LEICESTER HOMELESSNESS: JOINT SPECIFIC NEEDS ASSESSMENT

A Joint Specific Needs Assessment (JSpNA) is a statutory process by which local authorities and commissioning groups assess the current and future health, care and wellbeing needs of the local community to inform decision making.

The JSpNA:

- Is concerned with wider social factors that have an impact on people's health and wellbeing such as poverty and employment.
- Looks at the health of the population with a focus on behaviours which affect health, such as smoking, diet and exercise.
- Provides a view of health and care needs in the local community
- Identifies health inequalities
- Indicates current service provision
- Identifies gaps in health and care services, documenting unmet needs

Completed: September 2024

Leicester City Council

CONTENTS

ABBREVATIONS

JSpNA	Joint Specific Needs Assessment
GP	General Practitioner
A&E	Accident and Emergency
DNA	Did Not Attend
EU	European Union
PRS	Private Rented Sector
LCC	Leicester City Council
PNG	Patient Needs Groups
ACG	Adjusted Clinical Groups
ICS	Integrated Care Systems
ICB	Integrated Care Board
CCG	Clinical Commissioning Group
NICE	National Institute for Health and Care Excellence
NHS	National Health Service
ONS	Office National Statistics
STI	Sexually Transmitted Infection
DLUHC	Department for Levelling Up, Housing and Communities
UK	United Kingdom
B&B	Bed and Breakfast
NRPF	No Recourse to Public Funds
EEA	European Economic Area
ARE	Appeal Rights Exhausted
HMP	His Majesty's Prison
OHID	Office for Health improvement and Disparities
LSOA	Lower Super Output Area
LAD	Local Authority District
EHS	English Housing Survey
LLR	Leicester, Leicestershire and Rutland
QOF	Quality Outcomes Framework
BP	Blood Pressure
BMI	Body Mass Index
GPPS	General Practitioner Patient Survey
COPD	Chronic Obstructive Pulmonary Disease
PNG	Patient Needs Group
NIHR	National Institute for Health and Care Research
YMCA	Young Men's Christian Association
LD	Learning Disability
LGBTQ+	Lesbian, Gay Bisexual, Transgender, Queer +
CPN	Community Psychiatric Nurse
STAR	Supporting Tenants and Residents
ASB	Anti-Social Behaviour
AST	Assured Shorthold Tenancy
PIE	Psychologically Informed Environment
CV	Curriculum Vitae

IT	Information Technology
YASC	The Y Advice and Support Centre
EMH	East Midlands Housing
VCSE	Voluntary and Community Sector Enterprise
DA	Domestic Abuse
VAWG	Violence Against Women and Girls
IFF	Industrial Facts and Forecasting Limited
ADHD	Attention Deficit/Hyperactivity Disorder
HCSW	Health Care Support Workers
CQC	Care Quality Commissioning
UHL	University Hospitals of Leicester
DTR	Duty To Refer
HHET	Hospital Housing Enablement Service
LPT	Leicester Partnership Trust
MAFs	Mutual Aid Facilitation Sessions
PiH	Psychology in Hostels
LIGHT	Leicester Initiative Good Health Team
LHA	Local Housing Allowance
DHP	Discretionary Housing Payments
IMD	Indices of Multiple Deprivation
ASHE	Annual Survey of Hours and Earnings
ICS	Integrated Care System

GLOSSARY

	Definition
Arrears	An overdue debt, liability or obligation. An account is said to be 'in arrears' if one or more payments have been missed in transactions where regular payments are contractually required.
Asylum Seeker	A person who has fled their home country and applied for protection as a refugee.
Benefits	Financial reimbursement and other services provided to insureds by insurers under the terms of an insurance contract.
Care Leaver	An individual who has been in the care of a local authority, such as a foster home, and who receives continued support after leaving care up to a certain age.
Cuckooing	When a criminal takes over the home of a vulnerable person to use it for criminal activities.
Duty to Refer	A legal requirement for public bodies to refer individuals who are homeless or at risk of homelessness to local housing authorities.
IMD	The Index of Multiple Deprivation (IMD) is a measure of relative deprivation. Seven domains of deprivation are considered: Income, Employment, Education, Health, Crime, Barriers to Housing and Services and Living Environment.
Local Housing Authority	The local government body responsible for providing housing services, including homelessness prevention and support.
Morbidity	Refers to having a disease or a symptom of disease, or to the amount of disease within a population.
No Recourse to Public Funds (NRPF)	An immigration condition preventing certain individuals from accessing public benefits and housing assistance.
Relief Duty	A legal obligation to help those already homeless find secure accommodation.
Statutory	Required by or having to do with law or statute.
Statutory Homelessness	Individuals or families who meet the legal criteria for homelessness and are eligible for housing assistance from local authorities.
Substance Use	Refers to the use of drugs or alcohol.
Temporary Accommodation	Short-term housing provided by local authorities to homeless individuals or families while longer-term housing solutions are sought.
Tri-Morbidity	A combination of physical health issues, mental health issues, and substance misuse problems that is prevalent among homeless populations.

EXECUTIVE SUMMARY

Health inequalities are underpinned by the conditions in which people are born, grow, live, work and age. The broad social, economic and environmental circumstances which together influence health are known as the wider determinants of health. The mechanisms by which both mental and physical health are impacted are complex and inter-related, often acting over a long period of time. Having a place to call home is one of the determinants of health, with housing playing a critical role in health and wellbeing outcomes. With reference to the Marmot Review 'Fair Society, Healthy Lives', an improvement in health inequalities requires action across all wider determinants of health. Therefore, a joined-up, holistic approach is required for individuals who are homeless– incorporating not only stable housing, but also simultaneous action across all other wider determinants of health.

Homelessness encompasses people living in the open air, such as on streets, as well as those living with a roof over their head. Many are known to local authorities and therefore considered the 'visible homeless.' Others, who are not known to authorities as they have not sought support, do not know how to access it, or are not eligible, are considered the 'hidden homeless.' This report attempts to provide an assessment of all types of homelessness as far as possible.

The 'social gradient in health' describes the phenomenon whereby people who are less advantaged in socioeconomic position have worse health and shorter lives than those who are more advantaged. It is unsurprising therefore, that the mental and physical health of people experiencing homelessness is significantly worse than the general population, as is their life expectancy. Literature suggests these individuals experience greater healthcare needs but also have greater barriers in accessing services, resulting in them bypassing primary care (e.g. GP's) and later presenting at secondary care services, particularly A&E. Later presentation means they are more likely to be admitted into hospital and have longer healthcare stays, resulting in an increased cost of treatment. Research also indicates that bespoke, specialised services exclusively serving homeless patients helps to overcome such barriers.

Leicester is one of the few places to implement specialised healthcare services for the homeless (Inclusion Healthcare). Research suggests specialised services are rated more favourably by the homeless than mainstream services, with improved continuity of care, reduced hospital admissions and emergency admissions, reduced outpatient DNAs (did not attend), and a considerable reduction in healthcare spend. More recently, a large-scale study found regular GP services struggle to provide levels of care seen at specialist health services, with significantly higher rates of access in specialist services compared to regular practices. Regular GP practices were less likely to provide continuity of care for substance use and had lower satisfaction rates with homeless individuals compared to specialist GP's and health centres.

This is further supported by focus groups with individuals experiencing homelessness which were facilitated as part of this JSpNA – virtually all homeless individuals reported being very satisfied with Inclusion Healthcare's service operations and provision in Leicester, with positive statements made on staff commitment and competency and a preference for Inclusion Healthcare over mainstream GP's. The large majority also expressed a positive attitude towards the substance use service, Turning Point, and No. 5 Day centre, with some individuals reporting staff members going above and beyond expectations. Many homeless individuals reported feeling grateful for bespoke services with a valued social element, as individuals deem it important to form relationships with their healthcare providers. Dissatisfaction with A&E was also expressed, and much of the dissatisfaction attributed to long wait times.

Prevalence of one aspect of homelessness in Leicester can be estimated through rough sleeper counts. From 2021 to 2022, Leicester experienced one of the highest percentage increases in rough sleeping estimates among English local authorities, and also the highest rate of rough sleepers compared to adult comparator authorities in autumn 2022. Factors contributing to the increase include the return of street activity post-pandemic, individuals returning to homelessness, an influx of rough sleepers from the EU, and challenges in finding appropriate accommodation pathways for support. Changes in estimation methodology and a record-low rate in 2021 may also influence the figures. The hidden homeless population is difficult to enumerate; proxy measures are therefore used to gauge prevalence. Other estimates include those counted during the COVID-19 pandemic, as part of the 'Everyone In' initiative where immediate accommodation was arranged for rough sleepers and other at-risk homeless individuals. In Leicester, over 1000 individuals were accommodated. This figure is close to the number of patients registered at Inclusion Healthcare.

The current economic climate and cost of living crisis are likely to further increase the number of individuals at risk of homelessness both nationally and locally. Slow economic growth and uncertain forecasts for upcoming years, coupled with welfare reforms impacting households on benefits, presents significant risks to the ongoing success of homelessness prevention efforts. The economic disruptions caused by the COVID-19 pandemic have had a lasting impact on employment and income

stability; this means individuals are and will find it increasingly difficult to bridge the gap between their income and expenses, with many spending a disproportionate amount of income on housing. Leicester has over a third of residents living in the most deprived 20% of areas nationally. With a lower median annual pay compared to comparator authorities and the national average, and over a quarter of residents in low paying jobs, Leicester residents are more likely to experience the impact of the cost-of-living crisis than many other local authority areas.

An adequate supply of affordable housing is a preventative factor for people from being at risk of or experiencing homelessness. Housing shortages reduce accessibility through price increases and can result in overcrowding and habitation in unsuitable accommodation. Leicester has not been able to meet affordable housing targets over the last 5 years. This is not an isolated issue, with national housing stock falling consistently below its target new homes annually over the past decade. The demand for affordable housing and support services is outpacing supply, in turn increasing reliance on the private rented sector (PRS). PRS rents have also been increasing in recent years, and on average are unaffordable for people on low incomes or in receipt of benefits. This was supported by focus group and interview findings (with homeless individuals and service providers) where there was considerable mention of the shortage of housing stock, and the decline over the past decade. The lack of council-owned properties and an abundance of private landlords was considered a major issue -Individuals expressed being housed in temporary accommodation for protracted periods of time resulted in severe disruption to their life; including struggling to get back to work and always wondering when they are going to be moved, causing a sense of instability.

The local authority has several initiatives to help improve the circumstances of households who are living in the PRS or struggling to access private rented housing. LCC (Leicester City Council) have also introduced supporting initiatives for those in council housing considering the current economic climate and rising numbers presenting with complex needs. Furthermore, policies and processes which consider type, severity and urgency of housing need result in homeless households achieving a significant proportion of lettings compared to their proportionate presence on the housing register.

Individuals who are homeless in Leicester experience poorer mental health, higher rates of long-term conditions and face greater challenges in accessing paid work or full-time education compared to the general (national) population. The clinical segmentation tool Patient Needs Groups (PNGs) within the Adjusted Clinical Groups (ACG) risk stratification system revealed a significantly worse health profile for Inclusion Healthcare patients than is seen in any other practice's age/sex-matched cohort. These findings support the existing literature which emphasises the significant health needs commonly experienced by homeless individuals. Around half of individuals presenting to LCC funded accommodation services between 2018/19 to 2021/22 had support needs, including a large proportion with mental health support needs and multiple support needs. Between April 2022 and March 2023, over 200 individuals engaged in drugs and alcohol treatment were either rough sleeping or at risk of rough sleeping.

Focus groups and interviews indicated a generally negative view of current service provision, mainly due to perceived service gaps and barriers, and lack of weekend provision. It was implied that provision was not what it used to be in Leicester; service provision and quality had decreased. The bureaucratic nature of the system was deemed difficult to understand, and not equipped to support those with poor literary skills or complex needs. Certain healthcare pathways were said to not be adequate for the homeless community and basic healthcare needs were not always met. Additional systemic issues that were identified by service providers were the stigmatisation that homeless individuals faced, often being viewed as 'too difficult'. When attending A&E, some felt rejection was due to the generalisation that they are only there for shelter, rather than for legitimate reasons. Further integration between primary care, mental health, and housing was considered necessary, and multi-partnership, co-ordinated working was identified as important to support homeless individuals.

These findings have informed some of the recommendations from this JSpNA and also form the basis of further exploration into views to better understand whether there are gaps in service provision or a need for greater visibility of services themselves as they adjust post the covid-19 pandemic. The wide array of service provision is also detailed, and includes housing support and specialised, tailored healthcare as well as an incredibly strong voluntary sector and Leicester's Homeless Charter that brings business, and voluntary and statutory organisations together across the city. With consideration of all findings, unmet needs and gaps have informed recommendations in relation to housing, understanding prevalence, healthcare service provision, the wider determinants of health and wrap around/support services and system working.

AIMS OF THE JOINT SPECIFIC NEEDS ASSESSMENT (JSPNA)

This JSpNA will provide evidence on homelessness within Leicester city to support and guide strategic decision-making to reduce and prevent the impacts of homelessness on health. This includes commissioning service provision and resource allocation, through identifying health inequalities and inequities, unmet needs and gaps. (1)

This work will:

- Provide a summary of available data to present need in Leicester
- Present insights gained from engagement with service users and providers
- Outline support and service provision
- Identify effective interventions outlined in literature
- Make recommendations as appropriate

More information on homelessness in Leicester is also available in the Leicester Homelessness Review 2022.

1.0 INTRODUCTION

1.1 DEFINING HOMELESSNESS

The Housing Act 1996 defines a person as homeless if they:

- have no accommodation available to occupy, or are living in very transient accommodation sometimes described as 'sofa surfing'
- are at risk of violence or domestic abuse in their current accommodation
- have accommodation but it is not reasonable for them to continue to occupy, for example because it is not affordable, or not safe
- have accommodation but cannot secure entry to it
- have no legal right to occupy their accommodation
- live in a mobile home or houseboat but have no place to put/moor it

Figure 1 depicts homelessness as an iceberg, with individuals living on the street being the most visible, representing the tip of the iceberg. This includes people sleeping in the open air, such as on streets, in tents, doorways, parks, bus shelters or other types of encampments. It also includes people sleeping in buildings or other places not designed for habitation such as stairwells, barns, sheds, car parks, cars, derelict boats, stations, or 'bashes,' which are makeshift shelters and can be made of unsubstantial materials such as cardboard. It is this group that many people think of when discussing homelessness. (1)

There are many more homeless people however, that includes those engaged with local authorities. They are provided with advice and assistance which can include temporary accommodation provision. These are demonstrated in the second tier of the iceberg model.

The third tier represents a combination of households who may not yet be homeless, but are at risk of becoming homeless, or those who live in unreasonable accommodation and who are not known to authorities as they have not asked for support or do not know how to access it, and people who are not eligible for housing support. The latter group are often referred to as the 'hidden homeless.' This often includes those individuals living in conditions listed above.

Figure 1: The Iceberg Model, illustrating the complex picture of homelessness nationally, 2020

Source: Shelter, 2020

1.2 LEGISLATION, POLICY, GUIDANCE, AND LOCAL STRATEGIES

1.2.1 LEGISLATION

HOUSING (HOMELESS PERSONS) ACT 1977:

- Defined homelessness for the first time and placed duties on local housing departments to house people with dependent children and other vulnerable people.

(PART 7) HOUSING ACT 1996:

- Provided the statutory under-pinning for action to prevent homelessness and assistance to people threatened with or experiencing homelessness.

HOMELESSNESS ACT 2002 AND THE HOMELESSNESS (PRIORITY NEED FOR ACCOMMODATION) (ENGLAND) ORDER 2002:

- Defined a more strategic approach to tackling and preventing homelessness, in particular by requiring a homelessness strategy for every housing authority district.
- Strengthened the assistance available to people who are homeless or threatened with homelessness by extending the priority need categories to homeless 16 and 17 year olds; care leavers aged 18, 19 and 20; people who are vulnerable as a result of time spent in care, the armed forces, prison or custody, and people who are vulnerable because they have fled their home because of violence.

HOMELESSNESS REDUCTION ACT 2017 (AND DUTY TO REFER)

- Amending the 1996 act
- Places an enhanced prevention duty meaning that housing authorities are required to work with people to prevent homelessness at an earlier stage. The prevention duty requires an authority to 'take reasonable steps to help the applicant to secure that accommodation does not cease to be available'. 'Helping to secure' does not mean that the authority has a duty to directly source and provide accommodation for the applicant. Instead, authorities should provide 'support and advice to applicants who are taking some responsibility for securing their own accommodation.' This is done via development of personalised housing plans. (2)
- Outlines that everyone in a local housing authority's district should be able to access free information on preventing homelessness; secure accommodation when they are homeless; and access free information on the help that is available locally (2)
- Requires housing authorities to provide homelessness services to all those affected, not just those who have 'priority need'. The degree of services provided is dependent on 'priority need' and other factors.
- Introduced the 'Duty to Refer' onto specified public bodies to refer service users who they think may be homeless or threatened with homelessness to local authority homelessness/housing options teams. The duty to refer is intended to help to ensure that services are working together effectively to prevent homelessness by ensuring that peoples' housing needs are considered when they come into contact with public authorities.
- Local authorities are required to help where people are not yet homeless but are at risk of becoming homeless in the next 56 days

DOMESTIC ABUSE ACT 2021

- Amends Part 7 of the 1996 Act to strengthen the support available to victims of domestic abuse.
- Extends priority need to all eligible victims of domestic abuse who are homeless as a result of being a victim of domestic abuse.
- Brings in a new definition of domestic abuse which housing authorities must follow to assess whether an applicant is homeless as a result of being a victim of domestic abuse.
- Brings in new responsibilities around provision of safe accommodation with an explicit statement noting Bed and Breakfast accommodation is not to be classed as safe accommodation.

HEALTH AND CARE ACT 2022

- Formalises Integrated Care Systems (ICS) as commissioners of local NHS services.
- Each ICS has an Integrated Care Board (ICB), a statutory organisation to improve population health and establish shared strategic priorities.
- The Leicester, Leicestershire and Rutland ICB replaces Clinical Commissioning Groups (CCG's)
- Through the ICB, partners will deliver a health and care system that tackles inequalities in health, delivers improvements to the health, wellbeing and experience of local people and provides value for money.

Further detail on homelessness legislation, including a summary of key benefits from changes over the last 5 years is available through the homelessness review.

1.2.2 POLICY

- Department for Health and Social Care, People at the Heart of Care: Adult Social Care Reform White Paper, 2021
- From Harm to Hope: A 10 year Drugs Plan to Cut Crime and Save Lives, Policy Paper, 2021
- Department for Health and Social Care, Health and Social Care Integration: Joining up care for people, places and populations, Policy Paper, 2022
- Department for Levelling Up, Housing and Communities, Ending Rough Sleeping for Good, Policy Paper, 2022
- Department for Health and Social Care, Adult social care reform: Next Steps to put People at the Heart of Care, 2023

1.2.3 GUIDANCE

- Department for Levelling Up, Housing and Communities, Homelessness code of guidance for local authorities, 2018
- Department for Health and Social Care, Guidance on the Preparation of Integrated Care Strategies, 2022
- Department of Health and Social Care, Health and Wellbeing Board Guidance, Overview, 2022
- National Institute for Health and Care Excellence: Advocacy services for adults with health and social care needs, 2022
- National Institute for Health and Care Excellence: Integrated Health and Social Care for People Experiencing Homeless, 2022

The National Institute for Health and Care Excellence (NICE) provides guidance and evidence-based recommendations developed by independent committees including professionals and lay members and consulted on by stakeholders. By combining legal framework provided by the legislation with the evidence-based recommendations from NICE, local authorities can enhance their approaches to homelessness prevention, support, and intervention. The most recently published guidance for People Experiencing Homeless also includes an audit and service improvement baseline assessment tool which can be used to evaluate whether practice is in line with the recommendations in the guideline and help to plan activity to meet recommendations.

Recommendations from the most recent publication on 'Integrated Health and Social Care for People Experiencing Homeless' is available here: Recommendations | Integrated health and social care for people experiencing homelessness | Guidance | NICE

1.2.4 LOCAL STRATEGIES

- Leicester Health and Wellbeing Strategy 2022-2027
- Leicester Homelessness Review 2022
- Leicester Drugs Strategy 2023-2027
- Leicester Alcohol Harm Reduction Strategy 2022-2027
- Domestic Abuse Strategy 2022-2025
- NHS Core20PLUS5 (adults) – an approach to reducing healthcare inequalities.

2.0 WHO'S AT RISK AND WHY?

2.1 WHO IS AT RISK OF HOMELESSNESS

Homelessness disproportionately affects populations that experience wider inequalities stemming from structural and/or systemic issues, for example, those who leave the care system or criminal justice system. It often results from a combination of events such as relationship breakdown, debt, adverse experiences such as trauma in childhood or adulthood, and ill health. Higher risk groups include the following:

- Those with financial issues
- Those with mental health issues
- Those with substance use problems
- Those with experience of trauma, abuse or violence
- Those with experience of the criminal justice system
- Those with multiple and complex needs
- Gypsies and travellers, sex workers, migrant workers, refugees and asylum seekers. (3)

After a period of homelessness, individuals are vulnerable to further housing instability, with an increased likelihood of experiencing homelessness on more than one occasion in their lifetime. Several 'systems' often need to be navigated to meet their needs. The interconnectedness of structural and environmental risk factors plays a significant role in keeping individuals 'stuck' in a cycle of homelessness.

There are several upstream and downstream systemic factors that increase the risk of homelessness. Upstream causes refer to systemic barriers and burdens that contribute to the root causes of homelessness. These factors exist at a broader societal level and can include issues such as poverty, trauma throughout the life course, lack of affordable housing, inadequate social support systems, systemic discrimination, and economic inequality. These upstream causes create a foundation for homelessness and leads to individuals experiencing housing instability. (4)

Downstream causes, in this context, represent the consequences and effects that result from homelessness, particularly in terms of medical causes leading to higher morbidity (disease or illness) and mortality (death) rates among homeless individuals. Downstream causes can include exposure to harsh living conditions, limited access to healthcare, untreated physical and mental health conditions, substance abuse, violence, and other adverse experiences associated with homelessness. (4)

Upstream systemic barriers and burdens contribute to downstream medical causes of high morbidity and mortality of homeless people. Downstream causes then feedback and magnify the negative effects of upstream causes. (4) This is illustrated in Appendix 1. These causes have been considered in informing this JSpNA.

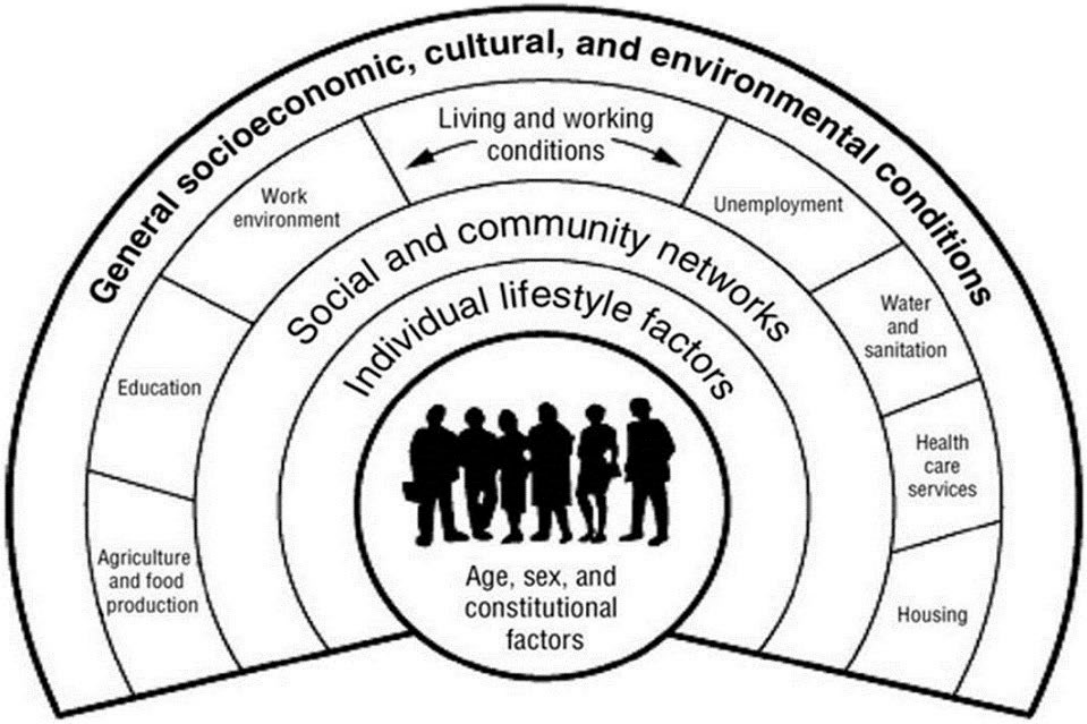
Leicester is one of the fastest growing cities in England, with the population having increased by 11.8% since 2011. There are higher levels of income deprivation than the national average with 40% of Leicester's population residing in the 20% most income deprived areas nationally. It has a relatively low wage economy, with higher levels of unemployment than the national average. The city is ethnically diverse, with residents from over 50 countries across the world. In 2020, over 1/3 of the City's residents were born outside of the UK. It is also a City of Sanctuary; a place of safety and welcome for people who have fled situations of extreme danger in their own countries. As a designated National Asylum Seeker dispersal city, Leicester is home to a community of asylum seekers. Since the COVID-19 pandemic, there has been a noted increase in the number of cases being referred to the Local Authority to manage Home Office backlogs. (2)

2.2 WHY HOMELESS INDIVIDUALS ARE AT RISK OF POOR HEALTH OUTCOMES

Health inequalities are underpinned by the conditions in which people are born, grow, live, work and age. The broad social and economic circumstances which together influence health are known as the social (or wider) determinants of health. The mechanisms by which these determinants impact on both mental and physical health are complex and inter-related, often acting over a long period of time. Having a place to call home is one of the fundamental wider determinants of health outlined by Dahlgren and Whitehead, with housing playing a critical role in health and wellbeing outcomes. (Figure 2) With reference to the Marmot Review 'Fair Society, Healthy Lives', an improvement in health inequalities requires action across all social determinants of health. This therefore requires a joined-up, holistic approach for a homeless individual – incorporating not only stable housing, but also simultaneous action across all wider determinants of health.

There is a social gradient across many of these wider determinants – the lower an individual's social position, the poorer the individual's health is likely to be. It is unsurprising therefore, that the health of people experiencing homelessness is significantly worse than the general population.

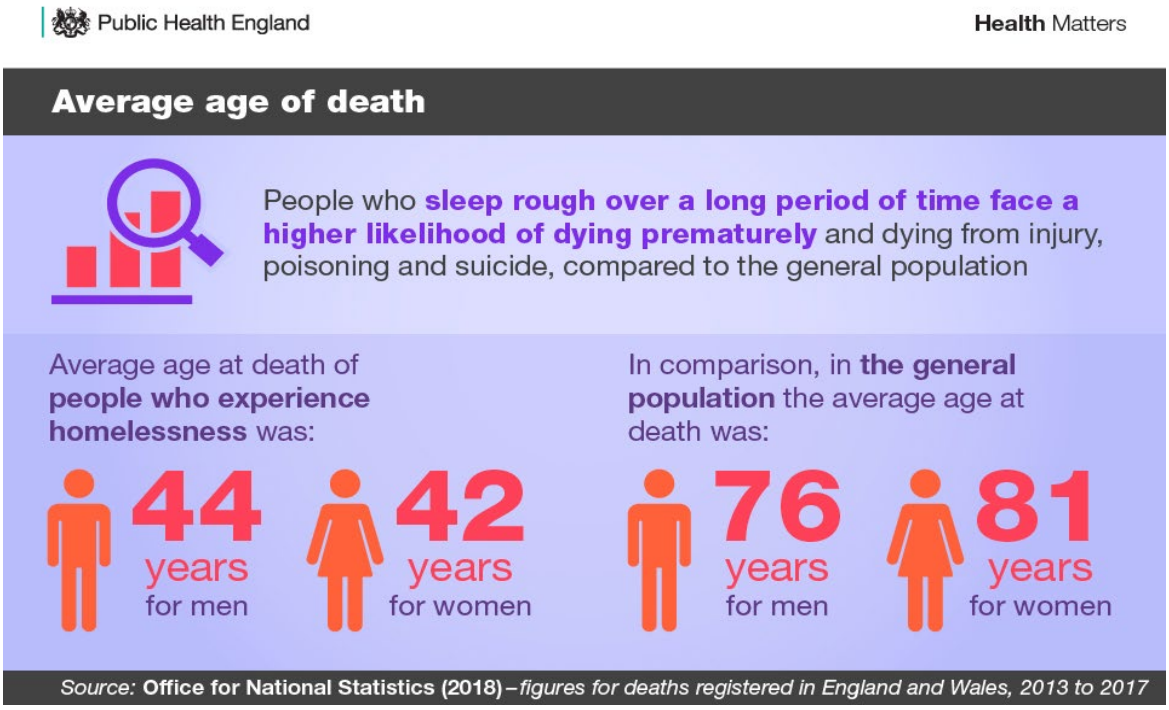
Figure 2: The Dahlgren and Whitehead model of health determinants



Source: Dahlgren and Whitehead (1991)

The average life expectancy of a homeless person is significantly below that of the general population. It is also below those who are living in the highest deprivation decile as per the Index of Multiple Deprivation, for those who are sleeping rough, with a shortened lifespan of around three decades less than the national average (Figure 3). (3)

Figure 3: Differences in Life Expectancy between the street homeless and the general population



Source: Public Health England, 2017

In 2021, the Office for National Statistics (ONS) found the leading causes of death amongst street homeless individuals was as follows:

- drug-poisoning accounted for 35%
- suicides accounted for 13%
- alcohol-specific deaths accounted for 10% (5)

Street homeless individuals are often living in unsanitary, unsafe environments, with exposure to harsh weather and limited access to health care services. These individuals are more at risk of respiratory diseases such as pneumonia and tuberculosis, skin issues, infestations, wounds, and gastrointestinal problems such as dyspepsia, ulcers, diarrhoea, and vomiting. (6) They also face a higher risk of exploitation, abuse, trafficking, and involvement in criminal activities. Transactional sex for survival purposes also increases the risk of sexually transmitted infections (STI's) and unwanted pregnancies. The mental health of these individuals is also profoundly affected, with around 70% of homeless service users in England having mental health issues, and deliberate self-harm, including suicide, being 7 times higher than that of the general population (7). This complex interplay of physical and mental health issues is further compounded by the presence of drug and alcohol use. (6)

The complex risks faced by street homeless individuals result in barriers to accessing essential services, further impacting their mental and physical well-being. For instance, difficulty in accessing dental care can result in chronic pain due to poor dentition, leading to increased alcohol consumption for pain relief. This, in turn, can exacerbate mental health issues and increase the risk of relationship breakdowns, making it harder to break the cycle of homelessness. One study showed that around 90% of street homeless individuals experience dental problems, and among this group, 27% used alcohol to alleviate the pain (8). The Inequalities in Oral Health in England paper published by Public Health England reported that available evidence suggests high levels of need among the street homeless population with homeless individuals having higher levels of untreated decay and periodontal disease, and poorer oral health related quality of life compared to the general population. (9) (10)

There is limited data available on the health impacts of those living in temporary accommodation and the hidden homeless. However, more broadly beyond street homelessness, homelessness, and the fear of becoming homeless, can result in ill health and/or exacerbate existing health conditions, including mental health conditions that rely on stability as a form of recovery. This stability is particularly important in early life. Children in temporary accommodation face challenges in accessing healthcare, leading to increased vulnerability to infections and accidents. They are also more likely to experience stress, anxiety, depression, and behavioural issues. Homelessness also impacts educational attainment, with higher school absenteeism, bullying, and isolation more likely. This negative impact on health and development is not limited to the time spent in homelessness but also extends beyond the homelessness period (3).

3.0 THE LEVEL OF NEED IN THE POPULATION

3.1 PREVALENCE

Research published by the Department for Levelling Up, Housing and Communities (DLUHC) outlines that an often-overlooked aspect of homelessness is the journey through homelessness. Many individuals experience multiple types of homelessness and accommodation while experiencing insecure housing. The average number of homeless accommodation types experienced by those surveyed as part of the research was 3.5 over the course of a single year. This included rough sleeping, staying in refuges, hostels, emergency accommodation and other non-permanent accommodation including sofa surfing. Therefore, it is difficult to accurately enumerate the homeless population with one indicator or data source. Instead, proxy measures or estimates are calculated to cover the different forms, as below. Where possible, national and local estimates are provided. (11)

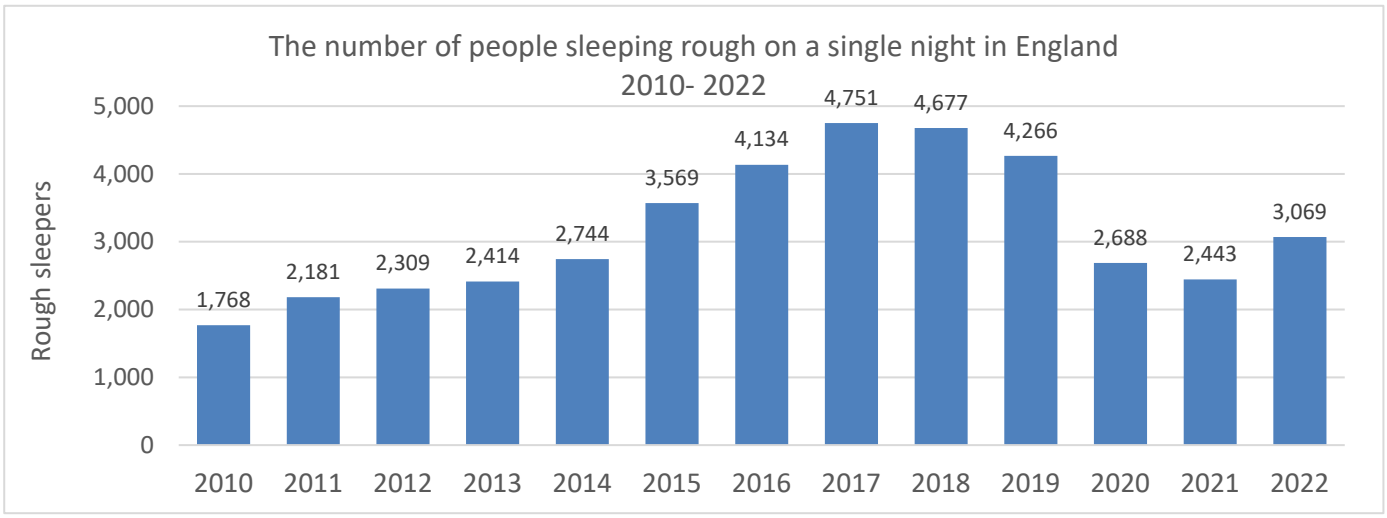
3.1.1 ROUGH SLEEPING

All local authorities must submit an annual figure to The Department for Levelling Up, Housing and Communities to indicate the number of people sleeping rough in their area on a typical night (in the Autumn). This can be an estimate or a count. Rough sleeping counts have inherent limitations, as they provide a single snapshot on a specific night, potentially missing individuals intentionally staying hidden for safety reasons. Estimates can also be influenced by variable factors such as weather, events, and accommodation availability, making them less representative of year-round homelessness.

In 2022, most local authorities (80%) used evidence-based estimates, while fewer (20%) relied on counts. Since 2017 Leicester has undertaken a street count rather than an estimate, except during the pandemic. In 2022, Leicester's count involved stakeholders including the City Council, volunteers, police, faith groups, outreach workers, and local residents.

In the autumn of 2022, 3,069 individuals were estimated to be sleeping rough on a given night in England, a 26% increase from 2021, and a 74% increase since 2010. However, this is a marked decrease from the time-period 2016-2019, where rough sleeping had reached a record high level (Figure 4).

Figure 4: The number of people sleeping rough on a single night in England



Source: Department for Levelling Up, Housing and Communities, 2023

While rough sleeping increased in every region of England in 2022 compared to 2021, increases have largely been driven by a small number of areas. Over half the increase in the number of people sleeping rough on a single night is driven by 15 local authority areas (5% of all areas), including Leicester (15th highest). In just under half of all areas (46%), the number of people sleeping rough decreased or stayed the same compared to 2021.

Leicester experienced one of the highest percentage increases in rough sleeping estimates among English local authorities, rising from 8 in 2021 to 34 in 2022, a 325% change. (Table 1) The 2022 count however is closer to the numbers counted in pre-covid-19 pandemic years, albeit slightly higher. Factors contributing to the increase include the return of street activity post-pandemic, individuals returning to homelessness, an influx of rough sleepers from the EU, and challenges in finding appropriate accommodation pathways for support. Changes in estimation methodology and a record-low rate in 2021 may also influence the figures.

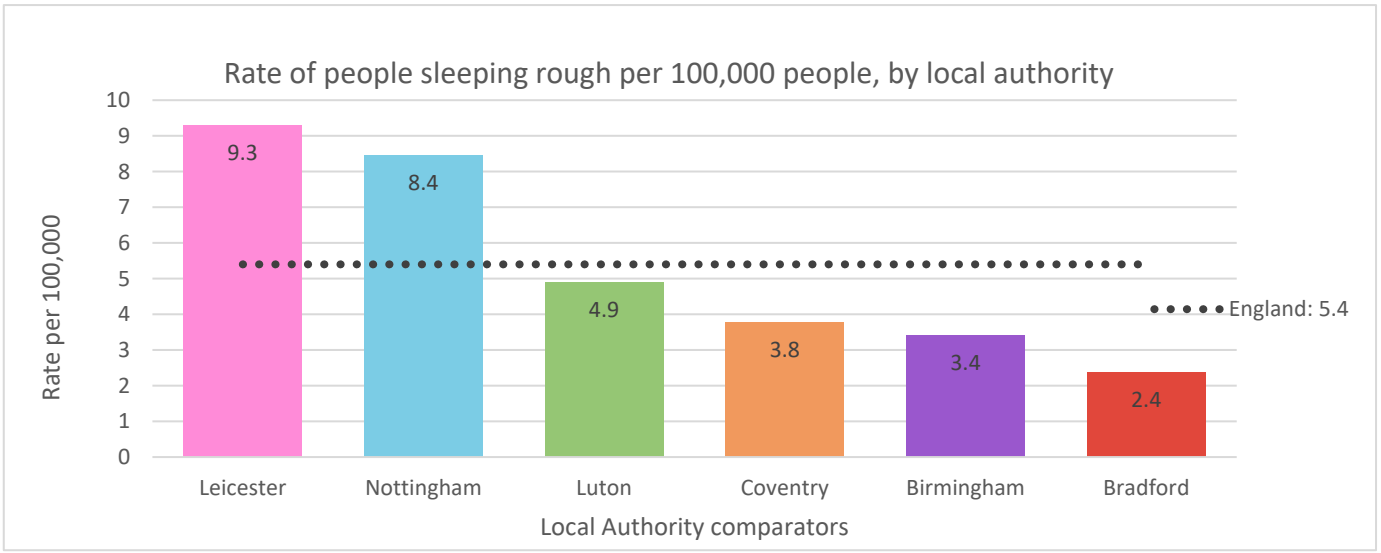
Table 1: Count of rough sleepers on a 'typical' night in Autumn in Leicester, 2017-2022

2017	2018	2019	2020	2021	2022
31	31	22	12	8	34

Source: Homelessness Review, 2022

Figure 5 shows Leicester had the highest rate of rough sleepers compared to ONS comparator authorities in autumn 2022, with a rate of 9.3 per 100,000. ONS comparator authorities serve as reference points for measuring similarities in demographics, population size, socio-economic indicators, and other characteristics.

Figure 5: Rates of rough sleepers by adult comparator authorities

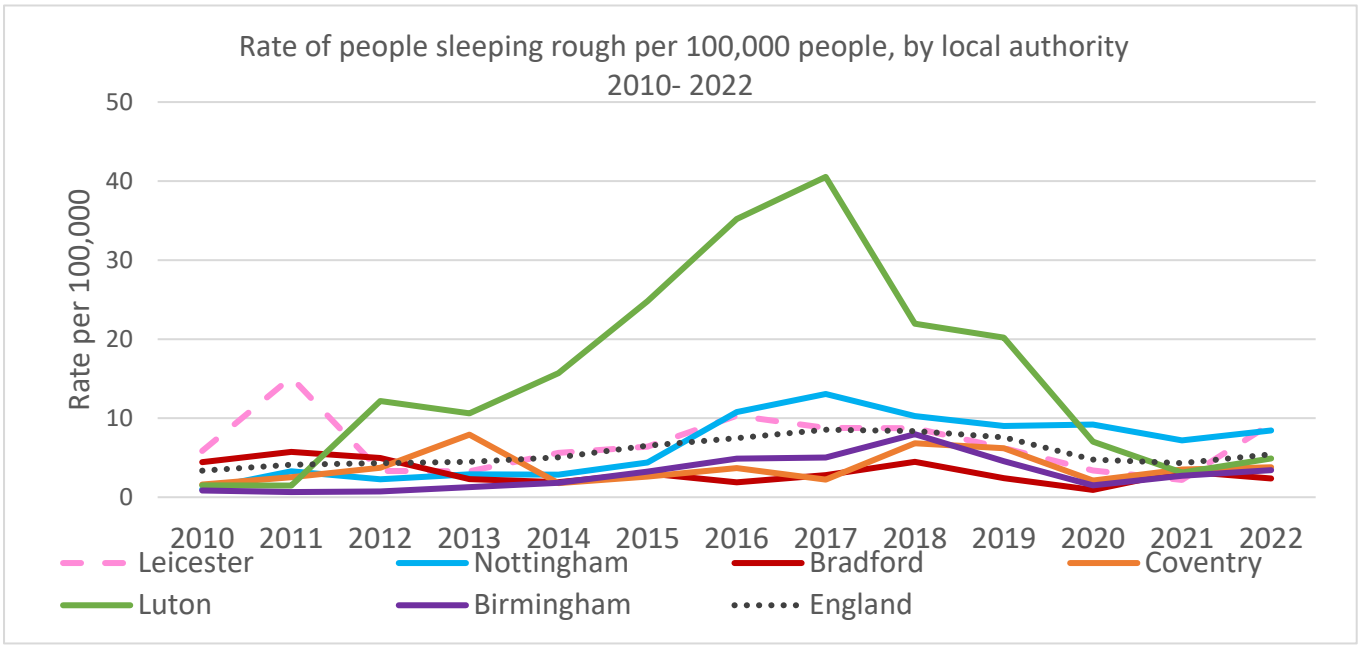


Source: Department for Levelling Up, Housing and Communities, 2023

Note: Different methodologies were employed in Leicester (and comparator authorities) over the course of this time period for capturing an estimate of rough sleepers (estimates, estimate including spotlight and counts). The 'count' based estimate employed by Leicester in the most recent year is more likely to derive a higher estimate on rough sleepers as it involves a direct and observable headcount of individuals sleeping rough. This may contribute to the higher rate for Leicester.

Figure 6 shows the trend in the rate of rough sleeping by local authority between 2010 and 2022. The rate of rough sleepers has fluctuated in Leicester with the highest on record being in 2011. (15.2 per 1,000). Rates were very low during pandemic years (2020- 2021) and have increased again for 2022.

Figure 6: Rates of rough sleeping by local authority comparators, 2010-2022



Source: Department for Levelling Up, Housing and Communities, 2023

Note: Different methodologies were employed in Leicester (and comparator authorities) over the course of this time period for capturing an estimate of rough sleepers (estimates, estimate including spotlight and counts).

While the data above is based on a snapshot of one night, many more individuals are assisted by services during the year, with basic needs, support and advice and housing so they do not need to sleep rough. See Table 2 for the number of unique individuals in a financial year found sleeping rough. Analysis done in conjunction with the Department of Levelling Up, Housing and Communities concluded that there is evidence of a strong 'off-the-street' offer in Leicester. However, it is important to acknowledge the rising number of rough sleepers encountered during outreach work, approximately 40% of which are not known to LCC and 'new' to rough sleeping in the city. There is a recognised need to improve early interventions and access to advice so individuals do not go on to rough sleep, as well as recognition that those who do rough sleep often have complex support needs beyond housing needs alone.[2]

Table 2: Number of unique individuals in a year found sleeping rough in Leicester, 2017/18-2021/22

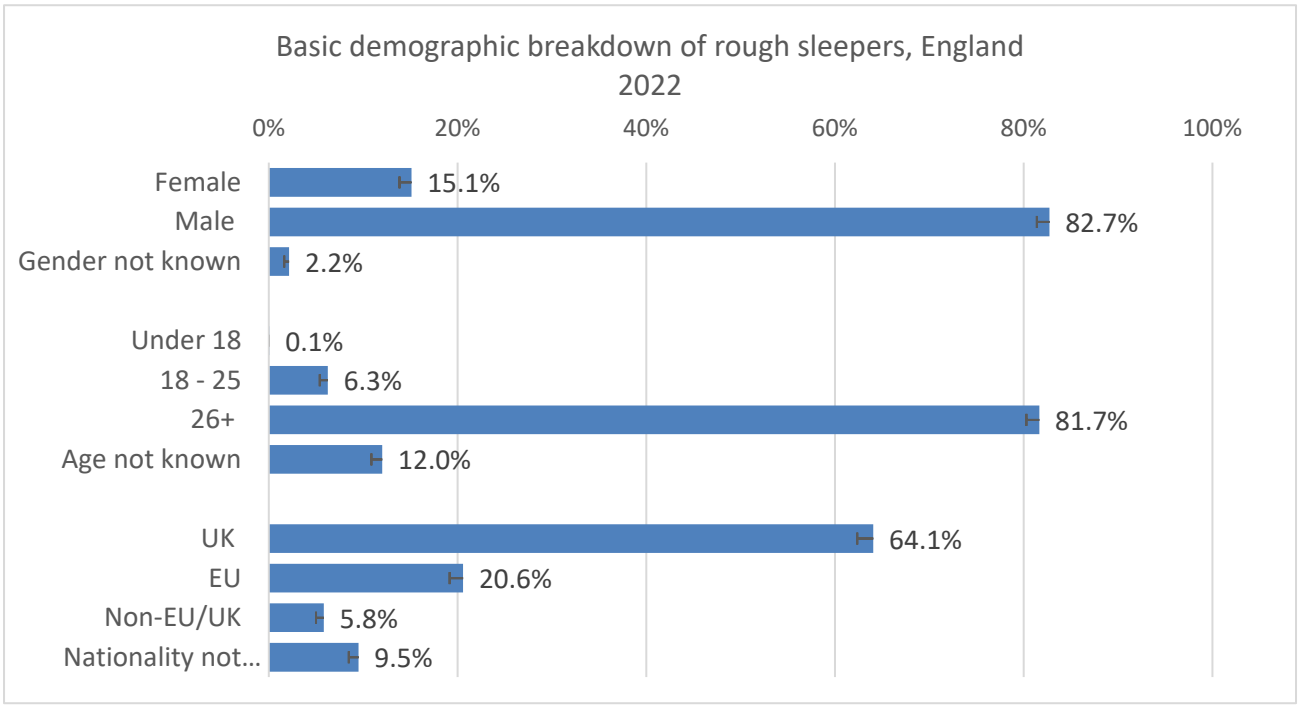
2017/18	2018/19	2019/20	2020/21	2021/22
186	179	139	293	362

Source: Homelessness Review, 2022

In 2022, the majority (83%) of individuals sleeping rough on a single night in England were male. This is similar in Leicester where 73% were male. However, females' experience of rough sleeping is more often transient, intermittent, and hidden, and therefore they are less likely to be captured in counts and hence underestimated. Research indicates this is due to the perceived higher risk of harm as a woman when rough sleeping within sight, and with the increased likelihood of caregiving responsibilities, females are more likely to exhaust all other avenues first. (12)

Both in England and locally, the majority of rough sleepers were aged 26 years and over (82% and 59% respectively) although a significant proportion locally (35.3%) did not disclose their age. Nationally, about two-thirds (64%) of rough sleepers were from the UK (Figure 7). (13) In Leicester, half (50%) of the rough sleepers are from the UK, while nearly a third (32%) did not disclose their nationality. The high proportion of rough sleepers not disclosing nationality and age increases the paucity of data around rough sleepers in Leicester.

Figure 7: Demographic breakdown of rough sleepers, England



Source: Department for Levelling Up, Housing and Communities, 2023

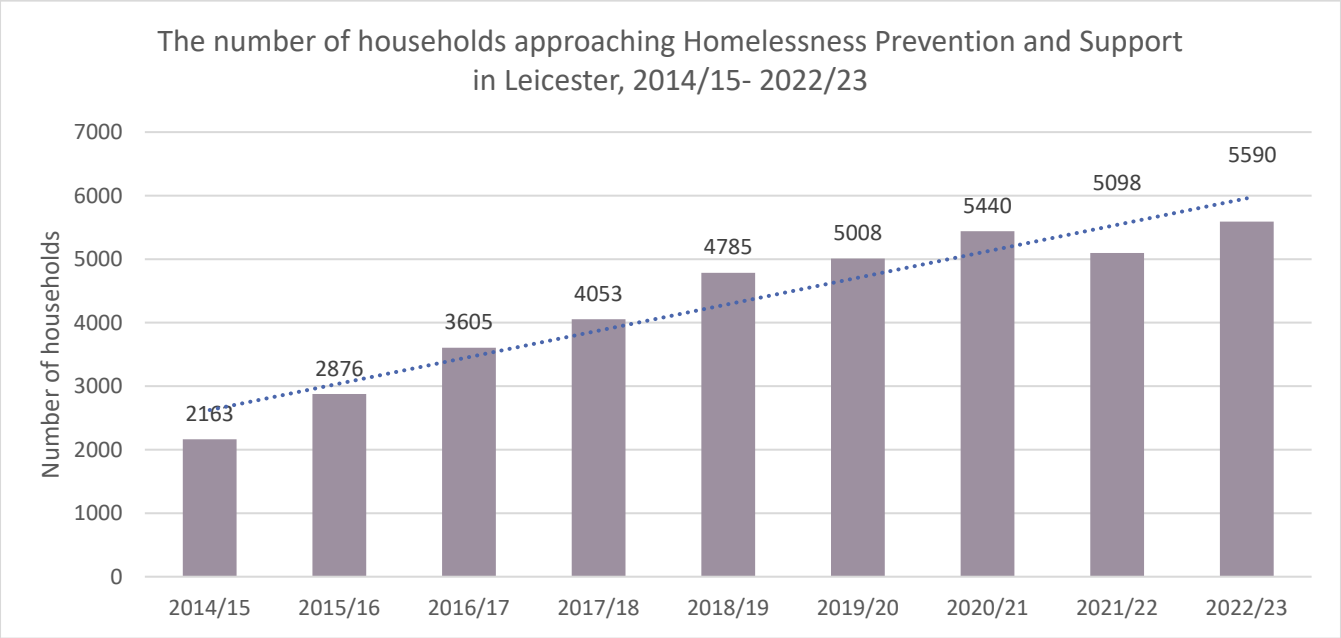
3.1.2 KNOWN TO LOCAL AUTHORITY – HOMELESS PREVENTION AND SUPPORT

Some people approach Homeless Prevention and Support Services and receive advice, with no need for further formal assessment. Of those that are assessed, a proportion will be owed a prevention or relief duty. Prevention duties include any activities aimed at preventing a household threatened with homelessness within 56 days from becoming homeless. Relief duties are owed to households that are already homeless and require help to secure settled accommodation. Figure 8 shows households approaching homelessness, prevention & support for assistance have increased year on year, with the exception of 2021/22 figures, which are considered to have been impacted by covid-19.

Not all approaches result in an assessment of homelessness, as many individuals are provided with free advice on housing circumstances that do not constitute homelessness or discuss matters that can be resolved in other ways. In 20/21, 21/22, and 22/23, approaches resulted in 2612 (48%), 2729 (53%), and 2764 (49%) homeless assessments respectively. These figures are not comparable with the homelessness decisions or prevention/relief activity reported prior to April 2018. This is because amendments to legislation, as introduced by the 2017 HRA, have introduced new duties that mean more people will be eligible for assistance out of homelessness from local authorities.

The main reasons households become homeless remain similar over the period and match the national picture, with the top three reasons being private rental sector evictions, family/friends' exclusion (asked to leave) and domestic abuse. (2)

Figure 8: The number of households approaching Housing Options for Advice and Support, 2014/15 – 2022/23



Source: Leicester City Council, 2022

DEMOGRAPHIC BREAKDOWN

Family Homelessness

Between (2018/19- 2021/22) the number of families seeking homeless assistance remained fairly consistent, with a decrease seen in 2020/21 during the pandemic. This is shown in table 3 below. (2)

Table 3: Family homelessness initial assessment applications, 2018/19 -2021/22

Initial duty assessment	2018/19	2019/20	2020/21	2021/22
Applications	1,084	1,170	780	1,116

Source: Leicester Homelessness Review, 2022

Approximately 78% of family presentations are during periods where a threat of homelessness exists (requesting help with preventing homelessness) whereas the remainder are already homeless. The main reasons why families seek assistance from homeless prevention and support services were:

•end of their private rented tenancy (46% of all cases in 2021/22)

•family is not willing or able to accommodate them (23% of all cases in 2021/22).

Over the last years domestic violence has been increasing as a reason for homelessness (in 2021/22 this became the third main reason for families to seek assistance (11.1% of all cases).The service places an emphasis on preventing homelessness and this has been largely successful as shown in table 4. (2)

Table 4: Proportion of family households provided with solutions to prevent homelessness in Leicester, 2018/19-2021/22

Outcomes for family households with risk/threat of homelessness (Provided with prevention solution incl. refused suitable offer)	2018-19	2019-20	2020-21	2021-22
Leicester's performance - % of family households provided with solutions to prevent homelessness	72.34%	71.76%	79.90%	72.69%

Source: Leicester Homelessness Review, 2022

Unfortunately the prevention of homelessness is not possible in all cases and the homelessness prevention and support service is the safety net for those who are in crisis and require emergency interventions. Temporary accommodation usage, and in particular bed and breakfast (B&B) usage, has increased since 2021/22 as has the length of stay. B&B accommodation is only used when more suitable temporary accommodation is unavailable. B&B accommodation is not suitable for families with children, and local authorities aim to meet government guidance to ensure B&B accommodation is not used for longer than six weeks. This is shown in table 5 below. (2)

Table 5: Average length of stay for families accommodated in B&B, 2018/19-2021/22

Year	Number of families accommodated (number of occasions)	Average length of stay - days
2018-19	53	19.29
2019-20	19	11.79
2020-21	17	11.88
2021-22	110	14.30

Source: Leicester Homelessness Review, 2022

Since 2021/22 there has been an increasing number of families that have needed to go into temporary accommodation and external pressures, such as cost of living pressures may lead to more family homelessness.

For those households who are homeless as a result of domestic abuse, Housing work jointly with colleagues in Community Safety to provide 'safe temporary accommodation' as defined within the Domestic Abuse Act. Refuge accommodation or accommodation with specialist floating support is the preferred option.

Since the last strategy, for families where homelessness cannot be prevented, there has been a change in the focus of the provision of temporary accommodation, with the emphasis on providing "homes not hostels". The aim for family homelessness is to have self-contained units of temporary accommodation where this is needed across the city. Ideally, for families in need of no to low accommodation-based support they will, where safe to do so, be accommodated in a unit of accommodation close to their support networks to allow family life to continue with the minimum disruption. (2)

Single and childless couples' homelessness

Numbers of homeless singles & couples seeking assistance have been consistent comparing 2018/19 and 2021/22. There was an increase in 2019/20 & 2020/21 which corresponds with the COVID-19 pandemic. There was a spike in numbers being placed in temporary accommodation in 2020/21 due to the COVID-19 pandemic and the 'Everyone In' initiative. This is shown in table 6 below. (2)

Table 6: Single and childless couples seeking homelessness assistance, 2018/19-2021/22

Year	Seeking Assistance	Owed Relief Duty*	% owed relief duty
2018/19	1,618	795	49.13%
2019/20	1,890	1,050	55.56%
2020/21	1,824	1,241	68.04%
2021/22	1,6,19	883	54.54%

Source: Leicester Homelessness Review, 2022

* Owed relief duty as their initial duty assessment or following unsuccessful prevention

The number of unique individuals seeking assistance over the 4-year period was 6,951. Of these, 3,969 were owed a relief duty. 1,743 were placed in temporary accommodation, accounting for just under 44% of all customers owed a relief duty. (2)

The main reasons why singles seek assistance from homeless prevention and support services were:

• family is no willing or able to accommodate them (29% of all cases in 2021/22)

• end of their private rented tenancy (16% of all cases in 2021/22)

• friends no longer willing or able to accommodate (11% of all cases in 2021/22.

B&B accommodation is only used when there is a statutory duty case and there is no other temporary accommodation available. Since the response to the COVID-19 pandemic was initiated, move-on slowed down significantly, decreasing the fluidity of bedspaces. Once the 'Everyone In' initiative ended, unlike other local authorities, LCC made the commitment to work with the individuals accommodated to assist them in achieving positive housing solutions. (2)

Average number of days for B&B placements (ended placements)

Placement Start Date	Average Number of Days	Total Placements
2018-19	7	27
2019-20	25	35
2020-21	51	475
2021-2022	43	155

Source: Leicester Homelessness Review, 2022

Over the past 4 years generic accommodation for singles has been at an average utilisation of 98.6% (LCC Singles & Action Homeless). Temporary accommodation is provided to resolve the immediate need for housing but also to provide support for the individual so that that they will be able to move on into settled accommodation. Many singles stay in temporary accommodation for more than 4 months. The longer length of stay reflects the complex needs of many individuals in temporary accommodation services and difficulties with pathways into settled accommodation. (2)

Repeat Homelessness

Over a 4-year period, 850 customers (12% of all presentations) have presented requesting assistance more than once. Although progress has been made with reducing individuals with a high number of admissions re-entering homelessness services, there are still significant challenges in further reducing all repeat homelessness. (2)

Young People

Preventing homelessness, and if young people become homeless preventing this from reoccurring, helps break the cycle of repeat homelessness. Local authorities (housing and children's services) have statutory duties to provide support, including support with housing, to some groups of young people including young people aged 16 to 17, care leavers aged 18 to 20 (or until 24 for care leavers studying full time), and people considered vulnerable because they've been in care, the armed forces or prison, or because they've experienced violence, or the threat of violence. In Leicester, there is a joint working protocol set up

between housing services and children's services which involves a single point of contact for urgent cases and joint assessments for 16/17-year-olds. There is also an allocations policy which recognises the need for prioritisation of cases to primarily safeguard and protect the needs of the most vulnerable children, including those leaving care and those referred by Adult Social Care and Children's Services to the housing directorate for urgent consideration. As of April 2022, 32 individuals were prioritised due to leaving care, compared to 48 individuals in 2021, and 41 in 2020. (2)

The number of customers aged 16-24 who came to homelessness, prevention & support services because they were homeless or at risk of homelessness has remained consistent over the last 4 years. This is shown in table 7 below. Of the 1,480 approaches between April 2018- March 2022, 228 (15.4%) were considered eligible for temporary accommodation because they were a 'vulnerable adult' and a further 68 (4.6%) were considered eligible for temporary accommodation because they were 'children leaving care'. Of these 68, in 8 cases, homelessness was prevented and the remaining 60 were owed a relief duty.[2]

Table 7: Number of approaches to homelessness, prevention and support services by 16–24-year-olds who were homeless or at risk of homelessness in Leicester, 2018/19-2021/22

Year	2018/19	2019/20	2020/21	2021/22	Total
No. of approaches	346	397	384	353	1,480

When commissioning services for younger people it was recognised that this group often requires a longer stay in temporary accommodation. This is due to various reasons including the difficulties in securing independent accommodation, and limited affordable housing options available. In over 80% of cases, young people are staying in temporary accommodation for more than 4 months. The percentage of evictions against ceased stays has remained low over the last 4 years, 12.2% in 2018/19 and 10.5% in 2021/22. Eviction rates remain slightly lower compared with generic singles accommodation. (2)

Persons from abroad with restricted eligibility to services

Without a statutory safety net, non-UK nationals with restricted eligibility are more vulnerable to homelessness and destitution. Key categories of people facing immigration-based restrictions are:

• People with leave to remain who have a no recourse to public funds (NRPF) condition attached

• People with no current regularised status

• EEA nationals with pre-settled status and their families if they do not meet certain conditions

• People who have outstanding applications for leave

Some persons from abroad (non-UK nationals) immigration status determines whether they are able to access public funds. This is relevant to homelessness as it limits the support the local authority can offer. A person will have no recourse to public funds when they are 'subject to immigration control', as defined at section 115 of the Immigration and Asylum Act 1999. This can be the following types of immigration status:

• Leave to enter or remain, which is subject to the NRPF condition, such as:

leave to enter as a visitor, leave to remain as a spouse, leave to remain as a student, leave to remain granted under family or private life rules

• Leave to enter or remain that is subject to a maintenance undertaking, such as:

-Indefinite leave to remain as the adult dependent relative of a person with settled status (five-year prohibition on claiming public funds)

• Leave to enter or remain as a result of a pending immigration appeal:

This could apply when a person has section 3C leave whilst an appeal against a refusal of leave to remain is pending

• No leave to enter or remain when they are required to have this, such as:

-a visa overstayer, an asylum seeker, an appeal rights exhausted (ARE) asylum seeker

A person who is subject to NRPF conditions, or who does not have any current immigration permission, is not eligible for homelessness assistance or social housing and certain benefits. A person who is found to be ineligible for homelessness assistance by their local council must be provided with information and advice to help prevent their homelessness. This could include, for example, signposting to information about local immigration advisers or Home Office asylum support, or a referral to social services for support if they have children or care needs. (2)

Not all non-UK nationals are excluded from public funds, however there can be other conditions. For example, an EU national with pre-settled status is eligible for public funds if they are in employment. Homelessness services will signpost clients to access support from employment services such as St Mungos Recovery College, and organisation which can support individuals into work. Outreach and Transitions Support workers help individuals apply for settled status and provide other support and advice (for example support to apply for required identify documents). They will also work with individuals wishing to return home, for example by supporting with travel expenses. (2)

Homelessness prevention and support staff will refer individuals who are subject to NRPF conditions to relevant support services in the city (including for Asylum Advice Migrant Help, Red Cross for support, casework and advocacy, Assist Inclusion Healthcare for health care needs). More information on Asylum Seekers is available through the Asylum Seekers Needs Assessment. (2)

It can take time to establish an individual's immigration status and there can be fear of disclosure with local authority staff. This can make it difficult to establish a person's immigration status and therefore provide appropriate advice and support. As individuals do not often quality for statutory support from the Council or the Home Office, housing schemes are often provided by the voluntary and community sector, as in the case in Leicester.[2]

Offenders/ ex-offenders

The council has statutory duties for re-housing ex-prisoners that are 'vulnerable' as a result of serving a custodial sentence or being on remand. The local probation service, community rehabilitation company and the housing division also work under a duty to cooperate to ensure those that may be homeless and at risk of reoffending can access homeless services with the aim of reducing reoffending. (2)

There is one Prison, HMP Leicester, within Leicester City. HMP Leicester is a Category B men's local prison. The prison holds people on remand to the local courts, as well as sentenced prisoners. This type of prison can present challenges to a planned response to releases, as people on remand can often be released at short notice, creating a homeless emergency if the person has nowhere to reside following release. A second prison, HMP Fosse Way, is a Category C resettlement prison based in Blaby district. (2)

3.1.3 KNOWN TO LOCAL AUTHORITY – DOMESTIC ABUSE SERVICES

Domestic abuse is the 3rd highest reason households became homeless in Leicester from 2018-2022 (in line with the national picture. (2)

Individuals experiencing domestic abuse are vulnerable to homelessness, and locally a high proportion of those accessing services reported a housing need. Between July 2022 and June 2023, there were 307 adult intake forms completed by commissioned domestic abuse service providers – two thirds (66%) of which had a housing need in Leicester, compared to 39% nationally. Of the 174 people who exited the service from July 2022 to June 2023, 99 people (57%) were supported with housing in Leicester compared to 26% nationally. Locally, the most common housing interventions were accessing refuge (30%) and being accepted to housing support services (29%). Housing support resulted in 76% feeling more safe and 78% expressing improved wellbeing. (14)

Data from the Department for Levelling Up, Housing and Communities in table 8 below shows that between 1st April 2022, and 31st March 2023, there were 346 households that were unable to be supported in domestic abuse safe accommodations in Leicester. The majority of these were unable to be supported due to capacity constraints. (15)

Table 8: Area comparison households unable to be supported at domestic abuse safe accommodations 22/23

		Households unable to be supported due to..

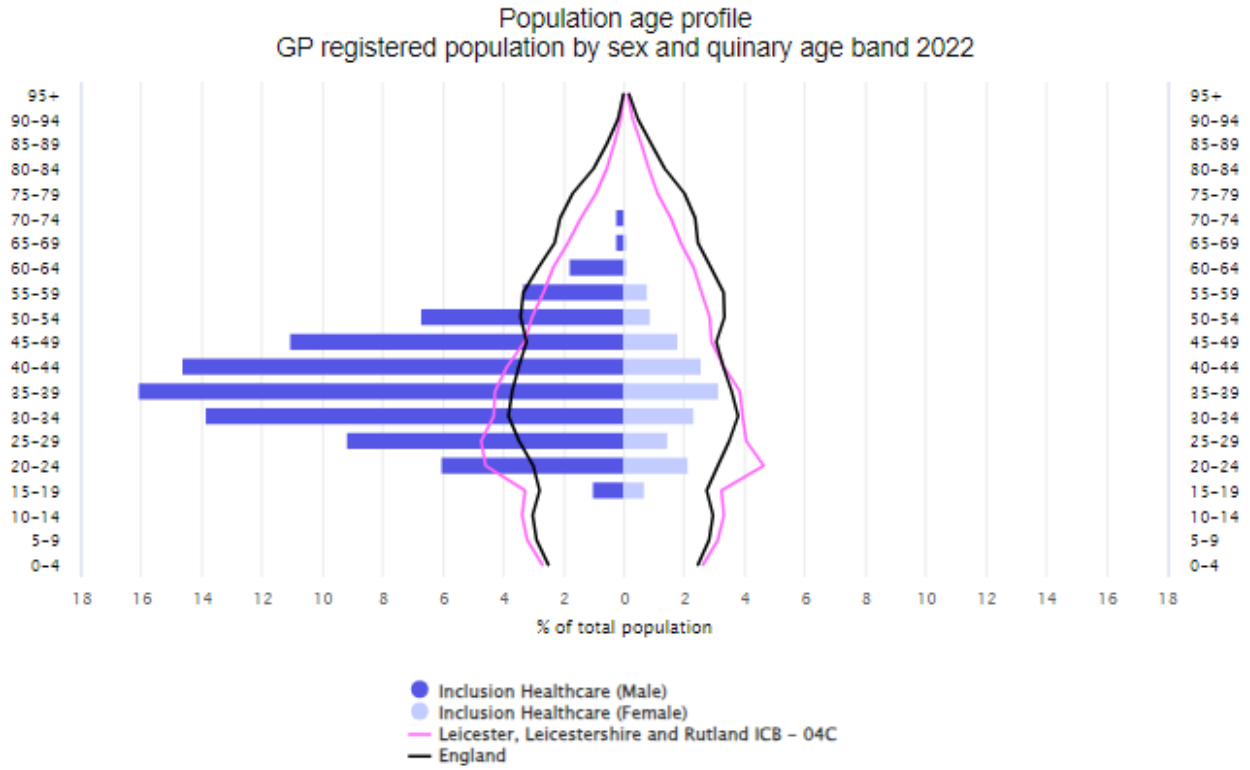
	Total households unable to be supported	Capacity Constraint	Unable to be Contacted [v]	Did not accept referral [v]	Geographical proximity to perpetrator [v]
Luton	21	1	1	10	[c2]
Nottingham	388	167	[x]	[x]	50
Coventry	404	1	0	223	6
Leicester	346	250	24	127	23
Birmingham	209	11	35	53	14
Bradford	950	371	36	127	13

Source: Support in domestic abuse safe accommodation: financial year 2022 to 2023 - GOV.UK (www.gov.uk)

3.1.4 KNOWN TO PRIMARY CARE

Primary care services provide the first point of contact in the healthcare system, acting as the 'front door' of the NHS. Primary care includes general practice, community pharmacy, dental, and optometry (eye health) services. The number of patients registered at GP's can also be used for population estimate purposes. In Leicester, GP care for people who are homeless is provided through a specialist service, delivered by Inclusion Healthcare. In 2023, 896 patients were registered with Inclusion Healthcare. The majority are males (84%), and the age range is mostly between 20 and 54 years (Figure 9).

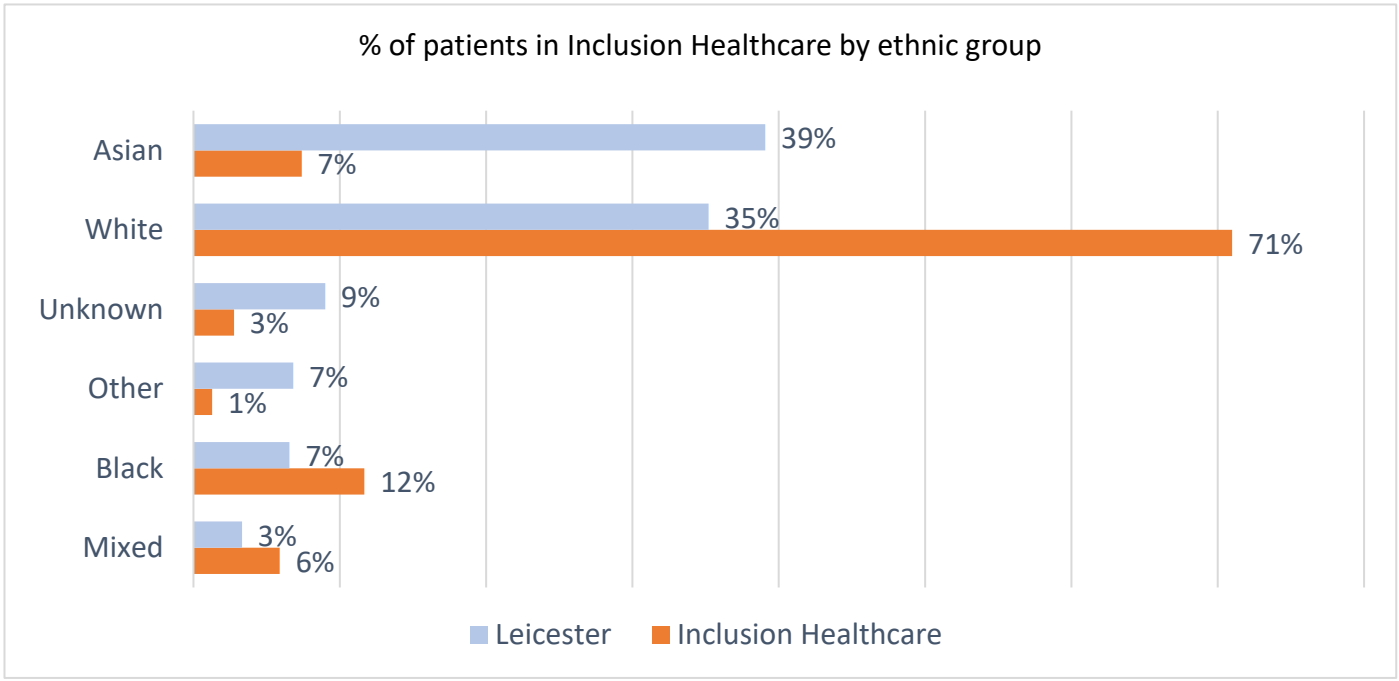
Figure 9: Population structure of Inclusion Healthcare in 2022



Source: Fingertips (OHID), 2023

The ethnic distribution shows that 71% of patients are of White ethnicity, with higher proportions of Black and Mixed ethnic groups compared to the overall population of Leicester, and a lower proportion of Asian patients (Figure 10).

Figure 10: Patients in Inclusion Healthcare by broad ethnic group

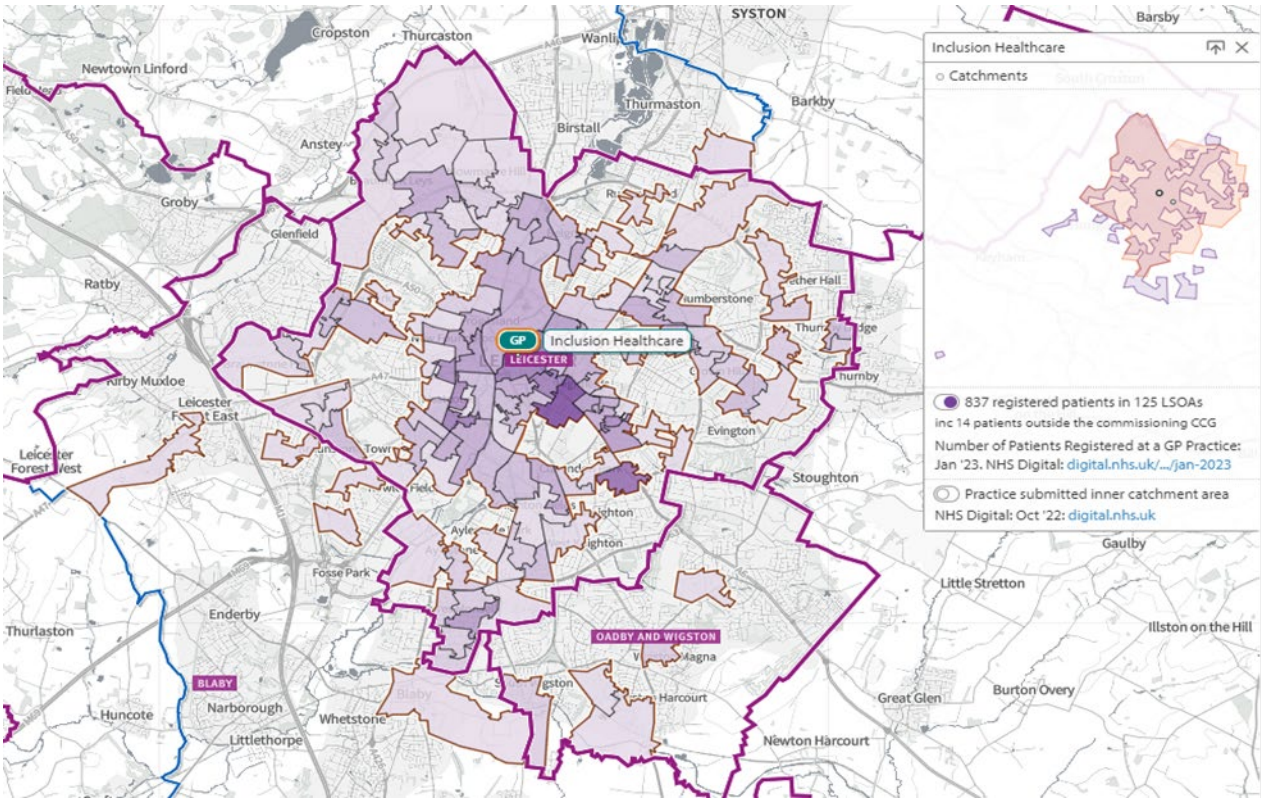


Source: SystemOne, 2021

Temporary addresses can give an indication of where people live while homeless. Temporary addresses may be a home that they are living in, for instance sofa surfing, or a place where their mail is forwarded to. Evidence suggests living in temporary accommodation can have negative impacts on health and wellbeing in the long term, through for example disrupting family life, relationships and education.

In 2021, the highest concentrations of patients stated their temporary address to be in the City Centre, Southfields, Stoneygate and Westcotes (as per lower geography areas - lower super output areas (LSOAs)). These remain the areas with the highest concentrations of patients in 2024. (Figure 11).

Figure 11: Registered patients of Inclusion Healthcare



Source: SHAPE, 2022

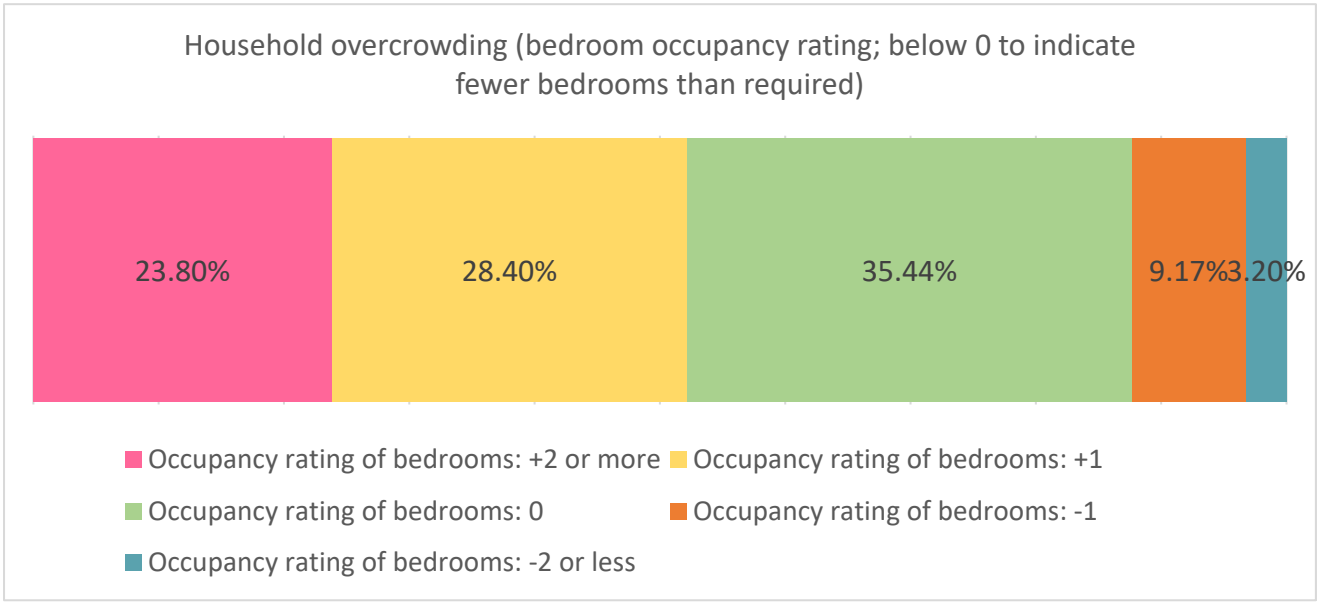
Dispensing of prescriptions is another way of measuring the (temporary) home address for patients at Inclusion Healthcare. In Leicester, much of the dispensing activity corresponded with pharmacies to the east of the city, close to Victoria Park and London Road. This is close to the Dawn Centre and other shelters.

3.1.5 OVERCROWDING

Individuals can be considered homeless if they live in severely overcrowded conditions. Whether overcrowding constitutes homelessness is based on a case-by-case assessment that considers the nature of the accommodation and household, both the space standard and the room standard, and how it compares to the prevailing circumstances in the local authority's area. The local authority must consider overcrowding even if it does not meet the definition of statutory overcrowding. Occupancy ratings provide a measure of whether a household's accommodation is overcrowded or under-occupied. An occupancy rating of negative 1 or less implies that a household has fewer bedrooms than required according to the Bedroom Standard, so it is overcrowded (for example, negative 1 means one bedroom fewer than required, negative 2 has two fewer than required).Overcrowding can result in poor ventilation and pose a safety risk. In some instances, where households experience severe overcrowding, this can be considered a form of homelessness. This is determined on a case-by-case assessment.

Data from the 2021 Census showed 4% of households in England and Wales were overcrowded. Comparatively, Leicester has a high degree of overcrowding; the Census has shown 12.4% (45,706) of households haveg fewer bedrooms/rooms than required (occupancy rating of below 0), 9.2% of households with an occupancy rating of negative 1 and 3.2% with an occupancy rating of negative 2 (Figure 12).

Figure 12: Household overcrowding in Leicester, 2021



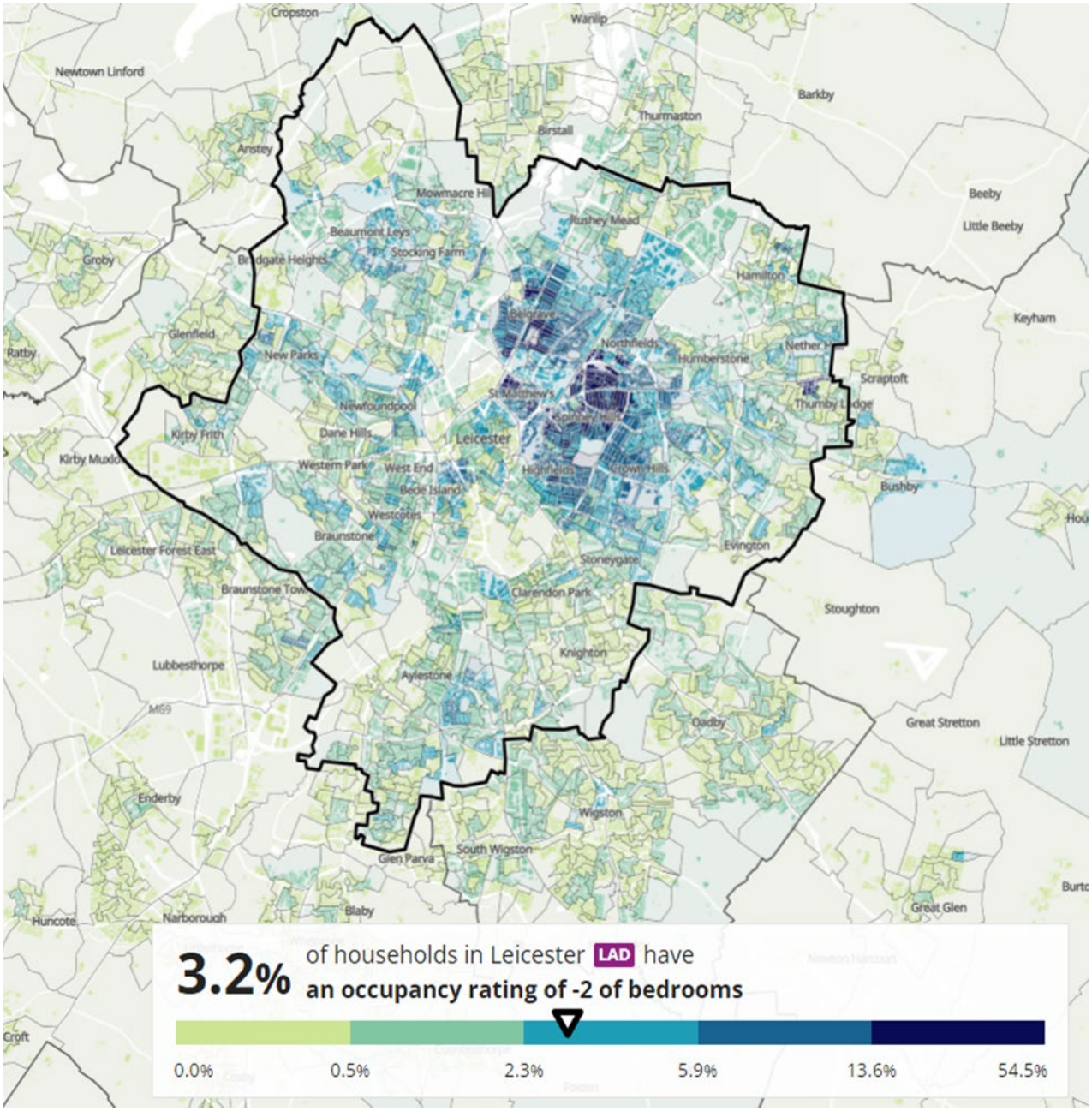
Source: Census, 2022

Note: below 0 to indicate fewer bedrooms than required; 0 indicates enough rooms to occupy

Leicester has the highest proportion of overcrowding compared to its comparator authorities (Birmingham, Bradford, Coventry, Luton and Nottingham) and a higher rating than the national average (16). However, only a small minority of overcrowded households qualify as homeless – data specifically on this is not available.

Figure 13 shows that overcrowding is more common in the northeast of the city centre, with particularly higher rates in Spinney Hills, Belgrave, Northfields, St Matthews and Crown Hills. This is an area of the city which is more likely to have multigenerational households , and housing unaffordability. Not all of these households have overcrowding to a degree that pertains homelessness. Housing Register data shows that the severity of housing needs generally in the areas highlighted in Figure 13 is comparatively lower than other areas of the city; only 11-14% of applications from the area being awarded Band 1, compared to as much as 21.3% in other Wards.

Figure 13: Overcrowding (2 fewer bedrooms than required), 2021



Source: Census, 2021

Overcrowding is a housing need in itself, and although overcrowding rarely constitutes homelessness, it does indirectly impact on homelessness. Overcrowding can lead to members of the household being excluded from the family home, and this most commonly affects new parents. Combined with the rising cost-of-living, this is an increasing area of pressure on homelessness services.

3.1.6 CONCEALED HOUSEHOLDS

A 'concealed household' contains an adult who would prefer to buy or rent their own accommodation but cannot afford to do so. The English Housing Survey (EHS) estimated that between 2018 and 2019, 1.6 million households were living under these circumstances in England. However, any of these individuals may be living in reasonable conditions, often with family or friends, so it should not be assumed that homelessness is present for each case.

3.1.7 KNOWN THROUGH "EVERYONE IN" INITIATIVE DURING THE COVID-19 PANDEMIC

During the COVID-19 pandemic, the government launched the 'Everyone In' Initiative, requesting immediate accommodation for all rough sleepers and those at risk across the UK to reduce COVID-19 transmission among the vulnerable. The Ministry of Housing Communities and Local Government reported that the scheme accommodated 37,000 people nationwide (17). In

Leicester, over 1000 individuals were accommodated. This figure is close to the number of patients registered at Inclusion Healthcare.

3.1.8 SOFA SURFING

'Sofa surfing' is informally staying with friends and/or family, without whom an individual would be homeless. The EHS estimates from 2019 to 2021, there were 538,000 households with an individual 'sofa surfing'. Office for National Statistics (ONS) data indicates between April 2021 to March 2022, 16,070 households owed a relief duty, were living with friends in England at the time they made their homeless application. (18)

3.2 HEALTH NEEDS/ PREVALENCE

3.2.1 PATIENT EXPERIENCE AT GP & WIDER DETERMINANTS OF HEALTH

The health needs of the homeless population are multifaceted and often complex. There is a growing recognition of tri-morbidity within this population, and a need for holistic care which spans mental and physical health and wellbeing, as well as the recognition that the wider determinants of health have on health status. There is limited data available on all of the wider determinants of health for those who are homeless. The information that is available is outlined in Table 9.

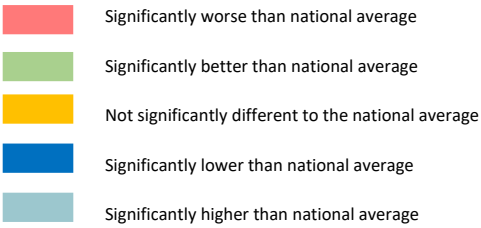
The first three indicators in table 9 provide headline indications on patient experience at the GP. It shows that in 2023, 92% of patients had a positive experience at Inclusion. This compares to 64.2% for the rest of the GP's in LLR. Over three quarters of Inclusion patients were satisfied with appointment times (86.5% of patients) compared to less than half of the national average (48.6%) and all other GP's in LLR (47.1%). This indicator shows a statistically significant difference in the figures. Only 7.3% of Inclusion patients were enabled to book and cancel appointments online in March 2024, compared to 37.3% across the rest of LLR, and 45.8% in England. This may be due to lack of easy access to the internet for homeless individuals.

The remaining four indicators in the table show that a statistically similar proportion of Inclusion Healthcare patients were satisfied with phone access compared to the rest of LLR and England. There was also no significant difference for the proportion reporting caring responsibilities. However, a significantly lower proportion (6.4%) of Inclusion Healthcare patients reported being in paid work or full time education compared to the England average (63%) and LLR average (65.5%)

Table 9: Patient experience at GP and Wider Determinant of Health Indicators

Indicator	Time period	Count	Inclusion Healthcare	England	LLR ICB
% who have a positive experience of their GP practice	2023	-	92%	71.3%	64.2%
% satisfied with practice appointment times	2023	-	86.5%	48.6%	47.1%
% patients enabled to book and cancel appointments online	March 2024	64	7.3%	45.8%	37.3%
% satisfied with phone access	2023	-	77.7%	49.8%	44.5%
% with caring responsibility	2022	-	9.4%	18.9%	N/A
% reported to be in paid work or in full time education	2022	-	6.4%	63.0%	65.5%

Source: Fingertips, 2024



Note: Statistical significance is a measure of the likelihood that the observed differences or relationships are not due to chance. Statistically significantly worse/better or no different to England overall illustrated in red, green or yellow, respectively. Where there is a large difference but this finding is not significant, this can be related to small sample sizes leading to uncertainty in the estimate.

3.2.2 MENTAL HEALTH

Literature indicates that the mental health and wellbeing of the homeless population is significantly worse than the general population. Table 10 below outlines indicators in relation to mental health, comparing outcomes for patients at Inclusion Healthcare as a proxy for homeless individuals, with those across LLR ICB and across England.

The data shows that mental health as recorded on the quality outcomes framework (QOF) (indicators GP's report on as part of their contracts) is significantly higher in Inclusion Healthcare patients compared to the general population in LLR and England (11.6% compared to 1.07% and 1% respectively). Since 2018/19, the proportion of patients with mental health conditions registered with Inclusion Healthcare has increased. It is now approximately double what it was 5 years ago with51 individuals recorded in 2018/19 compared to 99 in 2022/23, or proportions of 5% and 11.65% respectively.

Diagnoses of depression are also higher amongst Inclusion Healthcare patients, with 44.4% compared to the national average of 13.2%. This also shows an increasing trend over the last 5 years. There are now 377 patients recorded with depression, compared to 233 (or 24.8%) when reporting began in 2012/13. This means that over the last 10 years, the proportion with depression has increased from approximately a quarter to almost half of the patients. The 2022/23 figures are also significantly higher than all figures preceding 2020/21, which means there is statistical certainty in the observed difference not being due to chance. These findings support existing literature which highlights the mental health of people who are homeless is worse than the general population.

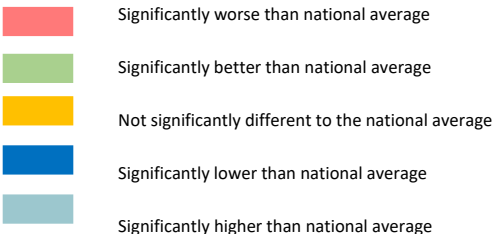
Table 10 also shows QOF Dementia prevalence to be higher in Inclusion Healthcare patients compared to the general population. This has not been the case in prior years, where counts were as low as 1.

Table 10: Mental Health Indicators, 2018/19-2021/22

Indicator	Time period	Count	Inclusion Healthcare	England	LLR ICB (04C)
Depression: QOF prevalence (18+ yrs) (%)	2022/23	377	44.4%	13.2%	10.9%
Depression: QOF incidence (18+ yrs) - new diagnosis (%)	2022/23	22	2.6%	1.4%	1.2%
Newly diagnosed patients with depression who had a review 10-56 days after diagnosis (%)	2022/23	7	31.8%	65.9%	58.6%
Dementia: QOF prevalence (all ages) (%)	2022/23	56	6.6%	0.7%	0.5%
Alzheimer's disease or dementia (%)	2021	-	5.0%	0.6%	0.6%
Mental health: QOF prevalence all ages) (%)	2022/23	99	11.65%	1.0%	1.07%
% reporting a long-term mental health problem	2023	-	43.2%	12.7%	12.8%
Patients with severe mental health issues having a comprehensive care plan	2022/23	53	57.0%	68.5%	83.4%

Record of a BP check in the last 12 months for patients on the mental health register	2022/23	65	69.9%	79.0%	88.4%
Record of BMI in the last 12 months for patients on the mental health register	2022/23	72	77.4%	77.1%	87.6%
Patients with psychosis who have a current record of alcohol consumption	2022/23	64	68.8%	76.4%	89.1%
Patients with psychosis who have a current record of a lipid profile	2021/22	37	39.8%	70.6%	81.2%

Source: Fingertips, 2022



Note: Statistical significance is a measure of the likelihood that the observed differences or relationships are not due to chance. Statistically significantly worse/better or no different to England overall illustrated in red, green or yellow, respectively. Where there is a large difference, but this finding is not significant, this can be related to small sample sizes leading to uncertainty in the estimate.

SUPPORT NEEDS OF ACCOMMODATION SERVICE USERS

From 2018/19 to 2021/22, 6,951 people presented to Leicester City Council (LCC) funded accommodation services (not including domestic abuse safe accommodation). 3,722 customers presented with no support needs, accounting for over 53% of presentations. For the remaining cohort, the top 3 support needs in each year were mental health issues, physical health issues and those with an offending history. The number of individuals with mental health problems was the highest by some margin, showing mental health to be the most prevalent health issue for people who are homeless or at risk of homelessness in Leicester.

Many customers present with more than one support need. About 25% of clients have mental health support needs and over 20% have many/complex needs (two or more support needs).

Table 11: Support needs of those presenting to Leicester City Council accommodation services, 2018/19-2021/22*

Support needs	2018/2019	2019/2020	2020/2021	2021/2022
Mental Health	287	454	590	406
Offending History	187	207	290	149
Physical health (including disability)	169	291	311	259

Source: Leicester City Council accommodation services, 2022

*This information has been taken from the Homelessness Review 2022 which states ‘the scope of this review does not include: domestic abuse and sexual violence services, including refuge provision’.

3.2.3 PHYSICAL HEALTH

Table 12 below shows a summary of physical health conditions in the homeless population, largely which is recorded through QOF. It is noted that small sample sizes here make it difficult to draw definitive conclusions on the differences in the physical

health of the homeless population compared to the general population. Literature does however suggest that physical health is worse in those who are homeless, with generally lower rates of vaccinations, oral health problems, womens specific health problems, and poorer nutritional health. It also indicates multi-morbidity in this cohort, referring to the presence of two or more long-term conditions. While the proportion of those with long term conditions is reported to be higher in those who are homeless compared to the national and local average (70.5% compared to 54.6% and 48.2%), uncertainty in the estimate means statistical difference is not shown. However, smoking prevalence is shown to be significantly higher in this population compared to the general population (67.1% compared to 14.7% nationally and 15.5% in LLR). This accounts for 570 individuals. Smoking is a known risk factor for heart disease, lung cancer and strokes.

Table 12: Physical Health Indicators

Indicator	Time period	Count	Inclusion Healthcare	England	Leicester City ICB (04C)
% with a long-standing health condition	2023	-	70.5%	54.6%	48.2%
Hypertension: QOF prevalence (all ages)	2022/23	38	4.5%	14.4%	12.3%
Smoking: QOF prevalence (15+ yrs)	2022/23	570	67.1%	14.7%	15.5%
% Active smokers (GPPS)	2023	-	54.2%	13.6%	15.7%
% Former smokers (GPPS)	2023	-	16.2%	26.3%	15.9%
Record of offer of support and treatment in the last 24 months for smokers aged 15+ yrs: QOF	2022/23	419	73.5%	91.9%	92.3%
Epilepsy: QOF Prevalence (18+ yrs)	2022/23	16	1.9%	0.8%	0.7%
Diabetes: QOF Prevalence (17+ yrs)	2022/23	34	4.0%	7.5%	10%
COPD: QOF Prevalence (18+yrs)	2022/23	20	2.4%	1.8%	1.3%
Asthma: QOF Prevalence (6+ yrs)	2022/23	79	9.3%	6.5%	5.1%
Cancer: QOF Prevalence (all ages)	2022/23	8	0.9%	3.5%	1.7%
New Cancer Cases (crude incidence rate)	2021/22	N/A	223	540	331

Source: Fingertips, 2024

Significantly worse than national average

Significantly better than national average

Not significantly different to the national average

Significantly lower than national average

Significantly higher than national average

Note: Statistical significance is a measure of the likelihood that the observed differences or relationships are not due to chance. Statistically significantly worse/better or no different to England overall illustrated in red, green or yellow, respectively. Where there is a large difference, but this finding is not significant, this can be related to small sample sizes leading to uncertainty in the estimate.

The clinical segmentation tool Patient Needs Groups (PNGs) within the Adjusted Clinical Groups (ACG) risk stratification system revealed a significantly worse health profile for Inclusion Healthcare patients than is seen in any other practice's age/sex-matched cohort. Inclusion Healthcare patients were found to be identified as high risk with regards to general wellbeing, management of long-term conditions and complex health issues.

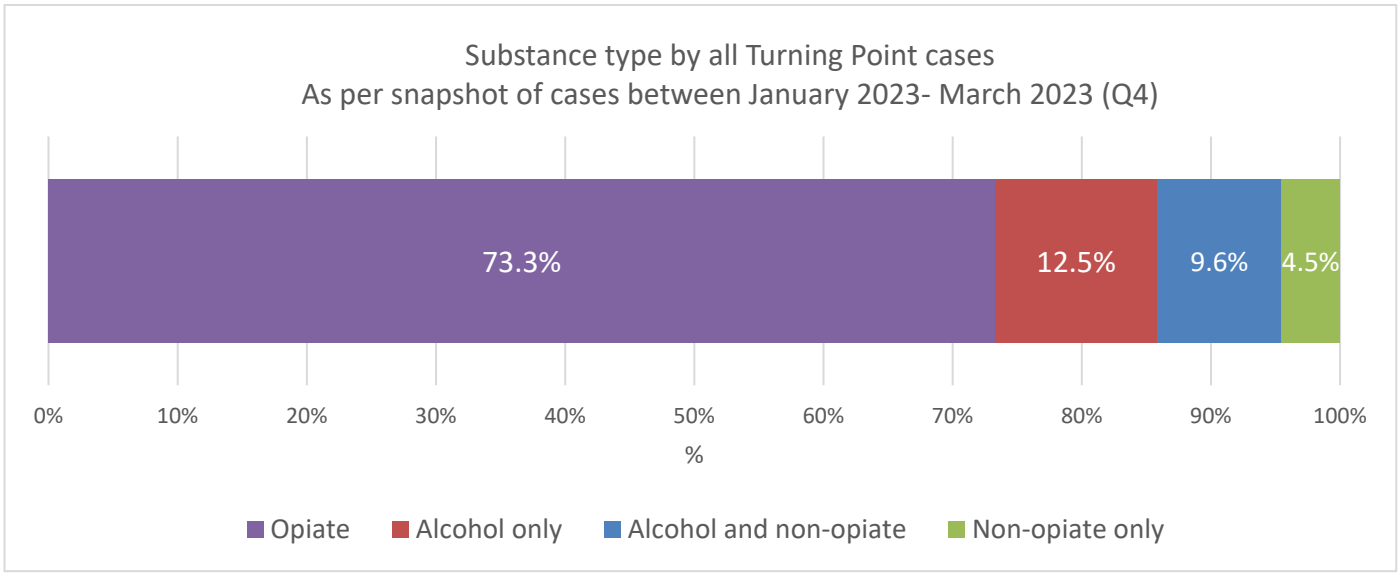
SUBSTANCE MISUSE

Data from Leicester's substance use service, Turning Point, estimates those at risk of or already rough sleeping, who are seeking treatment for an alcohol and/or drug need. Due to different methodologies in identifying at risk and rough sleepers, Turning Point data captures those who are within the drug and alcohol treatment group, and not those who are homeless but within another arm of Turning Point (for example those assigned to the criminal justice team) or those who are not engaged in treatment. The information below is specifically focused on the cohort of individuals who are part of the 'Rough Sleepers Project team' funded through the Rough Sleeping Drugs and Alcohol Treatment Grant.

Based on routine snapshots captured between April 2022 and March 2023, there were 195 individuals at-risk of rough sleeping, and 36 who were already rough sleeping who were engaged with the service for drug or alcohol treatment. Overall, approximately 2,000 people engaged with Turning Point during this time.

Based on the snapshot of cases between January 2023-March 2023, the majority were identified to be males (76%), of working-age (between 30-49 years) (81%) and of White ethnicity (80%). Based on the same time-period, of those within Turning Point's homelessness drug and alcohol team, around 7 in 10 (73%) were in treatment for opioid use (Figure 14).

Figure 14: Substance use type by all Turning Point Cases



Source: Turning Point, January 2023- March 2023 (Q4)

Note: Opiates are the collective term used to describe drugs like heroin, morphine, opium, methadone and buprenorphine. Prescription and over the counter medicines, such as codeine, dihydrocodeine and tramadol are also classed as opiates and opioids.

Note: The findings are based on a single snapshot taken over the 3-month period between (January 2023- March 2023) and are less likely to be representative of the entire year.

Of all discharges from Turning Point (including those not funded by the Rough Sleepers Drugs and Alcohol Treatment Grant) in the 2022/23 financial year (between April 2022 and March 2023), 54% were reported to be unplanned, with fewer (26%) planned, indicating that the individual may have left Turning Point prematurely, before they had rehabilitated. This will include some individuals at risk of/experiencing homelessness and may be before they have found stable accommodation to move into. This may increase the risk of another period of homelessness. The high rate of unplanned exits is being investigated locally through a multi-disciplinary action plan and will feature within the drugs and alcohol strategy and action plan – this proportion is also reflected nationally; therefore, Leicester is not an outlier. A smaller proportion were transferred to custody (11.8%), transferred to a mental health facility (2.0%), died (2.0%) and moved out of the area (3.9%). The average number of rough sleepers upon exit was 6 people.

3.3 HEALTH CARE SERVICE USE

The health needs of the homeless population are multifaceted and often complex. There is a growing recognition of tri-morbidity within this population, and a need for holistic care which spans mental and physical health and wellbeing.

Street homeless individuals, or individuals living in transitory accommodation experience greater healthcare needs but have limited access to services, exemplifying the inverse care law (whereby the people who most need health care are least likely to receive it). Barriers include lack of a permanent address, incompatible appointment schedules (e.g., fixed appointments) leading to DNAs (Did Not Attend), transport costs, inability to miss work shifts (e.g., zero-hour contracts), and lack of phone access (19). In this way, homeless individuals are more likely to bypass primary care and instead, later present at secondary care services.

Compared to the general population, street homeless individuals are over six times more likely to present at A&E and four times more likely to be admitted to hospital. They are also more likely to be admitted for emergency episodes and have three times longer hospital stays (20). This is due to complex healthcare needs, characterised by multiple co-morbidities, later presentation, and complications with discharge. Together, these factors can make the cost of treatment of this vulnerable population more expensive (21) (22) (23).

Later presentation to healthcare service presents as a factor in oral healthcare with evidence on service use indicating homeless people are mainly symptomatic attenders, with dental pain being the most important reason for seeking treatment. (9)

The economic climate significantly impacts healthcare service use among the homeless, particularly during financial austerity. Street homeless individuals prioritise survival needs over health behaviours and face inadequate living conditions leading to worsened health conditions and increased hospital visits. Economic downturns worsen mental health problems due to insecure accommodation and limited affordable housing. Evidence has found that during financial austerity, mental health bed days for the homeless decreased disproportionately compared to the general population, affecting the most deprived individuals, and hindering their access to healthcare. Addressing the root causes of homelessness could mitigate long-term impacts and expenses on this population (23).

Bespoke, specialised services (e.g., GPs) exclusively serving homeless patients are one way of overcoming barriers improving access to healthcare for individuals who are homeless. Leicester is one of the few places to implement specialised healthcare services for the homeless (e.g., Inclusion Healthcare; more information in Section 5). There is a body of evidence to demonstrate the positive impact of these more targeted services; with studies showing these services were rated more favourably by the homeless than mainstream services, with improved patient management and continuity of care, reduced hospital admissions, including emergency admissions, reduced outpatient DNAs , and a considerable reduction in healthcare spend, demonstrating cost-effectiveness (23) (24) (25) (26) (27) (28) (29).

This is supported by a recent study funded by the National Institute for Health and Care Research (NIHR) undertaken by Kings College London and the University of Surrey, published in October 2023. The largest of its kind in the UK, the study compared different models of primary health care provision for homeless people and found regular GP services struggled to provide levels of care seen at specialist health services. It compared four models of primary care services: specialist health centres for people who are homeless, mobile homeless health teams, specialist GP services (regular GP practices with specific services for homeless people) and regular GP practices (with no specialist services for homeless people). Participants using regular GP practices saw their GP 5.8 times on average during the 12 month study. This compared to 18.6 times among those attending specialist health centres. There were no statistically significant physical or mental health differences between the study groups. Regular GP practices were less likely to provide continuity of care for substance use problems and had a lower satisfaction rate with homeless individuals compared to specialist GP's and health centres, which were found to be the most effective of the four models. (30)

4.0 LOCAL STAKEHOLDER ENGAGEMENT

4.1 STUDY DESIGN AND METHODOLOGY

Between April and June 2023, 13 semi-structured 1:1 interviews were undertaken to understand the views, experiences and needs of service providers and people who are homeless. The interviewers asked 11 core questions, and an additional 4, if required. Most interviews lasted at least one hour. A focus group was also undertaken with roughly 30 people who were homeless. Notes were taken by a scribe and the resulting data was synthesised and thematically analysed. To ensure validity and reduce potential bias, the thematic analysis was independently reviewed by a Public Health Registrar who concurred with the approach and findings. A sample of the thematic analysis can be found in Appendix 2.

4.2 RECRUITMENT OF PARTICIPANTS

Participants were recruited using purposive sampling based on advice given by senior public health colleagues. A breadth of experience and service providers were sought. All quotes are anonymous.

4.3 SUMMARY OF KEY THEMES

There were 8 themes identified: service provision and quality; attitudes and feelings; service barriers and gaps; individual, structural and/or systemic factors; challenges; substance use culture; policy changes; and integrated care.

4.3.1 SERVICE PROVISION AND QUALITY

Virtually all homeless individuals reported being very satisfied with Inclusion Healthcare's service operations and provision. Numerous positive statements were made on staff commitment and competency, with a preference for Inclusion Healthcare over mainstream GPs.

- *"Everything good with Inclusion"*
- *"They're really good, they've always helped me."*
- *"You just can't moan"*
- *"Normal GPs are very poor. They don't listen to you."*
- *"They're more interested in how you feel than other GPs."*

The large majority also expressed a positive attitude towards Turning Point (Substance use service) and No. 5 (Day Centre), with some individuals reporting staff members to go above and beyond expectations.

- *"They are second to none"*
- *"Turning Point are amazing"*
- *"My Turning Point worker is brilliant. She filed a missing person report when I was in prison. She did more than my family did."*
- *"I rate number 5"*

4.3.2 ATTITUDES AND FEELINGS

Many homeless individuals reported feeling grateful for bespoke services: *''we're lucky to have specialist healthcare''*. There was an important social element, with homeless individuals wanting to form relationships with their healthcare providers.

Amongst service providers, there was a shared opinion that those working with the homeless need to be tenacious and persistent with their efforts for engaging and/or keeping individuals engaged. One individual stated *''the classic line is 'they're not engaging'"* which was viewed as an unfavourable expression, with it being the duty of service providers to facilitate engagement and keep individuals engaged. It was reinforced that many homeless individuals are used to being failed by authorities, and healthcare professionals need to work hard to disprove this. Homeless individuals were often fatalistic when thinking about authority figures, and they were guided by previous experiences of being let down by the system.

- *"Health professionals give up easily. Homeless people are used to being dropped and ignored by the authorities and almost expect it. All people working with homeless people need to be more persistent."*
- *"The system is 'If you don't turn up you're thrown away'"*

One healthcare professional cited an instance when a homeless individual intentionally damaged their own accommodation as a pre-emptive measure. This behaviour was understood to arise from a deep-rooted sense of being consistently disappointed by the system, leading them to destroy what they perceived as a positive situation before experiencing yet another let down.

Housing staff at LCC spoke positively of the team work ethic and output. The work was described as challenging, and staff were required to be flexible. However, it was reported that the nature of the work resulted in difficulties for morale.

- *"[People in the housing team] feel jaded because they feel blamed for problems that are not their making. They get a lot of criticism and very little praise – needs some morale boost for people working with homelessness service".*
- *"Staff are the key resource. What is delivered is off the back of skills, experience and knowledge."*

4.3.3 SERVICE BARRIERS AND GAPS

A greater number of homeless individuals expressed dissatisfaction with A&E; much of this was attributed to the long wait times making it difficult to access.

More generally in relation to wider homelessness and health services, the lack of weekend service provision presented as a challenge for many; with individuals reporting a lack of basic needs such as shelter, warmth and food.

- *"There's nothing to do on a Saturday in Leicester"*
- *"On the weekend, I have to shoplift from Greggs. They never charge you."*
- *"I have a shower on a Friday and then I have to go all weekend without washing"*
- *"I hate Saturdays"*
- *"There's still less on the weekend"*
- *"I hate Saturdays, I can never get warm"*

Some homeless individuals also felt that there was a lack of support for previous and/or current criminal justice system users: *''probation should do more''* and *''prisons aren't helpful''*. It was reported that individuals were often discharged at the end of the week when there is less support. With no fixed abode, and sometimes little knowledge of the system of service providers in Leicester, individuals had a difficult time post-release.

In interviews with Turning Point, No. 5, The Bridge, Action Homeless, Inclusion Healthcare, Prison services, YMCA, Addiction services, Midwifery services, the large majority expressed a negative attitude towards current service provision, mainly due to service gaps and barriers. Concerns were expressed with the system and how it was failing to protect and cater to all homeless individuals, including those who are banned and those with learning difficulties.

- *"People's experiences of A&E can feel stigmatised. A lot of people using the waiting areas to stay warm, which can lead to people being rejected even if they are unwell"*
- *"The system is 'if you don't turn up, you're thrown away"*
- *"What do people who are banned from services do?"*
- *"Lots of people probably have an LD diagnosis but cannot secure one. It is too much for people to organise themselves. If they did have such a diagnosis it could lead to more support"*

The reduction in drop-in services, and the move away from them following the COVID-19 pandemic has been disruptive and limits access. It was emphasised that many individuals prefer drop-in services over fixed appointment, with appointments increasing risk of late arrivals and being turned away. Booking appointments via phone was seen as particularly difficult. Individuals do not prioritise calling due to limited credit on phones, and/or impatience for long waiting times.

Rough sleepers spoke more commonly about sleeping during the day rather than at night as they felt safer, however services currently prioritise day-time provision. Equally, individuals may prioritise other tasks during the 'working day' when services are available, therefore seeing healthcare services may not be a priority. Professionals felt that drop-in sessions worked best at sites where there were other reasons for people to attend, such as day centres providing food and shelter.

- *"There is more realisation that the less barriers the better e.g. flexibility around appointments. Having the services where people are, making them easy to get to"*
- *"[Inclusion health] need to have a whole day drop in service, more flexibility with appointment timing"*
- *"There is a move away from drop in services. There are more phone based services. A lot of time is spent on hold waiting to talk to housing. Waiting on the phone is really difficult for this group."*
- *"Timed appointments for homeless mental health doesn't work for everyone."*
- *"A lot of homeless people have had traumas and past issues that cause significant mental health issues. If they can't access mental health provisions quickly and easily, they won't engage."*

4.3.4 INDIVIDUAL, STRUCTURAL AND/OR SYSTEMIC FACTORS

There was considerable mention of the shortage of housing stock, and the decline over the past decade. The lack of council-owned properties and an abundance of private landlords presented as a major issue, as well as the bed shortage from the loss of hostels in recent years. Individuals were being housed in temporary accommodation for protracted periods of time, resulting in

severe disruption to their life; individuals may struggle to get back to work and were always left wondering when they were going to be moved, which caused a sense of instability.

It was also felt that the bureaucratic nature of the system was difficult to understand, and not equipped to support those with poor literary skills or complex needs. Some individuals found it difficult to understand why nothing can be done immediately. Certain healthcare pathways were said to not be adequate for the homeless community and basic healthcare needs were not always met. For example, *''it is very hard to get a dentist''* and *''someone tried to get rearrested to get his leg ulcer treated''.*

Additional systemic issues that were identified by service providers were the stigmatisation that homeless individuals faced, often being viewed as '*too difficult*'. When attending A&E, some felt rejection was due to the generalisation that they are only there for shelter, rather than legitimate causes. Discrimination against LGBTQ+ individuals within the homeless community was reported as an issue, described as akin to '*a prison mentality'.*

4.3.5 CHALLENGES

Partners reiterated the challenges in breaking the homelessness cycle and the complexity of cases. Many individuals experienced significant trauma throughout their lives and have trust issues due to repeatedly being failed by the system in the past. This may mean they self-reject as a coping strategy that might further restrict their options. Those who are banned by the council or from services for staff safeguarding purposes, are then ostracised and will have difficulty accessing support. This is a difficult balance for many service providers.

'Cuckooing' (when the home of a vulnerable person is taken over by a criminal in order to use it to deal, store or take drugs, facilitate sex work, as a place for them to live, or to financially abuse the tenant) was said to be a major challenge in Leicester. Often cuckooing occurs due to "*friends of friends*" who were invited to stay at an individual's new flat. Feelings of isolation when suddenly moving into a flat on their own can exacerbate the risk of cuckooing resulting in vulnerable individuals being abused by others in the community. Cuckooing can sometimes result in individuals finding it difficult to regain any housing support.

"People don't get the same gradual step up as they used to and this means that more people go back to being homeless because they don't feel like they can make it work for them. This leads to an increase in street lifestyle behaviour because people want to be part of that community with that support."

Street lifestyle is a complex topic where individuals can become embedded in the culture surrounding certain aspects of homelessness. It can lead to more difficulties in maintaining housing and avoiding other negative health behaviours such as drug taking.

4.3.6 SUBSTANCE USE

Substance use among the homeless was identified as a problem, with many using drugs and alcohol as coping mechanisms, despite wanting and trying to abstain. Many individuals wanted to avoid The Dawn Centre due to its perceived drug culture.

''The [most common] *feedback is difficulties getting housing. And not wanting to go to the Dawn centre. It's because drugs are more readily available, people want to move away from that lifestyle*.''

4.3.7 POLICY CHANGES

It was felt by both service providers and the homeless that longstanding services in Leicester were negatively impacted by the COVID-19 pandemic. One service provider stated: '*All dormitory accommodation was closed and lots of day centres. No. 5 re-opened with new protocols in place*.' Other changes included the loss and lack of outreach, loss of day centres, and the shortage of community psychiatric nurses (CPNs) to support with the mental health of the homeless community. It was implied that provision was not what it used to be in Leicester; service provision and quality had decreased.

4.3.8 INTEGRATED CARE APPROACH

Multi-partnership, co-ordinated working was identified as important to support homeless individuals. Several participants commented that communication between partners could be improved. Stakeholder buy-in from the police and pharmacies were noted as very useful; with police bringing heavily intoxicated individuals to No. 5, and pharmacy staff passing on messages for patients. It was suggested that a liaison nurse between Inclusion Healthcare and the hospital would also be valuable. Others thought that more could be done, especially integration between primary care, mental health, and housing.

5.0 LOCAL SERVICES

5.1 HOUSING SUPPORT

HOUSING OPTIONS SERVICE

- Responsible for the council's statutory responsibility for allocating social housing.
- Responsible for the council's statutory duties to those who are homeless, or at threat of homelessness within 56 days. This includes provision of advice and assistance, provision of personalised housing plans, assessment of need, and provision of relevant assistance to discharge legal duties owed.

TENANCY MANAGEMENT/SUPPORTING TENANTS AND RESIDENTS (STAR)

- STAR provide housing support for council tenants/those moving into local authority properties who have been homeless or are at risk of becoming homeless.
- Housing officers within the tenancy management service ensure that welfare checks are carried out on LCC tenants and that they are referred to appropriate services to enable people to sustain their tenancies.
- Help with issues which may contribute to becoming homeless or losing council tenancy including problems with money, low-level debt, rent arrears or benefits, accessing mental health, physical health and/or drug and alcohol services, support to set up a new home, finding training, education, and a job, and access to energy efficiency schemes to make a home warmer and cheaper to run.
- A specialist Drugs and Alcohol support team provides intensive support to tenants with very complex needs including poor mental health.
- A supporting housing manager post will be recruited to gather the evidence base, improve partnership working and develop supported housing in the city, to increase the number of people going into recovery.
- Trainer flats will be set up in the zip building to train perspective tenants to manage an independent tenancy, before being allocated their own accommodation in the community.

FLOATING SUPPORT – P3

- Supports those who are aged 16 and over and in private rented accommodation housing association tenancy, or homeowners to maintain their accommodation and those who are at risk of eviction, or homelessness by helping them to: manage and clear rent arrears and debts, identify financial support they may be entitled to, resolve issues with tenancy, improve daily skills, access specialist services, deal with debt, improve mental and physical wellbeing, access education and employment, deal with addiction issues and improve finances.
- The aim of floating support services is to provide short-term support to enable people to establish and maintain independent living.
- Note: Services by appointment only, navigator hub now closed.

OUTREACH SUPPORT SERVICE

- Encourages rough sleepers to take up offers of/find suitable accommodation or reconnect to their area of origin.
- Services are provided at the Dawn Centre (day centre) on weekday mornings and on the street. The team also offer surgeries in the Y advice and Support Centre, and the Anchor Centre.
- Provide advice and support on: benefits, GPs and other health services, alcohol, drug and mental health referrals, accessing hostels and clothing, accompanying service users to appointments and interviews, referrals to temporary hostel accommodation and Housing Options Centre.

TRANSITIONS SUPPORT

- Provide tailored assistance and intensive support to individuals with a history of rough sleeping/repeat homelessness and/or complex needs.
- The aim of the service is to help those most entrenched in homelessness, particularly those with complex needs, regardless of whether it is their first approach or whether they are already known to the service.

ROUGH SLEEPING NAVIGATORS

- Intensive, tailored support for rough sleepers, helping to 'navigate' individuals to the services.

- Three local charities involved:
  - The Bridge to support individuals released from prison;
  - Help the Homeless to support higher need individuals;
  - One Roof to support individuals with no recourse to public funds/persons from abroad.

MULTI-AGENCY STREET LIFESTYLES GROUP

- Overseen by the Multiple Disadvantage Strategic Board with Police, Crime and Antisocial Behaviour Unit, Social Care, Housing, Probation, Prisons, Inclusion Healthcare, Turning point.
- Safeguarding people who are sleeping rough through multi-agency working between police and local partners.
- Includes an enforcement team where street lifestyles need to be more robustly managed, for example where individuals are involved in persistent aggressive begging.

CHANGING FUTURES

- Changing Futures is a four-year programme aiming to improve outcomes for adults experiencing multiple disadvantage – including combinations of homelessness, substance use, mental health issues, domestic abuse and contact with the criminal justice system. Leicester is one of fifteen areas nationally who have been funded for this programme.
- The programme was announced in 2020, began work in July 2021 and will continue till the end of March 2025. It aims to deliver improvements at the individual, service and system level:
  - To stabilise then improve the life situation of adults who face multiple disadvantage.
  - To transform local services to provide a person-centred approach and to reduce crisis demand.
  - To test a different approach to funding, accountability and engagement between local commissioners and services, and between central government and local areas.
- Programme principles include to:
  - Work in partnership across local services and the voluntary and community sector, building strong cross-sector partnerships at a strategic and operational level that can design and implement an improved approach to tackling multiple disadvantage.
  - Coordinate support, and better integrate local services to enable a 'whole person' approach.
  - Create flexibility in how local services respond to the people who use them, taking a system-wide view with shared accountability and ownership leading to better services and a 'no wrong door' approach to support.
  - Involve people with lived experience of multiple disadvantage in the design, delivery and evaluation of services and in governance and decision making.
  - Take a trauma-informed approach across the local system, services and in the governance of the programme.
  - Commit to drive lasting system-change, with sustainable changes to benefit people experiencing multiple disadvantage beyond the lifetime of the funding.

This includes a dedicated liaison worker with Leicester Royal Infirmary Emergency Department, working with individuals who are high frequency users of emergency healthcare. Through a cost analysis of a Changing Future's Beneficiary's Interaction with services locally, it has been established that the financial cost over 12 months was approximately £159,000, which through intensive support being provided to individuals is a potential cost saving to the system per person supported. In addition, the majority of Beneficiaries of Intensive Support have achieved the following positive outcomes:

- From majority Rough Sleeping at referral to majority accommodated at closure
- From majority using Drugs and/or Alcohol to a level of severe impairment at referral to majority using only occasionally or abstinent at closure
- From majority unable or unwilling to engage with services at referral to majority attending appointments regularly at closure

Changing Futures has provided Intensive Support to 159 people during 2 years of operational activity.

COMMUNITY SAFETY TEAM

- The Council's Community Safety Team deal with all incidents and cases of Anti-Social Behaviour (ASB) across all tenures. They deal with all reports of ASB from residents and tenants in both Council tenancies and private sector housing from initial report to high level investigations and legal action. Due to the nature of this work the Community Safety Team has accumulated specialist knowledge of dealing with ASB. The type of cases that Community Safety Team deals with

includes issues that can relate to neighbour nuisance, harassment, mental health, substance use related issues, location based ASB and youth related ASB.

- The Council's Tenancy Management Service within the Housing Division also have a responsibility to ensure that Leicester City Council tenants adhere to responsibilities and obligations outlined within the Conditions of Tenancy.
- The Community Safety Team includes a team which manage the Changing Futures programme where an individual meets the criteria for Changing Futures support, this support is designed to help those with multiple disadvantages. Changing Futures is supported by the Crime and ASB officers to carry out enforcement work (such as civil injunctions or Closure Orders) on cases where a legal sanction is required, such as aggressive begging.

ACTION HOMELESS

- Charity tackling long-term street homelessness through providing high levels of support for people with multiple and complex needs, accommodation for people who are more independent, shared housing for people who require low support to navigate future housing decisions, and more permanent resettlement options.
- Offer accommodation under an Assured Shorthold Tenancy agreement (AST) for families and individuals.
- Provider of women's refuge, Bridge House, which offers accommodation to women and children experiencing domestic abuse. The project also benefits from a Play Facilitator who specialises in helping children establish positive relationships and healthy family routines through developmental group play and one-to-one sessions.

ONE ROOF LEICESTER

Charity providing accommodation and supporting homeless and vulnerably-housed people who are ready for semi-independent living, including destitute refugees, EU migrants, refused asylum seekers, and people with no recourse to public funds. Accommodate 2-3 vulnerable adults in each house, with shared communal space (e.g. kitchen, bathroom, living room).

- Work to establish immigration status for persons from abroad with restricted eligibility while accommodated.
- Signpost to emergency accommodation, food (including a timetable of where to get a hot meal each day), advice and support services.
- Each resident is assigned a support worker who helps them apply for benefits, employment, training, apply for social housing if eligible.
- Support the move to permanent accommodation by assisting with settling into home including decorating, cleaning, new carpets, white goods, bed and bedding, cutlery and crockery, setting up utilities, registering with a GP, ensuring all relevant agencies are informed of the change of address and assistance with life skills, including budgeting, to ensure they can maintain their new tenancy.

HELP THE HOMELESS

- Charity supporting higher need individuals including: homeless/ex-homeless including those in temporary or emergency accommodation; those at risk of homelessness; those with a diagnosed mental health condition; physically disabled; prison leavers with a probation worker; those in substance use recovery/active substance use; unemployed/financial hardship; fleeing domestic abuse; care leavers; those with a history of poor engagement.
- Work to a psychologically informed environments (PIEs) - where the day-to-day running is designed to take the psychological and emotional needs of people into account with understanding that people's experiences could impact how they relate to services.
- Each service user assigned an individual lead case worker.
- Ongoing support when housed e.g. registering with GP, dentists and setting up utility bills.
- Other services provided include:
    - Short term counselling, podiatry, self-care (barbers/hairdressers), other forms of therapy to increase self-worth and self-value and anything else identified as an immediate, great need to achieve all as outlined.
    - Supplying material aid and nutrition e.g. the Wednesday meal, to newly housed service users, rough sleepers, etc. Free to anyone in need and includes the provision of food, clothing, footwear, sleeping bags, tents, etc.
    - Advocacy and accurate signposting to other relevant services e.g. accompanying service users to appointments, speaking on their behalf if requested, particularly in cases where official help has been limited or denied.
    - Assisting access to housing and employment including helping with benefit claims, form filling, obtaining deposits for accommodation.

- Providing short term emergency private accommodation where appropriate for rough sleepers in extreme conditions (whether the emergency is general, such as a sudden drop in temperature, or personal, such as ill health).
- Promoting cultural enrichment such as the free loan of books from mobile library.

THE CENTRE PROJECT

- Charity with a day service which is accessible to single adults or couples aged 16 and over, people who are housed or at risk of homelessness and experiencing loneliness and social exclusion and those not rough sleeping.
- Supports people to maintain their own tenancies, promote independent living, social, emotional and economic well-being and greater inclusion in the wider community, and motivate people to build self-esteem and self-confidence.
- Supports service users to access a wide range of services. Post pandemic, it also offers a foodbank service.
- Activities: One to one discussions/meetings, table tennis, snooker, Rummikub, Scrabble etc, keep fit sessions, walks, practical support and signposting, relaxation class, access to computers.
- The top 3 recorded reasons that people gave for visiting in 2021/22 were: food parcels, socialising and emotional support. Roughly two thirds of those attending had a tenancy or owned their own property.

THE BRIDGE (HOMELESS TO HOPE)

- Charity offering support and advocacy to anyone who is homeless or who is at risk of becoming homeless. Central point of activity – 'the Bridge' hub
- Deliver specialist housing related advice, support and assistance services, and accommodation options including: housing applications, benefits applications, job applications/writing a CV.
- Mentoring (through the Lighthouse project) support for 3-6 months, face-to-face support for those facing social isolation, and telephone support for those isolated in homes and struggle with leaving. Since 2018, the Lighthouse project has delivered over 1000 hours of mentoring, and in 2021, 100% of mentees said they felt less lonely as a result of mentoring.
- Provides a place for people to wash and dry their clothing, shower, access WIFI, get clothes and toiletries, eat a hot meal, socialising with others, learn new skills, take part in activities including arts and crafts, music and football, support with English for speakers of other languages.
- Since the pandemic the centre is open as a day centre, with increased recreational arts such as art therapy.
- Health services: hosts GP's to provide an advice-based service approximately once a month; offer house the homeless mental health team twice a week; Screening drives, e.g. oral cancer screening. Previously hosted quarterly health clinics which included services such as psychiatrists and dentists. However, this has been more difficult to organise post-COVID.

THE DAWN CENTRE

- Temporary accommodation for single people and childless couples; provision available for disabled people and complex needs. Emergency beds available out of hours.
- Provides support, advice and assistance on housing, health, life skills and education.
- Facilities: television lounges, an IT suite, activities room, dining room, quiet rooms and a garden, showers.
- Social activities include: IT workshops, arts and crafts, football training, cook and eat classes, life skills workshops, and anger and anxiety management workshops.
- Centre requires payment towards the costs for fuel, light and water charges, meals – discussed on referral.
- The centre operates a strict no alcohol rule.

YMCA

- Provider of supported accommodation to homeless young people aged 16 to 25 for up to two years during which time staff provide the support needed to move towards independent living, employment, education and training.
- Support for unaccompanied asylum-seeking children aged 16-17 up to the outcome of their asylum claim. Support covers education, language, healthcare, finances, and independent living skills.
- Each resident at YMCA receives a Transition Coach and a support pathway, ranging from 24-hour high support needs, to semi-independent, low support. Support includes;
  - Mental Health - Complex Needs Workers provide intensive support to young people who have multiple needs. Embedded into our service as part of broader Shine project.

- Skills - activities and one-to-one sessions to help find a training course, prepare for work, or learn other skills that will boost confidence and help them to live independently.
- Substance use - aim for a drug-free and alcohol-free environment, with support from specialist agencies such as Turning Point.

YMCA - THE Y SUPPORT & YASC

- The Y support project is a day centre offering one-to-one support, advice and information to people over 16 who are homeless, sleeping rough or vulnerably housed.
- Provision for: breakfast, toilets, showers, washing facilities, toiletries, laundry, telephone access, clothes, emergency food parcels.
- Provide advice and information on accommodation in emergency or longer term, welfare benefits advice and assistance.
- Health services: information and signposting to specialist drug and alcohol agencies, a year-round health promotion programme, specialist mental health advice, establishing identification, advice on managing debt.
- In 2021/22 the top 3 recorded reasons for visiting this service were: going for breakfast, asking advice and visiting the mental health access worker.

ACTION HOMELESS FLORA LODGE

- Service for the most entrenched rough sleepers allowing flexibility, for example drinking on the premises, repeat couples, individuals with dogs and individuals known to be current drug users.
- Project with treatment and interview rooms to enable partners to engage with individuals accommodated including: mental health services, Turning Point (substance use services), Inclusion HealthCare (primary care services), Turning Point (substance use peer support) and Action Homeless (team of support staff).

EMH MAPLE PARK

- For families, couples or expectant parents with low-to-medium level support needs who are homeless or under threat of homelessness, and singles under 25, women who are pregnant or have young children.
- Offer a confidential needs assessment and support plan for each resident.
- Provide advice on benefits, budgets, emotional well-being, basic living and parenting skills, and information on education, training, and housing.

FRAMEWORK HOUSING ASSOCIATION

- Provide specialist supported housing services to single homeless, young adults, women and families, those with complex needs, mental health needs and substance use.
- Homelessness prevention and tenancy support including: debt, rent arrears, mental and physical ill-health, anti-social behaviour, benefit problems, poor life skills, and family breakdown.

PARK LODGE

- Charity registered company providing supported accommodation for young homeless people aged between 16-25.
- Support to access key services in health, housing, education and training including information support and advice on maintaining a healthy lifestyle, managing relationships, understanding risks etc.
- Counsellor access for mental health problems.
- Each young person receives an individual resettlement plan with ongoing support when moved into suitable accommodation to ensure they live successfully within the community.

NOTTINGHAM COMMUNITY HOUSING ASSOCIATION'S HEATHFIELD HOUSE

- Provides temporary accommodation for adults aged 25 and over who are experiencing homelessness.
- Supporting tenants in maintaining their tenancy and giving them the skills to take forward when moving into their own accommodation (such as handling utility bills), and to access support services from other agencies.
- All residents have a named keyworker who will develop support plans with them.

HITS HOMES TRUST

- Provide self-contained flats for young people aged between 16 and 25.

- Support with: how to manage money, accessing benefits, how to get into education and employment, improving health and personal well-being and moving into secure accommodation.

HOMEGROUP LEICESTER - UNITY HOUSE

- Delivers supported housing and floating support for individuals with drug and alcohol problems.
- Offers beds for those at risk of homelessness and engaged with Turning Point, with a focus on recovery before transitioning to independent accommodation.
- Provides floating support to those in independent accommodation facing barriers to independent living due to substance use.
- Provide emotional support, counselling, recovery groups, maximising income, advocacy, and ongoing support once a resident has left accommodation.
- The service has developed a recovery community approach where residents have a strong voice in the development of the programme and house rules and opportunities exist for individuals in recovery to help shape the design and review of services elsewhere.

REACHING PEOPLE

- A consortium of local Voluntary and Community Sector organisations working across Leicester, Leicestershire, and Rutland aiming to deliver significant, improved, and lasting impact and outcomes for local vulnerable people, and enable the development and provision of high- quality interventions providing significant return on investment.
- Facilitate integrated and partnership working across the VCSE and enable the coproduction of solutions to promote equality, alleviate poverty and reduce health inequalities.
- Deliver solutions to improving health & wellbeing, homelessness, access to information, advice and guidance, and learning and training.

PROVISION FROM FAITH GROUPS – FOOD, DRINK AND WARM SPACES

- There are a range of groups who provide food and drink throughout the city. In the winter they often also provide warm spaces. These are most commonly run by faith groups.
- They include Midland Langar Seva Society, Hunters Lodge – Community of Grace, Triangle at Holy Trinity Church, Sound café at St Martins House, Rachel's table, Lighthouse Saturday kitchen, Church of the Martyrs Tomatoes Café, Chroma church, St Peter's lunch club, Robert Hall Church, Open Hands.

More information on support provided for specific groups including, families, single people, young people, domestic abuse and ex-offenders is available in the homelessness review 2022.

Respite Rooms

The Respite Rooms Pilot Programme provided single gender, single sex short stay supported accommodation for victims of Domestic Abuse (DA) and Violence against Women and Girls (VAWG) experiencing, or at risk of, street homelessness. The pilot programme was a policy response to the needs of a diverse group of highly vulnerable people, who require intensive, trauma informed support to help them make choices and decisions around next steps for recovery. The programme started operation in October 2021 in 12 English Local Authorities (LAs). In 10 of the 12 LA's the project continues, while in Leicester the project ran for 18 months; despite considerable effort funding was not secured to extend.

Evaluation commissioned by DLUHC through IFF Research found Respite Rooms had a significant positive impact on service users. On average, Respite Room service users received a greater number of services than those in the comparison group. This is particularly important considering all individuals had complex needs with most (as reported by staff) suffering acute trauma when they first arrived. This included 93% with emotional needs, 92% with housing needs, 73% with financial need, 73% with counselling need and 40% with substance use needs as examples. Other needs included mental health, criminal justice support, education, sexual health, language skills, and dental health. Two-thirds of Respite Room service users moved to safe or secure accommodation after leaving a Respite Room, compared to under half of the comparison group after three months. Respite Rooms was also successful in reducing the likelihood of users continuing (or starting) to sleep rough or live in homeless hostels or night shelters. In Leicester 0% moved on to street homeless following a stay at the respite room.

Service providers felt that the Respite Room filled a gap in provision locally, between homelessness services and Domestic Abuse services. The level of engagement from service users, and the proportion of successful outcomes from service users with complex needs was higher than expected. Both the LA representatives and Panahghar (charity who led the specialist support) felt that the project had been successful in bringing in individuals who would not have been reached by conventional services. Service users expressed positive views on the staff, support and accommodation, and described impacts including: feeling able to make plans for the future, recognising needs for support, acknowledging addictions, caring for themselves, improved wellbeing, and rebuilding family relationships.

Findings further indicated that although dedicated move-on provision was better in Leicester than in some other areas, difficulties with move-on included the lack of local services with low or medium support, finding housing providers who were willing to take service users with a history of rent arrears or debts, and pressure on housing stock in some areas. Leicester also had a higher-than-average number of women with no recourse to public funds (NRPF), which made move-on options more limited.

Overall, the Respite Rooms provided an opportunity both to enhance specialist provision and to understand more about women's homelessness and ethnic minority homelessness. Panahghar noted that although they did not have funding to continue the Respite Room in its current form, the experience it has given them, with both women and the relationships they have built with other organisations, has given them the confidence to work more with women with more complex needs and so broaden their organisation's offering. In the future, they can envisage drawing on their links with substance use organisations to be able to collectively work with women with complex needs, who they would previously have turned away.

Source: Department for Levelling Up Housing and Communities, Respite Rooms Pilot Programme Evaluation Final Report, July 2023LA

5.2 HEALTHCARE SERVICES

5.2.1 PRIMARY CARE – GP

Primary Care services for people who are homeless in Leicester is provided through a specialist service, delivered by Inclusion Healthcare. Located near the city centre, the main premises of Inclusion Healthcare is Charles Berry House. They offer GP, ACP and nursing clinics from Monday to Friday. While based primarily at the city centre location of Charles Berry House, the team also provide outreach clinics at drop-in centres and aim to be flexible and responsive in meeting the needs of the homeless population. In addition to the usual GP services offered by practices, the following services are also provided: midwife appointments, specialist support for people with alcohol or drug related difficulties, extended appointment times to acknowledge complex needs, physiotherapy, visiting secondary care health professionals for example ADHD nurses and a proactive approach to preventative healthcare e.g, vaccinations and screening. Health Care Support Workers (HCSW) also

undertake new patient checks gathering information and initial identification of health needs, complete routine health checks, blood pressure, weight, phlebotomy, wound care and provide vital links to partner agencies.

Literature indicates that primary health care programmes specifically designed for homeless individuals are more effective compared to standard models/mainstream GP practices. Impacts include enhanced patient engagement and better long-term outcomes, cost-effectiveness, increased likelihood to timely healthcare attention, reduced barriers and facilitated access to primary care, preference for bespoke services such as specialised GPs over mainstream primary care, and alleviated burden on secondary healthcare services (24) (25) (26) (27) (28) (29) (30).

The practice was last inspected by the CQC in November 2014 and rated as outstanding, with key findings highlighting their responsiveness to patient needs and use of up-to-date guidance. Future plans include to employ a peer mentor to collaborate with frequent A&E attenders and a homeless engagement nurse for the role of liaison between UHL and community, including identifying patients from hospital systems, and working with matrons in planning discharges and community- based care. A health care assistant is also in place to accompany patients to appointments and provide reminders.

5.2.2 SECONDARY CARE – UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST (UHL)

DUTY TO REFER

The Homelessness Reduction Act 2017 places a statutory duty on hospital trusts to refer anyone who is homeless or at risk of homelessness within 56 days to the relevant housing authority for an assessment. UHL worked with LCC to develop a homeless hospital discharge protocol, which includes a referral to the Housing Options Service. In September 2022 Healthwatch Leicester published 'The Experiences of Hospital Discharge and Post-Discharge Care'. The report found:

"Most of the people we spoke to did not recognise that any form of assessment under DTR [Duty to refer] had taken place whilst in hospital or that any plan had been drawn up to address their housing or on-going health needs following discharge." (31)

To address this and related issues, Healthwatch provided 7 recommendations for action. This report is available here: Homelessness: experiences of hospital discharge and post-discharge care | Healthwatch Data

HOSPITAL HOUSING AND ENABLEMENT SERVICE

The Hospital Housing Enablement Service (HHET) is a collaborative effort among Leicestershire Partnership NHS Trust (LPT), UHL, LCC, and other district councils in Leicestershire. Established in 2014, HHET prevents discharge delays for patients with housing issues. They work with people who are well enough to leave hospital but have no accommodation to return to or their current accommodation is no longer suitable. The team assesses patients, refers them to housing authorities if needed, and aims to address housing issues before discharge. They mediate with families, complete housing applications, and assist those who have no recourse to public funds to support with the transition from hospital to home

5.2.3 SUBSTANCE USE

TURNING POINT

Provide drugs and alcohol treatment services for children, young people and adults in Leicester. This includes treatment, advice and guidance, recovery support, access to rehab and harm reduction services such as needle exchange and blood borne viruses prevention and treatment, peer mentors, group work sessions, and relapse prevention work.

A Homeless Outreach team was set up in early 2019 and expanded over 2022-3 through the Rough Sleepers Drug and Alcohol Treatment Grant. The additional funding increased clinical and administrative support and increased the number of recovery workers from 4 to 11, enabling more outreach and in reach to hostels and day services, up to 7 days a weekThe service has been able to move away from an appointment-based system and professionals are able to spend time building relationships and trust with individuals who are or at risk of rough sleeping.

DEAR ALBERT

Community helping individuals with alcohol and drug use through group work, 1-2-1 and consultancy options. Dear Albert also delivers a peer-led facilitation programme called 'You do the MAFs' (Mutual Aid Facilitation sessions). 'You do The MAFs' effectively directs and assists participants into a variety of local, regional and national positive support networks, as well as

becoming a peer-led support group itself. Courses are particularly effective at the beginning of a service user's treatment pathway as they can be used as a vehicle to facilitate complete engagement within existing treatment programmes, although sessions can be used throughout any stage of care/recovery planning.

NO.5 RECOVERY HUB

Managed by Inclusion Healthcare, this recovery hub/day centre offers services to individuals with a street lifestyle and substance use issues. The service aims to reduce the harms for those with complex needs and to support them into treatment, and offers the following services: harm reduction advice, homeless mental health support, health and well-being services and advice including mental health support, housing support and debt and benefits advice.

The centre has a wet room where those with alcohol dependency issues can drink under supervised conditions to ensure safer drinking, and to create an environment to engage them with treatment services. The service also provides health interventions (e.g., flu jabs), skill-based sessions (e.g., computer skills, nutrition, employment), recreational activities and on-site access to other services such as Department for Work and Pensions. It offers a daily Monday to Friday drop-in service for those on the streets who are struggling with alcohol and other substance use problems. Food is served from 8am in the morning and there are washing and laundry facilities available, access to a telephone, access to the internet, showers and clothing store.

5.2.4 MENTAL HEALTH

HOMELESS MENTAL HEALTH SERVICE

The homeless mental health service offers engagement, personalised mental health assessment, treatment and referral support services including social care, GP, drugs and alcohol services and housing outreach/services. The service is aimed at anyone age 16+ who is experiencing homelessness or are within three months of commencing a new tenancy from being homeless. To enable flexible access to the service, definitions of 'homelessness' and 'mental health' are kept purposefully broad.

The team consists of mental health nurses, an occupational therapist, support worker, three psychologists and a psychiatrist. Together they offer both informal support via drop-in sessions every weekday morning and appointments - usually for short term mental health problems such as anxiety, low mood or stress relating to current circumstances and formal support for long term mental illness conditions such as psychosis, clinical depression or personality disorder. They also offer a central access point number which operates 24 hours a day, 7 days a week. Interventions include mental health assessment, short-term supportive counselling and coping strategies, access to brief psychological talking therapies and psychiatric treatment and signposting to other relevant support services. More recently, grant funding has enabled greater outreach provision in day centres, hostels and on the street.

The service works takes a psychologically informed approach to working with people to form 'psychologically informed environments' (PIE), in line with PIE guidelines. This accounts for individuals' personal histories and trauma, which can influence the way they act in relationships, with other people and with services. This is considered when designing services and when responding to people often deemed 'difficult to manage'. 2023 saw 10 years of PIE in homeless services across the city, celebrated by regular PIE multi-agency training sessions, reflective practices across 6 different organisations, psychologically informed street outreach, and ad hoc psychology consultations and debriefs. The development of a pilot 'psychology in hostels' (PiH) Project based on a model developed in London and recommended by Public Health was also seen.

ACTION HOMELESS COMMUNITY TRANSITIONS PROJECT

Commissioned by LPT, this project offers housing and support to individuals leaving mental health wards who are at risk of homelessness. It provides tailored support in achieving individual goals. This includes assistance with accessing eligible benefits, repayment plans, advice on reintegrating into society and facilitation to do so. The wrap around support provided seeks to prevent homelessness and facilitate individuals to settle into the community.

5.2.5 HEALTH VISITING FOR FAMILIES WITH CHILDREN UNDER 5

LEICESTER PARTNERSHIP TRUST - HEALTHY TOGETHER SERVICE

The Housing Team has a pathway in place to notify the Healthy Together Service. All families with children under 5 are vulnerable to housing issues. This enables children's needs to be assessed with support provided in a timely and appropriate manner. The Public Health Nurse (Health visitor) monitors and promotes the physical and emotional health of mothers, babies and general health of families. The service is currently working on strengthening links with partner agencies, providing advice and support on: general health, nutrition, behavioural difficulties, child development including specialist developmental needs, postnatal depression and emotional wellbeing, domestic abuse, social issues such as housing and finance and child protection.

PROJECT LIGHT

The charity Project LIGHT (Leicester Initiative Good Health Team) is an interprofessional student and staff partnership providing health promotion and advice to Leicester's homeless population. LIGHT started in 2010 and now includes medical, nursing, pharmacy, social work, psychology and other students.

Students are required to complete the Volunteer Training program which is offered by experienced professionals and includes the following topics: Introduction to Homelessness, Mental Health, Drugs and Alcohol, First Aid, Physical Health, Managing Conflict and Preparation for Volunteering. Upon completion trainees receive a certificate and are eligible to volunteer with service provider organisations serving the homeless in Leicester.

LIGHT seeks to:

- Raise awareness of homelessness in health and social care students and professionals
- Promote interprofessional working in health and social care through education and volunteering with the project
- Improve the health of Leicester's homeless people
- Reduce barriers to homelessness
- Reduce stigma in healthcare

LIGHT has continued to serve homeless people for over 12 years because the project works in partnership with statutory (Inclusion Healthcare) and voluntary (Action Homeless and The Bridge) organisations and is part of the city Homeless Charter. The Project was set up and is overseen by the University of Leicester Medical School. Student volunteers from the medical school and from health and social care courses at De Montfort University run health promotion and health advice sessions for local homeless people in voluntary sector premises in Leicester. Law students from University of Leicester have also been involved in providing legal advice. A coordinator is employed by the Medical School to liaise between the university, student volunteers and the voluntary sector partners. Our research on the project has shown enormous benefits as referenced below and we are currently analysing the recorded lunch-time support given at the Bridge between September 2018 and March 2020. The students are also part of a local research project to reduce admissions to A&E departments in the city.

5.3 INTEGRATING THE APPROACH ACROSS ORGANISATIONS

Leicester's Homelessness Charter was launched in November 2018 as a call to action to unite stakeholders including the statutory and voluntary sector bodies, faith groups, businesses, and universities. It provides a vision, values and principles that can be shared by all of those working to prevent homelessness in the city, and to support those affected by it. Its first signatories were the City Mayor, the Bishop of Leicester, the Police and Crime Commissioner and the Dean of Leicester. Many others, including the Lord Lieutenant also pledged their support. Citizens of Leicester, charities, the local authority, healthcare and other public services, faith groups, businesses, institutions and other organisations are asked to adopt the principles and values of the charter, pledge their support and work together with others to tackle key challenges and to prevent homelessness in the city. There are 150 signatories and 36 organisations working together to tackle homelessness.

Key objectives are to:

- Ensure that anyone with no recourse to public funds has access to safe accommodation;
- Increase the availability of affordable accommodation for those in housing need;
- Tackle rough sleeping to ensure no-one is sleeping on the streets;
- Improve local systems for homeless people through better partnerships and co-ordination;
- Ensure the voice of those with lived experience is at the heart of designing services for people who are homeless.

The charter has initiated a range of city-wide initiatives, including a multi-agency review for individuals experiencing homelessness with no recourse to public funds, in depth local research into affordable housing, as well as regular networking and development events that bring the sector together to address any emerging trends or challenges. In partnership with local Social Enterprise, Dear Albert, the Charter also offers the HOPE forum, a peer network led by Dear Albert. The Charter also initiated MyPlace, a fund in partnership with Dear Albert, De Montfort University, and Barclays, aimed at providing support to individuals settling into new homes and re-integrating back into the community.

In 2023, the Charter produced a city-wide service provision map, which identifies the services available to rough sleepers and those experiencing homelessness. These have been issued widely across the city to improve communication around what services are available. The Charter also worked closely with LCC on the Homelessness Strategy and are an integral part of its action plan.

Service provision map available here: https://www.leicesterhomelessnesscharter.co.uk/news/launch-of-leicesters-homelessness-resource-map

6.0 PROJECTED HOUSING NEED AND OUTCOMES

6.1 HOUSING LANDSCAPE

6.1.1 HOUSING STOCK

An adequate supply of affordable housing is a preventative factor for people from being at risk of or experiencing homelessness.

Up to 2031, Leicester requires 1,692 new homes per year (33,840 over the period 2011 to 2031) to meet demand. Each year 786 of these should be affordable dwellings to meet the need for affordable housing. (32) Due to funding restrictions, LCC have not been able to meet this affordable housing target over the last 5 years, with 366 new affordable homes delivered between 2021-22. This is not an isolated issue, with national housing stock falling consistently below the target of 300,000 new homes annually, over the past decade.

Table 13: The delivery of new affordable homes, 2017/18-2021/22

Year	2017/18	2018/19	2019/20	2020/21*	2021/22
Affordable new homes delivered	81	224	340	137	366

Source: Leicester City Council, 2022

The Council was approved the addition of £70m for the purchase of properties and the extension of the Council's new-build programme; the 2021/22 budget increased this to £100m. An additional £100m was approved in the 2022/23 Capital Programme to enable the momentum of house building to be maintained, with further amounts expected to be added as part of future years' programmes.

6.1.2 HOME OWNERSHIP AFFORDABILITY

The ratio of house prices to income is an indicator of the relative affordability of a household to be able to afford to buy a home. The average price of Leicester's homes has increased by 23% between 2018 (£193,000) and 2022 (237,000), with prices continuing to increase in the city, following the national trend. The average cost of homes remains lower in Leicester than nationally, although Leicester has a lower level of average earnings compared to the national average and therefore this is relative to earnings. The 2021 Annual Survey of Hours and Earnings show Leicester employees to have a median annual income of £21,237 compared to £26,192 for England (33).

Guidance (2007) suggests that households should spend up to 25% of their gross income on housing costs, with mortgages based on 3.5 times income. In Leicester, an individual earning the average gross annual pay can borrow £88,742, which is below the average property prices in the city, including flats and maisonettes (£127,633) in 2021. The ratio of lower quartile house prices to lower quartile work-based earnings in Leicester has increased from 6.62 in 2017 to 8.07 in 2021, indicating the growing difficulty for those in the lower income bracket to afford a home. Leicester's ratio surpasses the ratios for England, Derby, and Nottingham (2)

6.1.3 SOCIAL HOUSING

The housing register is a list of households who meet the eligibility and local connection rules and wish to apply for social housing. Social housing is housing rented from a Housing Association or from the council.

The number of applications for social housing (council and housing association homes) in Leicester outstrips supply. Information available in the 'Who Gets Social Housing 2022 – 2023' report demonstrates this. As of April 1st 2023, there were 6,008 households on the Housing Register, with overcrowding being the biggest reason for households joining the housing register. However, there were only 1,079 lets (i.e supply) from the housing register (itself, a net decrease of 9% from the previous year). Of those 6,008 households, 1,199 (20%) were in possession of a homeless priority award, i.e. people who are homeless or threatened with homelessness. Of those 1,079 lets, 558 (51%) went to applicants in possession of a homeless priority award. This shows homeless households achieve a significant proportion of lettings compared to their proportionate presence on the

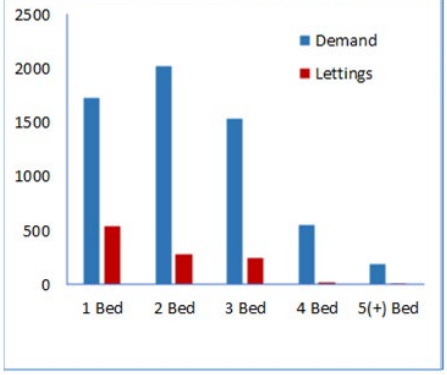
housing register. This is due to the way that the policy and other processes prioritise different types, severities, and urgencies, of housing need.

Despite this, the housing register is often not in a position to provide the number of homes required, nor at the speed required due to high demand and large waiting times as outlined in Figure 15. This shows that there can be significant wait times for certain types of properties. The applications for housing range from very low-level housing issues through to more critical needs such as homelessness and harassment. Bandings applied (1-3) denote level of housing need; band 1 refers to the highest need and band 3 refers to a lower priority of need. Since the homelessness review in 2016, average waiting times for family size accommodation have increased. For a band 2 household seeking a two-bedroom house or flat, waiting times have increased from 18 months to 29 months, and for those seeking a four-bedroom property waiting times have increase from 39 months to 48 months.

Although the data relates to all housing needs represented on the housing register, and not just homelessness, the information serves to illustrate the enormous demand that social housing is under, and the lack of available supply to meet that demand. Lack of social housing, and long waiting times, is a contributory factor to homelessness as it limits available housing solutions to both prevent and recover from homelessness. Therefore, the primary need in this area is an increase in investment and supply of social housing. LCC is doing what it can within constraints and continues to seek to maximise the supply of new affordable housing in the city via both new build and acquisitions and through producing new council homes itself and supporting the provision of new affordable homes by Registered Providers and other Providers. The council delivered 1,100 new Council and Registered homes in the previous 4 years and have committed to a target of 1,500 new and acquired properties over the next 4 years.

Figure 15: Average wait times for social houses in Leicester by property type, by month

Total Applicants on 1st April 2023	Total Lettings April 2022 to March 2023
6,008	1,079



Average waiting times (months) for different property types*

*Figures quoted are average waiting times for individuals who are bidding regularly across all areas of the city

General Needs Homes

	1 BED	2 BED	3 BED	4 BED	5 BED
BAND 1	5	11	11	10	18
BAND 2	20	48*	48*	60*	60*
BAND 3	31	72*	72*	72*	72*

Wheelchair Accessible Homes

	1 BED	2 BED	3 BED	4 BED	5 BED
BAND 1	30	30	60	51	60*
BAND 2	37	60*	60*	60*	72*
BAND 3	72*	72*	72*	72*	84*

Accessible Homes with Level Access Shower

	1 BED	2 BED	3 BED	4 BED	5 BED
BAND 1	6	6	14	48*	60*
BAND 2	7	20	15	60*	60*
BAND 3	20	30	48*	60*	60*

Ground Floor Homes

	1 BED	2 BED	3 BED	4 BED	5 BED
BAND 1	6	13	68	60*	72*
BAND 2	7	18	48*	60*	72*
BAND 3	36*	48*	60*	60*	84*

*Estimated waiting times as no actual data available during this period
For further information visit our website at www.leicester.gov.uk/housingapplications

Source: Leicester City Council, 2022

HOUSING MANAGEMENT

The Council is the biggest landlord in the city and will generally be the most affordable rental option for many people. Figure 16 illustrates how private rented properties have been increasing over the past four decades, while the availability of affordable and stable housing through council rentals have decreased. The increasing reliance on private rented properties could potentially lead to challenges such as higher rental costs, less secure tenancies, and limited access to support services.

Figure 16: The changing role of Leicester City Council as a landlord

Source: Leicester City Council (Housing Services; Overview Select Committee), 2021

COUNCIL HOUSING EVICTIONS

One of the key responsibilities for LCC, as a social landlord, is to help people sustain their tenancies. Therefore, LCC scrutinises all potential council eviction cases to ensure that all avenues of maximising tenant income and sustaining tenancy have been explored. This includes ensuring that any vulnerability has been identified and the necessary referrals to supporting agencies are considered well in advance of any eviction process being followed. The eviction route is pursued as an ultimate last resort and after all efforts to sustain the tenancy has been demonstrated and exhausted. In 2021/22, of the 7 evictions from council homes that took place for rent arrears, 1 was a family and the other 6 were singles. In all cases, the tenants had abandoned their homes, with almost half of the tenants known to have moved abroad.

Recognising the increasing pressure on council tenants in the current economic climate and the rising numbers presenting with complex needs, LCC have introduced new support initiatives, including:

- Extending the support provided by the Income Management Team.
- Revised eligibility criteria for STAR services, implemented in May 2021, which prioritises those at risk of homelessness with multiple disadvantage.
- Tenancy management have introduced a sensitive lets and tenancy support procedure, which helps to identify suitable housing for tenants who are vulnerable and have complex needs and ensures tenants have the right support they need to manage in their tenancies.
- Tenancy management working with Adult Social Care to develop housing options for tenants with complex needs who require long term support.

6.1.4 PRIVATE RENTED SECTOR

The private rented sector (PRS) provides a housing alternative for low-income households who cannot access owner occupied homes, and for whom the shortage in social housing means there is no realistic prospect of securing a home from the housing register. Barriers to accessing the PRS for households on low incomes include issues relating to benefits, initial deposits, fees required, referencing requirements, high rents and in some cases landlords' reluctance towards letting to benefit claimants.

The Department of Communities & Local Government guidance (2007), suggests that to be considered affordable, rental costs should not exceed 25% of gross income. Based on resident median gross pay in Leicester in 2021 for a full-time worker and the average market rents, rental costs would be 29.7% of their gross monthly pay. (2) Based on 2021 data, for individuals who are in

the bottom 25% of earners (work-based) in Leicester, their rental costs for an average private rented home would be 36.2.% of their gross monthly pay. For those individuals who are in the bottom 25% of earners looking to rent a lower quartile priced rental property, the ratio of rent to income is 28.5%. These figures relate to the earnings of those in work. The affordability issues will be much more significant for those who are not in work.

Private rental prices paid by tenants in the UK rose by 2.1% across 2021. The East Midlands saw the highest annual growth in private rental prices (3.8%), while London saw the lowest (0.2%). The private rents table below is Official National Statistics (ONS) data which is an estimate based on a sample of properties, some of which are sampled in 2021 (2)

Table 14: Average monthly private sector rents in Leicester (April 2021 – March 2022)

Year	Average of all bedroom sizes	3-bed average
2021/22	£661	£747

Source: Leicester City Council, 2022

National research and the local experience of officers in the LCC Private Sector Relations Team suggests that PRS rents have been increasing significantly over the past 18 months, suggesting these figures are likely underestimated. This is mainly due to:

- the supply of housing in the private rented sector not matching demand.
- increased mortgage interest rates.
- changes to taxation law for private sector landlords.
- costs of stamp duty and raising funds for a deposit, along with rising house prices are making it harder for people to get onto the property ladder.

Recent research carried out by the PRS Team indicates that rents have risen to a point where properties are unaffordable for people on low incomes or in receipt of benefits. The average rent in Leicester is currently 30-50% above the Local Housing Allowance (LHA), and without any financial assistance to bridge the gap these tenancies would not be sustainable.

All average private market rents are higher than local housing allowance (LHA) rates and even lower quartile rents, 1 bed and 4+ bed market rates are above LHA levels. The experience of the Private Rented Housing PRS Team confirms that there is a lack of private rental accommodation available at LHA rates to meet the demand for it by those who are in need. It is the tenant's responsibility to finance any shortfall between LHA and their rent. Discretionary Housing Payments (DHP's) can help with this shortfall however these payments are made for a 13-week period after which you have to reapply. Therefore, these payments are not a long-term solution. LHA rates will be frozen for 2022/23 at the rates for 2020/21. Prior to this, they were frozen at 2016 levels until 2020. As a result, rental affordability is likely to be a continuing and increasing issue for more households. As the amount of LHA received depends on household income, savings and any non-dependents living in the same property, as a household's circumstances change this could lead to their accommodation becoming unaffordable - as tenants are bound by a tenancy agreement, they might be unable to move for some months despite their change in circumstances.

Table 15: Market rents compared with LHA, snapshot at February 2023

	Within LHA rates	10% higher than LHA	10-25% higher	25-35% higher	35-50% higher	50-75% higher	75-100% higher	More than 100% higher
% of sample	2%	2.5%	9.5%	19%	24%	30%	9%	4%

Source: Leicester City Council, 2022

The council can provide short term financial support in the form of Discretionary Housing Payments (DHP) to some people to help meet the shortfall in their housing costs. The scheme can assist people who have had their benefits capped, help with rent payments (for arrears or future shortfalls), and support those at risk of homelessness. However, DHP funding has been decreased by the government to £100m for 2022-23, compared to £140m that was made available in 2021-22.

Table 16: Number of DHP applications made over the past 4 years

Year	Number of DHP applications	Number of awards made	% of successful applications
2018/19	2,879	1,969	68.39%
2019/20	1,694	1,329	78.45%
2020/21	3,073	1,626	52.91%
2021/22	2,926	1,693	57.86%

Source: Leicester City Council, 2022

In 2021/22 although there were less DHP awards than in 2018/19, the total value of awards increased. There are a number of households claiming this award to sustain their accommodation and who would be potentially at risk of homelessness if they did not receive these payments.

The council has several initiatives in place to help improve the circumstances of households who are living in the PRS or struggling to access private rented housing:

- PRS Strategy to ensure that housing in Leicester is the best standard it can be for those in need of housing.
- Landlord incentive schemes where private landlords are being offered a package of support and help, including financial incentives, secure rental income, and trouble-free letting. Recent changes have resulted in a significant increase in PRS tenancies available for let to homeless households, now averaging around 200 new tenancies per annum. The use of DHP to bridge the affordability gap has been crucial to achieve this. A short to medium term solution is in place with the enablement of DHP awards for longer than 13 weeks. Pathways have been put in place to mitigate issues arising in the longer term.
- LCC is introducing a private sector licensing scheme for three areas of Leicester. The scheme will protect tenants from rogue landlords whose properties do not meet required standards.
- Securing additional funding through the accommodation for ex-offenders' programme to help secure private sector accommodation for individuals released from prison with appropriate support.

6.2 COST OF LIVING CRISIS

The 'cost-of-living crisis' refers to the fall in disposable incomes that the UK has experienced since late 2021. It is being caused predominantly by high inflation outstripping wage and benefit increases. This is likely to further increase the number of individuals at risk of or experiencing homelessness both nationally and locally. The combination of rising living costs and stagnant wages means that individuals are and will find it increasingly difficult to bridge the gap between their income and expenses, with many households spending a disproportionate amount of their income on housing, leaving them vulnerable to homelessness. In addition to this, the inflated costs of housing have meant that many individuals are forced to live in substandard conditions (34).

The financial austerity brought about by the cost-of-living crisis places immense strain on the resources of local authorities and supporting organisations on a national scale. These entities are already stretched in assisting those experiencing homelessness, and the escalating demand for affordable housing and support services is outpacing the available supply. Consequently, waiting lists for assistance are growing longer, leaving individuals with limited options for finding the help they need. The economic disruptions caused by the COVID-19 pandemic have had a lasting impact on employment and income stability; many people have lost their jobs or experienced reduced working hours, leading to a decline in income and increased financial vulnerability. There is slow economic growth and uncertain forecasts for upcoming years, which coupled with welfare reforms impacting households on benefits, presents significant risks to the ongoing success of homelessness prevention efforts.

Leicester is the 32nd most deprived local authority in England, out of 317 lower tier local authorities. Over a third (35%) of residents live in quintile 1 (most deprived 20% of areas nationally) for the IMD (35). In addition to this, Leicester has a lower median annual pay compared to comparator authorities and the national average (Figure 17). Estimates also suggest that nearly a third (27%) of Leicester residents are within low paying jobs, which is higher than comparators (36). Because of this, Leicester is more likely to experience the impact of the cost-of-living crisis than many other local authorities. In 2022, Leicester was

ranked 8th out of 307 local authorities in the cost-of-living vulnerability index. The poverty rank determines existing levels of poverty while the work rank relates to those in the labour market but on the cusp of poverty (36).

Figure 17: Median annual pay (gross £), Leicester and comparator authorities, 2021

Source: ONS Annual Survey of Hours and Earnings (ASHE), 2023

7.0 UNMET NEEDS AND GAPS

HOUSING

Access to affordable housing:

An adequate supply of affordable housing is a preventative factor for people at risk of or experiencing homelessness, with high prices being a barrier to home ownership and private rented properties. Both nationally and locally in Leicester, the demand for affordable housing far passes supply, with the need for affordable housing growing further still.

Data and focus group findings indicate private rented properties have been increasing over the past four decades, while the availability of affordable and stable housing through council rentals has decreased. The increasing reliance on private rented properties could lead to challenges such as higher rental costs, less secure tenancies, and limited access to support services.

Simultaneously, it is becoming increasingly difficult for people receiving benefits and on low incomes to access private rented accommodation. Barriers to accessing the PRS for households on low incomes include issues relating to benefits, initial deposits, fees required, referencing requirements, high rents and in some cases landlords' reluctance towards letting to benefit claimants, with welfare changes having had and continuing to have an impact. The current cost-of-living crisis could further exacerbate these issues with rental affordability likely to be a continuing and increasing issue for more households, unless there is central government intervention in the form of rent control, unfreezing LHA rates or other interventions.

Inaccessibility to house ownership and private rented accommodation results in a reliance on social housing. High demand for social housing leads to significant waiting times for housing applicants. Waiting times for most property types in Leicester have more than doubled since 2019, with waits for certain types of properties up to 5 years. The number of annual lettings from the housing register is not sufficient in preventing waiting times increasing year on year.

Focus group findings indicate individuals housed in temporary accommodation for protracted periods of time or accessing available short-hold tenancies in the private rented sector find this disruptive, pertaining to be a barrier to stable employment, and causing a sense of instability.

Appropriate housing size:

In Leicester, more people live in overcrowded households than in its comparator cities and compared to the national average. This is due to multiple issues including affordability and availability of appropriately sized housing stock. 12.4% (45,706) of households have fewer bedrooms/rooms than required (with an occupancy rating of below 0).

Although overcrowding rarely constitutes homelessness in itself, it does indirectly impact on homelessness as described at 3.2.2. Tackling overcrowding within the city is likely to result in a positive impact on the number of homelessness approaches.

A change in LCC's Housing Allocations Policy, made in 2019, has resulted in 445 (to date) of the most severely overcrowded households in the city being moved to appropriately sized accommodation. The city council continues to be committed to reducing overcrowding, and has several strategic objectives related to developing solutions to improve supply, prioritisation methodologies, and support.

UNDERSTANDING PREVALENCE

Data estimating hidden homelessness: Estimating the number of hidden homeless individuals at a local level is challenging. A proxy measure such as the number of people registered with Inclusion Healthcare is valuable, although may not capture everybody, and does not allow for comparison to comparator areas. Developing methods to identify and enumerate this population may enable further understanding of support needs. This would need to include those who may not make themselves known to authorities because they have no recourse to public funds.

Data collection for rough sleeper's demographics: Approximately a third of rough sleepers in Leicester did not disclose their age or nationality – a higher proportion unknown compared to national averages. This increases the paucity of data around rough sleepers in Leicester.

Data across systems: Although it is possible to assess the usage of an individual service, it is not currently possible to assess how those same patients interact with other services, leaving a gap in understanding an individual's experience of the system. This

also applies to an individual's healthcare journey, which will span beyond their time of homelessness, with a continuity of support needed regardless of accommodation status.

HEALTH CARE SERVICE PROVISION

Simplify healthcare pathways: Focus group findings suggest pathways are not adequate for the homeless community and basic healthcare needs were not always met. Some individuals have resorted to extreme measures to get healthcare attention, with an example of a homeless individual intentionally getting arrested so that he could receive treatment for his leg ulcer. Findings suggest this has been particularly exacerbated since COVID-19 with a lack and loss of outreach contributing to the issue.

Access to dentistry: Focus group findings indicate dental care was particularly difficult for homeless individuals to access.

A&E: There is a low level of satisfaction with A&E amongst homeless individuals, partly due to long wait times, and partly due to perceived stigmatisation. Service providers also felt some people were being rejected due to a generalisation that they are there for shelter rather than legitimate reasons.

Mental health: Data from individual services, including LCC funded accommodation services, GP's Quality Outcome Framework indicate a high level of need for mental health support. This was also reflected in focus group findings where a shortage of community psychiatric nurses to support the mental health of the homeless was reported. It is possible this has increased since COVID-19 following the trend in the general population. The high proportion of people reporting a mental health problem, particularly depression, indicates that this extends beyond the cohort of people with tri-morbidity.

Integration between health services and housing: Focus group findings indicate a need for further integration between housing, primary care, mental health and secondary care. One suggestion included a liaison nurse between Inclusion Healthcare and the hospital.

Learning disability (LD) diagnoses: ''Lots of people probably have an LD diagnosis but cannot secure one. It is too much for people to organise themselves. If they did have such a diagnosis it could lead to more support'' [Interview with stakeholder as part of focus group findings]. There is also limited understanding about neurodiversity in the homeless population.

Abstaining from drugs: There is a perceived drug culture in those who frequently attend the Dawn Centre, with individuals attempting to abstain or reduce their exposure to substances finding this problematic when attending, indicating a possible risk of relapse.

Asylum seekers: There has been an increase in the number of asylum seekers being directed to Inclusion Healthcare whose healthcare needs are different from the otherwise known homeless population. Concerns are that this could negatively impact on the accessibility of 'traditional' homeless population to primary health care, leading to them seeking their health care via out of hours or emergency services or not seeking it at all. This is an emerging issue that Inclusion Healthcare are currently working with partners on.

THE WIDER DETERMINANTS OF HEALTH/WRAP AROUND SUPPORT AND SERVICES

Maintaining support networks: Social and community networks are a recognised wider/social determinant of health. Transition between stages in the homelessness journey are often times at which people may be vulnerable to losing existing networks and fall victim to cuckooing. Focus groups findings suggest that this is a problem in Leicester, and also that without adequate step-up support, more people are choosing homelessness and street living.

Prison release support: Focus group findings indicate people are released from prison at times where there is limited emergency provision, for example on the weekend. Feedback suggests people are often discharged with no fixed abode, which proves particularly difficult for those who do not know the system of service providers in Leicester. LCC are currently working closely with the Prison Service, Probation, Leicester Homeless Charter, and other partners, to review and improve the Prison-Release and Ex-Offender Pathway. This work will place a focus on identifying and resolving gaps in the current pathway, ensuring that advice and assistance is offered up-stream, and ensuring a collaborative approach to accommodation solutions during pre-release planning.

Weekend provision: Feedback from homeless individuals indicates a lack of weekend service provision, resulting in many 'dreading' the weekend. Individuals report a lack of basic needs such as shelter, warmth, food and other basic needs, sometimes resorting to shoplifting to meet needs.

Drop-in/ Day centre provision: Focus group findings suggest the lack of and move away from drop-in services following the COVID-19 pandemic has been disruptive and limits access. It was emphasised that many homeless individuals would prefer drop-in services over fixed appointments. Those working with the homeless felt that drop-in sessions worked best at sites where there were other reasons for people to attend like day centres providing food and shelter. It is noted that drop-in services have been gradually re-opening since these focus groups were undertaken, and No.5 did not close throughout the pandemic in partnership with the Y.

Service provider attitudes: In interviews with Turning Point, No. 5, The Bridge, Action Homeless, Inclusion Healthcare, Prison services, YMCA, Addiction services, and Midwifery services, the large majority expressed a negative attitude towards current service provision, mainly due to service gaps and barriers. Concerns were expressed with the system's perceived failure to protect and cater to all homeless individuals, including those who are banned from elements of service provision, and those with learning difficulties. Further, those rough sleeping reported sleeping during the day as they feel safer than at night, although services, including health services, currently prioritise day-time provision. It was felt that longstanding services in Leicester were negatively impacted by the COVID-19 pandemic, with closed accommodations, loss of day centres and new protocols for No. 5 when re-opening. Other changes included the loss and lack of outreach, loss of day centres, and the shortage of community psychiatric nurses (CPNs) to support with the mental health of the homeless community. It was implied that provision was not what it used to be in Leicester; service provision and quality had decreased.

SYSTEM WORKING

Communication and partnerships: Focus group findings presented mixed views on partnership working in the city. While some felt there was adequate joint-working, others noted a need for improved communication and collaboration between service providers and partners, especially for difficult cases. Views were expressed around the need for strengthening partnerships and co-ordinated working between primary care, mental health, and housing sectors, as there is recognition that an integrated care approach is effective. Stakeholder buy-in from the police and pharmacies was noted as very useful; with police bringing heavily intoxicated individuals to No. 5, and pharmacy staff passing on messages for patients.

Complexity of the system: The bureaucratic nature of the system can be challenging to navigate, and there is a need for information that is clearer for those with poor literacy skills, learning difficulties and poor health literacy.

Flexibility in appointments: Feedback from focus groups suggests that flexibility around appointments would increase accessibility with fixed appointment times increasing the risk of late arrival and being turned away. Mental Health Services were specifically mentioned with a view that appointments for mental health do not always work and that if people who are homeless cannot access mental health provision quickly and easily, they are unlikely to engage.

Flexibility in appointment booking via telephone: Booking appointments via phone were reported as a barrier to access, due to long wait times and limited credit to call.

Individuals banned from services: Focus group findings suggest support for individuals who are banned from services or provision becomes quickly limited, and further exacerbates distrust in the system.

Stigmatisation: Service providers have reported an associated stigma of homeless persons being viewed as 'too difficult'.

Discrimination against LGBTQ+: Focus group findings suggest discrimination against LGBTQ+ individuals within the homeless community is an issue, with the discrimination described as akin to 'a prison mentality'.

Cost-of-living: Inflation is currently at a forty-year high and living costs, including energy costs, have been increasing significantly, disproportionally affecting low-income households, increasing the risk of homelessness for those who cannot afford to sustain their tenancies. This is compounded further with Leicester having a lower level of average earnings compared to the national average, while costs for goods, services, and energy continue to increase.

8.0 RECOMMENDATIONS

No.	Recommendation	Leicester City Council	ICS	All Homelessness Organisations/ Teams
Housing				
1.	Lobbying and advocating at national government level for investment into more affordable housing, extending the 2-year arrangement for LA's keeping 100% of Right To Buy funds, and easing of the constraints LA's are under with regard to making most effective use of funding.	X		
2.	Lobbying and advocating at national government for more controls on private rent levels and annual increases to 30th percentile of the Local Housing Allowance rates.	X		
3.	Review current housing allocations policy and development of a Housing Strategy to increase, where possible, proportion of affordable housing in all sectors in the City, including reviewing different types of housing to ensure different needs are met, for example supported housing.	X		
4.	Continue to build a better private rented sector and opportunities to access the sector in a sustainable and economical way through the delivery of the Private Rental Sector Strategy and the Action Plan.	X		
5.	For Housing and Domestic Abuse leads to continue to work in partnership and co-ordinate activity to meet gaps in safe accommodation and housing need for DA survivors. More detail is provided in the DA needs assessment	X		
Understanding Prevalence / Knowledge Gaps				
6.	Utilise the unique position of Changing Futures and community networks for further insight and knowledge into the local picture through the delivery of the programme and driving system change.	X		

7.	Develop methods to identify and enumerate the hidden homeless population; this would need to include those who may not make themselves known to authorities because they have no recourse to public funds.	X		
8.	Improve data collection for rough sleeper's demographics, particularly disclosure around age and nationality and outcomes for housing, mental health, physical health and substance use delivery services.	X		
9.	Use available data sources and a population health management approach to assess whether it is possible to identify those at highest risk of homelessness, to enable targeting of early intervention to prevent homeless occurrence or re-occurrence.	X	X	
10.	Explore the scale of the problem of cuckooing in Leicester.	X		
Health Care Service Provision				
11.	Continue provision of specialist general practice provision for homeless in Leicester.		X	
12.	To further understand the complexities of the healthcare system for homeless people, including how people are affected and how pathways could be simplified for better outcomes and access, and use lived experience in designing services e.g. consider ways around appointments being more flexible.		X	
13.	To follow up the seven recommendations from the Healthwatch 'Homelessness Experiences of Hospital Discharge and Post-Discharge Care' report, including a specific focus on the 'Duty to Refer'.		X	
14.	For LLR Oral Health Promotion board to prioritise addressing oral health needs for homeless people and their families.	X		
15.	Work with homeless people to improve diagnosis of learning disabilities, including neurodiversity, and to offer appropriate support with mental health needs.	X	X	
16.	Explore perceived drug culture at Dawn Centre and how far it is a barrier: to access, and to abstaining from drugs.	X		
	Build on collaborative approaches when developing new housing offers to ensure wrap around approach to healthcare support via primary care, secondary care and mental health services is available and accessible. For			

17.	example, considering pre-identified need around mental health care, drugs and alcohol services etc to ensure appropriate signposting/service offers are in place, and a liaison nurse between Inclusion Healthcare and hospitals.	X	X	
Wider Determinants of Health/ Wrap Around and Support Services				
18.	Continue the good work of current services: Focus groups findings indicate homeless individuals felt satisfied with service provision in the city, particularly with Inclusion Healthcare, Turning Point and No. 5, with some individuals reporting staff members to go above and beyond expectations.	X	X	X
19.	Consider ways to facilitate fostering and strengthening community support and support networks, particularly during transitional stages to enable people to reintegrate into society to prevent social isolation. This could include formal and informal networks, and opportunities for employment. For example, using the community connectors to facilitate social inclusion.	X		
20.	Consider ways to enhance support for homeless individuals with previous or current involvement in the criminal justice system including reviewing wrap around support as part of discharge planning (i.e. access to housing services/accommodation, wider determinant of health considerations, and mental and physical health service information for a smoother transition post-release).	X		
21.	Explore views expressed around limited weekend provision and further promote existing provision.	X		
22.	Explore the availability of drop-in services for homeless people since COVID-19 and if this needs to be reviewed.	X		
23.	Recognise and respond to specific needs (including health needs) for women rough sleeping with gender informed approaches, including recognition and implementation of learning from the Respite Rooms project as applicable to providers across the system.	X		
24.	To lobby for an extension of the Changing Futures Programme	X	X	X
System Working				
25.	Use NICE baseline assessment tool for integrated health and social care for people experiencing homelessness to evaluate whether practice is in line with the recommendations in the guideline, and to support planning activity to meet recommendations.	X	X	

26.	For organisations running homelessness support services to consider further ways to support staff morale and wellbeing.	X		
27.	Collaborative system working to improve attendance at, and experience of, outpatient services for those coded as homeless. This should include ensuring communications are in an accessible format, additional support given to ensure attendance, provision of patient advocates for appointments if desired, alternatives to telephone booking for appointments and support to engage with necessary follow-up and treatments.		X	
28.	Undertake work to reduce stigmatisation of people who are homeless with professionals e.g. through training provision.		X	
29.	Further explore discrimination amongst the LGBTQ+ community in the homeless population and consider ways to counteract this, and signpost to appropriate support networks as required.	X		
30.	Monitor the impact of cost-of-living crisis on housing insecurity.	X		
31.	To acknowledge the strength and value in the voluntary sector, and to continue to work in partnership to build efficiency and capacity.	X	X	X
32.	To consider inclusion of recommendations from this JSNA to inform the homeless draft strategy action plan, once reviewed.	X		

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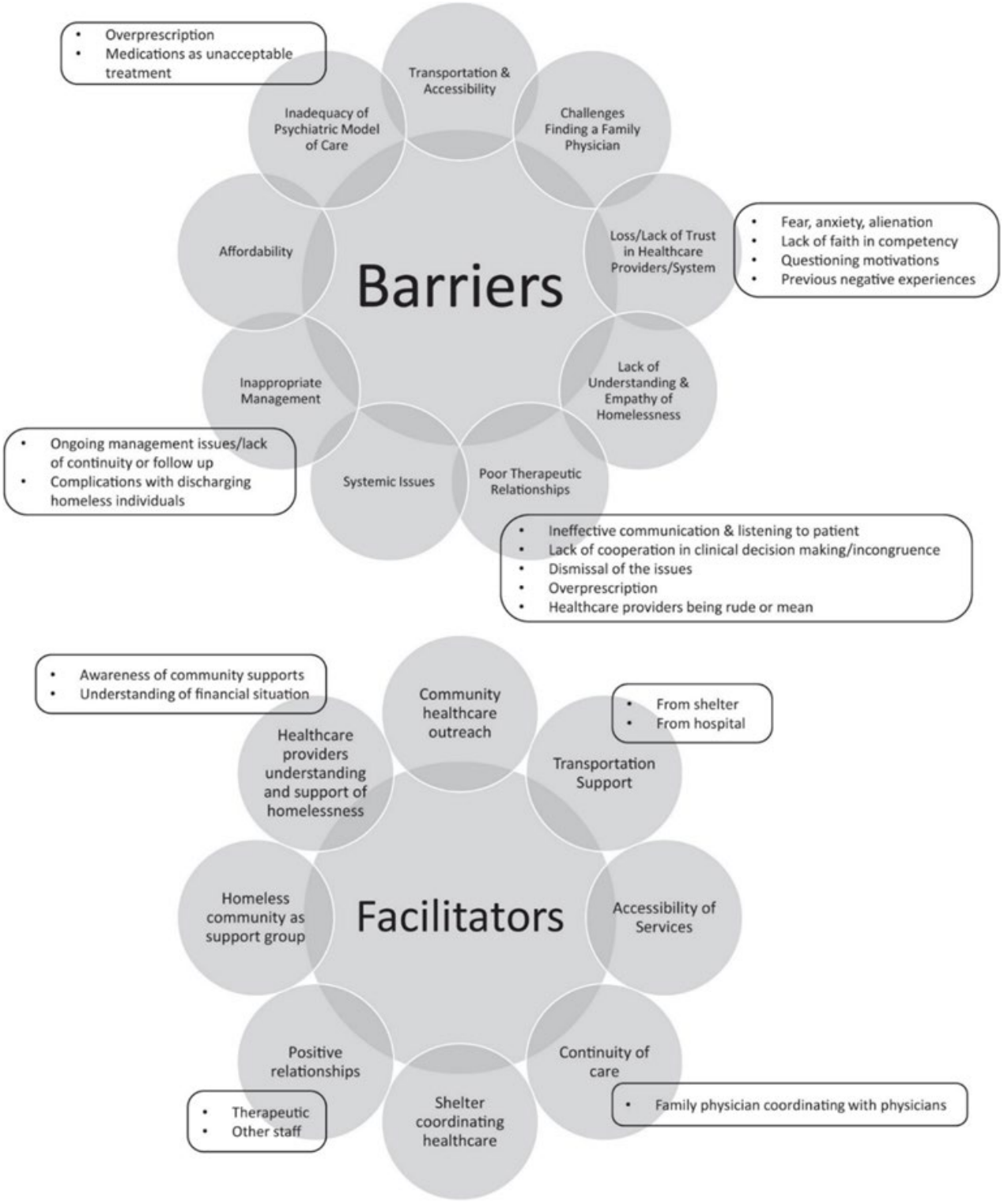
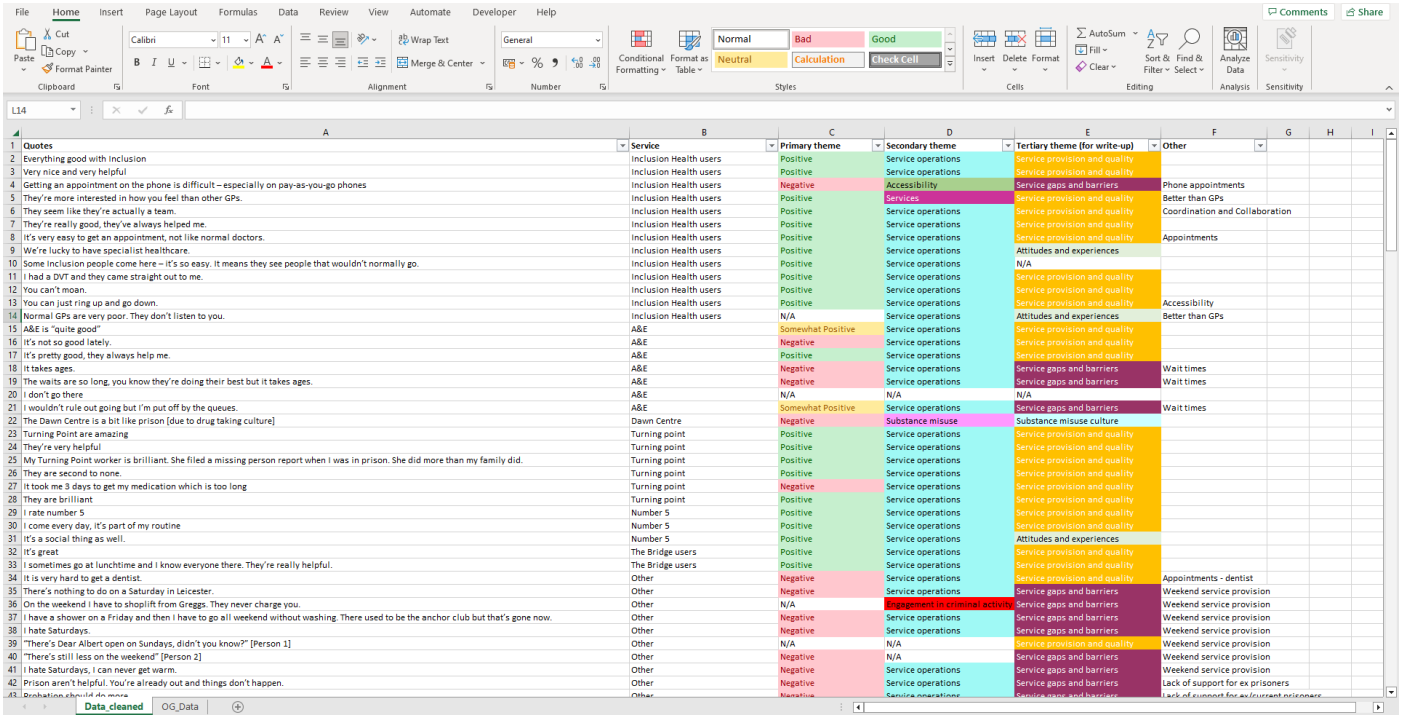
Appendix 1. Barriers and facilitators to housing



Source: Ramsay et al., 2019

Appendix 2. Thematic analysis



Quotes	Service	Primary theme	Secondary theme	Tertiary theme (for write-up)	Other
Everything good with Inclusion	Inclusion Health users	Positive	Service operations	Service provision and quality	
Very nice and very helpful	Inclusion Health users	Positive	Service operations	Service provision and quality	
Getting an appointment on the phone is difficult – especially on pay-as-you-go phones	Inclusion Health users	Negative	Accessibility	Service gaps and barriers	Phone appointments
They're more interested in how you feel than other GPs.	Inclusion Health users	Positive	Services	Service provision and quality	Better than GPs
They seem like they're actually a team.	Inclusion Health users	Positive	Service operations	Service provision and quality	Coordination and Collaboration
They're really good, they've always helped me.	Inclusion Health users	Positive	Service operations	Service provision and quality	
It's very easy to get an appointment, not like normal doctors.	Inclusion Health users	Positive	Service operations	Service provision and quality	Appointments
We're lucky to have specialist healthcare.	Inclusion Health users	Positive	Service operations	Attitudes and experiences	
Some inclusion people come here – it's so easy. It means they see people that wouldn't normally go.	Inclusion Health users	Positive	Service operations	N/A	
I had a DVT and they came straight out to me.	Inclusion Health users	Positive	Service operations	Service provision and quality	
You can't moan.	Inclusion Health users	Positive	Service operations	Service provision and quality	
You can just ring up and go down.	Inclusion Health users	Positive	Service operations	Service provision and quality	Accessibility
Normal GPs are very poor. They don't listen to you.	Inclusion Health users	N/A	Service operations	Attitudes and experiences	Better than GPs
A&E is "quite good"	A&E	Somewhat Positive	Service operations	Service provision and quality	
It's not so good lately.	A&E	Negative	Service operations	Service provision and quality	
It's pretty good, they always help me.	A&E	Positive	Service operations	Service provision and quality	
It takes ages.	A&E	Negative	Service operations	Service gaps and barriers	Wait times
The waits are so long, you know they're doing their best but it takes ages.	A&E	Negative	Service operations	Service gaps and barriers	Wait times
I don't go there	A&E	N/A	N/A	N/A	
I wouldn't rule out going but I'm put off by the queues.	A&E	Somewhat Positive	Service operations	Service gaps and barriers	Wait times
The Dawn Centre is a bit like prison [due to drug taking culture]	Dawn Centre	Negative	Substance misuse	Substance misuse culture	
Turning Point are amazing	Turning point	Positive	Service operations	Service provision and quality	
They're very helpful	Turning point	Positive	Service operations	Service provision and quality	
My Turning Point worker is brilliant. She filed a missing person report when I was in prison. She did more than my family did.	Turning point	Positive	Service operations	Service provision and quality	
They are second to none.	Turning point	Positive	Service operations	Service provision and quality	
It took me 3 days to get my medication which is too long	Turning point	Negative	Service operations	Service provision and quality	
They are brilliant	Turning point	Positive	Service operations	Service provision and quality	
I rate number 5	Number 5	Positive	Service operations	Service provision and quality	
I come every day, it's part of my routine	Number 5	Positive	Service operations	Service provision and quality	
It's a social thing as well.	Number 5	Positive	Service operations	Attitudes and experiences	
It's great	The Bridge users	Positive	Service operations	Service provision and quality	
I sometimes go at lunchtime and I know everyone there. They're really helpful.	The Bridge users	Positive	Service operations	Service provision and quality	
It is very hard to get a dentist.	Other	Negative	Service operations	Service provision and quality	Appointments - dentist
There's nothing to do on a Saturday in Leicester.	Other	Negative	Service operations	Service gaps and barriers	Weekend service provision
On the weekend I have to shoplift from Greggs. They never charge you.	Other	N/A	Engagement in criminal activity	Service gaps and barriers	Weekend service provision
I have a shower on a Friday and then I have to go all weekend without washing. There used to be the anchor club but that's gone now.	Other	Negative	Service operations	Service gaps and barriers	Weekend service provision
I hate Saturdays.	Other	Negative	Service operations	Service gaps and barriers	Weekend service provision
"There's Dear Albert open on Sundays, didn't you know?" [Person 1]	Other	N/A	N/A	Service provision and quality	Weekend service provision
"There's still less on the weekend" [Person 2]	Other	Negative	N/A	Service gaps and barriers	Weekend service provision
I hate Saturdays, I can never get warm.	Other	Negative	Service operations	Service gaps and barriers	Weekend service provision
Prison aren't helpful. You're already out and things don't happen.	Other	Negative	Service operations	Service gaps and barriers	Lack of support for ex prisoners