

Croydon Joint Strategic Needs Assessment (JSNA)

2013/14

Key Topic 4

Homeless households in temporary accommodation

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Note on data cut off period

The data in this chapter was the most recent published data as at 19th June 2014. Readers should note that more up-to-date data may have been subsequently published, and are advised to refer to the source shown under figures or listed in the appendices for the chapter for the latest information. **The latest data on rates of homelessness by local authority are available at <https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness>**

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Executive summary

Background

- Homelessness has been **increasing in England** since 2010. Croydon has felt the impact of this increase harder than other areas of the country due to the size of the borough population, its housing tenure mix, and its low earnings compared to the London average.

Scope of chapter: what do we mean by homelessness?

- The term 'homelessness' is broad and includes those who are:
 - sleeping 'rough' or street homeless
 - living in temporary accommodation provided by the council or others, and known to the council
 - living in unsettled accommodation or 'sofa surfing' and not known to the Council.
- This chapter focuses solely on **those households known to Croydon Council to be homeless by having been accepted as homeless and provided with temporary accommodation**. This was the scope of the proposal that was submitted to the JSNA team for consideration for a needs assessment.
- The chapter takes an in-depth look at the lives of homeless households occupying **temporary accommodation** in Croydon, with a focus on **bed and breakfast accommodation**, to examine whether and how living in this sort of accommodation has an impact on **health and wellbeing**.
- The chapter will not look at the broader issue of **homelessness prevention**. This will be covered within the forthcoming homelessness strategy, to be published in 2015.
- The chapter will identify **recommendations** to mitigate any impacts identified in order to improve outcomes for the households affected.

Scale of the problem

- On 31 March 2014 there were **2,414 households** living in temporary accommodation in Croydon. Croydon's rate of 16.2 per 1000 households in temporary accommodation **was six times higher than the rate for England** and higher than the rate for London. Amongst its statistical neighbours (those areas of London that have most in common with Croydon), Croydon had the highest number of households in temporary accommodation. However, Croydon has the largest number of people in London. When this is taken into account and

rates are compared, three of Croydon's statistical neighbours (Barnet, Enfield and Redbridge) have higher rates.

- Not all households making applications to local authorities are accepted as homeless. In recent years, the number of households accepted as homeless and in priority need has been increasing throughout the country. The increase in the rate of households accepted as homeless has been **higher in Croydon compared to London and England**.
- In Croydon, the **acceptance rate** is about 5 per 1000 households, slightly higher than the overall London rate and **more than twice the England rate** (2.3 per 1000 households). Within the London Suburbs cluster, only Luton and Waltham Forest have higher acceptance rates than Croydon.
- The main reason for households being accepted to be both homeless and in priority housing need (and therefore owed a housing duty) is that they have **dependent children**. Nationally, 65% of homeless households accepted to be in priority need have children. In Croydon, the figure is 76%. In 2013/14 this represented 582 families and more than 1,000 children living in temporary accommodation.
- Nearly half of all homeless households accepted by the Council are **single women with children**. The age of the main applicant is typically between 25 and 44.
- There are stark differences in who becomes homeless in terms of ethnicity. In Croydon, as well as London and England, black or black British households are disproportionately represented in the homeless population. In Croydon, 20% of the general population are black or black British, but 48% of homeless households are of **black or black British ethnicity**. These disparities are not seen with white or Asian populations.
- **Young people, women, and people with mental health problems** are also disproportionately represented amongst those in temporary accommodation.

What are the main reasons for people becoming homeless in Croydon?

- The main reasons for homelessness in Croydon, accounting for two thirds of homelessness, are a **breakdown in family relationships** with a parent, relative or friend leading to them no longer being willing or able to accommodate the person or household (33%) or the **termination of a shorthold tenancy** (32%).

What is already known about temporary accommodation and health?

- Most of the research on homelessness focuses is on **rough sleeping**. Although the health impacts of rough sleeping are extreme, these are not within the scope of this chapter.
- In terms of the health impacts of living in temporary accommodation, there is **very little research** focusing specifically on bed and breakfast accommodation.
- From the general literature on temporary accommodation, research suggests the majority self report that the experience impacted upon their health, both in terms of **mental** and **physical health**, as well as upon the underlying **social factors** that influence health (such as educational attainment and employment). The literature also draws out the negative impact of living in temporary accommodation on **children**, with evidence these can be **long-lasting**. The chapter looks at the research in more detail, summarised below.
- In terms of **mental health**, living in temporary accommodation is associated with increased **stress, anxiety and depression**, and can lead to **social exclusion**. This is particularly the case when households are uprooted from friends, family and cultural networks. Research also highlights the link between homelessness and increased **alcohol and drug use**, although much of this focuses on rough sleeping.
- In terms of **physical health**, living in temporary accommodation is associated with increased **respiratory problems** such as asthma and bronchitis. These health problems are known to be linked to damp and mould.
- Living in temporary accommodation also has an impact on the **social determinants of health**, such as educational attainment, income, social networks, and food and nutrition.
 - **Education** will be discussed below in terms of its impact on children.
 - In terms of **employment**, maintaining or gaining paid employment can be problematic in temporary accommodation due to high rents, disruption to childcare arrangements caused by moving, and uncertainty about future accommodation.
 - In terms of **income**, feeding a household imposes additional costs in temporary accommodation given the challenges faced by shared cooking facilities; there are also additional costs imposed by the need to pay for storage of belongings, to stay warm in accommodation such as bed and breakfasts which require people to vacate during the day, as well as to travel back to areas which households previously called home.
 - In terms of **food and nutrition**, lack of facilities to cook and eat meals combined with low incomes and the need to stay out of some

temporary accommodation during the day, leads to poor nutrition and an increased reliance on takeaways.

- In terms of **social networks**, a lack of space, basic accommodation and privacy can mean that children living in bed and breakfasts often struggle to enjoy day to day aspects of family life that others take for granted, such as having family and friends to visit.
- The impact of temporary accommodation on **children** is particularly stark. The literature raises the following themes relating to children who have lived in temporary accommodation, who are more likely to:
 - have poor health
 - report feeling unsafe
 - witness inappropriate and traumatic events, such as violence/drug use
 - move school
 - have difficulties settling in school due to bullying arising from the stigma of homelessness
 - be absent from school
 - have illness and infections, with meningitis rates reported to be ten times as high as in other children
 - have problems at school, have behavioural problems (aggression, hyperactivity and impulsivity) and developmental problems
 - have speech and stammering problems
 - have lower academic achievements
- The impact of homelessness may be **long lasting**, with studies showing that many children suffer mental and development problems one year after being rehoused and anxiety and depression being three times more common among homeless children who have lived in temporary accommodation for more than a year.

What have homeless people in Croydon told us about their experiences?

- As part of the development of the **child poverty strategy** in Croydon, some local research had been carried out which was of relevance to this topic. Interviewees gave positive feedback regarding the Council listening to views and experiences, the areas in which families were placed, having a support officer on the premises four days a week at Gilroy Court to deal with any questions or issues, and regarding cleanliness.
- Areas for improvement were cited in terms of hygiene in shared kitchens and bathrooms, problems sharing kitchens and bathrooms, poor cooking and/or storage facilities, perceptions of security, inadequate washing and drying facilities, insufficient keys provided free of charge, lack of assistance with storage, and problems with the match of accommodation to family needs.

- The decision was taken to carry out further work focusing specifically on any perceived impact on health associated with living in temporary accommodation. Two **focus group discussions** were undertaken with current residents of temporary accommodation in Croydon, including those living in shared bed and breakfast and those in self contained accommodation bed and breakfast. All were parents of children of various ages.
- Key themes to emerge were similar to those identified in the wider literature review. In particular, the impact of living in temporary accommodation on **mental health** of both adults and children was highlighted, with this manifesting in feelings of depression in adults and often behavioural problems in children. This was particularly the case for the **single parents** in the group, who were all women.
- Factors most frequently cited in terms of causing most stress were:
 - the perception of being a '**prisoner**' in a confined space with no freedom and no choices
 - problems with the **quality** of the accommodation, particularly **cleanliness and overcrowding**
 - problems **eating healthily** due to restricted cooking facilities
 - **lack of privacy** in the accommodation when dressing and using the bathroom
 - **antisocial behaviour** of other residents, such as drinking alcohol and drug taking
 - **lack of response** from temporary accommodation management to tackle such problems
 - **communication problems with council staff**, particularly on entry to temporary accommodation, and regarding expected length of stay
 - **attitudes of council staff**, who were sometimes seen to be uncaring and to lack understanding of their situation
 - the feeling of being "**punished**" for becoming homeless when homelessness was no fault of their own, and having tried and failed to find alternatives solutions by accessing the private sector
 - the **cost** of storing goods and belonging (£15 per week) and accessing food adding to financial problems
 - the **disruptive effect** on children and their education

What services do we provide for homeless households in Croydon?

- Croydon uses bed and breakfast accommodation for the **first period of homelessness**, whilst assessing an application. It uses a number of emergency accommodation providers both within the Borough and outside, when demand is particularly high. Largest is the **Gilroy Court Hotel**.
- Most emergency accommodation used by the council is **self contained**. However there were between 60 and 80 homeless households with children placed in shared bed and breakfast accommodation at any one time in the past year (sharing kitchens and bathrooms with other residents).
- Croydon differs from London and England in the type of property into which homeless households are accommodated. In London and England between 50% and 60% of homeless households are accommodated in private sector properties. In Croydon, only 16% of homeless households were accommodated directly by private sector landlords on 31 March 2014, and 44% were accommodated in **local authority properties**.
- Accommodation provided must be **suitable** for the needs of the household. There are recommended **minimum standards** for emergency bed and breakfast accommodation, and London Boroughs operate a grading system (BABIE: Bed and Breakfast Information Exchange) for bed and breakfast, from A to E. The council does not use bed and breakfast accommodation that is graded lower than a C.
- The council's **Housing Enforcement Team** are responsible for ensuring that the minimum standards are adhered to and the accommodation is safe. All establishments are inspected initially when they are offered to the council as emergency accommodation. Larger establishments are re-inspected regularly, for example the Gilroy is inspected on a monthly basis.
- The council also provides **family liaison support services** to households in bed and breakfast accommodation. The service provides
 - support for households during the early stages of the homelessness application service
 - signposting to any additional support that might be required, including local Children's Centres and local health services including NHS walk-in centres, GPs etc
 - A visiting officer who responds to complaints and concerns about the accommodation and raises these directly with the accommodation provider

Where is Croydon currently spending its homelessness resources?

- In terms of spend, the overwhelming majority of the homelessness budget (79%) is spent on securing accommodation, with fairly equal amounts spent

on prevention (mainly providing aids and adaptations) (10%) and support (11%).

- The Council has made a significant investment – in the region of £10 million – in securing additional temporary accommodation for homeless households. It has invested a further £20 million in purchasing additional properties to use as temporary accommodation, and a further £10 million to provide move on accommodation. The Council has also secured more than a quarter of a million pounds to reduce the number of families in temporary bed and breakfast accommodation. This will support demand management approaches within the homelessness service and housing welfare reform team.

Summary of recommendations

- Improved information, advice and support for homeless families
- Improving access to health services
- Ensuring children do not miss education
- Improving access to employment and training opportunities
- Increasing the supply of temporary accommodation
- Preventing homelessness

1. Introduction

This chapter forms part of the wider 2013/14 Joint Strategic Needs Assessment (JSNA). It focuses on homelessness and specifically on the needs of those living in emergency bed and breakfast accommodation. Other 2013/14 JSNA chapters focus on alcohol, domestic violence and healthy weight and can be found, alongside chapters from other years and the annual JSNA key dataset, on the [Croydon Observatory web site](#).

Why was this topic chosen?

Homelessness has been a particular issue for Croydon in the past three years. In England as a whole, homelessness has been increasing since 2010 following a sustained decrease. Croydon has felt the impact of this increase harder and faster

than other areas of the country. This is partly due to the impact of the credit crunch and economic downturn nationally, but also due to its housing tenure mix and the fact that the borough's residents tend to have lower skilled occupations than other parts of London and earn less than the London average. Croydon also has some of the highest repossession rates in London.

In October 2012, Croydon was the focus of media attention¹ regarding the number of households with children living in bed and breakfast hotels for longer than six weeks. Since 2004 it has been unlawful for a local authority to accommodate a household with "family commitments"² in bed and breakfast accommodation, except in an emergency³. A limit of six weeks was applied to the length of time such an emergency could last. The reason for introducing the six week limit was in response to concerns about the damaging effect on homeless households, and on children in particular⁴, of living in bed and breakfast hotels for long periods.

This chapter of the 2013/14 JSNA examines those concerns about the impact of living in temporary accommodation, including bed and breakfast, for extended periods.

What do we mean by homeless?

To most people, being homeless implies having to 'sleep rough' on the streets. However, homelessness also includes families and individuals with no permanent accommodation placed in temporary accommodation by the Council under homeless legislation. At its widest definition it could also include people staying with friends or relatives temporarily ('sofa surfing'), those living in overcrowded accommodation, and even people in hospital who are cannot be discharged because they do not have suitable accommodation to return to.

In this chapter, we are only focusing on households who have been accepted as homeless by the Council and provided with **temporary accommodation under the current homeless legislation**. We are not looking at the needs of rough sleepers, sofa surfers, or any other of the households that could be included in the wider definition of homelessness.

To be accepted as homeless and provided with temporary accommodation, the person applying needs to be **eligible for assistance**. Eligibility depends upon citizenship or nationality, whether a household is "habitually resident" in the UK, and on immigration status. There are different rules for British citizens, nationals of the European Union (EU) or European Economic Area (EEA) and people of other nationalities. EU and EEA nationals have an automatic right to live in the UK for

*This includes both shared and self-contained nightly let bed and breakfast accommodation

¹ <http://www.bbc.co.uk/news/uk-19813291>

² which includes households with dependent children or a member of the households who is pregnant

³ The Homelessness (Suitability of Accommodation) (England) Order 2003 (SI 2003/3326)

⁴ [More Than a Roof: a report into tackling homelessness, Office of the Deputy Prime Minister \(March 2003\)](#)

three months after their arrival. However, they have restricted rights during this period. EU and EEA nationals who are working, self-employed or have a permanent right to reside can make a homeless application. The council does not have a legal responsibility to assist homeless applicants who are not eligible for housing assistance.

To be accepted as homeless the person applying as homeless must also have a **priority need for housing**. Priority need mainly concerns whether the household includes dependent children, or someone who is vulnerable, for example, due to age, disability, mental health, or having spent time in prison, hospital or the armed forces.

If a family is found to have made themselves **intentionally homeless** (i.e. by doing something deliberately to lose their accommodation, or by omitting to do something they should have done to keep their accommodation), the council will only provide accommodation for a short time (this is normally 21 days in Croydon).

Where the council decides a household is not eligible for assistance, or they are not in priority need or they are not homeless, the council has no further duty to assist. Homeless households have the right to challenge these decisions and request a review of the decision made. The council may provide support to households through its social services functions where an applicant is under 18 years old, they have left local authority care, they have a physical or learning disability or mental health problems, or where they are an older person. Social services may also be able to help if the household includes dependent children and where the homeless decision is that the household is not eligible for assistance, or is intentionally homeless.

The Council's legal duty to a homeless household is brought to an end in a number of different ways, which include the applicant:

- Refusing an offer of temporary accommodation (providing it is suitable)
- Ceasing to be eligible for housing assistance
- Becoming intentionally homeless from temporary accommodation (i.e. due to their behaviour or for not paying their accommodation charges), or ceasing to use it as their only or principal home
- Accepting or refusing an offer of social housing through the Council's housing allocations scheme
- Accepting or refusing a Private Rented Sector Offer (if the household was accepted as homeless on or after 9th November 2013)
- Accepting an offer of an assured tenancy from a private landlord.

Temporary accommodation

When the council has reason to believe a household is homeless and in priority need of housing, it must provide temporary accommodation while it conducts a detailed investigation into the homeless application. This is called the council's interim duty. In most cases, accommodation in a **bed and breakfast hotel** will be booked for the

household to stay in temporarily. Local authorities tend to accommodate households under investigation in this type of nightly let accommodation because it is relatively cheap and, importantly, can be cancelled at very short-notice if it is found that no homeless duty is owed. There is a large stock of this type of accommodation available in the borough at convenient locations in the North of the borough, such as the **Gilroy Court** Hotel on London Road. A small number of households are placed in temporary accommodation in London but outside the borough of Croydon (189 on 31 March 2014), and an even smaller number placed in temporary accommodation outside London (28 on 31 March 2014). Other local authorities place homeless households in temporary accommodation in Croydon (on 31 March 2014 575 homeless households were placed in Croydon by other boroughs).

The temporary accommodation must be **suitable** for the households needs. The key factors that determine suitability include:

- the needs and requirements of the household members;
- the space provided in the accommodation and arrangement and layout of facilities;
- any health and safety considerations;
- the affordability of the accommodation, and
- the location of the accommodation.

As mentioned above, shared emergency accommodation (e.g. bed and breakfast hotels) can only lawfully be provided to homeless households including dependent children or someone who is pregnant in an emergency, and then for not longer than **six weeks**.

Households not satisfied their accommodation is suitable have the right to request that the council **review** the decision to provide the accommodation and in certain circumstances can make an application to the council court.

Households are still regarded as homeless while they occupy temporary accommodation and the Council's homelessness duty can only be ended in the circumstances described on page 12 above.

Scope of the chapter

The chapter aims to:

- Carry out an in-depth examination into **homeless households** occupying bed and breakfast accommodation in Croydon
- Examine whether temporary housing such as bed and breakfast has an impact on **health and wellbeing**, and if so, how, and
- Identify **recommendations** concerning the allocation of resources to mitigate any impact identified and improve outcomes for the households affected.

Methodology and structure of the chapter

This section provides a brief description of the methods used to inform the recommendations in this chapter.

❖ Summary of the available data on homelessness in Croydon

The chapter begins by highlighting national, regional and local authority level data on homelessness including

- numbers living in temporary accommodation in Croydon and how this has changed over recent years
- information on how this compares with London, England and Croydon's statistical neighbours, using rates
- the composition of homeless households and the main reasons for homelessness in Croydon

❖ Literature review

The chapter goes on to summarise what is already known about the impact of living in temporary accommodation on health. A number of relevant websites and databases⁵ were searched for articles and papers published since 2000, containing information about the health and social needs of households living in temporary accommodation, especially bed and breakfast.

❖ Getting the views of homeless people in Croydon

The results of focus group work carried out in 2013 by the Council's Children, Families and Learning department are also included in this report

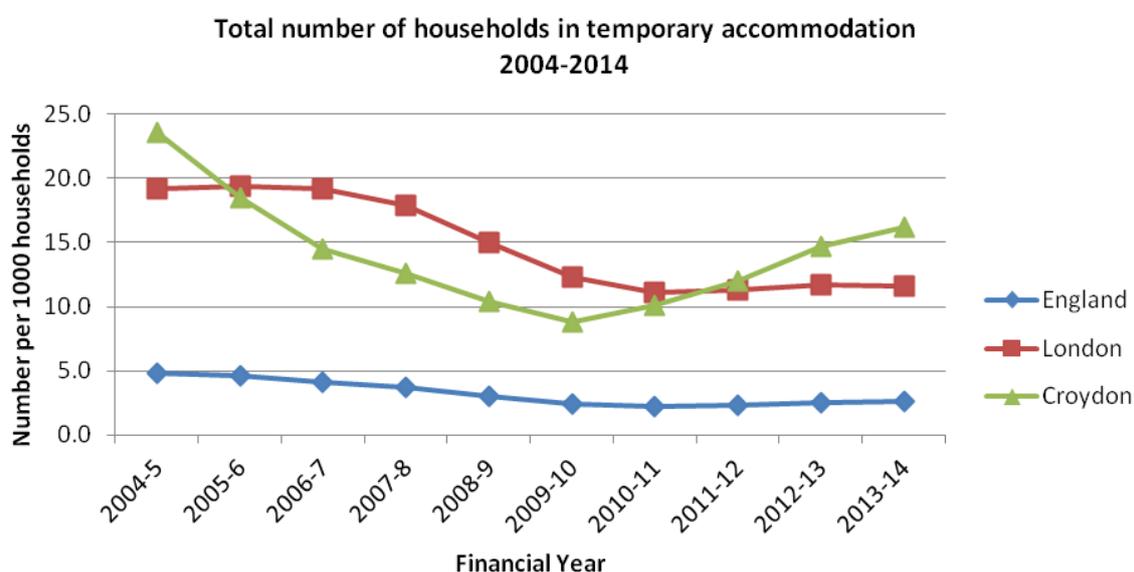
Additional focus groups were carried out with households living in temporary accommodation in Croydon in July 2014.

⁵ AMED, EMBASE, CINAHL, BNI, HMIC, PsycINFO, SPP, SCIE, Medline, NHS NIHR, Campbell Collaboration, the Cochrane Library, PubMed, OpenSIGLE, Google, better-housing.org.uk

2. The nature and scale of homelessness in Croydon

The numbers of homeless households has been **increasing steadily** in Croydon **since 2010**, following a sustained reduction between 2004 and 2009. Figure 1 shows the trend in the rate of homeless households in Croydon compared to London and England over the past ten years.

Figure 1 Total number of households in temporary accommodation 2004-2014. England, London and Croydon



Source: Live tables on homelessness, Table 784: Local authorities' action under the homelessness provisions of the Housing Acts: financial years 2004/5 to 2013/14. 2013/14 data is released as provisional. Department for Communities and Local Government, UK Government. <https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness>

Whilst in England and London, the rate of households in temporary accommodation has stabilised since 2009, in Croydon a steady increase has been observed. In 2013/14, 2,414 households were in temporary accommodation in Croydon, a rate of **16.2 per 1000 households**. This is higher than the rate for London (11.6 per 1000 households), and **six times higher** than the rate for England (2.6 per 1000 households).

The most meaningful comparison is with Croydon's statistical neighbours, the London Suburbs cluster.⁶ Within this cluster, homelessness has also been rising with three areas, Hounslow, Luton and Merton also experiencing steady increases in the rates in temporary accommodation since 2009. Three areas (Barnet, Enfield and

⁶ Croydon's statistical neighbours: 11 local authorities with similar demographic make-ups to Croydon. Enfield, Greenwich, Waltham Forest, Barnet, Ealing, Harrow, Hounslow, Luton, Merton, Redbridge and Slough.

Redbridge) have higher rates in temporary accommodation than Croydon, with the highest (Redbridge) at 19.1 per 1000 households. However, in terms of total numbers, Croydon had **more households in temporary accommodation in 2013/14 than any of its statistical neighbours.**⁷

Not all households applying as homeless are 'accepted' as homeless by the local authority. In 2013/14, 2,593 homelessness applications were made in Croydon, and of these only 762 (29%) were accepted to be eligible, unintentionally homeless and have a priority need for housing. As illustrated in Figure 2, this is a rate of 5.1 per 1000 households, higher than overall London rate of 4.5, and more than twice the England rate of 2.3 per 1000 households.

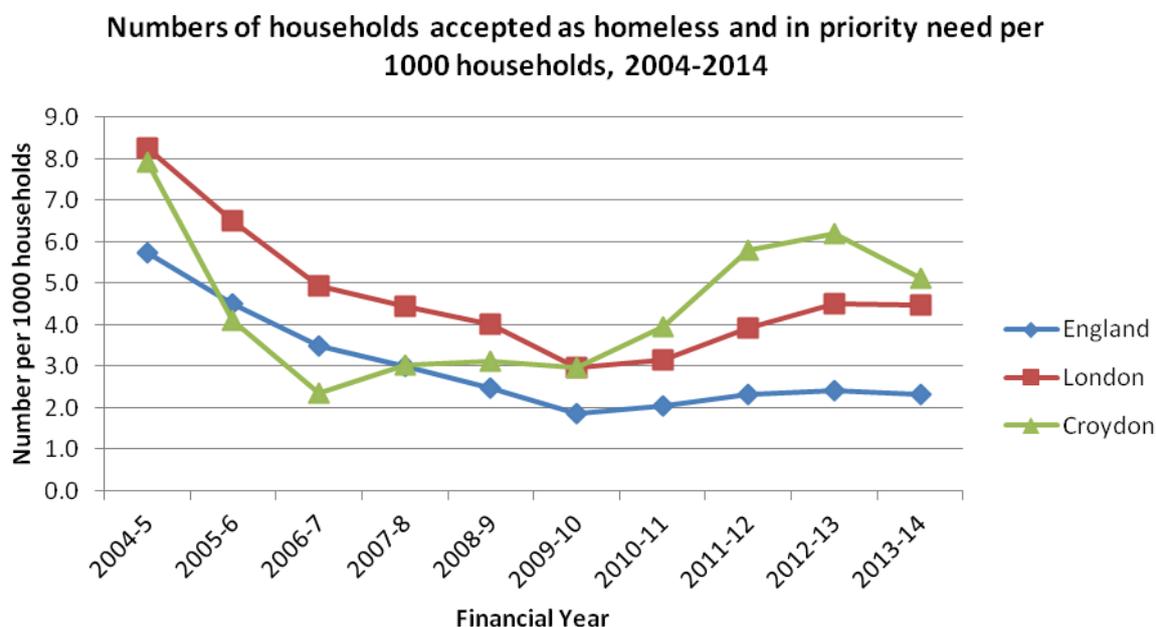
Priority need groups:

- **Households with dependent children or pregnant women**
- **Households with vulnerable people due to old age, mental or physical health problems**
- **Young people aged 16 or 17, or 18-20 year old care leavers**
- **People who are vulnerable as a result of time spent in care, in HM Forces or in custody**
- **People who are vulnerable as a result of having to flee violence or the threat of violence**

In recent years, the number of households accepted as homeless and in priority need has been increasing throughout the country. The increase in the rate of homeless households in priority need has been **higher in Croydon** than in London and England. Since 2009, the number of homeless households in priority need in Croydon has increased from 425 in 2009-10, to the current figure of 762 households.

⁷ As of June 2014, data for Hounslow was not available.

Figure 2 Numbers of households accepted as homeless and in priority need per 1000 households, 2004-2014



Source: Live tables on homelessness, Table 784: Local authorities' action under the homelessness provisions of the Housing Acts: financial years 2004/5 to 2012/14. 2013/14 data is released as provisional. Department for Communities and Local Government, UK Government. <https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness>

This picture is similar for the majority of Croydon's statistical neighbours, where the rate of homeless households in priority need has been increasing since 2009. The most recent data suggests a decline from last year in the rate of homeless households in priority need in Croydon; however this is mainly due to an unusually high number of decisions made in 2012/13 to clear a backlog of cases.

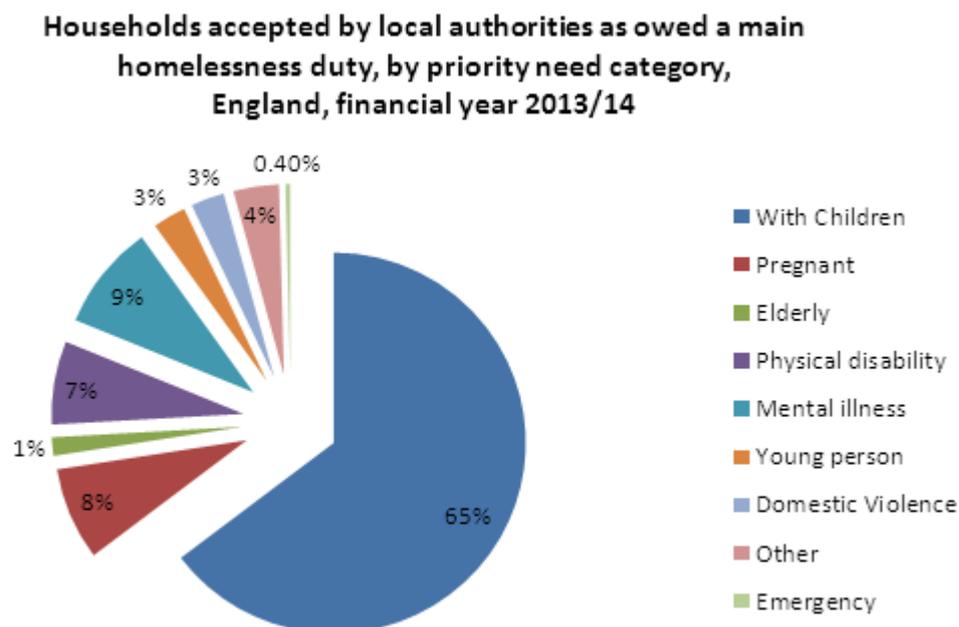
Compared to the ten⁸ local authorities that are most similar to Croydon, only Waltham Forest and Luton have higher acceptance rates per 1,000 population than Croydon (at 8.0, and 9.1 respectively).

Who is accepted as homeless?

The majority of households accepted as homeless by local authorities and as having a priority need for housing are those with **dependent children**. Nationally, these households comprise around 65% of the total households who are accepted as homeless. **Pregnant women** and **people with mental health problems** are the next largest groups, but this is a much smaller proportion, at 8% and 9% respectively, followed by households including members who are vulnerable due to physical health problems at 7% (see Figure 3).

⁸ As of June 2014, data for Hounslow was not available.

Figure 3 Households accepted by local authorities as owed a main homelessness duty, by priority need category, England, 2013/14 financial year



Source: Live tables on homelessness, Table 773: Statutory homelessness: households accepted by local authorities as owed a main homelessness duty, by priority need category, England, 1998 to 2014. 2013/14 data is released as provisional. Department for Communities and Local Government, UK Government. <https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness>

In Croydon, the proportion of homeless acceptances with dependent children is even greater than nationally. In 2013/14, **76% of homeless households accepted as homeless had children**, representing 582 families. Pregnant women comprised 10% of homeless households (76 pregnant women); households where a member was vulnerable due to physical or mental health problem accounted for around 5% and 5% each.

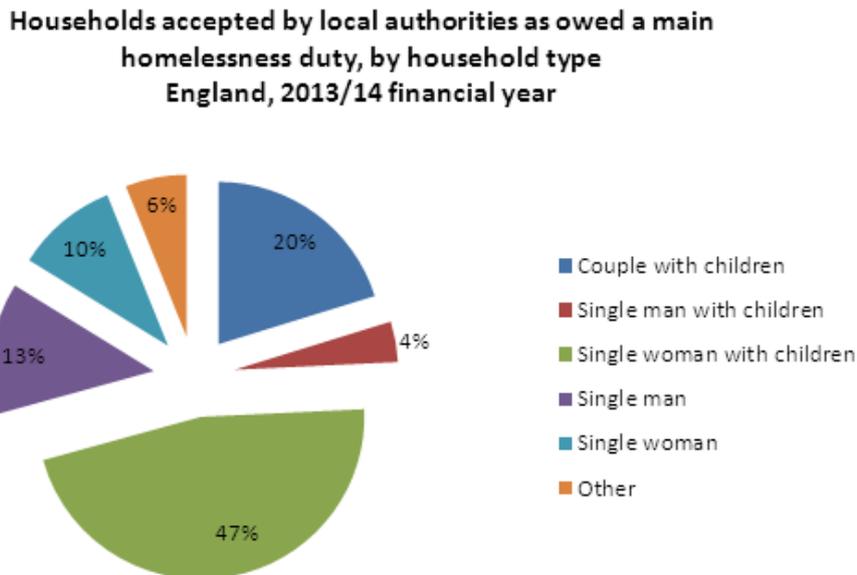


Source: Croydon P1E data 2013/14

Nationally, nearly half of all households accepted as homeless (47%) are families headed by a single woman. Couples with children also make up a substantial proportion of homeless households (20%). Of households of individual people, there

are slightly more men than women, at 13% and 10% respectively. In Croydon the proportion of homeless households headed by a single female applicant is significantly higher at 62%, the proportion of couples very similar to the national level at 20%, however, the proportion of single men and women is smaller at 8% and 4%.

Figure 4 Households accepted by local authorities as owed a main homelessness duty, by household type, England 2013/14 financial year

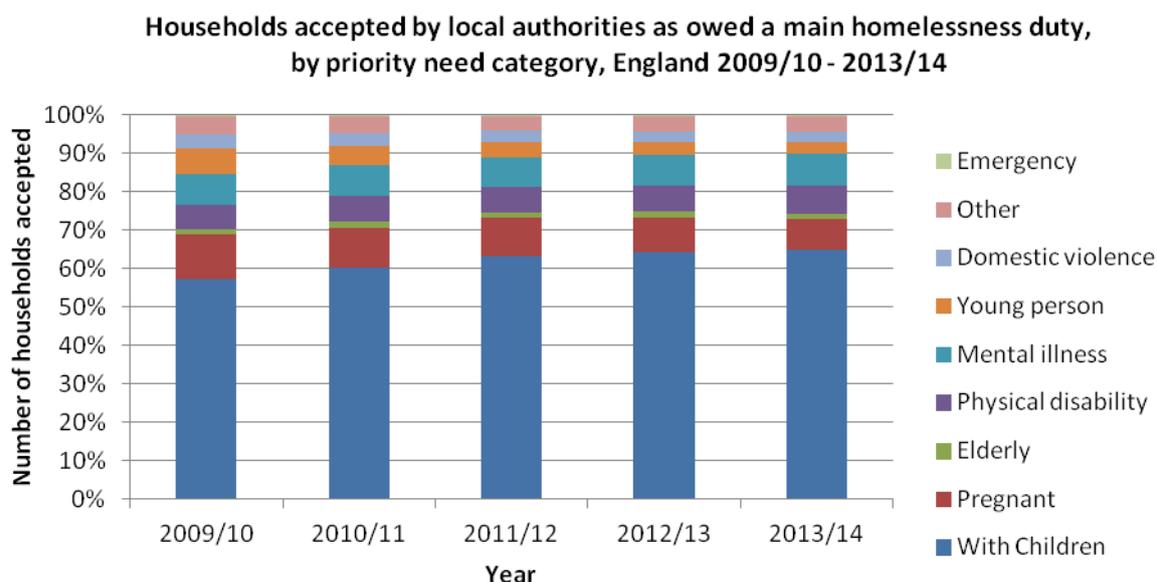


Source: Live tables on homelessness, Table 780: Homeless households in priority need accepted by local authorities, by household type, England, 2006 to 2014. 2013/14 data is released as provisional. Department for Communities and Local Government, UK Government. <https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness>

The numbers of households with dependent children now accounts for a growing proportion of the households accepted as homeless. Figure 5 illustrates the steady rise in the proportion of homeless households with dependent children, from 57% to 65% over the past five years. Other categories have remained constant, apart from pregnant women, where the proportion has fallen from 11% to 8% between 2009 and 2014.

In 2013/14, there were more than **1,023 children** living in households accepted as homeless in Croydon. Most of these were in households with two or more children.

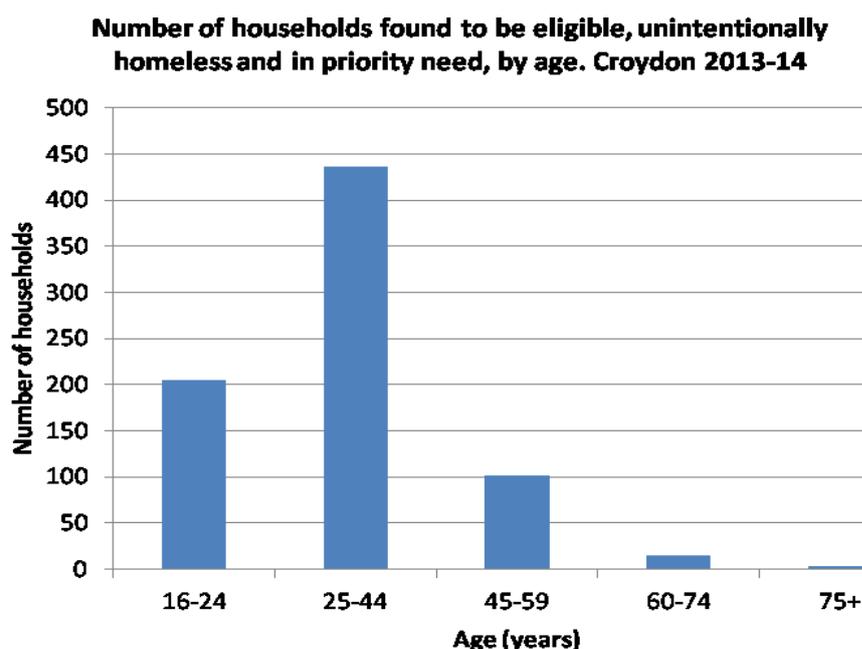
Figure 5 Households accepted by local authorities as owed a main homelessness duty, by priority need category, England financial years 2009/10 – 2013/14



Source: Live tables on homelessness, Table 773: Statutory homelessness: households accepted by local authorities as owed a main homelessness duty, by priority need category, England, 1998 to 2014. 2013/14 data is released as provisional. Department for Communities and Local Government, UK Government. <https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness>

The age distribution of homeless households is illustrated in Figure 6. Last year, 205 young people aged between 16 and 24 were accepted as homeless in Croydon. Only three households included those aged 75 years or above.

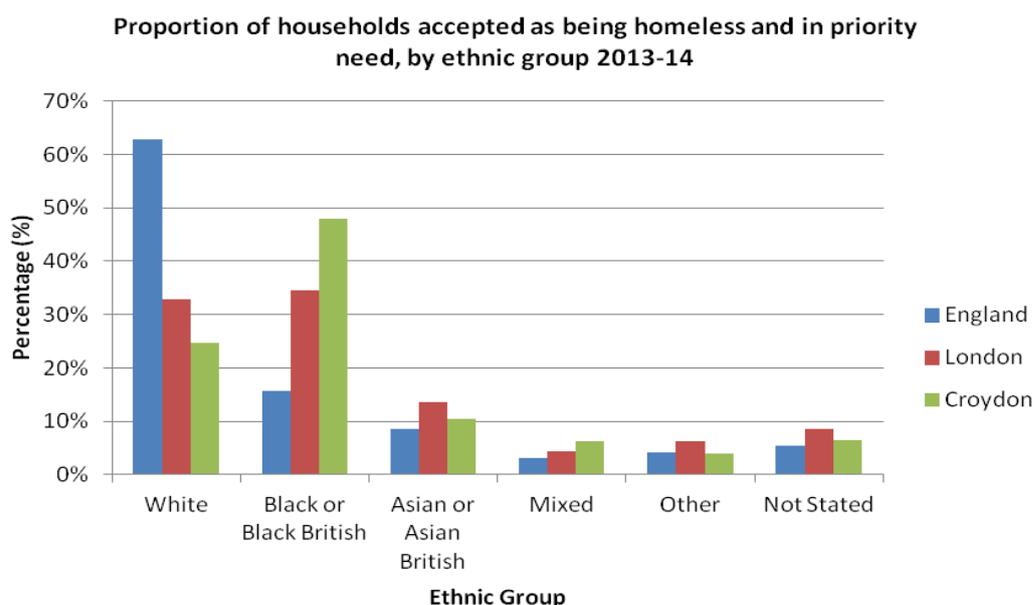
Figure 6 Number of households found to be eligible, unintentionally homeless and in priority need, by age. Croydon 2013/14



Source: Croydon P1E data 2013/14

Nationally, as well as for London as a whole, the majority of homeless households are white. Croydon differs to the national picture in that the numbers of black or black British homeless households exceeds the number of homeless households from a white ethnic background. In Croydon, **48% of homeless households are of black or black British ethnicity**, compared to 25% who are white ethnicity. This is disproportionate to the ethnic makeup of Croydon, where only 20.2% of the population are black or black British.

Figure 7 Proportion of households accepted as being homeless and in priority need, by ethnic group 2013/14



Source: Live tables on homelessness, Table 784: Local authorities' action under the homelessness provisions of the Housing Acts: financial year 2013/14. 2013/14 data is released as provisional. Department for Communities and Local Government, UK Government. <https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness>

Table 1 below further illustrates the differences in ethnicity between homeless households and the general population. In Croydon, London and England, the proportion of homeless households of black and black British ethnicity is far higher than the proportion of black and black British people in the general population.

Table 1: Differences in ethnicity between homeless households and the general population

Ethnicity	Croydon		London		England	
	General population	Homeless population	General population	Homeless population	General population	Homeless population
White	55%	25%	60%	33%	85%	63%
Black	20%	48%	13%	35%	3%	16%
Asian	16%	10%	18%	14%	8%	9%
Mixed	6%	6%	5%	4%	2%	3%
Other	1%	1%	3%	6%	1%	4%

Source: Live tables on homelessness, Table 784: Local authorities' action under the homelessness provisions of the Housing Acts: financial year 2013/14. 2013/14 data is released as provisional. Department for Communities and Local Government, UK Government. <https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness>

Table QS211EW. 2011 Census: Ethnic group (detailed), local authorities in England and Wales. All usual residents. Office of National Statistics.

BME households tend to be over-represented as homeless applicants and in social housing; however, there are considerable differences between different ethnic groups. Bangladeshi and black African householders are more likely to live in social rented housing than Indian or Chinese households⁹. Significantly for housing need, large and single parent households are more common among some BME groups than the white British population and are more likely to be in poverty and be unable to satisfy their housing needs in the housing market. The demographic and socio-economic factors that affect BME households' housing needs are interconnected:

*"...education, immigration patterns and employment rates influence income, while demographic patterns determine the dependency ratio within a household. Poverty is a main factor pushing people to social sector housing. Large families are harder to support on the basis of income alone, and families with only one earner tend to have below average incomes."*¹⁰

The BME population's age profile is younger than the general population¹¹. Fertility rates, household size and the age of first time mothers affect the demographic characteristics of an ethnic group and predispose some to poverty and housing need including homelessness. Caribbean women tend to have children earlier and Caribbean ethnic groups have lower rates of marriage and partnership and a high prevalence of single parenthood¹². South Asian groups have higher rates of marriage at an earlier age, higher fertility rates and larger families on average and this pattern is particularly found in the Pakistani and Bangladeshi ethnic groups. Another feature of South Asian households is older relatives (mothers) living with their sons contributing to the larger than average household size.

Young people are also disproportionately represented among homeless households. Almost 30% of homeless households nationally are those aged between 16 and 24 years. More than 50% are aged between 25 and 44 years. However, over the past few years the proportion of homeless people aged 16-24 has been declining.

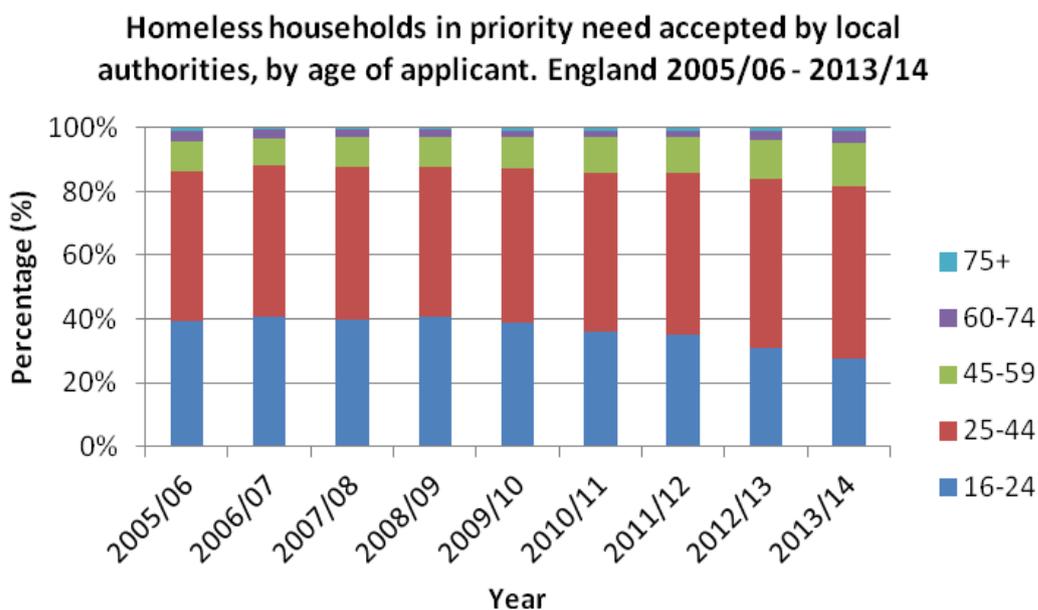
⁹ ODPM (2005) Housing in England 2003/4 (London: ONS); Census 2001.

¹⁰ Understanding demographic, spatial and economic impacts on future affordable housing demand, Cambridge Centre for Housing and Planning Research, University of Cambridge (December 2007)

¹¹ Census 2001 BME groups represent 8% of population overall, but 18% of 16-24 year olds.

¹² Berthoud, R. (2005) Family Formation in Multi-Cultural Britain: Three Patterns of Disadvantage (Cambridge: Cambridge University press).

Figure 8 Homeless households in priority need accepted by local authorities, by age of applicant. England 2005/06-2013/14



Source: Live tables on homelessness, Table 781: Homeless households in priority need accepted by local authorities, by age of applicant, England, 2006-2014. 2013/14 data is released as provisional. Department for Communities and Local Government, UK Government. <https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness>

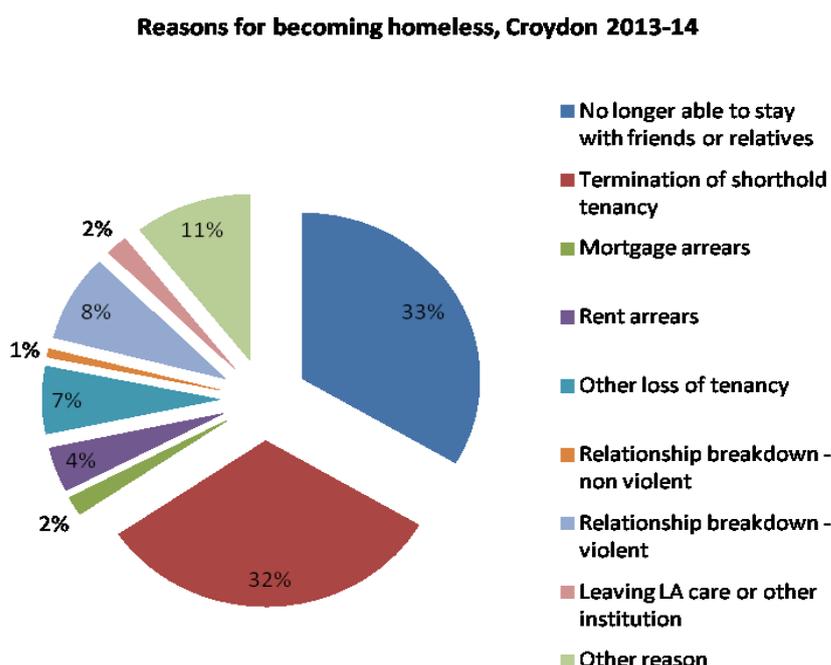
Overall there are more **women** in temporary accommodation than homeless men: this is because the majority of homeless households are single women with dependent children or pregnant women. People with **mental health problems** may be at a higher risk of homelessness due to reduced opportunities or capacity to gain employment. In Croydon, similar to the London and England averages, only 7% of adults with a serious mental illness are in paid employment.

Why are people becoming homeless in Croydon?

Figure 9 illustrates the breakdown of reasons for becoming homeless in Croydon in 2013/14. These proportions are similar to London and national statistics.

The two most common reasons for homelessness in Croydon, accounting for two thirds of all homelessness, are a **breakdown in family relationships** with a parent, relative or friend being no longer willing or able to accommodate the household (33%), and the **termination of assured shorthold tenancies** (32%). Around 15% become homeless due to rent or mortgage arrears. Smaller numbers become homeless due to leaving prison, hospital, local authority care, the armed services, and asylum can also result in people becoming homeless.

Figure 9 Reasons for becoming homeless, Croydon 2013/14



Source: Croydon P1E data 2013/14

Temporary accommodation for homeless households

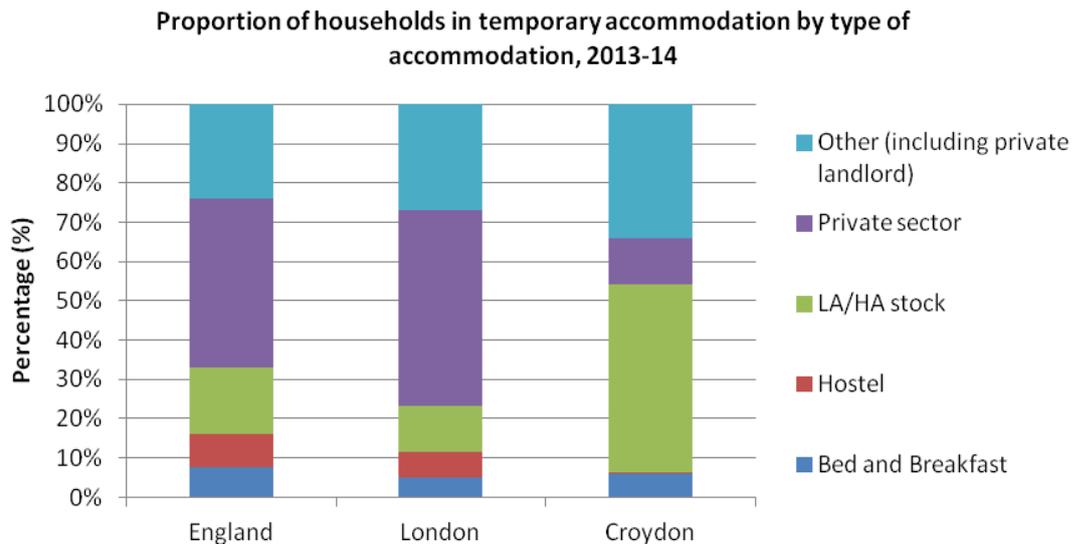
Homeless households are accommodated in a variety of different types of temporary accommodation. In most cases, homeless households are first placed in emergency accommodation while their application is being investigated. As mentioned above, emergency accommodation in shared bed and breakfast establishments can legally be used for a maximum of six weeks before alternative accommodation must be provided. They are then placed in longer-term temporary accommodation once they have been “accepted” as homeless and are waiting for an offer of permanent accommodation that will bring the Council’s homeless duty to an end. In Croydon, the majority of households are placed in houses or flats owned by the local authority. However, hostel accommodation (including women’s refuges) and properties leased or managed by registered providers (e.g. housing associations) and leased from private landlords are also used as temporary accommodation. Croydon differs from London and England in the proportion of households accommodated in local authority versus private sector properties, whilst the majority of homeless households in London and England are housed in the private sector.

Homeless households placed in temporary accommodation are still owed a duty under homeless legislation. The full homelessness duty can be ceased in a number of circumstances set out in legislation and summarised on page 12.

This pattern has remained relatively stable over the past ten years, and is reflected in the most recent data: on 31 March 2014 in London and England between 40%

and 50% of homeless households were accommodated in private sector properties, and between 10% and 20% were housed in local authority/housing association stock. However, in Croydon these proportions are reversed: on 31 March 2014, 12% of homeless households were accommodated in private sector properties, and 48% were placed in local authority properties. These differences are illustrated in the chart below.

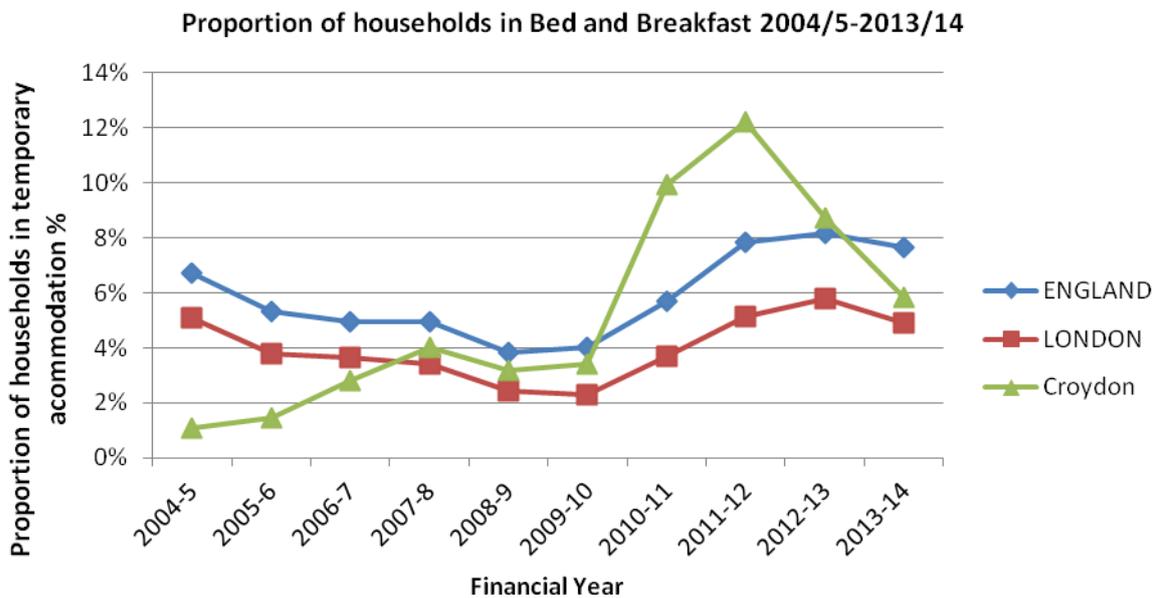
Figure 10 Proportion of households in temporary accommodation by type of accommodation, financial year 2013/14



Source: Live tables on homelessness, Table 784: Local authorities' action under the homelessness provisions of the Housing Acts: financial year 2013/14. 2013/14 data is released as provisional. Department for Communities and Local Government, UK Government. <https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness>

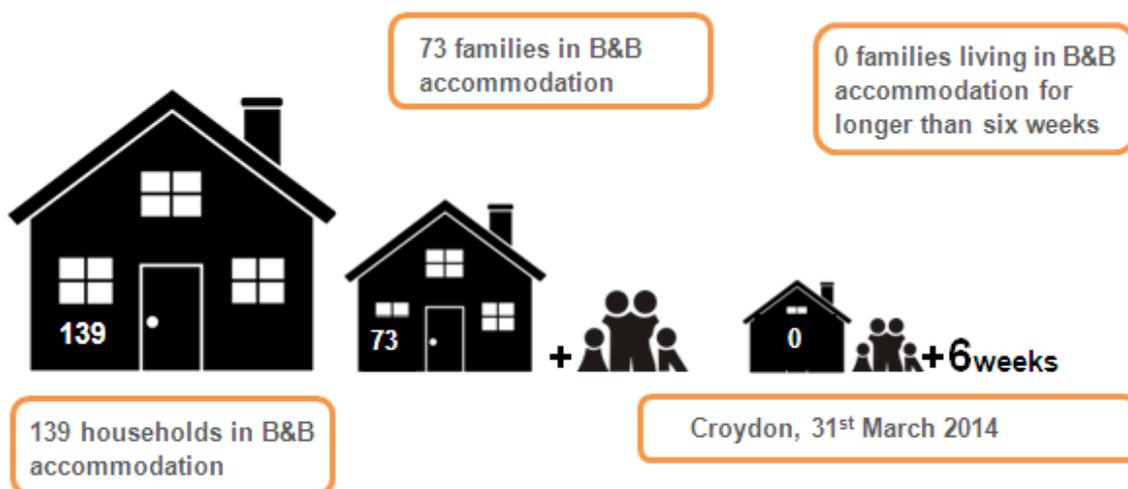
Since 2012, the proportion of households placed in bed and breakfast accommodation has begun to decline. On 31 March 2014, 6% of homeless households in Croydon were in bed and breakfast hotels, compared to 4.9% in London.

Figure 11 Proportion of households in temporary accommodation by type of accommodation, financial year 2013/14



Source: Live tables on homelessness, Table 784: Local authorities' action under the homelessness provisions of the Housing Acts: financial year 2013/14. 2013/14 data is released as provisional. Department for Communities and Local Government, UK Government. <https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness>

As of 31 March 2014, 139 households in Croydon were housed in shared bed and breakfast accommodation by the local authority. 73 (52%) of these households had dependent children and/or a pregnant woman. Of these 73 families, none had been living in bed and breakfast accommodation for longer than the six week time limit, although 10 families had been accommodated for longer than 6 weeks because they were waiting for the outcome of a review or appeal in relation to a homelessness decision.



Source: Croydon P1E data 2013/14

On 31 March 2014, 31 London Boroughs participated in sharing information to provide a snapshot of the number of homeless households placed in temporary accommodation. The findings on 31 March 2014 were:

- 22,323 homeless households were living in temporary accommodation
- 44% (9,912) were living in the borough to which they presented as homeless
- 52% (11,703) were living in London but not in the borough they presented to
- 3% (708) were living in temporary accommodation outside London

In Croydon on 31 March 2014 there were a total of 3,095 homeless households living in temporary accommodation, including 575 placed in Croydon by other London boroughs. Croydon Council had 189 homeless households placed in temporary accommodation in London, but outside the borough (31 in Camden, 34 in Lambeth), as well as 28 households placed outside London in various locations (including Crawley, Luton and Peterborough).

3. Evidence from the literature review

A summary of the findings of the literature review is provided below.

- Homelessness does not affect great numbers, however, for those who do experience it, it can be a very traumatic experience that is hard to escape from, damaging physical and emotional well-being which can be long-lasting.¹³
- Surveys conducted by Shelter found that 58% of families in temporary accommodation other than bed and breakfast said their health had suffered as a result of where they were living.¹⁴
- The following will draw out the main ways in which living in temporary accommodation has been shown to have implications for **mental health**, **physical health**, and the **social determinants of health** (such as education and employment), going on to draw out the particular **impacts on children**, and how the effects can be **long lasting**.

Homelessness and mental health

- Homeless people suffer high levels of **stress and anxiety** from their lack of control over their housing situation combined with often poor living conditions.¹⁵
- This is particularly the case when the location of the accommodation causes **social isolation** from friends, family and cultural networks.¹⁶

¹³ [What is it like to be homeless?](#) Shelter 2014 Campaign

¹⁴ Credland, S. et al., Sick and tired: the impact of temporary accommodation on the health of homeless families, Shelter, London, 2004.

¹⁵ [What is it like to be homeless?](#) Shelter 2014 Campaign

¹⁶ Ibid

- Homelessness results in low self-esteem¹⁷ and 56% of respondents to a Shelter survey on temporary accommodation said they suffered from depression¹⁸
- Homelessness increases **social exclusion** and an inability to participate in society¹⁹.
- Nearly half of respondents to a Shelter survey on temporary accommodation described their children as often **unhappy or depressed**.²⁰
- A national audit showed that many homeless people choose to self-medicate with **drugs or alcohol** to cope with the difficult realities of homelessness, particularly those with mental health problems.²¹ The audit also showed that 44% used drugs and alcohol to alleviate the effects of their mental health issue and only 10% received support from mental health services.²²
- People from **ethnic minority backgrounds** are around three times more likely to become homeless than their white counterparts.²³ Those fleeing persecution from another country, carrying with them distressing experiences they have suffered, are more likely to become homeless.²⁴

Homelessness and physical health

- It is suggested that the experience of multiple housing problems increases the risk of **severe ill-health or disability** during childhood and early adulthood by up to 25%.²⁵
- 27% of homeless clients attending **accident and emergency** did so due to a mental health problem: this is over five times that of the general population²⁶
- In addition, **respiratory problems** such as asthma and bronchitis can be directly caused by problems with the physical quality of the housing exacerbated by damp inside properties.²⁷

¹⁷ Homelessness Factsheet, Shelter 2007

¹⁸ Mitchell, F. et al., Living in limbo: survey of homeless households living in temporary accommodation, Shelter, London, 2004.

¹⁹ Social Determinants of Health – Housing: A UK Perspective, Hacker, Ormandy and Ambrose (2010)

²⁰ Mitchell, F. et al., Living in limbo: survey of homeless households living in temporary accommodation, Shelter, London, 2004.

²¹ Homeless Link, (2010) 'The Health and wellbeing of people who are homeless: evidence from a national audit'

²² Ibid

²³ Tackling Homelessness Amongst Ethnic Minority Households. A Development Guide. September 2005. Office of the Deputy Prime Minister, Homelessness and Housing Support Directorate. London

²⁴ [What is it like to be homeless?](#) Shelter 2014 Campaign

²⁵ Harker, Lisa, Chance of a lifetime – the impact of bad housing on children's lives, Shelter, London 2006

²⁶ Homeless Link, (2010) 'The Health and wellbeing of people who are homeless: evidence from a national audit'

²⁷ Mitchell, F. et al., Living in limbo: survey of homeless households living in temporary accommodation, Shelter, London, 2004.

Social determinants of health

- Living in temporary accommodation can also affect the underlying social determinants of health, such as **education, employment and income, social networks, and food and nutrition.**²⁸
- **Education** will be discussed below in terms of its impact on children.
- In terms of **employment**, homelessness can lead to an inability to maintain full-time/regular employment while in temporary accommodation²⁹. Working can become unaffordable when living in temporary accommodation due to high rents, with childcare made difficult by disruption of usual networks, and uncertainty about how long would be spent at the current address and where they would move to.³⁰
- In terms of income, pressures are posed by the lack of amenities (such as cooking facilities) in bed and breakfast accommodation, the need to pay for storage of belongings and the expense of travelling to and from areas which families have left.³¹
- In terms of **food and nutrition**, lack of facilities to cook and eat meals, combined with low incomes and that fact that many bed and breakfasts require people to vacate rooms during the day, leads to poor nutrition and a reliance on takeaways.^{32, 33}
- In terms of **social networks**, a lack of space, basic accommodation and privacy can mean that children living in bed and breakfasts often struggle to enjoy day to day aspects of family life that others take for granted, such as having friends visit.³⁴

The impact of homelessness on children

- Research suggests that the impact of living in temporary accommodation is particularly stark for children. Results from a survey of more than 400 homeless households in England (of whom 80% were in self-contained temporary accommodation, 14% bed and breakfast and 6% hostels) found that living in temporary accommodation had a **devastating effect** on health, education and job opportunities, affecting the life chances of children.³⁵ Homeless children are almost twice as likely to suffer poor health as other children.³⁶

²⁸ *Homelessness and Ill Health*, A report of a working party of the Royal College of Physicians, 1994.

²⁹ Credland, S. and Lewis, H. Sick and tired. The Impact of temporary accommodation on the health of homeless families. Shelter, 2004

³⁰ Credland, S. and Lewis, H. Sick and tired. The Impact of temporary accommodation on the health of homeless families. Shelter, 2004

³¹ Nowhere to go. The scandal of homeless children in B&Bs, Shelter, 2013

³² Ibid

³³ Harker, Lisa, Chance of a lifetime – the impact of bad housing on children's lives, Shelter, London 2006

³⁴ Nowhere to go. The scandal of homeless children in B&Bs, Shelter, 2013

³⁵ Mitchell, F. et al., Living in limbo: survey of homeless households living in temporary accommodation, Shelter, London, 2004

³⁶ Rice B, Against the Odds, Shelter, 2006

- For children in particular, living in cramped conditions and sharing amenities such as bathrooms with strangers can be extremely unsettling. A recent survey of 25 families who were or recently had been living with their children in bed and breakfast accommodation, found that **most felt unsafe** and were subject to **witnessing traumatic events**, including threats of violence, sexual offences and drug use.³⁷
- Children living in temporary accommodation may also show signs of unhappiness, depression and disturbed sleep patterns.³⁸
- Having had to move home, generally at extremely short notice, and often associated with an extreme event, school can offer a source of constancy and security in time of considerable change for children. However, research suggests that a third of children moving into and between temporary accommodation have to **change schools**³⁹) and a government study found that school moves related to homelessness were 50% more likely for children living in hostels or bed and breakfasts.⁴⁰ This can lead to feelings of isolation and loss and of having to make new friends. However, where homelessness status is known, this can be difficult due to **bullying** at school and the **stigma** associated with being homeless and living in temporary accommodation⁴¹
- Being in accommodation with little space for homework or play, often with limited or no internet access and the worry of being without a home can have a major impact on a child's **education**. It can make it very difficult for children to get enough sleep, complete homework, concentrate at school or even attend school.⁴²
- Homeless children are two to three times more likely to be **absent from school** than other children due to the disruption caused by moving into and between temporary accommodation. Frequent moves are associated with long journeys to and from school, deterioration in school performance, difficulties in keeping school places and maintaining attendance.⁴³
- Children also miss school more frequently due to **illnesses and infections**. Much of this is a result of sharing and **overcrowding**: children in overcrowded housing are up to ten times more likely to contract **meningitis** than children in general. Meningitis can be life threatening and long term effects include deafness, blindness and behavioural problems.⁴⁴ There is also a link between

³⁷ Nowhere to go. The scandal of homeless children in B&Bs, Shelter, 2013

³⁸ Homelessness Factsheet, Shelter 2007

³⁹ Stanley, K. Home is not just a place to keep our stuff: a study of the effects of living in temporary accommodation on children in Oxford City, Save the Children, 2002.

⁴⁰ Pleace, N. et al (2008) *Statutory Homelessness in England: The experience of families and 16-17 year olds*, DCLG: Centre for Housing Policy, University of York

⁴¹ Hall, S., Powney, J. and Davidson, P. The Impact of Homeless on Families November 2000.

Research commissioned by East Lothian council

⁴² Nowhere to go. The scandal of homeless children in B&Bs, Shelter, 2013

⁴³ Ibid

⁴⁴ Harker, Lisa, Chance of a lifetime – the impact of bad housing on children's lives, Shelter, London 2006

overcrowding and childhood **tuberculosis** leading to serious medical conditions.⁴⁵

- Overcrowding is also linked to delayed cognitive development in communication skills. Homeless children have six times as many **speech and stammering problems** compared with non-homeless children⁴⁶
- Living in temporary accommodation can lead to **developmental problems** and **behavioural problems** (aggression, hyperactivity and impulsivity) in children; factors that compromise academic achievement and relationships with peers and teachers⁴⁷
- Two thirds of respondents to a Shelter survey among homeless households in temporary accommodation said their children had problems at school⁴⁸ and were nearly twice as likely as other children to leave school without any GCSEs.⁴⁹
- Homelessness has an adverse effect on children's educational progress, with children tending to have **lower academic achievements**.⁵⁰
- Homelessness in childhood impacts on **opportunities in adulthood** as it increases the likelihood of unemployment or working in low paid jobs with opportunities for leisure and recreation undermined by low income.⁵¹
- Behavioural problems can manifest themselves later in offending behaviour.⁵²
- There could also be specific difficulties for parents of children with **special needs**.⁵³

The effects of homelessness are long lasting

- The impact of homelessness and its uncertainty on children may be **long lasting**. A study undertaken in Birmingham found that 40% of homeless children studied were still suffering mental and development problems one year after being rehoused.⁵⁴
- Mental health problems such as anxiety and depression are three times as common among homeless children who have lived in temporary accommodation for **more than a year**.⁵⁵

⁴⁵ Ibid

⁴⁶ Harker, Lisa, Chance of a lifetime – the impact of bad housing on children's lives, Shelter, London 2006

⁴⁷ Ibid

⁴⁸ Mitchell, F. et al., Living in limbo: survey of homeless households living in temporary accommodation, Shelter, London, 2004

⁴⁹ Rice B, Against the Odds, Shelter, 2006

⁵⁰ Harker, Lisa, Chance of a lifetime – the impact of bad housing on children's lives, Shelter, London 2006

⁵¹ Harker, Lisa, Chance of a lifetime – the impact of bad housing on children's lives, Shelter, London 2006

⁵² Ibid

⁵³ Homelessness Factsheet, Shelter 2007

⁵⁴ Harker, Lisa, Chance of a lifetime – the impact of bad housing on children's lives, Shelter, London 2006

⁵⁵ British Medical Association, Housing and Health, Building for the Future, 2003

- With the obstacles from being homeless against them during their formative years, children growing up in this way often spend the **rest of their lives** struggling to catch up. Evidence also suggests that those who suffer homelessness as children run the increased risk of homelessness later in life.⁵⁶

Limitations of the research

- Much of the literature on homelessness concentrates on the health effects of **rough sleeping**, rather than living in temporary accommodation
- Much of the research relating to temporary accommodation provides insufficient detail on the type of accommodation (ie whether facilities are shared or self-contained, or whether the accommodation was bed and breakfast) to draw out firm conclusions about the specific impacts of bed and breakfast
- Research around the impact on health of homelessness is **complex**. This is partly due to the different definitions of homelessness as outlined above, but also by the fact that there is a **two way relationship** between health and homelessness: poor health can also be one of the factors leading to homelessness, and there may be many underlying reasons leading, for example, to poorer outcomes in children alongside the time spent in temporary accommodation (such as experiencing and witnessing domestic violence, a leading cause of homelessness.) It is extremely difficult for researchers to isolate or distinguish the impact of the temporary accommodation from other influences on the household. For this reason, researchers finding links between homelessness and other factors talk about an association between them, rather than a causal link.

Impact of homelessness

Child Poverty Strategy qualitative work with homeless families in bed and breakfast accommodation

As part of the development of Croydon's Child Poverty Strategy some qualitative work was undertaken with households in bed and breakfast accommodation, comprising interviews with individual households and a focus group with a small group of households (seven). The qualitative work focused on asking the households about the aspects of the service provided that could be improved.

Interviewees gave positive feedback regarding the Council listening to views and experiences, the areas in which families were placed, and providing a support officer at Gilroy Court to deal with any questions or issues, and regarding cleanliness. Areas for improvement were identified as the hygiene of shared kitchens and

⁵⁶ Harker, Lisa, Chance of a lifetime – the impact of bad housing on children's lives, Shelter, London 2006

bathrooms, problems with sharing kitchens and bathrooms, poor cooking and/or storage facilities, security, inadequate washing and drying facilities, insufficient number of room keys provided free of charge, lack of assistance with storage, and problems with the match of accommodation to family needs.

Further details of the findings from this work are in **Appendix 1**.

Focus groups held with households living in emergency accommodation (July 2014)

In July 2014, two focus group discussions were held with people currently living in temporary accommodation in Croydon. Written invitations were hand delivered to a random sample of residents who were living primarily in shared bed and breakfast accommodation (group one) and self-contained accommodation (group two).

Five people attended for the first focus group, and six the second. Both groups were overwhelmingly female, with one male participating in group one, and one older male child accompanying and translating for his mother in group two. In both groups the participants were almost exclusively from BME groups and only one from the white British group. Group one included a male and female couple with two children who had been temporarily housed in two separate hotels, ten minutes apart, each with one child, a young single mother who had been moved four times in a short space of time; a woman whose house was repossessed and who had been living in temporary accommodation with her children for nearly two years, a mother and grown up son. Group two consisted of several mothers with young children, one who had fled domestic violence. In each group, every person spoke and was an active participant.

Each group was asked to say something about the accommodation they were living in, and describe any impact on the health of themselves or their families. Conversations inevitably went broader than health, but the themes which emerged serve to highlight some of the factors that contribute to the main theme from the discussions, the stress caused by living in temporary accommodation. Participants were also probed to highlight any positives about their situation.

A - Positive comments:

Being given a 'roof over my head' was the main positive to emerge. For some, living in shared accommodation was positive as there were always other people around. The big kitchens and many bathrooms in Gilroy Court was also seen as a positive by many who had stayed there, as was having keys to your room available at all times. One mentioned the play areas in her accommodation as a positive, and another that the hotel management responded quickly to her problems. One of the participants, who was interviewed separately having turned up in between the two time slots for the focus groups, was almost entirely positive about the experience that herself, husband and children had received in their month in a shared housing facility, praising in particular the fact there were two big kitchens shared between a small number of families, and three toilets.

All participants were extremely grateful to be offered the chance to discuss their situation, and bonded well as a group.

B - Room for improvement:

Discussions focused overwhelmingly on the negatives associated with residents' experiences. The key theme to emerge was that there are many different factors associated with living in temporary accommodation that cause stress, frustration and depression. Virtually all of the discussion centred around the various stresses experienced and the impact on mental health. One resident also spoke of developing Bell's Palsy and high blood pressure whilst in temporary accommodation, and others of pre-existing health problems (such as children with asthma, kidney problems and one child who had recently come off ventilation) but with these exceptions, the discussions were almost exclusively about mental health.

Impact on mental health

The word 'depressing' was a particularly common word to be used by both groups. Several women described being put on anti-depressants after being placed in temporary accommodation, although not all women had wanted to take these. Some described pre-existing mental health problems. Many talked of trying to put on a brave face for their children, crying once they were out, but not always managing this.

'I cry every night.'

'Some days I don't want to get out of bed.'

'I have never been through this kind of stress before in my life.'

They went on to describe the impact of their experience on their **children's behaviour**. Two women had near identical experiences, with their older sons starting to display aggressive behaviour once in the accommodation, breaking mirrors, becoming angry, and with doctors telling them that this was due to their housing situation. Another described how her daughter had stopped eating.

For both adults and children, then, the experiences described were of extreme stress, anxiety and depression. Both facilitators observed that this more noticeable for **single parents**. Those sharing the experience with partners were less likely to talk about or exhibit signs of stress. For some, there appeared to be specific factors about their situation which had contributed to this, such as being frequently moved and struggling to cope with the unsettling effects of this on small children. For many, there appeared to be a combination of contributing factors which were putting pressure on mental health, outlined below.

Feeling like a prisoner/ loss of freedom

It was common for participants of both groups to talk of the lack of choices they now had in their life, of 'feeling like a prisoner', having been 'confined to one room' and of having their freedom taken away by not being allowed visitors, or having to be in at a

certain time. Two spoke of feeling that they were effectively being 'punished' by the Council.

Quality of accommodation

Often it was the standard of accommodation that caused stress. **Cleanliness** was a particular concern, with residents talking of dirty shared bathrooms, old carpets and sinks, and stained mattresses, with photos being shown to demonstrate this. They spoke of cleaning services being reduced from a few times a week to once, or not at all. One spoke of maggots in their property, and another of being moved to address sewage smells in the property, but then the smell coming back. Photos were also shown of holes in walls and around door handles

Lack of space and **overcrowding** was another key theme. Many described having to sleep with or alongside their children, in single beds 'like in a hospital'. Those with older children in particular talked of lack of privacy, describing having to undress in front of teenage sons. Participants told of the shame their children felt and not being able to have friends home or even tell them where they were living. One described her accommodation as a dungeon, with windows too high to open. Most had problems with storage, one spoke of having to keep her suitcase next to the cooker.

Problems eating healthily

Residents in self contained accommodation with cooking facilities in the rooms where they slept, found this particularly problematic, having to avoid 'smelly food' such as fish.

'I now give my toddler microwave meals. I want to cook her something fresh'.

'I have to buy junk food every day'.

Those with shared kitchen facilities had mixed experiences. Although some had highlighted the shared kitchen facilities in self-contained accommodation as a positive, this was not the case for everyone, with some avoiding these spaces and eating in their rooms due to not knowing the people using them. Where breakfast was provided, the fact that there was only white bread (and cereal) was highlighted as a problem.

Antisocial behaviour of other residents in shared accommodation

A common theme was having experienced problems with those in neighbouring flats: people smoking tobacco and drugs, using bad language, being abusive, in one case racially, shouting and being noisy. One mother described feeling 'too scared to take out the bins'. Another had called the police three times due to people taking drugs, or taking their clothes off in communal areas.

Responsiveness of temporary accommodation management to problems

Many participants had reported problems to the management of their temporary accommodation. One mentioned as a positive that they were satisfied with the responses they got. However most of the group were not, and had experiences of problems not being resolved. Examples were given of gas leaks not being fixed and of having no cooking facilities or hot water for more than a week. One explained that she complained her accommodation was 'too dirty to eat there' but was told it was adequate.

Several participants said they had told their caseworkers about problems with the accommodation but had been told to raise it with the appropriate temporary accommodation management.

Communication problems with Council staff

Most people in the group said that they had had trouble getting hold of their caseworker. Examples were given of residents sending emails that went unanswered, leaving messages on answerphones and not getting responses, or being told caseworkers were on leave or on lunch and not being offered a replacement to talk to.

Some in the group had been told they could no longer speak to their caseworker having lost their temper with them. Others – all of whom had been in accommodation sometime – said they did not know who their caseworker was. One said she had been advised by her caseworker to only contact her to pay her rent.

Communication was seen as of crucial importance to all residents as otherwise, they felt completely powerless and

'We are in limbo. We don't know what is going on.'

People felt that they were given the keys and nothing else – **no information** on local shops etc. They also described how they wanted to be 'kept in the loop' at all times, not 'dumped' and forgotten about. One described how frightening it had been to be placed in accommodation in Camden whilst pregnant with no information provided about GP or maternity services in the area. Another said that having been told that she would be in the accommodation for between six and 13 weeks, she would expect to be contacted at six weeks to be told of the situation. Some felt a text message would suffice, others that face to face communication was generally much better.

Linked to this, many spoke of the **attitudes of staff** who were described as 'not friendly, not caring at all', who 'don't help you, they add more pain' and who sometimes 'judge you' or 'look down on you.' They also felt that caseworkers were looking to take any opportunity to discharge the homeless duty and somehow try and trip them up. One spoke passionately about how she had been told that staff were still looking into her case to decide if she was genuinely homeless, and how

infuriating that was to her, as she would not put themselves through this unless she was homeless and had been trying everything in her power to help herself but simply could not afford private rents.

Being unable to afford the private sector

Many women gave examples of trying to find alternative accommodation but not being able to afford deposits and month in advance rents. One woman who worked part time and was in receipt of housing benefit spoke of the efforts she had made to get a private tenancy, with even her employer trying to persuade landlords to take her, but none accepting housing benefit. A number of the group said they would have found their own accommodation if they had known how long it would take and if they were provided with some assistance with the deposit and rent in advance.

Cost of living in temporary accommodation

The expense of living in temporary accommodation was highlighted. Many felt the need to spend time outside the hotel in order to avoid being confined to a small room all day. However, this brought with it its own costs in the form of takeaway food, travel, etc. Others highlighted the costs of having to put their goods into storage, and one of having all her possessions ruined due to mould in the storage facility. One was expecting to be moved outside of the Borough and did not know how she would be able to continue to attend Croydon College, as previously she had been able to walk and now this would be several buses, which she could not afford.

Impact on children and their education

As in the literature, the particular impacts on children were broad, with parents describing how children's education was being affected, with no internet access provided (which is increasingly important for accessing and submitting homework in secondary school) and with parents not being able to afford dongle access. Another single parent of a small child who had been housed on the fourth floor of accommodation with no lift described her daily difficulties in getting buggies up stairs, taking her small child to the toilet (which was on a different floor from her room in the hotel), going to the toilet herself without leaving her child, and even taking the bin outside being a major task. Having a toilet on a different hotel floor and a long way from the room was also particularly problematic for the parents of a child with a kidney problem. Many parents also described how difficult it was to ensure the safety of their children and particularly toddlers in such confined spaces.

The recommendations made by participants in these two pieces of work are summarised in **Appendix 2**.

4. What services are provided for homeless households in Croydon?

Before considering whether there is more that the Council could be doing to support the needs of homeless households in temporary accommodation, this section describes the services and support that are **currently** being provided in terms of:

- **Preventing homelessness**
- **Providing emergency housing**
- **Providing support services**

1. Preventing homelessness

Preventing households from becoming homeless in the first place is the most significant way of helping Croydon residents to avoid temporary accommodation. Local housing authorities are required to ensure that **free advice and information about homelessness and homelessness prevention** is available to everyone in the district⁵⁷. In Croydon access to housing advice services is via an online housing options tool. The online housing options tool provides an action plan setting out the housing options available and allows those in housing need to make an appointment with a housing adviser. On average the housing advice service sees around 270 people a month that have made appointments through the online housing options tool.

In addition to the statutory housing advice service the Council has commissioned an **independent housing advice service** for a number of years. The service ensures that Croydon residents have access to good quality housing advice from an organisation independent of the council. Croydon CAB (CCAB) were commissioned to provide this service in 2013. The service provides housing advice and casework, including:

- tenancy rights
- notices and possession proceedings
- a weekly advice surgery at the county court for possession cases
- relationship breakdown in relation to maintaining the family home
- assistance with finding alternative accommodation

CCAB saw more than 900 people needing housing advice in 2013/14 and were able to prevent homelessness in a third of all cases.

⁵⁷ S179 Housing Act 1996

In addition to the independent housing advice service, the Council and its partners provide other homeless prevention services including a **Sanctuary Scheme to assist victims of domestic violence** to secure and control access to their homes. In 2013/14 the Council assisted 76 households through the sanctuary scheme. The Turnaround Centre assisted 659 young people needing housing advice, the CRIAS private rented sector access scheme assisted 84 people move on from hostel accommodation, and the STOP service provided short-term accommodation to 86 teenagers faced with homelessness.

Another reason for homelessness is loss of a private tenancy. It is an offence for landlords to harass tenants and to evict tenants without going through the proper legal processes⁵⁸ (e.g. obtaining a court order from the county court, and a bailiffs warrant to evict a tenant). The Council's **Tenancy Relations Service** helps prevent homelessness by representing tenants who are in dispute with, or being harassed by, or have been illegally evicted by, their landlord. The Tenancy Relation Team assists around 500 tenants per year in dispute with their landlords.

Responding to welfare reform

In April 2013 three major reforms to welfare benefits were introduced in Croydon, the household benefits cap⁵⁹, the social housing size criteria ("bedroom tax")⁶⁰ and the introduction of local council tax support scheme with a 10% reduction in government grant. Over 16,000 people were affected by these reforms, the majority by a small reduction in their incomes (£4 on average per week), but a significant number by a reduction that meant homelessness was a real possibility. In Croydon there were 730 people affected by the benefit cap, mostly households with children living in the private rented sector; and 2,425 social housing tenants affected by the social housing size criteria by on average by £20 per week.

In the run up to implementation of these reforms, Council departments (including housing, revenue and benefits and adult social care) collaborated with Job Centre Plus, the Department for Work and Pensions (DWP), local voluntary organisations, employment agencies (including Reed) and local employers (including Morrisons) to provide a range of information and advice, engagement events and support services to assist those affected.

The Council's initial approach was to identify the households experiencing the greatest combined impact from the reforms (from the benefit cap, underoccupation limit and CTB) and to focus engagement and support on them. A multi-agency team

⁵⁸ Protection from Eviction Act 1977

⁵⁹ The household benefit cap which restricts an households overall out-of work benefit including housing benefit (HB) to £350 a week for single adults and £500 a week for couples (with or without a child or children) and single parents (with a child or children)

⁶⁰ The application of size criteria to working age social housing tenants claiming housing benefit which reduces their housing benefit entitlement by 14% for one spare room and 25% for two or more spare rooms

(including officers from the Council's housing, social care and benefits services, as well as officers from Jobcentre Plus) has been established (the Housing Welfare Reform Team) to support these households. The Council's reception service has also been reconfigured to provide a dedicated welfare reform wing to ensure constructive conversations between customers and the different agencies involved could be held quickly and conveniently.

The multi-agency team's first task is to identify options that work best for the households involved - for some this can be a referral to an agency or voluntary organisations that can help them become work ready, or to find a job (including accessing child care if needed). For others it could be helping them make more of their money, for example by improving their budgeting skills or implementing energy efficiency measures.

As the Council's allocation of funding for discretionary housing payments (DHP) is limited, claims are only considered where the household agrees to an action plan that will help them attain a sustainable, affordable solution - for example, finding work or moving to a more affordable home - within a time limited period (usually three months, but this can be extended where a positive outcome can be achieved in an extended time period). The approach is "robust" and involves a two stage interview setting out the housing options at the first session, followed up by a thorough assessment of the household's circumstances including budget, barriers to employment and housing status during the second. Referrals are then made to partner organisations if necessary. It is a collaborative approach which relies heavily on the joint agencies providing a consistent message.

Since implementation, the Housing Welfare Reform Team has managed to prevent the vast majority of households impacted by welfare reform from presenting as homeless – 30% of households have been found alternative accommodation; 55% prevented from becoming homeless by finding employment, "staying and paying" or moving other method; only 15% have failed to engage.

The People Gateway

It is worth mentioning here that the Council and its partners intend to develop this approach further with the aim of providing a single gateway through which households in need can receive a holistic service, assessing their full range of needs and providing an integrated response that target resources to maximum effect. The service will look at homelessness and housing need, extending financial inclusion in preparation for the roll out of Universal Credit, as well as training and care needs. It will also include training in household budgeting and money management; enabling households to access digital services easily; providing affordable credit to those who need it with the assistance of local credit unions; and developing the skills and opportunities required to help Croydon residents secure higher skilled and better paid jobs.

Applying as homeless

Requests for assistance and homeless applications can be made to the Council in person at the Council's offices Bernard Weatherill House, Mint Walk, Croydon. Outside normal office hours the Emergency Duty Team can take homeless applications and arrange for emergency accommodation where the household has a priority need for housing (i.e. the household includes dependent children, or someone who is vulnerable) and they have nowhere else to go. As mentioned above, applicants can also access housing options information via the council's web site www.croydon.gov.uk by using the Housing options self-help tool, and if they are in housing need make an appointment to see a housing needs officer. There is also information provided on homelessness and provision of emergency and temporary accommodation on the council's web site, however, it is quite basic and could be improved.

Increasing the supply of temporary accommodation

The council has worked extremely hard over the past two years to increase the supply of temporary accommodation. This is to ensure that homeless households with dependent children or someone who is pregnant do not spend more than six weeks in shared bed and breakfast accommodation. This has involved a number of innovative projects including:

- **Converting surplus/redundant council buildings** and hard to let sheltered housing into temporary accommodation
- Providing **grants** to owners of empty properties to bring them back into use in return for an agreement to let the property as temporary accommodation
- Setting up a **pilot lodgings scheme** to accommodate 20 homeless young parents with young children either in or about to go into B&B based on the council's shared lives scheme
- The **Expanding Temporary Accommodation project** (known as "ETA Phase 1") which has involved purchasing up to 100 properties on the open market to use as temporary accommodation
- Phase 2 of the Expanding Temporary Accommodation project (known as "ETA Phase 2") which has involved a significant investment to secure access to up to 94 properties through investment in the Real Lettings Property Fund
- Developing and marketing "**Market Rent**" **scheme** to attract private landlords to offer their accommodation to the council as temporary accommodation. The council is also in the process of developing a "Guaranteed Rent" offer to private landlords as a further improvement in the suite of offers to the private rented market that includes Croylease and Croybond.

- Securing leasing agreements for homeless households with private owners on 190 homes at **Concord House and Sycamore House**;

Selective licensing private rented accommodation

The private rented sector has increased significantly in Croydon over the past ten years; however, with this increase has come an increase in environmental nuisances, fly tipping and anti-social behaviour. Selective licensing is a key part of the Council's campaign to clean up Croydon '*Don't Mess With Croydon – Take Pride*'. Introducing selective licensing would enable the Council to take a strategic approach to improving standards for private sector tenants, tackling problem landlords and dealing with the associated problems of anti-social behaviour (ASB) and environmental nuisance. It is anticipated that the scheme could provide discount for landlords prepared to offer properties as temporary accommodation or as a discharge of the homelessness duty.

Increasing the supply of permanent accommodation

Increasing the supply of housing generally and the supply of affordable housing in particular are key contributions to reducing homelessness and meeting housing need. The Council has a range of measures that aim to significantly increase the supply of new housing, including:

- **Launching the Croydon Promise: Growth for All** – the Council has committed to ensuring 9,500 new homes are started over the next five years - double the housing supply achieved in recent years. The Growth Plan also sets out how inward investment will lead to 16,000 new jobs being created. Borough Place Plans set out the where, when and how this growth will be achieved.
- **Reviewing strategic 400 sites across the borough.** The review will identify 50 sites that will become the focus for the delivery of 8,600 new homes and over 10,000 new jobs.
- **Setting up a Revolving Investment Fund** to ensure that the sites identified in the review are prioritised for financial support. The fund will recycle any "profit" and reinvest it in future regeneration projects.
- **Setting up a Development Company** to increase the supply of new housing, deliver economic regeneration and key infrastructure projects. The Development Company will enable the Council to control and deliver new development projects;
- **Supporting Registered Providers** (housing associations) by encouraging those with the ambition and commitment to work with the Council to develop new large mixed housing and regeneration projects, whilst continuing to support the development of smaller affordable housing schemes;
- **Introducing a new minimum affordable housing requirement of 30%** on new residential schemes outside of the Croydon Opportunity Area;

- **Doubling the number of affordable homes in Taberner House** from 60 to 120, in line with the Council’s new affordable housing policy and ensuring Queen’s Garden’s is still open to local communities.
- **Making the case for Croydon to Government Ministers**, explaining the situation in Croydon and lobbying for additional resources

2. Provision of emergency accommodation for homeless households

The Council is required to provide “interim” accommodation for households it has “reason to believe” are homeless while it carries out an investigation into the application⁶¹. A local authority should be able to come to a decision on most homeless applications within 33 days, with more complex cases taking longer.

Emergency accommodation

A number of London Boroughs including Croydon use bed and breakfast hotel accommodation for this first “interim” period because it can be cancelled at short notice if the council’s decision is that no homelessness duty is owed. The accommodation must be suitable for the needs of the household and, if bathroom and cooking facilities are shared, the accommodation should not be used for more than six weeks.

The Council uses a number of emergency accommodation providers both within the Borough and outside, when demand is particularly high. The largest establishment in the borough is the Gilroy Court Hotel. In 2013/14, the council placed 264 homeless households at Gilroy Court. There are a number of smaller providers including the Stonebridge Lodge Hotel which accepted 79 placements in 2013/14 and the Regent House Hotel which accepted 48. Over the past 12 months there have been between 60 and 80 homeless households with children in shared bed and breakfast accommodation at any one time and between 275 and 325 households in self-contained bed and breakfast accommodation. There is an on-going struggle to ensure households approaching the six week suitability limit are provided with self-contained accommodation before the limit is breached.

Enforcing standards of emergency accommodation

The recommended minimum standards for emergency bed and breakfast accommodation are set out in Annex 17 of the current Homelessness Code of Guidance (July 2006 - provided in Appendix 3). In addition, there is a grading system known as BABIE (Bed and Breakfast Information Exchange) operated by the London Boroughs which grades bed and breakfast establishments according to five grades, A to E. The grading is based on a wide range of considerations and detailed factors relating to the facilities and the services provided by an establishment. The details of the grading system are provided in Appendix 4.

⁶¹ Section 188 Housing Act 1996

The Council's **Housing Enforcement Team** are responsible for ensuring that the minimum standards are adhered to and the accommodation is safe for the households placed there. All establishments are inspected initially when they are offered to the council as emergency accommodation. Larger establishments are re-inspected regularly, for example the Gilroy is inspected on a monthly basis. The Council does not use bed and breakfast accommodation that is graded lower than a C on the BABIE system.

3. Provision of support services

The Council also provides **Family Liaison Support services** to households in bed and breakfast accommodation. The role of the service is to provide support for households during the early stages of the homelessness application service and to signpost to any additional support that might be required, including at local Children's Centres and local health services including NHS walk-in centres, GPs etc. The service also provides a visiting officer who responds to complaints and concerns about the accommodation and raises these directly with the accommodation provider.

Becoming homeless and being placed in emergency accommodation is very disruptive and stressful and the Council has developed a range of support services to help overcome some of the difficulties that arise, for example providing support with childcare arrangements, travel assistance, as well as support to meet other family, welfare and employment or training needs.

Croydon is very fortunate in having **faith groups and voluntary organisations** prepared to give up their time to provide support and assistance to homeless and vulnerable people in need. At Christmas, Croydon's faith groups have organised a Christmas dinner and party for homeless families in emergency accommodation. Officers keep in close contact with leading members of the Croydon Churches Forum and there are continuing discussions about how to provide further support including activities during school holidays and supervision and space to do homework.

The Homeless Health Team provides a designated service targeting the street homeless, those accommodated in hostels, families living in Bed and Breakfast accommodation, and Asylum Seekers. The service offers a specialised service tailored to meet the specific health needs of this group. A designated surgery, the Rainbow Health Centre, provides registration for a marginalised group that previously had great difficulty in registering within the borough. They offer a full range of health care services including health checks and childhood Immunisations. Outreach activities in collaboration with the voluntary sector enables the team to provide specific services at sites that will be attended by both the homeless and asylum seekers.

Two health issues that were flagged by the literature review in relation to homelessness were **tuberculosis** (TB) and **meningitis**. In Croydon, there have been between 109 and 130 cases of TB per year over the last decade (around 30 per 100,000). We know that around 3.5% of TB patients are homeless. Applying what is known about TB and homelessness, this represents about four cases of TB amongst the homeless population in Croydon at any one time. Although there is insufficient information to be certain, we believe this refers to rough sleepers where prevalence of additional risk factors is also high.

The Homeless Health team is aware of the prevalence of TB amongst the homeless and provides a responsive service. In the UK, TB is largely an imported disease. Most high incidence countries have now introduced pre-entry screening for TB by chest x-ray and TB rates are now declining, although still unacceptably high particularly in parts of London such as Brent and Newham. Croydon is not amongst the areas identified by Public Health England as having high levels of TB.

The Homeless Health team work closely with the mobile x-ray unit in carrying out regular visits to hostels in Croydon and refer any clients with symptoms of concern to the hospital. It also refers those with no evidence of a BCG scar, and screens asylum seekers from high prevalence countries for TB symptoms.

The literature review also flagged that rates of **meningitis** are ten times higher amongst homeless people, although the definition of homelessness used was not clear. Meningococcal infection is **not a common** infection. In Croydon, there have only been five confirmed cases since 2013. However, it **can be fatal**. In the last year there have been ten deaths from this disease in London, including one in Croydon. Deaths from meningococcal infection are **preventable** via completion of vaccination programmes in childhood, plus additional vaccinations for those travelling to high risk areas (such as parts of Saudi Arabia and Africa). Homeless households are amongst those for whom we know vaccination rates are lower than in the general population. Clearly the impact of moving home and potentially losing contact with the local GP service increases the risk of missed vaccinations. This is not felt to be an issue in Croydon, where the Homeless Health Team picks up all households in bed and breakfast accommodation and reports that uptake is good and families are generally keen to keep up to date with their vaccinations. An interpreter is used where necessary.

What financial resources are available for the provision of emergency accommodation for homeless households?

The Council devotes a significant amount of resources towards securing temporary accommodation for homeless families, with a particular focus on ensuring no family spends longer than six weeks in shared temporary bed and breakfast accommodation. These resources are largely provided from the Council's General Fund.

For 2014/15, the budget for the provision of temporary accommodation is £10.2 m. In addition the council has invested £19.6m in purchasing 95 properties to use as temporary accommodation borrowed from the Public Works Loans Board.

It has also invested a further £10m with Resonance Ltd in the Real Lettings Property Fund which will provide 92 units of move-on accommodation for homeless households, as well as delivering a commercial risk adjusted return.

The Council was also successful in securing £265,166 of funding from the Government to reduce the number of families in temporary bed and breakfast accommodation. This goes to support a demand management approach within the homelessness service and the ongoing work of the Housing Welfare Reform Team (HWRT). The HWRT has been very effective in “insulating” the statutory homeless service from any additional demand from recent welfare reforms, most importantly the household benefit cap. The HWRT, working closely with partners and local employers have managed to prevent the vast majority of households from presenting as homeless.

The Council’s housing options and solutions services secures and allocates accommodation for people in housing need, including homeless households. The cost of these teams was £910,000 in 2013/14 and this was also met from the General Fund.

Out of the total resources available for homelessness services in Croydon, the overwhelming majority (79%) is spent on securing accommodation. Fairly equal amounts are spent on prevention (10%) and support (11%).

A key question for Croydon’s forthcoming homelessness strategy will be whether this current funding balance is one to be maintained, or whether a larger proportion of resources need to be directed towards preventing homelessness.

Expenditure on securing emergency temporary accommodation has increased in the past two years in direct response to the increasing number of people in the Borough experiencing homelessness – mainly due to the economic downturn but increasingly due to austerity and being priced out of the housing market. The council will continue to focus on maintain a lawful position on the use of shared bed and breakfast accommodation and is looking to increase the supply of self-contained accommodation in the private sector as well as utilising Council homes as temporary accommodation as they become available. However, supply in the private sector has been reduced by higher rental values, which are causing the Council to seek accommodation in other parts of the country where rents are lower and purchasing homes off the open market.

5. Conclusions

Living in emergency accommodation can have a negative impact on health and well-being

Although the focus group discussions were held with a small number of those living in homeless accommodation in Croydon and are of course likely to reflect the views of those most unhappy about their situation, these views are important in highlighting the experiences of at least some of those faced with living in temporary accommodation in Croydon. It is very interesting that our work with homeless households in Croydon strongly reinforced what is already known from the literature - that staying in temporary accommodation can have a negative impact on health and wellbeing, particularly in terms of mental health (especially depression), as well as on the underlying social factors that influence health (such as educational attainment), and have a particularly negative impact on children. Our research was limited to providing a snapshot from households currently living in temporary accommodation in Croydon, and cannot identify the long term impact, however, the literature suggests that the effects of living in temporary accommodation can be long-lasting.

The information provided in this chapter highlights that the Council is providing accommodation that meets minimum standards, however, there are issues to be addressed concerning improving communication, and targeting health and other services to this “hard to reach” group which include

- Communication between homeless applicants and the Council
- Reporting and rectifying problems with emergency accommodation
- Improving registration with GP services
- Accessing mental health services
- Addressing social isolation
- Support with accessing employment and training services and opportunities health services
- Support for children at risk of missing education

Homelessness is increasing and will continue to do so in the short-term

Homelessness is continuing to increase in Croydon. Looking at the housing market and the economy it is likely that housing need will increase and that statutory homelessness will continue to increase over the next two years. It is also likely that the number of households in temporary accommodation in Croydon will also increase. Despite strenuous efforts to increase the supply of longer-term temporary accommodation there is still severe pressure on the resources available. The Council’s longer term aim is to move away completely from using shared bed and breakfast accommodation. However, current levels of homelessness demand make this transition almost impossible in the immediate short term.

The Council will continue to increase the supply of temporary accommodation for homeless households and to build up a diversified portfolio that meets the various different needs of homeless households going forward (e.g. including hostels, lodgings, private rented accommodation). Consideration will also be given to further investments in the Real Lettings Property Fund, or other investment opportunities provided they represent value for money and provide suitable accommodation to homeless households. This accommodation is likely to be located outside the borough of Croydon and support will continue to be provided to mitigate the disruption this is likely to cause households by having to move considerable distances.

The challenge for Croydon now is to continue to respond positively to the current demands being placed on its housing services. Also to ensure that the ambitious initiatives plans set out in the Growth plan and Five year Housing Delivery Plan are successfully delivered and achieve the improved outcomes in terms of new homes, jobs and opportunities for Croydon residents.

6. What more can Croydon do to support the needs of homeless people?

Recommendations

6.1 Improved information, advice and support for homeless families

- Write to homeless applicants providing reasons why their application has not been decided within 40 days
- Provide an information pack (Emergency Accommodation Pack) to every household admitted to emergency accommodation including information on:
 - GP registration and location of surgeries
 - Dentists
 - Schools and education
 - Access to specialist health care
 - Shops
 - Advice and information
- Develop Emergency Accommodation Pack into a smartphone app
- Target household budgeting and money management advice services to homeless families in temporary accommodation
- As a priority develop a new TA allocation policy which will clarify how long households will have to wait in temporary accommodation before receiving an offer of permanent accommodation

6.2 Improving access to health services

- Include GP Registration Forms in the new Emergency Accommodation Pack
- Work with local GPs to improve GP registration rates
- As part of the Healthy Child Programme ensure health visitors follow up of childhood immunisations and new born screening with families in emergency accommodation.
- Improve information on how to access psychological therapies and other mental health services
- Publicising surgery times of the Homeless Health Team and Rainbow Health Centre

6.3 Ensuring children do not miss education

- Improve liaison between housing and education on children placed in emergency accommodation
- The Council will develop closer links between with B&B hotels and Children Missing Education Officer (CME Officer)
- Carry out comparative research to determine how many children in emergency accommodation are likely to be missing school

- Provide information on school admission (including in year admissions process), attendance and exclusions in the Emergency Accommodation Pack
- Improve recording of housing circumstances on referral forms into Reintegration and Exclusions Officer and CME Officer

6.4 Improving access to employment and training opportunities

- Identify homeless households in B&B that are unemployed and work with JCP to target communications and services to them
- Provide DWP outreach service to Gilroy Court
- Link eligible households into the new Gateway Project
- Link eligible households into Child Poverty Strategy work on flexible employment

6.5 Increasing the supply of temporary accommodation

- Continue to focus on maintaining a lawful position on the use of shared bed and breakfast accommodation
- Continue to bring online innovative projects to diversify the council's temporary accommodation portfolio and to move away from the use of shared B&B for households with children (e.g. the pilot Croydon Lodgings For Families scheme)

6.6 Preventing homelessness

- Develop a prevention response to the current homeless situation including research on landlords ending assured shorthold tenancies, a supply of immediately available private rented accommodation sufficient to reduce the flow of households into emergency accommodation, plus a prevention allocation priority on the housing register for households who are working with the People Gateway to achieve affordable and sustainable solutions to their homelessness

Appendix 1 Detailed feedback from Child Poverty Strategy qualitative work

General feedback

Positive feedback was received in relation to:

- the council was interested in listening to their views and experiences
- the area in which families were placed was not raised as a concern
- a change of room was organised to better suit family's needs
- having a support officer on the premises four days a week at Gilroy Court (Croydon Court Hotel) to deal with any questions or issues made a difference
- families living in Gilroy Court were happy with the cleanliness of the accommodation.

Areas for concern were:

- Hygiene in relation to shared kitchens and bathrooms
- Not wishing to share kitchens or bathrooms
- Poor cooking and/or storage facilities
- Perceptions of security
- Washing and drying facilities
- Number of keys provided free of charge
- Assistance with storage
- Match of accommodation to family needs

"Don't like sharing bathroom and kitchen because of some people's levels of hygiene"

"Mice droppings found in bedroom and snails on wall in kitchen. Cupboards had mice faeces"

"Live on takeaways as shared kitchen filthy"

"Place is a state" and "should not have to live in such conditions" (re hostel)

"No washing facilities so I go to a friend's house" "nowhere to dry clothes"

The suitability of accommodation for families

With the exception of one family who were living in a hostel, the families seen were living in a bed sit or hotel and the majority of families occupied a single room. The majority of these families referred to the inadequate size of the room provided and how this affected them. Comments were made that they did not invite children's friends to play due to cramped conditions.

"I would like to have a highchair for my baby but there is no room for one".

"Son (age 9) not going to sleep in good time as we are all in one room (up until 10 pm) and he is also disturbed by baby who wakes during night"

"No table in room to sit and do homework or eat at"

"Have a table but no chairs" "no table or chairs in room and no space for them"

"Room so small two people cannot move round at the same time"

"No room for my baby to crawl or play on floor"

"Whilst I was in hospital having my baby the room allocated was changed to one with a toilet and shower. However, belongings were moved without my consent making me feel like a prisoner and violated"

"We were given two rooms but one was in separate building out back and when I raised this with housing lady she said 'don't know layout of rooms' we put mattress on the floor for our 4 year old"

Some families referenced social isolation.

"No visitors' policy. Will impact on returning to work after maternity leave as no friends or family can assist" "cannot function like this"

"Stuck in room. No communal room. Visitors allowed 9am to 10 pm but cannot stay for longer than 2 hours"

"Visitors not allowed to our room"

Information and communication between council and family

A number of individuals referenced difficulty in speaking to a relevant council officer when needed. Assistance in finding suitable storage was also a common theme.

"When you do ring council you get passed around"

"Difficulty reaching person"

"Housing benefit unaware I had a baby but housing knew this or our move from Sydenham Road to Brigstock Road which resulted in loss of £500"

"More information from council would help. Also out of hours service such as Saturday morning"

"Information on private lets not up to date – most landlords not happy to let to housing benefit renters"

"No contact from housing; they don't care"

Health and Education

A common theme was no internet access. However, Gilroy Court does provide access to a computer but one person added that this has to be paid for and usage restricted. It was also located in communal area and some said it was too noisy for children to concentrate on school work.

Another common theme was lack of play space for children.

"Cannot do homework properly as no access to the internet"

"Have lost weight due to stress and not eating properly and poor sleeping pattern"

"Room damp and cold and son has frequent colds" "Mould on walls"

"Poor lighting in room causing eye strain. Also eldest son (16) has undiagnosed problem with his hip and cannot move around properly due to size of room and limited floor space"

(15 year old)" does his homework at friend's house or internet café. He would not invite friends over as feels "too ashamed". Have not informed school of change of address as son does not want school to know"

"Electric box in some room which children can touch"

"Daughter's behaviour at school is OK but behaviour difficult at home; "throws tantrums" and "won't listen" described her daughter as "seems sad". Mother said she had asked if she likes living here and she said "hates it".

"Feels like I'm living in prison" "feel low" "no support to learn English"

"Too hot in summer" "ceiling leak from shower in room above and water running down light switch"

"Have not placed daughter in reception class as not sure how long we will be here or where we will live in the future"

Timescales of the process and decision-making

A number of families would like decisions (including reviews) to happen more quickly and where permanent housing to be provided for this to happen more quickly. A number of the families felt that they were unable to plan for the future (including seeking work) until their housing situation was resolved.

It should be noted that the current level of demand for social housing in Croydon is very high and is likely to remain so for the foreseeable future. Whilst every effort is being made to maximise the delivery of new affordable housing in the borough, demand continues to outstrip supply. The forthcoming homelessness strategy will set out how the council and its partners intend to make the best use of the housing resources available over the next five years and to minimise the length of time homeless households have to wait for permanent housing.

Appendix 2 Recommendations made by participants

Recommendations from homelessness focus groups

- Help me to rent privately – they won't take me
- Check the properties before you put us in them
- Make sure the providers of temporary accommodation are doing what they are telling you they are – more checks and balances on staff
- Have more frequent contact with us – let us know what is going on at all stages. Face to face is best but a text will do
- Take the gender of our children into account when place us – we shouldn't have to sleep in the same room as older children of a different sex
- Deal with drug takers – they shouldn't be in accommodation with children. Don't just put signs up banning smoking etc, act on breaches
- Staff should get back to you when they say they will

Recommendations from the Child Poverty Strategy work with homeless families in bed and breakfast

1. To build on the positive learning from Gilroy Court and to contribute to building a positive, constructive relationship between the council and homeless customers
2. To ensure homeless households are aware of their rights in relation to their homeless application
3. To ensure homeless households are aware of their responsibilities in relation to their temporary accommodation, particularly in relation to reporting problems and hazards.
4. To ensure that information is made available to homeless households in a number of formats (hard copy leaflets, on-line information) to help them cope with the disruption of homelessness and access the support and services they require
5. To improve follow-up with homeless households to ensure they are supported and reassured their application is being considered

Appendix 3: Recommended minimum standards for bed and breakfast accommodation

The Secretary of State recommends that housing authorities apply the standards set out below as minimum standards in deciding whether Bed and Breakfast accommodation is suitable for an applicant for the purposes of Part 7 of the Housing Act 1996 ('the homelessness legislation') in the very limited circumstances where an authority may use such accommodation for this purpose.

Space Standards for Sleeping Accommodation

1. Room sizes where cooking facilities provided in a separate room/kitchen

Floor Area of Room Maximum No of Persons

Less than 70 sq ft (6.5 m²) Nil persons
Not less than 70 sq ft (6.5 m²) 1 person
Not less than 110 sq ft (10.2 m²) 2 persons
Not less than 160 sq ft (14.9 m²) 3 persons
Not less than 210 sq ft (19.6 m²) 4 persons
Not less than 260 sq ft (24.2 m²) 5 persons

Room sizes where cooking facilities provided within the room

Floor Area of Room Maximum No of Persons

Less than 110 sq ft (10.2 m²) Nil persons
Not less than 110 sq ft (10.2 m²) 1 person
Not less than 150 sq ft (13.9 m²) 2 persons
Not less than 200 sq ft (18.6 m²) 3 persons
Not less than 250 sq ft (23.2 m²) 4 persons
Not less than 300 sq ft (27.9 m²) 5 persons

2. In no case should a room be occupied by more than 5 persons. The standard is to be applied irrespective of the age of the occupants. The sharing of rooms in bed and breakfast accommodation is not desirable, but it is accepted that where accommodation is not self-contained families may find it preferable to share.

3. No persons of the opposite sex who are aged 12 and over should have to share a room unless they are living together as partners and both are above the age of consent or are lawfully married.

4. All rooms must have a minimum floor to ceiling height of at least 7 feet (2.14 metres) over not less than 75% of the room area. Any floor area where the ceiling height is less than 5 feet (1.53 metres) should be disregarded.

5. Separate kitchens, bathrooms, toilets, shower rooms, communal rooms and en-suite rooms are deemed unsuitable for sleeping accommodation.

Installation for Heating

6. The premises should have adequate provision for heating. All habitable rooms and baths or shower rooms should be provided with a fixed space-heating appliance. The appliance must be capable of efficiently maintaining the room at a minimum

temperature of 18°C when the outside temperature is –1°C. “Fixed space heating appliance” means fixed gas appliance, fixed electrical appliance or an adequate system of central heating, operable at all times.

Facilities for the Storage, Preparation and Cooking of Food and Disposal of Waste Water

7. Wherever practicable, each household should have exclusive use of a full set of kitchen facilities including:

- cooking facilities – a gas or electric cooker with a four-burner hob, oven and grill. In single person lettings, a cooker with a minimum of two burners, oven and grill is permissible. Where the establishment caters for fewer than 6 persons, a small guest house for example, a microwave may be substituted for a gas or electric cooker for periods of stay not exceeding 6 weeks for any homeless household;
- sink and integral drainer – with a constant supply of hot and cold water and properly connected to the drainage system;
- storage cupboard, minimum capacity 0.4 m³ (400 litres/15 ft³). This provision is in addition to any base unit cupboards provided below the sink/drainers;
- refrigerator – minimum capacity 0.14 m³ (140 litres/5 ft³);
- electrical power sockets – minimum of two double 13 amp sockets situated at worktop height. These are in addition to electrical power sockets provided elsewhere in the letting;
- worktop – minimum surface area 1000 mm x 600 mm.

8. There may be circumstances where the housing authority is satisfied that the provision of kitchen facilities for exclusive use is not practicable or appropriate. These circumstances could, for example, include where a property is very small, no more than two or three letting rooms, or where the overall standard of the property is considered reasonable in all other respects and the costs of provision of exclusive use kitchens would be prohibitive or detrimentally affect the remaining amenity space. In circumstances such as these, the following standards for communal kitchens may be applied.

9. Kitchen facilities may be provided in the ratio of no less than one set for every 10 persons, irrespective of age. Such kitchen facilities should comprise a minimum of shared:

- gas or electric cooker with four burners, oven and grill. Where the establishment caters for fewer than 6 persons, a small guest house for example, a microwave may be substituted for a gas or electric cooker for periods of stay not exceeding 6 weeks for any homeless household;
- sink and integral drainer – with a constant supply of hot and cold water and properly connected to the drainage system;
- storage cupboard, minimum capacity 0.4 m³ (400 litres/15 ft³). This provision is in addition to any base unit cupboards provided below the sink/drainers;

- electrical power sockets – minimum of two double 13 amp sockets situated at worktop height. These are in addition to electrical power sockets provided elsewhere in the letting;
- worktop – minimum surface area 1000 mm x 600 mm;
- lockable storage cupboards, minimum capacity 0.14 m³ (140 litres/5 ft³) for each bedroom whose occupants use the kitchen. In calculating the required provision of storage cupboards, base unit cupboards below sinks/drainers should be discounted.

10. In addition, the following facilities should be provided within each bedroom, or within the total accommodation occupied exclusively by each household:

- worktop – minimum surface area 1000 mm x 600 mm;
- refrigerator – minimum capacity 0.14 m³ (140 litres/5 ft³);
- storage cupboard – minimum capacity 0.4 m³ (400 litres/15 ft³).

11. The kitchen used by management to provide breakfast may be included when calculating the one in ten ratio, unless it is not available, does not meet the conditions above or is deemed unsuitable for use by residents because:

- of the size of the kitchen and the equipment provided in it. In a commercial kitchen some equipment may be dangerous or unsatisfactory for use by residents; or
- the unsatisfactory location of the kitchen in relation to the accommodation it is supposed to serve.

12. In schemes providing a mix of kitchens for shared and exclusive use, one set of kitchen facilities should be provided for every 10 persons sharing. The number of persons who have kitchen facilities provided for their exclusive use should not be included in the calculations. Again, the kitchen used by management to provide breakfast may be included in the one in ten calculation subject to the above conditions.

13. Cooking facilities which are provided should be reasonably located in relation to the room(s) occupied by the person(s) for whom they are provided and in any event not more than one floor distant from these rooms. Please note the exception for smaller establishments described below.

14. In smaller establishments of not more than three storeys and not more than 30 bed spaces, communal cooking facilities may be provided in one area of the premises more than one floor distant from some bedrooms. In such cases, these kitchens must be provided in association with a suitable dining room or dining rooms of adequate size calculated on the basis of 1 m² per bed space. This should include one area of at least 15 m². Only effective usable space will be considered when calculating the areas for the purpose of this requirement. Dining room facilities should be provided with adequate seating provision.

15. Kitchen facilities should be made available for use 24 hours per day, subject to any representation from the owner/manager, which must be agreed by the receiving and placing authorities.

Toilet and personal washing facilities

16. One internal water closet should be provided for every five persons irrespective of age. The water closet must be within a reasonable distance from its users and not more than one floor distant and, where practicable, a water closet should not be situated within a bathroom. At least 50% of the water closets that are required to be provided should be situated in separate accommodation. The number of persons occupying a bedroom where this facility is provided for their exclusive use should not be included in the calculations.

17. A suitable wash hand basin (minimum dimensions 500 mm x 400 mm) with constant hot and cold water supplies, should be provided in every bedroom, except where an en suite bathroom is available, when the wash hand basin may be provided in that bathroom.

18. Each separate water closet compartment and bathroom should be provided with a suitable wash hand basin (minimum dimensions 500 mm x 400 mm), together with constant supplies of hot and cold running water. A tiled splashback (minimum 300 mm high) is to be provided to each wash hand basin.

19. One bath (minimum dimensions 1700 mm x 700 mm) or one shower (minimum dimensions 800 mm x 800 mm) should be provided for every eight persons, irrespective of age. These facilities must be within a reasonable distance of each user and not more than one floor distant. The number of persons having the exclusive use of a bath or shower should not be included in the calculations.

20. Where the operator chooses to provide showers for the exclusive use of each separate household or the majority of households, a minimum provision of baths, rather than showers will always be required. In such circumstances a minimum of one communal bath should be provided for every 20 persons, irrespective of age, with a minimum of one bath per property. These facilities must be within a reasonable distance of each user and ideally no more than one floor distant.

Other facilities

21. In the case of families with young children, the facilities should include a safe play area(s) that is located away from sleeping accommodation and cooking areas.

Management Standards

22. In any B&B accommodation, suitability for the purposes of Part 7 will depend upon the management standards operated within an establishment as well as the adequate provision of basic amenities. The minimum management standards set out below should apply and it is the responsibility of the housing authority to monitor the management of the property.

- Operators are required to ensure the property complies with all relevant statutory and regulatory requirements especially in relation to fire, gas and electrical safety. The supply of gas or electricity to any resident should never be interfered with.
- A clear emergency evacuation plan should be in place setting out action upon hearing the fire alarm, escape routes and safe assembly points. The manager must ensure that each person newly arriving at the premises is told what to do in the

event of a fire and about the fire precautions provided.

- Residents should have access to their rooms at all times except when rooms are being cleaned. Provision should be made to accommodate residents at these times.
- Refuse and litter should be cleared from the property and not allowed to accumulate in, or in the curtilage, of the property, except in adequately sized and suitable bulk refuse container(s).
- All communal areas (including, hallways, kitchens, bathrooms/showers, WCs, dining areas, lounges if provided) should be regularly cleaned.
- Appropriate officers of the authority in whose area the premises are situated should have access to inspect the premises as and when they consider necessary, to ensure that the requirements are being complied with. The manager should allow such inspections to take place, if necessary without notice.
- Officers of the health authority, local authority and authorised community workers for the area in which the premises are situated should have access to visit the occupiers of the premises and interview them in private in the room(s) they occupy.
- A manager with adequate day to day responsibility to ensure the good management of the property should be contactable at all times. A notice giving the name, address and telephone number of the manager should be displayed in a readily visible position in the property.
- Procedures should be in place to deal with any complaints relating to harassment on racial, sexual or other discriminatory grounds by either residents or staff.
- There should be a clear complaints procedure for the resolution of disputes between residents and/or staff.
- There should be available within the premises a working telephone available for use by the occupiers and a notice should be displayed by the telephone with information on the address and telephone numbers of: the local Environmental Health Department, Fire Brigade, Gas Company, Electricity Company, Police Station and local doctors.

Appendix 4: Bed and Breakfast Information Exchange (BABIE) hotel grading system

Further information on the BABIE grading system including details on the joint London Boroughs Code of Practice can be obtained from:

BABIE,
The Greater London Authority (GLA)
City Hall, The Queen's Walk, London SE1 2AA
020 7983 4000

GRADE A

PREMISES WHICH PROVIDE SATISFACTORY TEMPORARY ACCOMMODATION TO A HIGH STANDARD

These premises provide good temporary accommodation for use by homeless households. Any deficiencies in fire precautions, management and health and safety are insignificant having regard to the size of the premises. Overcrowding is absent and amenities are provided to the required levels. Premises having in excess of 50 bedspaces, irrespective of age, must achieve the standard of '7. Other Facilities. Premises having less than 50 bedspaces, irrespective of age, must achieve c) Cots for babies and d) Telephone for residents' use, and not less than one other facility listed at 7.

1. Fire precautions and means of escape in case of fire - Having regard to the size of the premises, any defects are insignificant and easily rectified.
2. Health and safety - Having regard to the size of the premises any defects are insignificant and easily rectified.
3. Management and Repair - A high standard of management, clean and in good repair.

Cleanliness

4. Provision of baths - Where practicable, baths/showers and WCs should be provided for the exclusive use of each household. If shared, baths/wash hand basins showers and WCs should be provided in the ratio of 1:5 persons, irrespective of age. The provision of baths/showers and WCs should comply in all other respects with the Joint London Boroughs Code of Practice in terms of location and separation. Wash hand basins should be provided in accordance with the requirements of the Joint London Boroughs Code of Practice.

5. Provision of cooking - Where practicable, cooking facilities should be provided for facilities the exclusive use of each household. If shared, cooking facilities should be provided in the ratio of 1:5 persons, irrespective of age. The provision of cooking facilities should comply in all other respects with the Joint London Boroughs Code of Practice in terms of size, location and number provided in each kitchen. The kitchen used by management to provide breakfast may be included when calculating the numbers above, unless it is deemed unsuitable for use by residents due to:-

- a) The size of the kitchen and the equipment provided in it. (In a commercial kitchen some equipment may be unsatisfactory or dangerous for use by residents.)
- b) The unsatisfactory location of the kitchen in relation to the accommodation it is supposed to serve.
- c) The necessary food storage facilities are not provided for residents using the management kitchens.

6. Overcrowding - There should be no overcrowding.

7. Other Facilities

- a) A lounge/dining room should be provided for residents' use. The area (or aggregate areas, if more than one is provided) shall be calculated on the basis of 1m² per bed space. This shall include one area of at least 15m². Only effective usable space will be considered when calculating the areas for the purpose of this requirement.
- b) A children's play area of suitable size should be provided in the hotel/garden. If the area is in the hotel it should be specifically designated for children's use. The area can be included in the aggregate for the lounge area.
- c) Cots for babies should be readily available on request at no extra cost.
- d) A telephone should be available for residents' use.
- e) Laundry facilities should be provided.
- f) There should be a room for use by visiting GPs/Health Visitors/Social Workers.
- g) 24 hour management should be available on site.

GRADE B

PREMISES WHICH PROVIDE SATISFACTORY TEMPORARY ACCOMMODATION

These premises provide satisfactory temporary accommodation for use by homeless households. Any deficiencies in fire precautions, management and health and safety are insignificant having regard to the size of the premises. Overcrowding is absent and amenities are provided to the required levels. Regardless of the size of the premises they must achieve the standard of '7. Other facilities', that is a) Cots for babies and b) Telephone for residents' use.

1. Fire precautions and means of escape in case of fire - Having regard to the size of the premises, any defects are insignificant and easily rectified.
2. Health and safety - Having regard to the size of the premises any defects are insignificant and easily rectified.
3. Management, repair and a good standard of management, clean and, having regard to cleanliness, the size of the premises, any defects are insignificant and easily rectified.

4. Provision of baths - Where practicable, baths/showers and WCs should be provided for the exclusive use of each household. If shared, wash hand basins, baths/showers and WCs should be provided in the ratio of 1:5 persons, irrespective of age. The provision of baths/showers and WCs should comply in all other respects with the Joint London Boroughs Code of Practice in terms of location and separation. Wash hand basins should be provided in accordance with the requirements of the Joint London Boroughs Code of Practice.

5. Provision of cooking - Where practicable, cooking facilities should be provided for the exclusive use of each household. If shared, cooking facilities should be provided in the ratio of 1:5 persons, irrespective of age. The provision of cooking facilities should comply in all other respects with the Joint London Boroughs Code of Practice in terms of size, location and number provided in each kitchen. The kitchen used by management to provide breakfast may be included when calculating the numbers above, unless it is deemed unsuitable for use by residents due to:-

a) The size of the kitchen and the equipment provided in it. (In a commercial kitchen some equipment may be unsatisfactory or dangerous for use by residents.)

b) The unsatisfactory location of the kitchen in relation to the accommodation it is supposed to serve.

c) The necessary food storage facilities are not provided for residents using the management kitchens.

6. Overcrowding - There should be no overcrowding.

7. Other Facilities

a) Cots for babies should be readily available on request at no extra cost.

b) A telephone should be available for residents' use.

GRADE C1

PREMISES SUITABLE FOR SHORT-TERM PLACEMENTS ONLY

These premises provide satisfactory temporary accommodation for use by homeless households for a short period of time only. There are deficiencies with regard to one or more of the grading criteria (fire precautions, health and safety etc) but these are minor, having regard to the size of the premises. The provision of amenities may not comply with the standards contained in the Joint London Boroughs Code of Practice.

1. Fire precautions and means of escape in case of fire - Having regard to the size of the premises, minor defects are present, e.g. one or two self-closers missing, defective/of fire inadequate door stops, large gap between fire door and door threshold, missing lightbulbs, missing/ inadequate fire notices, cracked glass in break glass call point, discharged fire extinguisher, fire blanket missing.

2. Health and Safety - Having regard to the size of the premises, minor defects are present, e.g. loose switches, defective socket outlets, inadequate/missing balusters, holed/worn/ loose carpeting, poor lighting to common parts.

3. Management - Repair minor/sporadic instances of decorative disrepair to room and cleanliness or common parts. Minor disrepair to a room or common part. Lack of proper standards of cleanliness in areas, but not of major proportions. Pest infestation, if under active treatment. Minor drainage defects, e.g. gully grid missing, leaking waste pipe. Roof in disrepair, but not leaking.

4. Provision of baths - The provision of baths/showers and/or WCs is in a ratio of showers, WCs and no worse than 1:8 persons, irrespective of age. There may be wash hand basins slight deficiencies in the location of facilities or the number of separate WCs. There are slight deficiencies with regard to the provision of wash hand basins.

5. Provision of cooking facilities - The provision of kitchens is in the ratio of no worse than 1:10 persons, irrespective of age. There may be slight deficiencies in the number of sets of cooking facilities per kitchen. The kitchen used by management to provide breakfast may be included when calculating the numbers above, unless it is deemed unsuitable for use by residents due to:

a) The size of the kitchen and the equipment provided in it. In a commercial kitchen some equipment may be dangerous or unsatisfactory for use by residents.

b) The unsatisfactory location of the kitchen in relation to the accommodation it is supposed to serve.

c) The necessary food storage facilities are not provided for residents using the management kitchens.

6. Overcrowding - There should be less than 10 per cent overcrowding, taking into account the permitted number for the premises. This should be reported at once to the placing authority.

GRADE C2

PREMISES SUITABLE FOR SHORT-TERM PLACEMENTS ONLY. THEIR USE FOR HOUSEHOLDS WITH CHILDREN SHOULD BE AVOIDED WHEREVER POSSIBLE

The premises provide satisfactory temporary accommodation for use by homeless households for a short period of time only. The provision of standard amenities (wash hand basins, baths, showers, water closets and kitchens) falls well below the minimum Joint London Boroughs' Code of Practice standard. The lack of standard amenities makes the premises particularly unsuitable for households with children.

1. Fire precautions and means of escape in case of fire - Having regard to the size of the premises, minor defects are present, e.g. one or two self-closers missing, defective/ inadequate door stops, large gap between fire door and door threshold, missing lightbulbs, missing/ inadequate fire notices, cracked glass in break glass call point, discharged fire extinguisher, fire blanket missing.

2. Health and Safety - Having regard to the size of the premises, minor defects are present, e.g. loose switches, defective socket outlets, inadequate/missing balusters, holed/worn/loose carpeting, poor lighting to common parts.

3. Management, repair and minor/sporadic instances of decorative disrepair to room or cleanliness of common parts - Minor disrepair to a room or common part. Lack of proper standards of cleanliness in areas, but not of major proportions. Pest infestation, if under active treatment. Minor drainage defects, e.g. gully grid missing, leaking waste pipe. Roof in disrepair, but not leaking.

4. Provision of baths - The provisions of baths/showers and WCs is in a ratio of worse showers, WCs and no worse than 1:8 persons irrespective of age. There are major wash hand basins deficiencies with regard to provision of wash hand basins.

5. Provision of cooking facilities - The provision of kitchens is in a ratio of worse than 1:10 persons irrespective of age or are absent.

6. Overcrowding - There should be less than 10 per cent overcrowding, taking into account the permitted number for the premises. This should be reported at once to the placing authority.

GRADE D

PREMISES WHERE NO FURTHER PLACEMENTS SHOULD BE MADE AND EXISTING HOUSEHOLDS SHOULD BE REHOUSED AS SOON AS POSSIBLE

These premises should not be used as temporary accommodation for homeless households. They represent a clear health and safety risk or are poorly managed or there are significant instances of overcrowding. Homeless Persons Officers are expected to make no further placements in these premises and to relocate existing households in alternative suitable accommodation.

1. Fire Precautions - The premises are defective in an accumulation of small means of escape items in case of fire. Having regard to the size of the premises, there are a significant number of missing/defective self-closers to doors, discharged extinguishers, missing instruction notices, defective door stops, missing lightbulbs etc. There is a major deficiency, e.g. emergency lighting not working, alarm system not working.

2. Health and Safety - The premises are defective in an accumulation of small items. There is a major deficiency, e.g. unguarded drops, exposed wiring.

3. Repair, management and cleanliness - Premises fall below the fitness standard. There is persistent failure to carry out routine repair and maintenance. Pest control not adequately dealt with. The premises are defective in an accumulation of small items.

4. Overcrowding - 10% or more overcrowding, taking into account the permitted numbers for the premises. Persistent overcrowding.

5. Additional Reasons

a) The owner/manager/housekeeper refuses for Grade D Inspecting Officer entry to carry out a routine grading inspection.

b) The owner/manager/housekeeper does not supply on request to the Inspecting Officer sufficient information necessary to assess the appropriate grading.

c) The premises do not possess the appropriate planning permission, at the discretion of the receiving Local Authority.

GRADE E

PREMISES FROM WHICH HOUSEHOLDS SHOULD BE RELOCATED AS A MATTER OF URGENCY

These premises are not suitable to be used as temporary accommodation for homeless households. They represent an immediate and serious threat to the occupants. Homeless Persons Officers are expected to make no further placements and to withdraw households from such premises.

1. Fire Precautions - There are no protected stairways/escape routes. There is a means of escape lack of fire resisting and/or self-closing doors. There is a in case of fire dangerous electrical supply, serious bad internal arrangement, e.g. use of remote rooms as bedrooms. The property is defective in an accumulation of many items. An emergency lighting/alarm system is not provided.

2. Health and Safety - The property is a dangerous structure, living conditions are such that the health and safety or welfare of the occupants are seriously threatened.

3. Management, Repair -There is a very serious pest infestation requiring a major and cleanliness treatment programme. Premises fall well below the fitness standard. There are serious deficiencies in management of the property. There is general squalor in the rooms and/or common parts.