

Homelessness Update - Health and Well Being Board



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What I am going to cover

- The role of the Homeless Team
- Some stats
- Homeless Prevention and Rough Sleeping Strategy 2023-2029
- Homelessness and health
- Challenges and opportunities
- Questions

Housing and Welfare Team – What do we do ?



Some Stats around Homelessness



National Data 2022-2023

Of the 104,460 households with children owed a homeless duty, 40% had a least one support need. The most common **been mental health**, followed by **physical ill health and disability**.

A Domestic abuse support needs is recorded for 16,020 households or 15.3% of households owed a duty, a 4.8% increase on the previous year.

Of the 193,950 single households owed a duty, 59.5% or 115,370 had one support need, 23.7% had 2 and 34.4% had 3 or more support needs.

The most common support needs is mental health, 62,340 or 32.1% of single households owed a duty. The most common co-occurring need is physical ill health and disability.

Of note is that there has been an increase in support needs for those who need help to access employment, education and training, a 23% increase, 7,360 households and a 22.3% (4,660) increase in those with recorded support needs due to old age.

National picture – Unhealthy state of Homelessness 2022 – Findings from the homeless Health Needs Audit

People experiencing homelessness suffer worse physical and MH than the general population

Between 2018-2021 63% of respondents reported they have a LT illness, disability or infirmity

The number of people with a MH diagnosis has increased substantially from 45% in 2014 to 82% in the 2018-21 cohort

45% of respondents reported they are self-medicating with drugs or alcohol to help them cope with their MH

Barriers in accessing needed support for physical and MH means people experiencing homelessness are over reliant on emergency health care services, with 48% having used A&E in the last year: 3 times more than the general population

Between 2018-21 a total of 38% of respondents had been admitted to hospital in the last 12 months before participating in the health needs audit. The most common reasons been a physical health condition (37%) and 28% related to a MH condition, self harm, or attempted suicide

For those who had been admitted nearly a quarter (245) had been discharged to the streets

Other issues highlighted amongst the homeless population, were low nutrition, high rates of smoking, low rates of screening and vaccinations and low dentistry registration

Barnsley data 2022-23

835 households were owed a duty – families and singles

55.6% (464) identified additional support needs:

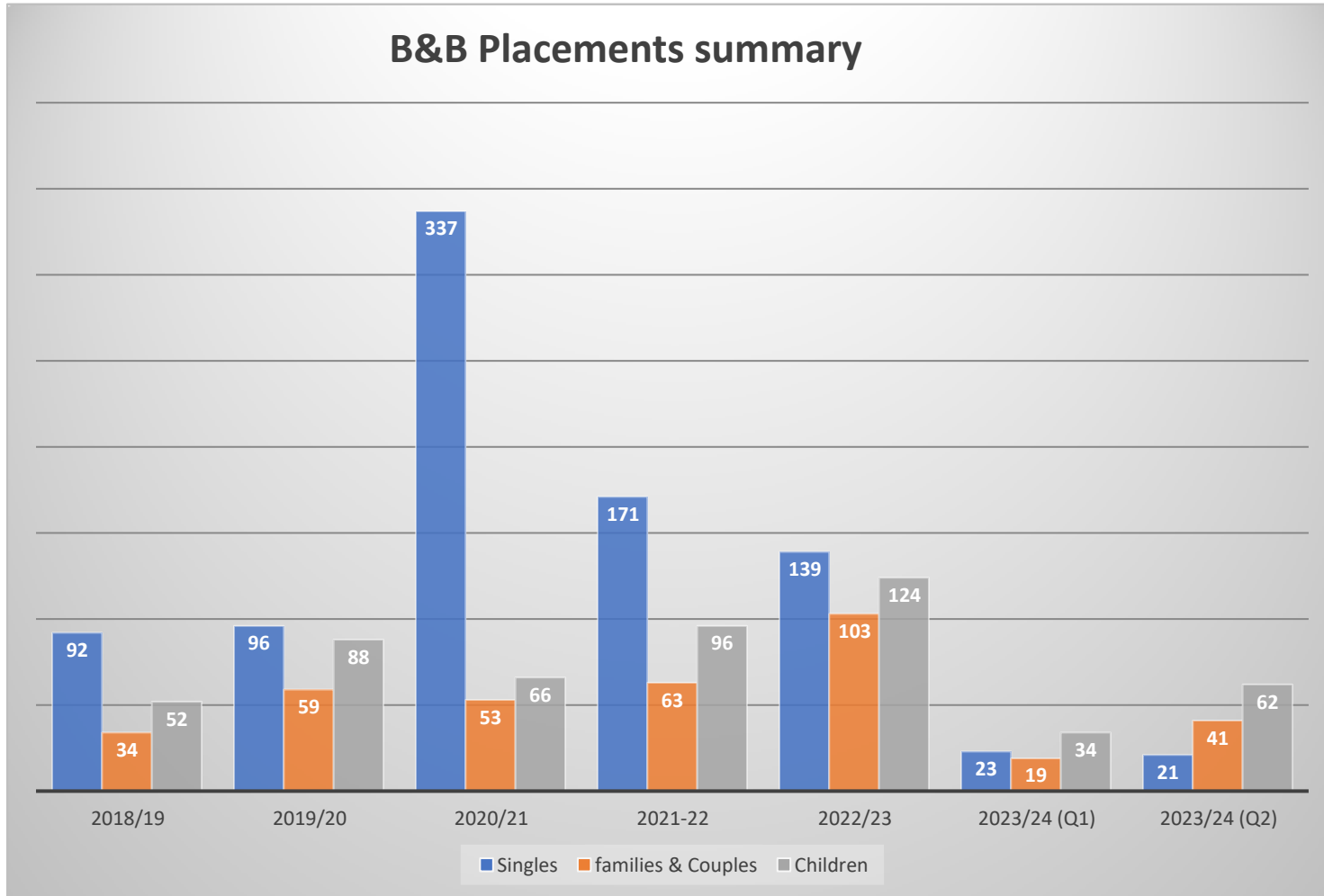
- 24% mental health
- 18.9% physical ill health and disability
- 18.1% offending
- 12.5% substance misuse

72% of all applicants are unemployed

The main reasons for homelessness were:

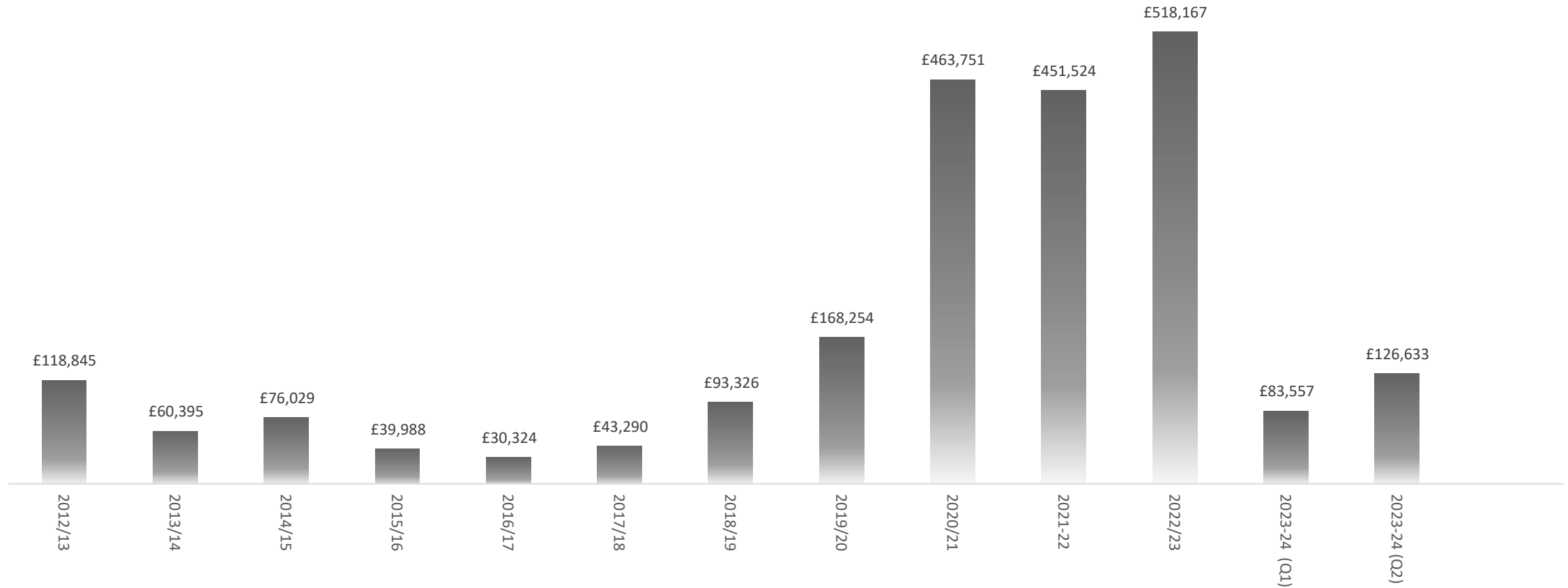
- End of a PRS accommodation
- Family and friends no longer willing to accommodate
- Left an institution
- Eviction from supported housing
- Domestic abuse

B&B Placements

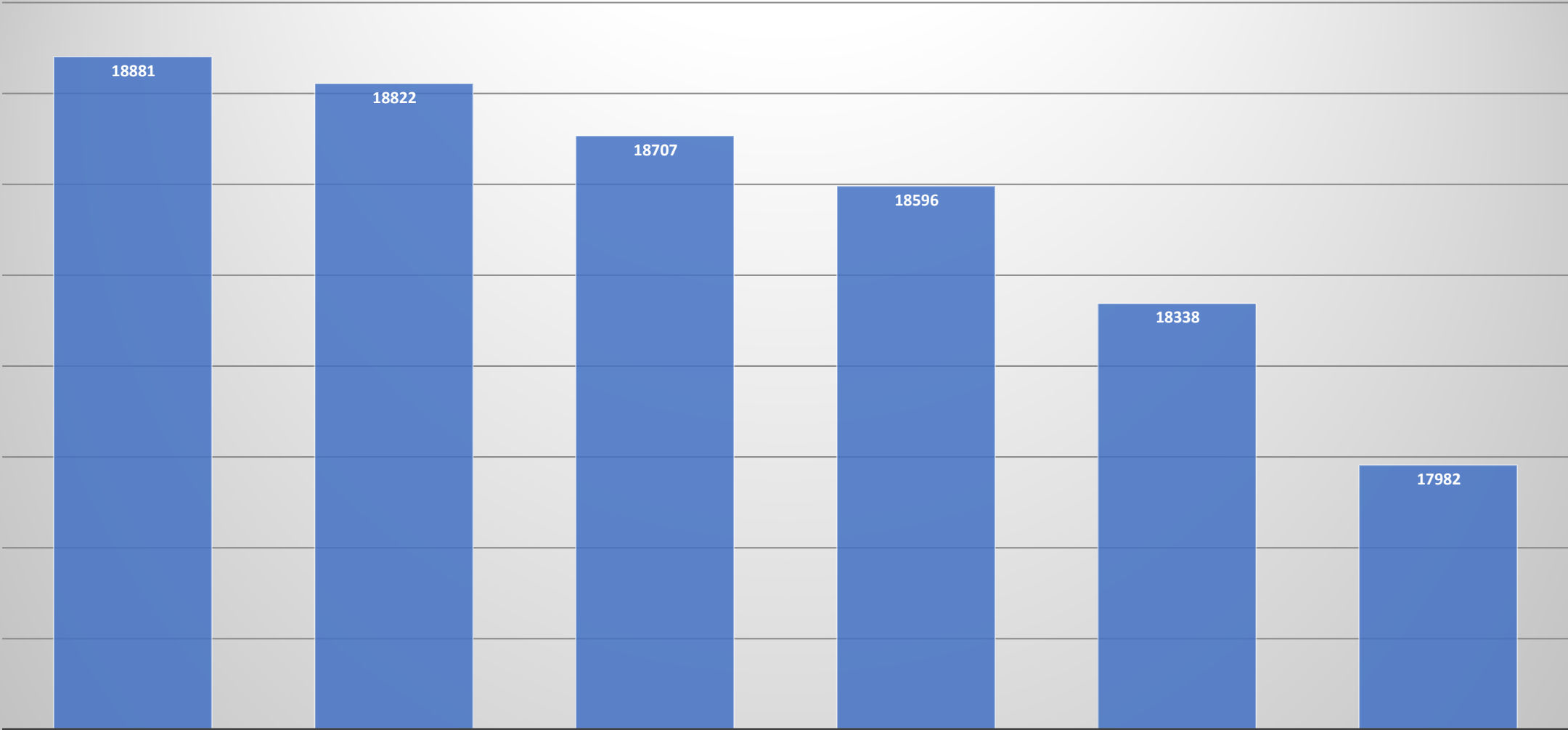


- Spike in Covid – due to Everyone in
- Family placements have started to increase

All temporary accommodation spend



Council Housing Stock



2013/14

2014/15

2015/16

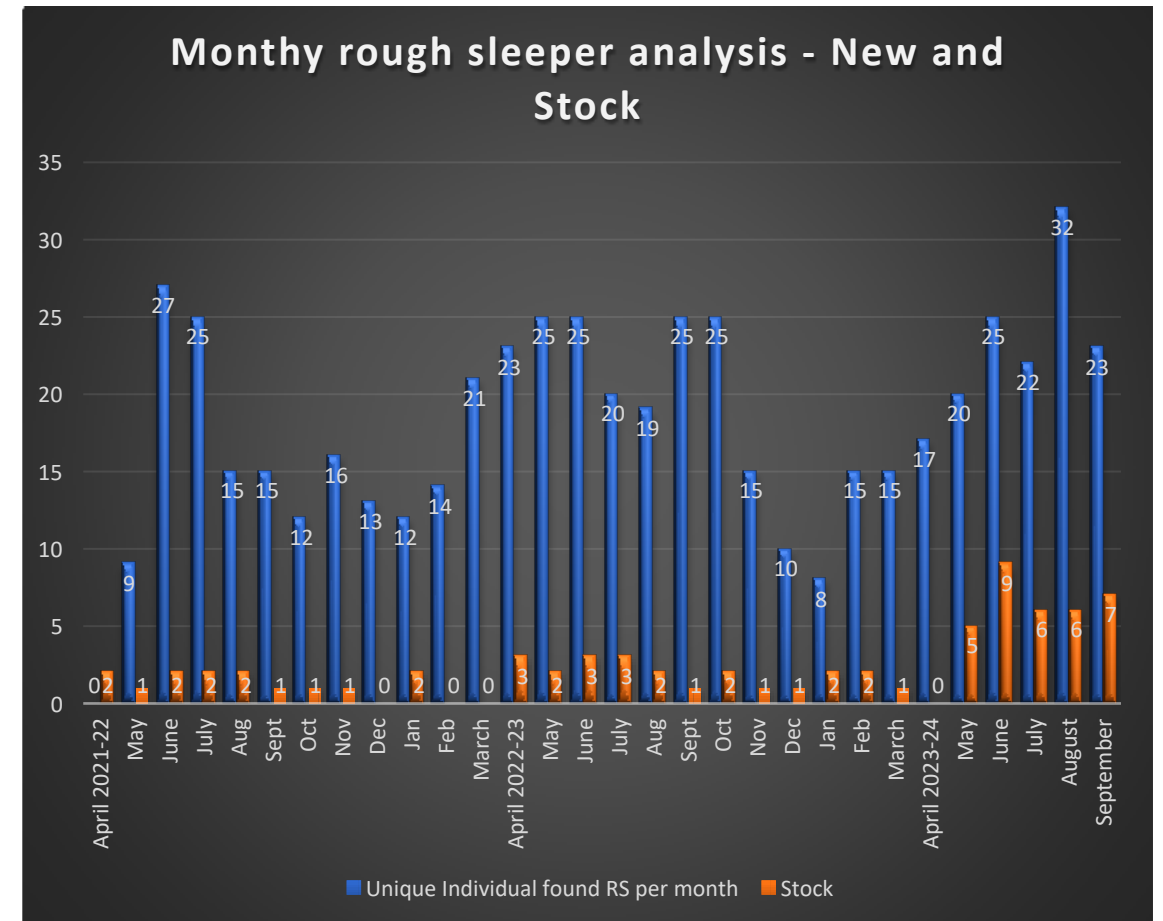
2016/17

2017/18

2022/23

Rough Sleeper stats

- Currently 4/5 individuals been found on outreach
- Between 1st April 23 and 30th September 23, 380 proactive outreach finds or reports investigated
- Several rough sleepers already have accommodation
- Last year we found 139 individuals, 16 we didn't identify. 93 male 30 female
- The most times an individual was found was 22 occasions
- Average individuals found is 18 per month
- Long term RS population is increasing





Homeless Prevention and Rough Sleeping Strategy

Homeless Prevention and Rough Sleeping Strategy 2023-28

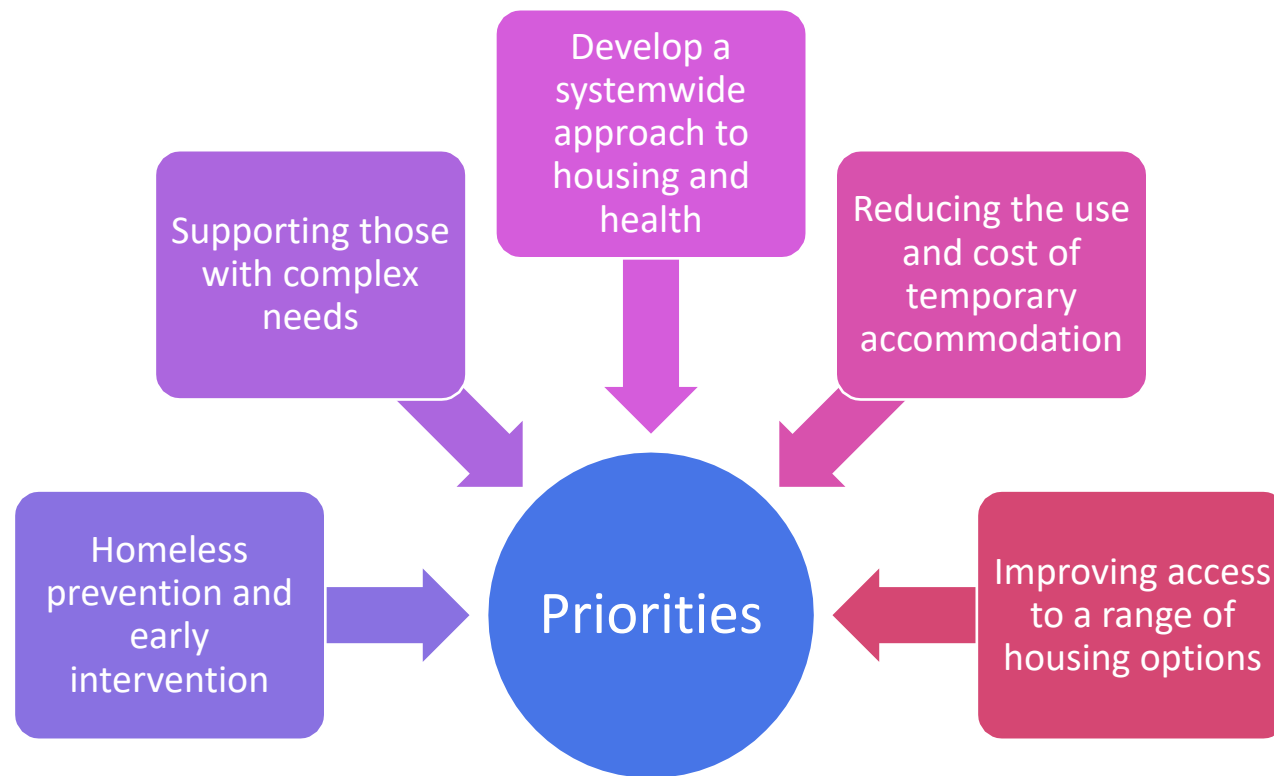
"Working in partnership to
end homelessness in Barnsley"



Strategy Priorities

Our Vision

‘Working in partnership to end homelessness in Barnsley’



Strategy Consultation findings

- A high proportion of customers have health needs both mental and physical
- Dual Diagnosis can be a barrier for accessing support
- Suicide attempts are high amongst the most complex homeless cases
- Many have suffered significant trauma/ bereavement
- We undertook a stakeholder survey for the strategy:
 - 85 % thought that we should prioritising supporting those with complex needs
 - The most important thing in preventing homelessness is the lack of affordable housing and no uplift on LHA levels
 - Managing expectations of clients and the public around homelessness
 - 38% of respondents thought rough sleeping had increased

Health, housing and homelessness

Homelessness is often a consequence of a combination and cumulation of structural and individual factors, ill health can be a contributory factor

Evidence of the link between poor quality housing and health outcomes - living in cold / damp homes

Effects on mental health – stress and anxiety , money worries, overcrowding, housing insecurity

Ageing homeless population with longer term health and social care needs

Use of alcohol and drugs and the health impacts/ outcomes

Homelessness has particularly adverse consequences for children and can affect life chances

What we are doing?

Working with the hospital to look at how we can intervene earlier, training key staff, member of HIUG and a link worker in Housing. Similar work with Probation and Prisons

Working with partners on addressing poor quality housing conditions – links to the Private Sector Housing Strategy

Work alongside the Integrated Care System to make sure the homeless population is represented in any strategies, plans and operational delivery. Raising awareness through key strategic groups

Jointly funded a PT counselling psychologist

Vulnerable Adults Panel

Continue to work closely with Adult Social Care, co-locating at the 'Front Door' to identify health and social care needs.

Focus on reducing homeless-related deaths, including drug-related deaths, those dying of suicide, deaths due to poor health or because of being a victim of crime.

Challenges

- Housing market , supply and affordability
- Availability and low turnover of social housing stock
- Cost of living crisis
- Engagement – esp rough sleepers and beggars
- Managing expectations
- Move on
- Addressing wider needs, esp health
- Stopping repeat presentations to service
- Homeless prevention – early referrals

Opportunities

Collaboration between local professionals i.e. environmental health, housing, allied health, public health and social care and systems leadership to prevent homelessness and reduce health inequalities

Develop homeless leads / champions in certain areas / multi-disciplinary teams

Get people with lived experience more involved in planning and delivery of services / peer supporters

Support services to be more flexible and accessible i.e. outreach/ drop ins etc

Make every contact count in term of assessing homelessness/ housing situations / Duty to refer/ prevention work

Use data better to inform interventions / Service delivery/ commissioning – local health needs audit

Improve the offer for homeless people with mental health and dual diagnosis issues. We will explore opportunities to employ specialist support through specialist dual diagnosis practitioners to provide clinical expertise.

Encourage screening/ immunisation./ accessing primary health care amongst the homelessness population

How to contact us if you need any help around homelessness

34% of respondents to our strategy survey did not know where to send people for advice or where to get advice as a professional, so here's our details

- We are based at Wellington House in Barnsley
- The office is open to the public 10am-4pm everyday apart from Wednesdays when its 1pm-4pm
- Phone lines are open:
 - 9am- 5pm, Monday, Tuesday, Thursday
 - 1pm-5pm Wednesdays
 - 9am-4.30pm Fridays
- General phone number is 01227 773870
- Email adviceservices@barnsley.gov.uk
- Website <https://www.barnsley.gov.uk/services/housing/homeless-and-housing-advice/>
- If you see a rough sleeper you can report them in via Streetlink
<https://thestreetlink.org.uk/>



Thank You for listening
– any questions ????