



Prevention or cure: the role of health professionals in the Homelessness Reduction Act (HRA)

Francesca Albanese, head of Research and Evaluation, Crisis
@CescaAlbanese @crisis_uk



Together
we will end
homelessness

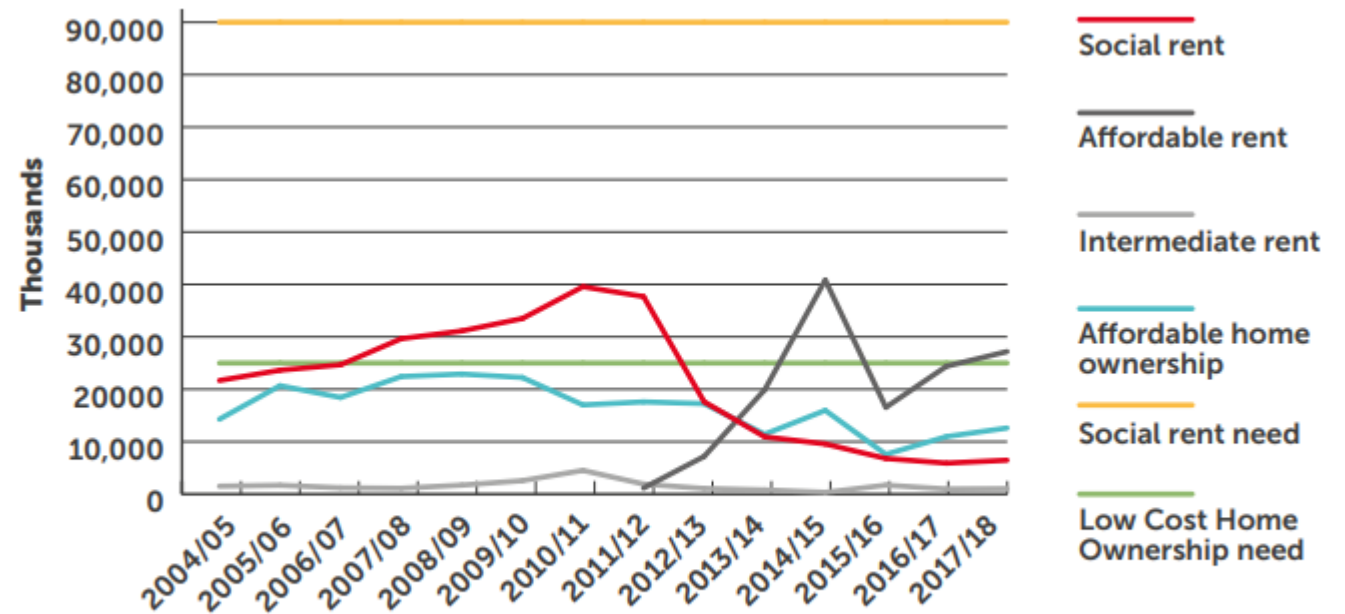
Background



- In 2014 Crisis conducted mystery shopping research looking at the experiences of single homeless people in England
- The study uncovered widespread problems with the advice and information provided, with some turned away without any help or the opportunity to speak to a housing adviser
- The origins of the HRA come from an independent panel convened by Crisis in 2015 to assess the strengths and weaknesses of the existing statutory framework
- It drew from the Housing (Wales) Act (2014) which introduced similar prevention and relief duties.

Affordable housing supply

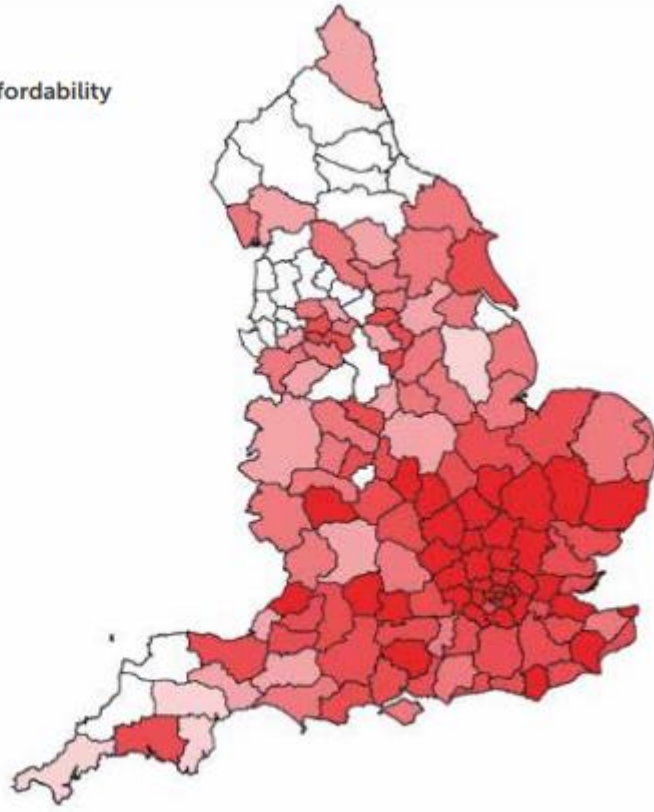
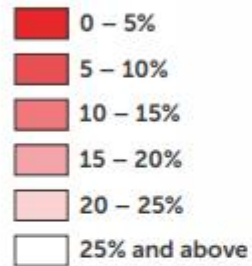
- Marked fall in new social sector dwellings after 2011/12 replaced with a focus on 'affordable rent'
- Overall rate of new housing provision was still well short of the level required to just keep pace with projected new household formation
- 18,000 fewer social lets were made to homeless households in 2017/18 than in 2007/8, despite statutory homelessness having risen substantially over that period.



Source: MHCLG Affordable Housing Statistics, Table 1000; Bramley, G (2018) *Housing supply requirements across GB: for low-income households and homeless people*, Crisis and National Housing Federation

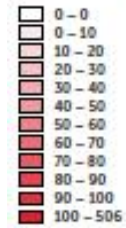
Affordability 'hot spots' in England

Private rented sector affordability in England

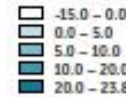


Source: Crisis and CIH analysis using Valuation Office Agency data.

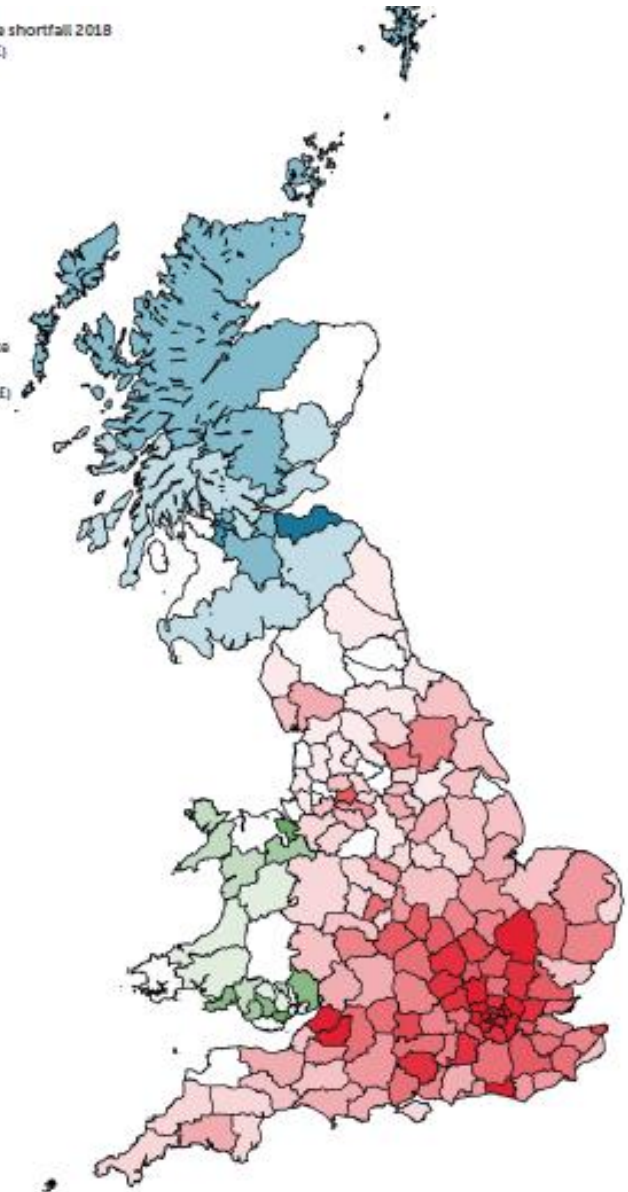
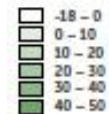
England Local Housing Allowance shortfall 2018
England Broad Rental Market Areas (£)



Scotland Local Housing Allowance shortfall 2018
Scotland Broad Rental Market Areas (£)



Wales Local Housing Allowance shortfall 2018
Wales Broad Rental Market Areas (£)



Prevention Typology

- **Universal prevention** - preventing or minimising homelessness risks across the population at large
- **Targeted prevention** – upstream prevention focussed on high risk groups, such as vulnerable young people, and risky transitions, such as leaving local authority care, prison or mental health in-patient treatment
- **Crisis prevention** – preventing homelessness likely to occur within 56 days, in line with legislation across Great Britain on ‘threatened with homelessness’
- **Emergency prevention** – support for those at immediate risk of homelessness, especially sleeping rough | **Recovery prevention** – prevention of repeat homelessness and rough sleeping

(Fitzpatrick, Mackie and Wood 2019)

Homelessness prevention in the UK

Policy briefing

Professor Suzanne Fitzpatrick (Heriot-Watt University), Dr. Peter Mackie (Cardiff University)
and Dr. Jenny Wood (Heriot-Watt University)



Summary

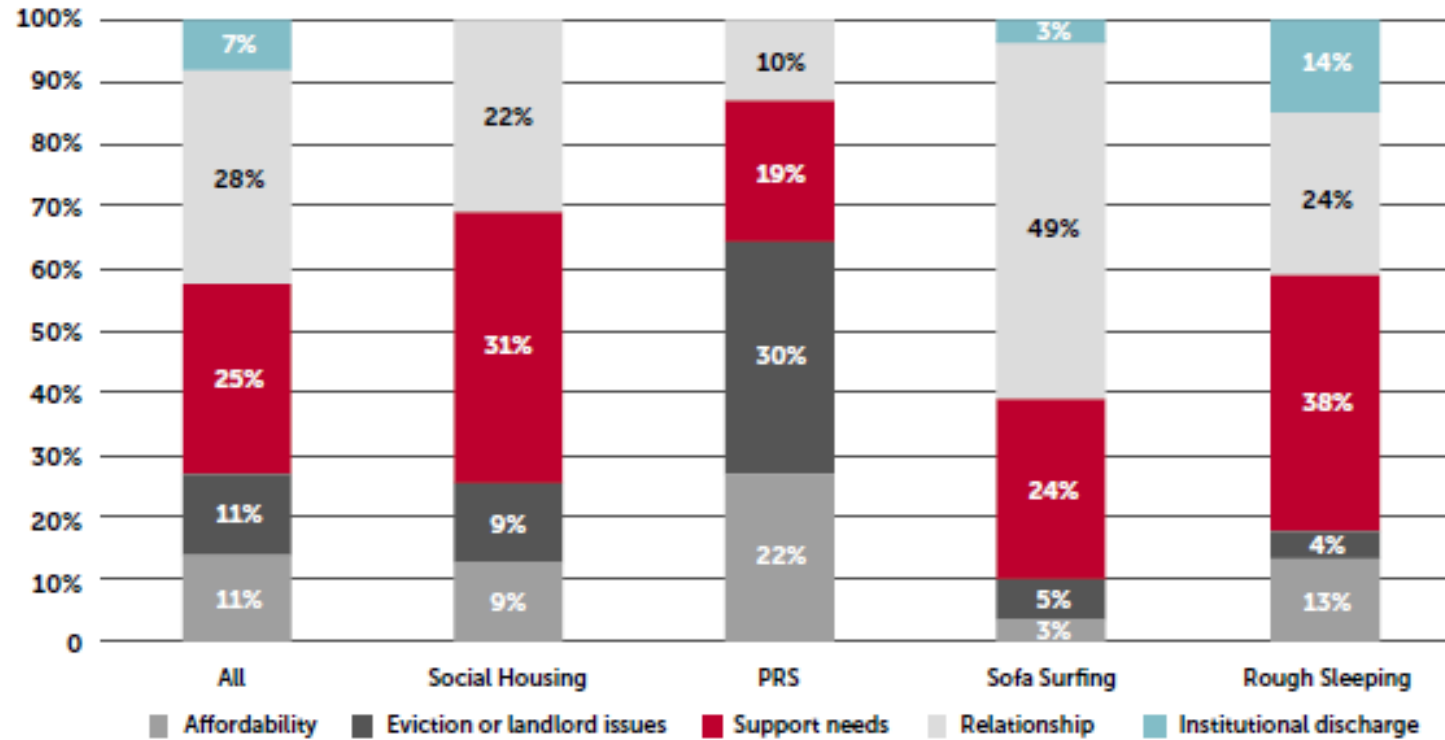
There has been marked innovation and policy mobility¹ on homelessness prevention since devolution. Using a five-category prevention typology (Universal, Targeted, Crisis, Emergency, Recovery) reveals how early developments in Scotland focused on Emergency Prevention – ensuring that all homeless people have an enforceable right to temporary accommodation. However, most effort has recently been expended on Crisis Prevention, whereby people at risk of homelessness within 56 days are assisted to remain or secure alternative accommodation. Legislative developments in Crisis Prevention in Wales and England have proved effective, albeit there is sometimes a gap between intentions of the law and current practice. Progress on Targeted Prevention with high-risk groups, such as those leaving prison, has been slower to develop across the UK. General homelessness risks have increased as a result of welfare reform and housing market pressures, undermining Universal Prevention. Single people sleeping rough or at risk often remain poorly protected, but there are promising policy initiatives underway, especially on Recovery Prevention.

¹ See also Soles, A.M. (2018) Mapping the literature of 'policy transfer' and housing. CaCIE, Glasgow

Research overview

- Largescale three year project funded by Oak Foundation
- Map the legislation from the point of view and experience of those who use it in distinction to the previous legislation
- Develop a baseline from which the impact of the HRA can be assessed
- Show the services and interventions that are available to those who are at risk of homelessness or currently homeless.
- Look at the new referral routes into statutory homelessness from other statutory services such as the job centre, probation and health services.

Primary causes of homelessness



Awareness of HRA

- The HRA has substantially increased the number of people eligible for support from Housing Options through the new prevention and relief duties.
- Only 16% (154) of respondents reporting that they were aware of the introduction of the HRA.
- Of those who were aware of the change in legislation 44% (67) said that it had encouraged them to attend Housing Options, this translates to only 7% of the overall total.
- 20% of respondents were aware of what support was available from Housing Options prior to attending

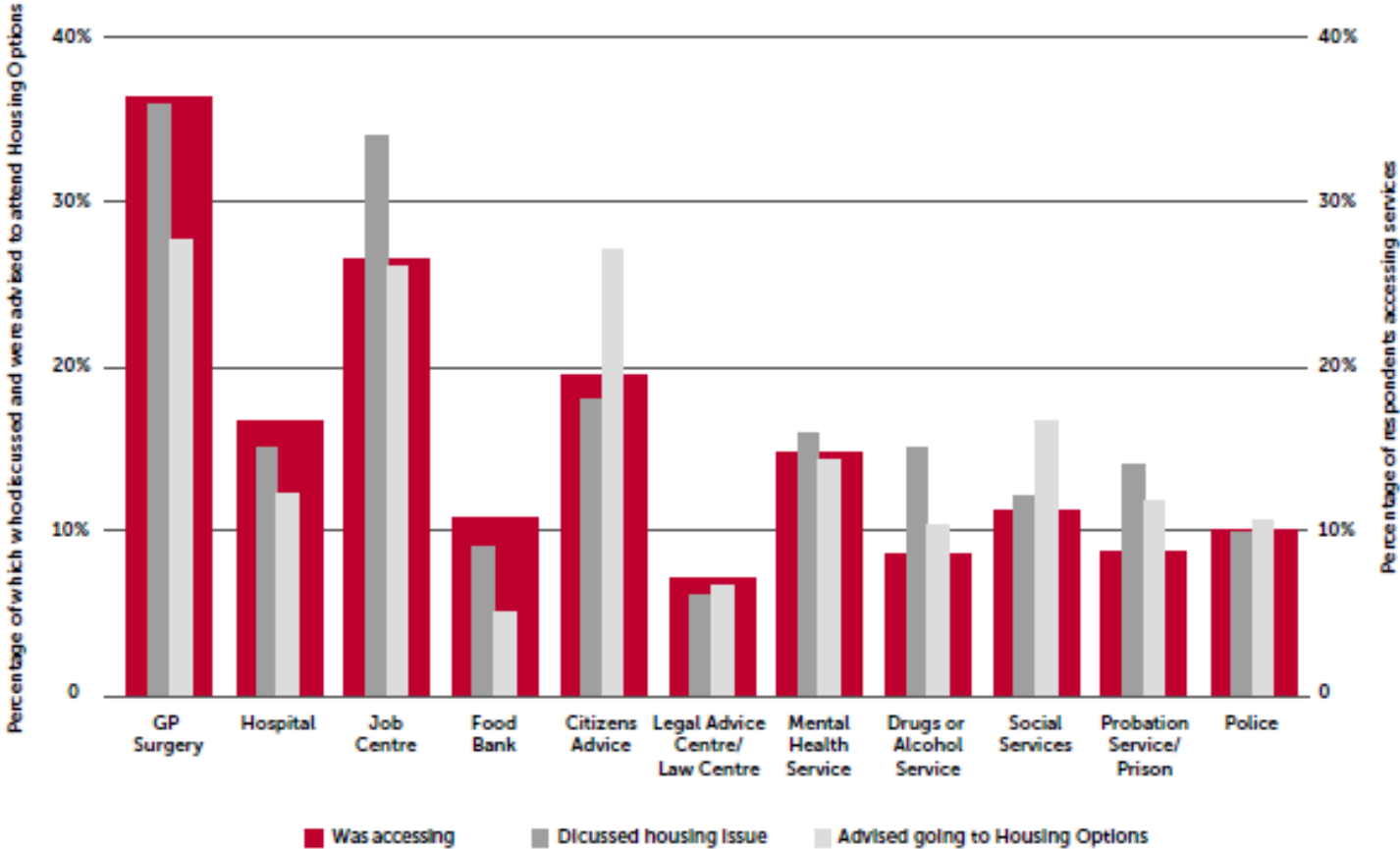
Accessing support

- Only 9% of respondents said they were given no support
- There was a range of reasons given for not receiving support:
 - No recourse to public funds
 - Lack of local connections
 - Not being able to evidence current situations
 - Not homeless
- The research findings suggest that this is one of the most substantial changes observed since the introduction of the HRA and that the change in legislation has had a noticeable impact on widening access to single homeless people.

Advice and assessment

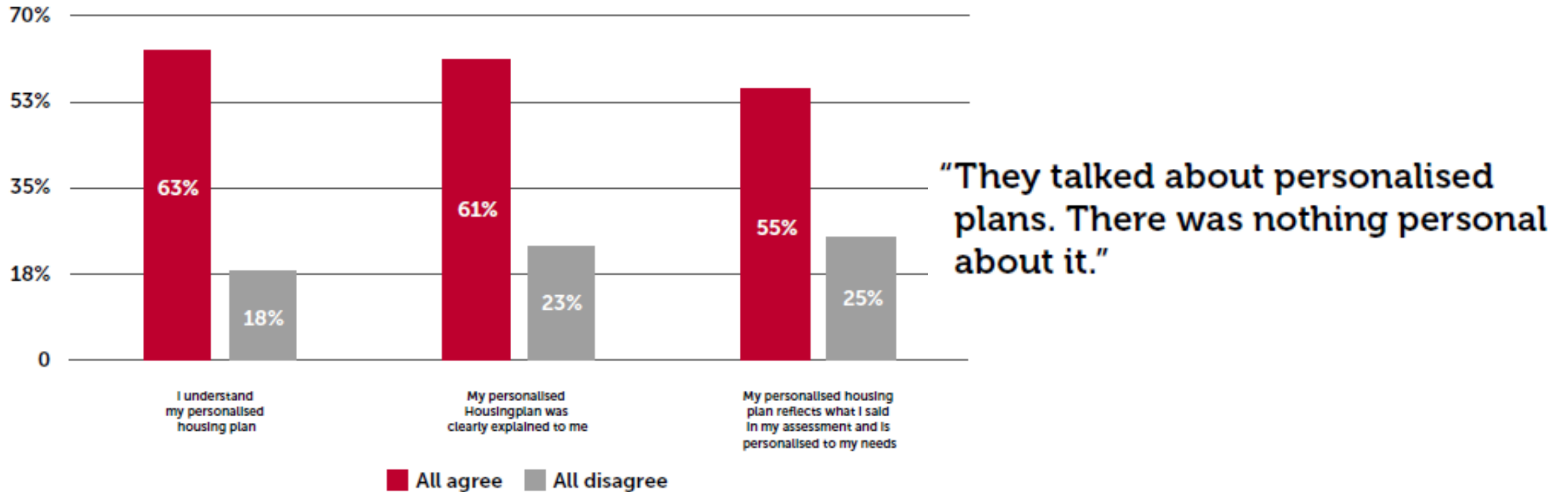
	Strongly agree	Agree	Neither	Disagree	Strongly disagree
I felt the staff listened sensitively and with respect to my situation	23%	53%	8%	10%	6%
I felt it was difficult to be honest about my situation	6%	20%	6%	50%	17%
I felt the staff made clear what was available to me and why	17%	56%	10%	11%	5%

Wider network of support



Personalised Housing Plans

- 40% of respondents were aware that they had received a PHP



- Only 19% of participants said their plan had been reviewed or updated

Personalised Housing Plans

- But for some people PHPs were invaluable

“Yeah, that [PHP] did help a lot. I was a lot less forgetful, a lot less scatty, a lot less feeling like there was a lot that I had to do, just seeing it in a few bullet points, and then it was like, actually, I’ve got not much to do. I’ve just got to repeat it.”

“Well, I create, on the personal housing plan, I put a lot of detail in there about affordable, affordability and different areas, properties that are available in different areas. I do research on properties and put links, type links onto the personal housing plan, so they’re really specific in showing what the housing options are.”

– Housing Officer

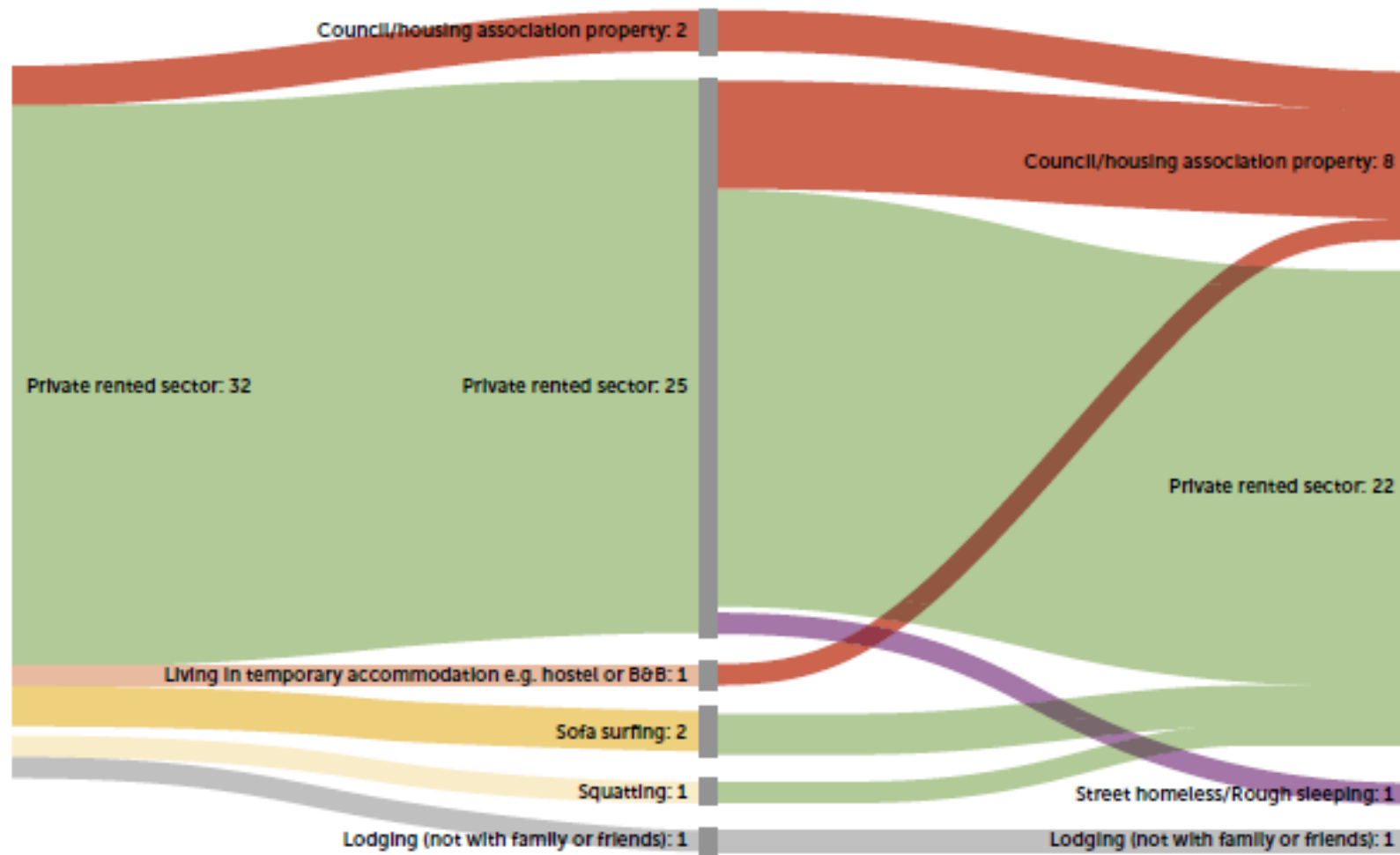
Table 3.1: Support provided under the HRA

Intervention	Count	%
Attempting mediation/cpncliation where an applicant is threatened with parent/family exclusion		
Landlord mediation	24	6%
Family mediation	37	9%
Assessing whether applicants with rent arrears might be entitled to Discretionary Housing Payment		
Support to pay rent	127	31%
Providing support to applicants, whether financial or otherwise, to access private rented accommodation		
Rent deposit	158	38%
Information on accessing the private rented sector	281	68%
Assisting people at risk of violence and abuse wishing to stay safely in their home through provision of 'sanctuary' or other measures		
A refuge or other sanctuary accommodation	43	10%
Helping to secure or securing an immediate safe place to stay for people who are sleeping rough or at high risk of sleeping rough		
Temporary accommodation	109	26%
Emergency accommodation	101	24%
General support		
Support with financial budgeting	115	28%
General advice	243	59%
Referral to other services		
Legal services	9	5%
Homelessness charity or service	51	27%
Women's service	8	4%
Drug and alcohol service	12	6%
Adult social care	6	3%
Mental health services	17	9%
Children's social care	4	2%
Jobcentre Plus	18	9%
Domestic abuse services	8	4%

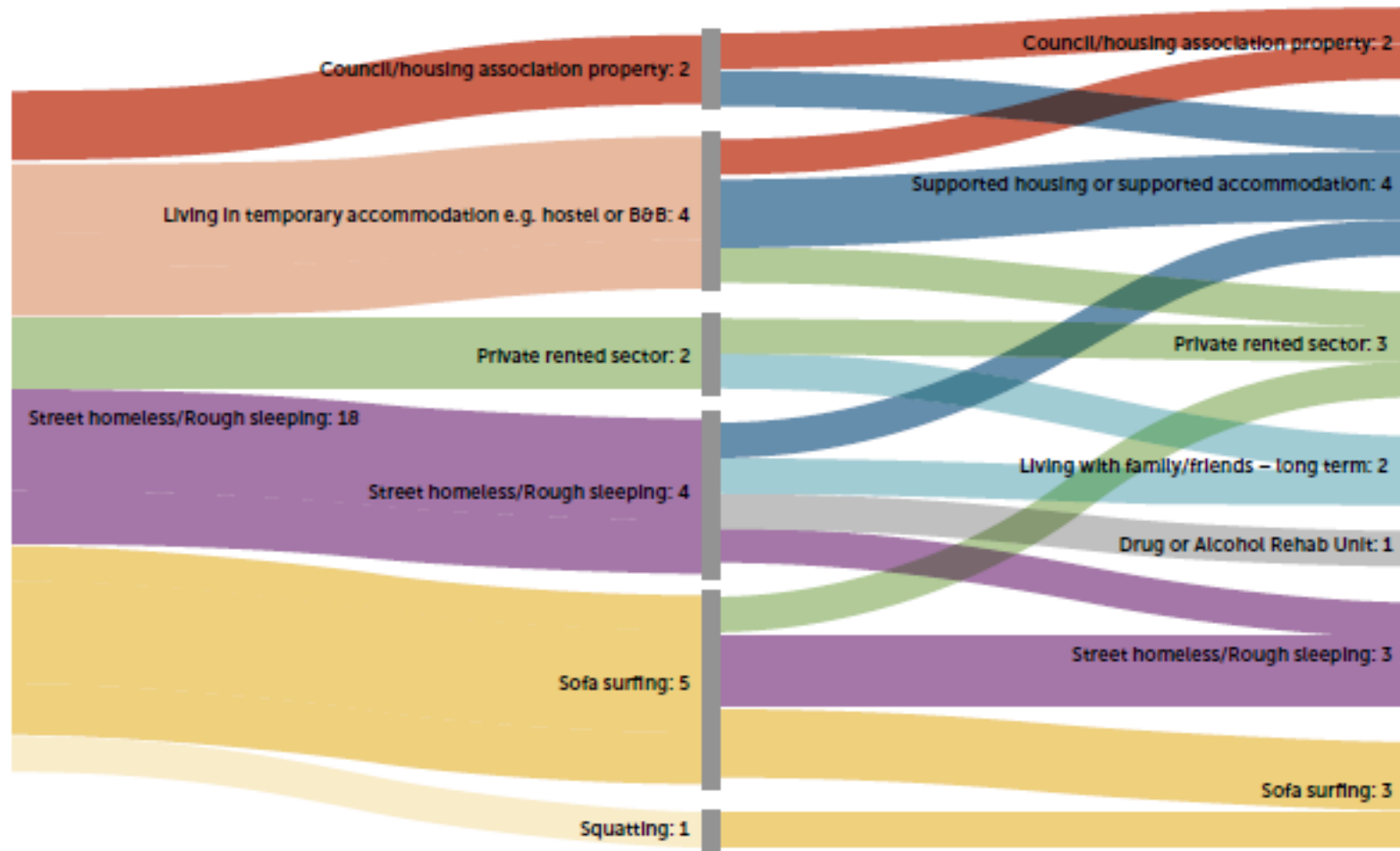
Type of support provided

- People at prevention stage were more likely to have been referred to other services including mental health and drug and alcohol services
- People presenting at relief stage are more likely to have been offered support around access to the PRS including financial support
- Little activity on proactive genuine prevention – requires input from outside homelessness teams

Housing outcomes: presenting from the PRS



Housing outcomes: presenting as street homeless



Conclusion

- The HRA has achieved one of its primary aims opening up access particularly amongst single homeless
- Overwhelmingly people reported a more positive experience when first approaching Housing options
- More could be done to tackle upstream prevention – reciprocity between agencies and role for health professionals in this under duty to refer and wider joint working arrangements
- However the intention and ambition of the HRA is being constrained by the housing market, welfare system and funding
- Both interventions and ongoing support are limited by resource and capacity leaving people trapped in homelessness
- Improved guidance and investment are needed to ensure that local authorities are able to deliver against their new duties consistently

Conclusion

- Early indications from show that those presenting at prevention stage are likely to have a much smoother and more coherent pathway than those presenting at relief.
- The importance of the Duty to Refer is evident and this needs to be extended to a wider range of services with a **duty to prevent homelessness** should be placed on all public bodies – role for health professionals
- Investment in social housing and a national target for building homes at social rent levels
- Alongside a realignment of LHA rates back to the 30th percentile
- Not tackling the structural barriers risks undermining the potential of the HRA