

Homelessness in Aylesbury

The Impact of Homelessness in Aylesbury

Oct. 2016



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Finally, I would like to thank all the respondents who took part in this study without whom this project would not have been possible and to the services, charities and churches that gave us access to their premises.

Project team

Head of research

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1. Executive summary and key findings

This project was commissioned by Buckinghamshire County Council, Local Area Forum (LAF) and the Community Wellbeing Programme. It was conducted between June and July 2016 and its aim was to:

- Assess the impact homelessness has in Aylesbury, financially, personally and on local resources
- Gain a better understanding of how to develop and improve services for individuals who are homeless in Aylesbury, and the greater Aylesbury area, and explore solutions to the problem

The project was not specifically focused on the causes or triggers of homelessness but more on the cost of homelessness to a Local Authority and related services and the impact it had on the health of the individual. It also explored alternative, more cost effective solutions to what is perceived as a growing problem in the area.

Definitions

‘Homelessness’ has a number of interpretations and this report takes on a broader public health definition of the term, focusing on a persons lack of access to clean running water, heating and sanitation. Individuals who reported sleeping in tents, bins, sheds, caravans, vehicles or containers in the past 12 months, and who lacked these essential amenities, were considered homeless by this criteria.

In the UK homelessness is defined by Local Authorities in terms of Homelessness Legislation, the first of which was introduced as the Housing Act in 1977. Local Authorities in England have a duty to secure accommodation for ‘unintentionally homeless households’ who fall into a ‘priority need’ category. Those who are accepted as ‘statutory homeless’ are eligible for support by Local Authorities. There is no statutory duty to secure housing for homeless single people and couples without children who are not deemed to be vulnerable.

The legal definition of homelessness differs from interpretations often adopted by charities, voluntary organisations and churches. Organisations such as Shelter and Crisis argue that the official statistics do not present an accurate picture of homelessness in England. “The official figures exclude those who are homeless but who do not approach a local authority for assistance and those who do not meet the statutory criteria”. (House of Commons, Brief Paper October 2016).

Though many respondents reported having a local connection to the area the study did not differentiate or explore whether respondents were unintentionally or intentionally homeless. This was only recorded if

respondents disclosed the information within their comments. Some respondents reported that they were 'made' intentionally homeless rather than 'found' intentionally homeless and this is indicative of how respondents viewed the situation and also demonstrates the lack of clarity around these issues.

Definitions between 'rough sleeping' and 'sofa surfing' were at times unhelpful in this study as many respondents switched sleeping locations through the course of a week and did not fit neatly into these categories. Also, when calculating costs, a 'sofa surfer' could be generating higher expenditure than someone sleeping on a park bench or street doorway so this was taken into consideration and these respondents were added to the overall figure.

It must be noted that respondents to the survey were not verified homeless people or rough sleepers and the sample does not represent the official homeless figure for the Aylesbury area. The responses given represent those with a self-reported housing issue and the resulting analysis is based on the perceptions of these individuals and their housing situation and not on their interactions with statutory services.

What was important was that the majority of respondents perceived themselves to be homeless, or about to be homeless at the time of interview and the research was primarily concerned about respondents perceptions of services and providing a snapshot of the current situation.

Homeless individuals from Aylesbury were interviewed. All respondents participated in face-to-face interviews and agreed for the information gathered to be anonymously included in the final report. They were also given the option to withdraw from the process at any time and were not obliged to answer all questions.

To achieve a more balanced perspective, views from relevant service providers and professionals were taken into consideration though not formally recorded, such as youth services, drug services, homeless projects and local churches.

1.1 Key findings:

1.1.1 Sample size and overall expenditure

There was a sample of 61 respondents in total, 5 people did not want to take part in the interviews. The sample was taken over a period of two months so some respondents may have moved or had their housing situation resolved. Some respondents could disappear for weeks on end or were in prison. The consensus among services, police and individuals interviewed was that the number of 'homeless people' (or people with on-going housing issues) in Aylesbury was rising.

The total, low estimated cost to the local authority, NHS and DWP for these 61 individuals is approximately £2.2 million per year. This equates to an annual estimated bill of nearly £37,000 per person. This figure assumes that respondents were homeless for the entire 12 months and obviously will reduce if their housing issues are resolved or if they leave the area.

Policing costs were not specifically included in the scope of the report, though many of the hotspots were where homeless people slept and many respondents had been arrested for shoplifting, begging or being drunk and disorderly, so some costs were included, as was the case with probation. Cost of arrests, prison stays and stays in police custody were not included in the calculations.

1.1.2 Identification

To prevent duplication, initials of all respondents names were taken at point of interview and respondents were asked if they had already completed the questionnaire. 23 interviewees did not provide their initials, in these cases the questionnaires were cross referenced by ethnicity, age, gender and comments, during and after the research had been completed.

Some respondents had also taken part in the Bucks Service User Consultation in 2014-2015 (which focused on non-opiate use), others had signed a consent form when filming 'Off The Concrete' 2015, (a series of short videos documenting the lives of homeless people in Aylesbury).

Many of the 'gatekeepers' who enabled us to snowball the sample had worked on previous projects or were discovered through the course of the research. Gaining their trust allowed us to access a number of individuals who otherwise may not have taken part in the research.

Interviews were taken from within the Vineyard church, AHAG, Youth Concern and drug services. Respondents were also identified in the evening or in the day when walking about with sleeping bags and belongings. Those identified in the evening were asked to meet up in the day and taken to a cafe to be interviewed.

Respondents were generally younger in age, 64% were between 17 to 34 years of age. The majority were male, white UK, single, unemployed and had been previously accommodated in Aylesbury.

BME communities represented 23% of the sample, comprising mainly of EU and non-EU nationals who were not claiming benefits and were less likely to be attending A&E or drug services on a regular basis. Costs varied between these groups because of their statutory entitlement.

1.1.3 Sleeping patterns

Over two thirds of the overall sample reported sleeping in places with no access to running water, electricity, heating or sanitation. On closer inspection definitions were not so clear cut as many had sofa surfed within the past 12 months, sometimes for weeks, sometimes for only a few days. There were only 9 individuals who had sofa surfed the entire year.

The majority of respondents reported sleeping, or had slept, in doorways, tents and on park benches. Other areas used were sheds, containers on building sites, caravans with no heating or running water, graveyards, bins, subways and vehicles. Over half of the respondents said they had been sleeping like this on and off for 3 years, 19% reported being homeless between 4 to 7 years.

There were also a number of people who reported being recently homeless, 16% reported being homeless for only 1 to 12 weeks (one person was facing eviction and still housed and another person had been housed). A third said they had been homeless for 3 to 6 months. It was clear that these individuals were not entrenched in the homeless community in Aylesbury and could possibly maintain tenancies with very low level support.

Those who were 'rough sleeping', and slept in the most visible places, were moved on frequently. Some participants gave accounts of being moved on 3 to 4 times a day. Over a third of respondents reported that they changed where they slept daily.

Those that slept in less visible places or outside of the Aylesbury town centre, reported being moved less frequently and some had managed to maintain a space to sleep for up to 4 months. This was unusual for those who slept within or close to the town centre.

Respondents reported that they were displaced by a number of agencies including council and private security firms that service local shopping centres and industrial parks. 'Move on' costs, including car park attendants, park attendants and a council move on van, were added to the overall calculations.

1.1.4 Basic needs

Charities and churches subsequently appeared to be picking up most of the demand for the basic needs of respondents. Only one agency AHAG (Aylesbury Homeless Action Group) provided shower facilities for the homeless. Both AHAG and the Aylesbury Vineyard church provided facilities for people to wash their clothing and bedding. However both these organisations were open for a limited period.

Respondents had access to food twice a week at the Vineyard church. This consisted of light meals on Tuesdays, and a cooked meal on Thursdays. The time frame to access these meals were two hours, thus the Vineyard is providing food for the homeless approximately 4 hours every week. However, users of the Vineyard can also access food parcels to take away. In addition, AHAG provide the homeless with sandwiches and hot drinks, clients are limited to one sandwich per person. AHAG provide provisions twice a week in two hours slots.

When we consider this respondents have access to free food 8 hours out of 168 hours per week.

1.1.5 Drug and alcohol use

Approximately two thirds of respondents reported using alcohol and / or drugs. Of those that were using drugs and alcohol 46% reported having accessed or were currently accessing a drug service (46% SMART, 41% STARS and 8% OASIS). The average estimated cost of a problem drug user is around £11,000 per year.

Costs to the criminal justice system and policing may be significant. For example the total costs for a drug offence conviction is estimated at around £16,000.

1.1.6 Impact on services

The majority of the sample reported using, or had used, a number of local services in the past 12 months. Places which were accessed the most were drugs services, A&E, the Vineyard church, mental health services (nearly 20% had accessed the Whiteleaf Centre psychiatric service), AHAG homeless project, Aylesbury Vale District Council (AVDC), Youth Concern and probation.

Over 15% of respondents reported having children in care or had contact with child protection, adult social care and children's social care services in the past 12 months.

1.1.7 Health issues

The majority of respondents reported experiencing more than one physical health issue in the past year, with one participant being blind. Weight loss and stomach pains were reported by most respondents. 37% were not registered with a GP, lack of permanent address was often cited as the reason for this.

Over 43% of respondents said they had problems with their livers. Hepatitis C was reported by 10% of the sample. From previous research into this area (see Buck Service User Consultation 2015) many could have contracted this from sharing needles. Treatment and

the new medication to 'cure' Hep C is possibly one of the highest costs within the findings.

Within the past 12 months, a fifth of respondents reported suffering injuries, consisting of broken bones and cuts from sleeping in sheds or getting into fights. 22% reported infections, from open wounds or injury.

The number of visits to A&E varied between participants, the majority reported having attended 2 to 3 times in the past year. 18% reported having been to A&E between 6 to 14 times. The average cost of an A&E attendance is £114. Those who reported using drugs and alcohol and had experienced mental health issues were more likely to use A&E.

1.1.8 Mental health

Many of the respondents reported experiencing more than one psychiatric health issue with a small percentage reporting having a clinical diagnosis such as schizophrenia or bi-polar. Personality disorders were also reported.

The majority of those who answered said they had, or were, experiencing depression, anxiety issues, paranoia, hallucinations and nearly a third reported psychosis. A large percentage had suicidal thoughts and a few had attempted suicide several times within the past 12 months.

Some reports of vital medication not being accessed in time of crisis emerged during the research. Non-communication or restrictive policy between services did not allow for the sharing of information that would have made this access possible. This is significant as the agencies concerned both operate in the same county.

It appeared that respondents with mental health problems were being referred from mental health services, such as the Whiteleaf Centre, to services provided by churches or charities that have limited resources to target this specific need or demographic. Though this may reduce statutory expenditure in the short term, it had little impact on the overall costs incurred. The cost for psychiatric involvement was underestimated, with the expense possibly being far higher than the figures quoted within this report.

1.1.9 Housing issues

Over 72% of those interviewed reported being previously accommodated in Aylesbury. The majority were previously housed within a 3 year timeframe and had mainly been evicted for rent arrears from Griffin Place (former Lodge, temporary accommodation) and private landlords.

The estimated costs of failed tenancies and abandonment range from £4,000 to £24,500. Private landlords, it seemed, were absorbing most of the financial cost of these failed tenancies so this figure was deducted from the overall Local Authority spend.

Approximately 56% of respondents reported having experienced rent arrears and eviction orders. Other reasons given for accommodation problems were mistakes made with housing benefit forms, breaking visiting rules, suspected drug use, inadequate accommodation, mistreatment by private landlords and relationship problems.

In contrast, 87% reported that they had not been to court for housing issues though a large percentage had been evicted by private landlords and Griffin Place. This may be due to issues on the tenants behalf or that certain private landlords may not be following the correct legal procedures when evicting tenants.

Nearly 80% of respondents said they had not received support with their housing issues. Although the majority of respondents needed support with obtaining tenancies, many had mental health issues which had often prevented participants from maintaining tenancies and negotiating housing issues such as rent arrears and court fines.

It appeared that some respondents may have been able to avoid eviction if there had been an intervention before court proceedings. In Aylesbury, housing debt advice service preventions were 290 and total Local Authority preventions were 339 (2015/16). This is demonstrative of the need in this area.

It was evident that awareness of particular pathways for support, particularly with housing, varied dramatically between participants. Only 4 participants were aware of the emergency fund provided to those in hardship and only 2 had accessed it.

1.1.10 Debt issues

Unpaid court fines and rent arrears were the debts most reported by respondents. However, bank loans and credit card debts were also significant. Court fines were mainly for begging, shoplifting, fighting and being drunk and disorderly.

Those that volunteered the information had a combined debt of £137,000, this excluded debt to family and friends, debts to dealers and debts to other users. The majority of respondents had not received advice or help with these debts.

A small number of respondents admitted to shoplifting for food. Moreover, far more participants stated they shoplifted for food rather than to maintain addictions. A number of respondents described that

they had stolen sleeping equipment and clothes which were frequently stolen from them or destroyed due to bad weather.

1.1.11 Benefit issues

Over 64% of respondents reported that they were claiming benefits. The majority were in receipt of ESA and JSA with a small percentage on DLA / PIP. Most benefits were acquired when accommodated or obtained through a service which provided an address. Total benefit cost was approximately £157,599 per year (this excludes DWP overhead costs of attending appointments, employment advice and job-related training).

1.1.12 Childcare issues

There were 11 children reported to be in care with one respondent having 4 children in care. Average annual spend on a residential place for a child is £131,000, fostering is £29,000. The total estimated cost here was £829,000 per annum.

1.2 Perceptions of services:

1.2.1 Access

Just over 78% of respondents reported that they found housing and housing support very difficult to access in Aylesbury. Some respondents thought a number of services were not communicating effectively with each other and they were being pushed from pillar to post.

Nearly a third of respondents said they thought the majority of private landlords did not accept DSS or were demanding high deposits, this they felt was preventing them from being housed. Approximately 14% said they were unable to make appointments due to living on the streets and felt there were too many restrictions or lengthy processes in place, many felt that there was no affordable housing in Aylesbury. Language was also a barrier for those who English was not their first language.

The most cited reasons that had led respondents to their current situation were the use of drugs, no money, lack of employment or housing, negative attitudes towards homelessness and being found intentionally homeless.

1.2.2 Support

A third of the sample said they needed more support with housing and mental health issues. Many wanted daily access to a shower, washing facilities and somewhere secure to store belongings. Others felt they needed help in gaining employment and / or support with their drug use

and physical health. Only 3 respondents thought a hostel would be a good idea.

There seemed to be a wide difference in attitude to the approach of helping the homeless between services involved in the research. It was clear that services that worked within an inclusive and flexible ethos were interacting effectively with more vulnerable people with complex needs.

2. Introduction

2.1 The subsequent report explores:

- ✱ The financial cost of homelessness in Aylesbury
- ✱ The barriers, if any, preventing homeless people accessing services / housing
- ✱ Recommendations for the Bucks County Council, Community Wellbeing Programme and services on how to improve support and current housing provision for this group

3. Sample

3.1 Sample size:

The consultation comprised a sample of 61 respondents.

3.2 Method:

Structured, face-to-face interviews which included both quantitative and qualitative questions.

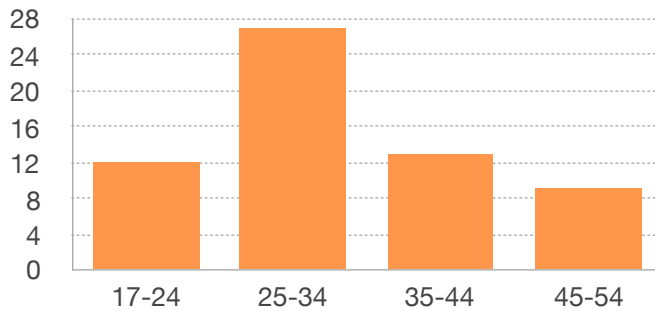
Consultation with the focus of attention placed upon homeless people's current perceptions of services.

Visits to service providers to talk / listen to staff and management. Informal visits were carried out, and telephone and e-mail follow ups were also used.

4. Identification

4.1 Age range:

61 respondents:



Respondents were generally younger in age. 64% reported being within the age range of 17-34 and 36% were between the age range of 35-54.

The youngest homeless person interviewed was 17, male and was sofa surfing for 6 months before social service involvement.

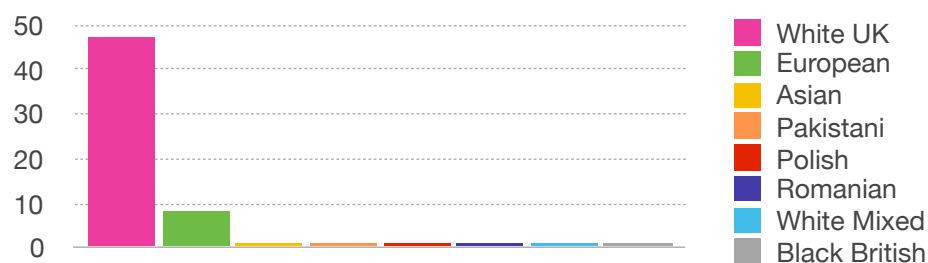
4.2 Sex:

61 respondents:

77% (47 respondents) were male and 23% (14 respondents) were female.

4.3 Ethnicity (as self described):

61 respondents:

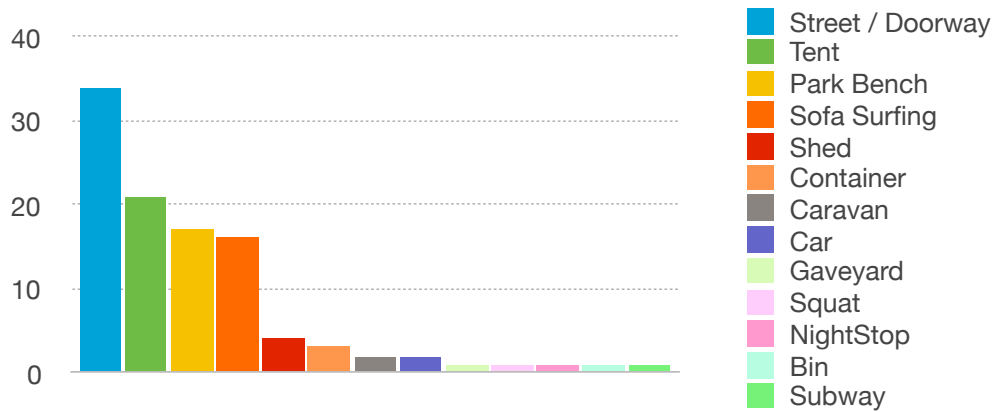


77% (47 people) were White UK with 23% of the sample from BME communities, comprising mainly of Europeans.

5. Current situation

5.1 How are you currently sleeping?

61 respondents:

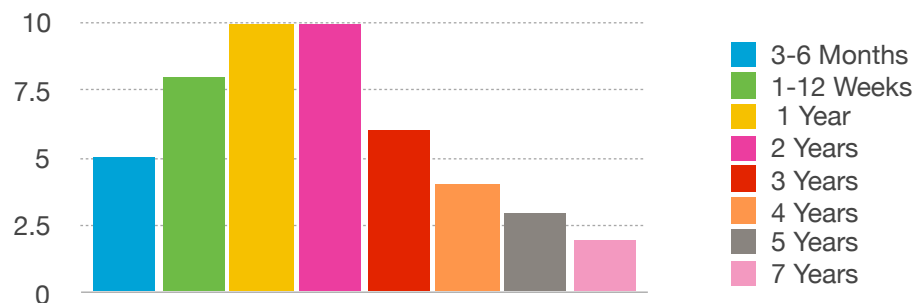


86% of respondents reported sleeping in places with no running water or sanitation. 14% reported sofa surfing only. 56% of respondents reported sleeping, or had slept in street doorways, 34% slept in tents and 28% on park benches. Other areas used were sheds, containers on building sites, caravans with no heating or running water, graveyards, bins, subways and vehicles.

Many individuals reported sleeping in more than one place during the course of the week and reported that they were moved on 3 to 4 times a day. 36% (22 respondents) said they changed where they slept daily.

5.2 How long have you been sleeping like this?

48 respondents:



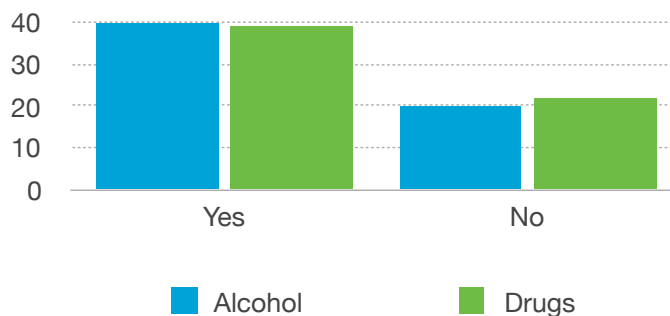
54% of respondents reported being homeless on and off for 1-3 years. 19% reported they had been homeless between 4-7 years. 16% said they were recently homeless for 1-12 weeks and 10% were homeless for 3-6 months.

5.3 How do you get food? Wash your clothes?

Respondents said they used public toilets to wash themselves and mainly used the Vineyard church for food and clothing. Food was provided by the Link which worked out of the Vineyard.

5.4 Do you currently use alcohol or drugs?

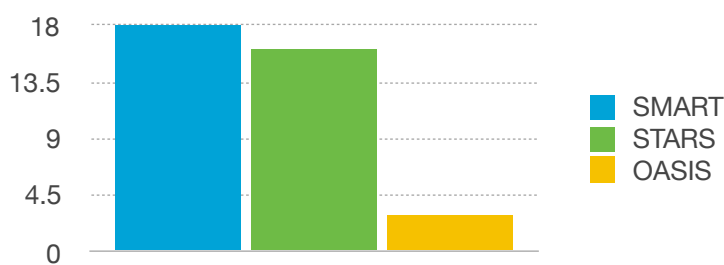
60 respondents:



Approximately, 66% of respondents reported using alcohol and / or drugs. Many reported the drug mephedrone had reduced in prevalence and that users had gone back to heroin. (See Bucks Service User Consultation 2015 for a breakdown on drugs used).

5.5 Breakdown of drug services attended

27 respondents:

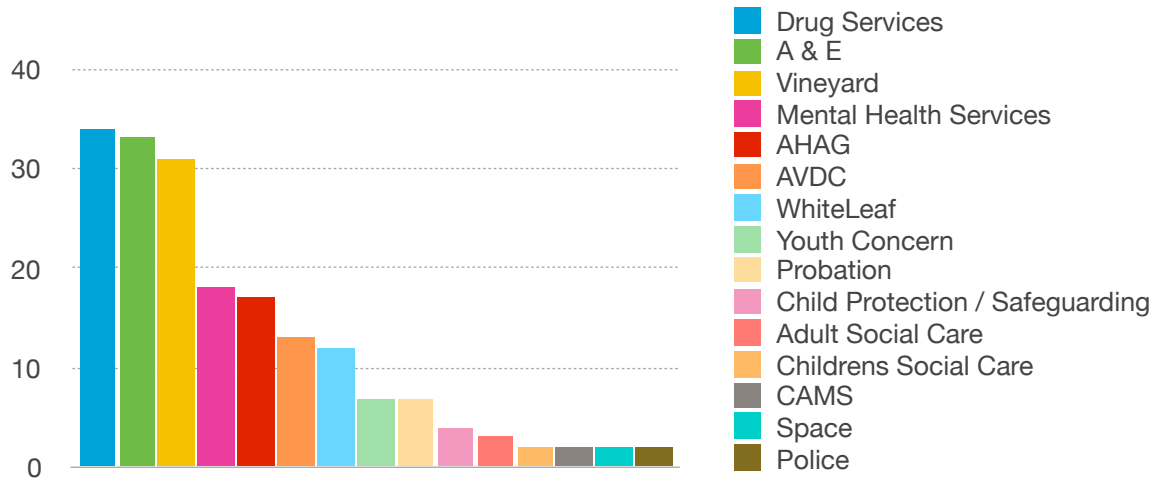


Of those that were using drugs and alcohol 34 respondents said they had accessed or were currently accessing drug services and 27 respondents specified the service or drug services they attended. Some had been using these services for over 3 years. The majority had accessed SMART (Tier 2 service), STARS and OASIS (structured treatment), had been into detox and / or rehabs and attended day programmes.

Costs: Average estimated cost of a problem drug user is around £11,000 per year, 27 respondents = **£297,000**

5.6 Have you used or attended any of the following services in the past 12 months?

61 respondents:



55 respondents reported using, or had used, a number of local services, only 6 participants said they were not using any services in the past 12 months. The places which respondents accessed the most were drugs services, A&E, Vineyard church, mental health services, AHAG. AVDC and Youth Concern. 19% had accessed the Whiteleaf Centre psychiatric service.

50% said they had visited or were still visiting the Vineyard church on a Tuesday and Thursday for a few hours for clothes and cooked food which was provided by the Link. This was free and run by volunteers and facilitated by the church.

9 people said they had contact with child protection and safeguarding services, adult social care and children's social care. 11% had or were still using Youth Concern. Many of the young adults and those under the age of 18, though not all, had contact with social services and there were also issues with social services lack of involvement with certain clients.

7 people reported using probation services and in some cases probation had helped with housing. DWP was not reported though many were claiming benefits. Police contact was low here, however, many respondents had either been moved on by the police or arrested.

5.7 How long have you been with them?

16% of respondents said they had been using these services on and off for 2-5 years.

Costs: Probation - cost of a community order is £3,325, 7 people = £23,275 annually. Police - low estimate for 9 people £20,000, Car park attendants, park attendants, move on van, low estimated annual cost £50,000, Social Services £45,000. Total **£138,275**

5.8 Accommodation:

Have you been previously accommodated in Aylesbury?

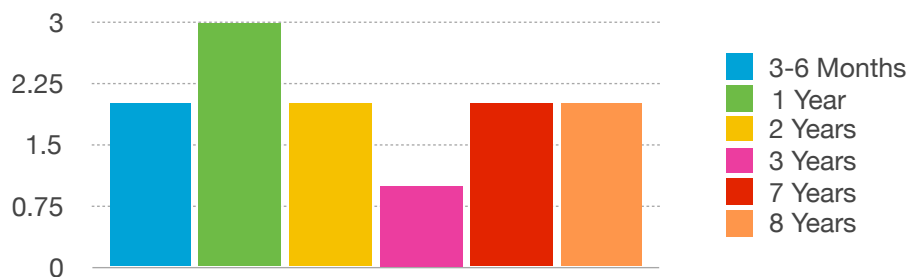
61 respondents:

Yes 72% No 28%

72% (47 respondents) said they had been previously accommodated in Aylesbury and had mainly been evicted for rent arrears.

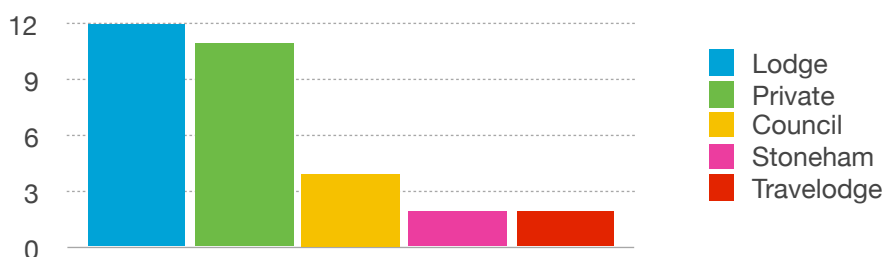
If yes, when were you accommodated?

12 respondents:



66% of respondents said they had been accommodated in Aylesbury within the past 1-3 years. 25% of respondents had been accommodated 3-6 months ago and a third 7-8 years ago.

If yes, where were you accommodated?



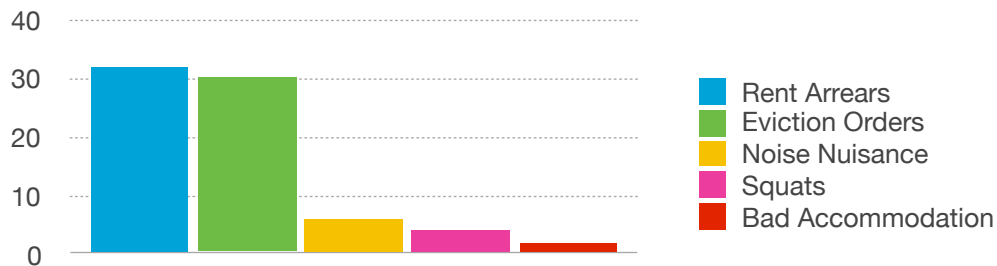
Griffin Place (Lodge) and private landlords were the most cited places. Most of the respondents had been evicted from Griffin Place and private landlords. 6 respondents were found intentionally homeless from Griffin Place.

If no, where were you accommodated?

8 respondents said they were previously accommodated outside Aylesbury, such as Milton Keynes, Oxford, High Wycombe and Yorkshire.

5.9 Have you experienced accommodation problems?

57 respondents:



Approximately 56% of respondents reported having experienced rent arrears and there were 30 eviction orders. Other reasons given for accommodation problems were mistakes made with housing benefit forms, visitors, suspected drug use, inadequate accommodation, mistreatment by private landlords and relationship break-ups.

“I wasn’t allowed to use the facilities. I was charged £80 a week rent. Couldn’t use the address or bathroom, I was treated badly.”

In reference to a private landlord

5.10 Has anybody helped you with these housing issues?

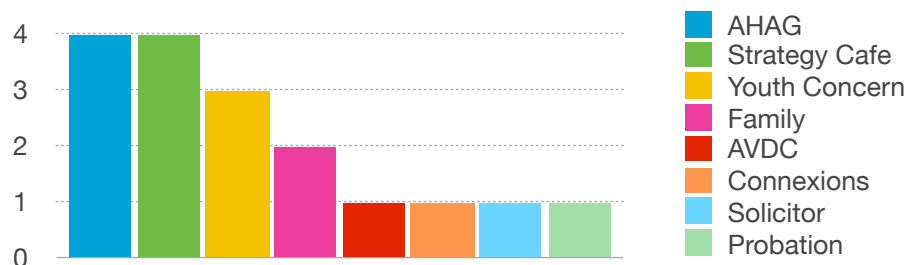
57 respondents:

Yes 21% No 79%

Nearly 80% of respondents said they had not received support with their housing issues.

If yes, who

17 respondents:



AHAG, the former Strategy Cafe, Youth Concern and family members were the most cited places on where respondents received support with housing issues. 5% of respondents said they did not know where to go for support with housing.

5.11 Have you ever been to court for housing issues?

52 respondents:

Yes 13% No 87%

87% (45 respondents) said they had not been to court for housing issues though a large percentage said they had been evicted by private landlords and Griffin Place (temporary accommodation).

Out of those who said yes, 4 respondents said they had an advisor in court.

If yes, what was the outcome?

6 respondents:

Eviction was the most cited outcome.

Costs: Fees for evicting tenants

- £355 – County court standard fee
- £325 – Possession claims
- £110 – Bailiff's fee

Cost of private eviction

- Possession notices - from £60 +VAT
- Court proceedings - from £350 +VAT
- Court hearings - from £80 +VAT
- Evictions - from £80 +VAT

Kearns Solicitors 2016

Financial cost of a failed tenancy

The **costs of failed tenancies** and abandonment range from £4,000 to £24,500. This includes average void re-let cost, service of summons, service & action of eviction notice, court expenses, service charge, eviction fees, re-letting / repairs possession order and landlord's admin.

Housing Corporation 2003 & Scottish Council 2011

Low estimate excluding court costs is £4,000 per person. 47 respondents who were housed in Aylesbury, minus 22 private landlord evictions = £100,000

30 eviction orders (minus 22 private landlord evictions) = £4.560
16 court evictions = £12,640

Total £117,200

5.12 What kind of support do you feel may have avoided court proceedings?

The most common replies were child protection, a housing advocate, social services, housing support, financial support and work.

“Once I lost my flat things started to spiral out of control.”

5.13 Childcare:

Are you under social services?

Yes 5% No 95%

Only 3 respondents said they were under social services.

Are your children in care?

Yes 15% No 85%

9 respondents said they had children in care. Of those that had their children in care 5% said they were not getting support.

“Cannot go to charities to get food or clothes because opening times coincide with social worker appointments.”

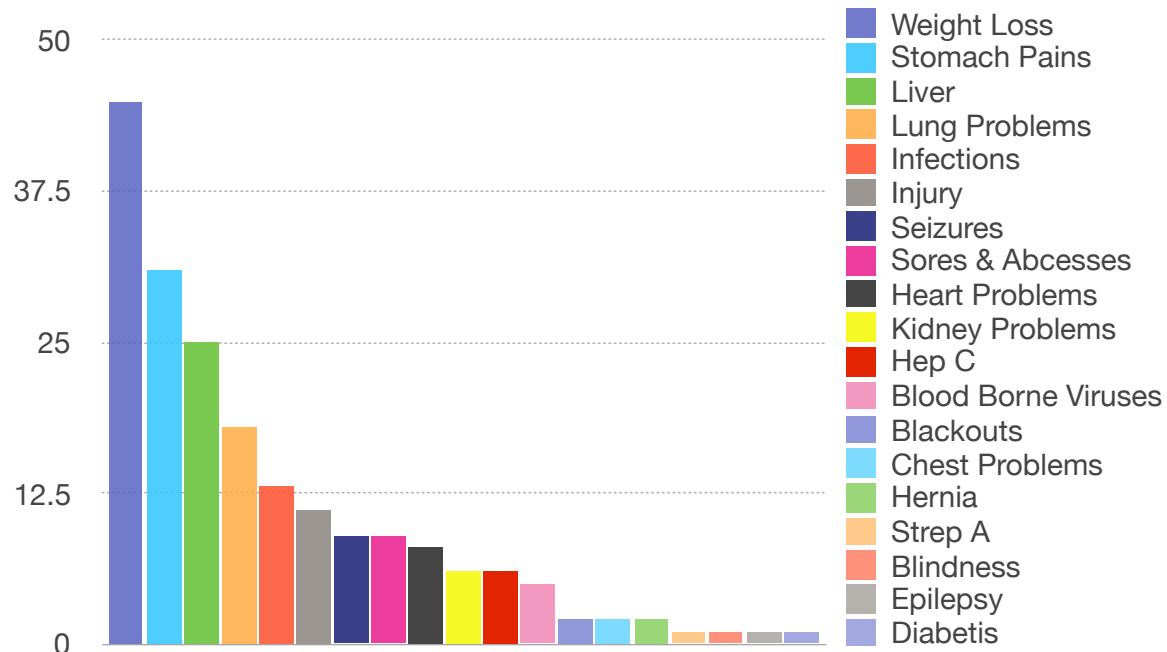
Costs: There were 11 children in care with one respondent having 4 children in care. It was not clear how many children were in residential care or were being fostered. Average annual spend on a residential place for a child is £131,000, fostering is £29,000, average estimated cost = 5 in residential £655,000, 6 fostered £174,000.

Total estimated cost **£829,000**

5.14 Physical health:

Have you experienced any physical problems in the past 12 months?

58 respondents:



Many respondents said they had experienced more than one health issue and a range of health problems were reported. Within the past 12 months weight loss was experience by 77% of respondents and 53% reported stomach pains.

Over 43% reported liver problems. 31% said they had lung problems with 3 reporting that they had been to hospital because of a collapsed lung.

22% reported infections from open wounds caused by injecting drugs or sustained injuries. BBVs such as Hep C were reported and accounted for 10% of the sample.

19% of respondents said they had suffered injuries consisting of broken bones and cuts from sleeping in sheds or getting into fights. Other health issues experienced were 10% kidney problems and 14% heart problems. One respondent was blind.

“I find it hard on the streets now when I wake up - I feel like dying mentally and physically.”

Do you have a GP?

61 respondents:

Yes 63% No 37%

The majority of respondents reported having a GP, those who were not registered said lack of a permanent address was the reason for this.

Have you had emergency treatment in the past 12 months?

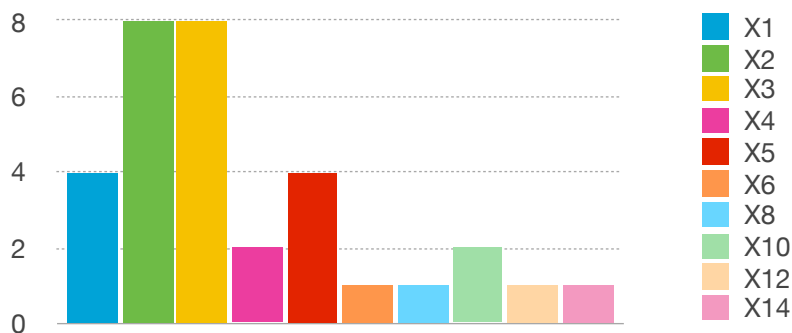
58 respondents:

Yes 72% No 28%

43 respondents reported having emergency treatment in the past 12 months.

How many times have you had emergency treatment in the past 12 months?

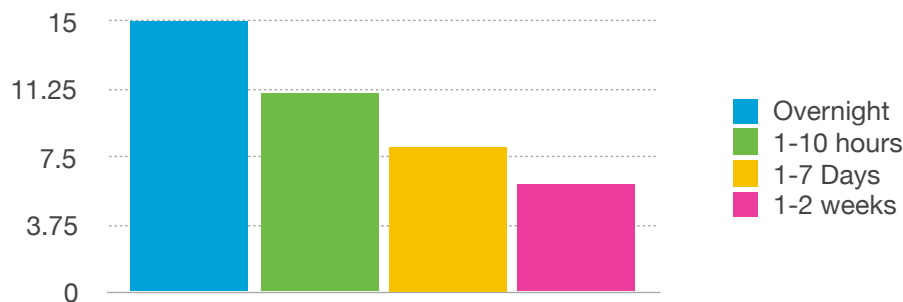
43 respondents:



46% of respondents reported having been to A&E 2-3 times in the past year. 18% said they had been to A&E between 6-14 times. The average cost of an A&E attendance is £114.

If yes, for how long?

40 respondents:



37% of respondents reported staying in hospital overnight. 27% said they had used A&E for 1-10 hours. 15% of respondents reported being in hospital for up to 2 weeks at a time.

There were 4 reported suicide attempts, 6 overdoses, 8 injuries and 13 infections, Many respondents were using A&E like a GP surgery even if they were registered with a GP.

Physical health estimated NHS costs:

The following covers direct costs (relating directly to the delivery of patient care) indirect costs (indirectly related to the delivery of care) and overhead costs (costs of support services that contribute to the effective running of the organisation).

Costs: The average cost of an A&E attendance is approximately £114 per visit, this excludes any further medical intervention. 43 people had attended A&E in the past 12 months on a mode average 5 times a year = 215 times. Cost £24, 510

- 3 people had respiratory failure (Collapse lung) in the past 12 months £3,340 per person = £10,020
- Heart problems - 8 cardiac procedures £160, 1 heart bypass £8,470 = £9,750
- 13 people had blood infections - £1,780 per person = £23,140
- 2 Broken knee/leg - with surgery £5,120 = £10,240
- 2 Broken arms - without surgery £500 = £1000
- 7 Sprains and minor wounds £680 = £4,760
- 15 overnight stays - non-elective inpatients (where the patient has an unplanned admission). The average cost of a non-elective inpatient stay is £1,489 = £22,335
- 5 Respite care between 5 and 8 days £2,110 per person = £10,550
- 6 Kidney or urinary tract infections £420 = £2,520

Estimated annual emergency health cost for 43 respondents: Total **£118, 825**

Liver problems: Hep C

A 12-week course of simeprevir plus peginterferon alfa and ribavirin (both for 24 weeks) costs around £27,000, while a course of simeprevir (12 weeks) plus peginterferon alfa and ribavirin (both for 48 weeks) costs about £32,000.

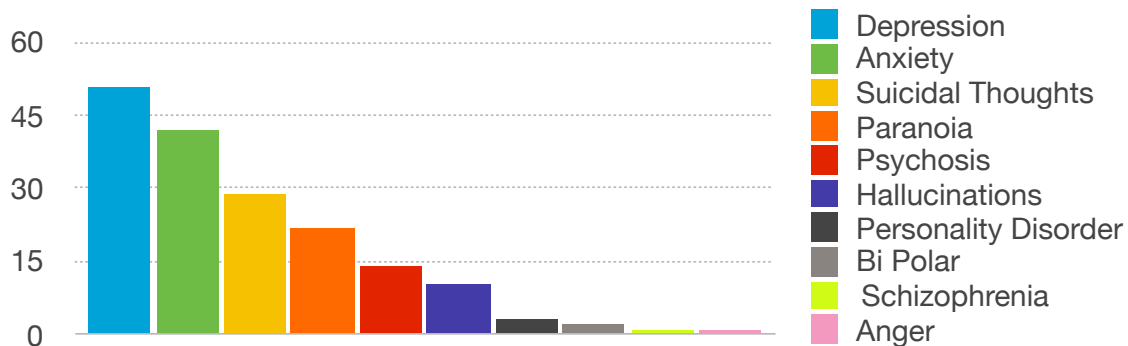
Cost of new treatment for Hep C (direct-acting antiviral drugs DAAs) is expensive. The price offered by Gilead in the UK is almost £35,000 for a 12-week course. Many patients will need a 24-week course, costing £70,000. 8 people disclosed they had Hep C within the report, though this figure could possibly be much higher.

Total £256,000 - £560,000. Low estimated cost: **£300,000**

5.15 Psychiatric health:

Have you experienced any psychiatric problems in the past 12 months?

52 respondents:



The majority of respondents reported experiencing more than one psychiatric health issue with a percentage reporting a clinical diagnosis such as schizophrenia. Bi-polar and personality disorders were also reported. 19% said they had experienced hallucinations.

98% of respondents said they had, or were, experiencing depression. 80% reported anxiety issues and 42% said they suffered paranoia and nearly a third psychosis. 56% reported suicidal thoughts and a few had attempted suicide several times within the past 12 months.

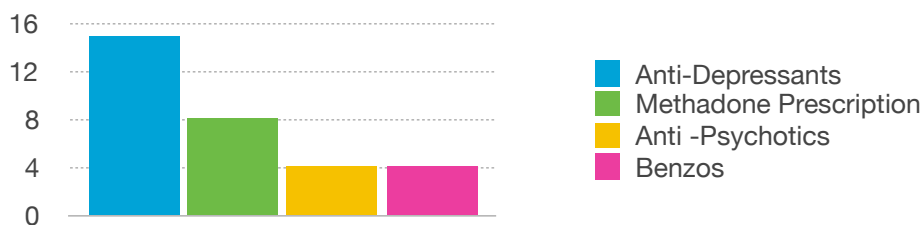
If yes, are you receiving any treatment and / or take medication for these conditions?

52 respondents:

Yes 32% No 68%

What form does the treatment / medication take and for how long?

17 respondents:



88% (15 respondents) reported taking anti-depressants 4x daily between 1-3 years. Many said they were forgetting to take them or were on and off a prescription. 47% (8 respondents) said they were on a methadone prescription. 23% (8 respondents) said they were prescribed anti-psychotics or benzodiazepines.

Psychiatric health costs

Costs:

Antidepressant drugs - cost of 1 year's treatment

From £110- £3,000 15 people at low average £200 per person = £3000

Antipsychotics – maintenance doses (adults with psychosis) - cost of 1 year's treatment varies depending on the drug - cost between £118-£620 annually. The average cost for 4 people is £1,200

Hypnotics and anxiolytics (Benzodiazepines)- cost of 14 days treatment 51p to £14. The average cost for 4 people is £40 for 2 weeks. £1,040 annually.

Regional Drug and Therapeutics Centre - Cost comparison charts

There were 8 people on a methadone prescription though there was possibly many more, £5,000 per person, annually = £40,000

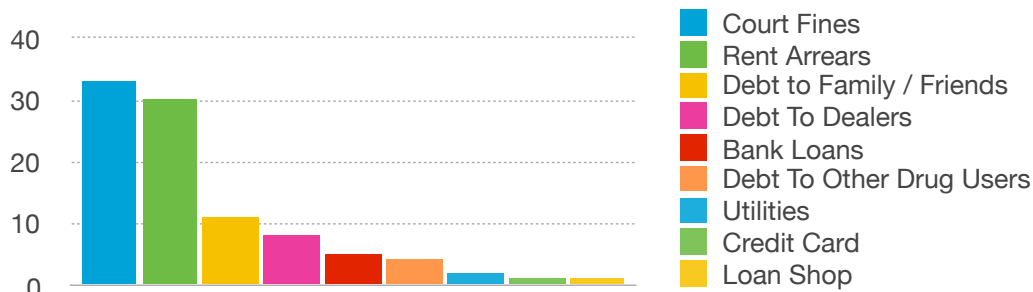
12 people had been admitted to Whiteleaf, some on and off for 1-3 years. 2 people had been sectioned. Low estimated cost of £6,000 per person annually = £84,000

Total estimated annual cost **£129,240**

5.16 Debt & Emergency Funds:

Have you experienced debt problems in the past 12 months?

52 respondents:



63% of respondents reported having court fines. Court fines were mainly for begging, shoplifting and being drunk and disorderly. The other most significant debt reported was rent arrears at 57%.

21% reported debt to family and friends, 15% said they had debt to dealers and 10% reported bank loans.

Other debts included debts to other drug users, unpaid utility bills, credit cards and loan shop debts.

Did you receive any help with them?

52 respondents:

Yes 5% No 95%

The majority of respondents said they had not received help or support with their debt issues.

Costs: Disclosed debt

Court fines	£43,000
Rent Arrears	£17,000
Bank Loans	£52,000
Credit Card	£25,000
Combined Debt	- £137,000

5.17 Are you in receipt of benefits?

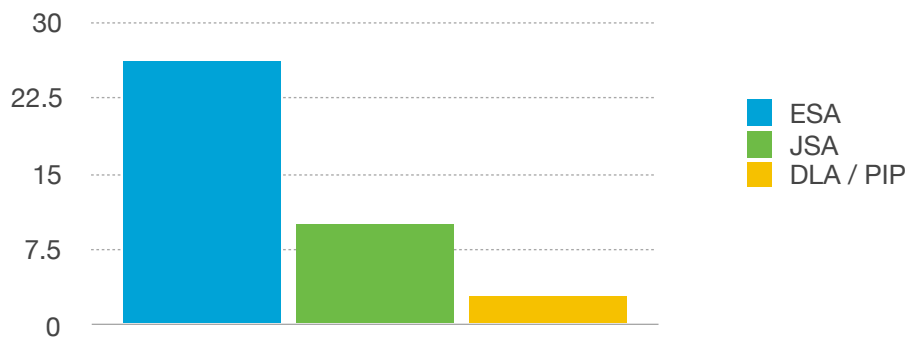
61 respondents:

Yes 64% No 36%

Over 64% of respondents said they were on benefits. The majority reported being in receipt of ESA and JSA, 7% said they were on DLA / PIP. Most benefits were acquired when accommodated or obtained through a service which provided an address.

If yes, which benefit?

39 respondents:



66% (28 respondents) said they were in receipt of ESA, 26% reported JSA and 7% on DLA/ PIP) Most benefits were acquired when accommodated.

Less than 6% reported begging, 14% admitted to shoplifting mainly food and clothes when not available and one person was still working.

All Europeans identified said they were not on any benefits.

“I can’t improve my life without an address. Need an address to get a job.”

Costs: Benefit costs:

ESA at £80 a week for 28 respondents = £116,480 a year
Job Seekers Allowance at £64 a week for 10 respondents = £33,280 a year
Personal Independence Payment (PIP) £55 a week for 1 respondent = £2,865
DLA Disability Living Allowance £57.45 for 2 respondents = £5,974

Total **£157,599** (this excludes DWP overhead costs of attending appointments, employment advice and job-related training).

If you're not on benefits, why not?

39 respondents:

13% of respondents said the reason they were not on benefits was because they had missed their appointments and 20% said it was because they had no address.

5.18 Have you used emergency numbers at Bucks County Council in the past 12 months?

57 respondents:

Yes 3% No 97%

Most respondents said they had not used BCC emergency numbers in the past 12 months.

5.19 Are you aware there is an emergency fund?

61 respondents:

Yes 6% No 94%

Only 4 participants said they were aware of the emergency fund provided to those in hardship and only 2 said they had accessed it.

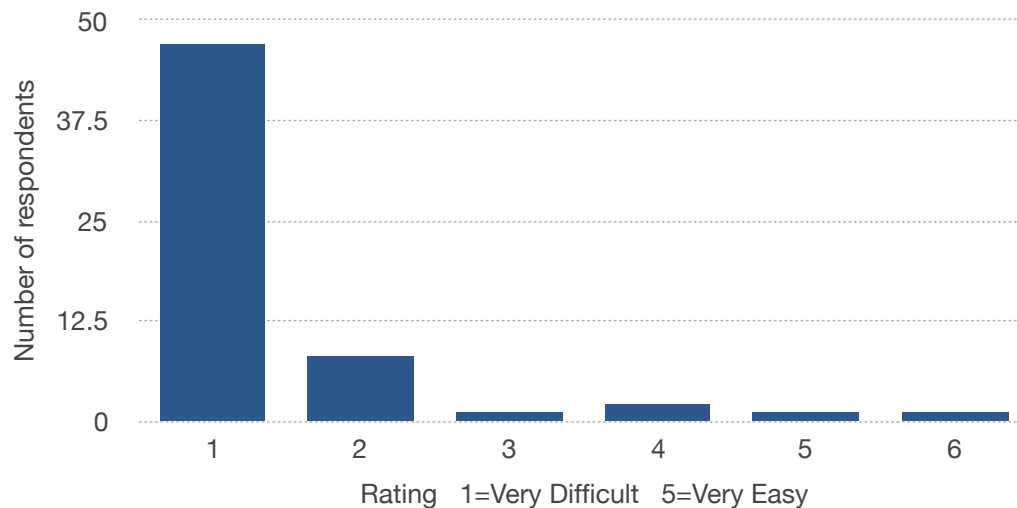
“When people are homeless it takes ages for the processes to go through - this is not helpful when people are living out on the streets.”

Costs: Grand total estimated cost: **£2,224,139**

6. Access to housing in Aylesbury

6.1 Is it easy to access housing support in Aylesbury?

60 respondents:



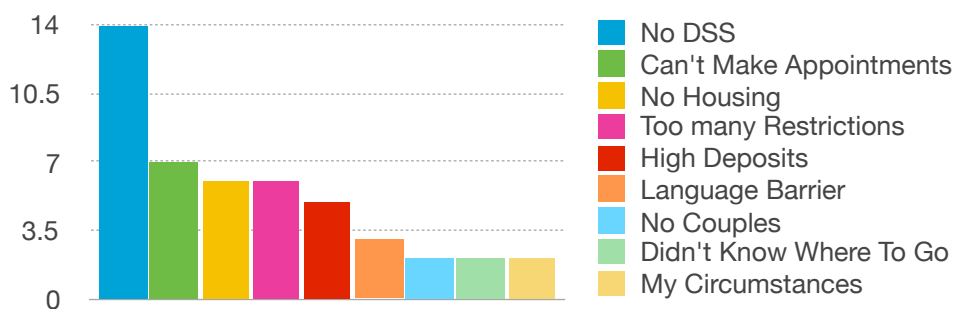
6.1.1 Access

Just over 78% (47 respondents) said they thought housing support was very difficult to access in Aylesbury.

“There are too many restrictions, too many hoops to jump through.”

If difficult, why?

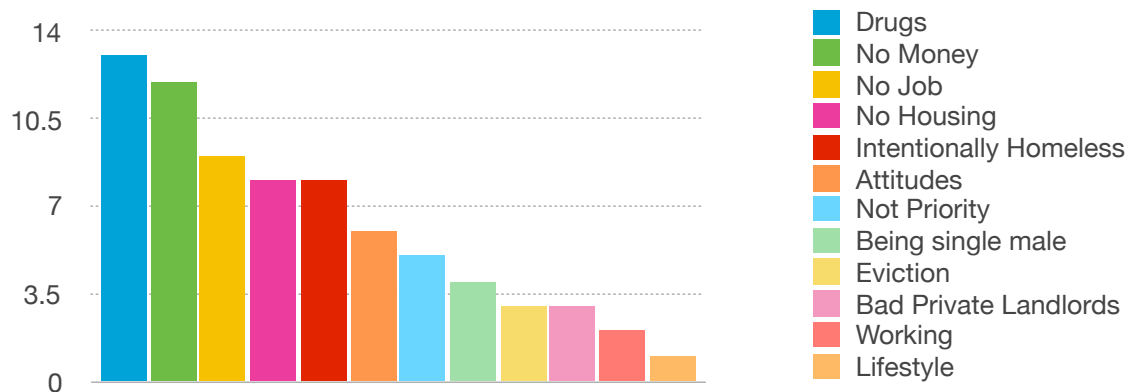
47 respondents:



30% of respondents said they thought the majority of private landlords did not take DSS. 13-14% said barriers preventing them from accessing housing were not being able to make appointments, too many restrictions or lengthy processes in place, high deposits, language barrier or there was just no housing.

6.2 What do you feel has led you to your current situation?

57 respondents:

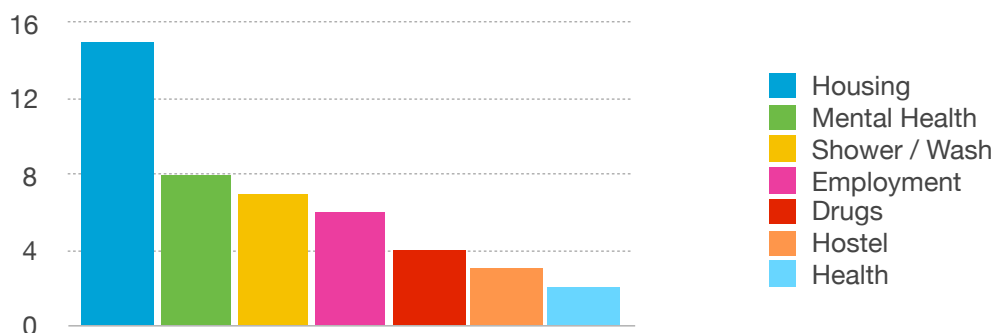


A range of reasons were given. Drugs, lack of money, lack of employment, no housing, negative attitudes towards homeless people and being made intentionally homeless were the most cited reasons that participants felt had led them to their current situation.

“If I was housed I would get work. It’s impossible to be housed without money and impossible to get money without a job.”

6.3 What type of support do you feel would help you?

45 respondents:



33% of respondents said they thought they needed more support with housing and mental health. Many wanted daily access to a shower and washing facilities, help in gaining employment, support with drug use and health and somewhere to store belongings. Only 3 respondents thought a hostel would be a good idea.

6.4 Any other comments you wish to make?

“I’ve only heard of floating support through word of mouth, I had no idea how to get referred to them.”

“I will shoplift food if I do not have access to it.”

“I’m really worried about staying in the Lodge because it’s common knowledge that everyone gets kicked out.”

“Want affordable housing and a service that actually works with homeless people.”

“I will not get housed because services think I’m a drug user.”

“Aylesbury could do with trained staff in a supported housing project.”

“I’m on Bucks Home Choice but do not have access to a computer.”

7. Key recommendations

7.1 Key strategic

7.1.1 Partnership approach

A transparent, partnership approach is needed to address the problems associated with homelessness in Aylesbury and greater Aylesbury area. All services need to work together due to the complex needs of the client group.

7.1.2 Homeless strategy

A homeless strategy needs to be developed that involves all stakeholders. This should include drug and related agencies, youth services and homeless projects, police, probation, AVDC, community engagement, psychiatric and health services, churches (The Link) and other relevant partners and agencies.

7.2 Key operational

7.2.1 BBV's, infection control, needle exchange and disposal

Further screening and medical support is necessary for the prevention, detection and treatment of infections and spread of BBVs.

7.2.2 Access to a daily shower / washing facilities

Respondents need access to a shower and washing facilities on a daily basis with no strings attached.

7.2.3 Targeted, outreach housing and welfare rights advocate

Many respondents found it very difficult to access housing or get support for this. As well as housing issues many were in debt with court fines and previous rent arrears. There were also respondents who were recently homeless and would have been able to maintain a tenancy with low level support.

7.3 Housing solutions

7.3.1 Private landlord scheme

A private landlord scheme that supports people with complex needs to maintain a tenancy. Services could then be offered at a time when individuals are more willing to engage.

7.3.2 Hostel

A large hostel would be high cost and considering Aylesbury is a small town this may create a visible hostel culture and attract more homeless people to the area.

7.3.3 Young adults

Youth Concern run a Nightstop scheme and use host families to accommodate young adults aged between 16 to 25 for a short period of time. Staff have the right skill set to work effectively with the homeless in general and are well placed to provide training for other services. More suitable accommodation should be explored for young adults.

7.4 Services and partner agencies

A transparent, strategic partnership approach is needed to address the problems associated with homelessness in Aylesbury and greater Aylesbury area. All services need to work together due to the complex needs of the client group. This means homeless projects and relevant agencies need to engage with churches, local business (if not already done so) and other bodies that are helping the homeless.

Any solution would need to work with the majority of drug and alcohol users who are currently homeless, however, drug services have very little housing provision and would need to work closely with other partners involved in the strategy to reduce the problem in the area.

7.5 Basic needs

Respondents need access to a shower and washing facilities on a daily basis with no strings attached. It is difficult to seek employment without being able to brush your teeth and have a wash in the morning. A shower at the Vineyard would be of benefit.

People need more than one hot meal a week, the majority of respondents were underweight, suffered stomach pains and were not getting a full nights sleep. Lack of sleep and food will prevent many from shifting their lives from the basics of just surviving to becoming a valued member of society.

7.6 Health / mental health

Hepatitis C was identified in this group and there was a lack of injecting hygiene with some users injecting in pitched tents (see Bucks Service User Consultation 2015). Possibly one of the highest costs, second to having children in care, is the medication and treatment to 'cure' Hep C. However the virus can be contracted again after treatment if needles or other equipment are shared - this could potentially ramp up further costs if Hep C is left unchecked. Further screening and medical support is necessary for the prevention, detection and treatment of serious infections and the spread of BBVs.

Dual diagnosis work, and mental health work in general, needs developing in relation to homeless people, some of whom were experiencing severe depression, psychotic episodes and suicidal thoughts. A few had attempted suicide on several occasions and had no access to their medication. Care pathways need improving between drug and alcohol services on the one hand, and mental health services on the other.

7.7 Housing and debt advocacy

Many respondents reported that it was very difficult to access housing or get support for this and there were respondents who could have maintained a tenancy with low level of support. As well as housing issues many were in debt, mainly with court fines and rent arrears.

Some form of adequate accommodation that can support clients with complex needs should be considered. A private landlord scheme such as Response in Oxfordshire (or something similar), which has a long history of providing mental health support and care services, may be an option.

A low threshold housing and welfare rights advocate should be considered, ideally someone with experience of drugs and alcohol and working with vulnerable clients with complex needs. Instead of office-based appointments the advocate would need to pick up clients from churches, homeless projects, drug services, Griffin Place, cafes and other places / services homeless people may go. However, without a working solution to the overall homeless issue this intervention may have limited impact in this area.

8. Conclusion

A number of research studies have attempted to calculate the total costs of homelessness. Estimates of the annual expenditure to government from these studies range from £24,000 to £30,000 per person. This report found that 61 respondents were costing approximately £2.2 million per year, nearly £37,000 per person.

Costs associated with supporting somebody with multiple needs can be considerably more if they are homeless and not properly supported. Up to £407,500 per person in extreme cases (August 2012 Department for Communities and Local Government). Therefore, the spend could be much higher as full psychiatric and criminal justice costs were not factored into this report due to the time limitations of the project. The situation with young adults was also not fully explored.

A large percentage of respondents presented with a combination of physical illness, mental health problems and substance use. The majority of these individuals were directed towards private landlords and temporary accommodation and it seemed that many would then become evicted. It appeared the cost of these failed tenancies was mainly being absorbed by private landlords.

Though a high percentage of respondents reported that they were evicted only a few had gone to court. This may indicate that private landlords might be evicting tenants without going through court or the tenant did not attend because they had nobody to advocate for them or/and lacked the mental capacity to negotiate housing issues such as rent arrears.

A single homeless person (i.e. with no dependent children) is unlikely to be judged a 'priority need' for housing, unless they are deemed particularly vulnerable. Some respondents interviewed were unable to articulate their vulnerability, at times some would hide it and refuse to acknowledge they were homeless when they were clearly sleeping in areas with no access to running water, sanitation or heating.

Finally, it is granted that many of the costs outlined in this report would be there if the respondents were accommodated, so while there might be costs of supporting somebody with multiple needs whether they are homeless or not, being homeless will inevitably add to these costs.

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