Better Homes, Better Care, Better Health

One of a series of Pathway Policy Papers to inform the next decade of healthcare

Gill Leng

Pathway
Homeless & Inclusion Health

Faculty
For Homeless & Inclusion Health

About the author

Over the past 27 years working in local government, housing, health, care and criminal justice systems across England, Gill Leng has sought to enable everyone to have a home in which to ‘start, live and age well’. She held national homes, homelessness and health adviser positions in Public Health England and MHCLG in the period 2014-2022, and has also worked for the NHS, the Local Government Association, and the Healthy London Partnership. She is a Trustee of the Nationwide Foundation.

Acknowledgements

Josh Davies, Nationwide Foundation

Christa Maciver, Just Life

Mel Cant, Mel Can Training

Richard Turkington, Housing Vision

Jane Cook, Groundswell

Caroline Shulman

Gill Taylor

Dee O’Connell, Pathway

Alison Bearn

Summary

- The housing crisis is having a significant impact on health. This is particularly true for people in inclusion health groups, facing an impossible trifecta of housing precarity, destitution and poor health.

- Their housing situation directly affects their access to and experience of healthcare, and their health outcomes. Access to GP care can be wrongfully denied without proof of address, for example, and continuity of care is difficult when faced with frequent, unplanned moves.

- Despite these clear links, sound evidence, and various policy attempts to drive integration between health and housing, meaningful integration remains elusive.

- Local authority funding cuts, rising demand pressures on all sides and difficulties in workforce recruitment have all acted as barriers, leading to missed opportunities to prevent poor health, reduce homelessness and relieve pressures on the NHS.

- The NHS 10-year Plan, new homelessness strategy and long-term housing plan are major opportunities to bring a coherent approach to the two major crises facing our country, driving integration across health and housing. Action should include pooling funding to create single budget to achieve the outcomes of better homes and better care for people in inclusion health groups, and providing the infrastructure all localities require to enable a shared understanding of the housing, health, care and support needs of people in inclusion health groups.

What is inclusion health?

Inclusion health is a growing field of research, activism, clinical practice, and care devoted to improving health and social outcomes for the most excluded groups in society. Although much early impetus focussed on improving health services for people experiencing homelessness, over the last 15 years the concept of inclusion health has expanded to cover a range of groups where extreme social and economic exclusion creates extreme health risks and health harms.

The degree of risk and harm observed in inclusion health groups falls far below even the depressing ‘normal’ range of health inequalities in British society. Disease prevalence rates can be up to 50 times higher than in the general population and mortality gaps between inclusion health groups and the average can be 30 or 40 years. Inclusion health groups can be defined by this observed extreme distance from the general population in terms of health status.

People in inclusion health groups include people experiencing homelessness, Gypsy, Roma and Traveller people, people engaged in sex work, vulnerable migrants and people in contact with the Criminal Justice System. There is a strong body of evidence of what works to improve health and care for these groups: NICE published guidance on homelessness in 2022 and NHS England produced a national inclusion health framework in 2023, but there is an ‘implementation gap’. The good practice evidence is available but all too often that evidence is ignored or only followed spasmodically.

Introduction

The Government is seeking to build an NHS fit for the future: shifting hospital to community, treating sickness to prevention and embracing digital transformation. Whilst Lord Darzi's NHS review recommendations echo this, Darzi also draws attention to the housing crisis, highlighting the significant impact that homelessness and poverty have on health outcomes, the increase in homes with damp problems, and noting the link with poor mental health.

It makes sense then for the Government's NHS 10-year Plan, strategy to end homelessness, and long-term strategy for housing, to commit to shared ambition and outcomes for better health through better homes. Together, there is an opportunity to provide the right conditions for people and places to come together, and for health, care and support, housing[1] and homelessness workforces to feel safe and confident in meeting people where they're at, understanding what matters to them and enabling integrated solutions to improve health, wellbeing and home outcomes.

But where to start when we're facing crises in health, social care and housing systems and services?

This paper suggests we begin with people in inclusion health populations: not only do they experience significantly poorer health than people living in the most deprived communities, with associated crisis use of the NHS; their living environments are the least healthy, safe and suitable, with homelessness in all forms the common experience[1]. There is an opportunity to not only improve outcomes for people now. By acting to fill the gaps between siloed systems and services that people in inclusion health populations experience, often from childhood, we will all benefit: from better quality health care and better use of the public purse; from NHS, social care and housing workforces feeling that they are making a difference and are valued; from better homes.

The home environment for people in inclusion health populations

In 2021, 17.5 million people were estimated to be affected by the housing emergency, including people living on the streets, in temporary accommodation or in fear of losing their home, and people living in unsafe, overcrowded, unsuitable and poor-quality homes[2]. This situation has worsened: the number of households facing homelessness, including children, in 2023/24 is the highest on record[3]. Our housing system is in crisis[4].

[1] The housing workforce includes occupational therapists, environmental health practitioners, people working in housing options, in improving housing accessibility, in developing and managing homes and delivering housing and support services.

Within these numbers are people in inclusion health populations, whose health, care and support needs are often multiple and complex for services to meet, and who routinely experience the poorest home environments, presenting further risks to their health, wellbeing and safety. Precarious homes are the common experience, isolating people from their support networks, increasing vulnerability to harm from others, and affecting mental health and wellbeing amongst people who likely have a history of traumatic experiences, and feel profoundly unsafe.

- People leaving prison or people with criminal records face barriers to accessing a home. Between April 2022 and March 2023, 16.7% of people released were not housed at point of release. Three months later, 24.5% of people were not housed. Many people experience homelessness, and evidence suggests some people reoffend simply to return to prison[5].

- People granted refugee status routinely find themselves homeless and seeking help from local authorities and the voluntary and community sector. Refugee homelessness rose by almost 350% in the period January-March 2024, compared to the same period in 2023. Rough sleeping is common amongst people refused asylum[6] [7].

- In many instances of modern slavery, victims reside at the place of exploitation, or their accommodation is provided or known to their trafficker; escaping modern slavery means risking homelessness. In 2021-22, only 29% of survivors (506 people) who had moved on from support were living in secure and stable homes[8].

- Unable to access social or affordable homes, migrants, people seeking sanctuary and those who survive trafficking are not only exposed to homelessness; there is reliance on low-quality housing in the private rented sector, which is often older and poorly maintained, and unaffordable[9].

- Sex workers are more reliant on the ‘shadow’ private rented sector: people here feel unprotected by statutory authorities, are more vulnerable to exploitation and potentially dangerous landlords, alongside poorer housing conditions. Temporary accommodation intended to alleviate homelessness, for example refuges, often excludes sex workers for their ‘complex needs’[10] [11].

- Gypsy and Traveller communities experience several challenges to having their home needs met. 3,658 unauthorised caravans were reported in England in January 2024, an increase of 36% since 2013, and there are poor living conditions on some Traveller sites, including isolated locations, a lack of basic amenities and overcrowding[12].

For people in these populations, their 'home' directly impacts on their access to, experience of, and outcomes from health care, and health care inequalities. For people in inclusion health populations, where people live should be considered a matter for healthcare public health: the application of public health sciences to the planning, commissioning and provision of healthcare services, and an NHS function[13].

Access to health care

Living in a precarious situation can affect someone's capacity to access health care alongside many other barriers, which include:

- Access to health care can be denied (wrongfully) if someone has no proof of address[14].
- Moving address at short notice is often not by choice and can be to another area. Responsibility for transferring to new healthcare lies with the household, and this may not be easy to do; households, including those with children, are 'lost' to health and other services[15].
- Different health and care services operate different thresholds for access; someone receiving services in one location may find they're unable to access the equivalent in a new area. People may be asked to join a waiting list, which may be longer than that they were on previously. Someone may move home again before their needs are assessed or met[16].

Experience of health care

If poor living circumstances are not understood and acknowledged in the care and treatment provided, this may impact on the experience of health care. Such circumstances could include:

- Prescribing medication requiring refrigeration or safe storage when this isn't available at home. For example someone may be living a B&B or in shared accommodation with people who are not known to them[17].
- Expecting someone with a mental health condition to manage stress whilst living in a shared, noisy and chaotic, house with strangers[18] [19].
- Offering a technology-based solution when someone cannot afford electricity or Wi-Fi or does not have the space at home[20] [21] [22].

As more health care moves into the community, and there is greater use of technology, experiences of health care – if people's living circumstances are not acknowledged and acted on – may worsen.

Outcomes from health care

It follows that if there's not an understanding of the impact of living circumstances on the patient's ability to follow a treatment plan, this will not have the desired effect. At the same time, if not acted on, living in precarious, unhealthy, unsafe and unsuitable homes will likely exacerbate someone's health conditions, particularly mental ill health, and lead to new ones.

Policy Background

Since 2006, the vision for the NHS has been to shift care closer to home; people want the greater independence, choice and control that this enables[23]. But what consideration has been given to the home, and how this environment affects people's access to, experience of and outcomes from health care? Evidence suggests very little, particularly in housing and homelessness policies.

Health and care policy suggests an understanding of a relationship between the home, health and wellbeing, and that there are opportunities in integration.

The 2014 (revised 2018) 'improving health through the home' memorandum of understanding, to which the Department of Health and Social Care, MHCLG and NHS England were signatories, committed to joint action with national housing and homelessness bodies[24].

Furthermore, the Care Act 2014 and Health and Care Act 2022 describe housing as a 'health-related service' and provide the framework for integration. The 2022 Act requires Integrated Care Boards to consider the integration of health services with the provision of

health-related services where it would improve the quality and outcomes of health service provision and reduce inequalities in access and outcomes.

Housing and homelessness policy has not, however, reflected the same understanding. At the heart of this has been the absence of a national housing strategy and a strategy to end homelessness[25]. There has been no national systematic consideration as to where people live, their health and wellbeing, and the impact of unsafe, unhealthy, unsuitable and precarious homes on the NHS and other public services.

Existing housing and homelessness legislation falls short. The Homelessness Reduction Act (HRA) 2017 has been shown to be ineffective in enabling homes and health integration for better outcomes, especially for people with more complex and multiple needs[26] [27].

2018 and 2022 Rough Sleeping Strategies and the Changing Futures programme focused primarily on individuals, many of whom have multiple needs. These acknowledged the significant health issues experienced and some funding has been made available to some localities, although the short-term nature of funding has affected outcomes. However, learning from this investment has not yet translated into housing and homelessness policy supportive of sustainable integration[28] [29].

Locally, integrating health and housing has been a challenge. Examples of positive practice are despite the environment, and at continuous risk from disinvestment. Over the last 14 years:

- Councils, with statutory housing and homelessness responsibilities, have seen significant reductions in funding, including for the cost-effective jointly (with the NHS and Probation) commissioned housing-related support services which enabled independence[30]. Councils are increasingly facing bankruptcy owing to the cost of temporary accommodation[31].

- Housing and homelessness service providers, many in the voluntary and community sector and drawing on charitable funding to maintain provision, are struggling to meet increasing demand, and increasing acuity amongst service users.

- Retention and recruitment in the housing and homelessness workforces is a challenge. Local capacity and capability to strategically plan and commission is insufficient.

- There are fewer, but larger, housing providers, and many no longer deliver care and support services. Smaller and community-based housing and support providers may be better equipped to meet specific and diverse needs but face barriers[32].

With the public sector under pressure, people who have a combination of home, health, care and support needs are increasingly passed from one agency to another, enabled by lack of clarity and gaps in the legislation across these and other systems such as immigration, the low level of legal literacy in the workforces, and lack of legal advocacy. These are issues raised time and again in safeguarding adult reviews, but this learning has not yet led to systemic change.

What works in integrating homes and health?

The evidence-based NICE 2022 guideline 'Integrated health and social care for people experiencing homelessness' states that we should 'recognise that providing accommodation suitable for the person's assessed health and social care needs can support access to and engagement with health and social care services and long-term recovery and stability'[33].

The guideline suggests that:

- In planning and commissioning, housing commissioners should work with health and social care to plan and fund multi-disciplinary services, and should recognise that people move between areas, and institutions.
- In terms of accommodation there should be a range, suitable for varied needs, such as self-contained accommodation and accommodation with specialist onsite support, for people who are particularly at risk or who might otherwise benefit from higher levels of support.
- In terms of service provision, housing professionals should be part of multi-disciplinary teams acting as expert teams, providing and co-ordinating care across services, with support available to people through transitions between settings.
- For individuals, homes should be considered in comprehensive assessments of health and social care needs, with assessments undertaken with input from expert professionals, including housing.

It is essential people with lived experience are central to the planning, design and delivery of home, health and care integration, and that this extends to what homes, and support to live at home independently, should look like.

Recommendations - Better homes, better care, better health

The following recommendations are for the Government's NHS 10-year Plan, long term housing plan and the Cross-Government Homelessness Strategy. Where it is suggested that localities should be required to act, this acknowledges that localities need additional investment. That said, there are actions that localities could choose to take to improve health outcomes for people in inclusion health groups through homes, health and care integration.

1. Provide a single budget to achieve the outcomes of better homes and better care for people in inclusion health groups, with a view to improving their health and wellbeing, and to reduce health inequality.

- A single and longer-term budget would allow localities to plan and deliver more effectively, and would also enable oversight of considerable investment across housing, health and care and related services. Learning would be more easily identified.
- There's learning from similar integrated budgets, for example the Better Care Fund, the Supporting People programme, and there is also learning from the national Learning Disability and Autism programme.
- The single budget should pool NHS healthcare spend with spend directed to local government through a multitude of relevant programmes, for example those targeted towards people sleeping rough and people leaving prison, and welfare spend, for example intensive housing management.
- Such a budget should set out with the intent that, over time, learning and funding will enable a shift to prevention. However, this assumes that action is also taken to prevent and reduce the number of people in inclusion health groups who need such an approach, for example action to reduce child poverty, family and youth homelessness.
- There are challenges to understanding what size of budget is needed; addressing these should be part of the shift to the single budget approach, for example by providing localities with the resources and tools to assess need (see recommendation 5).

2. Require localities to develop integrated home, health and care strategies (supported by the single budget), with an initial focus on people in inclusion

health populations and other related populations the government has already prioritised, for example people with a learning disability and autistic people.

- The previous Government's Adult Social Care white paper proposed such a strategy, alongside an initial £300m Housing Transformation Fund – some of which would fund some capacity to progress towards such a strategy, for example through understanding of local needs.
- In the shorter term, localities should be resourced to develop an inclusion health market position statement (such as that required by the Care Act 2014). This should reflect a position shared across those working in health, care, housing and homelessness, and related areas such as justice and immigration. It would provide a more dynamic and more widely communicated understanding of the population's needs.
- Government guidance to the supported housing plans outlined in the Supported Housing Act 2024, and funding, needs to be supportive of integration with health care.

3. **Routinely assess the impact on people in inclusion health populations of:**
   a) **All national housing/home related legislation and policies, for example, welfare, and programmes, for their impact on access to, experience of and outcomes from healthcare, care and support.**
   b) **Health, care and support legislation, policies and programmes, for their impact on people whose living circumstances are precarious, unhealthy, unsafe and unsuitable.**

- Existing evidence of the impacts of lack of alignment between, and gaps within, housing and homelessness, health and care, immigration and welfare legislation, should inform the development of an assessment tool.
- Assessments must consider the interaction between housing and other relevant policy to identify the combined impact, unintended consequences and trade-offs.
- Assessment should also be required of local housing, health, care and support policy development and delivery; this requires investment in local housing capacity and capability.
- As with health and health inequality impact assessments, such an approach should be adopted early in policy and programme development, with mitigations identified and acted on.

- With an initial focus on people in inclusion health populations, the assessment should over time increase awareness and understanding of the impact of the home on others' health and wellbeing.

4. **Invest in people, specifically:**
   a) **In housing leadership capacity and capability, and public health, to enable integration, with an initial focus on people in inclusion health groups.**
   b) **In housing and homelessness workforces, through their inclusion in national NHS and social care workforce planning and development. This approach should also be a requirement of localised health and care workforce planning and development.**

- An immediate priority is to invest in housing leadership at geographies that will most likely be effective in enabling homes, health and care integration for people in inclusion health groups. This could be at ICS, NHS provider, sub-region or other cross-authority, or 'place' level. It will be essential that leadership roles are jointly 'owned' by the NHS and local government, with individuals feeling safe, supported and free to lead and inform change across all systems.
- Invest in public health expertise to effectively support and develop housing and homelessness capacity and capability locally, enabling integrated systems leadership, services and workforces.
- Culture change in the NHS and in social care is needed to optimise the experience and expertise of housing and homelessness professionals who are effectively supporting people in inclusion health populations. These workforces also need appropriate recognition and reward.
- In developing the Government's 10-year Plan for the NHS and strategy to end homelessness, there's an opportunity to the homelessness workforce to progress into NHS and social care roles (in theory there should be less need for a homelessness workforce).

5. **Provide the infrastructure all localities require to enable a shared understanding of the home, health, care and support needs of people in inclusion health groups.**

- To see improvements sooner rather than later for people in inclusion health groups requires the Government to provide the right conditions for homes, health and care integration.
- A starting point will be to mandate routine enquiry, reporting and sharing of people's housing circumstances (including notification of homelessness to all relevant services), supported by appropriate investment in workforce development and the IT infrastructure.
- In the medium term, develop and implement a common identification and assessment tool to be used by all relevant frontline workforces, drawing on experience and evidence from the delivery of MEAM, Fulfilling Lives, Changing Futures programmes, and from the 2003 Every Child Matters 'national framework for local change'.

6. **Develop a long-term strategy that ensures equitable access to affordable, healthy, safe and suitable homes. For people in inclusion health groups this would mean:**

- Providing the 90,000 social homes a year needed [34], with accountability in place to understand progress, and the extent to which people in inclusion health populations are benefitting.
- Improving the private rented sector, with a particular focus on the shadow PRS.
- Enabling additional housing to meet a range of needs, including for people who need long-term support such as specialist and supported housing and Housing First.
- Where temporary accommodation is needed, improve standards, provide wrap-around support to households and offer reasonable adjustments, for example help with transport costs.[35]

Lived Experience Perspective

Mandy Pattinson, Lived Experience Programme Manager, Pathway

The reality around housing facing those suffering social exclusion is detrimental to their health outcomes. If the NHS is to improve health outcomes for those experiencing homelessness, housing must also be included in the conversation. For too long, the issue of

homelessness has been overlooked, but it is the foundation of a healthy environment, and every person on this planet yearns for that sense of belonging that home brings. Still, some of the most vulnerable people in our country are being denied adequate support to secure and maintain a home.

As mentioned in the paper, people are still being unfairly denied access to healthcare for having no proof of address or not being within a certain catchment area. People are being discharged from hospital, prison and care to the streets, which is both unethical and ultimately costly.

The climate is grim for those whose health is affected by not having a home, with their mortality rates reduced and frailty rates increased. We need a healthcare system that prolongs a person's life.

There are solutions that have been researched, explored, and made public by many amazing charities along with the essential voices of lived experience. It is now time for the NHS and the Government to start to listen and learn from these voices.

As detailed in Gill's paper, a more holistic way of working is clearly needed. The lack of integration between housing and health is costing lives. If we create a unified strategy on housing and health, with the NHS taking some responsibility for the housing of those with no home, we will in time save our country millions. By providing safe homes we will bring about better health outcomes and reduce unnecessary repeat visits to Primary and Secondary Care.

Specialist Homeless Health Teams in hospitals can provide health and housing support and solutions. Pathway's own Partnership Programme of hospital teams have demonstrated that this method works in helping to improve outcomes for people often deemed chaotic or hard to reach by other services. Key to this success is an awareness that this chaos often originates in a place that the person themselves struggles to reach: trauma. We must focus fully on the human level of care.

References

[1] FEANTSA (2005) ETHOS typology of homelessness and housing exclusion. Available from https://www.feantsa.org/en/toolkit/2005/04/01/ethos-typology-on-homelessness-and-housing-exclusion

[2] Shelter (2021) Available from https://england.shelter.org.uk/media/press_release/17_5million_people_now_impacted_by_the_housing_emergency_

[3] Crisis (2024) Record number of households facing homelessness across England. Available from https://www.crisis.org.uk/about-us/crisis-media-centre/record-number-of-households-facing-homelessness-across-england/#:~:text=New%20figures%20from%20the%20Ministry,are%20now%20homeless%20in%20England.

[4] Homes for All (2024). A vision for England's housing system. Available from https://homesforall.org.uk/wp-content/uploads/2024/05/01_05_24_Homes-for-All_A-Vision-for-Englands-Housing-System.pdf

[5] MoJ (2023) Accommodation on release. Available from https://assets.publishing.service.gov.uk/media/64774c0d5f7bb700127fa262/Accommodation_Ad-Hoc_publication.pdf

[6] JRS (no date). Destitute and in danger. Available from https://www.jrsuk.net/destitute-and-in-danger-report/

[7] Commonweal (2024) Available from https://www.commonwealhousing.org.uk/housing-injustice-facing-migrants-sanctuary-seekers-and-trafficking-survivors-intensifies-at-transition-points

[8] https://www.commonwealhousing.org.uk/static/uploads/2023/10/FINAL-HTF-Whole-Housing-Approach-to-modern-slavery-REPORT.pdf

[9] Brown, P (2024). What are the key areas of injustice at the intersection of the migration, asylum and trafficking system(s) – and how can housing solutions address these? Available from https://www.commonwealhousing.org.uk/static/uploads/2024/09/FINAL-report-30.09.24.pdf

[10] National Ugly Mugs (2024) Housing and Racialised Sex Workers. Available from https://nationaluglymugs.org/wp-content/uploads/2024/08/Housing-and-Racialised-Sex-Workers-NUM-2024.pdf

[11] Spencer, R, Reeve-Lewis, B, Rugg, J, Barata, E (2020) Journeys in the shadow private rented sector. Available from https://ch1889.org/wp-content/uploads/2023/11/JourneysintheShadowPrivateRentedSector-FullReportAugust2020.pdf

[12] UK Government (2024) Traveller Count January 2024. Available from https://www.gov.uk/government/statistics/traveller-caravan-count-january-2024/count-of-traveller-caravans-january-2024-england--2

[13] DHSC (2024) NHS public health functions agreement 2023-2024. Available from https://www.gov.uk/government/publications/public-health-commissioning-in-the-nhs-2023-to-2024/nhs-public-health-functions-agreement-2023-to-2024

[14] Groundswell. 'My right to health care'. Available from https://groundswell.org.uk/resources/healthcare-cards/

[15] APPG Households in Temporary Accommodation (2023) Call for evidence findings: summary, analysis of themes and call to action. Available from

https://householdsintemporaryaccommodation.co.uk/wp-content/uploads/2023/01/APPG-Call-For-Evidence-Findings-Report.pdf

[16] NHS Information and support for families. Available from https://www.nhs.uk/nhs-services/armed-forces-community/families-support-information/#:~:text=If%20you%20move%20home%20due,area%20you%20are%20moving%20to

[17] Homeless Link (2022) Managing Medication briefing. Available from https://homelesslink-1b54.kxcdn.com/media/documents/Managing_Medication_briefing_Dec2016.pdf

[18] Just Life (2020) Hidden homeless exposed: disability in temporary accommodation. Available from https://www.justlife.org.uk/news/2020/hidden-homeless-exposed-disability-in-unsupported-temporary-accommodation

[19] APPG Households in Temporary Accommodation (2023) Call for evidence findings: summary, analysis of themes and call to action. Available from https://householdsintemporaryaccommodation.co.uk/wp-content/uploads/2023/01/APPG-Call-For-Evidence-Findings-Report.pdf

[20] Good Things Foundation (2020) How digital can help improve wellbeing in the homelessness sector. Available from https://www.goodthingsfoundation.org/discover/digital-inclusion-resources/learning-and-skills/doing-digital-how-it-can-help-improve-wellbeing-in-the-homelessness-sector

[21] Groundswell (2024) Digital inclusion and exclusion. Available from https://groundswell.org.uk/wp-content/uploads/2024/02/Listen-Up-Insight-3_Digital-inclusion-and-exclusion.pdf

[22] Groundswell (2020) Digital primary care: bridging the gap for people experiencing homelessness. Available from https://groundswell.org.uk/wp-content/uploads/2020/08/Listen-up-Digital-primary-care-workshop-1.pdf

[23] DHSC (2006) Our health, our care, our say: a new direction for community services. Available from https://www.gov.uk/government/publications/our-health-our-care-our-say-a-new-direction-for-community-services

[24] UK Government (2018) Improving health and care through the home. Available from https://www.gov.uk/government/publications/improving-health-and-care-through-the-home-mou

[25] Homes for All (2024) A vision for England's Housing System. Available from https://homesforall.org.uk/wp-content/uploads/2024/05/01_05_24_Homes-for-All_A-Vision-for-Englands-Housing-System.pdf

[26] MHCLG (2020). Evaluation of the Implementation of the Homelessness Reduction Act: Final Report Available from https://assets.publishing.service.gov.uk/media/5f68c436d3bf7f723618781c/Evaluation_of_the_Implementation_of_the_Homelessness_Reduction_Act_Final_Report.pdf

[27] Pathway (2024) Beyond the ward: exploring the duty to refer in hospital settings. Available from https://www.pathway.org.uk/resources/beyond-the-ward-exploring-the-duty-to-refer-in-hospital-settings/

[28] Cornes, M., Tinelli, M., Clark, M., Coombes, J., Harris, J., Burridge, S., Robinson, J., & Wittenberg, R. (2024) *Evaluation of the Out-of-Hospital Care Models Programme for People Experiencing Homelessness* Available from https://www.kcl.ac.uk/research/oohcm-evaluation

[29] MHCLG (2024) Evaluation of the Changing Futures programme. Third Interim report. Available from https://assets.publishing.service.gov.uk/media/66fe697930536cb927482b7c/Changing_Futures_Third_Interim_report.pdf

[30] UK Government (2009) Research into the financial benefits of the Supporting People programme. Available from https://assets.publishing.service.gov.uk/media/5a78e3dd40f0b62b22cbd9c5/1274439.pdf

[31] New Economics Foundation (2024) Cost of housing homeless people skyrocketing for councils. Available from https://neweconomics.org/2024/04/cost-of-housing-homeless-people-skyrocketing-for-councils

[32] National Housing Federation (2024) Supported housing in England: Estimating needs and costs to 2040. Available from https://www.housing.org.uk/globalassets/files/supported-housing/report---nhf-need-for-supported-housing.pdf

[33] NICE (2022) Integrated health and social care for people experiencing homelessness. Available from https://www.nice.org.uk/guidance/ng214/chapter/recommendations#people-experiencing-homelessness

[34] Bramley, G. (2018) Housing supply requirements across Great Britain: for low-income households and homeless people. London: Crisis and National Housing Federation

[35] APPG Households in Temporary Accommodation (2023) Call for evidence findings: summary, analysis of themes and call to action. Available from https://householdsintemporaryaccommodation.co.uk/wp-content/uploads/2023/01/APPG-Call-For-Evidence-Findings-Report.pdf