



Written Evidence by BCHA to the Communities and Local Government Committee for the Homeless Inquiry

February 2016

1.0 Summary of Key Points:

- BCHA has observed an increase in teenage and women's homelessness, repeat homelessness and people accessing our services with more chaotic and complex needs.
- Homelessness provisions should be holistic and joint-commissioned and funded by health, offending, housing and welfare services.
- It is increasingly difficult for people to access private and social housing. Investment by the Government in affordable move-on housing provided by Housing Associations could be an important solution to this issue.
- Rent reductions, benefit caps and funding cuts are severely endangering housing options and services that providers like BCHA can offer to vulnerable people in the future.
- Homelessness housing and support services have a significant saving impact on sectors like health, offending and the local authority. Short-term funding savings may mean that services need to close, amounting to a long-term cost for other sectors in the future.

2.0 About BCHA

- 2.1 BCHA is a specialist housing provider, helping homeless and vulnerable people access the right housing, health, learning and work opportunities. Founded in 1968, BCHA supports over 10,000 people every year to take control of their lives and equips them to find a way forward.
- 2.2 BCHA has a diverse range of approximately 2,000 homes across the South and South West. Over 740 of these are supported homes for people who find themselves homeless after facing relationship breakdowns, addictions, unemployment, domestic violence and deteriorating mental and physical health.
- 2.3 Our vision is to 'create lasting solutions to homelessness, unemployment and social exclusion in our local communities'.

3.0 Introduction

- 3.1 Anyone can find themselves homeless. The effects of traumatic experiences like unemployment, family breakdown and debt can mean the loss of a home to any of us.
- 3.2 Homelessness is on the rise. In 2014, over 2,744 people slept rough at any one night in England, a rise of 55% on 2010¹, and 112,300 households applied for homelessness assistance at their council, a rise of 26% since 2009/10². On top of this, an estimated 60% of all homeless people are hidden and probably don't show up in these official statistics because they are sofa surfing or squatting³.

We have seen similar rises across the South West, with charity Shelter taking 38,000 calls in 2014/15 from people who were about to face homelessness⁴. In Plymouth, the number of people asking the Council for help increased by almost 30% in 2012/13⁵, and here in Bournemouth the number of rough sleepers counted by the Council nearly trebled in the last two years, from 16 rough sleepers in 2013 to 47 in 2015⁶.

- 3.3 BCHA is concerned about the rise of homelessness in conjunction with funding cuts and increasing rental costs, which endanger supported provisions available for this vulnerable group. We are therefore delighted to have the opportunity to submit written

evidence to the Communities and Local Government Committee's inquiry into the causes of homelessness, approaches to tackle homelessness and our concerns about supported services going forward.

4.0 Causes and Characteristics of Homelessness

4.1 In a recent survey of 1,089 homeless adults and young people who lived in 16 of our supported schemes during the year 2014/15, people indicated the following reasons for their homelessness:

- Drug and alcohol addictions
- Mental and physical health problems
- Parents/caregivers no longer willing to accommodate
- Involvement in anti-social behaviour or crime
- Leaving institutional care (e.g. hospital, care, prison)
- Eviction (or threat of eviction)

These causes and experiences are consistent with research done by Crisis⁷, The Joseph Rowntree Foundation, Homeless Link⁸ and others.

4.2 From our nearly 50 years' experience of working with homeless people, we have seen first-hand that homelessness is often caused by either traumatic experiences in childhood, or traumatic experiences in later life, with which individuals can not cope on their own.

Once people lose their home, they often end up in a cycle of entrenchment with deteriorating mental and physical health leading to offending and increased use of substances as a way of coping.

4.3 BCHA has seen a significant increase in the number of teenagers accessing our services. For example, all young people currently supported in one of our young people schemes in Bournemouth are aged 16-18, whereas we are contracted to provide support for 16-24 year olds here. We expect the number of homeless young people to rise in the future as living independently will be more difficult for this age group due to Housing Benefit changes. The end of automatic entitlement for people aged 18-21 and the cap to shared-room rate for those aged under 35 in combination with increasingly high rental prices will mean that more young people will find it difficult to access housing.

4.4 BCHA has seen a rise in the number of homeless women accessing our services, increasingly with complex and high needs. For example, there are now more women than ever living in our specialist wet-house hostel in Bournemouth, a scheme for people who are long-term alcohol dependent and deemed too high needs for other services.

In 2015, Homeless Link published a report⁹ on women's homelessness which reflects our findings.

4.5 We have also seen a particular issue with ex-service personnel who find themselves homeless at around 10 years after their military service, as issues like post-traumatic stress syndrome and relationship breakdowns seem to develop. This particular group of homeless people can be difficult to engage due to their extensive experience of living out and their training to be self-reliant.

5.0 Steps to Tackle Homelessness

- 5.1 Homeless advice and support services should be joint-funded and commissioned by health, housing, offending and government services. In 1998, the Government's Social Exclusion Unit published a report on rough sleeping, highlighting the need for a holistic, co-ordinated approach in tackling homelessness after a number of pilots reported successful outcomes. We believe it is time the Government put into practice findings from research that was commissioned nearly 20 years ago and is still relevant today.
- 5.2 The provision of a first point of call, like a hub or a night shelter, is one of the essential steps to preventing and tackling homelessness. These direct-access emergency services can provide people with advice, signposting, safety, basics, and emergency medical and psychological support. In order to tackle homelessness most effectively, support workers, housing officers, health services and job centre staff should be working together in one building.
- 5.3 Around 35% of people accessing our supported services have previously accessed one of our services (this includes access to learning and work, floating support and advice). This is consistent with our observations that increasing numbers of people are experiencing repeat homelessness. In our experience people seem to have been placed in private or social housing without funding for support, and were unable to sustain their tenancy. Access to – in some cases ongoing - floating support is one of the main ingredients to tackling and preventing homelessness.

BCHA currently provides a successful floating support services to around 1,000 people living in Bournemouth. We support people to, for example, sustain their tenancy, contribute to their community and access training, employment and health services. During 2014/15, 284 people successfully completed the programme of support and no longer need support services.

- 5.4 As rents are rising, eligibility criteria for social housing are becoming more stringent and more landlords are refusing to house people because of their history or financial situations, it is becoming increasingly difficult to move people on from supported or temporary housing into private or social accommodation. We have seen this lack of move on possibilities cause a number of people to relapse into offending, unemployment, substance misuse and arrears.

In December 2015, 41% (128) of residents living in 16 of our supported homeless schemes (314 in total) were ready to move on. Of those, 66% have been waiting for over 3 months so far, and 31% have been waiting for over 6 months to access independent accommodation.

This problem does not only affect the people living in schemes; it has a real impact on people who are in urgent need and waiting to access supported accommodation. Research by the NHF shows that there is currently a shortfall in supported provisions of 15,640 places for the year 2015/16. If this trend continues, then this is likely to increase to a shortfall of 46,711 places by 2024/25¹⁰.

- 5.5 In 2014, BCHA supported 392 vulnerable and homeless people move on successfully from our services to live independently, and 890 people achieved a qualification,

entered into employment or started volunteering through our learning and work services.

With nearly 50 years' experience of supporting homeless people off the streets, re-establishing contacts with families and supporting people to find employment, BCHA is well placed to tackle and prevent homelessness with the provision of affordable homes and support and outreach services. In Plymouth, we have found that the most successful route out of homelessness is when we can move people into affordable homes either provided by ourselves or other social landlords where they continue to receive the appropriate support.

We recommend that the Government continue to invest in social landlords to provide truly affordable social homes and schemes that are designed to tackle homelessness.

- 5.6 Most people we work with do not want to be homeless. Anecdotal evidence from staff tells us that people seeking our support have lived 'normal' lives up until a traumatic experience such as unemployment, bereavement or relationship breakdown.

We therefore recommend that the Government take a lead on acknowledging themselves and educating others that homeless people are worthy and equal citizens. Research shows that homelessness can happen to anyone. Anyone can experience unemployment, bereavement and mental health problems. In fact, mental health charity Mind says that one in four people will experience a mental health problem each year¹¹.

This acknowledgement should include the manner in which the Government and councils tackle homelessness and rough sleeping. For example, one council has recently used the controversial method of playing disturbing music to drive away rough sleepers from public areas rather than engaging them to support them off the streets.

6.0 Different Approaches to Homeless Services in Rural and Metropolitan Areas and Local Connection

- 6.1 Most of the South West consists of rural areas and smaller cities. As we work across this area, we have seen that there are not enough homelessness services available here, especially compared to provisions in bigger cities across the country.

- 6.2 People who become homeless in these rural areas and smaller cities often migrate to bigger cities because of the services available, but instead of accessing services there, they are often found to be rough sleeping because of the lack of services available to them. The local connection requirement placed on supported provisions means that providers like us can not support those who have recently moved to the area.

The local connection requirement is a significant issue for homeless people, especially for those who have had to move because of abuse, leaving care settings or involvement in crime. Some people move away to break with bad influences in their lives, only to find that they can not access support in other areas.

7.0 The Future of Homelessness, Health and Offending Services

7.1 Homelessness is not only a problem of the housing sector. Homelessness severely impacts other sectors like the Criminal Justice system, welfare, social care and health. For example, homeless people are estimated to cost health services around 8 times more than those who live in a home¹². They are 5 times more likely to attend A&E, 12 times more likely to be depressed and 4 times more likely to have stomach problems¹³.

7.2 Through our extensive experience of working with homeless people, we have found that upon accessing supported services residents are less likely to burden health and offending services, and more likely to pay off debts and seek employment. To give an example; prior to moving in one of our tenants called the ambulance services out at least twice a week to support him with feelings of anxiety around his diabetes, costing the NHS around £27,000 a year. Since moving in, his calls have stopped. Our staff, costing around £14,720 a year per resident, now support him in managing his anxiety and diabetes by talking to him and contacting his GP and 'NHS 111' for health advice¹⁴. Support costs like these not only save a significant amount to health services, but also to offending and substance services as residents reduce their drinking and are less frequently in contact with the police.

Case studies analysed by MEAM (Making Every Adult Matter) estimated that costs for an individual with drug treatment, detox costs and mental health support were reduced from around £16,000 to £2,700 after moving someone from a state of homelessness to stable accommodation with a more comprehensive support provision¹⁵.

7.3 Health, Criminal Justice and Social Care sectors are increasingly dependent on voluntary and community organisations to help them provide care that is cost-effective, tailored and close to home.

7.4 However, as rents and housing benefit are being reduced and local authority budgets cut, we are very concerned that the short-term savings gained will have a severe financial cost impact on these other sectors. Voluntary organisations and housing providers like BCHA will not be able to take the increased financial and legal risk of providing services to homeless people going forward.

7.5 The Government needs to consider the long term costs of reductions in budgets and homelessness support services. There are currently around 109,556 supported places available for homeless people to live in¹⁶. Imagine that the Local Housing Allowance Cap and the rent reduction went ahead and 95% schemes would have to close¹⁷. This means that suddenly 109,556 people would become homeless. A significant number of them may have to be moved into B&Bs, costing approximately £18,980 per year per household. A further number of people will have to resort to rough sleeping, at a cost of £8,605 to the local authority per year per household for outreach and support¹⁸.

Consider the additional costs on health and offending services if there is no support available to prevent bad health or crime. For example, an internal recent report¹⁹ in the impact of our schemes demonstrated that interventions by on-site staff among 11 residents prevented at least 14 A&E visits and six ambulance callouts in one month, saving around £2,800 to the NHS. The report also showed that on average, residents reduced their alcohol intake by around 19 units a day during their stay in our schemes – significantly reducing the risk of health problems in later life.

8.0 Summary

8.1 Levels of homelessness are rising in the UK, but housing and support budgets to tackle the issue are being cut. BCHA is concerned that as a result, even more people will find themselves homeless in the future.

8.2 In summary we urge the Government to:

- Ensure homeless services are being commissioned in a joined-up approach combining housing, health, offending and employment services.
- Ensure service providers have access to sufficient funding to provide innovative and effective support to prevent and tackle homelessness.
- Ensure every local authority has emergency provision available, so that no one is left without a local connection.
- Enable and support housing associations to contribute to communities and build affordable housing for homeless people and families to move into.
- Acknowledge the worthiness and value of homeless people as fellow citizens and educate people accordingly.
- Consider the long-term cost of short-term savings - such as funding cuts, reduced rents and Housing Benefit caps - on sectors like health, offending and welfare.

9.0 References

¹ DCLG (2014) *Total Streetcounts and Estimates Autumn 2013*

² DCLG (2015) *Table 770 Statutory homelessness*

³ Crisis (2011) *The Hidden truth about homelessness: Experiences of single homelessness in England*

⁴ The Herald (2015) <http://www.plymouthherald.co.uk/Homeless-charity-struggling-meet-demand-South/story-28213409-detail/story.html>

⁵ The Herald (2014) <http://www.plymouthherald.co.uk/Homelessness-increases-28-cent-Plymouth-year/story-21042145-detail/story.html>

⁶ Bournemouth Echo (2015)

http://www.bournemouthecho.co.uk/news/14175392.Number_of_rough_sleepers_in_Bournemouth_trebles_in_two_years/?ref=mac

⁷ Crisis (2008) *Valuable Lives: Capabilities and Resilience Amongst Single Homeless People*

⁸ JRF (2011) *Tackling Homelessness and Exclusion: Understanding Complex Lives*

⁹ Homeless Link (2015) *Women and Homelessness: Research Briefing 2015*

¹⁰ NHF (2015) *Understanding Need and Supply*

¹¹ Mind <http://www.mind.org.uk/information-support/types-of-mental-health-problems/statistics-and-facts-about-mental-health/how-common-are-mental-health-problems/>

¹² Department of Health (2010) *Healthcare for Single People Homeless People*

¹³ Homeless Link (2014) *The Unhealthy State of Homeless: Health Audit Results 2014*

¹⁴ BCHA (2015) *Hannah House and Health: The Impact of Hannah House on Customer's Health*

¹⁵ Department for Communities and Local Government (2012) *Evidence Review of the Costs of Homelessness*

¹⁶ NHF (2015) *Understanding Need and Supply*

¹⁷ Inside Housing (2016) <http://www.insidehousing.co.uk/cap-would-force-95-to-wind-up-schemes/7013596.article>

¹⁸ The New Economy Manchester (2015) *Unit Cost Database*

¹⁹ BCHA (2015) *Hannah House and Health: The Impact of Hannah House on Customer's Health*