Shared Housing for Homeless and Vulnerable Groups: Issues and Implications

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"Risk, Safety and Wellbeing in Shared, Exempt Accommodation in Birmingham, England"

Nine-month exploratory and participatory project commissioned by Birmingham Safeguarding Adults Board published in November 2019

Qualitative research: in-depth interviews with 94 stakeholders; policy and practice analysis; observation and participation

Primarily concerned with a particular set of circumstances in Birmingham, although by no means exclusive to Birmingham

Wider implications for LAs; landlords; support agencies and charities; communities and neighbourhoods and, not least, vulnerable adults

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*"Accommodation which is…provided by a **non-metropolitan country council, a housing association, a registered charity or a voluntary organisation** where that body or a person acting on its behalf also provides the claimant with **care, support or supervision**"*

Housing Benefit Regulations: Para 4(10) of Schedule 3 of the Housing Benefit (Consequential Provision) Regulations 2006

Housing Association general needs average £96.05 → Market rent, double room, PRS £100 → SAR £57.34 → RP exempt £180 – £280 per week. Average £220

Around 3% in PRS market affordable at SAR in Birmingham

Defining our Terms

Often in the loosest sense ‘supported housing’

Care, support or supervision ‘more than minimal’ – doesn’t pay for support but increasing overlaps with Intensive Housing Management

High rental yields (against LHA rates and ‘general needs’ rents)

Loose regulatory and definitional criteria; open to subjective interpretation; difficult to challenge

LA recording practices mean it is difficult to establish accurate national figures. Birmingham has over 12,000 claims / units of this type.

Supported housing reform; MHCLG ‘oversight regime’

Although this research focused on ‘exempt’ – applicable more widely to all HMOs for vulnerable tenants in receipt of welfare benefits

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Often small, shared residential units and Houses in Multiple Occupation (even if not under statutory definition, operationally termed ‘HMOs’)

Occupied by a wide cross-section of vulnerable citizens; many with multiple or complex care and support needs. Often ‘multiply excluded’

‘Direct access’; transitional in nature (although many stay for extended periods)

Licence agreements dominate

‘Non-commissioned’ – no commissioning accountability; without baseline assurance around standards, Safeguarding and performance monitoring procedures.

Not based on any strategic assessment of local need

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Regulator of Social Housing

Registered Providers

Growth in Registered Providers of Social Housing leasing units from the private rented sector and solely utilising exempt provisions of HB, with the majority of income from this source. In Birmingham we have six main RPs which make up around 90% of the market

A wealth of different models and management arrangements exist

Not SSH so should be adhering to definition of 'social housing' in the Housing and Regeneration Act 2008 – below market rent. We are seeing rents of over £250 per week for a small room in a shared residential house

Regulatory focus currently largely on lease-based providers of SSH using specialist investment funds. End of April 2019: 4 deemed 'non-compliant' and 2 more under investigation.

This is a different model but many of the issues, particularly for residents, are the same

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Some of the issues and implications

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Lack of effective data recording: issues with HMO statistics and data; issues with HB recording. Contributes to the "Known Unknowns" – MDS, sexual exploitation, OCGs. Can hamper multiagency and targeted approaches

Area-based concerns: concentrations of HMOs / exempt accommodation in more deprived areas, can bring down reputation and house prices; stigmatisation. Evidence of almost entire streets with this type of accommodation

Communities: 'legitimate' vs 'HMO residents'

Landlords and providers often have little expertise or understanding of how to manage multiply occupied housing for vulnerable groups 'Well-meaning' landlords' can become 'out of their depth landlords'.

Reputation of HMOs and HMO landlords: Despite the increased market for sharers and the increase in 'high end' HMOs and professional househares, HMOs still have a bad, and often unfair, reputation; linked to violence, criminality, ASB etc. This model of accommodation, and the problems it often brings, has the potential to compound this. 'Bottom end' HMOs housing homeless people nothing new, but this adds a new dimension to it.

Some of the issues and implications

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Granting of 'exempt' status not based on a strategic assessment of need. This can create oversupply (and relaxing of resident selection criteria, which increases risks)

This also creates a market for internal migration with other areas using the availability of this type to refer in homeless groups Our research showed from a four month snapshot that 46 of the 129 identified referral points were external to Birmingham

Not just 'exempt' markets but relevance for lower cost areas with HMOs in the West Midlands, e.g. Wolverhampton

External referrers often have no real knowledge of where they are 'sending' people; availability of a 'roof' predominates. Internal stakeholders shocked and concerned at some of the accommodation being utilised by external agencies, especially prisons

Can be viewed as a from of 'forced migration'. Forced sharing increases isolation, entrenchment, loss of control and negative relationship with property and landlord. No sustainability – cycling around temporary settings.

Residents

Safeguarding, wellbeing, choice and autonomy:

- "Risky mixes" (and risks to staff); exploitation and abuse (even death)
- Isolation, loneliness, insecurity, exacerbation and entrenchment of issues
- ASB, emergency service input, police call outs
- High rents – disincentive to find employment
- Lack of awareness or rights/options or places to seek advice

Choice vs 'forced' sharing:

- 'Stranger shares', 'place of last resort' '*beggars can't be choosers*' – can increase risks and disruption – internally and externally
- Often no path 'out' for people – ostensibly short term/transitional accommodation, but some of the very conditions and factors that have driven the issue are the ones sustaining it by blocking people from exiting

Are people getting the support they actually <u>need</u>?

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‘Accountability Deficits’ and ‘Risk Gaps’

There are certain circumstances that have created what we have termed an ‘accountability deficit’ around this particular type of housing sub-sector.

- The lack of a robust oversight and monitoring beyond minimal Housing Benefit Regulations (**Subsidy issues for an LA - no incentive to send to the Rent Officer for an RP as the DWP is picking up the bill.** Other areas have had a financial incentive to curb or invest in a concerted plan of action)
- **Specified Exempt, not Specialist Supported Housing so not under CQC**. No regulation of ‘care, support or supervision’. No regulation governing staff who enter the premises (not commissioned so no DBS checks.)
- **Registered Providers are exempt from the Housing Act 2004 definition of an HMO** and thus any type of licensing and HMO management regulations (no fit and proper person test, former licensable ‘rogue’ landlords go ‘under’ an RP).
- **Regulation of social housing**: the Consumers Standards currently rely on ‘serious detriment’ - no meaningful resident ‘voice’…even less so for non-RP exempt residents?
- Registered Providers operating less than 1000 units are currently subject to much lower regulatory engagement, having only to complete the online statistical data return annually
- Regulator is taking an interest (long leases, SSH) governance and viability levels (we rely on a ‘filter down’ effect to look at resident safety)

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‘Accountability Deficits’ and ‘Risk Gaps’

- **Planning Regulations. Permitted Development** (esp. from C3 to C4). Opportunities to intervene around spatial distribution of units, fire safety etc. missed. General criticism of permitted development (especially use of former office buildings) and pressure to reform. Loss of family homes?
- Other means such as Article 4 can ‘shift’ problem to surrounding areas?
- Care Act 2014 in England: no powers of entry for Safeguarding concerns
- Still HMO for purposes of Regulatory Reform (Fire Safety) Order 2005, complaints procedures of charities and RPs. However, this relies on vulnerable residents complaining and following through. **Physical standards are an issue but dwarfed in much of the research by psychosocial issues**
- The majority of residents are on licenses. Homes (Fitness for Human Habitation) Act 2018 won’t apply
- **So many issues are falling into a fairly large ‘risk gap’ with no overall responsibility or accountability – clients and referring practitioners are often shouldering the burden and fallout from this**
- **Does the ‘accountability deficit’ become an ‘accountability void’ for residents?** Real lack of awareness of rights (housing and personal) by residents. Precarity or disenfranchisement inhibits complaint?
- **Similarities to London Lockdown model**

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Circumstance or Opportunism?

- Shared living is on the increase, particularly for lower income groups. **Low LHA and SAR rates**, subject to a four-year freeze from 2016, a key driver, particularly in certain areas
- Lack of social housing, e.g. **the number of homes built for social rent nationally reduced by 97%, from 36,700 in 2010/11 to 1,102 in 2016/17**; RTB; focus on 'affordable' housing and home ownership. Localism and greater 'conditionality' around access – pre-tenancy checks
- **Lack of PRS landlords willing or able to let to benefit claimants**: Crisis (2016) 45 per cent of landlords were willing to let to tenants in receipt of housing benefit
- **Universal Credit**: 'Exempt' provisions protect claimants from some of the more pernicious effects of welfare reform. Direct payments, no RSRS (bedroom tax), no benefit caps. Can be in itself a draw to utilise the exempt provisions
- Private B&Bs at higher 'board and attendance rate' not included in exceptions to Universal Credit. "Locally, we are hearing stories of…landlords refusing to accept anyone claiming UC as well as suggestions that private landlords of B&Bs are discovering a way around these changes by becoming registered social landlords in order to again be exempt from UC and LHA rules" (Maciver, 2018)

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- Cuts to homelessness services and funding for single homelessness: **In 2017/18, nearly £1bn less was spent on single homelessness than was spent in 2008/9 – a fall of more than 50%** (Homeless Link/St Mungos). Pressure to reduce rough sleeping figures = pressure to make disadvantage less visible?
- Cuts to mental health, drug and alcohol treatment, 16 Local Authorities implemented a £500,000 cut to substance misuse treatments last year; and four reported cuts of over £1.5 million
- PRS evictions: leading 'cause' of homelessness. More homelessness means there is a shortage of places to 'put', particularly, more vulnerable and higher needs groups due to the **exclusionary mechanisms of other housing types**
- Proposed reforms to section 21s - landlord arguments that this will make them less willing to let to vulnerable groups? (although there is suggestion in the government consultation response that HMO tenants / residents will be exempt from proposed S21 reform)

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Assumptions of Accountability; Limitations of Enforcement

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Erroneous assumptions about the legitimacy of RPs? Don't automatically assume RPs are the 'best' option. No loss of subsidy to LA so may think they are 'better'. May reduce an LA's costs but **what are the possible human costs?**

'Support' itself is such a nebulous concept. Are we creating or compounding disadvantage by making judgements about the suitability of accommodation based on erroneous assumptions?

Assumptions about HMOs, who lives in them and what they should 'expect' - Subjective interpretation of who are 'good' providers/landlords?

Often little nuance in the approach to HMO legislation and policy. Focussed on assumptions about 'good landlords' v 'bad landlords' – on landlord behaviour and **minimum physical standards**. This is undoubtedly important but can be something of a blunt instrument – no factoring in of tenant wellbeing – no support for struggling landlords?

Physical standards , reactivity (often based on prejudicial assumptions?), lack of redress…**less quantifiable harms** just as important

In no way to suggest this type of accommodation is all ‘bad’, but there are serious drawbacks to the model.

Be aware of where you are placing people out of area and also as far as possible who you have operating in your areas (providers and RPs)

If you refer in, especially from out of area, be mindful and diligent about where you place people – is it expediency or truly ‘the only option’ ?

You may operate this type of accommodation yourself and do so very well. Make sure you place your tenants carefully, be transparent with them, give them a voice and do what you can to reduce isolation and encourage integration. Link in with as many other agencies as you can.

Inter-area working and networking - talk to your neighbouring LAs!! Multi agency forums. Include your providers and landlords

Confidential, impartial and safe spaces for tenants to discuss concerns and issues

Conclusions

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- We are dealing with some real structural and systemic issues here. This type of accommodation cannot be a lasting **'solution'** to these issues but it is an understandable **consequence**
- There is opportunism and profiteering for some, but it is the conditions created largely by government policy that have led to the environment that enables it thrive
- But, we cannot fall into the trap of feeling 'grateful' to any provider who is 'willing' to take on multiply excluded and / or disadvantaged citizens, even though such accommodation is avowedly fulfilling a 'need' or at least the provision of a 'roof'
- What are the 'good outcomes' from this for stakeholders? How far are resident capability and wellbeing factored into any multiagency approaches?
- We need to change our perspective and look at what enforcement and management means in these changing contexts and check that our assumptions aren't narrowing our tools and options
- Who is accountable and why are they not being held to account?

Questions?

If you'd like to know more or read a copy of the research report, please contact me:
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