

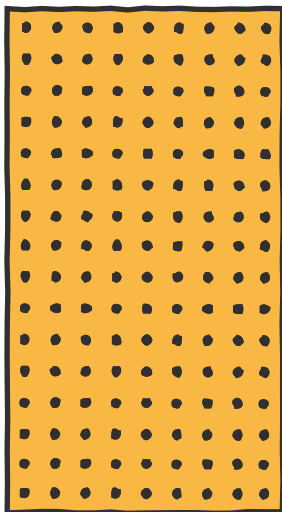
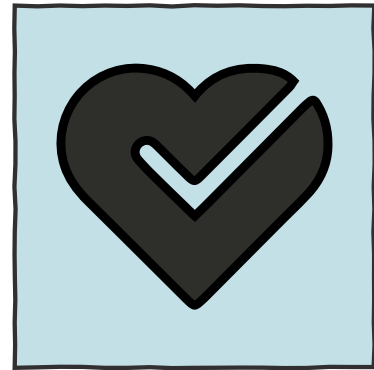
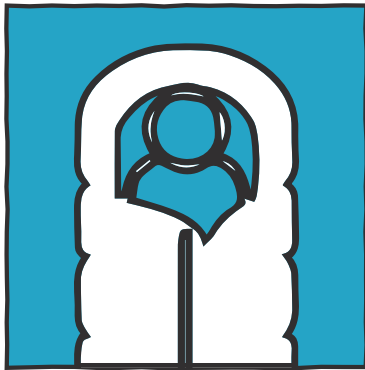
# Benefits for Health

Exploring the connection between welfare,  
health and homelessness

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## Executive summary

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**Groundswell**  
Out of homelessness

  
Trust for London  
Tackling poverty and inequality

# Executive summary

Benefits for Health is a research study exploring how health and welfare systems are experienced by people who are homeless and how these two systems intersect and impact on their lives. The study, conducted by Groundswell, was led by researchers with experience of homelessness and engaged 242 people who are currently experiencing homelessness in London, whose stories were collected using focus groups, case studies and one-to-one survey-based interviews.

The Benefits for Health study shows how the relationship between health and welfare benefits for people who are homeless is complicated. Due to a tightening of eligibility criteria and conditionality, the process of applying, receiving and maintaining benefits has a significant impact on the health and well-being of claimants. Additionally, the challenges of navigating the complex benefits system by people experiencing homelessness were common, and individual health factors often played a significant part in exacerbating these challenges. Despite the significant health challenges faced by participants and the health-related benefits and easements that exist to support them, those who are homeless are often excluded from these protections. Due to a lack of flexibility in administrative systems to support the needs of people who are homeless, expectations set do not adequately take into account multiple and complex health and social care needs that may affect the ability to engage with the welfare system. However, for those who were able to claim and maintain welfare benefits successfully, this had a positive impact on their health and wellbeing. This illustrates there is space for health and welfare systems to improve joined-up working to improve the lives of people facing homelessness.

The following section highlights the key findings of the Benefits for Health study:

## **Poor health and issues with benefits are causes of homelessness and are continued challenges for people experiencing homelessness.**

- Many participants (54%) reported that physical and mental health issues and/or addiction contributed to them becoming homeless and 20% cited issues with benefits as a cause of homelessness.
- Where benefits issues were cited as a contributing factor in causing homeless, 60% of participants also cited mental and/or physical health issues as contributing to them becoming homeless.
- The health profiles of the participants showed a significant proportion (83%) were either experiencing poor physical health and/or mental health.

## **Challenges in navigating the benefits system were common, and often ill-health or disability was a cause or contributing factor that further embedded these issues.**

- The process of claiming benefits was highlighted as a key challenge by participants; 65% of participants agreed with the statement; “being able to claim benefits when I was homeless was difficult”. The application process, easements and adjustments were often not adequately explained or applied to claimants.
- Often participants felt they were not on the correct benefits for their high health and wellbeing needs.
- Unrealistic expectations were placed on participants in order to maintain benefits.
- Physical and mental health issues often exacerbated the ability to manage claims successfully. For example, participants missed or were late for appointments because of ill-health.
- Challenges maintaining claimant commitments caused sanctions. Of those who were receiving benefits, 28% had been sanctioned in the past 12 months, and over half of these were sanctioned for more than four weeks.

## **Welfare challenges had a significant impact on the health and wellbeing of people experiencing homelessness.**

- For many participants, their income from benefits was reported not to be enough to live healthy lives. This was particularly important for those who were currently sanctioned or had deductions from their benefits. Over a third (35%) of participants reported that they received less than £300 a month.
- Often the requirements placed on claimants who are homeless do not account for individual circumstances including how being street homeless or unstably housed can impact the ability to stick to their claimant commitment.
- Participants commonly shared how ‘benefits stress’ was a constant reality when homeless and was amplified due to sanctions, work capability assessments, providing proof of ill health and the stress of adhering to claimant commitments.
- Sanctions and delays in payments caused participants significant stress resulting in participants not being able to eat and in some cases, engaged in activities that were not good for wellbeing. For example, some participants went hungry, stole or needed to beg.
- Participants shared examples of where the limited trust they had in the welfare system impacted on their engagement with broader health and social care system. For instance, a negative experience with the DWP influenced the perception of other support services and vice versa.

## **Despite high health needs, challenges in accessing healthcare were common among participants and were often exacerbated by challenges with benefits.**

- Use of emergency care was common; a third (37%) having accessed accident and emergency care in the last 12 months, and 27% had been admitted to hospital in the past year.
- Misunderstandings around requirements for benefits in terms of accessing health care were common. For example, participants were not always aware of their entitlements when receiving benefits and challenges with proving receipt of benefits meant some participants were unable to access medication and other health services.
- Among all participants who had accessed or tried to access, 52% had challenges accessing dental care, 43% accessing an optician and 41% accessing prescribed medication from a pharmacy.
- Managing competing priorities in terms of health and social care support could often be a challenge. It can also mean that people experiencing homelessness may miss out on essential care and services.

## **The benefits and health systems could be working in a more integrated way for the benefit of the health of people who are homeless.**

- Participants shared examples of where staff at the Jobcentre had been supportive. However, only 36% of participants felt the staff were knowledgeable about homelessness.
- Being in receipt of the “right” benefits was felt to have a positive impact on the health and wellbeing of participant.
- The importance of good relationships with staff at the Jobcentre is key to maintaining trust in the “benefits system” and also the broader social care system.

The Benefits for Health project, including this study, has been funded by Trust for London, an independent charitable foundation who aim to tackle poverty and inequality in London.

# Recommendations

Based on the findings of the Benefits for Health research and what participants have told us needs to change we suggest the following recommendations for welfare and health systems to better support the health and wellbeing of people experiencing homelessness.

**The Department of Work and Pensions (DWP) and Jobcentre Plus should ensure that claimants who are experiencing homelessness are on the right benefits and have appropriate easements in place.** Steps should include:

- **Consider homelessness as a health need.** The realities of homelessness mean that there is a high likelihood that people experiencing it will face physical and mental health challenges. By acknowledging this in policy and day-to-day decision making it will help claimants to access the appropriate benefits and flexibilities.
- **Increase the adoption of health benefits.** Health related benefits and health components of Universal Credit (UC) should be made easier to access for people experiencing homelessness. Many people experiencing homelessness are highly likely to meet the criteria for these benefits, but face challenges in making claims or demonstrating incapacity due to their situation. DWP staff should work with support providers for people who are homeless to ensure claimants are on the right benefits.
- **Moderate the use of sanctions and deductions.** Sanctions and deductions can have a serious impact on an individual's health and wellbeing and should not be applied to claimants whilst they are homeless. In cases where they are applied, there should be a full review of the impacts they would have before decisions are made, including ensuring they do not put people at risk of homelessness.
- **Appropriate and proportionate evidence.** DWP needs to reassess requirements and evidence required for work capability assessments, Personal independence Payments (PIP) assessments and health components of UC so they are appropriate and proportionate.
- **Accessible information and communications.** Information provided whether written or person-to-person should be accessible to people who face literacy challenges, who live with learning difference and/or who have challenges communicating and accessing information due to their housing situation and/or support needs.

**Measures should be taken to improve the quality of service provided by the DWP and Jobcentre Plus to better support people experiencing homelessness.** Steps should include:

- **Homelessness training.** Training should be delivered for frontline DWP staff to understand the challenges people who are homeless may face accessing and engaging with benefits and healthcare, including raising awareness of local homelessness services. This training should be led and designed by people with experience of homelessness and delivered face-to-face or online.
- **Greater awareness of flexibilities and easements.** DWP should also ensure that all frontline staff are aware of the flexibilities and easements that can support those at risk of or experiencing homelessness. These include alternative payment arrangements, budgeting support and the use of flexible support funding.

- **Specific Point of Contact (SPOC).** Each Jobcentre Plus should have a SPOC who has undertaken enhanced training around homelessness and has a comprehensive understanding of the needs of people experiencing homelessness in relation to benefits. They will provide support to Jobcentre staff who are working with people experiencing homelessness. The SPOC should also be responsible for building partnerships with homelessness services.
- **Identifying health and housing need.** Job coaches and other claimant facing DWP staff should actively engage claimants around their housing situation and health and wellbeing needs; this information should be recorded on DWP systems. The DWP should consider developing a method to identify triggers in DWP systems that would mark people at risk of homelessness including, health and wellbeing factors.
- **Engaging appropriate support around health and housing needs.** If health or housing needs are identified the claimant should receive specific support and advice according to their needs. Jobcentre staff should work with the specific point of contact to:
  - **Refer and signpost to support.** Claimants should be linked to appropriate health and wellbeing support and if they are homeless or at risk of homelessness to support including local authorities (in line with the Homelessness Reduction Act).
  - **Provide information and resources to access healthcare.** Job Coaches should issue health and wellbeing packs with information on local health services and entitlements to care e.g. free prescriptions, dental care, eye tests and vouchers for glasses and financial support to get to health appointments. These resources should be explained to the claimant and questions answered.
  - **Providing evidence.** If the claimant has faced challenges around proving entitlement to healthcare or proof of address, a proforma letter that outlines the benefits (and therefore entitlements) or includes proof of address/ID for registration should be provided.
  - **Flexibility in support.** The DWP should ensure that Jobcentre staff have flexibility in the length of time they have to support claimants in delivering the above steps.
- **Health and wellbeing in claimant commitments.** The claimant commitment should be personalised to the needs of the claimant and coordinated with support provided by other specialist organisations. When it is reviewed at each appointment, the health and wellbeing and housing situation of the claimant and their impact on the ability to meet commitments should be discussed. If health and wellbeing needs are identified, the claimant could be set tasks around accessing primary care to meet these needs (e.g. registering with a GP). For claimants who are able and available for work activities, tasks relating to health and wellbeing should be included instead of those relating to finding employment like 'job searches'.

**National government should ensure that benefits are ample to be able to support the health and wellbeing of people experiencing homelessness and wider society. Benefits should cover the cost of living.** Steps should include:

- **Increased income from benefits.** The basic rate for UC has been increased for a year in response to the COVID-19 pandemic and should remain indefinitely as a bare minimum required to live a healthy life. The increase should also be extended to people on legacy benefits such as Job Seekers Allowance.
- **Benefit cap lifted.** The benefit cap should be lifted to enable claimants to benefit from increased payments.
- **Local Housing Allowance (LHA) at the 30th percentile.** To ensure people do not need to pay the shortfall between their housing benefit and rent LHA should be maintained at the 30th percentile.

**Health and social care workers need to be better informed of the rights and entitlements of people who are experiencing homelessness around benefit entitlements and access to healthcare.**

Steps should include:

- **Awareness of homelessness benefits rights and entitlements.** Support workers working with people experiencing homelessness should be provided with training and clear information that ensures that they are aware of access to benefits, easements and mandatory reconsideration.
- **Information for primary health care providers.** Healthcare workers in primary care (including those working in dentistry, pharmacy, optometry and General or Community Practices) should be provided with training and clear information on health entitlements for benefits claimants around entitlements to 'pay-for' health services (prescriptions, glasses, dentistry).

**The Ministry of Housing, Community and Local Government and the Department of Work and Pensions should ensure that data is captured on benefits usage for people experiencing homelessness. Many of these recommendations presented would be more effectively implemented and monitored by gathering and sharing data to better support those experiencing or at risk of homelessness.**

In addition to our own recommendations we fully support the reforms to the welfare system comprehensively put forward by Crisis<sup>12</sup>, Turn to Us<sup>3</sup>, Shelter and those on welfare conditionality put forward by Welfare Conditionality<sup>4</sup>.

# References

- 1 Crisis. 2020. Introducing flexibility to the benefit cap to prevent and end homelessness. Found at, [https://www.crisis.org.uk/media/243136/crisis\\_benefit-cap-policy-briefing-doc\\_final.pdf](https://www.crisis.org.uk/media/243136/crisis_benefit-cap-policy-briefing-doc_final.pdf). Accessed 12.10.2020
- 2 Crisis. 2017. Response to the Work and Pensions Select Committee inquiry into the Universal Credit rollout. Found at, <https://www.crisis.org.uk/ending-homelessness/briefings-and-responses-search/response-to-the-work-and-pensions-select-committee-inquiry-into-the-universal-credit-rollout-word/>. Accessed 12.10.2020
- 3 TurntoUs. 2020. Coronavirus: Exacerbating structural inequalities in the labour market and a looming rental crisis. Found at, <https://www.turn2us.org.uk/T2UWebsite/media/Documents/Communications%20documents/Coronavirus-widening-structural-inequalities-June-2020.pdf>. Accessed 12.10.2020
- 4 Welfare Conditionality. 2018. Final findings overview. Found at, [http://www.welfareconditionality.ac.uk/wp-content/uploads/2018/05/40414\\_Overview-HR4.pdf](http://www.welfareconditionality.ac.uk/wp-content/uploads/2018/05/40414_Overview-HR4.pdf). Accessed 12.10.2020



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