyond the scope of this report to examine homeless legislation in any great detail, however, it is important to understand that not everybody that is homeless is eligible for assistance from a local authority (this is mainly due to immigration status), and that of those that are eligible, not everybody is in "priority need" of housing and therefore is only entitled to accommodation for a limited period, or may just be entitled to advice and assistance from the local authority. Priority need for housing mainly concerns whether the household making the application includes dependent children or someone who is vulnerable in some way due to age, disability, mental health, or another special reason, or having spent time in prison, hospital or the armed forces.

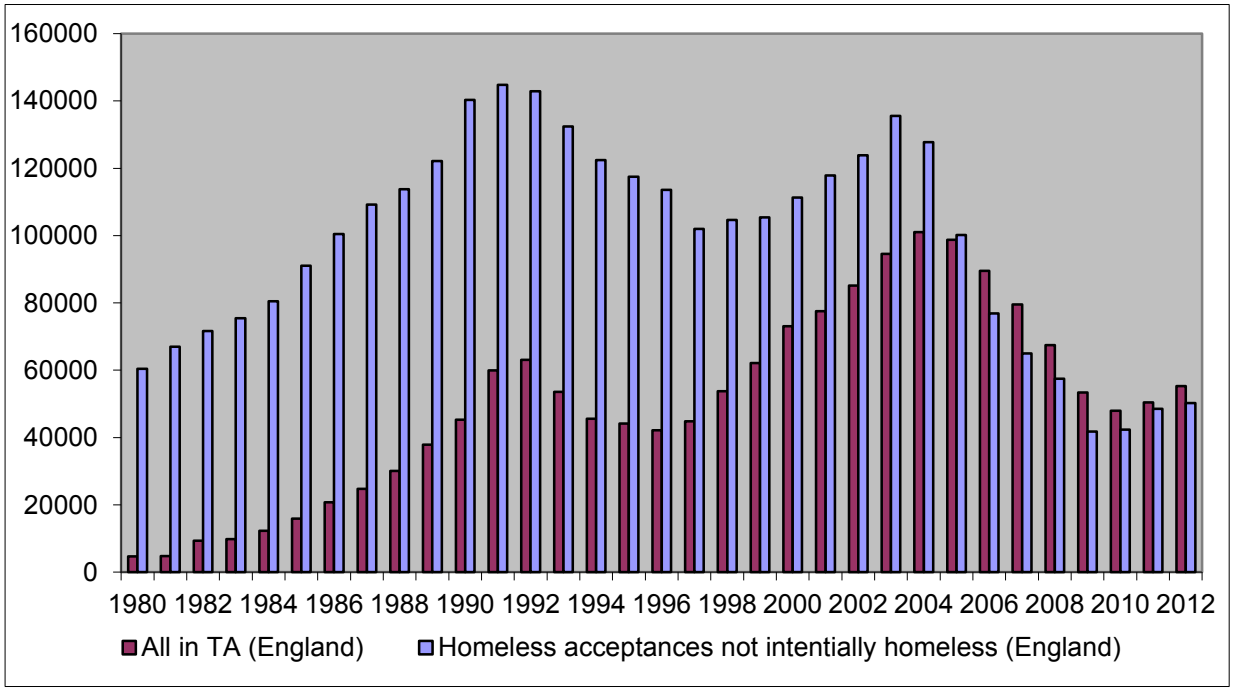
[3] London Housing Strategy section 1.3.3, GLA February 2010

3.7. Local authorities receive funding from the government to set up projects to help prevent homelessness and assist single homeless people that are unlikely to be considered in priority need. Supporting People funding also allows local authorities to provide outreach services, hostels and supported accommodation for vulnerable people. This housing support helps people leaving hospital or prison, recovering from addiction, or recovering from a traumatic experience to regain independence and resilience and therefore makes a vital contribution to preventing homelessness. Of specific relevance to this report is the rough sleepers outreach service, funded in Croydon through Supporting People and provided by Thamesreach, that offers advice, support and shelter to help rough sleepers get off the street. This includes hostel accommodation and a resettlement service that supports people as they move out of hostels and into long-term, independent accommodation.

3.8. There is another group of people that also need to be included as "homeless" for the purposes of this report and that is Central and Eastern European (CEE) nationals exercising rights under the Treaty of Rome (i.e. people that are seeking employment, working or self-employed, or that are self-sufficient). The vast majority of migrants from Central and Eastern Europe successfully obtain employment and accommodation in the UK. However, a small minority are either exploited or struggle to remain in employment. In this situation their options are extremely limited as they have very restricted entitlement to benefits or services and can sometimes find themselves destitute. Those that do may resort to sleeping rough or to squatting in unused or derelict buildings. Alcohol dependency and poor physical health are also significant issues. Voluntary Organisations working with rough sleepers and vulnerable homeless people in Croydon report that there are a significant number (around 30 to 40) of CEE nationals that regularly attend their services.

What is the extent of homelessness and rough sleeping in Croydon?

Figure 2: Homeless acceptances and households in temporary accommodation - England 1990-2012



3.9. Figure 2 above shows the number of homeless households accepted by local authorities In England between 1980 and 2012 and the number of homeless households accommodated in TA. Homelessness and the use of TA respond to a variety of factors, including demographic change, movements in the housing market, changes to government policy and the condition of the economy. The relationship and interaction between the factors is not straight-forward and the response in terms of the number of households placed in temporary accommodation is not immediate. Figure 1 clearly shows the recent increase in homelessness since 2010. In the last year homeless acceptances in England have increased from 50,290 in 2011/12 to 53,540 in 2012/13.

3.10. The impact of this increase in homelessness has been felt more severely in Croydon than other areas of the country. This is partly due to the borough's housing tenure mix, the local housing market and its response to the credit crunch and economic downturn, and the fact that the borough's residents tend to earn less than the London average. The number of homeless decisions taken by the council has also been increasing since 2010, and in the past year homeless decisions increased by 26% from 2,279 in 2011/2012 to 2,879 in 2012/2013. The number of households accepted as homeless also increased over the same period from 847 households in 2011/2012 to 912 in 2012/13.

3.11. The numbers of homeless families accommodated in all types of TA increased by over 70% in the last three years and by 24% in the last year alone, from 1749 in 2012 to 2161 in 2013.

3.12. The council has robustly addressed the issues of homelessness and problems of supply as a top corporate priority and was able to report to government that there were no households in bed and breakfast accommodation for more than 6 weeks in June 2013.

3.13. Local authorities are also required to report the number of people sleeping rough in their areas on a typical night. The number of rough sleepers estimated to be sleeping in Croydon has increased from 18 in 2011 to 22 in 2012. Croydon is also very fortunate in having faith groups and voluntary organisations prepared to give up their time to provide services to homeless and vulnerable people in need. The Salvation Army provides a drop-in service every Monday where people can get a hot meal, shower and a change of clothes. They can also visit the health clinic, collect mail, and talk to representatives from Job Centre Plus, London Homeless Partnership, the council's drug and alcohol team and vulnerable adults team, the NHS Homeless Health Team, Westminster Drug and Croydon Reach. Nightwatch, a local homeless charity, holds a nightly meeting point in Queens Gardens for homeless people and vulnerable people in need and provides food, clothing and other personal items. Both of these organisations report increasing numbers of people attending their services over the past three years and both regularly see more than 80 people at the moment.

3.14. The overall picture, therefore, is one of increasing homelessness and rough sleeping, and unfortunately little evidence to show that current levels are likely to reduce in the immediate short term. There are some indications in the current JSNA Key Dataset that the situation in Croydon is improving slightly in comparison to England as a whole, for example in the number of households

accepted as homeless per 1,000 population, and in the number of households in bed and breakfast accommodation.

3.15. Table 1 below sets out estimates of the number of rough sleepers, destitute CEE nationals squatting, and the most recent snapshot of the number of homeless households accommodated by the council. 2% (52) of those included in our definition of homelessness face the most severe health risks, including violent attack, hypothermia and early death. Homeless households living in temporary accommodation also face significant health risks and other negative impacts including deterioration in their own and their children's physical health, depression and anxiety, disruption to their children's education, social isolation and an inability to plan for the future.

Table 1: Rough sleeping/destitute people and homeless households in Croydon	
Rough sleeping/destitute	
Rough sleepers	22
Destitute CEE nationals squatting	30
Homeless households in TA	
Homeless households in emergency accommodation	373
Homeless households in hostels/refuges	9
Homeless households in private leased accommodation	749
Homeless households occupying council homes as TA	1016
Homeless households in housing association homes as TA	1
Homeless households in other accommodation	93
Total extent of homelessness/rough sleeping/squatting	**2,293**

What is the relationship between homelessness and health?

3.16. There is a wealth of information exploring the relationship between housing and health. The Shadow Health and Wellbeing Board received a report on 9th February 2012 on Croydon's new housing strategy and its objective to improve health and wellbeing through decent homes and neighbourhoods. The report set out how the origins of government intervention in housing date back to the 19th Century with concerns about overcrowding and unsanitary housing[4]. It went on to look at the Black report into health inequalities[5] published in 1980, the British Medical Association into housing and health in 2003 and the 2010 Marmot Review which identified housing as one of the wider determinants of health.

3.17. Of the information presented to the Shadow Health and Wellbeing Board in 2012 the most useful and relevant for this report is the evidenced based framework developed by the UKPHA which summarises the complex relationship between health and housing[6]

[4] Chadwick E (1842) Report on the sanitary conditions of the labouring population of Great Britain. London: HMSO

[5] *Inequalities in Health* [report of the working group on inequalities in health under the Chairmanship of Sir Douglas Black], DHSS (1980)

[6] *Social Determinants of Health – Housing: A UK Perspective*, Hacker, Ormandy and Ambrose (2010)

Housing Impact	Health Impact
Housing need	
Homelessness and rough sleeping	Mental health, anxiety, depression, suicide Stress Injury Infection
Housing affordability	Mental health, anxiety, depression Stress
Security of tenure	Mental health, anxiety, depression Stress
Decent homes	
Overcrowding and space	Infectious diseases TB, influenza. meningitis Mental health, anxiety, depression Sleep deprivation Stress Lack of educational achievement (CIEH, 2008) Infant mortality Developmental delay
Excess cold (SAP < 35)	Bronchitis, Influenza, Pneumonia, Heart attack, Stroke, Hypothermia Worsens rheumatoid arthritis, leg skin ulcer healing
Domestic hazards (home and garden)	Trips and falls injury/trauma, accidental death
Decent neighbourhoods	
Anti-social behaviour Fear of crime Nuisance Harassment Resident participation Resident empowerment	Mental health, anxiety, depression Stress Social exclusion
Vulnerable groups	
Housing support Adaptations Equipment	Mental health, anxiety, depression Social exclusion Mobility

3.18. The UKPHA framework clearly shows how access to housing (which includes homelessness and rough sleeping), quality of housing (which to a certain extent applies to forms of TA and to an extent contributes to homelessness and housing need), and vulnerability (which plays a significant part in homelessness) have an impact on health. It also shows how aspects of housing including homelessness impact on physical, mental and social health.

What other evidence is there of the impact of homelessness on health?

3.19. There is a wide range of evidence to support the UKPHA framework on the impact of rough sleeping and homelessness on health. It is known from research carried out by the Mannheim Centre for Criminology that rough sleepers are 13 times more likely to be victims of violent attack[7] compared to the general population. In Croydon in 2005 Lalji Joshi was beaten and kicked to death sleeping on the stairway to the Fairfield Halls Car Park.

3.20. It is known also known from research carried out by Crisis[8] on mortality that rough sleepers are more likely to die young with an average age of death 47 compared to 77 for the general population. Between the ages of 16 and 24 rough sleepers are twice as likely to die than their housed contemporaries, between age 25 and 35 five to six times, and between age 45 and 54 three times more likely.

3.21. This Research also shows that rough sleepers are 7 times more likely to die of alcohol related causes, 20 times more likely to die of drug related causes and 3.5 times more likely to commit suicide than the general population.

3.22. Rough sleepers are vulnerable to death as a result of hypothermia during the winter; however, reporting tends to underestimate the number of rough sleepers included in these figures for a variety of reasons around recording "place of death"[9]. Daniel Gauntlett died of hypothermia on the veranda of a boarded-up bungalow in the village of Aylesford. Kent in April 2013. Over the winter period 2012/13 the council provided emergency accommodation for more than 40 individuals under severe weather multi-agency arrangements for rough sleepers[10].

3.23. Those faced with homelessness or destitution have very few if any choices when it comes to accommodation and are vulnerable to exploitation by unscrupulous landlords renting out unsuitable and often dangerous accommodation (sometimes described as "beds in sheds"). This is a growing problem and one recognised recently by the government with the publication of guidance in 2012 and the recent offer of additional funding for local authorities to tackle rogue landlords. In Croydon in 2012 two men were rescued from a fire in an outbuilding being used as residential accommodation in Thornton Heath. They were rescued the Fire Brigade and suffered burns and smoke inhalation and were treated in hospital. The property to which the outbuilding belonged was not licensed by the council and was being shared by five unrelated tenants at the time of the fire. The landlord was subsequently fined £12,000 by Croydon Magistrates. In the last twelve months the council has carried out five prosecutions for this type of offence. Two prosecutions for not having an HMO license; a further two for not providing information required by law; and one for failing to abide by an improvement notice. The council has also served two prohibition orders on rogue landlords who had "converted" garages into

[7] *Living in Fear: Violence and Victimisation in the Lives of Single Homeless People,* Crisis, Mannheim Centre for Criminology LSE 2004

[8] Homelessness: A silent killer - A research briefing on mortality amongst homeless people, Crisis, December 2011

[9] Deaths from hypothermia in England and Wales, ONS

[10] If the temperature is forecast to fall to zero Celsius or below for three consecutive nights the council has arrangements to accommodate anyone found sleeping rough.

residential dwellings constructed with single brick walls and prone to chronic condensation as well as other category one hazards.

3.24. Some people faced with homelessness seek shelter by squatting in derelict or unused building which puts them at risk of injury or death from fire, other building hazards or carbon monoxide poisoning. In June 2013 a young Romanian man died in a fire in a derelict building in Croydon. The building was being occupied by five men at the time of the fire. In response to the fatality the fire service, police, the council and local voluntary groups have set up a liaison group to share local intelligence, build up a picture of the risks present in the borough, and agree some practical measures that could be immediately be put in place to reduce the risks of further injury or loss of life.

3.25. The Health, Social Care and Housing Scrutiny Sub-Committee also recently received a report on homelessness and health on 13 May 2013. The report includes further information on the impact of homelessness on physical and particularly mental health. The report included the following concerning the health of rough sleepers:

- Smoking rates are much higher amongst rough sleepers and the homeless (one survey estimates 77% of rough sleepers are smokers, compared to about 23% in the general population)[11];
- About half of rough sleepers are estimated to be substance misusing, both alcohol and or drugs;
- Dental health is usually extremely poor;
- Sexually transmitted diseases are not thought to be higher than in the general population. However, prevalence of Hepatitis C is considerably higher, given needle sharing amongst IV drug users.

3.26. The report also included information on the prevalence of mental health problems among rough sleepers from research carried out by St Mungos. Mental ill health is common amongst people who experience homelessness, or who are forced or choose to sleep rough; estimates range from one third up to 76%. An estimated 43% of clients in an average homelessness project in England are likely to have mental health needs and 59% may have multiple needs.[12] The highest rates of mental health conditions are found among rough sleepers and young people who are homeless. They are also least likely to access health and mental health services and likely to experience significant barriers in accessing services.

3.27. The report concludes by summarising the work carried out by the council in response to increase in homelessness and then goes on to set out the range of services provided for homeless households and rough sleepers including:

- The South West London Housing Partnership peer mentoring project to support current rough sleepers, people at risk of homelessness and newly rehoused homeless people to engage with services,

[11] St Mungos: (2001) Improving the health of the poorest, fastest: Including single homeless people in your JSNA

[12] St Mungo's (2009). Down and Out? The final report of St Mungo's Call 4 Evidence: mental health and street homelessness. London.

- Supporting People services including sheltered housing, homeless hostels, floating support, women's refuges and supported lodgings.
- The STOP service for young homeless people recognised as best practice by the DCLG
- The Homeless Health Team commissioned by Croydon CCG which focuses on the health of people in hostels in Croydon, many of whom are people seeking asylum through the National Asylum Seeking Service and who are in transit through the borough, as well as providing services for local homeless people
- The dedicated GP service, the Rainbow which provides services to people who are not registered with a local doctor – which is often the case for the homeless.

3.28. As Table 1 above shows there are nearly 400 households (with more than 500 children) living in bed and breakfast accommodation in Croydon, some sharing kitchens and bathroom, and some living in self-contained rooms. In response to the rise in the B&B population during the 1980s and 1990s shown in Figure 1 above a number of studies were carried out into the health status of homeless households and their use of health services as set out below:

Use of hospital services by homeless families in an inner London health district - Christina R Victor, James Connelly, Paul Roderick, Colin Cohen (Published in the BMJ Volume 299 on 16 September 1989)

Health status of the temporarily homeless population and residents of North West Thames region - Christina R Victor (Published in the BMJ Volume 305 on 15 August 1992)

"Homelessness and ill health" – Report of a working party of the Royal College of Physicians (1994)

3.29. It is known from this and other research that homeless households experience more mental, physical and obstetric health problems than comparably housed groups[13]. That homeless households in bed and breakfast tend to use accident and emergency services more than comparably housed groups[14]. Overcrowded accommodation with inadequate facilities for eating, playing relaxing and for doing homework affects childrens health, wellbeing and educational attainment[15]. The insecurity and stress of being homeless also impact on adult as well as childrens well-being, increases social exclusion and ability to participate in society[16].

3.30. It is known from a survey carried out by Shelter[17] of over 417 people living in in temporary accommodation that:

- 78% said they had a specific health problem

[13] *Homelessness and Ill Health*, A report of a working party of the Royal College of Physicians, 1994.
[14] *Use of hospital services by homeless families in an inner London health district*, Christina R Victor, James Connelly, Paul Roderick, Colin Cohen, (Published in the BMJ Volume 299 on 16 September 1989)
[15] *Chance of a lifetime: The impact of bad housing on children's lives,* Shelter 2006.
[16] Social Determinants of Health – Housing: A UK Perspective, Hacker, Ormandy and Ambrose (2010)
[17] Living in Limbo: A survey of homeless households living in temporary accommodation, Shelter (2004)

- 50% said they were suffering from depression
- Over half said their health or their family's health had suffered due to living in temporary accommodation
- People living in temporary accommodation for more than a year were twice as likely as people who had been living there for less than three months to report that their health had suffered as a result
- Children missed on average 55 days school per year due to the disruption of being moved to different temporary accommodation
- Two thirds of respondents said their children had problems at school and nearly half described their children as "often unhappy or depressed"

Shelter's "Living in limbo" report includes the following quote from a health worker on the impact of homelessness and living in temporary accommodation:

"Homelessness means loss, loss, loss…it is not just loss of a home, maybe of a partner or of family life, of supportive friends or of a known community. It involves the loss of confidence and self-esteem. The loss of opportunities. These losses are less obvious… and the long-term effects on children in particular and the stigma of homelessness are not ever really taken on board. It's not just the reasons why people become homeless that are important but what it does to you."

3.31. Poor quality housing is a factor in homelessness and housing need. There is a great deal of evidence of the impact that poor quality housing can have on health. At its extreme, poor quality housing can cause death, i.e. from electrical hazards, fires, falls or structural collapse. More common are physical health problems such as respiratory disease, which can be caused or exacerbated by damp and mould. Excessive cold is also a significant issue due to its association with death and illness from heart disease, stroke, respiratory disease, and can also worsens symptoms of arthritis and increase recovery time, as well as lead to social isolation. Excessive cold is also linked to issues of access and affordability, as the cost of housing relative to income will influence how much money is available to maintain and heat homes.

3.32. Evidence of the extent of poor housing conditions in the borough includes an estimated 2,800 Houses in Multiple Occupation (HMO), of which only 3 out of ten of which are known to the council. Building Research Establishment data shows that 10% (11,397) of private housing in Croydon is in disrepair, 17% (20,086) has category 1 hazards under the HHSRS and 37% (42,973) fails the decent home standard. The estimated cost of removing all private sector category 1 hazards is more than £200m.

Conclusion and recommendations

3.33. The information set out above shows there is a clear, but complex relationship between housing, homelessness and health. There is clear evidence of the risks faced by rough sleepers to violent attack and hypothermia. In addition research on mortality and by Crisis shows that rough sleepers are more likely to die younger than the housed population, and to die as a result of drugs or alcohol and to commit suicide that the housed population. There is also clear evidence around the health impact of living in TA for families and particularly children.

3.34. This evidence suggests that further research and investigation should be carried out into the health impact on Croydon's homeless households of living in temporary accommodation. The 2013/14 Joint Strategic Needs Assessment will include a "deep dive" chapter examining how living in temporary accommodation affects individuals and families.

3.35. For the Health and Wellbeing Board's information there are a range of measures already underway to increase the supply of temporary accommodation and to provide support t households in temporary accommodation, which include:

Increasing supply

- An on-going campaign to promote the council's various "offers" to property owners and landlords including Croylease, Croybond and our licensing scheme. As part of this it is intended to explore a more commercial approach to procuring private rented accommodation through a social lettings agency, improved incentives to landlords and further building on our constructive relationship with local landlords
- Further phases of the new council house build programme including 42 units already in the pipeline. The council has delivered more than 100 new council homes since the council new build programme began.
- Converting surplus/redundant council buildings and hard to let retirement housing into temporary residential accommodation
- Continuing to provide financial assistance to owners of empty properties in return for secured agreement to use them as affordable residential accommodation for households in housing need
- Piloting a new lodging scheme for 20 homeless parents with young children in need of support
- Investing in additional residential accommodation for use as temporary accommodation through a variety of mechanisms
- Increasing the supply of affordable homes as part of the five year housing delivery plan agreed by Cabinet on 30th September 2013

Providing support and ensuring quality

- Providing a range of support for families in bed and breakfast accommodation including assistance with travel and other essentials, dedicated family liaison to ensure any issues are raised and dealt with quickly, links to childrens centres, engagement of voluntary sector support including activities for children and access to computers
- Increasing the frequency of inspections to all the larger hotels providing bed and breakfast accommodation for the council to ensure they are safe and suitable.
- Providing additional environmental health and enforcement officers to inspect and ensure the new accommodation offered to the council for homeless households is of the appropriate quality.

3.36. The council is obliged to review homelessness at least every five years and publish a homelessness strategy setting out how it proposes to tackle the priority issues identified in the review. One of the issues identified by voluntary organisations working with homeless people in the borough is destitute CEE

nationals squatting and sleeping rough with very limited opportunities to improve their situation. The strategy proposes assertive engagement with this group with a view to help them to exercise their treaty rights through accessing employment, or health services, or if necessary relocation back to their home country.

3.37. The Health and Wellbeing Board are asked to consider and approve the following recommendations (also set out in section 1 above):

Recommendation 1: The Health and Wellbeing Board is asked to support and contribute to the JSNA deep dive chapter on homeless households in TA in 2013/14 and to support the activity to implement its recommendations.

Recommendation 2: The Health and Wellbeing Board is asked to support the council's on-going work to increase supply of accommodation for homeless households, and provide support to these households in achieving sustainable solutions

Recommendation 3: The Health and Wellbeing Board is asked to contribute to the review of homelessness and the development of a new homelessness strategy for Croydon in 2014 including priorities around early intervention/prevention, closer co-operation/joint working, and developing joint training and development for staff in health and housing services

Recommendation 4: The Health and Wellbeing Board is asked to participate in (where required) and support the engagement and assertive outreach strategy for destitute Central and Eastern European squatters and local rough sleepers including sending out a clear message that a destitute lifestyle will not be supported in Croydon and enforcement activity will be taken where necessary.

Recommendation 5: The Health and Wellbeing Board Support is asked to contribute to enforcement and improvement activity in private rented housing, commission a Building Research Establishment survey into extent of poor condition housing, improve referral arrangements between GPs, care managers and Home Improvement Agency (based on good practice), and examine options for targeted enforcement/improvement activity in areas with the worst problems.

4. CONSULTATION

4.1. There is a range of consultation and engagement proposed with stakeholders, partners and homeless households as part of the development of a new housing strategy and as part of the research for the JSNA deep dive chapter on homeless households in temporary accommodation, as follows:

- Homelessness strategy development – a conference with stakeholder and partners in 2014
- Consultation in 2014 alongside the conference with partner agencies and voluntary organisations providing services to homeless households through a variety of means including email, online surveys etc.
- The JSNA deep dive chapter - a survey/focus group to capture the health

needs and experiences of households currently living in temporary accommodation

5. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

5.1. None to be considered as part of this report

6. COMMENTS OF THE COUNCIL SOLICITOR AND MONITORING OFFICER

6.1. The Council Solicitor comments that there are no direct legal implications arising from this report but specific legal advice will be provided on any further decisions consequent on the recommendations above.

(Approved by: Gabriel MacGregor, Head of Corporate Law on behalf of the Council Solicitor & Monitoring Officer)

7. HUMAN RESOURCES IMPACT

7.1. There are no immediate HR considerations that arise from the recommendation in this report for LBC staff

(Approved by: Michael Pichamuthu HRBP, on behalf of Heather Daley, Director of Workforce)

8. EQUALITIES IMPACT

8.1. Analysis will be carried out on the likely impact of the proposed actions to be included in the developing homelessness strategy on groups with protected characteristics. In addition consultation activity will also ask stakeholders and partners to highlight any other adverse impacts on groups with protected characteristics. Previous analyses suggest the following groups are more likely to be impacted:

- Homeless families tend to be young, from BME community, headed by a female (often lone parents)
- Street homeless tend to be male and young, higher incidence of mental health problems and problems with drug/alcohol misuse
- Poor quality housing disproportionately affects people on benefits and low incomes

9. ENVIRONMENTAL IMPACT

9.1. No significant impact identified

10. CRIME AND DISORDER REDUCTION IMPACT

10.1. No significant impact identified

CONTACT OFFICER: David Morris, Housing Strategy Manager x60539

BACKGROUND PAPERS: None