Public Health England

Protecting and improving the nation's health

Homelessness Workshop Slough Wellbeing Board – 28th March 2018

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Introduction and outline of the session

Main purpose:

- To explore some of the issues around homelessness, with a specific focus on health and wellbeing

Aims:

- To understand the scale of the issue nationally and locally
- To understand some of the reasons why people become homeless
- To explore some of evidence around what works to prevent homelessness

Objective:

- To agree two or three key actions to take forward in Slough
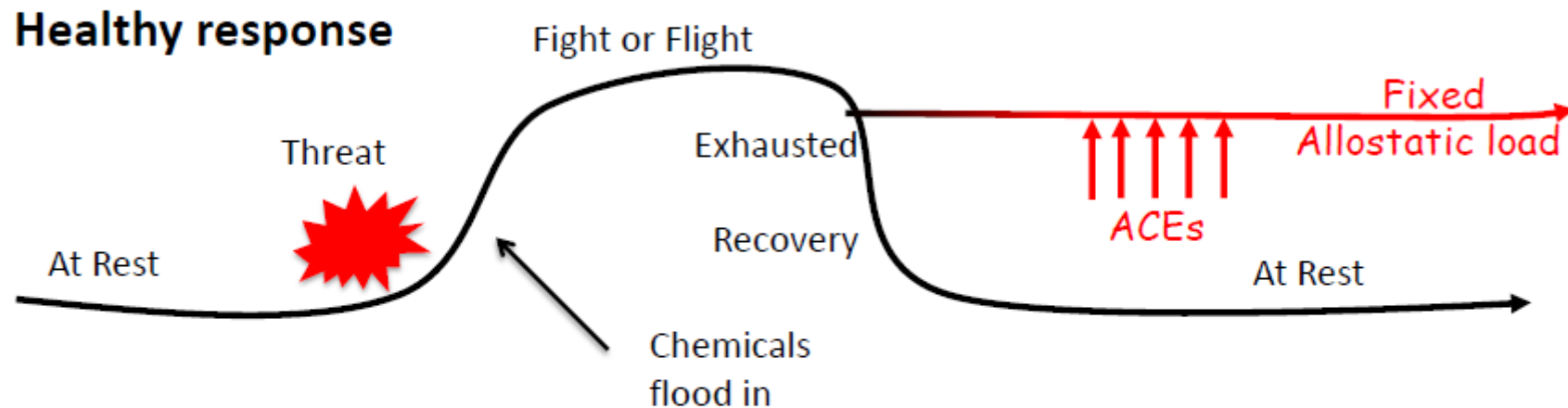
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What's the scale of the issue?

Summary of Homelessness Statistics	2009/10	2014/15	2015/16	% change 2014-15 - 2015-16	% change 2009/10 - 2015/16
Rough sleeping in England – snapshot[a]	1,768	3,569	4,134	16%	134%
Rough sleeping in London - annual[b]	3,673	7,581	8,096	7%	120%
Local authority statutory homelessness cases - annual[c]	89,120	112,350	114,780	2%	29%
Local authority homelessness acceptances - annual[d]	40,020	54,430	57,740	6%	44%
Local authority homelessness prevention and relief cases[e]	165,200	220,800	213,300	-3%	29%
Total local authority homelessness case actions	205,220	275,230	271,050	-2%	32%

Source: Taken from the Homeless Monitor: England 2017.

Why do people become homeless?

Early Childhood:
PysicalAbuse
Neglect
Parental mental ill health
Domestic violenc
Parental substance misuser

Mid - Late Teens:
Leaving home or care
First experience of susbtance misuse

Early 20s:
Sofa-surfing
Survival shoplifting
Being a victim of violent crime
Prison
Anxiety and depression
Injecting drug use

Late 20s onwards:
Begging
Being admitted to hospital with a mental health problem
Adverse life events e.g. redundancy, eviction, banckruptcy

Later Life:
Official forms of homelessness
Divorce
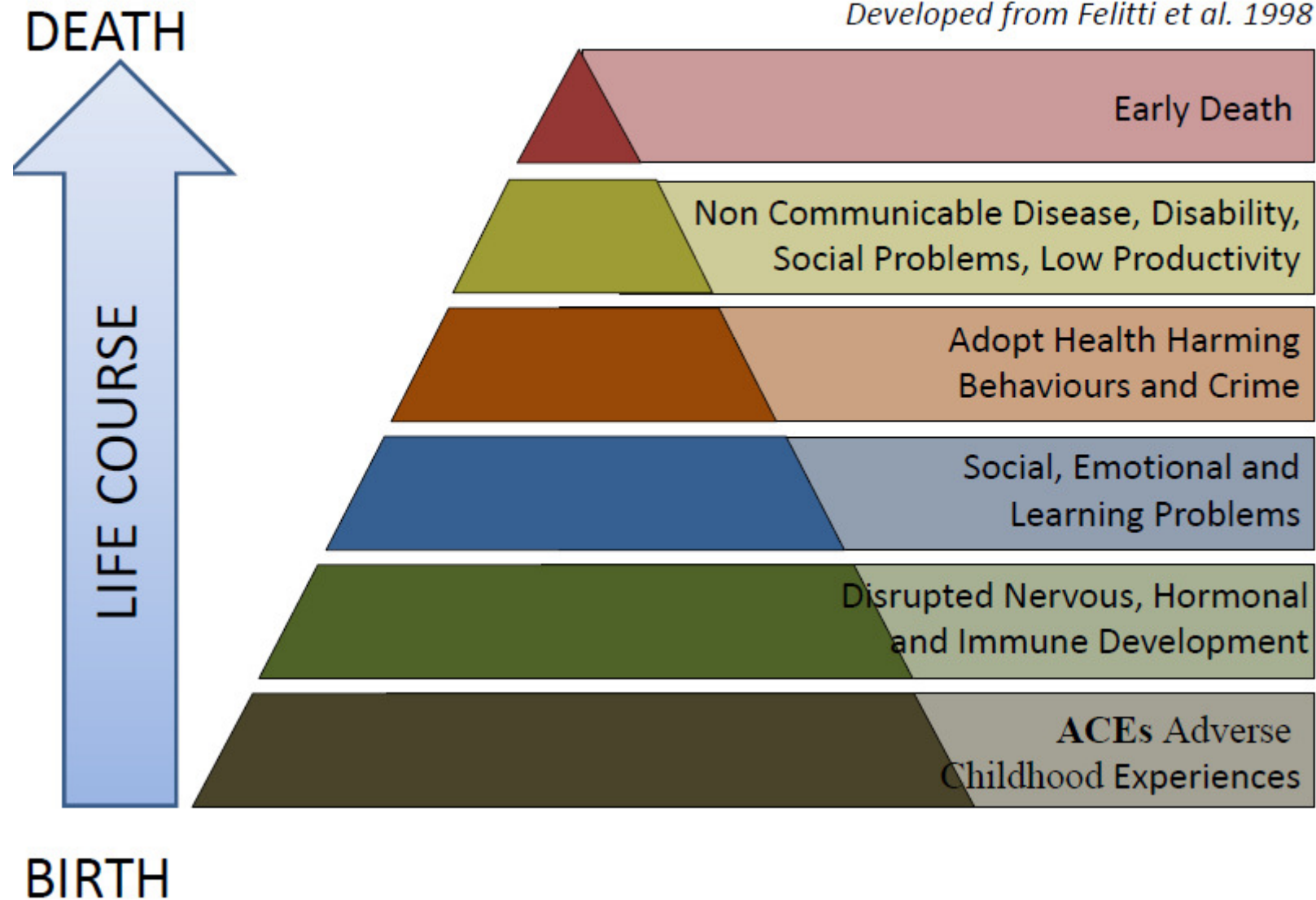Repossession
Death of a partner

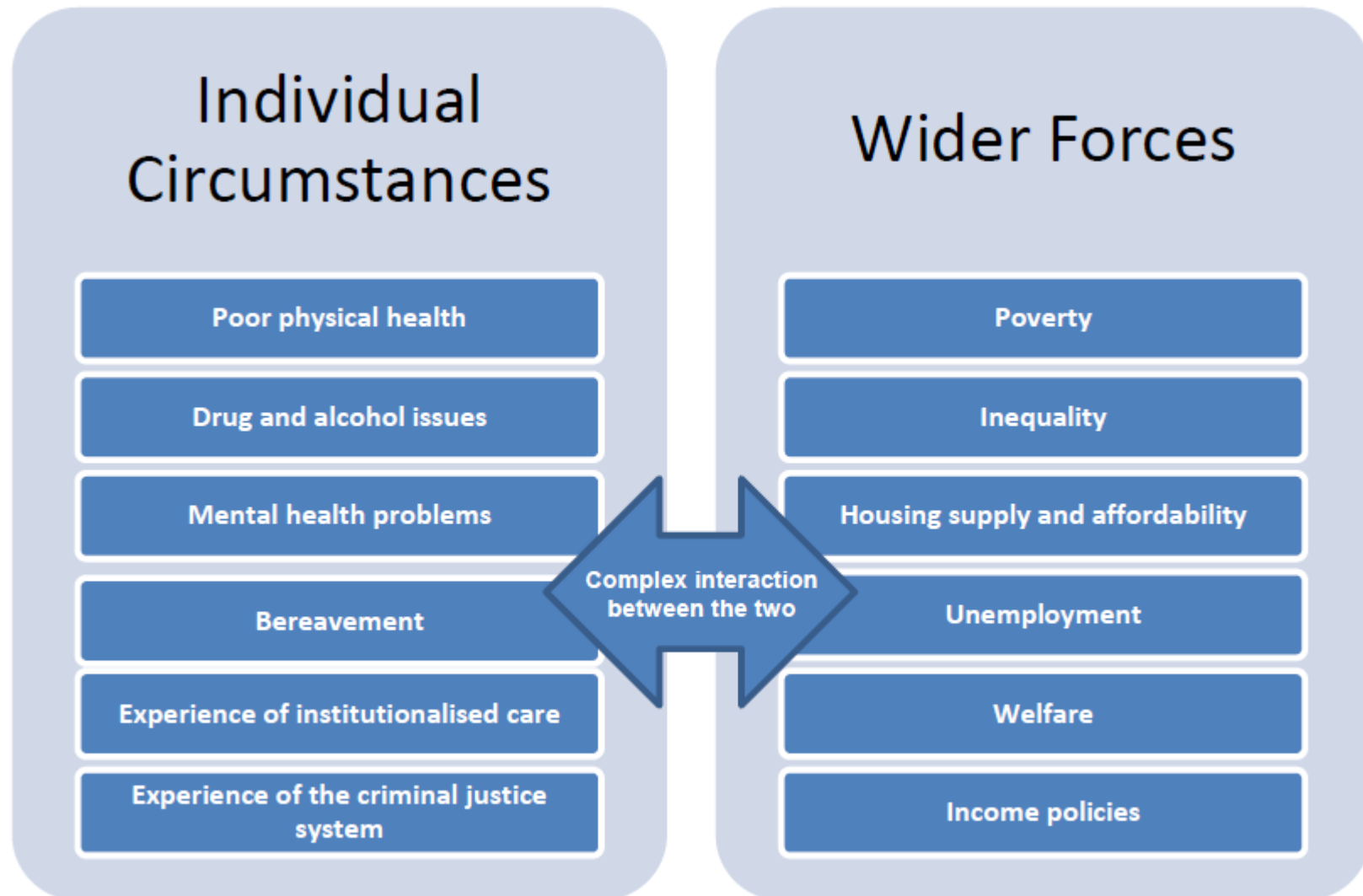# Trauma response and the impact of ACEs on brain development

Chronic Stress from ACEs over-develop 'life-preserving' part of the brain.
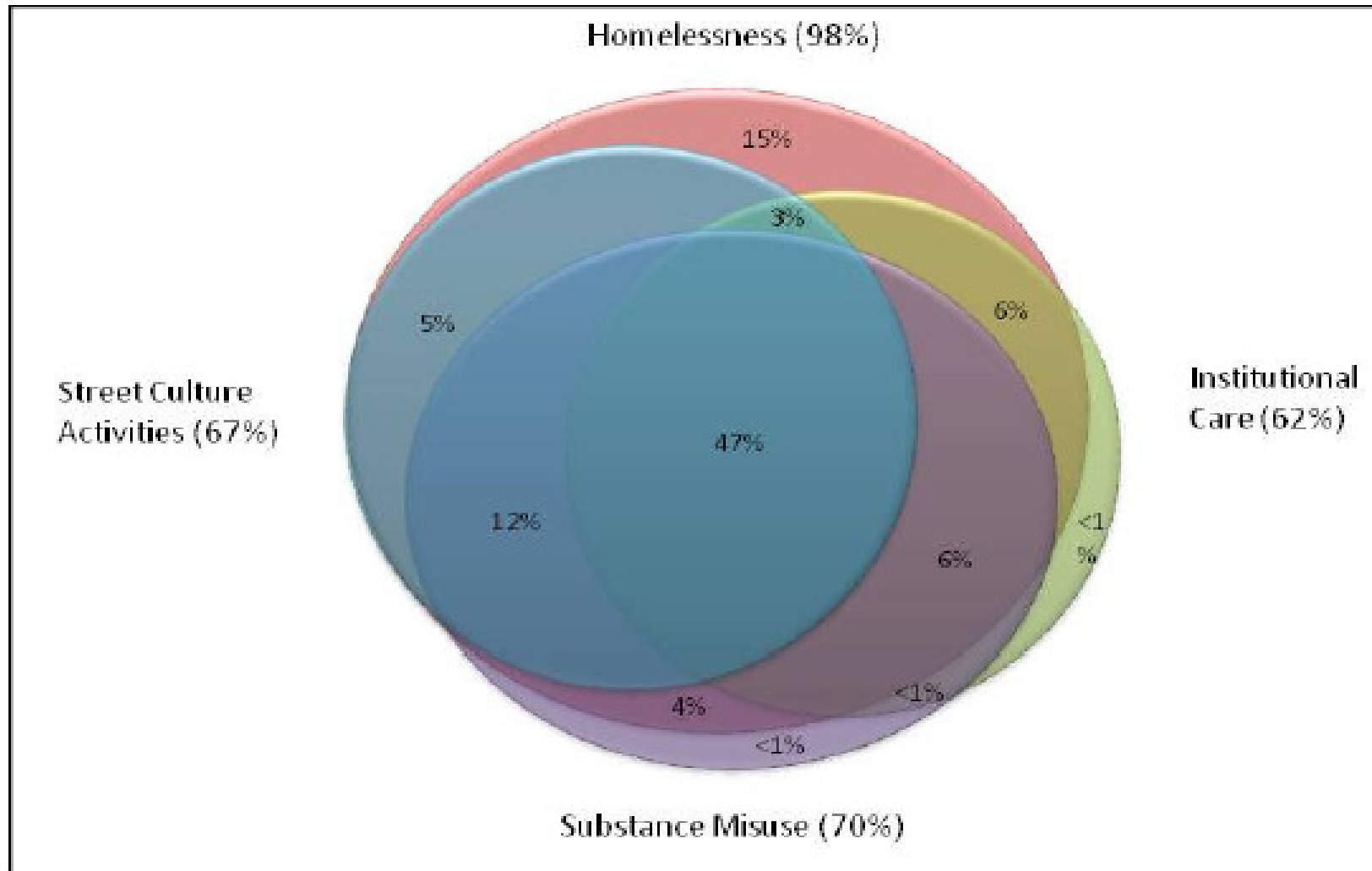
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Adverse Childhood Experiences ACEs - The Life Course
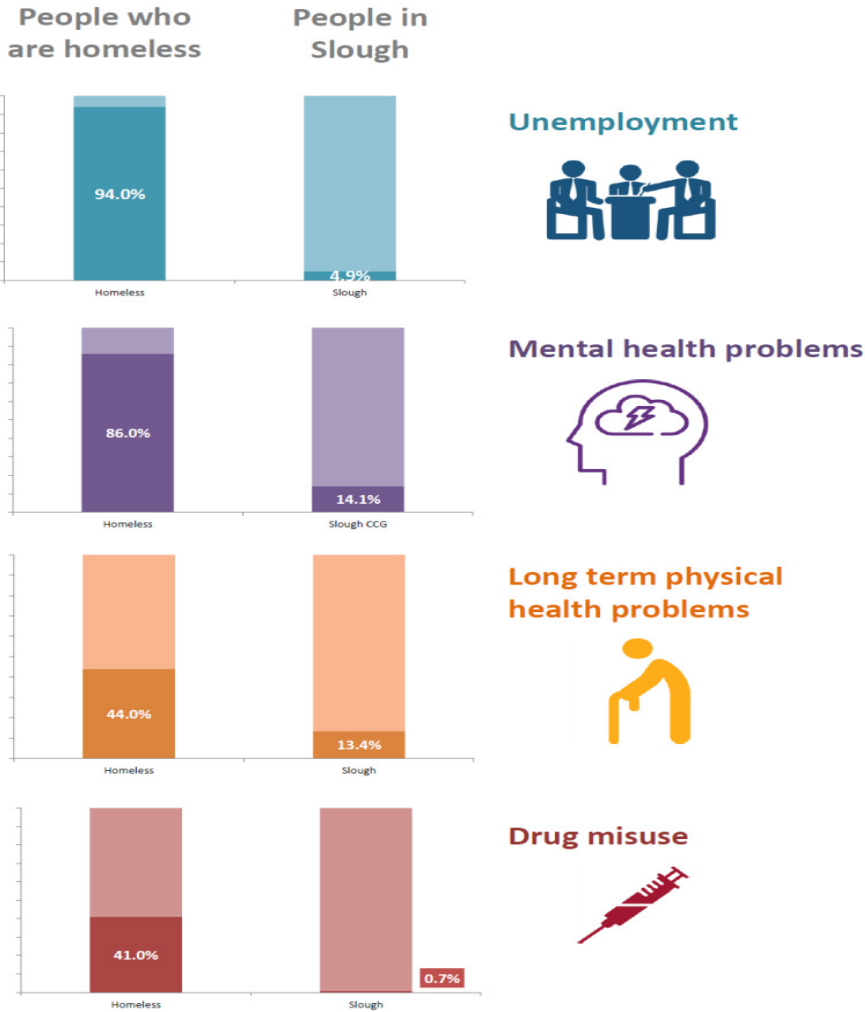

Developed from Felitti et al. 1998

DEATH

LIFE COURSE

- Early Death
- Non Communicable Disease, Disability, Social Problems, Low Productivity
- Adopt Health Harming Behaviours and Crime
- Social, Emotional and Learning Problems
- Disrupted Nervous, Hormonal and Immune Development
- **ACEs** Adverse Childhood Experiences

BIRTH

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Factors Impacting on the Likelihood of Becoming Homeless

Individual Circumstances

- Poor physical health
- Drug and alcohol issues
- Mental health problems
- Bereavement
- Experience of institutionalised care
- Experience of the criminal justice system

Complex interaction between the two

Wider Forces

- Poverty
- Inequality
- Housing supply and affordability
- Unemployment
- Welfare
- Income policies

Multiple Exclusion Homelessness

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Impact of homeless on individuals

People who are homeless   People in Slough

Unemployment

- Homeless: 94.0%
- Slough: 4.9%

Mental health problems

- Homeless: 86.0%
- Slough CCG: 14.1%

Long term physical health problems

- Homeless: 44.0%
- Slough: 13.4%

Drug misuse

- Homeless: 41.0%
- Slough: 0.7%

Icons from https://www.flaticon.com. Flaticon is licensed by http://creativecommons.org/licenses/by/3.0/

- Co-morbidity amongst the longer-term homeless population is not unusual

- The average age of death of a homeless person is 47 (and is lower for women at 43)

Craig's story
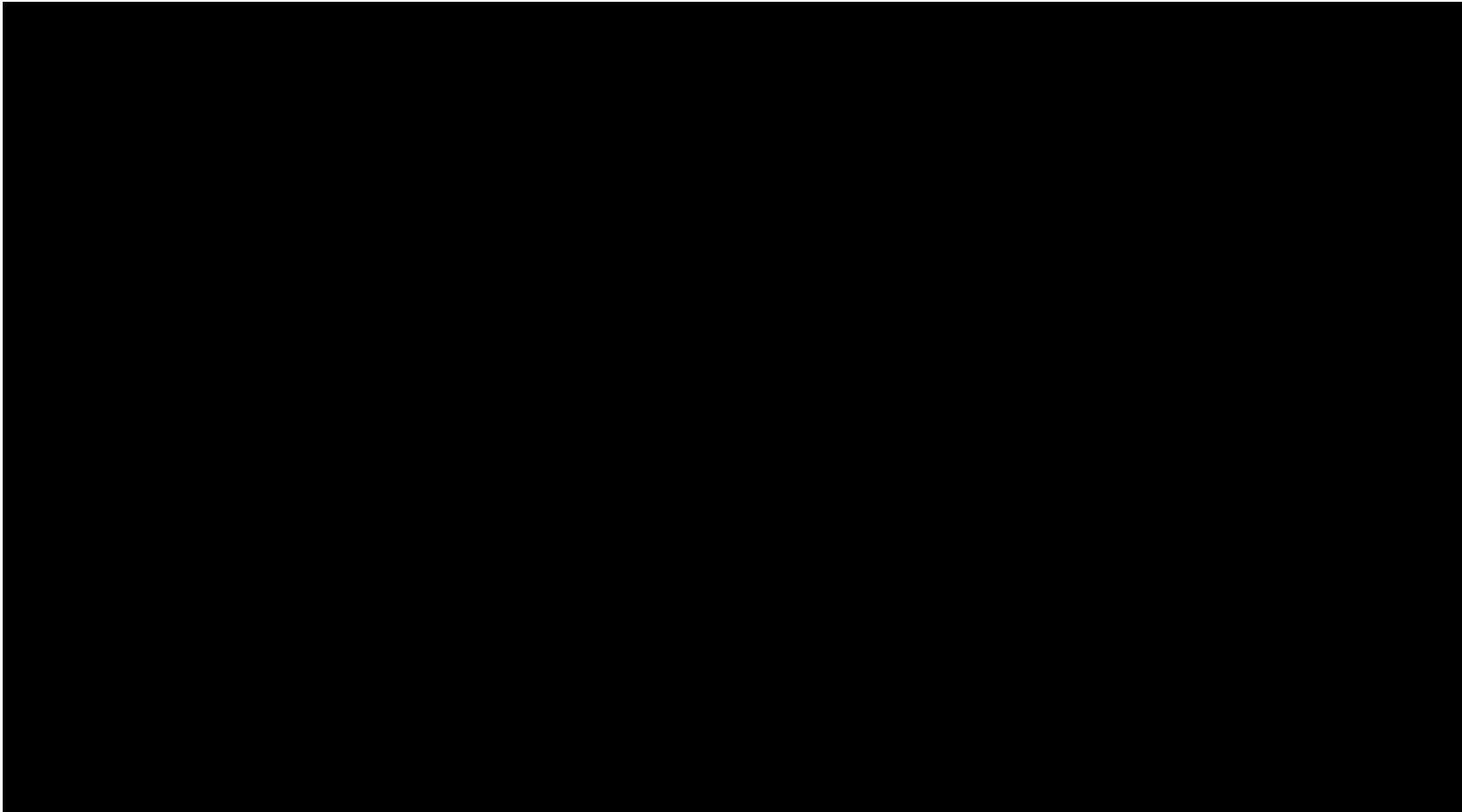
Discussion

- What opportunities might there be locally to look at how you use the knowledge and understanding of some of the risk factors for homelessness, particularly across the life course to inform policy, strategy and service development?

- How can we respond from a strategic perspective?

- How can we respond from an operational perspective?

Recommended Actions

1. Early intervention – ACEs:

- Children and young people are a key priority for the council and early intervention there is already a lot of work going on in relation to this area, but how could this be strengthened in the context of ACEs and what we know about the risk factors for homelessness?

- Consider the Welsh approach to breaking the cycle of ACEs in housing, is this something that Slough could develop?

- First step could be to invite someone from Wales to come and talk about this project and how you could then embed this type of approach locally

2. MEAM approach:

- Consider using the MEAM approach locally

- First step might be to engage in the South East workshop due to take place in June / July which will include learning from Basingstoke and Deane – scope out next steps for Slough following this

Recommended Actions

3. Whole systems approaches / integration:

- Consider how housing and health could be better integrated into the STP / ICS agenda

- First steps could be as outlined in the King's Fund report:

    - Health and housing sector system leaders should explore whether a 'Housing and Health Alliance' model may be appropriate to strengthen policy and practice links between them to support stronger local working

    - STP workstreams should designate a lead on housing whose role is to co-ordinate and share knowledge on housing and health from within the footprint and from beyond (local)

    - STPs should implement the new national memorandum on improving health and care through the home (Public Health England 2018) …….and assess themselves against its indicators of success (local)
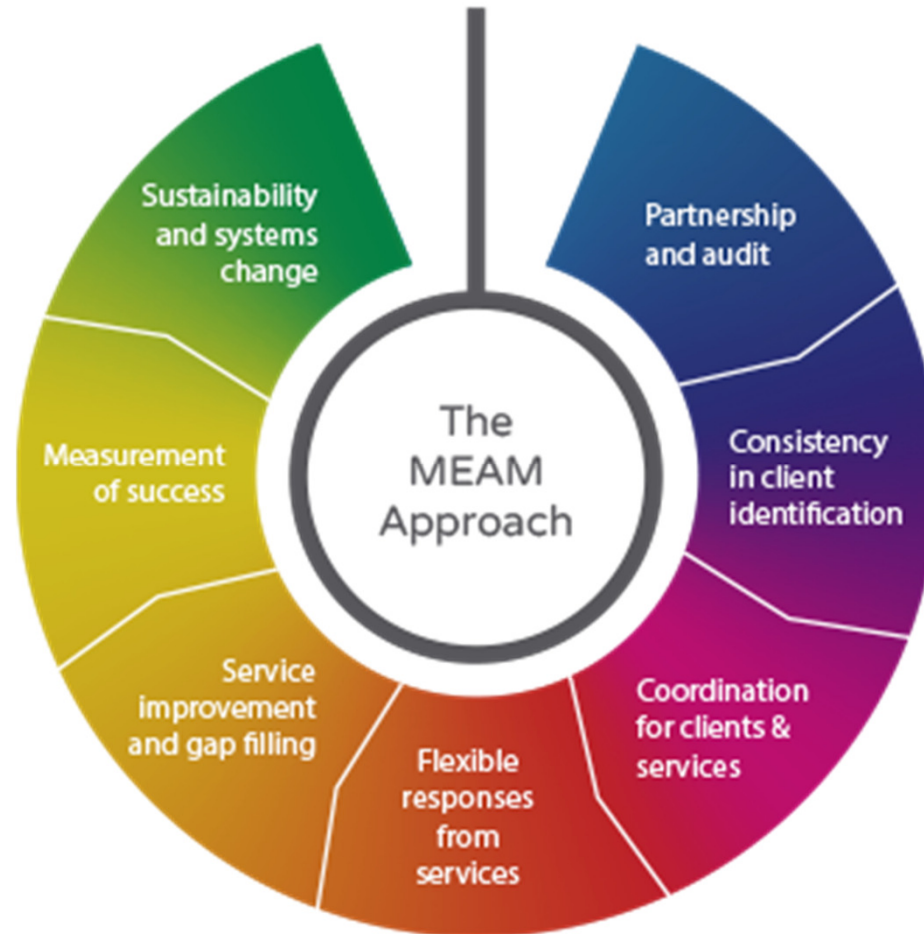
What can we do about it?

- The evidence around interventions to prevent or reduce homeless found related to:

  ➢ Homelessness in its broadest sense

  ➢ Particular aspects of homelessness e.g. homeless veterans or institutional homelessness

  ➢ Specific issues e.g. drugs and alcohol or mental health

- There were 3 key themes that emerged throughout:

  ➢ Early intervention (in the context of homelessness)

  ➢ Integrated working and whole system approaches

  ➢ Interventionist approaches Vs non-interventionist approaches
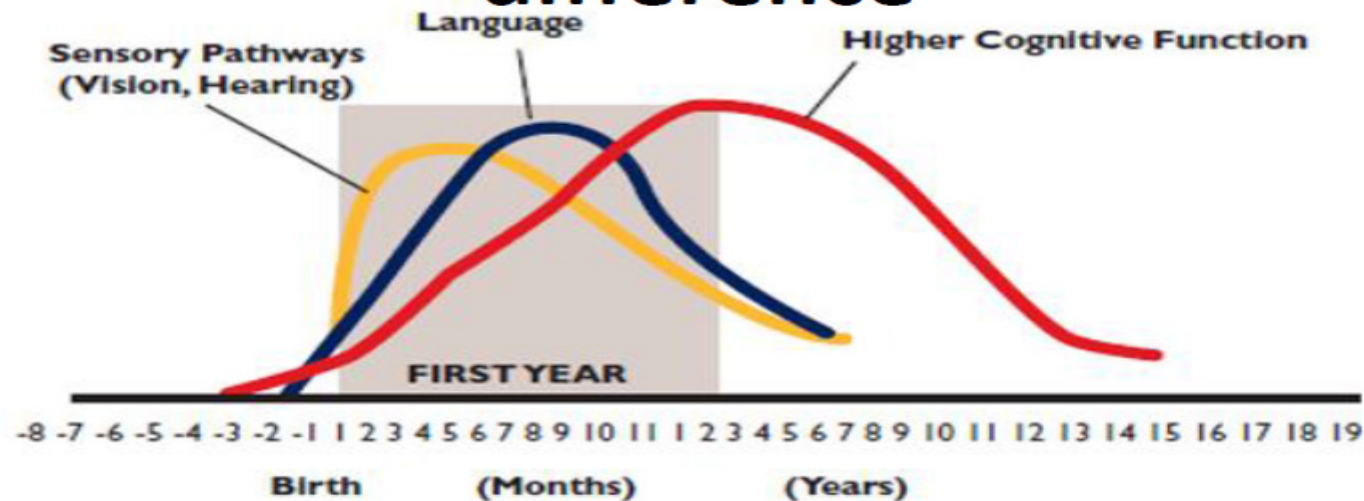
Promising Interventions

- No Second Night Out – focuses on rough sleepers

- Housing First – primarily aimed at rough sleepers, but covers homelessness in general

- **Psychologically Informed Environments** – focuses on the need to tackle the psychological aspects of early trauma / adverse events in order to support changes in behaviour

- Personalised Services – looks at emerging work around personal budgets etc with rough sleepers

- **MEAM** – Making Every Adult Matter – Basingstoke and Deane example

MEAM approach – Basingstoke and Deane example

Diagram: The MEAM Approach (central circle) surrounded by segments:
- Sustainability and systems change
- Partnership and audit
- Consistency in client identification
- Coordination for clients & services
- Flexible responses from services
- Service improvement and gap filling
- Measurement of success

Early Intervention

The Critical Years - make the difference

Sensory Pathways (Vision, Hearing)

Language

Higher Cognitive Function

FIRST YEAR

-8 -7 -6 -5 -4 -3 -2 -1 1 2 3 4 5 6 7 8 9 10 11 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19

Birth

(Months)

(Years)

Data source: C. Nelson (2000); Graph courtesy of the Center on the Developing Child at Harvard University

- In the first 2 years a baby's brain grows from 25% to 80% of its adult size
- Development continues in childhood learning empathy, trust and community

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Protective Factors
The building blocks of resilience

One or more stable, caring child-adult relationship

Feel you can overcome hardship and guide your destiny

Involved and connected

Equipped to manage your behavior and emotions

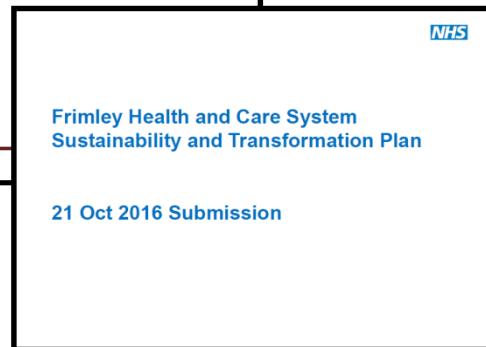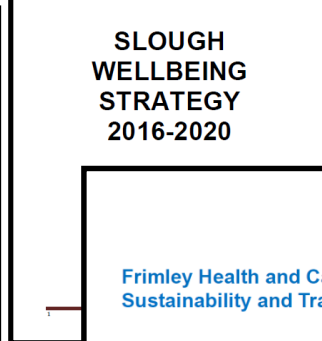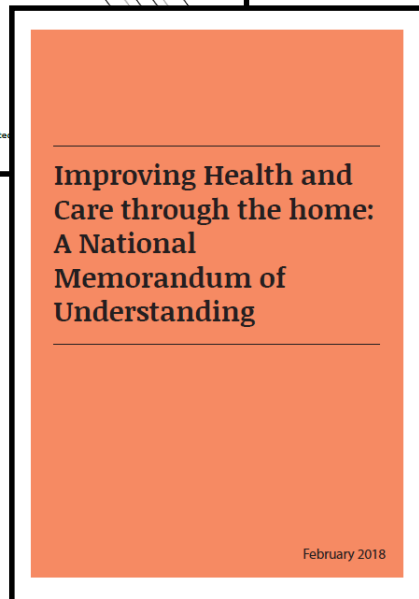# Welsh example – Breaking the cycle of ACEs in Housing

- Increase and improve early intervention and preventative activity when ACEs are evident in the home environment

- Work with housing providers and tenants to address vulnerability and risk through evidence based practice

- Mitigate and prevent the experiences of ACEs and the transference of these experiences to the next generation

- Principles of early intervention, prevention, collaboration and integration are integral

- Strongly align with the 7 well-being goals and the 5 ways of working set out in the Future Generations (Wales) Act 2015 and support the principles set out in the Social Services and Well-Being (Wales) Act 2014

- Recognise how housing providers can intervene earlier and identify opportunities for prompting positive action that is ACE informed

- Understand the prevalence of ACEs for those at risk of homelessness and how this can be prevented using an ACE approach

- Develop and test training and tools which provide staff with the skills and knowledge to enquire, intervene and respond to prevent the transmission of ACEs to the next generation

Welsh example

Project outcomes:

- Better staff engagement and relationship with tenants and their families

- ACEs are identified routinely

- Reduced evictions

- Protective factors enhanced for identified families

- Improved partnership working between health, housing and police

- Future generations have improved access to life opportunities

Whole systems approaches / integrated systems

The King's Fund> Ideas that change health care

Housing and health

Opportunities for sustainability and transformation partnerships

Authors
David Buck
Sarah Gregory

March 2018

This report was supported

Improving Health and Care through the home: A National Memorandum of Understanding

February 2018

SLOUGH WELLBEING STRATEGY 2016-2020

Five Year Plan 2018-2023
Growing a place of opportunity and ambition

Slough
Borough Council

NHS

Frimley Health and Care System Sustainability and Transformation Plan

21 Oct 2016 Submission

- King's Fund: 3 priorities:
  - ➢ Supporting discharge from hospital
  - ➢ Strategic use of NHS estates
  - ➢ Mental health
- Broader need to focus across the life course