



City of Westminster

Westminster Health & Wellbeing Board

Date:	3 rd July 2019
Classification:	General Release
Title:	Westminster's Homelessness Strategy 2019 - 2024
Report of:	Jennifer Travassos, Head of Homelessness Prevention, WCC
Wards Involved:	All Westminster wards
Financial Summary:	N/A
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1. Executive Summary

- 1.1 This paper provides context to enable Board Members to comment on proposals for Westminster's draft Homelessness Strategy, which will be presented to them at the meeting. It is a statutory requirement for local authorities to have a homelessness strategy and Westminster will be consulting on its Strategy over the Summer. The Strategy will not cover rough sleeping as the council already has Rough Sleeping Strategy.

2. Key Matters for the Board

- 2.1 The Board is asked to provide a steer on the proposals for Westminster's Homelessness Strategy, some of the proposals of which will be presented to them at the meeting.

2.2 In addition, the Board is asked to provide feedback on:

- 2.2.1 Whether Members have any additional proposals which could be incorporated into the draft Strategy
- 2.2.2 How they want to respond to the public consultation
- 2.2.3 The role the Health & Wellbeing Board could play in the implementation of the Strategy.

3. Background: National Policy Context

- 3.1 The key legislation which sets the context for the Strategy is the Homelessness Reduction Act 2017 (HRAct) which was implemented from April 2018. The HRAct fundamentally changed councils' legal duties towards homeless households, creating a new environment, in which local authorities are required to do more preventative work with all people who might be at risk of homelessness. These duties apply to anyone regardless of whether they are owed a full housing duty (for instance, for single people). The additional duties introduced by the HRAct are summarised below:
 - 3.2 A duty to prevent homelessness for anyone living locally who is threatened with it within 56 days. This applies to anyone that is eligible for assistance and is regardless of whether they would normally qualify for a housing duty.
 - 3.3 A duty to develop a personal housing plan with anyone threatened with homelessness, setting out the actions the council and the affected person will take to help prevent them from becoming homeless.
 - 3.4 A duty to help relieve homelessness when it could not be prevented, through the local authority taking reasonable steps to help an applicant secure suitable accommodation. This does not mean the local authority has to provide accommodation, but it may offer interim accommodation at this stage, if it is likely the person will be 'priority need' and owed a full housing duty.
 - 3.5 In addition to these duties, the HRAct stipulates that local authorities have a duty to provide free advice on homelessness prevention to anyone living locally who needs it.

4. Background: Causes and risk factors of homelessness

- 4.1 The main recorded cause of homelessness in Westminster is eviction by family or friends. This was the cause in 44% of homelessness applications in 2018/19. This

can be a result of the shortage of affordable housing locally, or because 'households within households' can form, often in the social sector, and family tensions and overcrowding can result, and people or 'households within households' are asked to leave.

- 4.2 The second biggest cause of homelessness is the loss of a private rented tenancy and this was the reason behind 26% of applications in 2018/19. Westminster has the largest private rented sector in England and some of the highest rents in London. Welfare reform continues to play a role in the loss of private rented tenancies, and especially as Local Housing Allowance (LHA) rates (which determine the Housing Benefit that people are entitled to within a local area) are well below actual rents in Westminster. LHA rates are generally set at the bottom third of rents locally, but Westminster's rates are all subject to an overall LHA cap, which is below lower end rents.
- 4.3 The third biggest of cause of homelessness is relationship breakdown. This was the cause in 16% of applications in 2018/19 and involved domestic violence in 67% of cases.
- 4.4 The evidence shows that certain groups and communities are more at risk of homelessness. In Westminster, women, households with children, lone parents and Black and Middle Eastern households have been more likely to be accepted as homeless. However, the number of single people approaching (particularly single men) is now growing, since the HRAct came into effect.
- 4.5 Homeless households are also more likely to have low incomes and receive benefits, although they are often in work and 50% of households in temporary accommodation are in some form of employment. There is a clear relationship between areas of deprivation in Westminster (for instance in the North of Westminster) and homelessness.

5. The Health Impacts of Homelessness

- 5.1 Homelessness can be a devastating experience for anyone. Waiting times for social housing can be ten years for a two bedroom home and could be over 30 years for one with 4 or more bedrooms, due to the shortage of social housing to meet demand. This can be particularly unsettling for families and can affect health, well-being, behaviour and development.
- 5.2 Research by Shelter in 2006 found that children who have been in temporary accommodation for more than one year to be more than three times more likely to demonstrate mental health problems as non-homeless children. More recent research in 2017 found that homeless children's behaviour often changed, with

younger children becoming withdrawn and older children becoming angry or refusing to do schoolwork. Currently there are 3,300 children living in Westminster temporary accommodation.

- 5.3 The evidence also clearly indicates that mental health issues are both a cause and a consequence of homelessness. Research carried out by academics for the London Borough of Newham, focusing on the experiences of people living in temporary accommodation, found that 89% of the 32 people who were interviewed felt that their mental health was worsening because of their time in temporary accommodation.¹
- 5.4 Other research shows that mental health issues in homeless people are often present alongside, and are influenced by, other issues including physical health problems and substance misuse issues. For instance, a report produced in 2015 by St Mungo's Broadway on homelessness and health revealed that out of 1,940 people using its hostels and supported housing, 44% of people had a physical problem, 44% had a mental health diagnosis or other issue, 56% used drugs or alcohol problematically, and 21% had all three issues present at the same time.²

6. Response: What the council already does to prevent homelessness

- 6.1 The council has set an ambitious target to develop at least 1,850 new affordable homes by 2023, which is three times higher than what has been delivered in the past. Social housing is allocated to homeless households and they are also prioritised for intermediate housing. Social housing is used as efficiently as possible, with incentives for under-occupiers to downsize.
- 6.2 The council already offers a range of services to prevent and respond to homelessness and spent over £23 million on homelessness services in 2018-19, including over £4 million on temporary accommodation.
- 6.3 The Housing Solutions Service was retendered in 2017 in response to the Homelessness Reduction Act, creating a partnership which brings together expertise from both the public and voluntary sectors.
- 6.4 As an alternative to long waits in temporary accommodation for social housing, homeless households are also offered private rented housing. Due to the high cost of private rented housing locally, these are often outside Westminster. Households with the highest social and welfare needs are however prioritised for any local accommodation (which is also the case for temporary accommodation). The

¹ <https://www.health.org.uk/blogs/bad-housing-leads-to-bad-health-%E2%80%93-time-for-a-joined-up-approach-in-greater-manchester>

² <file:///Q:/Homeless-Health-Matters-Impact-Report-1.pdf>

council has invested £30m in a scheme, called Real Lettings, to provide good quality private rented housing with follow on support from St Mungo's.

6.5 In 2016 the council was awarded funding from Government to run a Trailblazer Early Intervention Service, which includes a team of officers based out in the community, working with people at risk of homelessness at an early stage (before the 56 days required by law). This 'early prevention' approach has proved very effective, and 99% of the 220 people the team worked with did not go on to make a homelessness application.

7. Response: The issues the Homelessness Strategy is aiming to address

7.1 Board members will hear some of the proposals for the Strategy at the meeting. Overall the strategy aims to address:

- The local causes of homelessness and also the 'structural factors' which can lead to it, such as unemployment and the lack of affordable housing
- The long waits experienced by homeless households for social housing and the associated impact of living for many years in temporary accommodation
- Higher volumes of people approaching the Housing Solutions Service since the HRAct and the associated costs of providing services
- People approaching the Housing Solutions Service at a late stage i.e. when they are actually homeless and when it cannot be prevented
- A changing customer base (i.e. more single households approaching).

7.2 The Strategy will be consulted on over the summer and published in the Autumn.

7.3 The Strategy does not cover rough sleeping as the council has already published a Rough Sleeping Strategy 2017 – 22³.

8. Legal Implications

8.1 All local authorities must publish a Homelessness Strategy and a Review of Homelessness, as required by Statutory Guidance and there is a duty to consult on the Homelessness Strategy.

9. Financial Implications

9.1 There are no financial implications.

³ www.westminster.gov.uk/housing-strategies.

**If you have any queries about this Report or wish to inspect any of the
Background Papers please contact:**

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