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Experiences with Housing and Violence

A report on the extent to which housing is a risk factor for violence within West Yorkshire

Opportunities to mitigate risk in a violence reduction context

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Violence
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Introduction

Accommodation can function as both a risk and protective factor for victimisation or perpetration of violence. Safe, secure, and affordable accommodation reduces the likelihood of violence being perpetrated by members of the household. Conversely, unsafe, insecure, and unaffordable housing may increase the likelihood of violence. People experiencing homelessness, especially rough sleepers, are exposed to higher levels of violence than those in settled accommodation. In addition, households that live in overcrowded or poor-quality accommodation are more likely to have members who become violent. The effects of affordability issues and/or tenure insecurity may increase the likelihood of members of the household becoming victims or perpetrators of violence. This report seeks to identify the various ways accommodation and violence interact through a robust literature review and assessment of public and private data. As a component of our research, Humankind also interviewed 61 people in West Yorkshire with recent experiences of homelessness and/or rough sleeping, with the intention of exploring various lines of enquiry related to unsafe, insecure, and unaffordable accommodation.

The Housing Crisis and Cost of Living

At the centre of homelessness in the United Kingdom is the housing crisis—the significant barriers which make it difficult to find suitable accommodation. The persistent trend of rent and house prices outpacing wage increases over several decades has left working people dedicating a greater proportion of their income towards housing expenses. This makes them more vulnerable to homelessness than ever before. There have been major increases in the cost of private renting, and the number of households in insecure housing situations due to rent arrears and the affordability of independent living has increased as well. These changes to private rental sector access and affordability have a varying impacts depending on individual factors such as ethnicity, age, and gender. For example, younger households are more likely to rent privately than older households. Ethnic minority groups are less likely to be owner-occupiers than White British householders and are disproportionately higher occupants of private-rented accommodation.

Current events, such as the COVID-19 pandemic and the ongoing 'Cost-of-Living' crisis are increasing the number of households affected by affordability and insecure housing. In the questionnaire we ran in this research, over half of respondents stated that they are concerned they will get into rent arrears in their next settled accommodation, with respondents indicating that they would feel at less risk of being made homeless in social housing compared to private rented accommodation. While assessment of the impact of the Cost-of-Living crisis is ongoing, there is now evidence of an increase in rough sleeping linked to rising costs and reduced access to private rented housing. According to new figures released by the Combined Homelessness and Information Network (CHAIN), rough sleeping increased in London by 21% during October to December 2022 when compared to the same period in 2021 (Crisis, 2023).

Due to a lack of affordability and other factors, overcrowding in accommodation is on the rise. The likelihood of a property being overcrowded is influenced by a range of factors, including tenure type and ethnicity. The English Housing Survey (EHS) illustrated that rental properties are considerably more likely to be overcrowded than owner-occupied accommodation. Only 1% of owner-occupied properties (183,000 households) were overcrowded compared with 7% of private renters (302,000) and 9% of social renters (344,000). The survey also identified that properties occupied by ethnic-minority households were much more likely to be overcrowded than White British households in England. The households with the highest rates of overcrowding were in the Bangladeshi (24%), Pakistani

(18%), Black African (16%), Arab (15%) and Mixed White and Black African (14%) ethnic groups, compared to 2% for White British households (English Housing Survey - Headline Report, 2019-2020, 2020).

Approximately 8% of the UK's housing stock is owned through buy-to-let mortgages. 85% of buy-to-let mortgages are 'interest only.' Monthly repayments are forecast to increase by an average of £175 by the end of 2023. It is likely that these increased repayments will be passed on to tenants through rent increases. The impact of increased private rental costs and reduced access will be evident in the Yorkshire and Humber region, which has the highest proportion of private renting of any English region outside of London. Research by Shelter reported that 1 in 12 private renters in England were under threat of eviction. Of those, 504,000 had received or been threatened with an eviction notice in the last month, up 80% on the same period last year, a worrying figure given Shelter identified that 69% of private renters would struggle to find a suitable home if they were evicted (Shelter England, 2022a).

The private rented sector is reducing at significant pace. Analysis from Propertymark found the number of properties available to rent through letting agents halved between 2019 and 2022 (Propertymark, 2022). Competition among tenants to secure a property is at a record high. Private landlords are increasingly selective over prospective tenants. 'Riskier' households, for example people with previous failed tenancies, people in receipt of Welfare Benefits, etc. are finding it harder to access private rental housing. The proportion of private rentals in the north of England, advertised at rents above the relevant Local Housing Allowance has grown from 75% in 2017 to over 90%. This means that almost all private rented households in the north of England now face a shortfall between their rent and Housing Benefit, which they will have to personally pay. In the questionnaire conducted for this report, we found that approximately three-quarters of respondents wish to live independently in the future in either private rented or social rented housing. However, the impact of the Cost-of-Living crisis is apparent, with 52.27% of respondents stated that they would be worried about being able to afford to heat or light their home adequately.

The rising cost of living is also impacting social renters. The UK's National Housing Federation (NHF) found that 28% of social renting households pay for their energy via prepayment meter (private renters: 15%; homeowners: 5%), meaning those on the lowest incomes are often paying the most for their energy due to higher tariffs (National Housing Federation, 2020). In West Yorkshire, Leeds City Council manage approximately 54,000 homes for social rent. In the first 6 months of 2022-23 the Council's Housing Officers (Income) Team were supporting 12.78% more households than during the same period in 2021-22 to maximise their income and maintain tenancies. Wakefield Council report a significant increase in the number of households accepted as being at risk of homelessness due to the loss of accommodation through rent arrears. This has increased by 128% between 2021 and 2022. This trend would seem to be directly linked increases in cost of living. Thus, social renters will continue to need increased support to maintain their tenancies.

Owner-occupiers are facing considerable increases to mortgage payments in 2023. The Bank of England (BoE) projects that the monthly payments of approximately 4 million owner-occupied mortgages are expected to increase in 2023. On average, increases are likely to be £250 upon refinancing to a new fixed rate. The impact of mortgage rate increases will disproportionately affect different social groups. Those most affected will typically be younger, with lower incomes and higher levels of debt. The BoE predicts arrears and defaults are likely to rise, as pressures on UK households increase (Financial Stability Report, 2022). In addition, Citizens Advice have assessed that 25% of mortgage-holders

would not be able to maintain an increased mortgage payment of £100 per month, with 11% of all UK mortgage-holders currently have negative household budgets. The impact is already starting to become apparent with a significant increase in repossessions for home-owner mortgages and buy-to-let mortgages in Quarter-3 of 2022-2023 (Costa, 2022).

Links to Violence

The UK's National Housing Federation (NHF) surveyed 102 households living in overcrowded homes which focused on the impact of overcrowding on their lives. The survey found that 45% of overcrowded families argued more frequently due to the overcrowding of their home. Adults in 81% of overcrowded families stated that their personal relationships were negatively affected by overcrowding.15% of overcrowded households indicated that they 'fought a lot' with their partner (National Housing Federation, 2020).

Shelter's 'Full House' report (2005) focused on 505 households, including 152 classed as 'severely overcrowded'. 87% of adults stated that overcrowding had caused them to argue and fight, and 85% of households stated the overcrowding caused their children to argue or fight. Both Shelter and the NHF's research provide significant evidence that overcrowded accommodation increases the likelihood of households arguing and fighting. Neither research project specifically establishes if respondents felt that there were direct links between overcrowding and acts of violence, with the meaning of the term 'fight' unexplored. However, it seems reasonable to interpret the Shelter and NHF research as indicating that overcrowding does increase the likelihood of acts of violence occurring. Within Humankind's questionnaire in this report, respondents were asked about accommodation they had previously lived in, with 32.14% stating that it felt overcrowded. 22.22% of people who had experienced overcrowding stated that it had made them more likely to become violent. The links between overcrowded accommodation and acts of violence by members of the household remains a relatively under-researched area and may merit further specific research.

Certain events may trigger the loss of an individual's accommodation. A significant number of people lose their accommodation because of violent behaviour, including 19.64% of respondents to our questionnaire administered by housing support providers. In addition, some people—often those who are vulnerable—find it difficult to control who enters their homes. Their inability to control who enters their property leaves them vulnerable to violence through 'cuckooing' and coercion. Humankind's research established that 16.07% of respondents stated that they were pressured to behave in ways that they did not want to, with 10.71% reporting that they were unable to control who entered their property and 3.57% being the victims of 'cuckooing', defined as the practice of taking over the home of a vulnerable person in order to establish a base for illegal drug dealing.

People who sleep rough are far more likely to be victims of crime, including violent assault, abuse, and intimidation when compared to the general public. Among the report's housing questionnaire respondents, 73.21% stated that they felt unsafe when they were homeless, while 28.57% had experienced violence while homeless. 19.64% stated that they had been violent towards other people, and all of this subgroup stated that being homeless had made them more likely to be violent towards others. 69.64% of respondents stated they were concerned about their mental health when homeless, and 15.38% of this group indicated that the effect homelessness had on their mental health increased their likelihood of committing violent acts.

The number of violent assaults on homeless people appears to be increasing. 'The Guardian' analysed data from nine UK police forces in 2018 and found significant increases

in the number of attacks on homeless people, increasing from 493 in 2014 to 1,259 in 2018 (Marsh and Greenfield, 2018). Channel 4 News (2018) found that attacks on homeless people in the UK had tripled in five years (Marsh and Greenfield, 2018). Rough sleepers and those in temporary accommodation are subject to elevated levels of violence. Research by Crisis in 2016 interviewed 458 homeless people, and of those 55% had been the victim of a violent assault by unknown assailants (Sanders and Albanese, 2016). In the United States, the National Coalition for the Homeless identified that 515 people had lost their lives, through incidences of violence from people who were not homeless, over a twenty-year period. They concluded the violent deaths were "solely due to the lack of housing" (National Coalition for the Homeless, 2020). Experiences of harm may continue in temporary accommodation. DePaul UK' 'Danger Zones and Stepping Stones: Phase 2' (2017) identified that 28% of homeless people experienced physical harm whilst homeless or in temporary accommodation.

The problems of unaffordable housing and lack of security can also escalate the incidence of violence within households that are affected. The Cost-of-Living crisis has already increased the likelihood of women experiencing domestic abuse. Women affected by domestic abuse feel less able to leave abusive partners because of concerns about their ability to afford to live on a single income. Poor quality accommodation itself is a major issue throughout the country and may increase rates of violence. 35.71% of Humankind's housing questionnaire respondents told us that their previous accommodation had been of poor quality, e.g., damp, mouldy, cold, unclear, in poor repair, etc. 20% of these people stated that living in poor quality accommodation made them more likely to become violent.

It is clear that poverty and deprivation are tied to housing stability and homelessness, with notable variation depending on 'protected characteristics' such as gender and ethnicity. Rates of violence against women experiencing homelessness and housing instability are higher than rates of violence in the general population. Homeless women are at greater risk of violence than homeless men. Groundswell's 2020 report 'Women Homelessness and Health' identified that 36 out of 104 homeless women interviewed stated that 'physical or sexual abuse was currently affecting their daily life' (Groundswell, 2020). DePaul UK's 2017 report established that 19% of women and 5% of men had experienced sexual assault whilst in temporary accommodation. 'Violence and Emergency Department Use among Community-Recruited Women Who Experience Homelessness and Housing Instability' identified that 54 of the 300 women interviewed had experienced sexual violence in the previous 6 months. The report concludes that 'women who experience homelessness are at particularly high risk for multiple types of violence and victimisation from multiple perpetrators' (Riley et al., 2020). Moreover, violence is higher in areas with higher levels of deprivation. In West Yorkshire, from 2015-18, 41% of people admitted to hospital for injuries relating to violence were living in areas with an Indices of Multiple Deprivation decile of 1— the highest level of deprivation. In 2019-2020, gun crime, knife crime, and the occurrence of serious youth violent offenses were highly correlated to rates of deprivation.

Methodology

Introduction

From the onset of our research, we aimed to investigate the intersections between access to safe, secure, appropriate, and affordable accommodation with experiences of violence, alongside a range of other lines of enquiry. In doing so, we utilised a mixed methods approach to triangulate the various sources of evidence, including a literature review, analysis of publicly available data, information obtained from local councils, and experiential data via a questionnaire. We analysed information gathered from open-source tools to provide health, societal and environmental contexts, as well as ONS data to help us understand local demographics.

Additionally, primary research techniques were utilised, primarily from qualitative and quantitative data obtained from the questionnaire we developed. We used these methods to engage directly with people in West Yorkshire to explore the relationship between housing and violence. Qualitative research helped us to contextualise violence as a consequence of factors including childhood trauma, harmful social/community experiences, and the application of social policy. Our findings will help to inform evidence-based recommendations for multi-agency collaboration, upstream interventions, and support pathways to identify long-term approaches to prevent and tackle serious violence. We engaged with key stakeholders, including:

- West Yorkshire Housing Partnership
- Supported Housing Providers
- Local Authority Housing Options/Homelessness Departments
- Local Authority staff with oversight of Private Sector Accreditation/Registration/Forums
- Victim Services
- Drug and Alcohol services

Engagement with the above stakeholders helped to inform the following key lines of enquiry:

1. How to identify families needing support (as either perpetrators or victims of serious violence, or both
2. Exploration of effective support pathways for individuals who are dealing with co-occurring housing, mental health and/or substance use issues
3. Access to different accommodation types for people facing housing stability or histories involving violence

We engaged directly with individuals in the form of questionnaires, to inform key lines of enquiry including:

1. Exploration of the individual/household's current housing stability and their direct experiences of homelessness.
2. Exploration of the violence experienced by individuals who have been homeless or rough sleeping including violence perpetrated
3. Establishing personal impact data and perceptions as to how the 'Cost of Living' crisis will impact individuals/households and the population of West Yorkshire
4. 'Sense checking' the development of emerging themes/recommendations
5. Establishing preferred formats for resources/guidance

Literature Review

A major component of our research was a comprehensive literature review. Literature was sourced from public data including published reports from various NGOs, Non-profits, and governmental organisations, in addition to academic literature. Key lines of enquiry shaping the literature review included:

1. The establishment of 'housing instability' terminology/definitions, including:
    a. Insecure housing
    b. Unsafe housing
    c. Unaffordable housing
2. Exploration of the impact that housing may have on destabilising families and the extent and impact of this. Demographically, who is affected and how?
3. Exploration of the links between housing and violence, including housing stability, housing type/tenure and overcrowding; an assessment of how housing can be a risk and protective factor for violence and victimisation.
4. Exploration of how 'protected characteristics' intersect with individual's/household's housing experiences/risks of violence.
5. Exploration of specific or additional housing/violence issues faced by clients facing severe multiple disadvantage (SMD).

Finally, insights from providers and individuals helped to highlight how exposure to intergenerational adverse childhood experiences, and negative experiences of service provision may influence individual beliefs/behaviours.

Qualitative Research

Engagement with a broad range of people and agencies is key to understanding the relationships between housing and serious violence, and to the development of impactful mitigation strategies. Humankind are a well-established local provider and delivery partner linked in to established networks of criminal justice, social care, health, and housing, including those that sit under the West Yorkshire Health and Care Partnership (WYHCP) and West Yorkshire Violence Reduction Unit (VRU). From our previous work with the WYHCP, we have gathered evidence from victims and perpetrators of serious violence. This research included mapping support services across the five districts of West Yorkshire. We engaged with these agencies to explore housing and violence links as well as mitigation measures.

We engaged with the West Yorkshire Housing Partnership (WYHP), comprised of 10 Housing Associations who collectively own/manage over 91,000 homes across West Yorkshire, providing a range of housing and homelessness services including supported housing, refuges, and young person's services. Engagement with WYHP had three key purposes:

1. To establish how their service user data can inform understanding of:
    a. Demographic profiles of clients housed by 'protected characteristics'
    b. Residents' housing histories including numbers with experience of homelessness/rough-sleeping and violence as victims/perpetrator
    c. The support outcomes requested/provided/achieved including reductions in offending behaviour
2. To identify access routes to undertake qualitative research directly with residents and staff in projects, e.g., hostels, refuges, supported housing, young person's schemes

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3. To identify models/pathways/interventions that WYHP believe may be impactful in the prevention of serious violence, e.g., establishment of an ethical letting agency

We contacted each Local Authority's Housing Department to identify staff with lead responsibilities for liaison with private landlords or landlord accreditation schemes. Their input helped to shape our understanding of local changes to the private rented market including overall landlord/housing stock numbers, letting patterns/access, evictions— including those linked to violence—local implications/direction of travel. Discussion helped us to capture their views as to how access to the sector could be improved for people with histories of insecure accommodation.

Humankind directly consulted with people with a history of homelessness to establish their personal experiences of violence both in settled accommodation and while unsettled. This was achieved primarily through collaboration with a selection of housing support and victim services, who helped to distribute the questionnaire we developed.

Quantitative Analysis

Our services, including community substance misuse services in Leeds and Calderdale, and Children and Young People's services provided us access to a broad range of quantitative data to help inform this project including:

- Demographic profiles of clients presenting to services
- Housing needs and support outcomes requested/provided
- Distance-travelled/outcomes achieved, e.g., tenancies sustained, planned move-on, compliance with statutory orders/reductions in offending behaviour
- Impactful, evidence-based interventions/pathways/models

Data analysis of the positive impact of elements of these services helped to inform evidence-based practice and recommendations for preventing violence. Additionally, we consulted with Local Authority Housing Departments to expand insight and understanding. We established data sources relating to the demographic profile of people presenting as homeless, and how protected characteristics intersect with violence. This allowed us to establish emerging trends/patterns of homelessness/links with violence. Further data relating to the demographic profile of people presenting as homeless was obtained from the government's Detailed Local Authority Tables on Statutory Homelessness.

Chapter One: Interactions between demographic characteristics and experiences with housing and violence

What is the demographic profile of those most affected by housing instability or homelessness? How do these characteristics intersect with housing experiences and risk of violence?

Introduction

While homelessness and housing instability can affect anyone regardless of background or circumstance, certain groups are disproportionately affected. These disparities are reflected throughout the UK. Thus, a nuanced understanding of the various contributing social, economic, and individual factors, as well as an appreciation for the unique challenges faced by different subgroups of the population is crucial to address issues within housing and homelessness. There is often an association between protected characteristics such as ethnicity, gender, age, etc., and levels of neighbourhood deprivation. Nationwide, higher levels of violent offences occur in neighbourhoods with the highest levels of deprivation. Research has shown that certain ethnic and racial groups are disproportionately represented in areas of high deprivation, and that women, children, and older people are also more likely to live in these areas as well. These patterns suggest that disadvantaged groups, including ethnic minorities, women, children, and the elderly, may be at higher risk of experiencing violence due to their housing status. To address disparities in housing and its connections with violence, it is necessary to take a comprehensive, intersectional approach that considers the various structural and social inequalities that continue to exacerbate ongoing issues.

Demographics and the Housing Market

Population characteristics are intrinsically connected to the housing market, and vice versa. Demographics are linked to housing in a variety of ways, especially in the form of structural inequities, which may manifest due to direct and indirect discrimination in our society. Rates of homeownership, tenure, homelessness, and other housing metrics differ when considering the influence of age, gender, ethnicity, disability, and other protected characteristics. Nationwide patterns, including the ever-increasing cost of housing, the decline of social housing, and so forth further the disparity.

Nationwide:

According to the latest census data, as of 2021 there were 24.8 million households in England and Wales (23.4 million in England, 1.3 million in Wales), in which 58.6 million usual residents lived. This figure represents an increase of over 1.4 million since 2011 (from 23.4 million). While overall numbers of household ownership have increased from 15.0 million to 15.5 million since 2011, percentagewise there was a decrease from 64.3% of households owning their accommodation to 62.5% in 2021. Numbers of households renting their accommodation increased, from 34.3% of the population (8.0 million) in 2011 to 37.3% (9.3 million) in 2021. The data on accommodation ownership and renting can be broken down further to show that:

- 32.8% of households (8.1 million) owned the accommodation they lived in outright, an increase from 30.8% (7.2 million) in 2011.

- 29.7% (7.4 million) owned their accommodation with a mortgage or loan or shared ownership, which is a smaller proportion than in 2011 (33.5%, 7.8 million).
- 20.3% (5.0 million) rented their accommodation privately, up from 16.7% (3.9 million) in 2011.
- 17.1% (4.2 million) lived in the social rented sector, for example through a local council or housing association; this is a smaller proportion than in 2011 (17.6%, 4.1 million)

The dramatic decline of the social housing stock has made it more difficult for individuals and families to access affordable, secure homes. Over the last 20 years, there has been a net loss of nearly half a million social homes (Shelter England, 2022b). This trend has intensified the housing emergency, with 1.4 million fewer households living in social housing now than in 1980, while the private rented sector has more than doubled to make up the difference. In addition, the disappearance of social housing is exacerbating the problem of homelessness by creating a vicious cycle of poverty and exclusion. Individuals who are homeless are often unable to access the support and services they need to improve their situation, and this can make it more difficult for them to find and maintain stable housing. Furthermore, the lack of stable housing can bring about challenges for individuals looking to access employment, education, and other essential services, which can contribute to the ongoing cycle of poverty and homelessness. With little to no hope of escaping these trends, it is paramount that more social homes are built, as they are the "only tenure of housing that is affordable by design because rents are set with a formula tied to local wages, unlike every other so-called 'affordable' home" (Trew, Bhakta & Galarza, 2022). Furthermore, rising housing prices are locking people out of homeownership through restrictions on mortgages, whilst prices continue to rise at a higher rate than incomes. In addition, the median house price has grown from 4.9 times the median salary for England in 2002, to 8.96 times the median salary in 2021 (Baxter-Clow, Elliot and Earwalker, 2022).

West Yorkshire:

Figures for the housing type and tenure across the five local authorities in West Yorkshire are as follows:

Tenure of Household - percentage	Owned outright	Owns with a mortgage, loan, or shared ownership	Total owner-occupied properties	Social Rented	Private-rented or lives rent free
Leeds	28.0%	29.6%	57.6%	20.4%	22.0%
Bradford	31.9%	30.4%	62.3%	14.6%	23.1%
Calderdale	34.6%	30.4%	65.0%	14.6%	20.4%
Kirklees	35.0%	30.9%	65.9%	14.8%	19.3%
Wakefield	31.7%	31.7%	63.4%	21.7%	14.9%

Ethnicity, Housing & Violence

Nationwide:

As stated, discrimination in the housing market is known to disproportionately affect ethnic minority groups, with research showing that people from ethnic minority communities are significantly impacted by structural racism in the housing system (Baxter, Elliot & Rogaly, 2021), in addition to experiencing higher rates of poverty and economic disadvantage. Ultimately, the disproportionate rates of homelessness among ethnic minority communities in the UK reflect broader inequalities in society, including discrimination, poverty, and a lack of affordable housing. Rates of homeownership throughout the UK are unequally shared amongst minority ethnic groups. While 68% of White British households own their homes, just 20% of Black African, 40% of Black Caribbean, 46% of Bangladeshi and 58% of Pakistani households are homeowners (Baxter-Clow, Elliot & Earwaker, 2022).

In addition to unequal homeownership, ethnic minorities are more likely to face discrimination in the private rented sector. Welfare and immigration policies, including the benefit cap and No Recourse to Public Funds (NRPF), have led to a notable disparity in access to affordable housing for minority ethnic communities. Among individuals subject to NRPF, 45% of adults belonging to minority ethnic communities are in poverty, compared to 19% of White adults. Furthermore, among workers in the lowest paid occupations, adults belonging to minority ethnic communities are 12% more likely to face unaffordable housing costs than White workers (Hetherington, 2021). Likewise, LHA rates and benefit caps disproportionately affect ethnic minorities (Berry and Pennington, 2022). There is evidence to suggest that people from ethnic minority communities in the UK are disproportionately affected by homelessness. For example, local authority data shows that 9.7% of people in England owed a prevention or relief duty in 2020-2021 identified as Black, despite making up just 3.5% of the general population (Homeless Link, 2022b).

"I entered the UK from Hungary 4 years ago. I was staying with associates and carrying out cash in hand work as my only income…

The family I stayed with made me carry out work for them…they would take me to the bank so I could take out cash and hand it over. I was not comfortable with this…the police arrested them due to a crime they had committed, and I was screened to establish if I was a victim of human trafficking and modern-day slavery. An NRM was submitted, and I was placed in a safe house. While staying in the safe house, I was given £65/ week.

My NRM was rejected meaning I was no longer considered a victim and I was given notice to leave my accommodation into a strange town, unable to communicate or understand English, with no recourse to public funds and with health issues.

I was offered reparation back to Hungary by the safe house. Although this is not what I really want I feel as though I do not have a choice. I am worried about going back because I have health issues and I received medical care and medication in the UK that I will not receive at home.

I was then sent to Discovery House, and I did not receive any money. I was no longer entitled to support from the safe house."

Humankind Survey Respondent (Male, 55-64, White)

West Yorkshire:

According to mid-2021 population figures from the Office for National Statistics, the population of West Yorkshire is approximately 2,351,600 (ONS, 2021). Regarding country of origin and birthplace, 7.4% of the population is non-British, with Bradford having the highest representation (10%), whilst Calderdale had the lowest at 4%. 11.4% of the population were born outside of the United Kingdom, with the highest proportion found in Bradford (16%) and the lowest in Wakefield (7%) (WYVRU, 2022b). Among those assessed as owed a prevention or relief duty in West Yorkshire, meaning a local authority is satisfied that an applicant is homeless and eligible for assistance, the distribution from the most recent statutory homeless data can be seen in the figure below:
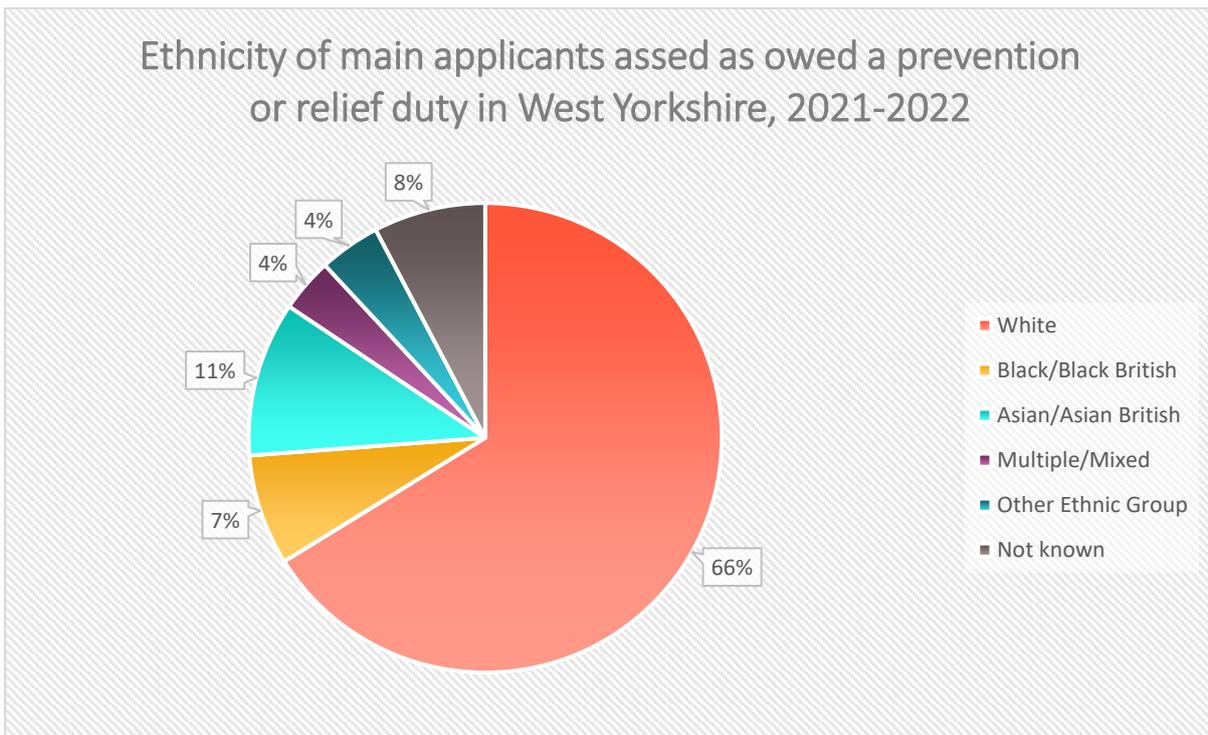
Figure 1: Ethnicity of Main Applicants in WY, 2021-2022 (Detailed local authority level tables: financial year 2021-22, 2022)

According to the most recent statutory homeless data for the 2021-2022 fiscal year, the cumulative distribution of homeless individuals by ethnicity across the five metropolitan boroughs within West Yorkshire is as follows: White (66.17%), Black/African/Caribbean/Black British (7.63%), Asian/Asian British (10.65%), Mixed or Multiple ethnic groups (3.7%), Other ethnic groups (4.19%), and Not Known (7.66%). For comparison, the percentages of each ethnic group in West Yorkshire as a whole can be seen in the figure below:
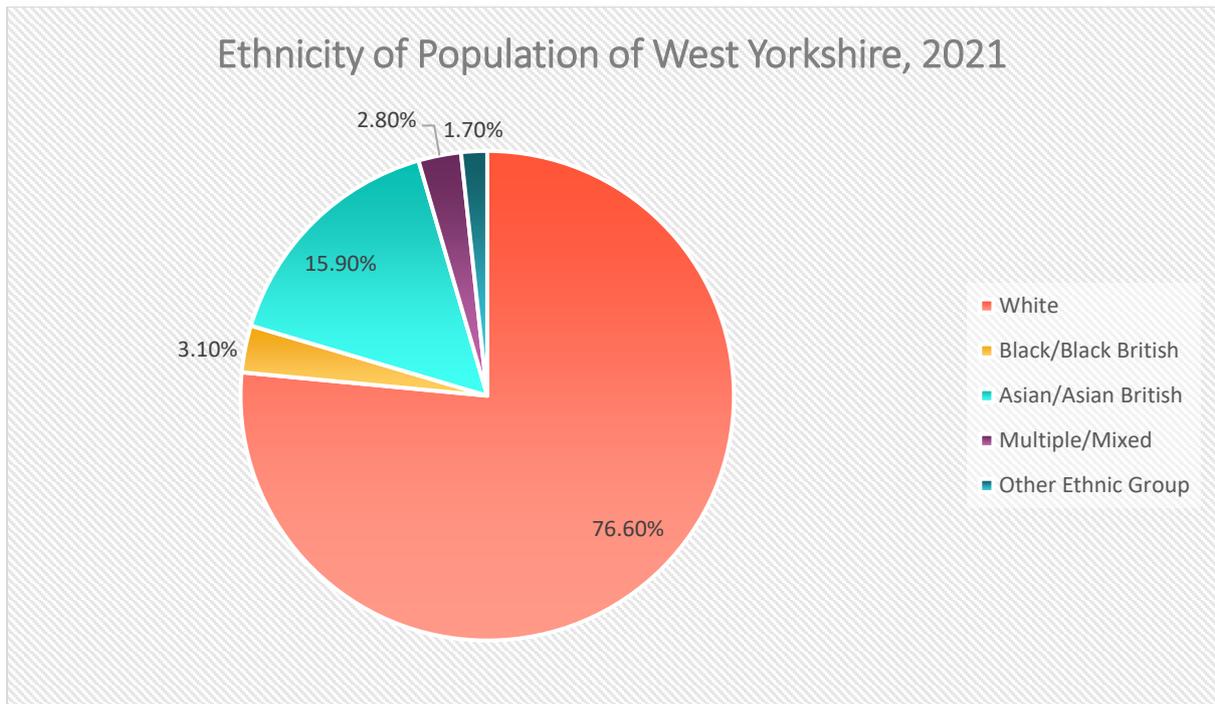
Figure 2: Ethnicity of West Yorkshire, 2021 (ONS, 2022)

All local authorities within West Yorkshire had a White majority, concerning the ethnic background of applicants included in the most recent statutory homelessness tables. Calderdale and Wakefield have the highest percentage recorded as White, while Bradford and Kirklees were the most diverse of the local authorities, reflecting the make-up of their populations. However, the proportions of minority ethnic groups in each district are more strongly represented in statutory homelessness statistics than in the population as a whole (e.g., Bradford and Kirklees).

Figure 3: Ethnicity of Main Applicants by Local Authority—Statutory Homelessness Tables, 2021-2022 (Detailed local authority level tables: financial year 2021-22, 2022)

Gender, Housing & Violence

Nationwide:

Like ethnicity, experiences within the housing market tend to differ by gender. For instance, women are disproportionately affected by structural issues within the housing market. Among LHA claimants, women were found to make up nearly half (49%) of private renters but more than two-thirds (67%) of LHA claimants (Berry and Penningto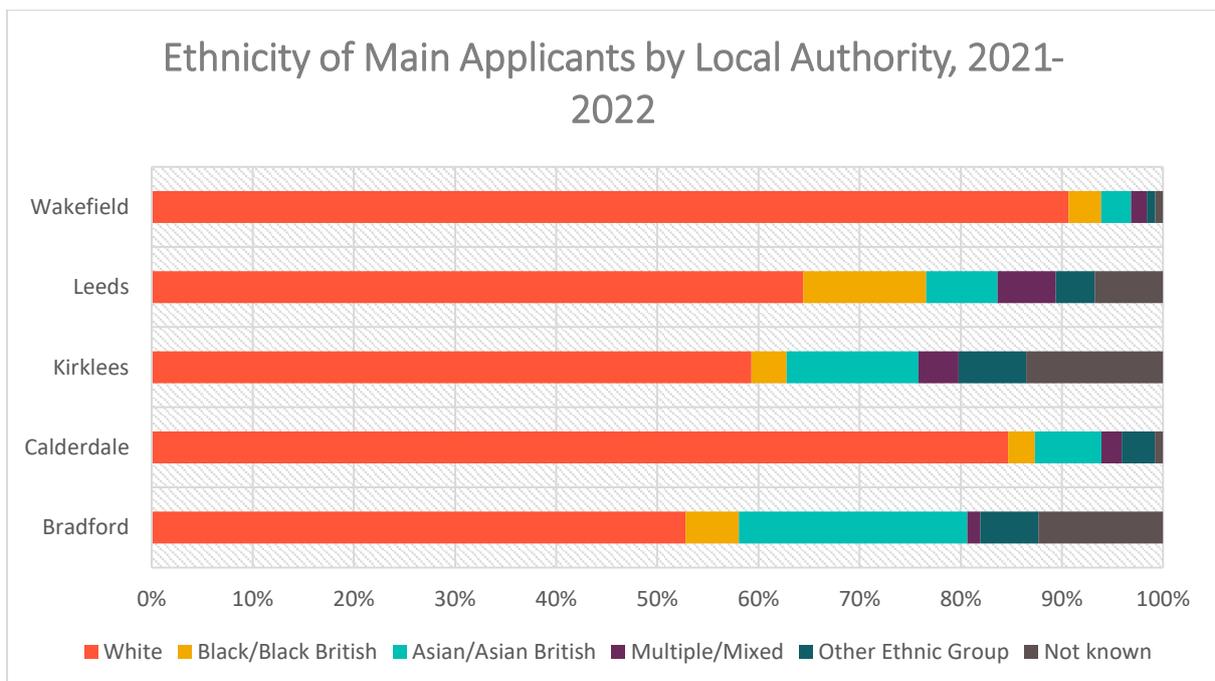n, 2022). Women are likely to be at risk of experiencing violence and exploitation because of housing status. CREST's 2021 report identified insufficient accommodation as one of the primary drivers of violence for women and girls and people in poverty. The interconnected nature of homelessness, health, opportunity, and experiences with violence is clear. A lack of safe and secure housing may lead to addiction and abuse, while a lack of employment opportunities, as well as reductions and difficulties in obtaining government allowance, are other exacerbating factors.

As identified in the 2021 Domestic Abuse Bill, a primary need throughout the UK is an increase in suitable accommodation options for those who have experienced domestic abuse. Representing a clear link between housing and violence, domestic abuse has a gendered component. Domestic abuse is defined as including "any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence, or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality . . . [including, but] not limited to psychological, physical, sexual, financial, and emotional abuse ('Improving access to social housing for victims of domestic abuse', 2022). Men, women, and non-binary individuals can experience domestic abuse, although there are marked differences in the prevalence and nature of abuse experienced by each gender. Domestic abuse is a significant cause of homelessness for women in particular. A 2014 study of single homelessness by Crisis found that 61% of women presenting as homeless had experienced violence or abuse from a partner (Crisis, 2014). Among women in St Mungo's services, 33% stated that domestic abuse was a contributing factor to their homelessness, while only 8% of men stated the same (Centrepoint, 2019). Recent research has identified that when compared to young men, young women who experienced homelessness were more likely to have become homeless due to relationship breakdown (60% vs. 51%). In addition, 25% of young women had experienced emotional or mental abuse and 3% had experienced sexual abuse and exploitation as a direct cause of homelessness, compared to 14% and 1% for young men. (Centrepoint, 2019). Among women, violence is often a casual factor leading to homelessness. In a recent study, a primary 'trigger event' for women experiencing homelessness was violence, including both domestic abuse, and abuse from neighbouring households—in addition to mental ill health (Bretherton, 2020). Cramped or unsuitable

> "I have been the victim of *physical, emotional, financial, and sexual abuse* due to not having safe and secure accommodation. I do not feel safe among other people, I feel unsafe in groups. Because of the abuse I have endured I am very mistrusting of people. I do not open up with people, I tend to isolate myself. This also *affects my mental health*. I had to move out of supported accommodation because a new resident triggered me as he looked similar to a man who had been sexually violent towards me."
>
> Humankind Survey Respondent (Female, 35-44, White)

accommodation has been linked to domestic abuse, which is a clear link between accommodation and violence that significantly impacts women. During 2020, it was found that the number of domestic abuse reports made by women increased. In addition, limited suitable alternative accommodation options can worsen the situation for women. With some women being financially dependent on their abuser, they are less likely to report abuse or seek support (WYVRU, 2022a).

In general, women are twice as likely as men to encounter interpersonal violence and abuse. Additionally, the more severe the violence is, the higher the likelihood that it will be experienced by women as opposed to men. Generally, higher rates of abuse increase risk of experiencing homelessness. Throughout England, 1.2 million women have experienced extensive abuse both as a child and as an adult. Of these women, 21% have experienced homelessness, compared to just 1% of women who have little or no experience of abuse (Homeless Link, 2022a). Adverse Childhood Experiences, including violence within the family home, are a key feature in women's experiences with homelessness (Groundswell, 2020; Crisis, 2014). Research by St Mungo's found that among those who had experienced homelessness in their study, 19% of women had experienced abuse as a child compared to 8% of men. Childhood trauma is strongly linked to homelessness, especially for women. Reeve et al (2007) found that 75% of women experiencing single homelessness recalled challenging or traumatic experiences in childhood, including parental violence, neglect, abandonment, bullying, bereavement, and strained relationships. Of these women, nearly one-third also reported suffering from sexual abuse in childhood from a male perpetrator (Homeless Link 2022a).

The disparity in the experience of violence continues once homeless, with young women being three times as likely to experience sexual abuse or exploitation once homeless (Homeless Link, 2022a) For women who have been incarcerated, release from prison may result in homelessness, as research in 2020 from the Safe Homes for Women Leaving Prison initiative found that over 60% of women released from prison did not have secure accommodation (WYVRU, 2022a). Linked both to age and gender, young women may face additional risks related to accommodation that increase their risk of violence and exploitation. In order to avoid sleeping outside, many women may instead choose risky accommodation. For women that experience rough sleeping and single homelessness, they are often found to present with a greater degree of multiple disadvantages, meaning women who are rough sleeping are "more likely to have experienced violence and abuse, mental ill health, and separation from a child than men" (Homeless Link, 2022a). Crisis (2016) identified women's experiences with violence while rough sleeping as an area of particular concern. In their report, 36% of female rough sleepers reported being a victim of violence, compared to 29% of male rough sleepers. Concerning verbal use, 65% of women reported verbal abuse in the prior 12 months, compared to 53% of male rough sleepers. Women were also slightly more likely to be victims of theft while rough sleeping (54% vs. 50%). While rough sleeping does impact many women, the tendency to place heavy focus on it often clouds the extent of women's experiences of homelessness, which often includes statutory homelessness support with children or informal arrangements with friends and families (Homeless Link, 2022a). Unfortunately, temporary living arrangements, even among friends and family, do not prevent violence. McCoy (2018) found that of the population surveyed, 19% of young women had experienced sexual assault in a temporary living arrangement compared to 5% of young men.

Among women who are homeless and have been the victim of violence, the lack of permanent address makes it more difficult for services to identify and support them. For those who have experienced homelessness, poverty is identified as a primary cause—especially when occurring in childhood. Poverty in childhood is often "cited by women as both a cause of homelessness and a barrier to exiting" (Bretherton, 2020).

West Yorkshire:

Addressing violence against women and girls, of which a major component is domestic abuse, was identified as a priority need in the 2022 West Yorkshire Violence Reduction Unit's Response Strategy Refresh. One of the primary recommendations within the refresh, also iterated in this report, is a system-wide approach aimed at increasing awareness of trauma (including Adverse Childhood Experiences) and support services available for victims of VAWG. This is recommended to include workforce training, and the inclusion of a trauma-informed approach across all systems to ensure "sensitivity, empathy, and understand the impact of lived experiences" (WYVRU, 2022b). These recommendations are supported by Crest, which advises a gendered understanding and a trauma-informed approach. Research shows that trauma is often a direct trigger for homelessness, the experience of which then leads to additional trauma. It is a complex, positive feedback loop that highlights the futility of trying to end homelessness without addressing trauma.

West Yorkshire has one of the highest domestic abuse rates in England and Wales, with 40 incidents per 1,000 people compared to the national average of 22 (WYCA, 2021). In addition, domestic abuse rates in West Yorkshire increased by 3.8% during the pandemic (WYCA, 2021). Data supplied by Bradford Council found that out of 12,558 housing assessments carried out, 2541 were for domestic abuse, racial and non-racial violence (20.2%). Of these 2541 clients, 1834 were female (72.2%). As of April 2020, the 2nd highest reason for loss of settled home in West Yorkshire was domestic abuse, which disproportionately impacts women. Data from Victim Support stated that the vast majority of young victims referred to their services in West Yorkshire between March 2020-2021 were females (Crest, 2021). Clearly

"I was placed in the park hotel via the HOP team with my ex-boyfriend who was very controlling and used to hit me…when things did not go his way.

We both have a *drug addiction* and there were days I would experience domestic violence—when we had no money for drugs, and *he would send me out to steal* to fund our habit.

We left the park hotel as the HOP Team had a move on plan for both of us, but we were to be split up. Due to my boyfriend at the time being controlling, he said no to this. I had to leave and return to the streets.

Again, I experienced *domestic violence* from him, and one time he bit my face which has left a scar. My HOP worker reported this, and he is now wanted by the police. I have chosen to leave him, and my HOP worker has placed me back in temporary accommodation as I fear for my life.

During this time my *mental health got worse*, and I struggle being alone. My body aches have got better now that I can sleep in a bed, and not on a floor in a tent.

I now want to move out of area and have my own home where my children can come see me."

Humankind Survey Respondent (Female, 45-54, White)

linked to rates of domestic abuse, stalking, harassment, and sexual violence—all of which have a gendered component—the number of female homicide victims has increased as well. For each of these crimes, rates in West Yorkshire are higher than the national average (Crest, 2021).

Age, Housing & Violence

While homelessness and housing instability can impact anyone regardless of age, there are distinct patterns which occur nationwide. It is crucial to acknowledge the impact of intersecting demographic factors when it comes to experiences with homelessness and violence. Among female clients in a St Mungo's study, 60.1% were below the age of 35, and of all female clients accepted as homeless due to

> I was ***attacked*** a few times over the years when sleeping rough. My mental health got worse when I was rough sleeping. My drug use increased when I was sleeping outside. I was using more to cope with the situation. My last settled address was a private rented house about six years ago. I had to leave due to ***domestic violence*** from my ex-partner. There was a lot of anti-social behaviour at the property. I felt there was too many people living in temporary accommodation when the council sometimes housed me. I lost my home due to anti-social behaviour and I was the victim of domestic violence. I would like to move on to supported housing with my partner. There is ***not any supported housing in Bradford for couples*** at the moment. This would be a good idea.
>
> Humankind Survey Respondent (Female, 25-34, White)

violence or abuse, there were 2122 dependent children. Generally, young adults aged 16 to 24 are particularly vulnerable to homelessness due to a lack of affordable housing, limited job prospects, and the lack of support networks. Some of the factors driving both youth violence and the experience of homelessness for young people include poverty, social exclusion, family breakdown, unmet mental health needs and the experience of trauma (Crest, 2021). Families with children tend to be at a higher risk of homelessness as well, due in part to high housing costs, low income, and limited access to affordable housing. Not only are young people vulnerable to the experience of homelessness, but the elderly population is as well. This is due to a combination of factors including a reduction in their income and the loss of support networks.

Once homeless, young people are increasingly vulnerable to exploitation and may be pushed towards crime in order to achieve some level of control over their circumstances, which only continues to increase risk of experiencing violence. Young homeless people face a substantial impact from homelessness and home insecurity, including mental health issues, poor physical health, high joblessness, violence on the streets, abuse in the home, increased risky behaviour, and even death (Crest, 2021). For young people who have experienced violence, research by Crest suggests directly removing young people and their families from violent and/or exploitative situations by providing more suitable accommodation is an effective method for reducing harm. In addition, another method of harm reduction includes the provision of family and individual services aimed at reducing the risk factors associated with homelessness and extra-familial risk. Within child protective services, further education, and the adoption of new models of thinking are suggested, including concepts such as contextual and transitional safeguarding (Crest, 2021). Collaborative, partnership working is another means to reduce contextual harm and the risk of violence and exploitation

for young people, thus there is a need for intra-departmental, collaborative communication. This includes engagement between social landlords, housing officers, other housing providers, and the police force to facilitate the early identification of vulnerability, including appropriate referrals, sufficient support, and the prevention of evictions or abandoned tenancies. In addition, the neighbourhood and built environment play a major role in young people's experiences with violence. It is crucial to consider these variables when aiming to reduce the experience of violence and exploitation of young people. Recognising risk factors, such as insufficient accommodation, precarious living conditions, high crime neighbourhoods, and insecure schools is necessary for reducing contextual harm, which may directly reduce deprivation-related violence (Crest, 2021). Efforts to reduce these structural inequalities can subsequently reduce the experience of violence and exploitation for people with deprived backgrounds, especially young people.

West Yorkshire:

Among those identified as homeless in West Yorkshire, 24% were identified as between the ages of 18 and 24 years old (WYVRU, 2022a). Statutory homelessness data obtained from public sources also revealed the following:

Age of Main Applicants assessed as owed a prevention or relief duty in West Yorkshire, 2021-2022

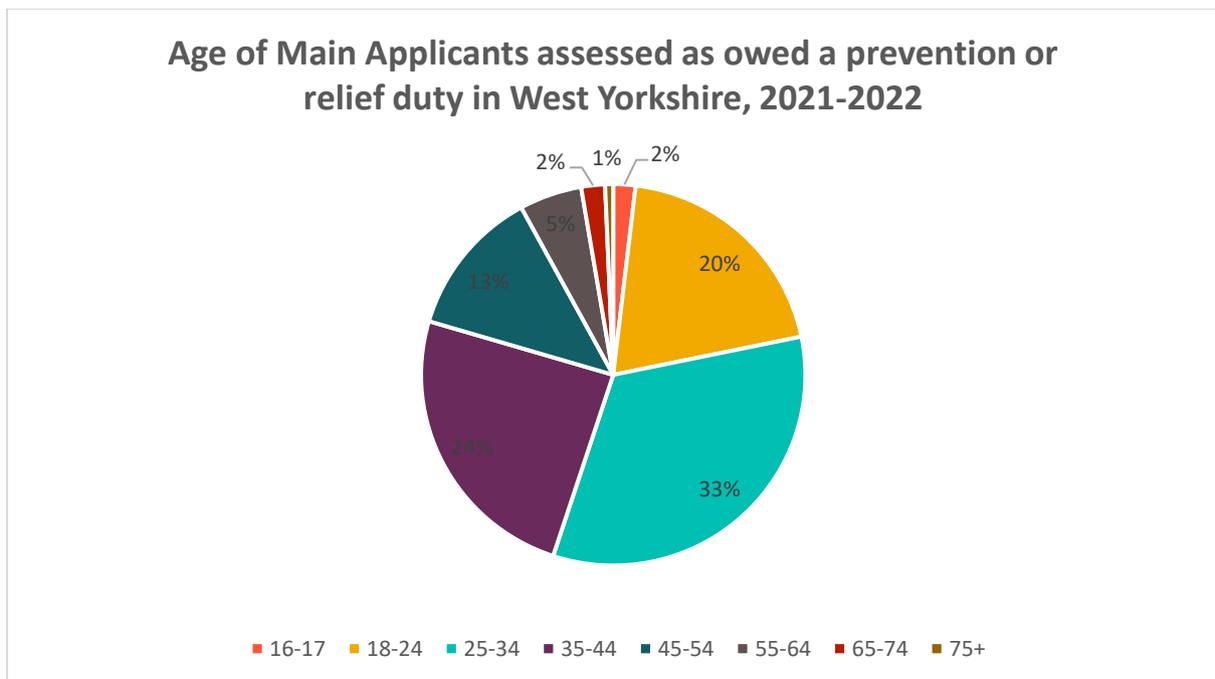Legend: 16-17, 18-24, 25-34, 35-44, 45-54, 55-64, 65-74, 75+

Figure 3: Age of Main Applicants across WY, 2021-2022 (Detailed local authority level tables: financial year 2021-22, 2022)

Across West Yorkshire, the majority of applicants were between the ages of 18 to 44. These proportions reflect nationwide patterns of homelessness, seen below:

Figure 4: Age of Main Applicants in England, 2021-2022 (Detailed local authority level tables: financial year 2021-22, 2022)

Violence in the home, further exacerbated by crowded and inadequate housing conditions, precarious employment, and financial pressures, represents an additional risk, especially for young people and other minority groups. CREST research into West Yorkshire found that housing status, quality, income deprivation, and neighbourhood crime put approximately 61,220 11- to 25-year-olds (13% of the population) at risk of serious violence. Throughout each local authority in West Yorkshire, the age distribution is as follows:

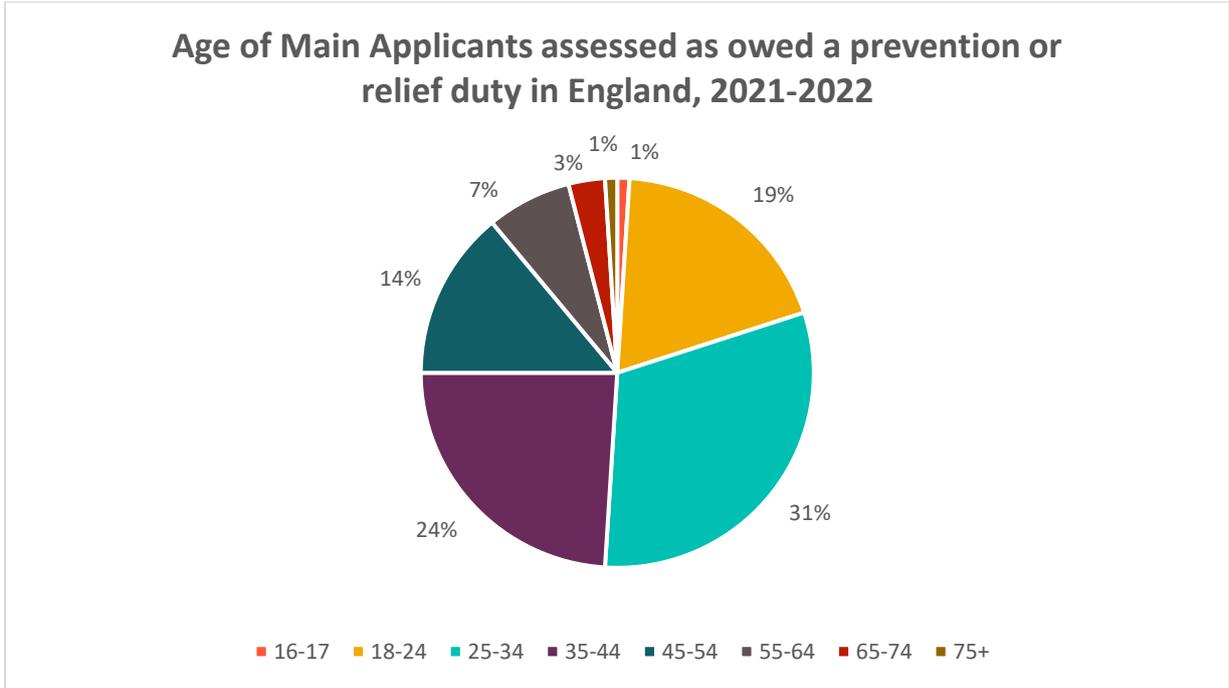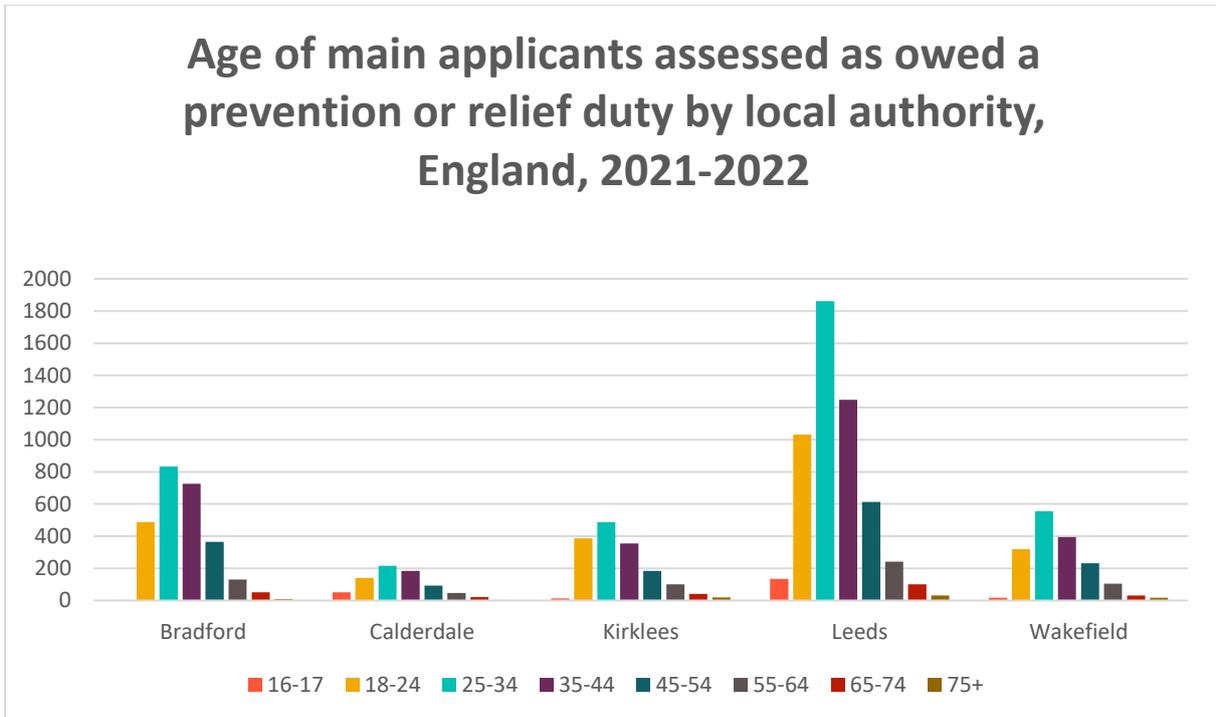*Figure 5: Age of Main Applicants by LA, 2021-2022 (Detailed local authority level tables: financial year 2021-22, 2022)*

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Multiple Disadvantage and Other Factors

It is critical to take an intersectional approach when investigating experiences of homelessness and violence. While individual characteristics such as age, gender, and ethnicity can impact the likelihood of experiencing homelessness and violence, these factors themselves can combine with each other, or with other characteristics to put someone at increased risk of experiencing homelessness and violence.

Poverty is a compounding factor between experiences of homelessness and demographic characteristics. There is a strong association between poverty and housing instability in the UK. People living in poverty are more likely to experience housing insecurity, and face difficulties in securing and maintaining adequate and affordable housing. In addition, people living in poverty are often more likely to experience homelessness, either as a result of being unable to afford their current housing, or due to a lack of available affordable housing options. Homelessness can in turn exacerbate poverty by reducing access to employment and other opportunities, and by increasing the costs associated with health and social care. Families living in poverty are more likely to suffer adverse experiences such as domestic abuse, fatalities, incarceration, financial instability, and homelessness (WYHCP, 2021). LHA rates and benefit caps are established to be more likely to affect people with protected characteristics under the Equality Act 2010. For example, among private renting households which claim housing benefit nationwide, over half (51%) include someone with a disability, compared to 29% of private renting households (Shelter, 2017). It is well established that violence itself is concentrated in areas with higher levels of deprivation, disproportionately impacting people living in these areas. In West Yorkshire from 2015 to 2018, 41% of people admitted to hospital for injuries related to violence were living in an area with an IMD decile of 1, which is the highest level of deprivation (Crest, 2021). Furthermore, only 7% of hospital admissions related to violence occurred where victims were from areas with an IMD less than 5. In 2019-2020, gun crime, knife crime, and the occurrence of serious youth violent offenses were highly correlated to rates of deprivation. These findings highlight the importance of environment, and how it can put a person at increased risk. These contextual factors, including insufficient or low-quality accommodation, proximity to violence, a lack of safe spaces, and peer abuse, can all put people at increased risk.

Mental health is another exacerbating factor with links to housing and violence. The impact of housing on mental health cannot be stressed enough. Poor quality housing has long been recognised as a significant contributor to mental health. The links between poor physical quality, lack of affordability, and housing insecurity with mental health are complex and multifaceted, and they can have a profound impact on the wellbeing of individuals and communities. Poor physical quality housing can have a negative impact on both mental and physical health in a number of ways. For example, living in a damp, poorly maintained home can increase the risk of respiratory problems and other physical health conditions, which can, in turn, contribute to feelings of anxiety and depression. Among households in West Yorkshire assessed as owed a prevention or relief of duty, the most cited characteristics is a history of mental health problems (24%). Following this, physical ill health, and disability (13%), being at risk of/has experienced domestic abuse (11%) and having an offending history (10%) (WYVRU, 2022a). WY-FI data has additionally found strong links between homelessness, mental health, and addiction, with 97% of the 610 beneficiaries referred to the program with a homelessness need also identifying as having a substance use need and 96% reporting a mental ill-health need (WY-FI, 2020). These findings suggest a need for

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local authorities to consider multiple forms of disadvantage when taking steps to secure accommodation for those at risk of homelessness.

Similarly, living in overcrowded conditions can increase feelings of stress and tension. As of the last Census, 3.7% of households were identified as overcrowded, defined as the number of households with bedroom occupancy rating of -1 or less as a % of the household. Overcrowding can make it difficult for individuals to find a quiet and private space to relax and recharge, and is "more likely to be experienced by minority ethnic groups and the most deprived households" (Office for Health Improvement and Disparities, 2022). Living in unsuitable or low-quality housing can negatively impact wellbeing, as can inability to afford housing. Poor mental health can also be a factor for losing one's home. Housing is therefore a critical issue in the protection of mental health and wellbeing of a population, especially those who are most vulnerable—children, older people, and those living in deprived areas or disadvantaged socio-economic groups. (Office for Health Improvement and Disparities, 2022). An unequal distribution of those experiencing poor housing contributes to widening health disparities. Disparities in health then may act as further stressors leading to the experience of homelessness by disadvantaged groups—including younger adults, those on low incomes, and ethnic minority groups. For example, in 2019 the number of ill and disabled people becoming homeless increased by 53% (Agenda, 2020).

While not discussed in the sections above as a demographic characteristic, evidence shows that LGBTQ+ individuals are at an increased risk of experiencing homelessness due to a variety of contributing factors, including family rejection, discrimination, mental health issues, and so forth. Among the total nationwide youth homeless population, 24% identify as LGBTQ+ (Agenda, 2020). 25% of LGBTQ+ young people had experienced abusive relationships with an intimate partner, with transgender young people experiencing this more than those who are not transgender (26% compared to 15%) (AKT, 2021). AKT research found that LGBTQ+ young people who were disabled had experienced higher rates of intimate partner violence (25% compared to 15%).

There is a strong link between a history of incarceration and homelessness in the UK. People who have been in prison are often faced with multiple barriers that can make it difficult for them to secure and maintain stable housing upon release. Housing and accommodation appear to be the single biggest challenge facing workers who've supported beneficiaries with an offending history, and particularly those who've been released from prison. Concerning the impact of incarceration, evidence from WY-FI suggested a strong link between this factor and homelessness. WY-FI divided their Beneficiary population into two groups: those who had little or no interaction with the Criminal Justice System (CJS) (486, described as "other") and those who had frequent contact with the CJS (229 Beneficiaries, described as CJS 229). The research uncovered a stark difference between the two populations. In the CJS 229 group, 50% of men and 40% of women were evicted at least once during their WY-FI journey, as opposed to only 11% and 12% for men and women respectively in the "other" group. These findings suggest a need for additional tenancy and housing support for people with a history of offending (Everitt, 2021). Additional links between incarceration and accommodation were found in WY-FI data, including the experience of 'cuckooing', where past peer groups found the address and exploited the Beneficiary to be able to use substances in their home. Substance misuse issues were also found to link to antisocial behaviour, placing beneficiaries at risk of losing their accommodation. Additional themes included financial exploitation, a sense of lack of safety and anxiety in the home due to trauma, financial barriers including a lack of bank account,

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inefficiencies in transition from prison to release, and poor-quality accommodation (Everitt, 2021).

Chapter Two: The effects of overcrowding on victimisation and/or Perpetration of Violence

To what extent is overcrowding a contributory factor for victimisation and/or perpetration of violence?

According to the Office for National Statistics, 'overcrowding' compares the number of rooms a household requires with the number of available rooms, to identify overcrowding. The UK Census data uses this methodology and the Census' definition will be adopted for the purposes of this research (ONS, 2021). The ONS / Census data use the following formula to identify the number of rooms a household requires:

- one-person households require three rooms, comprised of two common rooms and one bedroom
- two-or-more person households require a minimum of two common rooms and a bedroom for each person in line with the bedroom standard

The people who should have their own room according to the bedroom standard are:

1. married or cohabiting couples
2. single parents
3. people aged 16 years or over
4. pairs of same-sex persons aged 10 to 15 years
5. people aged 10 to 15 years who are paired with a person aged under 10 years of the same sex
6. pairs of children aged under 10 years, regardless of their sex
7. people aged under 16 years who cannot share a bedroom with someone in 4, 5 or 6 above

Occupancy ratings are then assessed according to the table below:

Occupancy Rating	Overcrowding Assessment
-1 or less	Overcrowded: The accommodation has fewer rooms than required
+1 or more	Under-occupied: The accommodation has more rooms than required
0	Ideal: The accommodation has an ideal number of rooms

Nationwide:

The 2021 Census identified that, across England and Wales, 1.1 million households (4.3% of all households) had fewer bedrooms than required. Some 26.5% (6.6 million) of households had the required number of bedrooms, and the remaining 69.2% (17.2 million) of households had more bedrooms than required.

West Yorkshire:

According to the most recent data, the Census did not identify any Local Authorities in West Yorkshire with a higher percentage of overcrowded households than the national average. Bradford has the highest level of households with fewer bedrooms than required

(4.3%). Wakefield had the lowest level of households with fewer bedrooms than required (2.1%). Results for each local authority can be seen in the table below:

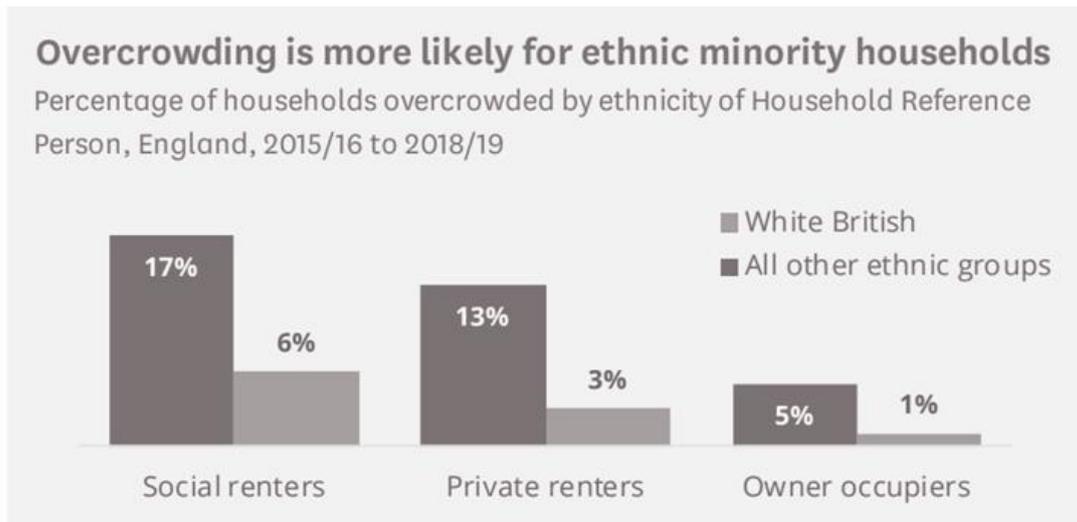| Fewer bedrooms than required	Percentage of households with an occupancy rating of -1 bedroom
Leeds	3.3
Bradford	4.3
Calderdale	2.5
Kirklees	3.6
Wakefield	2.1

In contrast to Census data, there are a significant number of Middle Layer Super Output Areas in West Yorkshire with 6% or more of '-1 bedroom occupancy ratings' households. The full table of MLSOs is included in Appendix B. It has not been possible to identify an open data source which provides details on violent crimes recorded by Middle Layer Super Output Areas. The interactive UK Crime Map records criminal offences that occurred between December 2019 and November 2022. The map can be filtered to show the location of occurrences of 'Violent or Sexual' crimes (CrimeRate, 2023). This provides a potential method of analyzing if areas with higher proportions of overcrowded households report higher levels of violent or sexual crime. However, it is of limited value to this line of enquiry in that it would not indicate if the violence were linked to an overcrowded household.

Overcrowding by tenure

The English Housing Survey (EHS) 2019/20 found that overcrowding is more common for renters than owner-occupiers (English Housing Survey, 2020). In 2019-20, 1% of owner occupiers (183,000 households) were overcrowded compared with 9% of social renters (344,000) and 7% of private renters (302,000). Overcrowding was more prevalent in the social rented sector than in the private rented sector.

Overcrowding by ethnicity

The EHS illustrates that overcrowding is more common in ethnic minority households compared to White British households (GOV.uk, 2021). It identified that approximately 2% of White British households were overcrowded in England. In contrast the households with the highest rates of overcrowding were in the Bangladeshi (24%), Pakistani (18%), Black African (16%), Arab (15%) and Mixed White and Black African (14%) ethnic groups.
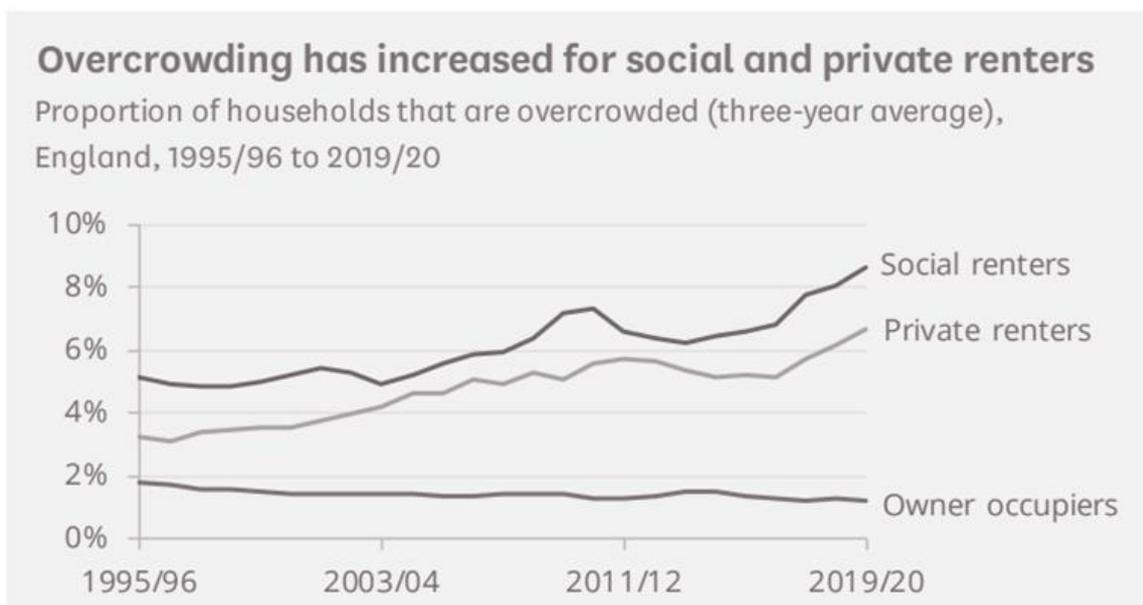
Overcrowding is more likely for ethnic minority households

Percentage of households overcrowded by ethnicity of Household Reference Person, England, 2015/16 to 2018/19

Legend:
- White British
- All other ethnic groups

Social renters: 17% (All other ethnic groups), 6% (White British)
Private renters: 13% (All other ethnic groups), 3% (White British)
Owner occupiers: 5% (All other ethnic groups), 1% (White British)

Source: UK Government, Ethnicity Facts & Figures: Overcrowded households, 9 September 2020

Figure 6: Overcrowded households by ethnicity and rental status

Overcrowding in rented accommodation

Rates of overcrowding for owner-occupiers have steadily reduced since 1995/6 but have shown a marked increase for both social and private renter, particularly since the mid-2010s.

Overcrowding has increased for social and private renters

Proportion of households that are overcrowded (three-year average), England, 1995/96 to 2019/20

[Line chart showing three lines — Social renters, Private renters, Owner occupiers — from 1995/96 to 2019/20 with y-axis 0% to 10%]

Source: MHCLG, English Housing Survey 2019-2020: Headline report, Annex Table 1.24

Figure 7: Overcrowded households, 1995-2020

Impact of overcrowded accommodation – National Housing Federation's Research

In 2019, the National Housing Federation (NHF), the representative body of housing associations, commissioned ComRes to conduct a survey of households living in overcrowded homes which focused on the impact of overcrowding on their lives (ComRes,

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2019). The sample size was small at 102, therefore the results should be treated as indicative. The NHF survey found:

- 45% of overcrowded families argue a lot because their home is crowded
- 22% argued a lot but not because their home was crowded
- 87% of overcrowded families have had their health negatively affected by overcrowding

- 85% of overcrowded families have had their mental health negatively affected by overcrowding
- Adults in 81% of overcrowded families have had their personal relationships negatively affected by overcrowding

The surveys indicate a link between overcrowded accommodation and increased tension within households, which impacts negatively upon relationships and household members' perceptions of mental and physical well-being. 45% of households were clear that the crowded accommodation was a causal factor in arguments. If this figure was applied to the total number of overcrowded households identified in England and Wales in the 2021 Census, it would suggest that approximately half a million households may be similarly affected.

85% of overcrowded families indicated that their mental health was negatively affected by overcrowding. Adverse effects identified included feeling stressed, being depressed, having to seek medical help, or having to take medication for mental health issues. Applying 85% to the total number of overcrowded households identified in the Census gives a total of 935,000 households that may be similarly identified.

Adults in 81% of overcrowded families have had their personal relationships negatively affected by overcrowding. Respondents were asked how their personal relationships were affected by how crowded their home was. Negative effects included not getting time alone with their partner; not feeling able to start a new relationship, fighting a lot with their partner, and their relationship with their partner worsening or ending. Applying 81% to the number of overcrowded households identified in the Census gives a total of 891,000 households potentially affected in this way. 15% of overcrowded households indicated that they 'fought a lot' with their partner. If applied to the Census data of overcrowded households gives a total of 165,000 households potentially with increased risks of violence due to overcrowding.

Impact of overcrowded accommodation – Shelter's research

Shelter's 'Full House – How overcrowded housing affects families' (2005) focused on the experiences of 505 households, including 152 classed as 'severely overcrowded' (Shelter, 2005). 74% of households had children sharing a bedroom with a parent or parents. 27% had had children sleeping in living or dining rooms. 10% were forced to pair teenagers of opposite sexes in the same bedroom. The research found strong agreement that overcrowding harmed family relationships.

- 85% stated that overcrowding caused children to argue or fight
- 87% stated that it caused adults to argue or fight

- 94% recorded that overcrowding caused depression, anxiety, or stress

Overcrowded accommodation and perpetration of violence

Both Shelter and the NHF's research provide strong evidence that overcrowded accommodation increases the likelihood of households arguing and 'fighting'. Neither research project specifically establishes if respondents felt that there were direct links between overcrowding and acts of violence, with the meaning of the term 'fight' unexplored. However, it seems reasonable to interpret the Shelter and NHF research as indicating that overcrowding does increase the likelihood of acts of violence occurring. The links between overcrowded accommodation and acts of violence by members of the household remains a relatively poorly researched area and may merit further specific research.

*"I felt very **unsafe rough sleeping** as I had no protection from anything. I also felt suicidal because I was on the streets. I was violent towards other rough sleepers as they were trying to get close to me and I felt scared. Lack of sleep made me more violent. I am not usually a violent person. I was evicted from temporary accommodation through housing options just before I became homeless for not keeping my room clean and tidy. The hostel felt **overcrowded** at mealtimes as there were fourteen residents all trying to eat at a little table. I was evicted from TLC accommodation because of my behaviour. This is supported housing for people with mental health issues. My mental health wasn't good at the time. I was a **victim of violence** in a bedsit I rented. I do not want to say who was violent towards me."*

Humankind Survey Respondent (Male, 25-34, White)

Chapter Three: The impact of the 'Cost of Living Crisis' on people experiencing homelessness or insecure housing.

What is the impact of the Cost-of-Living Crisis on homeless people or those in insecure housing situations?

The Cost-of-Living Crisis

The 'Cost of Living' refers to the fall in 'real' disposable incomes, i.e., adjusted for inflation and after taxes and benefits, experienced in the UK since late 2021, caused predominantly by high inflation outstripping wage and benefit increases. Inflation is calculated as the average change in the price of typical goods and services purchased by UK households over 12 months, tracked using the Consumer Price Index (CPI). The CPI rose by 10.7% in the 12 months to November 2022. However, CPI excludes the cost of housing. The ONS produces an alternative measure of inflation which includes owner-occupier's housing costs (CPIH). The CPIH including rose by 9.3% in the 12 months to November 2022. The largest upward contributions to the annual CPIH inflation rate in November 2022 came from housing and household services (principally from electricity, gas, and other fuels), and food and non-alcoholic beverages (Payne, 2023). Furthermore, in the 12 months to October 2022, food price inflation stood at 16%, and domestic energy price inflation was just under 90% (Bank of England, 2022).

> "I lost my room because the rent kept going up. I started to get into arrears so decided I had to leave. I did not know if the landlord would send people around to remove me and I was scared of that so I had to just go on the streets. Now I have had time to become a bit more stable. I feel more confident that I'll be able to get back into work and have my own place again. I do worry about being able to afford it because of the cost of living going up. I need to make sure my job is full time and not with an agency. "
>
> Humankind Survey Respondent (Male, 35-44, White)

Private Rented Sector (PRS)

The number of households in the private rented sector in the UK increased from 2.8 million in 2007 to 4.3 million in 2021, an increase of 1.5 million households (Statista, 2022). In England, more people now rent their home from a private landlord than from a council or housing association. Shelter estimated in June 2022 that there were approximately 11 million people now living in the private rented sector (PRS), 'characterised by insecurity, poor conditions, and high prices' (Shelter, 2022).

Access to the private rented sector continues to shift. Before the cost-of-living increases commenced in late 2021, the PRS was changing markedly with significant reductions in private stock available to rent. Propertymark's survey of 443 Estate Agents (June 2022) found that the number of properties available to rent through letting agents halved between 2019 and 2022 (Propertymark, 2022). Ninety-Four percent of landlords who removed their property from the rental market between 2019-2022 did so to sell it. Over 50% of the rental properties sold in March 2022 did not return to the private rented market. The reductions in available rented stock have stimulated increased competition for accommodation and higher rental costs. Data provided by Rightmove's Rental Price Checker for July to September 2022, shows the following (Rightmove, 2022):

National Average Asking Rent for all Property Types (excluding Greater London)			
Quarter	Avg. asking rent per month	Quarterly change	Annual change
Q3 2022	£1162	+3.2%	+11.08%
Q2 2022	£1126	+3.5%	+11.80%

National average asking rents outside London have reached a new peak of £1,162 pcm. This represents an increase of 3.2% from the previous quarter. The quarterly increase for the Yorkshire and Humber is more pronounced at 3.7%. This equates to an 11.8% yearly increase. The average rent in Yorkshire and Humber is £908pcm. The Yorkshire & The Humber has the highest proportion of private renting of any English region outside London (Northern Housing Consortium, 2022). In addition, tenant demand is up 20% compared with last year, and available properties to rent is down 9%. This means competition among tenants to secure a property is at a record high. The increase in mortgage-rates for new first-time buyers could mean some aspiring buyers stay renting for longer, which will place further strain on the number of available homes. For millions in the private rented sector, the high cost of renting makes it difficult to save for a deposit – and 61% of renters have no savings whatsoever. There are now four times as many tenants looking for a studio flat as there are studio flats available, a 71% increase on a year ago.

A direct impact of the reduction in PRS stock and increased competition has been that landlords are increasingly able to 'cherry-pick' or price-out potential tenants. Households which now find it more difficult to rent privately include those which landlords may regard as being 'riskier', for example people with previous failed tenancies, people in receipt of Welfare Benefits, etc.

Affordability of the PRS

The significant increases in both the cost of private renting and the cost-of-living have made it increasingly difficult for residents to afford to rent privately. This has led to increases in the number of households who are now in insecure housing situations because of rent arrears in PRS accommodation. Renters proportionally spend more on housing costs than owners do. On average, they paid 24% of their weekly expenditure on housing compared with 16% by those with a mortgage, in 2021 (Peachey, 2023). The proportion of private rentals in the North of England, advertised at rents above the relevant Local Housing Allowance, which determine the amount of Housing Benefit payable, has grown from 75% in 2017 to over 90% (Dellwood, 2022). This means that 90% of private tenants in the north of England will face a shortfall between their rent and Housing Benefit, which they will have to personally pay or risk losing their accommodation.

Homeless charity Crisis have warned that poorest households face a 'catastrophe' as housing benefit shortfalls grow (Crisis, 2022). Their data, released on 28/10/22 shows that just 11% of one-bedroom properties across England are now affordable to people in receipt of housing benefit, down from 17% in April 2022. Shortfalls between housing benefit and actual rents have increased by more than 40% in five months, on average. Households face shortfalls of over £950 a year on average for one-bed properties and even more for two and three-beds – over £1,500 and £2,300 respectively.

Shelter (November 2022) reported that 1 in 12 private renters in England, 941,000 people, are currently under threat of eviction (Shelter, 2022). Of those, 504,000 had received

or been threatened with an eviction notice in the last month, up 80% on the same period last year. The research also found that a quarter of private rented households are constantly struggling to pay their rent, an increase of 24 per cent compared to the same period last year. More than two thirds (69 per cent) of private renters would struggle to find a suitable home this winter if they were evicted.

Private Renters' Experiences	Dec 21	Nov 22
Received an eviction notice / been threatened with eviction in the last month	3%	5%
Constantly struggling to pay their rent	20%	25%

There is now evidence of an increase in rough-sleeping linked to an increase in evictions / abandonments from private-rented housing. CHAIN figures show that just under 3,000 people were identified as sleeping-rough by outreach workers in London between April and June 2022, 10% higher than the previous quarter.

Profile of PRS occupants

Changes to private-rented sector access or affordability have a greater impact on different cohorts of people. Younger households are more likely to rent privately than older households; in 2017 those in the 25 to 34 years age group represented the largest group (35%). Ethnic minority groups are less likely to be owner-occupiers than White British householders and are therefore disproportionately higher occupants of private-rented accommodation (Rogaly et al, 2021).

There is evidence that the cost-of-living crisis is preventing women from fleeing domestic abuse (Women's Aid, 2022). A Women's Aid survey (June 2022) identified that 73% of women living with, and having financial links with the abuser, reported that the cost-of-living crisis had either prevented them from leaving or made it harder for them to do so. Seventy-three percent reported that it had made it harder for them to leave their abusive situation because of concerns about ongoing living costs on a single income or the immediate costs of leaving. Forty-eight percent specifically stated that concerns that benefits would not cover increased living costs were a factor in them not leaving their abusive situation.

Ninety-six percent of survivors had seen a negative impact on the amount of money available to them and 66% stated that abusers were using the cost-of-living increase and concerns about financial hardship as a tool for coercive control. Sixty-seven percent of survivors reported feeling isolated because they were not able to afford activities outside of the home. Eighty-three percent of survivors stated that the cost-of-living crisis had a negative impact on their wellbeing or mental health.

Owner-Occupation

Around 30% of UK households have an owner-occupier mortgage, which is around eight and a half million households. Other things being equal, the rise in mortgage rates will feed through to higher monthly payments for mortgagors. Significantly, around 20% of owner-occupier mortgagors (or 1.7 million households) are on variable rate mortgages,

which have interest rates that change with Bank Rate. These households are already experiencing higher mortgage costs. Based on market interest rates at the end of November 2022, mortgagors currently on fixed rates set to expire by the end of 2023 are facing average monthly repayment increases of around £250 upon refinancing to a new fixed rate. The Bank of England (BoE) projects that the monthly payments of approximately 4 million owner occupied mortgages are expected to increase over in 2023 (Bank of England, 2022). This will increase the risk of mortgage defaults and the BoE predicts 'arrears and defaults are likely to rise' and 'pressures on UK households will increase'.

The BoE concurs with the Citizens Advice findings, below, that 'some mortgagors also have very low levels of savings, which means these households will only have a limited cushion against further shocks to their real incomes'. The impact of mortgage-rate increases will impact disproportionately across different social groups. Those most affected will typically be younger, with lower incomes and higher levels of debt.

Mortgage Arrears

Mortgage Metric	Q3 (Oct-Dec 2022)	Increase / Reduction from Q2
Home-Owner Mortgages		
Arrears of 2.5.% +	74,440	1% reduction
Arrears of 10% + (significant arrears)	28,910	unchanged
Properties taken into possession	700	15% increase
Buy-to-Let Mortgages		
Arrears of 2.5.% +	5,760	2% increase
Arrears of 10% + (significant arrears)	1,780	1% reduction
Properties taken into possession	390	11% increase

Data for Q3 of 2022-23 (UK Finance, 2023) shows that mortgage arrears reduced slightly from the previous quarter, but possession cases increased significantly for both home-owner mortgages and buy-to-let mortgages. Furthermore, data from Citizens Advice (October 2022) reported an increase in the number of mortgage-holders requesting debt advice from the CAB service. In 2021, Citizens Advice gave detailed debt advice to almost 5,000 mortgage-holders, up from 3,400 in 2019. 49% of mortgage-holders who received debt advice from CAB reported that they had more money going out of their household budget each month than going into their budget. Citizens Advice estimated that 11% of all UK mortgage-holders currently have negative household budgets. CAB assessed that 25% of mortgage-holders would not be able to maintain an increased mortgage payments of £100 per month. The cost-of-living crisis is leaving more households with less financial room to manoeuvre and may lead to a continued increase in mortgage repossessions.

Social Housing

Social housing rents are linked to local incomes and rent increases are limited by the Government in an attempt to ensure ongoing affordability. The average increase in general

needs (social rent) weekly net rents was 1.6% in 2021-22 (Regulator of Social Housing, 2022). However, research by Clarion Housing Association (Dec 2022) indicates that the cost-of-living crisis is most acute for people living in social housing compared to owner-occupiers and private-renters (Clarion Housing Group, 2023). In an opinion poll of 2000 adults in England, split equally between social renters, private renters and owner occupiers, it was found that 43% of social renters did not have any savings to cushion the impact of the rising cost of living, whereas one in ten owner-occupier households reported not having any savings.

Thirty-three percent of social renters stated that they had gone without food in the previous three months because they could not afford it (private renters: 22%; homeowners: 12%), with almost a quarter (22%) reporting that they had used a food bank in the last three months (private renters: 10%; homeowners: 6%). Sixty percent of social renters reported being in debt, with 22% having debts of more than £2,500. The research also found that more than (28% of social housing residents pay for their energy via prepayment meter (private renters: 15%; homeowners: 5%), meaning those on the lowest incomes are often paying the most for their energy, due to higher tariffs.

There are currently two million buy-to-let mortgages – approximately 8% of the housing stock. Buy-to-let mortgagors are particularly vulnerable to interest rate rises as around 85% of buy-to-let mortgages issued by major UK banks are interest only, so tighter financial conditions have a greater proportional impact. By the end of 2023, monthly repayments for buy-to-let mortgagors are forecast to rise on average by around £175, and around 20% of buy-to-let mortgagors will face increases of over £300 (Bank of England, 2022). Landlords may choose to meet these increased repayments by passing on some costs to tenants. It is estimated that landlords would need to increase rental incomes by around 20% to offset the projected rise in buy-to-let mortgage costs. This would increase the cost of housing for renters significantly which will impact upon the affordability of their accommodation.

In general, private-rented tenants have less security of tenure than owner-occupiers or social housing tenants. Mortgage lenders are required to provide appropriately tailored forbearance that is in the interests of their mortgage holders. This could include extending terms on mortgages or moving households onto interest only repayments in times of hardship. Lenders are also required to use repossessions only as a last resort. Social housing providers are required to provide the most secure form of tenure compatible with the accommodation-type. A discretionary Court Order is usually required to end all tenancies and evidence of breach of tenancy is required. In contrast, the most common form of tenure that private tenants hold is an Assured Shorthold Tenancy. This can be ended without the requirement of the landlord to prove any tenancy breaches.

West Yorkshire Cost-of-Living impact on housing stability

Leeds City Council own approximately 54,000 homes for rent. LCC reported that the percentage of income collected in Q3 2022-23 was below that collected in Q3 2021-22 but that the gap between collection rates in the two years was reducing. In addition, rent arrears had increased from 3.7% in March 2022 to 4.26% in October 2022.

Leeds City Council	Q4 (2021-22)	Q2 (2022-23)	Increase / Reduction

Current Tenants - Rent Arrears	3.7%	4.26%	0.56% increase

An additional method of measuring the impact of the cost-of-living increases is through analysing the number of households requesting support through Leeds CC's Housing Officers (Income) (HOI) Team. HOIs support residents to maximise their income through benefit entitlements / grants etc. In the first two quarters of 2022-23 the HOIs were supporting 12.78% more households than in the same two quarters of 2021-22.

Leeds City Council	Q1 & Q2 2021-22	Q1 & Q2 2022-23	Increase / Reduction
Households receiving HOI support	2369	2716	347 increase (12.78%)

The increase has been most pronounced in Q2 of 2022-23 during which period 1130 referrals were received compared to 825 in Q2 2020-21, a 27% increase.

April 22	May 22	June 22	July 22	Aug 22	Sept 22	Oct 22	Total
337	465	363	421	302	427	401	2716
April 21	May 21	June 21	July 21	Aug 21	Sept 21	Oct 21	Total
400	409	413	322	172	253	400	2369

Data provided by Wakefield Council (24/1/23) shows that has been a very significant increase in the number of households accepted by the Council as being at risk of homelessness due to the loss of accommodation through rent arrears. This has increased by 148.7% between 2020 and 2022. The increase between 2021 and 2022 was 128.2%. This would seem to be directly linked to the cost-of-living increases.

In Wakefield, cases deemed to be threatened with homelessness (prevention duty owed) or homeless (relief duty owed) by loss of last settled accommodation due to rent arrears can be seen below:

	2020	2021	2022
Social rented	29	30	88
Assured shorthold	42	46	98
Supported housing	7	9	8
Totals	78	85	194

Analysis by tenure shows increases of 193.3% for households previously living in social housing, 113% increases in households previously renting from private landlords (Assured Shorthold Tenancies).

Accent Group are a national Housing Association with approximately 20,000 homes and a significant presence in West Yorkshire. Accent Group report no significant increases to their rent arrears across the Group or in Yorkshire. However, an average of 200 more

customers per week are presenting with rent arrears since October, the date of the increased energy charges and onset of colder weather.

Chapter Four: Aligning support pathways for individuals with co-occurring housing, mental health, and/or substance use issues.

How can the support pathways for individuals who are dealing with co-occurring housing, mental health and/or substance use issues operate so they are not barred from specialist support?

Multiple Disadvantage

The national Fulfilling Lives projects (2014-2022) supported over 4000 'beneficiaries' facing multiple disadvantages, to access more joined-up services tailored to their needs. The project defined 'multiple disadvantage' as clients experiencing two or more of:

- Homelessness
- Substance misuse
- Reoffending
- Mental ill-health

This report will maintain the same definition and utilise the terminology of 'multiple disadvantage'. However, it is recognised that people are also likely to be affected by other forms of disadvantage, including physical and/or learning disabilities, domestic abuse, and poverty. Nationally, it is estimated that approximately 336,000 people in England face at least three of homelessness, mental ill-health, substance misuse and violence and abuse.

Service access barriers

The Fulfilling Lives project identified that issues such as homelessness, mental ill-health and substance misuse are often mutually reinforcing. The effects of one impacts on the ability of individuals to cope with or manage another. Fulfilling Lives identified that public services are often structured to engage with just one issue and this 'silo' working leaves them less able to effectively support people with complex and interrelated problems. They identified that a specific disadvantage, looked at in isolation, may not be considered severe enough to meet thresholds for accessing support, often leading to people who require support being barred or unable to access it. The 'Burnt Bridges- A Thematic Review of the deaths of five men on the streets of Halifax during Winter 2018/2019' report identified how this had operated in practice and highlighting that people impacted by multiple disadvantage "often have ineffective contact with services, partly because most public services are designed to deal with one problem at a time and to support people with single, severe conditions".

Impact of service barriers

The Fulfilling Lives evaluation identified the 'tragic waste of human life and potential' of beneficiaries during the life of the programme. They identified that 5% of all beneficiaries receiving support across the 12 Fulfilling Lives programmes died. The average age of death was just 43 for men and 39 for women. The 'Burnt Bridges' report identified that people affected by multiple disadvantage who lack effective support from services, 'may end up in a downward spiral of mental ill health, homelessness, drug and alcohol problems and crime.' The report found that 'when people with multiple and complex needs try to fit into multiple

disjointed services, they often experience increased negative outcomes and become more unwell through exclusion.' Burnt Bridges highlighted how 'those most in need in our community are being overlooked precisely because their needs are so great.'

Multiple disadvantage results in a substantial cost to the public purse. When beneficiaries first joined the Fulfilling Lives programme, they were each using, on average, public services costing at least £7,220 per quarter – over £28,800 per beneficiary per year. Independent evaluation of the impact of the Fulfilling Lives projects found that they saved more than £700 per person per year in public service use costs. In addition, a number of clear housing-related benefits were evident through reductions in the number of people evicted, rough-sleeping and increases in people receiving benefits, see extract below.

After 12 months on the programme, there were…

reductions in…
— levels of need and risk
— people arrested, from 26% to 19% (n=1,065)
— people evicted, from 13% to 9% (n=1,178)
— people rough sleeping, from 25% to 15% (n=1,800)

increases in…
— people getting key benefits
— levels of self-reliance
— people spending time in their own tenancy, from 25% to 35% (n=1,800)

Figure 8: FL Evaluation

Intersections with multiple disadvantage

'A Criminal Waste - Multiple Disadvantage, Offending and System Failure - A study by three Fulfilling Lives Projects' (October 2021) defines 'the system' as 'the services that people experiencing multiple disadvantage encounter. Whilst there is a common core of services such as accommodation providers, probation and substance misuse services, the full number of services in "the system" can be upwards of 50. Most services are configured to focus on a single issue or source of disadvantage.'

The Fulfilling Lives evaluation defines as ineffective system as being 'fragmented and inconsistent' with people experiencing multiple disadvantage 'moving in and out of services time and time again but experiencing little progress.

Access to services

Concerning access to services, people experiencing multiple disadvantages are unlikely to compartmentalise each disadvantage in the way that services may attempt to. The combination of the issues collectively can be the individual's barrier to the successful completion of single-issue treatment or support programmes or to sustaining accommodation. Consequently, individuals affected by multiple disadvantages are less likely to be able to access the systems they require for support. Fulfilling Lives' 'Improving access to mental health support for people experiencing multiple disadvantage' report (Jan 2020) highlighted the challenges people affected by multiple disadvantages had navigating a

complex system of services. A history of 'failed' tenancies may 'follow' people around the system and restrict their ability to access private-rented or social housing. This increases the chances of homelessness.

West Yorkshire Finding Independence Project (WY-FI), one of the 12 national Fulfilling Lives programmes, identified that 60%-80% of beneficiaries had 'bad' or 'very bad' experiences when trying to access services before they entered the service. This improved to 95% having 'good' or 'very good' experiences once they were supported via the Navigator model.

Exclusion and communication

Regarding exclusion, 'A Criminal Waste - Multiple Disadvantage, Offending and System Failure - A study by three Fulfilling Lives Projects' (October 2021) illustrates that people with multiple disadvantages are often excluded from individual services on the basis of risks posed. The report illustrates how this approach displaces the cost and moves people further away from the services that they need and towards the risk of arrest. WY-FI research found that it was likely that 'at least one-fifth of the severe multiple disadvantage population has experienced formal exclusion from services.

Services may not communicate as effectively as they could do. This may lead to a lack of information-sharing, miscommunication and service-users having to retell their 'story' to multiple agencies. This can lead to a lack of trust and to people 'dropping out' of the system. 'Burnt Bridges' established that in each of the five deaths studied 'there were file notes across agencies recording a decline in the appearance of these men, but no onward referrals, follow up or outreach took place.'

Systems Change

The 12 Fulfilling Lives partnerships, alongside the MEAM coalition, coproduced the following definition of systems change:

"Changes to the people, organisations, policies, processes, culture, beliefs, and environment that make up the system. Systems change is beneficial, sustainable in the long term and transformational. It is not tokenistic, doing the same thing under a different name, or overly reliant on key individuals".

Each partnership created its own systems change plan with a series of priorities. These are summarised here. Taken together, common themes from the priorities emerged:

i. Developing and expanding the role of coproduction in creating effective systems change
ii. Embedding a culture of systems thinking and 'what works'
iii. Improving access to services – particularly mental health services Improving service

iv. System-wide workforce development, including the importance of trauma-informed and strengths-based approaches. Training offered to organisations who either work directly or come into contact with people experiencing

| transitions – including hospital discharge and prison release | multiple disadvantage, such as Jobcentre staff, local police forces, healthcare professionals and other statutory agencies. |

Multiple Disadvantage in West Yorkshire

The WY-FI briefing 'Future demand for multiple disadvantage services' (October 2019) estimated that the total number of people accessing homelessness, addiction, re-offending, and mental health services as approximately 52,000 across West Yorkshire. Of these, almost 7,000 individuals were accessing at least three service-types. Furthermore, the WY-FI briefing estimated that 1 in 32 people in the adult population were in receipt of some type of treatment for mental health conditions. The 'Serious Violence in West Yorkshire – Strategic Needs Assessment' (Jan 2021) identified that almost half of hospital admissions for violence had a mental health 'code' in a diagnosis field. This occurred most in those aged 20 to 29. The overarching theme in the lives of the people supported by the WY-FI service was their multiple disadvantage. 99% of clients supported aged 45 to 54 experienced a substance misuse issue. In addition, only 21% of beneficiaries stated that they do not have a disability.

How can support pathways operate to prevent exclusion?

The Fulfilling Lives evaluation has demonstrated that, when support is flexible, person-centred and based on trusting relationships, services can engage people with the most complex and entrenched forms of disadvantage and can help them to achieve positive changes in their lives (Lamb et al, 2019). The programme identified that beneficiaries were able to progress towards social recovery with the provision of support through a dedicated 'Navigator' service. This model provides a clear route-map to indicate how clients facing multiple disadvantage can be supported to engage successfully with a range of support services.

Multiple disadvantage support model

The following table outlines key elements included in the successful Fulfilling Lives service model:

i.	Personal 'Navigator' for each beneficiary	viii.	Persistent and assertive support. Navigators do not 'give up' on beneficiaries. Service was not withdrawn for missed appointments or sporadic patterns of engagement
ii.	Navigator co-ordinates harmonised multi-agency support and supports engagement with services		
iii.	Navigator holds small caseload, approximately 1:7. This facilitates the provision of intensive and flexible support.	ix.	Personal Budgets used flexibly to support each beneficiary to support their individual progression
		x.	Psychologically informed services and environments

iv. Open-ended support – not time-limited. Support lasts as long as the beneficiary requires.
v. An understanding of the importance of developing trusting relationships between beneficiary and client. A commitment to invest the time required to do so.
vi. Holistic support provided to meet the beneficiary's priorities.
vii. Strengths / Asset-based support

xi. Trauma-informed support delivered by trained staff.
xii. Recognition of the impact of Adverse Childhood Experiences
xiii. Service models co-produced with beneficiaries and people with lived experience.
xiv. Peer-mentoring developed - people with lived experience providing additional support.

Trauma-Informed Services

Adverse Childhood Experiences and ACE Index

Adverse Childhood Experiences have been defined as 'potentially traumatic events or chronic stressors that occur before the age of 18 and are uncontrollable to the child' (Felitti et al, 2019). Exposure to 10 childhood experiences is commonly used as a metric within research, where these are summarised as: domestic abuse; parental separation/divorce; having a parent with a mental health condition; being the victim of abuse (physical, sexual and/or emotional); being the victim of physical or emotional neglect; having a member of the household in prison; and growing up in a household where adults use drugs or alcohol harmfully.

In England, approximately 50% of the population has experienced at least one Adverse Childhood Experience, with 9% of the population having experienced 4 or more (Couper and Mackie, 2016). The Making Every Adult Matter (MEAM) coalition estimated that 85% of people, with the most complex needs, experienced some form of trauma in childhood. The Lankelly Chase Foundation's report 'Hard Edges' (2015) estimated that 58,000 people in England face problems of homelessness, substance misuse and offending in any one year. Within this group, a majority will also have experienced mental health problems (Bramley and Fitzpatrick, 2015).

Deprivation and location may increase the frequency of Adverse Childhood Experiences. 'The ACE Index – Mapping childhood adversity in England' (December 2019) suggested that research into the impact childhood experiences often overlooked societal or structural determinants of Adverse Childhood Experiences such as poverty. The report argued that research tended to focus on maltreatment and household adversity with families as 'both the cause and the solution to Adverse Childhood Experiences' with 'contextual and community factors' often receiving less attention. The ACE Index methodology continued to identify both maltreatment and household adversity but added a third domain, 'local context'. This provided a range of additional indicators including suicides, arrests related to drugs, violence and knife crime. The following indicators and sources were used to inform the ACE Index.
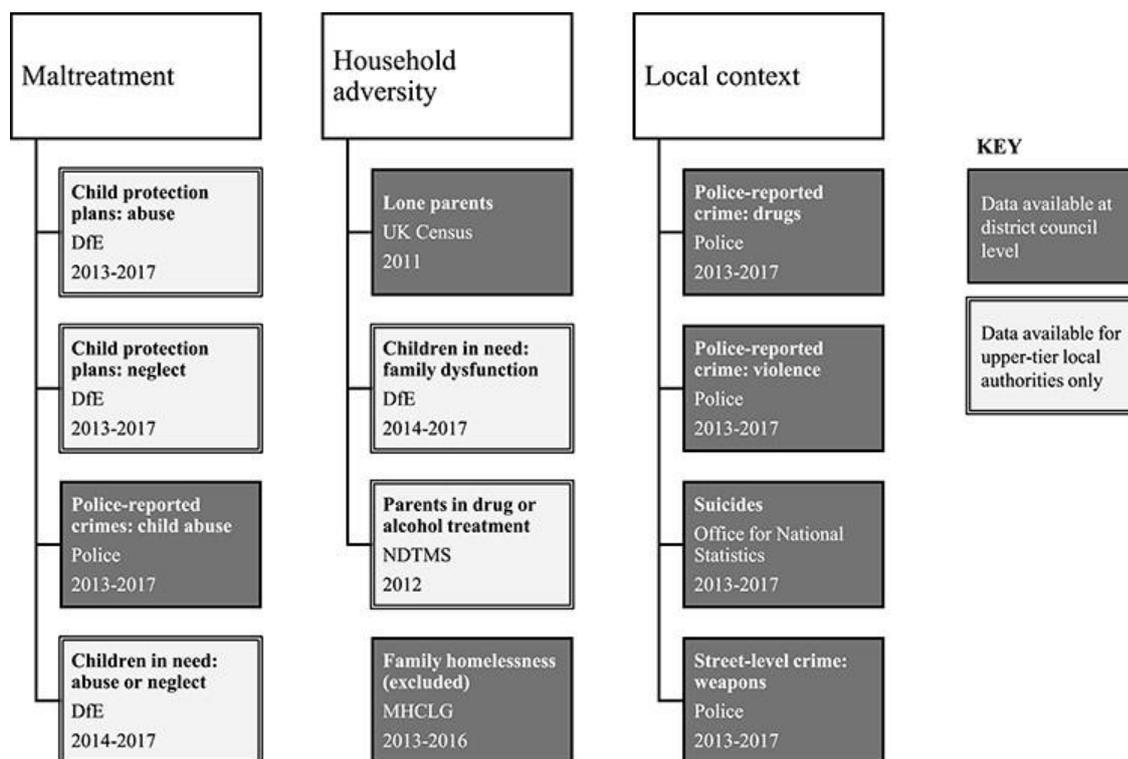
Maltreatment	Household adversity	Local context	KEY
Child protection plans: abuse DfE 2013-2017	**Lone parents** UK Census 2011	**Police-reported crime: drugs** Police 2013-2017	Data available at district council level
Child protection plans: neglect DfE 2013-2017	**Children in need: family dysfunction** DfE 2014-2017	**Police-reported crime: violence** Police 2013-2017	Data available for upper-tier local authorities only
Police-reported crimes: child abuse Police 2013-2017	**Parents in drug or alcohol treatment** NDTMS 2012	**Suicides** Office for National Statistics 2013-2017	
Children in need: abuse or neglect DfE 2014-2017	**Family homelessness (excluded)** MHCLG 2013-2016	**Street-level crime: weapons** Police 2013-2017	

Figure 9: ACE Index

The ACE Index methodology established that the frequency of Adverse Childhood Experiences varied widely across England and was highest in areas with high rates of child poverty and low income. Local health, employment, crime, and population density were also strongly associated with the ACE Index. Generally, cities were ranked higher than rural areas. Furthermore, the report found evidence for a process in which deprivation increases the risk of adverse experiences in childhood. "Deprivation and economic downturns are associated with social problems including drug and alcohol dependence, involvement in crime, mental health problems, homelessness, unemployment, and debt. These problems may increase household adversity and affect parenting, put children and young people more at risk of involvement in crime and gangs and damage community cohesion and resilience.' The research concluded that the strength of the association supported a causal relationship between deprivation and Adverse Childhood Experiences."

Adverse Childhood Experiences in West Yorkshire

The following infographic shows the rank of ACE Index by West Yorkshire local authority. The higher the rank the more frequent the incidences of Adverse Childhood Experiences.

Figure 10: ACE Index in West Yorkshire

Impact of Adverse Childhood Experiences

The West Yorkshire Health and Care Partnership (WYHCP) summarises the impact that Adverse Childhood Experiences have on young people and adults as follows: 'children and young people who experience adversity and trauma are at high risk of; poor physical/mental health and emotional wellbeing, substantive increases in adopting anti-social and health-harming behaviours, including serious violence, poor attendance/exclusion at school, and decreased educational attainment. Adults who face multiple disadvantages because of trauma and adversity are four times more likely to have addictions, fifteen more times likely to take their own life, and three times more likely to be absent from work (WYHCP, 2023)'.

Support for Adults affected by Adverse Childhood Experiences

The WYHCP outline the importance of communities and agencies working together to prevent trauma and adversity and mitigate existing harm across the life-course. They outline the importance of strengthening community resilience and assets. Masten and Barnes (2018) describe resilience as a 'complex and dynamic developmental process which comprises biological, psychological, and social factors which help to buffer the impact of stress associated with Adverse Childhood Experiences.' Resilience is strengthened through multiple systems acting collegiately.

> "I rough slept for about two weeks in various parts of the city. I was under constant fear of violence due to the general nature of the people out there. I often saw fights breakout randomly between people. My mental health took a turn downwards due to the stress of finding somewhere safe every night. I was using cannabis more just to be able to cope with the situation of daily life on the streets.
>
> I was living with my father in the family home but due to arguments between us I was kicked out. The arguments would often become violent as we both lost our temper. We have personalities that just don't mix well and over the years it has gotten violent a few times. My drug use did not cause me to become violent, however it was often a source of conflict within the household."
>
> Humankind Survey Respondent (Male, White, 25-34)

The importance of adopting a multi-agency approach to reduce trauma and build resilience for those who are vulnerable, facing multiple difficulties, complex needs, mental health crisis, adversity, or childhood trauma, is recognised and supported in the West Yorkshire Police and Crime Plan 2021-2024. In addition, the plan commits to supporting local and regional approaches to future commissioning of appropriate, effective, and integrated multiple-needs services.

Screening and Routine Enquiry

Routine enquiry is an established method of identifying potential Adverse Childhood Experiences which requires service-providers to ask clients about childhood adverse experiences in the course of undertaking assessments. However, routine enquiry into the topic is not widely used. A Manager's workshop held as part of the development of the 'Burnt Bridges' report highlighted a 'lack of professional curiosity in asking about childhood adversity and trauma' which could and should inform interventions. Social care agencies do however routinely use a variety of other assessment / diagnostic tools to help inform their understanding of, and responses to, the client's health-harming behaviours: Diagnostic tools include:

i. AUDIT (Alcohol Use Disorders Identification Test)
ii. DUDIT (Drug Use Disorders Identification Test)
iii. Warwick-Edinburgh (Mental Wellbeing Assessment)
iv. CAADA-DASH (The Domestic Abuse, Stalking and Honour Based Violence Risk Identification, Assessment and Management Model)

An extension of routine enquiry across social care agencies may increase identification of childhood adversity and help facilitate supportive interventions to reduce health-harming behaviour. For example, routine-enquiry may be effectively employed in supported-housing projects. Di Lemma et al (2019) suggests that early intervention may prevent the development of Adverse Childhood Experiences among children witnessing these situations.

Wider Trauma

Research by Northumberland University into 'The Prevalence of Trauma among People who have Experienced Homelessness' (September 2022) established that 94% of homeless people have experienced trauma, with 63% reporting four or more traumatic experiences or trauma over a sustained period (Smith, 2022). Trauma was found to have a direct link to homelessness with two-thirds of respondents linking their experiences of trauma to their current housing situation. Significantly, 35% of people felt that trauma was preventing them from moving on from homelessness and almost half of respondents stating that they required more support than they were receiving. Researchers concluded that while these figures indicate a very high prevalence of trauma amongst those with experience of homelessness in England, they were in fact likely to be an under-reporting. The types of trauma experienced by respondents were broader than those potentially experienced in childhood. In addition to adverse childhood experiences, they included:

i.	sexual or criminal exploitation	vi.	incarceration
ii.	the removal of children	vii.	fleeing to the UK from abroad to escape persecution and war
iii.	bereavement		
iv.	physical pain and injury	viii.	prolonged separation from family
v.	serious illness or disability	ix.	homelessness itself

The research found a 'general lack of understanding and sensitivity around trauma' among support services and concluded that 'we cannot hope to end homelessness unless we help address people's trauma (Irving and Harding, 2022). Research conducted by Stubbs et al (2019) established that half of all homeless people may have suffered a traumatic brain injury (TBI) at some point in their lives, which may be either a consequence or even the cause of their homelessness. The research found that a quarter of homeless people had suffered a moderate to severe injury - ten times that of the general population. Moreover, Goodman et al (1991) suggested that homelessness itself can be considered a trauma in multiple ways, because 'like other traumas, becoming homeless frequently renders people unable to control their daily lives'.

Trauma-Informed Approaches to Support

Trauma-informed care (TIC) is an approach to support which acknowledges the impact that trauma may be having on the lives of service users. Services seek to recognise the signs and symptoms of trauma in service users, integrate knowledge about trauma into policies, procedures, and practices, and actively resist re-traumatising or further traumatising people. Central components of TIC are the creation of physically and emotionally safe environments, the development of trusting relationships, collaboration with, and empowerment of, service-users through a focus on their strengths and assets.

The WY-FI Report, 'Tackling trauma to help end homelessness', suggested that the homelessness sector had not fully embraced the approach, though commonalities exist with philosophies such as Psychologically-Informed Environments and Housing First which have been key features of homelessness policy and practice over the past decade.

Housing First

The Housing First model is an effective approach to providing housing and person-centred support that:

- Prioritises access to stable accommodation over the requirement to first address other needs
- Provides a home alongside intensive support, free from conditions other than willingness to sustain a tenancy
- Includes a separate, but permanent offer of housing and support

Housing First has 7 core principles:

i.	People have a right to a home.	iv.	Individuals have choice and control.
ii.	Flexible support is provided for as long as is needed.	v.	An active engagement approach is used.
iii.	Housing and support are separated.	vi.	People are supported to identify their strengths, goals, and aspirations.
		vii.	A harm reduction approach is used.

The model has proved successful in supporting people with multiple and complex needs to maintain housing. "The Housing First approach addresses a clear gap in homelessness services, offering holistic and consistent support to those with complex needs and for whom other services have proven ineffective (GMCA, 2021)". National Housing First pilots have been taking place in Greater Manchester, Liverpool and West Midlands combined authority regional areas since 2019. The DLUHC's Evaluation – Third Process Report (September 2022) identified that up until November 2021, 1286 people had entered the pilot programmes. The client characteristics highlight the multiple disadvantage faced by those supported as follows:

Homelessness

- 33% had slept rough in the month prior to service commencement
- 96% had slept rough at some point

Health

- 61% had a long-standing illness or disability
- 21% had a learning disability
- 80% reported mental ill-health
- 42% suffered with trauma / PTSD

Substance Misuse

- 71% had taken drugs in the 3-months prior to service commencement
- 33% were dependent on drugs
- 33% had been dependent on alcohol at some point

Criminal Justice

- 16% had been in prison in the year prior to service commencement
- 75% had been in prison at some point

Forty-four clients were interviewed. Almost all disclosed multiple areas in which they required support, including:

i. Diagnosed or suspected/undiagnosed mental health conditions
ii. Substance misuse: alcohol, crack and heroin being the most common
iii. Offending
iv. Chronic physical health issues Family and relationship breakdown
v. Adverse childhood experiences, time spent in the care system, and trauma

Outcomes and Benefits

The report identifies evidence of clients experiencing positive impacts across the full range of outcomes typically measured for HF programmes (e.g., housing retention, substance misuse, health, criminal activity, social support etc.). There were also outcomes for the homelessness sector overall. HF was recognised as providing a solution for individuals with multiple and complex needs who had been known to services for long periods of time and for whom solutions had been wanting. Furthermore, there was evidence that HF had improved awareness amongst service providers of the multiple and complex needs of homeless people and had increased understanding of the value of working in more person-centred, flexible and trauma informed ways. Regarding tenancy sustainment, of the 738 people housed at the end of November the majority, 76% of those living independently had sustained their tenancy for at least 6 months. The report identifies the relatively low number of people who leave HF services through graduation, i.e., a mutual agreement that the client no longer needs support to live independently. Only 2.5% of the 279 people who left the service did so through graduation. Of these, only 4 people graduated from the Greater Manchester and Liverpool City Region pilots.

> "I have lived in various rooms over the years. Sometimes the landlord kicked me out or sometimes I would just lose my job and not be able to pay the rent so I would have to leave. I never felt safe with rooms because there was no warning when people would get kicked out. Having limited English did not help and left me anxious about what was going on and where I would sleep next. I worry about what will happen with my future housing. It makes me anxious to know I don't have many options. I will accept the help I can get from services."
>
> Humankind Survey Respondent (Male, 55-64, White)

Suitability of the private rented sector

'A Roof Over My Head' - Shelter and Crisis' (2014) highlighted the findings of a longitudinal study of housing outcomes and wellbeing in private rented accommodation. The study spent 19 months tracking the experiences and wellbeing of 128 people who had been rehoused in the PRS following a period of homelessness. The report found that two-thirds of people were not happy with their private sector tenancy for the following reasons.

i. Condition of the property: The most common problems were damp and mould. Tenants reported developing new illnesses, such as asthma, and having difficulty recovering from them. In addition, tenants reported heating problems and poor general maintenance including leaks and exposed electrical wires

ii. 'Problem Landlords': The majority of people found that their landlords became increasingly unresponsive to requests for repairs. This included aggression / threatening behaviour and passing on costs for repairs.

iii. Overcrowding: Tenants reported significant disruptive behavioural and mental health impacts.

iv. Costs: Tenants found the private sector to be expensive with many costs associated with moving-in and setting-up their homes. Houses often lacked essential furniture or white goods which tenants were obliged to purchase. In addition, the poor condition of properties exacerbated these costs through increased heating bills, etc.

v. Insecurity of tenure: Concerns that their tenancy could be ended at short notice increased feelings of anxiousness and helplessness.

The report found that living in the PRS had a serious impact on many people's wellbeing. Managing the challenges associated with the PRS made them feel anxious, stressed, and worried about the future. This particularly impacted vulnerable people, who found it harder to manage the challenges. The research found that people facing multiple disadvantage 'found it particularly hard to cope with the problems in the PRS, because they already had specific challenges and health risks which they had to deal with on a daily basis.' People reported that they needed support when something went wrong with their tenancies but did not receive this from landlords. The report illustrates that the private sector is often inappropriate for clients facing multiple disadvantages and that it unable to support their progression towards sustained social inclusion.

Support Pathways

'Burnt Bridges' highlighted the experiences of people facing multiple disadvantages and their engagement with the broad social care system. It made the following recommendations with specific relevance to housing pathways:

- All agencies to recognise that support to gain and sustain a tenancy is not the sole responsibility of one agency. It requires a multi-agency response including housing, health, and care. All the men in this review had previously been housed but for various reasons were unable to maintain a tenancy.
- Funding for rough sleeping 'navigators' - new specialists who will help rough sleepers with complex or multiple needs to access the appropriate local services, get off the streets and into settled accommodation.

- New training for frontline staff to ensure they have the right skills to support rough sleepers, including clients under the influence of spice, victims of modern slavery or domestic abuse.

Northumberland University's research into trauma and homelessness made the following recommendations:

i. Central government funding is made available to provide trauma-informed training for all frontline staff working in homelessness and related support services.

ii. Local authorities commit to only commissioning homelessness services and support that are person-centred, trauma-informed, and psychologically informed, where the individual is supported to make their own choices and identify what is important to them.

iii. Additional funding is made available to enable local authorities to appoint dedicated mental health professionals, who understand the traumas and other underlying issues experienced by people facing homelessness, in every local authority mental health service.

iv. The Homelessness Reduction Act's Duty to Refer is extended or amended to create a new Duty to Collaborate, which extends to GPs, mental health and drug and alcohol services as important partners for local authority housing teams – with appropriate additional resources committed.

v. There should be a cross-departmental focus on homelessness prevention. By investing in preventative measures, such as early mental health support, the result would be fewer households in crisis. These measures would reduce the number of people who become homeless (and critically, remain homeless for long periods of time) in the future.

Chapter Five: The importance of partnership and collaboration across sectors

How can partnership and collaboration across sectors including victim services, housing, mental health, substance use be supported?

The 'West Yorkshire Response Strategy Refresh Serious Violence: West Yorkshire Strategy for Change' (2022) highlights the importance of supporting the work of projects focusing on co-existing drug and mental health issues.

Workforce Development

WY-FI's work highlighted the importance of workforce development across sectors to expand awareness of multiple disadvantage and trauma. WY-FI's 'Adversity, Trauma and Resilience in West Yorkshire' highlighted that workforce development was central to the transformation of the system to becoming trauma informed. The report recommended that all staff should receive training in Adverse Childhood Experiences, multiple disadvantage awareness and advocacy and that this should be continually refreshed through ongoing practice development groups. Additionally, the report highlighted the importance of recruitment, supervision, and appraisal systems to having the appropriate focus on developing staff and services with the behaviours and competencies required in a trauma informed system.

Common Data

WY-FI's report highlighted that a public health perspective to understanding preventative approaches to adversity across the population needs to be based on a common data framework across health, social care, criminal justice, and in local authorities, housing, and education services. 'The ad hoc development of a number of different systems within each of these services mitigates against the straightforward analysis at the system level.' West Yorkshire have adopted this approach and established a multi-agency partnership data hub which offers a health, societal and environmental context, and data from the Office of National Statistics, to help inform and combat violence.

Personalisation Fund

WY-FI's report, 'A Face for the World – An Analysis of Women's Experiences, Journeys and Outcomes' identified the importance of personalisation funds to help vulnerable people progress towards sustained social recovery and inclusion. The report highlighted expenditure primarily on accommodation-related cost. This expenditure included help to pay deposits, rent-in-advance, rent arrears, removal costs, repairs, white-goods, and furnishings, etc. The report also identified the positive effect that a personalisation fund can have on service-users' engagement with support services. Eighty-four percent of the 75 women who received money from the personalisation fund remained engaged with the WY-FI project compared to the overall service engagement rate of 65%. The report identified that funds of this nature may be particularly beneficial to women, including those experiencing domestic abuse and/or facing multiple disadvantages. It recommended the establishment of a common personalisation fund easily accessible by agencies to support access to and sustainment of accommodation.

Lessons from COVID-19

The Kerslake Commission into Rough Sleeping and Homelessness was established in 2021 to examine the lessons from the emergency response which supported people sleeping rough during the COVID-19 pandemic. The report made 12 recommendations and committed to review progress against them after 12 months. The Commission has now reported on progress made. The updated report makes a number of additional recommendations in light of the cost-of-living crisis and increases in rough-sleeping, to reduce homelessness and rough-sleeping. Key recommendations are summarised as follows:

Government:

i. Re-introduce a temporary 'eviction ban'.
ii. Unfreeze and restore Local Housing Allowance rates so that they cover the bottom 30th percentile of rents.
iii. Extend the Homelessness Reduction Act's Duty to Refer to a Duty to Collaborate with relevant public agencies.
iv. Increase the supply of social housing for rent by ensuring that 80% of the Affordable Homes Programme is spent on social rented homes.

v. Government to ensure cross-departmental collaboration, particularly with health, to drive expansion of Housing First services for people facing multiple disadvantages.
vi. Commit the funds from the Right to Buy scheme to a strategic acquisition programme to deliver more social rented homes.

Health and Social Care Organisations:

i. All integrated care systems' strategies (ICSs) should include a focus on tackling health inequalities for people who are homeless and rough sleeping.
ii. Every ICS area should develop a housing options directory to help health, care and third sector staff support individuals experiencing homelessness into appropriate accommodation as part of their health inequality strategy.

iii. As part of the Care Quality Commission's (CQC) system review framework, there should be a specific focus on whether integrated care systems explicitly reference homelessness and rough sleeping.
iv. ICS should ensure that both mainstream and inclusion health services deliver trauma informed and psychologically informed services for homeless people.

Local Authorities:

i.   To ensure that an appropriate offer of support is always available, local authorities should make greater use of pan-regional commissioning of specialised services.

ii.   Improving consistency and comparability of datasets will improve integrated working between local authorities and their delivery partners. Local authorities should collaborate with their partners, to maximise the potential of what data is collected and how it is then used.

iii.   Local authorities should remove the requirement to verify that a person is rough sleeping. Areas which feel that they are unable to do so should broaden verification processes to enable named organisations to perform this function. DLUHC should support this approach through circulating guidance, to ensure a consistent understanding across the country.

Housing Associations and Homelessness Organisations:

i.   Housing associations should sign up to the Commitment to Refer households at risk of homelessness, which is facilitated by the National Housing Federation (NHF, 2020)

ii.   There should be scrutiny from the Regulator of Social Housing on reducing evictions and abandonments from housing associations, with a recognition that there are occasions when housing providers unavoidably need to evict where the risk cannot be mitigated, though this should not be eviction to the street.

iii.   Expanding the scope of the DHSC's Workforce Development Fund so that it applies to homelessness organisations rather than just those who provide an adult social care service. This would assist with funding the roll out of the homelessness workforce accreditation.

Chapter Six: Evidence from experiential data

Methodology

After reviewing our collected literature, we used our findings to help inform the creation of a questionnaire. Initially, we developed a single structured questionnaire for use by both victim services and housing providers. However, upon further consideration, we decided to split the questionnaire into two separate questionnaires to ensure a trauma-informed approach specifically for individuals who are victims of violence. We developed two structured questionnaire templates to collect both quantitative and qualitative data on experiences with accommodation, violence, and cost of living among individuals in West Yorkshire. Our primary goal was to better understand the experiences of those who have faced insecure, unstable, or unaffordable housing, and determine whether there existed a relationship between these experiences and other factors such as victimisation, demographics, and so forth.

The questionnaire that was used by the highest number of respondents was aimed at and distributed by housing support providers. The four-part survey began with Section A, which focused on demographic data, including age, sex, gender, ethnicity, and history of disability. Section B centred on experiences of homelessness while rough sleeping and how these experiences intersected with violence, drug and alcohol abuse, mental and physical health, and other factors. Section C recorded housing history and subjective feelings of safety, experiences with rent, violence, and other related issues. Section D focused on the respondent's ideal next accommodation to gain insights into the impact of the 'Cost of Living' crisis. A free response box was also provided to facilitate individual case studies. For the questionnaire tailored to victim support services, sections B and C were combined into one and certain questions were rephrased. Appendix A contains both questionnaires in full.

We aimed to collect a representative sample of responses that included potential perpetrators and victims of violence, as well as individuals experiencing issues with insecure, unstable, or unaffordable accommodation. To achieve this, we contacted various service providers in the West Yorkshire local authorities. We reached out to a selection of victim support services, including Staying Put, Together Women, Behind Closed Doors, Women Centre, and Pennine Domestic Abuse Partnership (PDAP). Additionally, we contacted housing providers such as Emmaus, Riverside, St George's Crypt, St Anne's, Connect Housing, and Hope Housing. To gather questionnaires, we also utilised our own services, primarily Bradford's No Second Night Out service.

Findings

A total of 61 responses were received, with 56 collected from housing providers and 5 from victim support services. The respondents were all individuals who had recently experienced homelessness or slept rough in West Yorkshire. The majority of the responses (46) were obtained from Humankind services in Bradford, including No Second Night Out's Discovery House Assessment Centre, Endeavor House move-on housing, and street outreach. Emmaus in Leeds and The Bridge Project in Bradford contributed 3 and 6 responses, respectively. Behind Closed Doors, which operates in Leeds, provided 5 responses for survivor services. The typical respondent across all questionnaires was a cisgender White male between the ages of 35-44.

The results for each demographic characteristic included in Section A of the questionnaire can be seen in the graphics below:
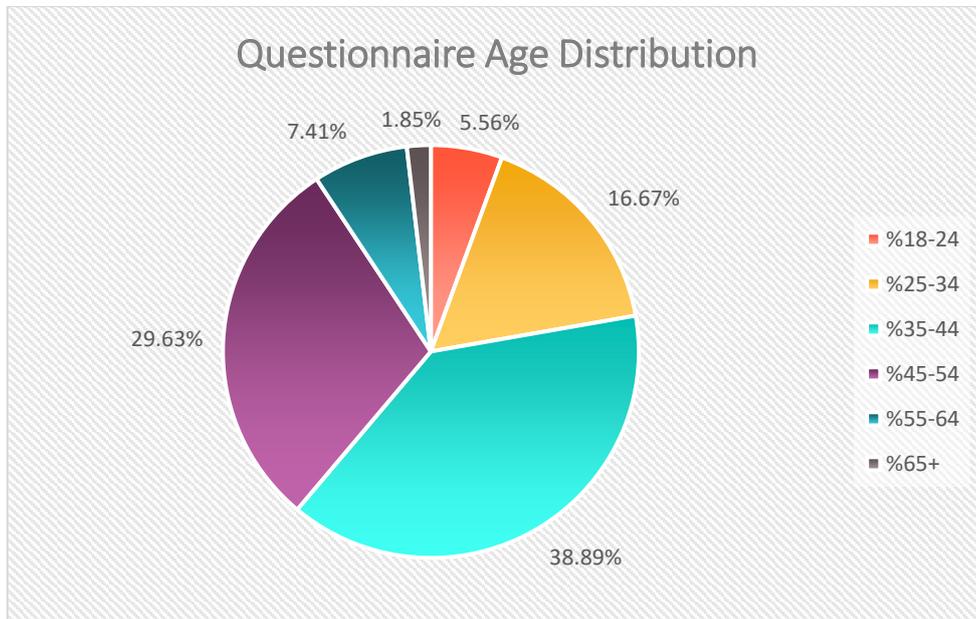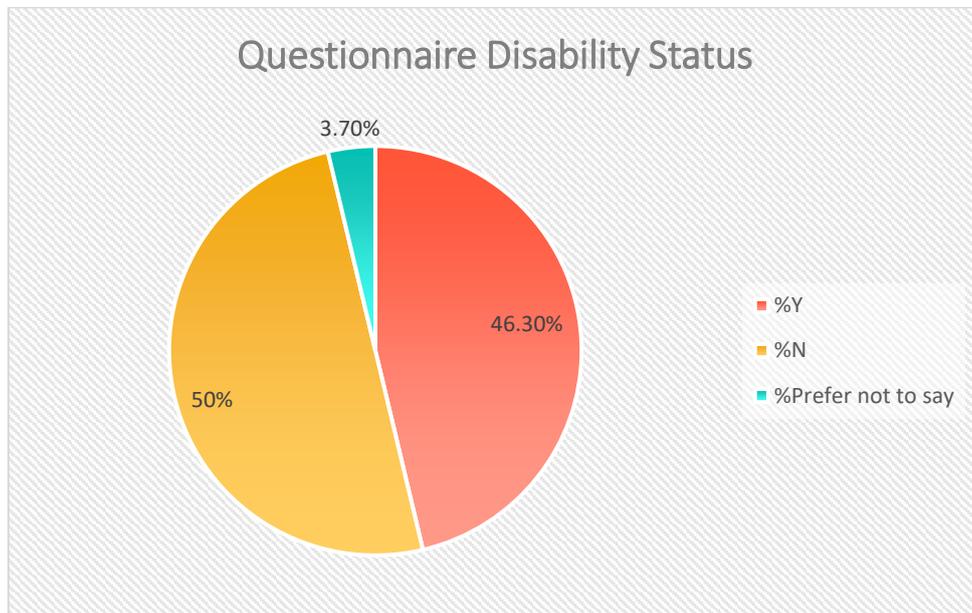

Figure 11: Humankind survey respondent age profile
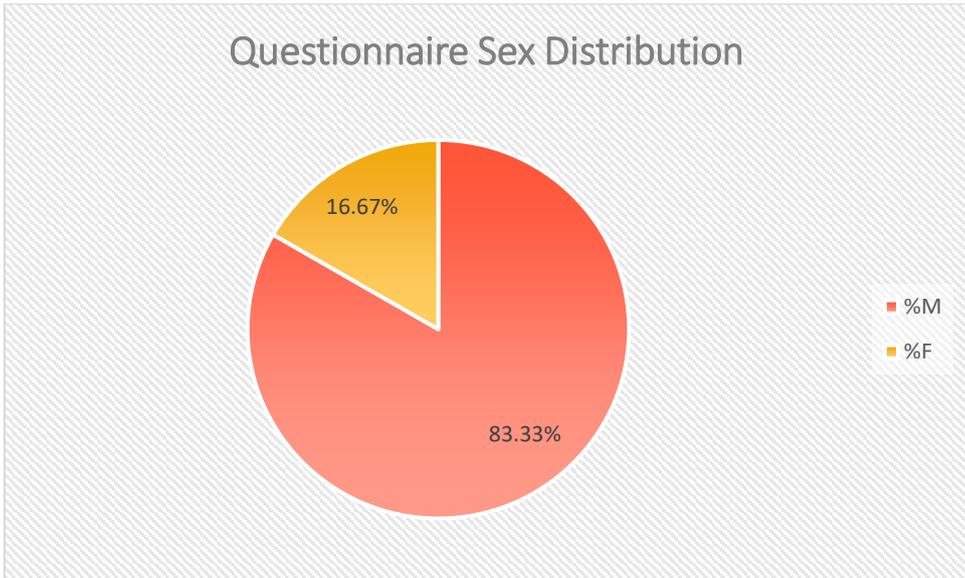

Figure 12: Humankind survey respondent disability profile
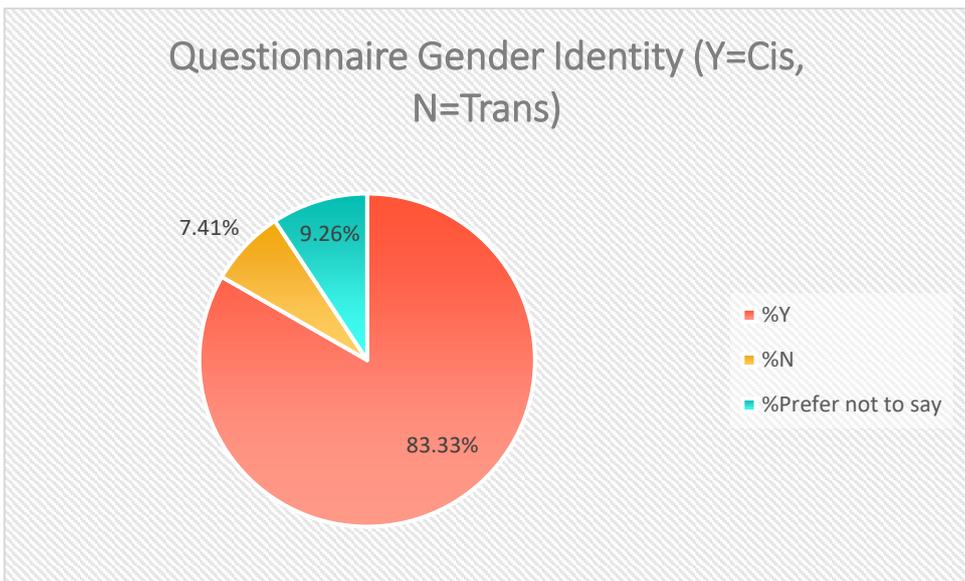
Figure 13: Humankind survey respondent sex distribution

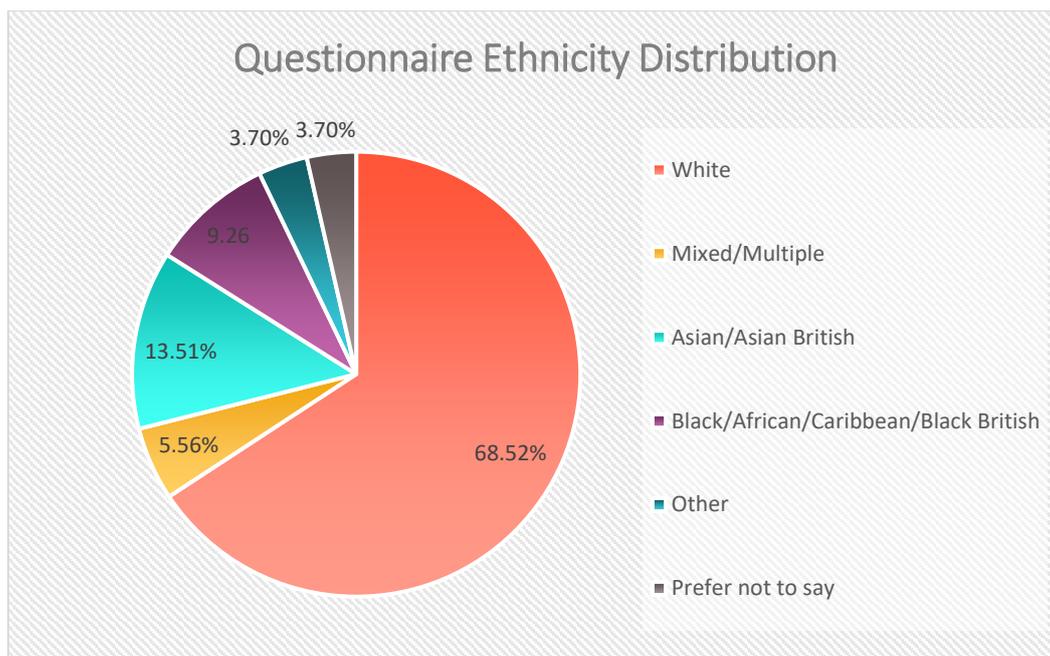*Figure 14: Humankind survey respondent gender identity profile*

Figure 15: Humankind survey respondent ethnicity profile

Section B

In section B, we asked respondents closed-ended 'yes or no' questions about their subjective feelings when thinking about any experiences of being homeless or rough sleeping. If they agreed with a statement, they were instructed to answer 'Yes'. The results are listed in the table below:

Statement	Answered 'Yes'
I felt unsafe	73.21%
I was concerned about my mental health	69.64%
I was concerned about my physical health	42.86%
I was concerned about my use of drugs	39.39%
I was the victim of violence because I was homeless	28.57%
I was concerned about the amount of alcohol I was drinking	21.43%
Being homeless made me more likely to be violent	21.43%
I was violent towards other people	19.64%
My drug or alcohol use made me more likely to be violent	17.86%
My mental health made me more likely to be violent	10.71%

Feeling unsafe emerged as a major theme throughout the research, with 73.21% stating they felt unsafe while homeless or rough sleeping. Another primary theme included worries about the effects of homelessness and rough sleeping on mental health, with 69.64% of respondents indicating they had concerns. Feeling unsafe can have a significant impact on mental health. It can trigger feelings of fear, anxiety, and stress, which can lead to a range of mental health issues. The impact of feeling unsafe due to lack of a stable, secure place to live on respondents' mental health was observed in interviews:

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Concerns about physical health were also common, with 42.86% of respondents indicating that being homeless or rough sleeping caused them to worry about their physical health. Previous research has established that a lack of shelter can have a significant impact on physical health. Being unsheltered often impacts access to basic necessities such as food and medical care, which can lead to a range of health problems including malnutrition, poor hygiene, exposure to the elements, risk of infection, substance abuse, and risk of violence or injury. Many individuals experiencing homelessness have co-occurring chronic conditions that can be aggravated by lack of adequate shelter, and these conditions may go untreated due to lack of access to medical care.

Even for those who do have access to shelter, if this accommodation is poor quality, physical health may be impacted. For example, exposure to indoor pollutants can cause respiratory problems such as asthma and bronchitis, while dampness and moisture can lead to allergic reactions and exacerbate existing respiratory conditions. Inadequate insulation and ventilation can lead to heat stroke, dehydration, and other heat-related illnesses. Structural problems can cause falls and injuries, and lack of basic amenities can lead to malnutrition and poor hygiene. The impact of inadequate housing on physical health was observed in interviews with our questionnaire respondents:

Feeling Unsafe and Mental Health

"In Bradford, I found myself sleeping in the park. This was not good for my bipolar condition as I was scared and paranoid that people would attack me. I had to find a different place every night as I did not want to be discovered and possibly face violence."

"I have felt anxious for many years because of not having anywhere to live. I felt worried I would be attacked when I was outside."

"I was sleeping on the streets and in a tent for a few weeks. This caused anxiety due to the fear of being attacked while sleeping."

Unsuitable Accommodation and Physical Health

"My last rented flat gave me trouble for years. There was damp and mould everywhere which the landlord refused to address…This affected my mental health and caused me to become obsessed with cleaning. I constantly worried about my health and what the conditions I was living in were doing to my body."

"I am currently sofa surfing with a friend along with 4 other people and 7 pets, this property is overcrowded, unclean, smells of pet urine. My attitude is becoming worse, and I feel my mental health is affected and I am in this position as I have nowhere else to go stay but the living conditions are horrendous, I now have lots of flea bites on my body."

"When I was sleeping on the streets, I feared violence from people every night… My physical health also suffered greatly, and I ended up having an epileptic fit and going to hospital. In hospital was where I finally managed to get help with my housing."

19.46% of respondents indicated that while homeless or rough sleeping, they had been violent towards other people. 21.43% stated that the experience of being homeless itself made them more likely to be violent. 28.57% indicated that they were the victim of violence while homeless. Experiences with violence as a cause or result of homelessness were observed in interviews with respondents:

Experiences of Violence and Homelessness

"I felt very unsafe rough sleeping as I had no protection from anything. I also felt suicidal because I was on the streets. I was violent towards other rough sleepers as they were trying to get close to me and I felt scared. Lack of sleep made me more violent. I am not usually a violent person."

"I was living with my father in the family home but due to arguments between us I was kicked out. The arguments would often become violent as we both lost their temper. We have personalities that just don't mix well and over the years it has gotten violent a few times."

Section C

In section C, we again asked respondents closed ended 'yes or no' questions about their subjective feelings, but this time when thinking about experiences in any previous housing environment in West Yorkshire. If they agreed with a statement, they were instructed to answer 'Yes'. The results are listed in the table below:

Statement	Answered 'Yes'
The accommodation was of poor quality, e.g., damp, mouldy, cold, unclean, in poor repair, etc.	35.71%
The accommodation felt overcrowded	32.14%
The neighbourhood was a violent place to live in	21.43%
I lost my home because of my behaviour, which included violence	19.64%
I was pressured to behave in ways that I did not want to	16.07%
I was the victim of violence in my accommodation	16.07%
I was the victim of domestic violence (domestic abuse)	14.29%
I felt unable to control who entered my property	10.71%
I was harassed by people in the community	10.71%
I claimed Housing Benefit, but it did not cover my rental payments in full	8.93%
I was in rent arrears	8.93%
I lost my home because of rent arrears	8.93%
I was violent towards other people	7.14%
The overcrowding made me more likely to become violent	7.14%
The poor quality of the accommodation made me more likely to become violent	7.14%
I was pressured to sell drugs	5.36%
I was the victim of 'cuckooing'	3.57%
Being in arrears made me more likely to become violent	0.00%

Nearly one-third of respondents stated that they had at some point lived in overcrowded accommodation or had lived in accommodation that was of poor quality. While we were unable to determine whether there was a direct link between poor quality of accommodation and the experience of violence, several respondents indicated a relationship between overcrowding and violence:

Overcrowding and Violence

"There were violent altercations around me due to too many people being in the property."

"I could not handle my last hostel. People were everywhere, and it annoyed me. I felt that if I carried on living with them, I would be violent…It triggered my anger."

Even when in settled accommodation, a portion (10.71%) stated that they felt unable to control who entered their property. A further 16.07% indicated that they were pressured to behave in ways they did not want to, including 5.36% who were pressured to sell drugs and 3.57% who were the victim of cuckooing.

Section D

Section D was structured to assess feelings about potential future accommodation. Respondents were asked to what degree they agreed with a statement, were 1 was 'Strongly Disagree'

Coerced Behaviour

"I have been controlled and manipulated, usually by men to have sex, to score drugs, to make money to buy drugs. I use (drugs) to block out past trauma."

"My property gradually became less safe as time went on. People were constantly coming to use drugs and deal drugs from it. eventually I lost control of the flat and had to leave."

and 5 was 'Strongly Agree'. The results are listed in the table below, where those who selected 'Neither Agree not Disagree' or 'N/A' are excluded from the calculations:

Statement	Agreed or Strongly Agree	Disagree or Strongly Disagree
I would like to move into private rented accommodation	73.17%	26.83%
I would like to move into social housing, i.e., managed by a Housing Association or Council	72.09%	27.91%
I would like to live with friends or family members	10.64%	89.36%
I am worried I will get rent arrears if I rent accommodation privately	52.50%	47.50%
I am worried that I will get into rent arrears if I rent social housing	40.48%	59.53%
I am worried I will be evicted if I rent accommodation privately and get into arrears	50.00%	50.00%

I am worried I will be evicted if I rent accommodation from a social landlord and get into arrears	31.43%	68.57%
I am worried that I will not be able to afford to heat or light might home adequately	52.27%	47.73%

The findings from our questionnaire indicate that housing can serve as both a risk and protective factor for the perpetration of or victimisation from violence. Access to safe, secure, and affordable accommodation can reduce the likelihood of violence occurring within a household. Conversely, unsafe, insecure, and unaffordable housing can increase the risk of violence. The impact of safe, secure, and affordable housing, or the lack thereof, can affect the likelihood of violence in a variety of ways. Poverty and deprivation can impact housing stability and homelessness, and the effects of housing instability can differ among individuals based on their protected characteristics, such as gender, race, and ethnicity. Furthermore, socio-economic groups and protected characteristics can influence violence linked to housing instability, as areas with higher levels of deprivation tend to have higher rates of violence, with minority groups frequently over-represented in these areas.

Limitations and Further Research

Ultimately, while we intended to include a roughly equivalent number of responses from victim support services and housing providers alike, the response from victim services was not what we hoped. Thus, our sample may not capture the full scope of experiences for those who have been victims or perpetrators of violence. In addition, had we received a higher degree of responses from victim services, this likely would have helped to balance the gender ratio of our sample, as we contacted a number of domestic abuse support services. Our sample was heavily representative of the typical individual who presents to the Bradford No Second Night Out service. In interviews with No Second Night Out staff members, we established that the primary service in Bradford for females presenting as homeless is Millhaven, operated by Horton Housing. This means that proportionally, there are less beds available within NSNO services for women. It should also be noted that when children are involved, the accompanying adult is more likely to be a woman, thus housing provision will be processed through another route and services like Bradford No Second Night Out are less likely to be encountered. A follow-up enquiry to determine why the women who do enter services like Bradford's NSNO end up there instead of other accommodation routes might reveal interesting findings. Realistically, the primary limitation of the questionnaires is that they represent a sub-cohort of the homeless population, and respondents often fell under the "non-statutory homelessness" umbrella. While the questionnaire results may not be representative of the entire West Yorkshire population, findings do speak to the personal experiences with violence, affordability, and homelessness for those who are currently or have been struggling with housing.

Conclusions and Considerations

Homeless Prevention

Homeless prevention is fundamental to the reduction of violence. This research, and previous studies, have established that homeless people are subject to significantly higher incidences of violence than those in settled accommodation. Approximately 28.57% of our respondents stated that they had been the victim of violence when homeless. However, homeless people are not just at greater risk of being victims of violence, they are at increased risk of becoming violent.

This research has identified that nearly a quarter of people were violent towards others when they were homeless and all stating that homelessness had increased the likelihood of them acting violently. Approximately 70% stated that they were concerned about their mental health when homeless with nearly 11% stating that this had made them more likely to act violently. Homelessness is a significant cause of violence and therefore effective homelessness prevention will reduce violence occurring across West Yorkshire.

Knowledge Hub—Housing and Violence Data

West Yorkshire's 'Knowledge Hub' was established to help inform an evidence-based approach to violence reduction. The Hub holds a range of local metrics, including Office of National Statistics, to provide health, societal and environmental context to shape understanding of the local population demographics, performance and inform detailed problem solving. This research has confirmed that there are a number of housing-related causal links to violence. It has been established that people living in overcrowded households, poor quality accommodation and households struggling with affordability are more likely to see violent incidents than households that are not. It is therefore suggested that a review of the data held on the Knowledge Hub is undertaken to establish if additional housing-related data could be stored, which may help inform potential predictors of violence.

Housing-related data that could potentially be held may include details of households at imminent risk of homelessness. This may include households that have presented to Local Authorities and have been assessed as being threatened with homelessness. Additionally, this could include information provided by social landlords where repossession action is being taken to secure repossession. It may be possible for the Hub to store data on poor quality private-rented accommodation and overcrowded households, including registration and standards data for Houses in Multiple Occupation. It is suggested that discussions are held with Local Authority Housing Departments and Housing Associations to explore this further.

Floating Support

Floating support is a proven 'upstream' homeless prevention tool. Consideration should be given to the commissioning of a West Yorkshire-wide 'floating support' service to provide 'generic' housing-support services for all client-groups. The service could provide a range of housing-support functions including resettlement, tenancy sustainment (independent living skills development), and homelessness prevention. Floating support services are an efficient form of housing-support; providing support only for the length of time required before 'floating off' to another client. Generic floating support services are flexible and can support all 'client-groups' in a range of venues including home visits,

community venues, etc. The ability to visit clients in their homes provides a valuable insight into their ability to live independently and with the identification of any adult or child safeguarding issues. Our research has indicated that significant numbers of vulnerable people have lost their accommodation because of their inability to control who accesses their housing. Floating support services can help identify and assist clients facing these issues.

Large generic floating support services operated successfully under the Government's 'Supporting People' program in England and Wales. Humankind operated the North and South Lancashire service from 2009 to 2017, which operated across 7 Local Authority areas. It supported over 2000 clients per year with over 90% being successfully supported to maintain independent living and an average support intervention lasting 3.5 months per client. Services operating across multiple Local Authorities offer economies of scale through a centralised referral and assessment gateway and one management structure. The importance of housing-support for clients facing multiple disadvantages is highlighted in the 'Burnt Bridges' report. It highlights that each of the 5 deceased men had previously held settled accommodation but had been unable to maintain their tenancies without support.

Housing advice and defending possession

There has been a marked decline in the availability of Legal Aid funded specialist housing advice, advocacy and representation. In 2019, 37% of the population lived in areas with no Legal Aid provider for Housing Law. This has meant that it is increasingly difficult for households in insecure and unsafe accommodation or threatened with homelessness, to access housing advice to help sustain their tenancies or defend repossession action. Further consideration should be given to the expansion of independent housing aid / housing advice services across West Yorkshire to ensure that all households have access to advice, advocacy, and representation to ensure they are treated lawfully and to minimise unnecessary and unlawful homelessness.

If a floating support service/s was commissioned consideration should be given to ensuring it included staff with specialist housing advice, advocacy, and representation functions to support with homelessness prevention / defending repossession actions.

'System-Wide' homeless prevention

Homelessness prevention is of key importance to the reduction of violence. The identification of housing needs at the earliest opportunity is fundamental to the success of homelessness prevention strategies. Consideration should be given to enhancing processes for the early identification of housing needs across a broader range of social-care agencies through the introduction of a consistent housing-support triage assessment process. The assessment would identify the client's current housing status, specific and immediate housing needs and provide clear housing-support pathways for agencies to follow.

The model could operate similarly to that introduced in the Forward Leeds community substance misuse treatment system on 1st October 2022. A short housing triage assessment is completed with each client, at the point they enter the service. This leads to the identification of the client's housing status as 'homeless', 'temporary accommodation' or 'settled accommodation'. Further short diagnostic questions are used to establish if the client has any housing needs and to identify appropriate support pathways including referrals to

the Local Authority' Housing Options / Homelessness Teams, specialist housing advice agencies, e.g. Shelter and in-house support from the service's Housing Team.

Between 1st October and 31st December 2022, 780 clients entered treatment with Forward Leeds. Using the new housing-pathways, 133 people (17%) were assessed as having housing needs. In 2021-22 10.2% of people entering service were assessed as being in housing need. Identification of housing needs increased by 67% after the introduction of the new housing pathway.

The scale of the UK's housing crisis is illustrated by the fact that 114 of the 780 clients (14.6%) entering treatment with Forward Leeds in Quarter 3 2022-23 were assessed as being threatened with homelessness in the next 8 weeks. Fifty-seven of these people were in 'settled' accommodation in the private sector. This highlights the current volatility of the private rented sector market and confirms that it does not provide sufficient security or support for clients with additional support needs such as substance misuse recovery.

The impact that the introduction of a consistent housing-support pathway across a social-care agencies could have is illustrated by Forward Leeds. In Quarter 2 2022-23, 22 of the 133 people (16.5%) who entered service and were assessed as having a housing need were successfully supported to improve their housing situation. Four homeless people obtained settled accommodation. Eight households who were in temporary accommodation obtained settled housing. Five households at risk of losing their settled accommodation were successfully supported to maintain independent living.

Housing Support

Commissioning

Commissioning bodies should increasingly develop integrated housing, support and care services that act as one connected pathway. If a client is unable to continue to access one housing-support service, there should be a structured transfer to another service within the pathway. Clients should not 'fall out' of services or be barred from accessing housing-support. The commissioning of additional 'Housing First' and 'Floating Support' services will help ensure the availability of an appropriate housing-support service to all clients. Local Authorities should ensure that commissioned housing-support services are trauma-informed, psychologically informed, and person-centred.

Housing First

The three national Housing First pilots have proved successful in supporting people with multiple and complex needs to maintain housing when other approaches have often proved ineffective. Levels of tenancy sustainment have been high, with 76% of people housed at the end of November having sustained their tenancy for at least 6 months. Additional outcomes have been recorded across a broad range of social care arenas including substance misuse, health, criminal activity, social support etc. Housing First programmes are cost effective with the University of York finding that for every £1 spent, £1.56 is saved.

Nationally Both Wales and Scotland have devised plans aimed at 'ending' homelessness in their respective jurisdictions, which include Housing First interventions for those with the most complex support needs. In England, the strategic focus is narrower, focusing on ending rough sleeping. It is crucial to note that there is no distinct national

funding stream specifically for Housing First services. This leads to piecemeal commissioning of small Housing First services typified by short funding commitments tied to specific funding streams, e.g., Roush Sleepers Initiative. Housing First services that maintain high levels of fidelity with the model have been demonstrably successful. However, one of the core tenets of Housing First is that support is provided for as long as the client wishes. This is clearly incompatible with short-term funding models.

The findings for the National Pilots indicate that the vast majority of people supported through Housing First services are likely to need continual support to maintain independent living. This is demonstrated by the fact that only 4 people have 'graduated' from the Greater Manchester and Liverpool City Region pilots, since commencement. On that basis consideration should be given to funding Housing First schemes through Adult Social Care budgets or similar. Clients' needs should be recognised as permanent and ongoing, and support should be provided accordingly. Consideration should be given to reviewing social care bandings to recognise severe multiple disadvantage as a qualifying care criteria.

Shelter and Crisis' research 'A Roof Over My Head' (2014) highlights the unsuitability of the private sector for clients facing multiple disadvantage and the detrimental impact it may have on people's wellbeing. The research found that people facing multiple disadvantage 'found it particularly hard to cope with the problems in the private sector' and the lack of support they received from landlords to help them sustain tenancies. This supports the need for an expansion of Housing First services providing ongoing support to help people maintain independent living.

Access to Accommodation

Decline of social housing

In England, more people now rent their home from a private landlord than from a council or housing association. Shelter estimated in June 2022 that there were approximately 11 million people now living in the PRS, characterised by 'insecurity, poor conditions and high prices'.

Private Rented Sector Access

The private rented sector is increasingly insecure and inaccessible to people in housing need. A key issue is the significant decline in the amount of available private rented stock. Propertymark's 2022 survey illustrated the scale of the decline finding that available properties had halved between 2019 and 2022. When a private-rented property is removed from the market it is unlikely to return. Over 50% of the rental properties sold in March 2022 did not return to the private rented market. The reduction in stock is contributing to spiralling and increasingly unaffordable rental levels. The private sector has many faults, with Shelter stating that it is 'characterised by insecurity, poor conditions and high prices'. However, given the low levels of available social housing, it is a sector which accommodates significant proportions of people who do not have any alternative housing options. More needs to be done to prevent private landlords removing their accommodation from the rental market.

Local Authorities should engage proactively with private landlords to establish their intentions and, where appropriate, encourage and incentivise them to continue to let their properties. Where landlords are clear that they no longer wish to let their property or properties privately, social housing providers should consider ways in which they can take

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on the management of private stock. The continued loss of private-rented stock will exacerbate the housing crisis which will impact disproportionately on those with the fewest options. Homelessness will continue to increase and associated violence.

Trauma-Informed Care (TIC)

Northumberland University's research into 'The Prevalence of Trauma among People who have Experienced Homelessness' (September 2022) highlighted the links between trauma and homelessness, these are consistent with previous research. Sixty-three percent of respondents reported four or more traumatic experiences or identified as having experienced trauma over a sustained period. Thirty-five percent of respondents felt that trauma was preventing them from moving on from homelessness and almost half of respondents stating that they required more support than they were receiving. This research, and similar, highlights the following:

- Experiences of trauma cause homelessness
- Homelessness is, of itself, traumatic
- Homeless people's experiences of trauma and their associated behaviours may act as a barrier to progression to sustained independent living
- Additional support may be required to support homeless people to obtain and sustain independent living including support to help them identify, understand, and manage their experiences of trauma

It is therefore clear that social care agencies interacting with homeless people / those at risk of homelessness need to operate in a trauma-informed way which acknowledges the impact that trauma may be having on the lives of service users. Services should recognise indicators of trauma in service users, integrate knowledge about trauma into policies, procedures, and practices, and actively resist re-traumatising or further traumatising people. WY-FI's report, 'Tackling trauma to help end homelessness', suggested that the homelessness sector had not fully embraced a TIC approach. It is therefore suggested that consideration be given to introducing a standard TIC self-assessment tool across West Yorkshire housing / homelessness services or the broader social care arena. The 'Self-Assessment and Planning Protocol' developed by 'Community Connections' may merit consideration.

Workforce Development

Continuous workforce development and training for trauma-informed care is crucial for social care agencies working with people experiencing or at risk of experiencing homelessness for several reasons. Firstly, homelessness is often a result of trauma, which can have a significant impact on an individual's mental health and wellbeing, making it important for social care agencies to have trauma-informed approaches within their services. A trauma-informed approach focuses on building trust and safety with individuals who have experienced trauma. By understanding the impact of trauma on an individual's behaviour and reactions, social care agencies can create a supportive and non-judgmental environment that fosters trust and healing. The implementation of a TIC approach can lead to improved outcomes for individuals experiencing homelessness. Continuous workforce training and development on trauma-informed care, i.e., Warren Larkin's Adverse Childhood Experiences and Trauma Informed Practice workshops, is essential to keep social care agencies up to date. The Warren Larkin training was recently delivered to over 600 people, including staff from caretakers to senior leaders in housing services via the Adversity,

Trauma, and Resilience programme. The workshops received highly positive evaluations, with the majority of feedback suggesting colleagues across other agencies would benefit from attending the training course in Adversity, Trauma, and Resilience Awareness. The field of trauma-informed care is constantly evolving, and social care agencies need to stay up-to-date with the latest research and best practices. Continuous workforce development and training ensure that staff have the knowledge and skills necessary to provide the best possible care to individuals experiencing or at risk of experiencing homelessness.

Psychologically Informed Environments (PIE)

Agencies engaging with people experiencing or at risk of experiencing homelessness should operate in a psychologically informed way. Psychologically Informed Environments (PIE) are spaces designed to promote the psychological well-being of individuals, particularly those who have experienced trauma, adversity, or complex needs. PIEs focus on creating a culture of safety, compassion, and understanding that supports the recovery process, providing a safe and supportive environment that promotes psychological well-being, reduces the risk of re-traumatisation, and supports the recovery process. Research from Helen Keats in her research paper, 'Psychologically informed services for homeless people: Good Practice Guide', suggests "psychological framework work more efficiently with clients experiencing complex trauma, helping them to better understand their behaviour, take responsibility for themselves and develop positive relationships" (Miles, 2019), which may help reduce experiencing rough sleeping. Social care agencies looking to implement or improve PIE for working with people experiencing or at risk of experiencing homelessness should focus on taking the following steps:

- Address the root causes of homelessness: PIE should not only focus on providing a safe and supportive environment but should also address the root causes of homelessness, such as poverty, unemployment, mental illness, and substance abuse. Social care agencies should work collaboratively with other agencies to provide wrap-around services that address these underlying issues.
- Create a culture of safety: Homelessness can be a traumatic experience, and people experiencing homelessness often feel unsafe and vulnerable. Social care agencies should create a culture of safety that promotes trust, empathy, and compassion. Staff members should be trained in trauma-informed care and should use evidence-based practices that promote psychological well-being.
- Provide access to basic needs: People experiencing homelessness often lack access to basic needs such as food, clothing, and shelter. Social care agencies should provide these basic needs in a supportive and dignified manner. This can include providing nutritious meals, clean clothing, and safe and secure shelter.
- Foster a sense of community: Homelessness can be an isolating experience, and people experiencing homelessness often lack social connections. Social care agencies should create opportunities for people to connect with each other, such as through support groups or community activities. These connections can provide a sense of belonging and social support that can promote psychological well-being.
- Continuously evaluate and improve: Social care agencies should undertake regular PIE audits to evaluate the effectiveness of the environment in promoting psychological well-being. The audit should involve a comprehensive review of the environment, including policies, procedures, and practices. Feedback from service users should be actively sought and used to inform improvements.

There are several reasons why social care agencies should undertake regular PIE audits for working with people experiencing or at risk of experiencing homelessness. Firstly,

homelessness is a complex issue, and PIE audits can help to identify areas for improvement in the delivery of services to people experiencing homelessness. Secondly, PIE audits can help to ensure that the environment remains recovery-focused and trauma-informed. Finally, PIE audits can help to ensure that social care agencies are meeting their legal and regulatory obligations to provide safe and effective care to people experiencing or at risk of experiencing homelessness.

Adverse Childhood Experiences - Screening and Routine Enquiry

Consideration should be given to the extending the use of routine enquiry, to proactively ask clients about adverse childhood experiences, across a broader range of social care agencies. A 'Manager's Workshop' held as part of the development of the 'Burnt Bridges' report highlighted a 'lack of professional curiosity in asking about childhood adversity and trauma' which could and should inform interventions. An extension of routine enquiry across social care agencies may increase identification of Adverse Childhood Experiences and help facilitate supportive interventions to reduce health-harming behaviour. For example, routine-enquiry may be effectively employed in supported-housing projects.

Asks of Government

LHA Rates

It is imperative to raise the levels of Local Housing Allowance. The proportion of private rentals in the North of England, advertised at rents above the relevant Local Housing Allowance which determine the amount of Housing Benefit payable, has grown from 75% in 2017 to over 90%. This means that 90% of private tenants in the north of England will face a shortfall between their rent and Housing Benefit, which they will have to personally pay or risk losing their accommodation. LHA rates have not kept up with these increases. This means that people who rely on LHA to pay their rent are struggling to make ends meet, as the allowance no longer covers the full cost of their rent. Insufficient investment in these rates has contributed to the occurrence of homelessness in the private rented sector.

Evictions

The UK government has promised to end S21 'No Fault Evictions' but has yet to follow through with legislation during this Parliament. With the cost-of-living crisis intensifying, an eviction moratorium should be considered to prevent the further increase of homelessness, as the latest figures show both evictions and rates of homelessness to be increasing. The London Combined Homelessness and Information Network (CHAIN) figures identified 3570 people sleeping rough between October and December 2022. This represents a 21% increase from the same period in 2021. The impact of the cost-of-living crisis is evident by the fact that 1700 people were sleeping rough for the first time. Shelter (November 2022) reported that 1 in 12 private renters in England, accounting for 941,000 people, are currently under threat of eviction. Of those, 504,000 had received or been threatened with an eviction notice in the last month, up 80% on the same period last year. Many people are struggling to make ends meet due to after effects of the pandemic and the current 'Cost-of-Living' crisis, and the government has a responsibility to support vulnerable individuals and families. Implementing an eviction moratorium would be a major step in providing this support.

Increased support for Mortgagees

Around 30% of UK households have an owner-occupier mortgage, which is around eight and a half million households. The Bank of England (BoE) projects that the monthly payments of approximately 4 million owner occupied mortgages are expected to increase over in 2023. This will increase the risk of mortgage defaults and the BoE predicts 'arrears and defaults are likely to rise' and 'pressures on UK households will increase'. The impact of mortgage rate increases will impact disproportionately across different social groups. Those most affected will typically be younger, with lower incomes and higher levels of debt. CAB assessed that 25% of mortgage-holders would not be able to maintain an increased mortgage payments of £100 per month. Mortgage lenders are required to provide appropriately tailored forbearance that is in the interests of their mortgage holders. This could include extending terms on mortgages or moving households onto interest only repayments in times of hardship.

Mental Health

Mental health issues and substance use disorders are common among people experiencing homelessness. Thus, there is a need to widen access to mental health and wellbeing support, especially psychotherapeutic interventions for people with multiple needs, particularly where there is co-occurrence with substance use. WY-FI identified that outside of mainstream mental health services, some of the most effective mental health interventions and models of working identified through the programme were:

- The use of system navigators and peer mentors
- Flexible, person-centred, and bespoke mental health services
- 'Pre-treatment' support provided by non-clinical workers; and the use of psychologically informed and trauma-informed approaches to engagement

Access to mental health and wellbeing support is often limited for people experiencing homelessness. There is an urgent need to develop dedicated mental health pathways for people experiencing homelessness that acknowledge and reflect the challenges posed by the chaos of homelessness and the impact of trauma. Widening access to psychotherapeutic interventions can help address these barriers and provide much-needed support to those who need it most.

Appendices

Appendix A

Housing Support Services Questionnaire

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West Yorkshire Violence Reduction Unit

West Yorkshire Combined Authority have asked Humankind to undertake a research project into housing and homelessness. The research focuses on people's experiences of paying rent, living in poor quality or overcrowded accommodation, homelessness and violence.

We would be very grateful if you would take part in the research through completion of the following questionnaire. Your worker will help you to complete it if you wish. Your responses will be confidential, and no information will be given in the report which will identify you.

Part 1: About You – please select one response to each of the questions

Age	☐<18, ☐ 18-24, ☐ 25-34, ☐ 35-44, ☐ 45-54, ☐ 55-64, ☐ 64+
Disability	Do you have any physical or mental health conditions or illness lasting or expected to last 12 months or more? ☐ Yes ☐ No ☐ Prefer not to say
Sex and Gender Identity	What is your sex? ☐ Female ☐ Male ☐ Prefer not to say Is the gender you identify with the same as your sex registered at birth? ☐ Yes ☐ No ☐ Prefer not to say
Ethnic Group	☐ White ☐ Mixed or Multiple Ethnic Groups ☐ Asian or Asian British ☐ Black, African, Caribbean, or Black British ☐ Other Ethnic Group ☐ Prefer not to say

Part 2: Your experience of homelessness / rough-sleeping

Thinking about any experiences of being homeless or rough-sleeping you have had— do any of the following statements apply? Tick each option that applies. **You may tick multiple answers.**	☐ I felt unsafe ☐ I was the victim of violence because I was homeless ☐ I was concerned about my physical health ☐ I was concerned about my mental health ☐ I was concerned about the amount of alcohol I was drinking ☐ I was concerned about my use of drugs ☐ I was violent towards other people ☐ Being homeless made me more likely to be violent ☐ My mental health made me more likely to be violent ☐ My drug or alcohol use made me more likely to be violent

Part 3: Your previous housing situation

Thinking about any accommodation you have lived in previously in West Yorkshire—do any of the following statements apply? This does not have to be your most recent accommodation before becoming homeless. Tick each option that applies. **You may tick multiple answers**.	☐ The accommodation felt overcrowded ☐ The accommodation was of poor quality, e.g. damp, mouldy, cold, unclean, in poor repair, etc ☐ I claimed Housing Benefit but it did not cover my rent payments in full ☐ I was in rent arrears ☐ I lost my home because of rent arrears ☐ Being in arrears made me more likely to become violent ☐ I lost my home because of my behaviour, which included violence ☐ I was violent towards other people ☐ The overcrowding made me more likely to become violent ☐ The poor quality of the accommodation made me more likely to become violent ☐ I felt unable to control who entered my property ☐ I was pressurised to behave in ways that I did not want to ☐ I was the victim of 'cuckooing' ☐ I was pressurised to sell drugs ☐ I was harassed by other people in the community ☐ I was the victim of violence in my accommodation ☐ I was the victim of domestic violence ☐ The neighbourhood was a violent place to live in

Part 4: Your next accommodation

Thinking about the accommodation that you may move on to next—do any of the following statements apply? **Please tick the response that best fits how you feel about each statement**	1 = Strongly Disagree 3 = Neither Agree nor Disagree, 5 = Strongly Agree
I would like to move into private rented accommodation	☐ 1, ☐ 2, ☐ 3, ☐ 4, ☐ 5
I would like to move into social housing, i.e. managed by a Housing Association or Council	☐ 1, ☐ 2, ☐ 3, ☐ 4, ☐ 5
I would like to live with friends or family members	☐ 1, ☐ 2, ☐ 3, ☐ 4, ☐ 5
I am worried that I will get into rent arrears if I rent accommodation privately	☐ 1, ☐ 2, ☐ 3, ☐ 4, ☐ 5
I am worried that I will be evicted if I rent accommodation privately and get into arrears	☐ 1, ☐ 2, ☐ 3, ☐ 4, ☐ 5
I am worried that I will get into rent arrears if I rent social housing	☐ 1, ☐ 2, ☐ 3, ☐ 4, ☐ 5
I am worried that I will be evicted if I rent accommodation from a social landlord and get into arrears	☐ 1, ☐ 2, ☐ 3, ☐ 4, ☐ 5
I am worried that I will not be able to afford to heat or light my home adequately	☐ 1, ☐ 2, ☐ 3, ☐ 4, ☐ 5

Thank you very much for completing this questionnaire

Victim Support Services Questionnaire

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West Yorkshire
**Violence
Reduction Unit**

West Yorkshire Combined Authority have asked Humankind to undertake a research project into housing and homelessness. The research focuses on people's experiences of paying rent, living in poor quality or overcrowded accommodation, homelessness and violence.

We would be very grateful if you would take part in the research through completion of the following questionnaire. Your worker will help you to complete it if you wish. Your responses will be confidential, and no information will be given in the report which will identify you.

Part 1: About You – please select one response to each of the questions

Age	☐<18, ☐ 18-24, ☐ 25-34, ☐ 35-44, ☐ 45-54, ☐ 55-64, ☐ 64+
Disability	Do you have any physical or mental health conditions or illness lasting or expected to last 12 months or more? ☐ Yes ☐ No ☐ Prefer not to say
Sex and Gender Identity	What is your sex? ☐ Female ☐ Male ☐ Prefer not to say Is the gender you identify with the same as your sex registered at birth? ☐ Yes ☐ No ☐ Prefer not to say
Ethnic Group	☐ White ☐ Mixed or Multiple Ethnic Groups ☐ Asian or Asian British ☐ Black, African, Caribbean or Black British ☐ Other Ethnic Group ☐ Prefer not to say

Part 2: Your previous housing situation

Thinking about any accommodation you have lived in previously in West Yorkshire – do any of the following statements apply? **This does not have to be your most recent accommodation.**	☐ The accommodation felt overcrowded ☐ The overcrowding increased the potential for violence to occur ☐ The accommodation was of poor quality, e.g., damp, mouldy, cold, unclean, in poor repair, etc ☐ The poor quality of the accommodation increased the potential for violence to occur ☐ I claimed Housing Benefit, but it did not cover my rent payments in full ☐ I was in rent arrears ☐ Being in arrears increased the potential for violence to occur ☐ The neighbourhood felt like a violent place to live in ☐ My housing situation increased the likelihood of other members of the household acting violently

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Tick each option that applies. **You may tick multiple answers.**	☐ My housing situation made me more likely to act violently ☐ Members of the household acted violently in or out of the home

Part 3: Your next accommodation

Thinking about the accommodation that you may move on to next – do any of the following statements apply? **Please tick the response that best fits how you feel about each statement**	1 = Strongly Disagree 3 = Neither Agree nor Disagree, 5 = Strongly Agree
I would like to move into private rented accommodation	☐ 1, ☐ 2, ☐ 3, ☐ 4, ☐ 5
I would like to move into social housing, i.e., managed by a Housing Association or Council	☐ 1, ☐ 2, ☐ 3, ☐ 4, ☐ 5
I would like to live with friends or family members	☐ 1, ☐ 2, ☐ 3, ☐ 4, ☐ 5
I am worried that I will get into rent arrears if I rent accommodation privately	☐ 1, ☐ 2, ☐ 3, ☐ 4, ☐ 5
I am worried that I will be evicted if I rent accommodation privately and get into arrears	☐ 1, ☐ 2, ☐ 3, ☐ 4, ☐ 5
I am worried that I will get into rent arrears if I rent social housing	☐ 1, ☐ 2, ☐ 3, ☐ 4, ☐ 5
I am worried that I will be evicted if I rent accommodation from a social landlord and get into arrears	☐ 1, ☐ 2, ☐ 3, ☐ 4, ☐ 5
I am worried that I will not be able to afford to heat or light my home adequately	☐ 1, ☐ 2, ☐ 3, ☐ 4, ☐ 5

Thank you very much for completing this questionnaire

Appendix B

LSOA Overcrowding Data

Middle Layer Super Output Area	Percentage of properties with '-1 bedroom occupancy ratings'
Leeds	
Middleton Park Avenue	6.8
Cross Flats Park & Garnets	11.8

Bramley Fall	6.1
Beeston Hill & Hunslet Moor	8.6
Lincoln Green & St. James	11.2
Woodhouse & Little London	9.2
Gipton South & Killingbeck Park	6.7
Gipton North	8.6
Meanwood South & Sugarwell	6.6
Moor Allerton	6
Belle Isle North	6.8
Holbeck	6.8
Halton Moor	6.5
Harehills South	12.3
Harehills North	10
Bradford	
Keighley Utley	6
Heaton Highgate	7.7
Fairweather Green	7.3
Girlington	13.2
Toller Lane & Infirmary	11.7
Manningham & Lister Park	10.3
Undercliffe	8.5
Chellow Heights	10.2
Thornbury	10.6
Barkerend East	12.1
Broomfields & East Bowling	8.4
Barkerend West & Little Germany	10.2
Central Bradford	9.7
Shearbridge & University	8.5
Brown Royd	11.8
Fairweather Green	7.3
Bowling Park	7.3

Great Horton & Brackenhill	7.5
Canterbury	12.2
Holme Top	10.4
Calderdale	
Pellon West & Highroad Well	7.7
Pellon East	11.8
King Cross	10.1
Kirklees	
Staincliffe & Healey	8
Batley Central	9.1
Batley Carr & Mount Pleasant	11.1
Dewsbury Central & Westborough	7.1
Dewsbury Moor Upper	7.3
Dewsbury Savile Town & Thornhill Lees	10.3
Dewsbury Moor Lower & Westtown	11.4
Ravensthorpe	12.2
Deighton & Brackenhall	6.8
Birkby	7.5
Huddersfield Leeds Road & Fartown	8.5
Lockwood	11.7
Wakefield	
Nil	

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