

# Homelessness Health Needs Assessment 2024

**Barking &  
Dagenham**

Summary slides

February 2025

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# Why Produce a Homelessness Health Needs Assessment

- ❖ **People experiencing homelessness are a key 'inclusion health' group** as they are socially excluded and experience multiple overlapping risk factors for poor health; these health inequalities are unfair and avoidable.
- ❖ National Guidance ([Homelessness: applying All Our Health - GOV.UK](#)) highlights the benefit of **understanding the local need around homelessness and health**
- ❖ Provide evidence to **inform Partnership Working**, which is essential in addressing the health risks and impacts of homelessness.
- ❖ **Support the five NEL Homeless Health Strategic Priorities:**
  - ❖ Improve pathways for hospital admission, discharge, and step-down
  - ❖ Improve and maintain access to primary, community, and mental health services
  - ❖ Develop integrated pathways that provide person-centred care across all services
  - ❖ Prevent poor health outcomes for people living in temporary accommodation
  - ❖ Support refugees and asylum seekers, and those with no recourse to public funds



Sources: *The Homelessness Reduction Act, implemented in 2018, outlines the Council's duty to prevent homelessness. Available at: [Homelessness Reduction Act](#); **Homelessness: applying All Our Health**, Updated 6 June 2019. Available at: [Homelessness: applying All Our Health - GOV.UK](#)*

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# Aims and Objectives

This Homelessness Health Needs Assessment aims to provide key insights to inform action and planning in Barking & Dagenham which will help to:

- Understand the health needs of people experiencing homelessness.
- Inform potential strategic changes required to better meet those needs.

The four main objectives of the needs assessment are to:

1. Use local and national data to describe cohorts of people experiencing homelessness in Barking & Dagenham, including trends over time where relevant.
2. Describe the health needs of the people experiencing homelessness in the borough using local data and published literature.
3. Summarise relevant policy and guidance on homelessness and health.
4. Outline gaps in the current knowledge base and local services, and identify areas for further work.

## National Guidance on Homelessness

‘There needs to be a comprehensive local action plan, system-wide partnership working (across the local authority, clinical commissioning group and other local organisations) and understanding and alignment of commissioning decisions to prevent and respond to homelessness across the life course.

This can include:

- Reducing the risk of homelessness for children and young people to strengthen their life chances.
- Enabling working-age adults to enjoy social, economic and cultural participation.
- Breaking the cycle of homelessness or unstable housing by addressing mental health problems, drug and alcohol use, or experience with the criminal justice system.’

Source: Homelessness: applying All Our Health - GOV.UK ([www.gov.uk](http://www.gov.uk))

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# Scope

People can experience different types of homelessness, for different reasons. Each of the four main types of homelessness a person can experience is illustrated below with a short description. This needs assessment describes the populations in Barking and Dagenham experiencing statutory homelessness, rough sleeping, and living in temporary accommodation, focusing on understanding better these population cohorts and their health and well-being needs. The needs assessment includes limited information on hidden homelessness because of a lack of available local data. The groups of individuals experiencing these different types of homelessness are fluid and overlap to some extent.

## The Four Main Types of Homelessness

### Statutory Homelessness

Statutory homelessness is a legal term that refers to when a local authority has a duty to find a home for a person or household who meets certain criteria:

They are homeless or threatened with homelessness within 56 days

They are in priority need, which includes:

Households with dependent children

Pregnant women

People threatened with homelessness due to an emergency

Vulnerable people due to ill health, disability, old age, or having been in custody or care

People who have become homeless due to violence or the threat of violence

### Temporary Accommodation

Temporary Accommodation (TA) is a short-term housing arrangement for people experiencing homelessness or displacement. It's intended to provide a safe place to stay until a more permanent solution can be found. TA can include Hostels, Private rented rooms, Flats, and Houses. People in TA often have few or no tenancy rights and can be moved at short notice. They may also have to share kitchen or bathroom facilities.

Local authorities can place people in TA if they meet certain criteria, such as being in priority need or vulnerable. Priority groups include families with children, pregnant women, and elderly people. Local councils, charities, or private property owners can provide TA. Rent may be charged and may or may not be supplemented by government welfare. TA is unregulated, which can lead to inconsistent standards. Some TA is good quality, but others are unsafe and unsuitable for habitation.

### Hidden Homelessness<sup>1</sup>

There is no UK-wide definition of "hidden" homelessness. The term can mean different things to different people, and it is often applied inconsistently.

In their annual Homelessness Monitor publication, Crisis defines "hidden" homelessness as people who may be considered homeless but whose housing situation is not "visible" on the streets or in official statistics. Up until 2018, this definition included:

- people temporarily staying with friends or relatives (sofa surfing)
- those living in severely overcrowded conditions
- those involuntarily sharing accommodation with other households on a long-term basis (concealed households)
- squatters
- people sleeping rough out of sight

### Rough Sleeping

Rough sleeping is the extreme end of homelessness and is one of the most visible types of homelessness. Rough sleeping includes sleeping outside or in places not designed for people to live in, including cars, doorways, benches, tents, and abandoned buildings.

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Sources: Statutory homelessness (England): The legal framework and performance (July 2024), available at: [Statutory homelessness \(England\): The legal framework and performance - House of Commons Library](#) "Hidden" homelessness in the UK: evidence review - Office for National Statistics; What is temporary accommodation? | Justlife; Rough sleeping | Crisis UK | Together we will end homelessness

# Summary of Key Demographic Findings

Below are key findings from the previous slides, describing people/households experiencing homelessness for each homelessness type separately. The key findings are based on local data.

## ➤ Statutory Homelessness

- Nearly half (42%) of households owed a relief duty had previously lived with friends or family who could no longer support them, and 42% owed a prevention duty lived in privately rented accommodation.
- The highest proportion of applicants were unemployed, aged 25-34, came from a Black ethnic group and were single males, or single female parents with dependent children.
- Geographic data shows that Heath, Village, and Abbey wards have the highest rate of homelessness applications in the borough.

## ➤ Former Asylum Seekers

- In the financial year ending March 2023, 85 households owed a homelessness relief duty were former asylum seekers.
- Most asylum seekers are placed in hostels (41%) or a shared facility family accommodation (35%).
- The majority of asylum seekers (69%) were of Black African ethnicity.

## ➤ People Rough Sleeping

- Most rough sleepers were males (120 out of 139) and aged 26-55 (113 out of 139).
- The most dominant nationality recorded among rough sleepers was British, and White Other was the most prevalent ethnicity.
- A high percentage (73%) of rough sleepers had drug, alcohol or mental health needs, and many had a history of care, prison or armed forces.



Between October and December 2023, nearly 5 per 1,000 households were owed a duty of either prevention or relief in B&D, higher than England (3 per 1,00) and London (4 per 1,000)

**7%**

of households owed a homelessness relief duty in 2022/23 were former asylum seekers, the 4th highest rate in London



There was a 64% increase in rough sleepers in B&D between 2021/22 and 2022/23, the highest increase in NEL

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# Summary of Key Demographic Findings cont'd

➤ **Households in Temporary Accommodation (TA)**

- Between October and December 2023, 980 households with children were in TA in the borough.
- The average duration of all placements in TA has fallen from 585 days (22 months) in 2018/19 to 179 days (6 months) in 2022/23.
- In the week ending 23rd June 2024, 18% (201 out of 1,134) of TA placements of LBBD residents were made outside the borough.

**1,410**

TA placements into LBBD were made by other London boroughs since 2020, compared to only 45 placements that LBBD has made outside the borough

➤ **People Experiencing ‘Hidden Homelessness’**

- There is considerable mobility between people who are rough sleeping and hidden homeless, and many individuals may experience both.
- Evidence suggests that women, young adults and ethnic minorities are more likely to be experiencing Hidden Homelessness
- 2021, Barking & Dagenham had the 2nd highest proportion of overcrowded households in England and Wales

**20%**

of Barking & Dagenham households have fewer bedrooms than the standard requirement, according to the 2021 Census. This is the 2nd highest proportion in England & Wales

➤ **Primary Care Patients Registered as Homeless (includes all types of homelessness)**

- Over half of the primary care registered patients experiencing homelessness were males (65%), with an average age between 20 and 49.
- The most prevalent nationality was British (128 patients), and White Other was the most dominant ethnicity (66 patients).

**420**

patients registered with a B&D GP Practice were recorded as homeless; equal to a rate of 1.7 per 1,000 patients, lower than all other NEL boroughs, excluding Havering

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# Summary of Key Findings on Health Needs

Below is a summary of key findings from the previous slides, describing the health needs of people/households experiencing homelessness. The key findings are presented for each homelessness type. These key findings on health needs emerge from Barking & Dagenham where data is available, however some are based on national data.

## ➤ People Experiencing Rough Sleeping (England, all ages)

- Males sleeping rough have an average life expectancy of 47, and female rough sleepers 43.
- People sleeping rough experience more physical and mental health conditions, chronic illnesses, infectious diseases, co-morbidities and more complex health issues than the rest of the population.
- Of the rough sleepers with a mental health condition, 72% reported that their condition predated their experience of homelessness.
- 45% of respondents were self-medicating with drugs or alcohol to help them cope with their mental health.
- Rough sleepers are six times more likely to attend A&E and four times more likely to be admitted to hospital than the rest of the population.
- Of those admitted to hospital nearly a quarter (24%) were discharged to the streets.



The rate of mental health diagnoses in people experiencing homelessness nearly doubled between 2014 and 2018/21 from 45% to 82%

## ➤ Health Needs of People in Temporary Accommodation (England and B&D, all ages)

- People in TA with clinically diagnosed mental health issues such as depression, personality disorder, anxiety and psychosis find that their current living situation exacerbates their mental health issues
- People living in TA have higher smoking rates and consume less fruit and vegetables.
- Families with children living in TA with poor housing conditions that are often unsuitable are exposed to health and well-being risks.
- Children in TA experience social isolation, can be exposed to intimidating behaviours by other adults and less supported by their parents.
- Living in TA accommodation impacts child development as children are often confined in small, overcrowded, poorly heated and noisy living spaces, unable to play, or do school homework.



poor access to education for children and limited access to healthcare whilst in temporary accommodation are the main drivers of health inequalities; additionally, higher rates of worklessness are found in these populations

## ➤ People Experiencing Hidden Homelessness (England, all ages)

- Health impacts seen in Unsupported Temporary Accommodation (UTA) include trauma, disability and long-term physical health conditions, and high levels of mental ill health. 9 in 10 people living in UTA reported mental health issues.
- The health of people in UTA can be affected by violence, conditions that hinder their recovery from injury or illness, and infestations.
- 37% of participants living in UTA reported a physical disability or health condition, well above the national average in the UK of around 21%.
- Disabled people in insecure accommodation are also likely to face additional barriers in accessing assistive technology to mitigate disability, including glasses and hearing aids, and to be less able to access facilities such as showers.

### 4 in 10

of participants living in (UTA) reported a physical disability or health condition, well above the national average in the UK of around 21%

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## Summary of Key Findings on Health Needs cont'd

### ➤ Health Needs of Patients Registered with a GP Practice Experiencing Homelessness (all ages, NEL and B&D)

- Abdominal pain (9%), chest pain (8%) and substance misuse (6%) were the top three reasons for A&E attendances amongst known homeless people in NEL between January and December 2023; however, nearly 1 in 3 had no abnormality detected and 17% walked out.
- Vaccination rates in the Barking and Dagenham homeless population were comparable to the NEL average for COVID-19 (48%), Influenza (10%), TB (8%) and Hepatitis B (5%) vaccinations.

### ➤ New West PCN Homeless Inequalities Pilot (B&D, adults aged 25+)

- Data collected from a GP pop-up clinic attended by 31 people experiencing homelessness between July and August 2023 showed that most were on medication, and they had problems including pain relief, high cholesterol, alcoholism, depression, bacterial infections and high blood pressure, respectively.
- 71% of questionnaire respondents reported wanting to see a doctor at the clinic.

### ➤ Drug and Alcohol Treatment data (England, all ages)

- National data shows that 54% of people experiencing homelessness have used illegal drugs in the last 12 months; 45% of whom used drugs or alcohol to cope with their mental health.
- According to national data, 40% of people experiencing homelessness are not receiving the level of support they need.



In 2023, 29.5% of GP patients experiencing homelessness in B&D had Depression, 14% Hypertension, 10% Mental Health issues and 7% Diabetes.

**8 in 10**

Persons experiencing homelessness reported at least one long-term condition

**6 in 10**

Persons experiencing homelessness reported having a disability

**3 in 10**

Persons experiencing homelessness reported at least one mental health issue



Nearly 5 in 10 people accessing drug or alcohol treatment in B&D between April 2022 and March 2024 were couch surfers and nearly 3 in 10 rough sleepers

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# Summary Health Needs for People Experiencing Homelessness

## **All groups of people experiencing homelessness:**

- experience higher health and other inequalities such as access to health and care services, unemployment, etc.
- experience poorer mental health and well-being at all ages and across all cohorts, and are more likely to be affected by trauma
- constitute a lower proportion of GP-registered patients in B&D than all other NEL boroughs excluding Havering

## **People who are rough sleeping also:**

- are more frequent users of A&E and ambulance services, and more likely to be admitted to hospital
- are at risk of dying prematurely, at an average age of 47 for men and 43 for women

## **Children and young people in temporary accommodation also:**

- have a high level of need, with over two-thirds in B&D meeting thresholds for vulnerability (Universal Partnership/ Universal Partnership Plus designation under the national Healthy Child Programme guidance<sup>1</sup>)
- can have impaired physical and social development through living in unsuitable environments
- are often unknown to health services when placed in Barking and Dagenham by other Boroughs, and so do not always get the early help that they need

## **Adults experiencing homelessness also:**

- have higher rates of disability including mobility impairment, sensory impairment and learning disability
- typically have high rates of physical long-term health conditions such as diabetes, cardiovascular diseases and respiratory diseases
- also experience higher rates of chronic pain, a range of infectious diseases and addiction/self-medication issues

1. [Health visiting and school nursing service delivery model - GOV.UK](#)

# Gaps in Knowledge & Potential Actions

There is a significant absence of demographic and insight data for certain types of homelessness, especially on Hidden Homelessness and on families placed in Temporary Accommodation by other Boroughs. The table below summarizes some key gaps in knowledge on people experiencing homelessness, potential actions that could mitigate the knowledge gap, and key stakeholders who can influence action.

Gaps in Knowledge	Potential Action/s	Key Influential Stakeholder/s
Limited routine data collection on health needs of those in Temporary Accommodation.	Piloting enhanced data collection for those applying to the council for homelessness relief duties could improve understanding of health needs and support received. Including data collection on families in Temporary Accommodation in the LBBD 0-19 Service contract monitoring process. Additionally, qualitative analysis of the health needs of people in TA should be considered.	B&D Housing Advice Service  0-19 Service Commissioners and Providers
Lack of data availability on all types of Temporary Accommodation placements (i.e. B&D residents housed by LBBD in TA within the borough, B&D residents housed by LBBD in TA outside the borough, non-residents placed in B&D TA by other LAs, and non-residents placed in B&D TA by Home Office).	Ensure that all data on TA placements is recorded and collected routinely, and where appropriate shared via a Notifier System. Including data collection on families in Temporary Accommodation in the LBBD 0-19 Service contract monitoring process.	Pan-London Housing Groups  0-19 Service Commissioners and Providers
Poor coding of different types of homelessness in primary care.	There is a primary care CEG template of wider determinant including housing / homelessness which should be completed for any new GP registration. However, use of the template is low and needs to be increased. Training and support should be provided to enable data to identify all types of homeless populations.	ICB Primary Care Team  GP Federation
Limited local insights on Hidden Homelessness.	There may be potential to work with the VCFSE sector better to understand the size and needs of this population.	Discuss with Shelter, BD Collective & Healthwatch
Lack of health data on screening uptake in homeless populations.	Work with NHS services to understand if and how this data may be collected, possibly at pan London level. Consider as an EDI and Access issue for Screening services	NEL ICB Screening & Immunisation leads NEL ICB Cancer team
Lack of comprehensive and detailed data on mental and physical health needs and service use.	Further exploration of the mental health needs of homeless people and how they are using mental health services. Where possible data collection should include sub-categories of types of homelessness to assess different health needs.	Inclusion in LBBD Public Health Adult Mental Health Needs Assessment research  B&D Housing Advice Service Shelter, BD Collective & Healthwatch
Insufficient insights into barriers and facilitators to accessing care for people rough sleeping or people experiencing homelessness. This health needs assessment has been a desk-based exercise and has not had the scope to collect lived experience insight in B&D specifically.	Consider qualitative work to better characterize lived experience. Prioritisation of activities should be aligned with supporting local action and must be scoped for feasibility.	Discuss with Shelter, BD Collective & Healthwatch

# Recommendations - headlines

## **Enhanced Strategic Approach**

- A holistic “Health in All Policies” approach should be embedded in the revised B&D Homelessness Strategy.
- Align work on mitigating health needs that both drive and are a result of homelessness, by aligning health and wellbeing approaches in both NHS and VCSFE with future LBBD strategies and services.
- Consider the need for a multi-disciplinary professionals' training & development plan in relation to homelessness.
- A plan to address gaps in knowledge, data and insight should be considered.

## **Access to Health Services**

- Improve the access to and support offered in primary care, community and mental health services to all types of homeless populations.
- Improve the pan-London Notifier System for advising local NHS services of families placed in Temporary Accommodation out of their Borough.

## **Co-production of Person-Centred Solutions**

- Develop a targeted holistic and opportunistic approach to supporting residents who experience homelessness.
- Co-produce solutions with different groups of people experiencing homelessness to address specific health needs:
  - Families and Early Years Development
  - Mental Health & Wellbeing
  - Disabilities & Physical Health
- Co-produce solutions with different groups of people experiencing homelessness to address specific health-related housing needs:
  - Families and Early Years Development
  - Disabilities & Physical Health