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TACKLING HOMELESSNESS

TWS Policy Paper

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INTRODUCTION

1 BACKGROUND

The UK Government has an obligation to house all involuntarily homeless in accordance with Article 25(1) of the Universal Declaration of Human Rights:

Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, *housing* and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

This is no short order. Tackling homelessness is rife with challenges both in nature and scope. 61,000 households were officially classified as ‘newly homeless’ in the UK in 2010¹; and 1,247 people in the UK sleep rough on any given night². Although rough sleeping is the most visible manifestation of homelessness, thousands of people who do not sleep rough are also homeless: people ‘couch-surfing’ with friends or family, squatting in unoccupied properties, or living in unsafe or overcrowded accommodation. The official legal definition of homelessness is when someone has no accommodation that s/he is legally entitled to occupy; or s/he has accommodation but it is not reasonable for him/her to continue to occupy this accommodation.

The homeless are some of society’s most disadvantaged citizens, and are highly vulnerable to violence, theft and drug and alcohol abuse. The deleterious effects of homelessness can lead to a decline in physical and mental health. The average age at which a homeless person dies in the UK is forty³. Lacking accommodation also causes poor emotional wellbeing and the homeless are more likely to commit crime. In addition, the majority of homeless people are unemployed. Thus homelessness is not simply a concern for the homeless person; the significant societal costs associated with these multiple and complex problems mean it is a concern of the State.

Homelessness can be caused by a variety of personal factors, including a loss of housing tenancy, unemployment, a lack of support, mental and physical illness, drug or alcohol dependency, domestic violence, relationship breakdown and former institutionalisation. More important however are structural causes including endemic poverty, unemployment, a shortage of affordable housing, the oblique administration of housing benefits and overly strict criteria for the provision of emergency housing. In many cases, homelessness is sustained by a number of ‘traps’ – structural or personal barriers to a homeless person being permanently re-housed. Vital services such as healthcare, banking and social support are often

¹ The Poverty Site

² <http://www.communities.gov.uk/publications/corporate/statistics/roughsleepingcount2010>

³ *Research highlights homeless deaths*, Inside Housing, 5 November 2009

hard to access for the homeless.

Given the nature of homelessness, the majority of re-housing of the homeless is into social housing or private rental accommodation paid for with housing benefit. However, there is too little social housing to meet demand, resulting in lengthy waiting lists, and much private accommodation is unaffordable even with housing benefit, due to a shortfall in the UK housing stock. Every delay in the provision of permanent accommodation to the homeless risks hindering their reintegration; and a lack of affordable housing puts families and individuals at risk of homelessness. Effective prevention of homelessness and re-housing of the homeless requires that there be an adequate stock of housing available and that this housing is affordable.

Homelessness is a multi-faceted issue and a number of approaches are needed to tackle it. A proactive effort must be made both to reduce the number of households that enter homelessness and to successfully re-house the homeless and prepare them for a more secure and independent existence. In this paper, we offer a number of recommendations to tackle homelessness.

2 PROPOSALS

Services for the homeless

1. Provision of emergency housing to all unintentionally homeless people, not just those in priority need.
2. Introduction of specialist mobile health care clinics for the homeless.
3. Provision by local councils of a PO Box and a voicemail service to each homeless person.
4. Issuing by local councils of a homelessness certificate to each homeless person, which can be used to provide proof of identity when opening a bank account.
5. Allocation of a long term personal support worker to each homeless person.
6. Support for projects which counter social exclusion of the homeless.

Improving awareness of homelessness

7. Increasing education and awareness about homelessness in schools

Effective re-housing and homelessness prevention

8. Improving the payment of housing benefit through:
 - (a) Deposit guarantee schemes
 - (b) Payment of the first month's housing benefit in advance
 - (c) Payment of housing benefit directly to the landlord in certain cases.
9. Local authority trials of long lease Private Rental Sector housing for the homeless
10. Re-drawing Broad Rental Market Areas to accurately reflect rent levels.
11. Compulsory copying of mortgage arrears notices to local authorities.

Increasing available housing

12. Maximising the use of existing housing
 - (a) Changes to council tax on empty homes and second homes
 - (b) Reduction in VAT on renovations and alterations for empty homes
 - (c) Increased tax relief for 'Rent a Room' scheme
 - (d) Government support for 'Homeshare' schemes
13. Increasing the housing stock
 - (a) Increased funding to housing construction
 - (b) Encouragement of brownfield development
 - (c) Adequate replacement of homes sold under 'Right-to-Buy'

SERVICES FOR THE HOMELESS

1 DUTY TO HOUSE ALL UNINTENTIONALLY HOMELESS

Currently, in England the government has a duty to provide emergency (immediate, short-term) housing to any unintentionally homeless person who is ‘in priority need’, which encompasses:

- pregnant women
- people with dependent children
- people under 18
- elderly people (usually over 60 for women and over 65 for men)
- care leavers under 21
- people made homeless by fire, flood or other disaster
- people with physical or learning disabilities, or mental health problems
- certain other vulnerable categories, which may include people who have been in the armed services and people who have been in prison

This leaves many people ineligible for emergency housing because they are not in priority need. Although the current system provides ‘advice and assistance’, this is often inadequate, forcing many homeless people to live on the streets in the short term. It is unacceptable – not to mention inconsistent with the state’s current duty to provide housing to those who cannot afford it – that people are forced to live on the streets without any immediate recourse to basic shelter.

This paper proposes that the English government create and enforce a duty to provide emergency housing to all unintentionally homeless people, not just those ‘in priority need’.

There is a model for this already: in Scotland the 2003 Homelessness Act phased in an abolition of the priority need distinction so that by 2012, all homeless people would be eligible for emergency housing provided by local councils.

The inadequacies of the current system

Local authorities have a duty to provide to the homeless who are not in priority need ‘advice and assistance in any attempt he or she may make to secure that accommodation becomes available for his or her occupation’⁴. This can entail financial assistance but is more often the provision of advice relating to the housing options available, which are:

1. Council housing

Waiting lists for council housing are often long. A points system, similar to the priority need system, determines who gets housing first. The homeless who are not in priority need usually encounter long waiting lists, and in the meantime may not have accommodation.

2. Private rented accommodation

Housing benefit and job seeker’s allowance may cover rent payments. However, it can be difficult to find private rented accommodation at sufficiently low cost in a short time, especially in cities (where the cap on housing benefit entitlements severely limits the accommodation that is affordable). In the interim, the homeless person may not have accommodation. Furthermore, many private landlords are unwilling to rent to the homeless.

3. Hostels

Many hostels provide accommodation for the homeless who are not in priority need, usually charging low rents (generally between £10 and £40 per week). These rents are sometimes waived for those who are not in receipt of benefits, but not always. Night shelters are free, basic shelters provided by charities in some localities, but often only operate during the winter. Finding accommodation in hostels or night shelters is not guaranteed. Many hostels operate waiting lists or will only take certain groups of people⁵. Furthermore, some hostels have maximum stay limits, and therefore for some homeless people who cannot access permanent accommodation without a long wait, the current hostel system cannot always provide a solution.

Furthermore, often the advice provided by local councils is inadequate. A study by Crisis⁶ found that those who were not in priority need were often given little or misleading advice, viewed with suspicion, and not directed to the correct homelessness services. This means that homeless people may remain unaware even of the options outlined above.

Feasibility

It is a valid concern that this proposal would overwhelm local services’ capacity – both physical and financial – to house the homeless, especially at times of stringent budget cuts to local councils. With this in mind, it is recommended that this duty be extended over a period of several years, as was done in Scotland (the decision was made in 2003 to have abolished the ‘priority need’ distinction by 2012).

The cost of providing emergency housing to all unintentionally homeless people would indeed be sig-

⁴ Homelessness Code of Guidance for Local Authorities

⁵ http://england.shelter.org.uk/get_advice/homelessness/emergency_accommodation/hostels_and_nightshelters#1

⁶ http://www.crisis.org.uk/data/files/campaign/0726no_ones_priority.pdf

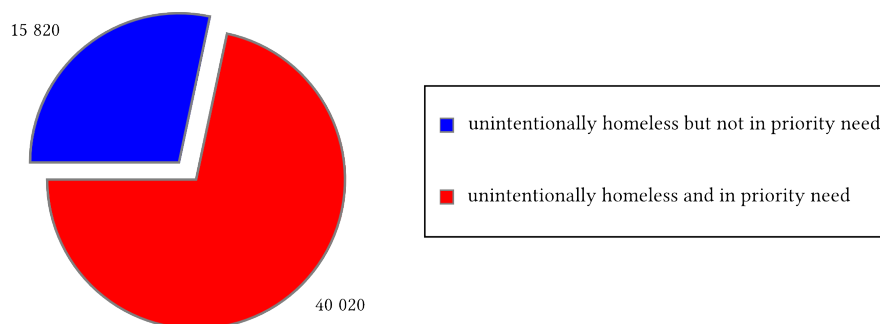


Figure 2.1: UK Homelessness 2010 (number of households)

nificant. However, in context, it would not be overwhelming. In England only approximately a quarter of unintentionally homeless households are *not* assessed as being in priority need⁷, as illustrated in Figure 2.1; the other three quarters of unintentionally homeless households are in priority need so given emergency housing. This is similar to Scotland’s experience, where it was estimated that the abolition of the priority need category would increase the number of homeless households to be housed by a third.

Additional justification — the *Housing First* approach

The authors of this paper consider the basic human right to shelter to be sufficient justification for providing all the homeless with emergency housing.

However, it is also becoming increasingly recognised that, in attempts to combat homelessness, a step-by-step approach has little success, especially with the long term homeless. A *housing first* approach, where the first step is to ensure that all homeless people are housed in secure accommodation, and only then to treat for other conditions including substance dependency and mental health problems, has been proven successful in numerous trials⁸.

Provision of emergency housing to all the unintentionally homeless would reflect current best practice by utilising the Housing First model. Thus, although the initial cost of providing this housing would be higher than the status quo, it is likely that the success rate (of re-housed homeless people remaining in housing) would be significantly higher — and so the social and financial costs of homelessness would be reduced in the long term.

2 SPECIALIST MOBILE HEALTHCARE CLINICS FOR THE HOMELESS

Background

The inability to resume work due to poor physical and mental health is a major homelessness trap. Lacking permanent or decent accommodation often causes or exacerbates health problems; this is especially the case for rough sleepers. Two in three rough sleepers have physical health problems⁹. Rough sleepers are especially vulnerable to illnesses such as bronchitis, pneumonia, trench foot, skin infections and

⁷ *Housing and Planning Statistics 2010*, <http://www.communities.gov.uk/documents/statistics/pdf/1785484.pdf>

⁸ *Staircases, Elevators and Cycles of Change*, University of York (2010) <http://www.crisis.org.uk/data/files/publications/HousingModelsBulletin.pdf>

⁹ *Sick of Suffering*, St Mungo’s, 2005

frostbite. They are also particularly susceptible to violent crime¹⁰. Paradoxically however, attendance in primary care settings is very poor and many homeless people do not engage with local GP services available to them, due to difficulty registering¹¹, reduced ability to keep appointments and previous negative experiences accessing treatment¹². A third of PCTs do not provide any specialist homelessness service¹³, despite the serious and complex health needs¹⁴ of many homeless people.

Many homeless people rely heavily on A&E facilities to treat minor injuries and ailments that could otherwise be managed in the primary care setting at a lower cost. Homeless people attend A&E six times as often as housed individuals and require admission four times as often. In addition, the homeless use A&E facilities to obtain repeat prescriptions, in conflict with the primary purpose of these services.

In the absence of regular contact with appropriately trained nurses or physicians, existing mental and physical health problems often worsen and can require lengthy inpatient treatment. The average inpatient stay for a homeless patient is three times as long as for a patient with a home. In-patient treatment of severe conditions is substantially less cost effective than intervention that occurs in the primary care setting¹⁵. The cost of secondary care is eight times higher for homeless patients than average, largely due to unscheduled emergency hospital admissions¹⁶. The added cost to the health service each year is estimated to be at least £85m¹⁷.

Limitations of existing services

Recent schemes to establish clinics for the homeless have recognized the need for specialist approaches to primary healthcare, including drop-in GP and nurse services¹⁸ located in or near night shelters and hostels. These have been largely successful and some have expanded to accommodate an increasing number of patients attending¹⁹. However, there can be opposition from residents to the placement of specialist clinics in their area²⁰ and hostel-based services may remain inaccessible to those sleeping rough or those denied accommodation for previous criminality.

This paper proposes the introduction of specialist mobile healthcare clinics for the homeless in urban areas.

A mobile clinic, comprising a medically-equipped van staffed by an integrated team of community nurses, nurse independent prescribers and mental health workers, would enable health, mental health and social care teams to engage pro-actively with the homeless in settings where they reside or gather, such as night shelters, hostels and soup kitchens.

Mobile clinics would be equipped to provide a diverse range of services targeted to the homeless, including prescriptions (some homeless people rely on A&E services to fill prescriptions), treatment of

¹⁰ *Living in Fear: Violence and Victimization in the Lives of Single Homeless People*, Newburn T and Rock P, Mannheim Centre for Criminology, LSE, December 2004

¹¹ *Homelessness: a problem for primary care?* Riley A J et al, British Journal of General Practice, June 2003, pp473–479

¹² Health Action Zone (HAZ) pilot, as described in *Briefings: London's First On-Site Prescribing Service*, St Mungo's, 2005

¹³ *Healthcare for Single Homeless People*, Office of the Chief Analyst, Department of Health, March 2010

¹⁴ *Meeting the Health Needs of Homeless People*, Feantsa policy statement. Feantsa is the European Federation of National Organisations Working with the Homeless

¹⁵ *Early intervention hostel health services - a success story*, St Mungo's, 2005

¹⁶ *Healthcare for Single Homeless People*, Office of the Chief Analyst, Department of Health, March 2010

¹⁷ *Delivering Health Care for Homeless People*, McCormick G, Department of Health, December 2008. This figure is conservative as it only includes those who register with 'No Fixed Abode' (NFO) on admission to hospital, whereas some patients provide the address of a hostel, friend or relative

¹⁸ Health E1 Homeless Medical Centre, Tower Hamlets, London, see www.healthe1practice.nhs.uk

¹⁹ Luther Street Medical Centre, Oxford, see www.oxhop.org.uk/ohmf/work/medicalcentre.html

²⁰ *Homeless clinic angers residents*, BBC News Online, 18 October 2002

minor injuries (the homeless are often victims of assault), treatment of skin infections (prevalent in those sleeping rough), rehabilitation from substance abuse and immunization (especially against pneumonia, seasonal influenza and TB).

Precedent and practicalities

Mobile health centres already exist in the UK in the primary care setting²¹ where they are deployed in different locales on different days of the week. Using this model for the proposed mobile clinics could allow pooling of resources and staff from multiple local authorities. In addition, it could provide a means of delivering specialist healthcare to homeless people in rural towns where specialist healthcare for the homeless is not available²².

This paper also recommends the issuing of portable medical records to all consenting users of the mobile health clinics. Portable records are usually compact, lightweight and durable summaries of a person's medical conditions and treatments. The use of portable records has been shown to be feasible and useful among homeless people in London²³ and would ensure continuity of treatment if a patient is in contact with multiple different health workers²⁴. The record should also contain details of follow-up appointments.

A past pilot of a nurse-led mobile clinic in Manchester identified a problem in that nurses could not prescribe medications²⁵. Since 2006 however, Independent Nurse Prescribing powers have been extended to include all drugs within a nurse's area of practice and competence. Nurse prescribing powers can also extend to Scheduled Controlled Drugs such as methadone, used to treat heroin dependence, if this is part of a patient's treatment plan as agreed with a physician²⁶. Homeless people would therefore be able to obtain prescriptions as well as basic treatments in nurse-staffed mobile clinics.

Summary

A mobile clinic may be the first port of call for healthcare for many homeless people, enabling them to access early-stage care or preventive care for mental and physical health problems. Furthermore, accessing healthcare in mobile clinics may encourage homeless people to engage with existing health provision like GP surgeries, as was suggested by a trial of mobile surgeries deployed in sites where people sleep rough in London²⁷.

Although this initiative would be costly its cost is likely to be outweighed by a reduction in homeless peoples' reliance on and need for A&E and inpatient treatment²⁸.

²¹ Sheppey Mobile Healthcare Centre, run by DMC Healthcare Ltd, see www.dmchealthcare.co.uk/index.php/centres-a-services/centres/sheppey-mobile-healthcare-centre/practice-details

²² For more on rural homelessness, see *The Geographies of Homelessness in Rural England*, Cloke P et al, 2001, Regional Studies Vol 35, p27

²³ Portable medical records for the homeless mentally ill, Reuler J B and Balazs J R, August 1991, British Medical Journal Vol 303, p446

²⁴ *Out of the shadow: Detecting and treating tuberculosis amongst single homeless people*, Citron K M et al, Crisis UK, 1995

²⁵ *Hitting the streets*, Gaze H, August 1997, Nursing Times vol 93, p36

²⁶ *Independent prescribing of controlled drugs: the current state of play*, Royal College of Nursing, 2008, see <http://www.rcn.org.uk>

²⁷ *A mobile surgery for single homeless people in London*, Ramsden S S et al, February 1989, British Medical Journal Vol 298, p372. Over a third of users from one site attended a specialist drop-in surgery for the homeless within 28 days of visiting the mobile clinic

²⁸ As has been demonstrated in the US, see <http://innovations.ahrq.gov/content.aspx?id=2477>

3 CONTACT DETAILS: PO BOX AND VOICEMAIL SERVICE

St Mungo's found in 2005 that less than 5% of homeless people have any paid employment (compared to 83% in 1986)²⁹, and half of the homeless people surveyed said they had problems getting a job without a mailing address. Many homeless people are estranged from their family and friends and thus have no fixed address available to them. Even if a homeless person can afford to hire a PO Box (costing £170 per year in 2011), it is not possible to do so without provision of a fixed address.

This paper recommends that local councils be required to provide a PO Box address for each homeless person in their locality until the homeless person obtains permanent housing.

Having a fixed address should resolve the problem of potential employers not being able to contact the homeless person. However, phone calls are often easier and employers may prefer to use them to arrange interviews or even make offers. It can also be difficult for the homeless to get back in touch with estranged friends or relatives - which may be the first step to becoming re-housed – as the friends/relatives have no means of contacting them.

Voicemail4all is a charity-funded service currently in operation in London, Leeds and Brighton, which provides voicemail numbers to homeless people, where the messages can be accessed for free on any payphone or landline. The service currently runs at an approximate cost of £30 per mailbox per year, and has provided voicemail to over 3000 homeless people, making it a fairly inexpensive way to enable the homeless to access a vital service.

This paper recommends that councils offer a voicemail service such as Voicemail4all to the homeless in their area.

4 TACKLING FINANCIAL EXCLUSION: BANK ACCOUNTS

Financial exclusion is often little-considered when looking at homelessness. Ask a rough sleeper if he urgently needs a bank account, and he would be more likely to say he urgently needs food, shelter, or cash. Yet without being able to save safely, it is almost impossible for the homeless – whether rough sleepers or not – to make the transition into permanent housing (for example by paying deposits or first month's rent). To save without a bank account is to risk saved cash being stolen – muggings of the homeless, especially those known to have income (like Big Issue vendors) is a major problem³⁰. Lacking a bank account can also make getting a job more difficult (especially as some employers are reluctant to pay wages in cash³¹).

The need for access to savings facilities for the homeless is being recognised. Innovative projects from organisations such as Toynbee Hall have started courses to promote a 'savings habit' among the homeless³². Grand Central Savings, a bank for the homeless set up in 2001 in partnership with the Big Issue in Glasgow, has now expanded into other cities across Scotland and has seen a significant demand for its services from homeless people across Scotland. However, until homeless people can open traditional

²⁹ *Hard Work for Homeless People*, St Mungo's <http://handbooks.homeless.org.uk/ete/hardworkmungos.pdf>

³⁰ *Promoting Financial Inclusion*, Joseph Rowntree Foundation ; *Homelessness and Financial Exclusion Research Summary (2005)*, York University <http://www.york.ac.uk/inst/chp/Projects/summaries/hlessfinexcl.pdf>

³¹ *Promoting Financial Inclusion*, Joseph Rowntree Foundation

³² http://www.toynbeehall.org.uk/news_item.asp?section=00010001000100010001&itemid=889

bank accounts at mainstream banks, many will remain financially excluded.

In order to open a bank account you are required to prove your identity, which usually includes providing evidence of a fixed address that is not a PO Box or false address³³. According to a report from York University, ‘it remains unclear whether the continuing problematic experiences of proving identity when opening bank accounts is a product of money regulations directly, the banks’ interpretation of the guidance, or a result of a lack of training amongst front-line bank staff or indeed active discouragement of the Basic Bank Accounts in some branches³⁴. In certain cases, homelessness agencies carry out proxy banking for their clients. However, many homeless people remain unable to open bank accounts, which makes saving almost impossible.

This paper recommends that, alongside a PO Box, the council also provide each homeless person a certificate that the PO Box address is provided by the council for that homeless person. An amendment to the current money-laundering law should then be made to require banks to accept this homelessness certificate – verifiable on a secure online database – in place of proof of address when opening a bank account. This would enable a homeless person to open a bank account with the PO Box address named on the certificate. Banks would be required to allow homeless people to open a basic account with deposit and ATM facilities; other facilities such as overdraft and cheques would be discretionary.

This paper recommends that an explicit exemption to the anti-money laundering laws be made to allow homeless people to use PO Boxes as their address, and that banks be required to accept a homelessness certificate as proof of identity for customers opening basic accounts.

5 COUNTERING SOCIAL EXCLUSION

Social exclusion of the homeless is an important barrier to reintegration with the rest of society. The priorities of a significant number of multiply excluded³⁵ homeless people are restricted to meeting basic survival needs or the demands of drug or alcohol dependence³⁶. Such personal circumstances provide limited opportunity for positive social interactions and deepen the state of segregation. The long-term homeless tend to rely on other homeless people for friendship and support and make minimal contact with the non-homeless in social settings. Public concerns about criminality mean homeless people are often restricted entry to social venues like pubs; and in any case the cost of such activities is prohibitive.

Difficulty resettling is a common experience³⁷. In the early stages of rehabilitation, homeless people can find themselves geographically estranged from their homeless friends and without an adequate support network outside of statutory services. The resultant loneliness can increase the risk of drug and alcohol dependence and mental health issues, both of which are risk factors in repeated homelessness.

Under existing arrangements, service providers commonly take on a paternalistic role with the homeless individual or service user as a dependent. Unconstructive or negative encounters with social services sustain homelessness, and the criminalization of rough sleeping in some localities fosters antipathy

³³ For more details on the financial exclusion of the homeless, see *Homelessness and Financial Exclusion Research Summary (2005)*, York University <http://www.york.ac.uk/inst/chp/Projects/summaries/hlessfinexcl.pdf>

³⁴ <http://www.york.ac.uk/inst/chp/Projects/summaries/hlessfinexcl.pdf>

³⁵ These homeless people ‘experience a combination of issues that impact adversely on their lives and are routinely excluded from effective contact with services they need’, defined in *A four-point manifesto for tackling multiple needs and exclusions*, Making Every Adult Matter, Sept 2009

³⁶ *Making Sense of Multiple Exclusion Homelessness*, Seminar presentation by Professor Peter Dwyer, Centre for Social Justice Research, University of Salford, slide 11

³⁷ *Vision to End Rough Sleeping*, Department for Communities and Local Government, July 2011, p23

between the homeless and the authorities. The long-term homeless can be reluctant to leave the streets³⁸; this may partly be due to re-housing being perceived as an unattainable or undesirable goal.

Social inclusion projects can alter this. Fostering greater integration between homeless and non-homeless members of a community can confront prejudices; providing opportunities to participate in the wider social structure may reduce criminality and improve engagement with local services. Meeting a diverse range of people could incubate homeless people's ambitions. Social inclusion at the community level may encourage settling within the locality. Enjoyable, educational activities will improve mental health and social confidence and provide life skills that make users more likely to remain in housing. Schemes for social inclusion can also provide a venue for 'in-reach' services – visiting social, mental health, community health and employability and training teams may provide an introduction to services that are otherwise not regularly accessed by a significant subset of homeless people.

Confronting Social Exclusion: Positive Examples

Confronting exclusion has been the core focus of a number of recent schemes around the UK. The following three examples have been selected as exemplary in addressing the exclusion of the homeless from accessing services and engaging with the rest of society.

Adults Facing Chronic Exclusion The Adults Facing Chronic Exclusion (ACE) project based in Newcastle-upon-Tyne is run by the charity Tyneside Cyrenians. Ex-users of local services, many of whom were once homeless, become peer role models and project workers, explicitly demonstrating to homeless clients their prospects for reintegration.

Cardboard Citizens The theatre group 'Cardboard Citizens', supported in part by London Councils, offers opportunities for integration through workshops which are open to all (including the non-homeless), in contrast with the strict criteria and referral requirements of service providers that restrict provision to specific groups such as drug users or young people.

The 240 Project The 240 Project run by the Notting Hill Churches Homeless Concern provides a wide range of services, including weekly workshops in drama, art, music, poetry and cooking. The project also provides peer-to-peer education and classes in adult literacy that help educate service users. Such schemes help to break down existing prejudices and potentially motivate the long-term homeless to find employment and housing, in addition to providing a platform for improving social confidence and mental health.

This paper highlights the need for local authorities to provide continued and increasing financial support of schemes that foster integration between the homeless and their local communities.

The provision of social opportunity is not a current priority of local funding agencies, against the background of needs like housing, treatment of drug/alcohol dependence and mental health. It is a significant challenge to source public funds for social inclusion projects in the context of the general contraction

³⁸ *Providing personalised support to rough sleepers: An evaluation of the City of London pilot*, Hough J and Rice B, Joseph Rowntree Foundation, 2010

of local services. It should be understood however that social exclusion contributes both directly to sustaining homelessness and also to other risk factors such as alcohol dependence and poor mental health. This paper suggests that local funding policies should address this issue with the same assertiveness as that with which they address drug dependence and housing. Pan-city initiatives, such as that pioneered by the London Delivery Board³⁹, should be instrumental in allocating funding to the relevant schemes. Pooling finance between local authorities in this way would enable the provision of more sophisticated and specialised opportunities for social inclusion; although the services themselves must be available on a highly localised level to promote community-level integration and allow homeless people to access them easily.

Schemes for social inclusion must operate against a backdrop of policies managing the causes of social exclusion. Structural factors such as economic deprivation, adult illiteracy, long-term unemployment, family breakdown and drug dependence must be dealt with if reintegration is to be successful.

6 PERSONAL SUPPORT WORKER

Although local authorities and homelessness agencies have outreach programmes to inform homeless people of available services and to help them access these services, discontinuity in support is common. Different workers sometimes work with the same homeless person at the same time; often, the workers assigned to each homeless person change frequently. It is extremely rare for a street-based outreach worker to maintain contact with a homeless person once s/he is re-housed; instead, a new support worker is assigned⁴⁰. However, studies of personalisation in care of the homeless have demonstrated the importance of a personal support worker, who meets regularly with the homeless person, supports him/her in all aspects of access to different services, and builds up a long-term relationship⁴¹.

Better understanding of the needs of the homeless person A long term relationship enables the support worker to recommend the appropriate services and support for the homeless person. In several pilot projects, the large amounts of one-on-one time spent together were cited by the homeless participants as key to helping them get back into housing⁴².

Establishment of trust Mistrust of outreach workers can be common, especially among the long term homeless and older homeless people. This mistrust often dissuades homeless people from accessing services that could be beneficial to them⁴³. Establishing trust in the support worker can be the first step to engaging with service provision generally.

Reduction of administrative burden Often a homeless person must access each different service with a different application. Although it is in their interest to carry out the admin to access the services, some homeless people can find it too much to deal with, especially those who have been homeless for a long time, or who suffer from mental health problems⁴⁴. A personal support worker responsible for all aspects

³⁹ *Ending Rough Sleeping – The London Delivery Board*, Office of the Mayor of London, 2009

⁴⁰ *Supporting Rough Sleepers*, The Joseph Rowntree Foundation

⁴¹ *Supporting Rough Sleepers*, The Joseph Rowntree Foundation

⁴² Pilots of personalisation in Exeter and North Devon, Northampton, London and Nottingham, <http://www.homeless.org.uk/Personalisation-pilots>

⁴³ UK Coalition on Older Homelessness, <http://www.olderhomelessness.org.uk/?pid=121>

⁴⁴ *Supporting Rough Sleepers*, The Joseph Rowntree Foundation

of service access can help each homeless person access services without going through several separate lengthy administrative processes.

Re-entering housing Many former homeless people – especially the long-term homeless – have difficulties adjusting to life in housing. Dealing with bills, benefit applications, rent payments, and other administration can be overwhelming; maintaining support from a support worker who is known and trusted can help. Further, upon entering housing many people lose contact with their networks of friends, who are often other homeless people; a relationship with a support worker helps maintain a certain continuity which makes the adjustment less unsettling.

This paper recommends that all local authorities ensure that each homeless person has a personal support worker who remains responsible for that person's care even after initial entry into housing.

Certain pilot programmes allowing individual homeless people to choose their support worker from a set of profiles seem to have shown a better track record of engagement by these homeless people with local services; also, individual support workers have testified to being more motivated because they know they have been chosen by the homeless person⁴⁵. This paper recommends that this be trialled more widely.

⁴⁵ <http://www.homeless.org.uk/lewisham-reach>

AWARENESS OF HOMELESSNESS

7 IMPROVING EDUCATION AND AWARENESS

A large barrier to tackling homelessness is a lack of public sympathy for this issue. Much of the media coverage emphasizes criminal activity and drug abuse with less focus on the issues that lead to homelessness. Nevertheless, voluntary donations from the sympathetic public make up the majority of homelessness charity funding: 50% of Shelter's income and 80% of Crisis UK's income comes from voluntary donations excluding government grants. The government has allocated only £100 million per year to measures that reduce homeless⁴⁶, so the work of the voluntary sector in homelessness is still largely dependent on public support.

Charities including as Shelter and Crisis UK have made available resources⁴⁷ for teaching about homelessness and housing in schools. However, homelessness and housing are not described in the national curriculum in schools in the UK⁴⁸ and whether pupils are taught about homelessness is at the discretion of their teachers.

At its peak in 2004, homelessness was estimated to affect 135,000 households in the UK⁴⁹ and 500,000 people were in temporary accommodation⁵⁰. This would suggest around 1 in 100 households were homeless within the last 10 years⁵¹. Considering the prevalence of this problem, housing and homelessness is an important issue that should be taught in schools.

This paper recommends that housing options and homelessness should be described in the secondary education national curriculum for PSHEE and taught in schools nationwide.

Educating young people about their future housing options as well as the causes of homelessness may help to prevent homelessness. Providing information on homelessness fits with current national curriculum for Key Stage 3 PSHEE 'Personal wellbeing' and should also reduce discrimination and prejudice against the homeless.

⁴⁶ Hansard, 23 Jun 2011, c441W

⁴⁷ See england.shelter.org.uk/professional_resources/teachers_centre and crisis.org.uk/pages/lesson-plans.html

⁴⁸ education.gov.uk/schools/teachingandlearning/curriculum

⁴⁹ Households assessed by local authorities as eligible for assistance, unintentionally homeless and in priority need in 2004, see *Housing and Planning Statistics 2010*, Communities and Local Government, December 2010, page xix. There were 1000s more 'single homeless' and 'intentionally homeless' people, and an estimated additional 380,000 'hidden homeless' people.

⁵⁰ See *Homeless families total 100,000*, BBC News Online, 13 Dec 2004, news.bbc.co.uk/1/hi/uk/4090937.stm

⁵¹ Based on 21.5m households in total, 2009

EFFECTIVE RE-HOUSING & HOMELESSNESS PREVENTION

8 IMPROVING THE PAYMENT OF HOUSING BENEFIT

Housing benefit is paid in arrears. If paid directly to the landlord, it is paid 4 weeks in arrears and if paid to the tenant, 2 weeks in arrears. This can cause significant problems for the homeless looking to take up tenancy using housing benefit payments, as many landlords require a security deposit before their property is rented. Certain local councils provide a Rent Deposit Scheme/Deposit Guarantee Scheme for the homeless, whereby the security deposit is paid directly to the landlord and reclaimed by the council at the end of the tenancy⁵².

This paper recommends that deposit guarantee schemes be made standard practice by local authorities throughout the country.

Furthermore, most landlords require new tenants to pay a month's rent in advance. Certain recipients of Income Support or Job Seeker's Allowance are eligible for a budgeting loan which may cover some of the cost of this; however, application for this loan can be lengthy, and people are only eligible having been receiving IS or JSA for 26 weeks, which is unlikely to apply to many of the homeless.

This paper recommends payment of the first month's housing benefit in advance, to enable new tenants to pay the rent in advance to the landlord.

Under the 2010/11 reforms to housing benefit, housing benefit will be paid directly to the tenant unless the tenant is in arrears by 8 weeks or more, or is proven to be vulnerable and thus unable to manage money effectively. Many landlords are unwilling to take on housing benefit claimants as tenants as if payment goes from council to tenant, then to landlord, receipt of the rent is less certain for the landlord⁵³. Certain landlords will not rent to tenants if they find out they are in receipt of housing benefit⁵⁴. This is especially a problem in cities like London with shortages of council and housing association properties, where many housing benefit claimants need to find private rented sector (PRS) accommodation. New claimants of housing benefit who have previously been homeless are among those that a landlord is least likely to be willing to take on.

This paper recommends that payments of housing benefit should be made directly to the land-

⁵² See for example Canterbury City Council's Rent Deposit Scheme: <http://www.canterbury.gov.uk/main.cfm?objectid=875>

⁵³ Shelter Briefing on Local Housing Allowance: http://england.shelter.org.uk/__data/assets/pdf_file/0007/221659/LHA_directpayment_briefing.pdf

⁵⁴ Hansard, Dame Anne Begg, Column 285WH, 10 March 2011

lord by the council for those who have been homeless for a year or more.

This would remove the main risk to a landlord in taking on a tenant who was previously homeless and would alleviate some of the burdens associated with the transition to housing for the homeless person him/herself. After a transitional period of 6 months, the tenant would then have the option to receive the housing benefits payments him/herself, or to continue with them being paid directly to the landlord.

Further, this paper recommends that for all housing benefit tenants, payments should be made directly to the landlord if the tenant requests it.

Evidence has shown that a significant number of tenants would prefer their landlord to receive the benefit direct, firstly as it removes administrative difficulties and secondly as it gives the landlord more security as to receipt of payment (and thus the landlord is more willing to let the property)⁵⁵.

9 TRIAL: LONG LEASE PRS HOUSING FOR THE HOMELESS

Private rental sector housing and housing benefit have not often co-existed well. As explained in *Improving the payment of housing benefit*, page 17, landlords are often unwilling to rent to housing benefits tenants – especially the formerly homeless. Although the proposals in *Improving the payment of housing benefit* (paying deposit and first month's rent in advance; paying rent directly to landlord) will do something to assuage this, landlords may still consider former homeless tenants to take less care of their property, or be more willing to leave on a whim.

The converse is also a concern: requirements on private landlords in terms of decency standards (health and safety, overcrowding) are low; and eviction rights can be severe for tenants. This can put tenants on housing benefit in precarious positions where they may face losing their homes.

The following trial is therefore proposed: local authorities take out long leases (for a period of at least 2 years, with the possibility of extension) on private rental sector properties. The local authority also takes on the responsibility for upkeep and repairs on the property. In return for the security of tenancy, and the devolved responsibility for upkeep, the landlord would offer a significantly reduced rate (the local authority would have a high level of market power to bargain down this rate). These long-lease properties are then rented to the homeless (initially – with the possibility of extending this to other vulnerable housing benefit claimants).

This paper proposes that local authorities trial a system of long leases on Private Rental Sector housing for the homeless, and to implement a full programme if the trial is successful.

10 REDRAWING BROAD RENTAL MARKET AREAS

Housing benefit in a particular area is capped at the 30th centile⁵⁶ of rent levels in that area (as of 2011; prior to this it was the 50th centile). The cap is drawn over a 'broad rental market area', theoretically an area in which similar size properties attract similar rents. This is a good idea in theory but, in practice, the broad rental market areas are far too large.

⁵⁵ 'Most tenants want housing benefit paid direct to landlord', *Inside Housing*, 14 September 2011

⁵⁶ That is, 30% of rents in the area are below this level.

A specific example is Cambridge: the broad rental market area encompasses both the city itself and the rural surroundings where rents are significantly lower. The majority of employment opportunities are in the city, and public transport into the city can be irregular, slow, and difficult to access. Given that the housing benefit cap is the 30th centile of rent in the whole area (including rural parts), there are few properties available within the city to benefit claimants. Therefore, people on housing benefit in the Cambridge area may be forced to remain unemployed, despite jobs being available, because they are not able to live near enough to the city to access them; meanwhile, people on housing benefit in Cambridgeshire's rural areas may be living in properties that are significantly bedifficult to judge witter and larger than recipients of equivalent housing benefit in the city, because of the way the rent cap is calculated.

The problem described above is significant in several areas of the UK, including Cambridge, Blackpool and many parts of London⁵⁷; and contributes to the occurrence and pervasiveness of homelessness in these areas. Re-housing the homeless to properties outside cities, where employment opportunities are likely to be far away and difficult to access, cannot be a robust or long term solution to homelessness. Once re-housed, gaining employment is a significant factor in ensuring that a formerly homeless person does not become homeless again⁵⁸. Housing a homeless person near to employment opportunities thus makes it more likely that s/he will find a job, more likely that s/he will not become homeless again, and more likely that s/he will move off benefits partially or completely. Housing the same person in an area where there are few or no jobs leads to the converse.

Dropping the housing benefit cap from the 50th to the 30th centile will significantly exacerbate this problem, as it may force people who both work and receive housing benefits to move away from their work and lose their job, or stay near their work and lose their home; and homelessness may ensue. Shelter estimates that the changes may cause 72,000 families to have to move out of their homes⁵⁹.

This paper proposes that the broad rental market areas be redrawn to represent accurately only an 'area in which similar sized properties attract similar rents' and thus to correct the problems described above.

11 COPYING MORTGAGE ARREARS NOTICES TO LOCAL AUTHORITIES

Currently, 2% of homelessness is caused by mortgage arrears⁶⁰. There are already processes in place to avoid homelessness as a result of mortgage arrears – the pre-action protocol introduced in 2008 requires lenders to take a number of steps to avoid repossession⁶¹. These include supplying the homeowner with the National Homelessness Advice Service (NHAS) booklet on mortgage arrears and discussing all reasonable options for repayment. Housing associations are encouraged to negotiate flexible tenure agreements with shared owners⁶² and lenders negotiate forbearance – a temporary reduction in monthly payments – to remain sensitive to the needs of families at risk of repossession. Even of those repossession orders successfully issued in court, 48% are suspended⁶³. However, 18,100 properties

⁵⁷ Hansard, Jenny Willott, column 302WH, 10 March 2011

⁵⁸ European Research Study into Homelessness and Employment, September 2007

⁵⁹ Shelter's written evidence to the Work and Pensions Committee, March 2011.

⁶⁰ UK Housing Review 2010/2011, see <http://www.york.ac.uk/res/ukhr/ukhr1011/compendium.htm#homelessness>

⁶¹ Pre-Action Protocol for Possession Claims based on Mortgage or Home Purchase Plan Arrears in Respect of Residential Property, Ministry of Justice, see http://www.justice.gov.uk/guidance/courts-and-tribunals/courts/procedure-rules/civil/contents/protocols/prot_mha.htm

⁶² Assisting shared owners at risk of repossession: Flexible tenure - Questions and answers, Tenant Services Authority, March 2010

⁶³ Home repossessions rise 15%, CML says, BBC News Online, 12 May 2011

were repossessed in the first half of 2011, 45,000 properties are predicted to be repossessed in 2012⁶⁴, and approximately 250,000 mortgages remain in arrears by more than 1.5%, leaving a substantial number of people at risk of homelessness through repossession.

All local authorities in England are legally obliged to provide 24 hour advice to those who are at risk of becoming homeless within 28 days. Since October 2009⁶⁵, lenders are required to notify local authorities if they intend to seek repossession of a property in the area. However, they are obliged only to make contact with local authorities within five days of confirming the date of the court hearing, which is rather late in the eviction process.

Until this late stage, it is the responsibility of individuals to refer themselves to local housing options services and not all people at risk of becoming homeless are aware of this service. Many use advisory services provided by charities such as Shelter; the Citizen's Advice Bureau has helped stop 5,000 people from becoming homeless in the last twelve months⁶⁶. Although such charity-based services take some of the burden from tax-funded local housing options services, they too require individuals to refer themselves, leaving many households not receiving the support they are legally entitled to until it is too late.

This paper recommends that lenders should be required to alert the relevant local authorities of any person at risk of home repossession due to mortgage arrears.

Under Paragraph 5.1(1) of the Pre-Action Protocol, lenders must contact borrowers whenever they fall into arrears, supplying information about the amount of arrears and the outstanding debt. This paper proposes that this letter could be copied to the housing department of the relevant local authority. Passing on the name and contact details of the person at risk at an early stage would allow case workers to contact the vulnerable person, assess the risk of homelessness, evaluate available housing options and if necessary facilitate an application for financial support under the Mortgage Rescue scheme, before repossession becomes likely.

For people who prefer to remain independent of local service advice or are concerned about data protection and privacy, there can be an opportunity to opt-out of the scheme when signing the secured loan agreement.

Early assessments of housing needs for those at risk of repossession could pre-empt repossession entirely by enabling rapid dissemination of advice and assistance with applications for financial support. Local services could also help negotiate with lenders and help find alternative accommodation. Even when faced with eviction, early and continued contact with local services would give individuals access to advice and support in addition to that provided by charities such as Citizen's Advice and National Debtline.

⁶⁴ CML reports little change in mortgage repayment problems in second quarter, Press release from Council of Mortgage Lenders, 11 August 2011. The CML represents 94% of all residential mortgage lending in the UK.

⁶⁵ See http://england.shelter.org.uk/get_advice/repossession/steps_before_court_action

⁶⁶ CAB advice for struggling homeowners ahead of new repossession figures, Press release from Citizen's Advice, 10 August 2011.

INCREASING AVAILABLE HOUSING

Although 39,170 new affordable homes were provided for social rent in 2010–11⁶⁷, this barely touches upon the 1.75 million households⁶⁸ (4.5 million people⁶⁹) on local authority waiting lists for housing. Every delay in the provision of permanent accommodation to the homeless risks hindering reintegration – even short periods of rough sleeping or stays in emergency accommodation can severely jeopardise the reintegration of vulnerable people⁷⁰. The Housing First approach – proven to be highly successful at re-housing the homeless – involves providing homelessness services, such as mental health and adult education, when the client is in housing. However, this approach to reintegrating homeless people requires that there be an adequate stock of housing available and that this housing is affordable. This can be achieved through a variety of initiatives that either maximise the use of existing homes or increase the national housing stock.

12 MAXIMISING THE USE OF EXISTING HOUSING

Hundreds of thousands of homes in the UK are under-occupied; many are completely empty. Charities such as Empty Homes have campaigned for policies to bring empty homes back into use⁷¹; and the topic has recently received significant media attention, including Channel 4's programmes exploring the British lack of affordable housing and potential for empty homes to be used to house those worst affected by the housing crisis⁷².

12.a Changes to council tax

For the first six months a private home is empty, it is exempt from council tax. However, about 288,000 privately-owned homes⁷³ are unoccupied for longer than 6 months. After 6 months, individual councils are able to offer continued exemption from council tax or a discount from 0 to 50% at their discretion; approximately half of all councils in England do this. It is important to acknowledge that, although these discounts subsidise and reward long-term inoccupation and represent a loss of revenue of about

⁶⁷ *Affordable Housing Supply, England, 2010–2011*, Dept. of Communities and Local Government, October 2011

⁶⁸ *Local Authority Housing Statistics, England: 2009–10: Housing Strategy Statistical Appendix (HSSA) & Business Plan Statistical Appendix (BPSA)*, Dept. Of Communities and Local Government, November 2010

⁶⁹ *Laying the Foundations: A housing strategy for England*, HM Government, November 2011, p21

⁷⁰ *How to allocate social housing: the urgency of the housing need of applicants should prevail*, Feantsa Policy Statement, October 2007

⁷¹ See www.emptyhomes.com/

⁷² *The Great British Property Scandal*, Channel 4, broadcast on 4 December 2011 and *Phil's Empty Homes Giveaway*, Channel 4, broadcast on 7 December 2011

⁷³ Housing Strategy Statistical Appendix (HSSA) 2010

£70 million⁷⁴, they are vital in localities where housing demand is low, such as in deprived, previously industrialised regions in the North of England. It would be unreasonable to abolish these arrangements nationally. The Government is consulting on proposals for technical reforms to council tax until 29 December 2011⁷⁵. Included is a proposal to give Councils greater discretion over Council Tax relief with respect to empty and second homes.

This paper recommends that Local Councils be given the power to levy higher rates of council tax on long-term empty homes.

This will help expand the power of the 50% of councils that choose not to offer any council tax discount to the owners of empty homes. Punitive council tax rates on empty homes may provide an incentive for owners to let out empty homes, and invest in renovation and alteration where necessary. The revenue could also be invested in housing development and in the repair and maintenance of existing stock.

A further 252,000 dwellings in England are second homes⁷⁶ left unoccupied for much of the year. This practice removes homes from the housing supply. There is a high demand for second homes in cities and coastal towns. Certain local councils have very large waiting lists for housing – the waiting list for housing in Tower Hamlets, for example, represents 23% of the total number of dwellings in that area⁷⁷. Yet many of these areas contain a disproportionately high number of second homes; for example, the 1,839 second homes in Tower Hamlets could meet the needs of up to 8% of the housing waiting list if fully occupied. Currently, many councils offer a discount on Council Tax for second homes to reward their owners' reduced demand for local services. However, this incentivises the ownership of homes that are occupied below capacity and drives up housing costs for year-round residents, as well as reducing the housing stock available for them.

This paper recommends that Local Councils be given the power to levy higher rates of council tax on second homes, the revenue from which might be used to improve housing.

12.b Cuts to VAT on renovation and alteration of empty homes

The exemption of new-build housing from VAT improves the financial incentive for private investors to develop new homes. However, the renovation and alteration of homes empty for over 2 years, many of which do not meet decency standards, is charged VAT at 5% and such work on homes empty for less than 2 years is charged the full rate of VAT. Government guidance states that any home empty after 6 months is 'Long Term Vacant', and it is common for housing empty for this length of time to fall into disrepair. A financial incentive to maintain existing housing in a liveable state is required, especially in the context of the shortfall⁷⁸ in new builds.

This paper recommends that the VAT payable on renovation and alteration work on homes empty for longer than 6 months should be reduced to 5%.

⁷⁴ Policy briefing: Taking stock, Shelter, April 2011

⁷⁵ See communities.gov.uk/publications/localgovernment/technicalreformcounciltax

⁷⁶ Housing Strategy Statistical Appendix (HSSA) 2010

⁷⁷ Policy briefing: Taking stock, Shelter, April 2011, p20

⁷⁸ The Housing Report, Edition 1, National Housing Federation, Chartered Institute of Housing and Shelter, October 2011, pp6–7

12.c Increase in Rent a Room tax relief

The Rent a Room scheme exempts a homeowner from up to £4,250 of income tax when renting out a furnished room in their main home. This encourages homeowners with spare rooms to take on lodgers. However, the current amount of tax relief provided no longer reflects the income likely to be earned from renting out a single room, which has increased with inflation since the upper limit, in 1998, was set. Increasing this limit in line with inflation would incur a loss of revenue of only £5 million per year⁷⁹. Charities including the Empty Homes Agency and Shelter have argued for an increase in this limit to one that reflects the inflation in rental values since 1998.

This paper recommends that the upper limit for Rent a Room tax relief be increased in line with inflation to reflect current rental values.

12.d Government promotion of Homeshare schemes

Many under-occupied homes belong to single, elderly persons. Homeshare schemes provide free accommodation to people, usually young individuals or couples, in the houses of elderly people in return for the provision of 10 hours of help a week⁸⁰. Homeshare schemes can be set up in a locality through SharedLivesPlus, a national charity network for small community services, and are often eligible to apply for funding from various government departments. However, the application process for funding is often confusing and complicated for would-be Homeshare providers. Homeshare incorporates both 'care' and 'housing' so could fit in the remit of the Department of Health (which has funded some Homeshare schemes), the Department of Housing, or other local schemes. The over-complicated application process, and lack of recognition of Homeshare as falling into the remit of a particular department, can deter Homeshare schemes from being set up, or lead to their funding being overlooked.

This paper recommends that the government formally recognise Homeshare schemes as worthy of funding applications, and issue clear guidance on how and where to apply for funding for Homeshare schemes.

13 INCREASING THE HOUSING STOCK

13.a Increased allocation of funds to the construction of local housing and supporting infrastructure

The government has promised to help build 170,000 homes in the next four years⁸¹. This is overshadowed, however, by the significant shortfall in housing supply, which last year was 344,000 homes. By 2015, the shortfall in the UK housing supply is expected to reach 1 million homes⁸². A progressive and ambitious constellation of policies for home-building will be required for homelessness to be reduced in the coming decades.

⁷⁹ Hansard, 22 Oct 2008, c358W

⁸⁰ See <http://www.naaps.org.uk/en/homeshare/> or <http://homeshare.org/uk.aspx> for more details.

⁸¹ <http://www.communities.gov.uk/news/newsroom/2033731>

⁸² *UK faces housing shortfall of about 1 million by 2015, Savills estimates*, Population Matters, March 23rd 2011, see <http://populationmatters.org/2011/blog/uk-faces-housing-shortfall-1-million-2015-savills/>

This paper recommends a major increase in the allocation of funds to building social housing and providing grants to housing associations for building new homes.

13.b Brownfield development

The current government's plans abolish the previous government's targets on development on brownfield sites, which they attack as 'arbitrary' and 'leading to ... high density, unpopular development'. The plans also remove the requirement that housing developers be required to develop on 'brownfield first', instead introducing a requirement to 'use land with the least environmental or amenity value where practical'. Though this provides greater freedom to developers and planners, this new requirement fails to recognise the advantages of brownfield development over development on other low value land.

Brownfield development is beneficial. Most importantly, it minimises the environmental damage caused by house-building, such as the destruction of habitats and the depletion of green spaces and areas of natural beauty. In addition, it maximises the economic and social benefits arising from agglomeration, by allowing businesses and the communities they serve to exist side-by-side and not segregated by a scattering of unoccupied and undeveloped spaces. Significant brownfield space is available for building – space for up to 1.5 million houses, the equivalent of government housing targets for the next six years, according to the Campaign to Protect Rural England⁸³.

Brownfield development, however, is not inherently as economically viable as greenfield development, because existing sites often need to be modified (in terms of removing existing property and altering infrastructure like communications wires, plumbing and drains, and access roads/paths). A great deal of brownfield development over the last twenty years – generally regarded as successful – has been dependent on government subsidies⁸⁴. Certain existing subsidies are under consultation to be reduced or abolished, such as Land Remediation Relief. Given that a significant number of new homes need to be built to meet rising demand, it is necessary both economically and environmentally to ensure that as many of these homes as possible are built on brownfield land, and that the government tailors its policy accordingly.

This paper proposes that the government reinstate the requirement that housing developers be required to use brownfield land where appropriate for a development, before greenfield land may be considered.

This paper also proposes that further subsidies and incentives for brownfield developers be considered, and existing incentives such as Land Remediation Relief be maintained.

13.c Adequate replacement of homes sold under Right to Buy

The Right to Buy scheme allows tenants who have lived in social housing for over 5 years to purchase their home at a generous discount. Since 1980, this has resulted in nearly 2 million homes being sold by local authorities. The Government is consulting on proposals to reinvigorate Right to Buy by increasing the cap on discounts, currently £38,000, to up to 50% of the property value⁸⁵.

⁸³ <http://www.planningresource.co.uk/Housing/article/1103845/Brownfield-land-England-deliver-six-years-worth-housing-CPRE-says/>

⁸⁴ <http://www.planningresource.co.uk/bulletin/ecdevbulletin/article/1099169/brownfield-success-dependent-government-subsidies/>

⁸⁵ *Laying the Foundations: A housing strategy for England*, HM Government, November 2011, p26

This paper welcomes the Government's recent commitment to building a new affordable home for every home sold under the proposed reinvigorated Right to Buy scheme. Under the proposals however, roughly 80% of funding for building the new affordable homes is intended to come from non-government grant sources, such as cross-subsidy and borrowing⁸⁶. There is a risk that each large 'affordable home' is replaced by a smaller one, thus reducing the social housing stock⁸⁷. At a time when Britain already faces a significant housing shortfall, and very long waiting lists for social housing, it is imperative that no government policy creates incentives to reduce the social housing stock.

This paper recommends that the Government mandates that every Right to Buy sale results in a replacement affordable home with a similar number of bedrooms.

⁸⁶ *Laying the Foundations: A housing strategy for England*, HM Government, November 2011, p27

⁸⁷ http://www.affinitysutton.com/news_and_resources/public_affairs/policy_positions/right_to_buy.aspx