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Equalities Considerations for Housing, Homelessness, Health and Care

Insights around housing and homelessness issues that
affect people with protected characteristics

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Context

Healthcare Improvement Scotland's ihub have an ambition to embed considerations on the extent to which home environment impacts health and wellbeing with specific considerations around our improvement and redesign programmes across Scotland.

Some of our previous portfolio of Housing work focused on integration of housing or homeless services with specific areas of care where there was a particular need for housing engagement or involvement. We worked alongside the Chartered Institute of Housing (CIH) and Alzheimer Scotland to develop a Housing and Dementia Practice Framework, which supports housing providers to self-assess and improve what they are doing to support the housing needs of people living with dementia and their carers¹. The ADP and Homelessness programme: Reducing Harm, Improving Care worked with Alcohol and Drug Partnerships (ADPs) and statutory homeless services to address the number of alcohol and drug-related deaths in the homeless population, and understand the access and availability issues for homeless people who require drug and alcohol services².

While gathering the information contained within this resource, five themes of inequality came up for multiple protected groups:

- Access to care within the home at the end of life,
- The impact of the home environment on mental health and wellbeing,
- The role of unpaid carers in supporting a suitable home environment, and the impact that caring has on the home of unpaid carers,
- The role that the health and care system has to prevent homelessness, and
- The ability to maintain a suitable home environment due to cost of living and the prevalence of fuel poverty in Scotland.

How to use this resource

Our ongoing work has highlighted the importance of addressing inequalities in an integrated way that cuts across health, care, housing and homelessness. We have developed this resource to provide a baseline understanding of key housing and homelessness inequalities in Scotland, and where they intersect with inequalities in health and care. It is intended as a reference to be picked up as needed across a wide range of policy areas within health and care. We hope that by providing this information as a whole it will not only provide insight on

the experience of specific protected groups relevant to these policy areas, but also highlight the intersectional impact of housing inequality for multiple groups.

In order for this to add value in our activities we have ensured the considerations outlined here can inform and be added into Equality Impact Assessments (EQIA), where relevant to the impact of specific programmes. Alongside this written resource, a visual summary of key themes that impact people with each ‘characteristic’ has been developed.

Aims

We have an ambition that the considerations laid out in this resource will empower health and care programme leads to know when to seek out housing and/or homelessness expertise to improve outcomes, reduce inequalities and add value to existing health and care redesign or improvement work.

This ambition is articulated in more detail in our three aims:

- To support those, who design and deliver redesign and improvement programmes, to understand the key housing and homelessness issues that affect people within protected groups, and how working collaboratively with housing and/or homelessness services could impact people’s health and wellbeing,
- To provide insights on some of the key health and wellbeing issues that contribute to, are associated with, or could be directly caused by, housing instability and/or homelessness, and
- To showcase examples of when health, social care and housing services have worked together to improve care, within the home, for people with protected characteristics.

What we mean by ‘characteristics’

The ‘protected characteristics’ included in this resource (shown in Figure 1) align with those identified in the Equality Act 2010³ and support our duties as a ‘Public Authority’ listed in the legislation. In light of the Fairer Scotland Duty 2018⁴, the Islands (Scotland) Act 2018⁵ and The Promise Scotland⁶ — which set out responsibilities of public bodies to reduce inequalities of outcome caused by socioeconomic disadvantage, have regard to the specific needs of island communities and support the needs of care experienced people (respectively) — socioeconomic status, island communities and care experience are also included here as ‘characteristics’ that we take account of in our work. The information within this resource is derived from a variety of sources that may describe ‘characteristics’ or sub-groups within ‘characteristics’ differently from one another. Efforts have been made for this resource to

maintain consistency and reflect 'characteristics' as defined by the above legislation, but this may not always be possible.



Figure 1. The twelve characteristics that are considered in this resource. This includes the nine protected characteristics outlined by the Equality Act 2010, and three additional characteristics taken into account in light of the Fairer Scotland Duty 2018, the Islands (Scotland) Act 2018, and The Promise Scotland.

Introduction

Where we live and call home matters. Our ability to be well, recuperate, and be cared for where we are most comfortable is of huge importance to us all. The evidence that housing availability, security and quality are all well-known factors in long-term health and wellbeing outcomes continues to grow. The COVID-19 pandemic evidenced the implicit understanding that we all need somewhere safe to be cared for alongside this our understanding of what drives inequality grew.

The move to delivering care within the community began as early as 1998 with the publication of *Modernising Community Care: An Action Plan*, by the Scottish Executive. This has an emphasis on “joined up” services and set out the ways in which local authority housing and social services, health boards, NHS Trusts and Scottish Homes^{a, b} could work together more effectively to improve community care services. In the same year, *Housing for Varying Needs* provided guidance on good practice in the design of all housing, taking a barrier free design approach to ensure newly-built, refurbished or adapted buildings provide flexibility, suit people with different needs, are convenient to use and fit for purpose. This guidance continues to be relevant and was then incorporated into the Scottish Government’s *Age, Home and Community Strategy* in 2011^{7, 8}.

Figure 2 outlines the legislative timeline of community-based care and inclusion of housing in health and care in Scotland, culminating in *Housing to 2040* (Scottish Government, 2021), which sets out a route map for the future of housing in Scotland, and includes aims to better integrate the work of housing, health and social care using a person-centred approach⁹. Alongside this, Scottish Government conducted an equality impact assessment and committed to advancing equality of opportunity and housing outcomes for people with protected characteristics¹⁰. The *Healthy Housing for Scotland* report (Public Health Scotland, 2021) outlined the importance of an inclusive approach to housing and healthcare issues, and the value that can be found in considering the multiple and complex needs of marginalised communities¹¹. *Hard Edges Scotland* continued to make this connection between health and wellbeing and the severe and multiple disadvantages that exacerbated these inequalities, including homelessness¹².

^a *Modernising Community Care: An Action Plan* pre-dates integration of health and social care in Scotland in 2016, and terminology used here reflects the legislative structures in 1998.

^b *Scottish Homes* was created in 1989 with a duty to create private housing stock for Scotland and was dissolved in 2001.

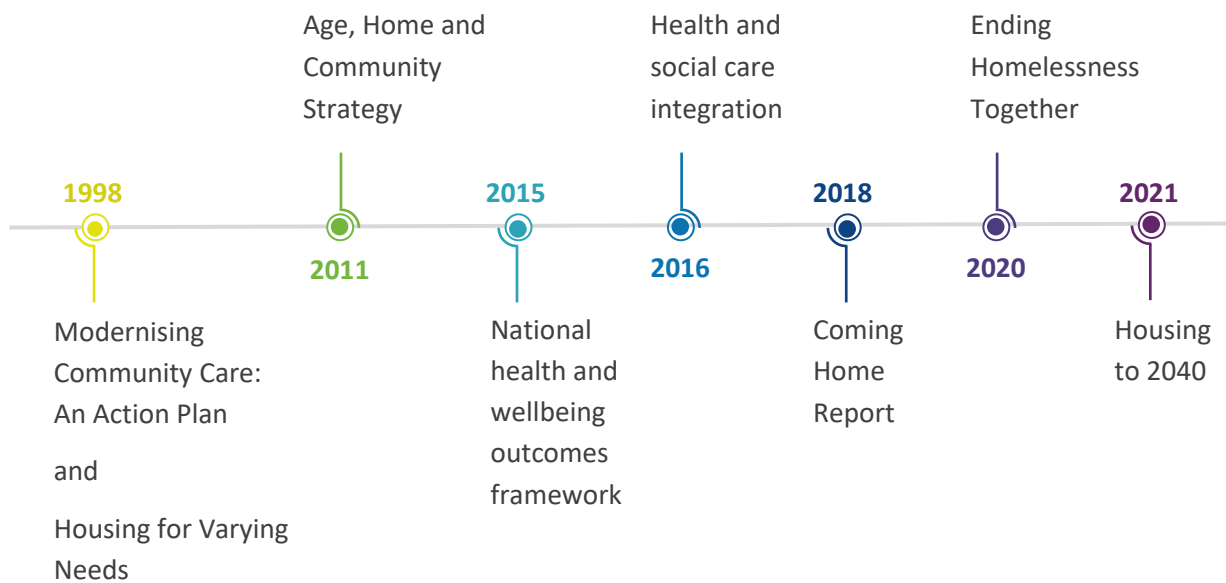


Figure 2. Timeline of Scottish legislation addressing the delivery of care within the community and involving housing in health and care. This cumulates in Housing to 2040, published in 2021.

In Scotland, Homelessness Prevention Duties are expected to be published as part of the Housing bill in 2023, which will set out the responsibilities of the health and care system to identify housing instability and risk of homelessness before people reach a crisis point. A joint public consultation on the duties led by COSLA and Scottish Government was concluded in 2022, which highlighted the requirement for public bodies to ‘ask and act’ about housing when engaging with people and prevent homelessness at an early stage¹³.

Recommendations

We acknowledge that the integration of housing and/or homelessness considerations within health and care is a complex task, and improvement or redesign programmes will use the information provided in this resource in different ways, and to different extents. Programmes that work at the point of care or in design of new service models may consider the specific housing needs of the population directly served by these services. Conversely, programmes that work to understand care pathways or create capacity and improvement culture within the health and care system may require a focus on how housing or homeless services are integrated into the health and care strategic planning or policy landscape.

To this end, Figure 3 lays out four key recommendations for how these considerations could be used to best inform integration and begin to build an inequalities-focused evidence base surrounding housing and/or homelessness within the health and care sector.





-  On completion of programme EQIAs, take into account the inequalities in housing and/or homelessness that people impacted by the programme may face
-  In programme planning, consider where housing and/or homelessness may be a key driver of outcomes to reduce inequalities
-  Consider where housing and/or homelessness services may add value to your programme governance or advisory functions
-  Engage with housing and/or homelessness policy leads to ensure housing related challenges, improvements and priorities are articulated and integrated with health and social care objectives and priorities

Figure 3. Four recommendations for consideration of housing and/or homelessness in health and care improvement and redesign.

Inequalities experienced by people in protected characteristic groups



Age: Older People

By 2043, the Office of National Statistics predicts the number of people over the age of 75 in Scotland to be 757,000, around 14% of the total Scottish population¹⁴. The proportion of households predicted to have a highest or sole earner over the age of 75 is 23%, whereas in 2018 this was just 14%. A further 20% of households will have a highest earner between the ages of 60 and 74. Older people are also more likely to live alone than young and working age people (National Records of Scotland¹⁵), which has particular implications for the design of health and social care services that support older people within their own homes.

As people age and/or develop age-related conditions, and their lifestyles change as a result, both their housing and healthcare will need to adapt to a range of different needs. Multi-morbidity, when people live with multiple long-term conditions, becomes much more prevalent as a person gets older¹⁶. Research at the University of Glasgow outlines the inequalities surrounding issues that people with multi-morbidity face with a high treatment burden and high demand on the health and social care system¹⁷, as well as the complexity of their needs from their home environment. Health-related adaptations to existing housing in Scotland was a major concern for the majority of stakeholders in the Scottish Government's Housing to 2040 consultation in 2019/20¹⁰, and this led to a commitment to improve the quality of homes and streamline the process for home adaptation for older people, enabling them to live independently for as long as possible⁹. In 2021 panel research conducted by Age Scotland, deterioration in health was a likely motivation for older people to move home, although the majority would prefer adaptations to be made to their existing home to accommodate their changing health needs instead¹⁸. This is associated with a sense of community and safety in their current home neighbourhood.

Older people require considerations about their home environment in order to be well within their community. 94% of older people in Scotland (Age Scotland, January 2022¹⁹) said that they were worried around fuel costs and being able to heat their home effectively. There is a wealth of evidence linking a cold home to many health conditions²⁰ — including pneumonia, complications associated with age-related conditions like high blood pressure and arthritis, and an increased risk of damp and mould in the home leading to respiratory issues. Older

people are also particularly vulnerable to falls and other frailty-related injuries²¹. Small preventative home adaptations such as handrails and fall motion sensors enable them to live independently in their homes for longer.



Age: Children and Young People

The most recent data shows that 30% of homeless households (2022)²² and 25% of households living in social housing (2017)²³ in Scotland include children. In addition, young people in the 18-24 age bracket make up 20%²⁴ and 5%, respectively. Aberlour Children's Charity reported that in 2020/21, 1 in 5 children were living in poverty in Scotland²⁵. The Royal College of Paediatrics and Child Health (RCPCH) recognises housing as a core determinant of health inequalities in children and young people²⁶.

97% of young people were worried about the cost of living in 2022, and the End Child Poverty coalition set out recommendations based on this data that children and young people need social security that rises alongside inflation, equity in education and income, and better housing opportunities²⁷. Children and young people are particularly vulnerable to living in low-quality or temporary housing that is generally more affordable, and their health and expected long-term health outcomes are significantly impacted by this. This has been associated with an up to 25% increased risk of respiratory illness, infections and mental health issues during childhood²⁸. Two-year old Awaab Ishak's death from severe respiratory condition caused by black mould in Greater Manchester in 2020²⁹ has prompted a national conversation on the link between housing and health, particularly in young childhood. A 2020 review conducted by the Shared Health Foundation also found that all aspects of a child or young person's health – and demand on health and social care services – throughout the rest of their life could be impacted by the condition, quality or stability of their home during childhood³⁰. The NSPCC demonstrated in 2014³¹ that housing services are often in a unique position to identify child welfare issues such as domestic abuse, neglect or unsuitable conditions – for example, they conduct regular inspections of family homes, or receive complaints from neighbours about noise and disruption. By working together, the housing, health and care sectors have an opportunity to improve childhood living conditions, as well as long term health and wellbeing outcomes.

Homelessness during childhood can be a traumatic experience that affects life-long health and wellbeing. In 2019, Information Services Division (ISD) Scotland conducted a mixed-method health needs assessment of children experiencing homelessness in the NHS Lanarkshire board area³². They concluded that homelessness is a traumatic Adverse

Childhood Event (ACE) that can affect a person's health and wellbeing throughout their life, and that homeless children are also more likely to experience other ACEs. They often experience poorer physical and mental health than their housed peers, and were significantly more likely to be referred to CAMHS (Children and Adolescent Mental Health Services), although were less likely to attend appointments. Key recommendations arising from this work included the acknowledgement of inequalities in health outcomes faced by children experiencing homelessness, and the need for joint working across homelessness, health, care, schools and other public services that interact with homeless children.

23% of homeless households in Scotland include young people aged 16-24, and this figure is only 12% of households in the general Scottish population²⁴. A Way Home Scotland³³ identified the specific needs of young homeless people face in Scotland – they are in a transitional period from childhood to adulthood and are still experiencing cognitive, social and emotional development, so they have very different needs from the general adult homeless population. A report by the Local Government Association (LGA) in England in 2017³⁴ outlined some of the complex barriers that young homeless people face when accessing public services – including in their access to health and social care. They show how poor mental health can be both a cause and a consequence of homelessness; up to 70% of homeless young people have mental health problems and 33% self-harm. This in itself can be a barrier to accessing social welfare, including homelessness provisions³⁵. Cyclically, poor experiences with services can contribute to mental health difficulties, demonstrating that the complex combination of needs faced by young people should be addressed by holistic support and collaboration between housing, health, care and other public services.



Care Experience

Care experienced young people can have an increased chance of encountering issues that can lead to housing instability or homelessness. Young people raised by a legal guardian are often provided a myriad of care and support by parental figures and other social support networks throughout early adulthood – whether accommodation, financial support, or social and emotional support. Care experienced children and young people, however, are much more likely to have moved between foster homes, communities or neighbourhoods multiple times throughout their childhood and may not have had as much opportunity to build a support network or relationships with trusted adult figures³⁶. The Scottish national average age for young people leaving their parental home is 25; in contrast the average age a young person leaves a care placement is between 16 and 18³⁷. Evidence gathered by The Foster Network in 2019 shows that, although foster carers are often keen to stay in touch with care experienced

young people as they move on, they do not feel well supported to do so, meaning care experienced young people may lose access to any trusted adult figures in their lives³⁸.

Local authorities and NHS boards have a responsibility to care experienced children and young people to be “corporate parents” until the age of 26^{39, 40}, including provision of both targeted healthcare⁴¹ and access to resources, information and funds to navigate the housing and rental market⁴². However, in 2021, a survey conducted by Homeless Link found a 53% increase in rough sleeping among care experienced young people from the previous year³⁵, indicating a growing problem of care experienced young people not accessing the support provided for them.



Disability

There is a shortage of accessible and adapted housing in Scotland, particularly in social housing. In 2018, Horizon Housing Scotland reported that only 0.7% of local authority housing and 1.5% of housing owned by registered social landlords was accessible to wheelchair users, when around 3.6% of households across Scotland include a wheelchair user^{43, 44}. Due to barriers to employment, disabled people are more likely to live in social housing, which is more affordable than private renting or home ownership. A freedom of information request to Scottish local councils in 2023 found that there are over 20,000 disabled people on social housing waiting lists in Scotland, over double the 10,000 noted by the Equality and Human Rights Commission in 2018⁴⁵. Housing to 2040 set out a commitment to increase the stock of accessible housing across Scotland⁹.

In 2018, the Equality and Human Rights Commission found that 55% of Scottish local councils did not have the appropriate funding for housing adaptations⁴⁵. For both the housing and health and social care workforces, there are significant risks and legislation surrounding the provision of support for disabled people within their own homes, including physically moving and handling people if needed. In 2012 Scottish Government published the Common Sense Approach⁴⁶, which aims to avoid misunderstandings or assumptions about disabled children and young people’s physical support needs and take a person-centred approach to balancing the risks to both the person and the worker, while prioritising the wishes and wellbeing of the individual.

Thousands of disabled people are living in institutions, out of sight and at risk of restrictive treatment or abuse, with significant delays to discharge⁴⁷. In 2022, Scottish Government set out a Coming Home Implementation Framework⁴⁸, a publication supported by Inclusion Scotland in an open letter that shared their ambition to improve care for people with complex

needs and address the competing issues around out-of-area placements and delayed discharging⁴⁹. While costing people their dignity and independence, delay to discharge can also lead to significant costs to the NHS or local authority. Inpatient stays for people with learning disabilities were estimated to cost around £48m in 2018/19, and the cost of beds taken up by delayed discharge of people with learning disabilities and/or enduring mental health conditions was estimated at £16m (averaging £252,000 per person). In contrast, the annual cost of a complex package of care in the community for people with learning disabilities is estimated to range from £108,000 to £201,000, and may also include a larger role of support for unpaid carers in the person's life⁴⁸.

Inclusion Scotland advocate for the provision of appropriate, accessible housing for disabled people after discharge – in their own community or area and with equal access to community services. This aligns with the Convention on the Rights of Persons with Disabilities (CRPD Article 19, United Nations) right to living independently and being included in the community⁵⁰. Whether through adaptation of existing homes, or building new accessible and affordable housing within a range of communities, it will be vital for health and care services to engage and collaborate with the housing sector in implementing this framework.

The Housing Rights Watch reported in 2018 that disabled people are at an increased risk of becoming homeless, with major factors in this including social stigma and discrimination, poor access to social supports including financial support, and a lack of accessible and affordable housing stock⁵¹. A 2014 health audit conducted by Homeless Link in England⁵² found that 41% of people experiencing homelessness have long-term physical disabilities compared to 28% of the general population, while 45% of people experiencing homelessness have a diagnosed mental health condition, compared to 25% of the general population.



Gender reassignment

Upcoming research from LGBTQ+ charity Just Like Us demonstrates that LGBTQ+ communities are more likely to experience family estrangement or rejection than non-LGBTQ+ people⁵³. Therefore, young LGBTQ+ adults in particular often need somewhere safe to stay away from family that may not accept them. Many trans^c people experience employment discrimination in Scotland⁵⁴, and so are more likely to experience poverty and live in lower quality, cheaper

^c Throughout this section and this resource, we use 'trans' (short for transgender) as an inclusive umbrella term for those within the legal category of 'gender reassignment'. This protected characteristic includes people whose gender identity does not fully correspond with the sex assigned to them at birth, extending to trans men, trans women, and non-binary people.

accommodation or have an increased risk of becoming homeless. Trans and non-binary individuals face high levels of discrimination across their access to all public services; a study by Stonewall in 2018 found that 20% of non-binary people in the UK have experienced some level of discrimination when looking for a new home, and 41% of trans people said healthcare staff lacked understanding of their specific health needs⁵⁵. 43% experienced discrimination or harassment when trying to access homeless support services, both from local authorities and charities⁵⁶. These experiences can be directly detrimental to mental health or wellbeing issues, as well as deterring people from trying to access other services in the future. Indeed, people across the LGBTQ+ community are consistently underrepresented in statutory homeless data, which is primarily collected by local authorities and homeless shelters when people seek out their services.

Youth LGBTQ+ charity akt published a report in 2021 showing that 64% of homeless trans people experienced abuse of some form from their family members prior to becoming homeless⁵⁶. Discrimination and abuse can have effects throughout a trans or non-binary person's life, for example as a barrier to employment, which is vital without any other financial support for stable housing, food security and health and wellbeing.

In order to make informed decisions about gender confirmation treatment, trans people need access to safe, stable and person-centred medical care. There are currently four NHS Gender Identity Clinics (GICs) in Scotland⁵⁷. Depending on their home location, trans people are often required to travel long distances to receive care, which may not be possible due to financial constraints. In order to receive safe and sustained care throughout a transition, they will also need a stable place to live that is both psychologically and physically safe.



Marriage and civil partnership

Our personal and intimate relationships have a significant impact on our life. People who are married or in a civil partnership are protected by the Equality Act and should not face discrimination or victimisation. These protections extend in the provision of housing and accommodation. Information gathered during the Scottish Surveys Core Questions (SSCQ) in 2018⁵⁸ suggested that people in a marriage or civil partnership are more likely to own or have a mortgage on their home, and so experience more housing stability¹⁰. The Scottish Household Survey in 2019 evidenced an increase in the proportion of adults who had never been married or in a civil partnership from 34% to 36%⁵⁹.

However, 35% of all homeless applications in Scotland in 2021/22 cited violent or non-violent household disputes as their main reason for needing support⁶⁰. Around 50% of all domestic abuse incidents reported by Police Scotland in the same year were at the hand of a current spouse, civil partner or partner⁶¹, and so we can infer that a significant proportion of these homeless applications are a result of relationship breakdown. Research conducted by SafeLives in 2017-2020 shows that health and social care front-line workers have an important role in the disclosure of domestic abuse, providing support and signposting domestic abuse victims to support services⁶² – including temporary housing and refuges.



Pregnancy and maternity

Pregnancy can increase the chances of a person becoming homeless or experiencing housing instability for a number of reasons, for example if an unplanned pregnancy is not accepted by other members of a household. Teenage or young adulthood pregnancy while still living in a parental home could lead to rejection and being asked to leave; 1 in 20 homelessness or housing applications made in 2015 were made by young pregnant women or young mothers⁶³.

Pregnancy and early maternity can make a person particularly vulnerable as they require continuous and sustained health care, which can be very difficult to access without a stable address or in areas with more affordable housing options. 99.7% of RCM-affiliated midwives in the UK interviewed by Channel 4's Dispatches programme 'Born Homeless' had seen homeless pregnant women over a period of 6 months in 2019, and 97% had seen pregnant women who were living in overcrowded or otherwise unsuitable accommodation⁶⁴. Accessing maternity services can often be the first disclosure of pregnancy to a medical professional, making it one of the earliest opportunities for identification of homelessness risk or unsuitable home environment arising from this change in circumstance, and an ideal route for referral to housing supports⁶⁵. The expected Homelessness Prevention Duties as part of the 2023 Housing bill will set out duties for all public bodies in Scotland to identify risk and refer as needed¹³.

The Housing (Homeless Persons) Act 1977, now consolidated into Part II of the Housing (Scotland) Act 1987⁶⁶, gives specific responsibilities to local authorities in the allocation of accommodation to pregnant females. It is important to note that local authorities cannot put households with children and pregnant women into temporary accommodation, which is not suitable, unless exceptional circumstances apply.



Race

The Equality Act (2010)³ includes race as a protected characteristic that covers: colour, ethnicity, and national origin. 11% of the Scottish population are part of a minority ethnic group and the Scottish Government recognises a wide range of ethnic and cultural diversity within this sub-population⁶⁷.

People in minority ethnic groups are at particular risk of moving into poverty in their last two years of life when their health may be deteriorating⁶⁸, and are more likely than white Scottish and British people to be living in relative poverty after housing costs⁶⁷. Stigmatisation, gentrification and displacement all contribute to minority ethnic experiences of exclusion in the housing sector⁶⁹. Multigenerational homes, where children, adults and older adults all live together under one roof, are quite common among some minority ethnic communities. The existing housing stock in the UK is generally aimed more towards smaller, single generation families⁷⁰ and this, combined with lower average income and higher poverty rates for minority ethnic groups⁷¹, means that poor housing quality associated with overcrowding is often more common for minority ethnic families. This can lead to significant inequalities in health – for example, during the COVID-19 pandemic, overcrowding due to multi-generational living was cited as a major factor in increased COVID-19 infection for Bangladeshi and Pakistani ethnic groups⁷².

Research shows that race and ethnicity can be a leading factor in inequalities across all aspects of health and care. Over 60% of Scottish people would prefer to die within their own home⁷³, but evidence suggests that people from minority ethnic groups are much less likely to get this choice. A study in 2015 demonstrated that people from minority ethnic groups diagnosed with terminal cancer are much less likely to die within their own home or a setting of their choice compared to white Scottish and people from other white ethnic groups in Scotland⁷⁴. There is a significant gap in data on older people's aging and housing quality for the minority ethnic subgroup of older people, but some studies limited to specific minority ethnic groups across the UK have found that improved mental health outcomes are associated with diverse and culturally appropriate services being available within people's communities⁷⁵.

Risk of homelessness is high for minority ethnic groups in Scotland and the volume of homeless applications made to local authorities by minority ethnic people has been steadily increasing over the past few years⁷⁶. A Scottish Government study in 2021⁶⁷ identified that this may be caused by reduced awareness within communities of housing procedures, rights, and the services or advice available. Other potential causes include a lack of appropriate

temporary and permanent accommodation within minority ethnic communities, or financial constraints for low-income individuals. There is limited research into the homeless experiences of people from minority ethnic groups in Scotland, although it is understood that there are associations between increased poverty rates, overcrowding and intergenerational living and housing instability for minority ethnic people. The Coalition for Racial and Equality Rights set out recommendations for Scottish Government in their recent (April 2023) publication on the minority ethnic homeless population in Scotland⁷⁶.



Religion or belief

Cross-cultural communication between people using services, their families and the workforce, and understanding of cultural, religious or spiritual beliefs is a vital part of person-centred care⁷⁷. The Care Quality Commission published guidance on culturally appropriate (or culturally competent) care in 2022⁷⁸. This is particularly pertinent within the home or community environment as care service workers need to adapt to the circumstances of a person's home and independence.

Healthcare Improvement Scotland's ADP and Homelessness: Reducing Harm Improving Care Programme conducted interconnected systems mapping and found that support services for people experiencing homelessness are often provided by faith-based organisations, e.g., the Salvation Army, Bethany Christian Trust, Cyrenians, etc. For people of the Christian faith this provides a number of options. However, despite their intention to present a welcoming service for all, the faith-based aspect of these organisations may present a barrier or a perceived barrier to some services for people from LGBTQ+ communities, for people belonging to different religions, or for people of no religion⁷⁹.



Sex

58% of homelessness applications made in 2021/22 in Scotland had a main applicant that was male⁸⁰, suggesting that men are disproportionately more likely to experience homelessness; men currently account for 48% of the Scottish adult population. However we know that women tend not to engage in support from generalist homeless services because their situation is more likely to be driven by fear or abuse, so they are likely largely underrepresented in the statistics⁸¹.

Evidence also suggests that certain groups of women are more likely to experience housing instability, poor housing, homelessness or negative treatment by housing services, partly due to perceived stigma and shame and because homeless services are not designed for women and do not understand or respond to their needs¹⁰. This includes minority ethnic women, disabled women, refugee women, women who have been in the criminal justice system, LGBTQ+ (and in particular transgender) women, older and younger women, women involved in prostitution, lone parents and women with other caring responsibilities.

Scottish Government published Ending Homelessness Together in 2020⁸². The RRTP (Rapid Rehousing Transition Plan) Group are in the process of exploring a gendered analysis of Ending Homeless Together, as well as aiming to embed homelessness as a public health priority in Scotland. Specific elements of the Housing to 2040 route map⁹ seek to address gendered inequalities in housing access, including but not limited to development of a bespoke homelessness prevention pathway for victims of domestic abuse, work to protect tenants experiencing domestic abuse from eviction, and a new Rented Sector Strategy which will ensure the voices with those with protected characteristics help to shape its development.



Sexual orientation

LGBTQ+ people are disproportionately represented in the homeless population and are particularly vulnerable to housing instability due to discrimination and family breakdown⁵⁶. As many as 24% of young homeless people are LGBTQ+, whereas the 2021 UK census estimated that 3.2% of the general population are LGBTQ+⁸³. 77% state that their LGBTQ+ identity was a causal factor in becoming homeless, with 69% of homeless LGBTQ+ young people having experienced violence, abuse or rejection from the family home⁴⁸. A study conducted by youth LGBTQ+ charity akt in 2022 found that there is inconsistency across the social housing sector in staff knowledge and experience of the extent of LGBTQ+ homelessness and housing instability. This showcases the barriers the LGBTQ+ people have to stable and affordable housing, and highlights in particular a need for consistent training for housing support officers around referral pathways to specialist LGBTQ+ services⁸⁴.

Statutory homelessness data collection is often not seen as fully inclusive by LGBTQ+ people; for example in England the statutory reporting does not include an option for “bisexual”, instead limiting respondents to either “straight” or “homosexual”⁸⁵. These experiences can be directly detrimental to mental health or wellbeing, as people are unable to correctly identify themselves, and will often deter people from trying to access other services in the future.



Socio-economic status

Across Scotland there is huge geographic variation across our housing quality and standards which is evidenced in the Housing domain rank within SIMD – the Scottish Index of Multiple Deprivation⁸⁶. There are also widespread health inequalities across the socio-economic spectrum, which can be somewhat identified through SIMD’s Health domain ranking.

Once housing costs are added to basic living costs, there is a 20% increase in people who experience relative poverty⁸⁷. The ongoing cost of living crisis in the UK means that more people are now dipping below the relative poverty line and are struggling to meet housing and living costs. Winter pressures and considerations about fuel poverty, energy efficiency and insulation are ongoing topics in the housing sector. Fuel and heating costs was one of the main factors affecting population-wide wellbeing in the Office of National Statistics’ Winter Survey, published in December 2022⁸⁸. Heating and cooking directly impact the quality of a person’s home on a daily basis, which subsequently impacts their wellbeing; 34% of adults surveyed cited cutting back their heating as a direct negative factor in their health and wellbeing, and 13% of adults mentioned cutting back on cooking costs. The physical condition of a home can directly impact these daily costs: the level of insulation, efficiency of boilers and other essential appliances, etc. The health and social care system can play a role in identifying cold or hard-to-heat homes, for example when visiting vulnerable people during home care visits (NICE guidelines⁸⁹).

Physical condition and disrepair of a home environment also have significant implications for a person’s health. In particular, living in a house with damp and mould leads to respiratory problems, asthma, allergies and can exacerbate existing long-term conditions⁹⁰.



Island communities

There is a well-documented lack of affordable housing, and in particular social housing, in rural and island areas of Scotland⁹¹. The Rural and Islands Housing Fund was launched by Scottish Government in 2016, with the ambition to boost affordable housing in remote and rural areas⁹², and the Scottish Government Affordable Housing Supply Programme is committed to building 11,000 new affordable homes in rural areas by 2032⁹³.

The SFHA (Scottish Federation of Housing Associations) found in 2021 that, while 4.9% of homes in the Highlands, Islands and West area of Scotland are unfit for household need (less than the national Scottish average of 5.2%), 46.4% of these households are unable to afford adequate modifications (the national Scottish average is 33.6%)⁹⁴. Building materials and associated costs for both new housing and health-related housing modifications are more expensive in the islands⁹⁵, making social and affordable housing subsidies from the government more expensive than the equivalent in more densely populated or urban areas⁹⁴.

Lack of affordable housing in small island communities is one of the factors contributing to migration of young and working age people to higher population and urban areas⁹⁶, resulting in knock-on effects for provision of health and social care services. For example – a 2018 report on housing policy and ageing found that rural areas of Scotland are unable to plan the health and social care workforce to anticipate the future needs of the rapidly ageing population^{97, 98}.

There is a clear lack of homeless services in rural and island areas of Scotland; information gathered by the Homeless Network in 2018 found that people often have to move miles from home towns or villages to access temporary housing, meaning that a higher proportion of the homeless population become rough sleepers or sofa-surf to maintain their local support networks⁹⁹. Healthcare Improvement Scotland's Community Engagement Gathering Views report in 2021 found that both people living in rural areas and people experiencing homelessness are particularly likely to experience barriers to accessing and using unscheduled health and care¹⁰⁰. We can infer from this that people experiencing homelessness in rural areas would be more likely to experience multiple barriers including transport and travel costs, and communication between different health services to avoid explaining their situation and needs multiple times.

Intersections in health inequalities

Throughout this resource, we have identified five areas of health, care or wellbeing where there are intersections of inequality across multiple characteristics, and where the home environment particularly impacts health or wellbeing.

End of Life Care

In 2019, Marie Curie⁷³ conducted research that showed 61% of Scottish people would prefer to die in their own home over a care home, hospice or hospital. A major health concern for people as they get older is planning for a comfortable death, surrounded by loved ones. Anticipatory Care Planning¹⁰¹ is a useful tool to help people plan for an expected change in future health and social care needs, reduce unscheduled care and plan for changes in order to help them achieve their goal of staying at home¹⁰².

Many other protected characteristic groups encounter barriers to accessing palliative or end of life care in Scotland, including children, people with physical and learning disabilities, and people from LGBTQ+ communities¹⁰³. Socio-economic deprivation has also been shown to be a major factor in access to palliative care in the home; in 2022, the University of Glasgow conducted research¹⁰⁴ that evidenced people from more socio-economically deprived areas are less likely to die in their own home compared to patients from higher socio-economic areas, and this gap continues to widen in Scotland.

Mental Health and the Home Environment

A high proportion of care experienced children and young people will have experienced abuse, neglect or loss in the lead-up to entering the care system, which has long term implications for mental health and wellbeing¹⁰⁵, and (in a survey of care experienced people conducted by Who Cares? Scotland in 2022¹⁰⁶) is one of the most cited reasons for mental ill health. The transition to independent living in adulthood can be a difficult experience, and the Home and Belonging Initiative (2022)¹⁰⁷ shows that this could be partially alleviated with stability of accommodation and a sense of control.

An unstable or inadequate housing situation can have detrimental mental health consequences for many protected groups. For disabled and older people, ill-adapted housing can trigger feelings of inadequacy and helplessness, as well as make it much more difficult to manage their disability. Discrimination can also deter people from accessing services that will

support their journey to a new home; 25% of trans people and 20% of non-binary people were discriminated against when looking for a house or flat to rent or buy in 2017⁵⁵.

Mental health support is becoming a necessary part of community and housing services. Many of these services in Scotland take a trauma-informed approach to understanding the whole experience of the people they work with, and there is evidence to suggest this improves tenancy sustainment¹⁰⁸. However, there is also recognition that some tenants require support of trained mental health professionals, which presents further opportunities for mental health services to become more integrated with those supporting people into stable housing situations.

Unpaid Carers

Unpaid carers are the family or friends surrounding a person with an additional support need – for example due to disability, physical or mental ill-health, or frailty¹⁰⁹. They do not necessarily need to live with the person they care for, but the cared-for person’s home environment can directly affect the care they are able to give. 47% of unpaid carers surveyed by the Carers Trust in 2022 described themselves as struggling with finances despite their carer’s allowance, including self-funding home adaptations for the cared-for person’s needs, or being unable to keep up with rent or mortgage payments¹¹⁰.

30% of Scottish adult carers and 40% of young (under 16) carers in 2021/22 have had their living environment impacted by their caring responsibilities, and this role can also have a significant impact on their own health and emotional wellbeing¹¹¹.

Homelessness Prevention

Homelessness affects people who are rough sleeping, people who are living in temporary accommodation and those who are staying with friends or family on a temporary basis, also known as “sofa surfing”⁸. Homelessness prevention is the identification of people at risk of homelessness before a crisis point so they can be connected to support services before they become homeless. Scottish Homelessness Prevention Duties are expected to be published as part of the Housing bill in 2023, which will set out the responsibilities of the health and care workforce to do this. A joint public consultation led by COSLA and Scottish Government was concluded in 2022, which highlighted the requirement for a new duty on public bodies to ‘ask and act’ about housing with people, to prevent homelessness at an early stage¹³.

People across protected groups interact with the health and care system in many different ways throughout their lives, and there are opportunities for medical and care professionals to

identify risk factors in vulnerable people and refer them to homelessness or housing services at an early stage. These groups include:

- People from LGBTQ+ communities are particularly vulnerable to becoming homeless, due to high levels of discrimination and family breakdown⁵⁶.
- People experiencing domestic abuse: 35% of all homeless applications in Scotland in 2021/22 cited violent or non-violent household disputes as their main reason for needing support⁶⁰,
- People who are pregnant and in early maternity: 99.7% of RCM-affiliated midwives in the UK had seen homeless pregnant women over a period of 6 months in 2019⁶⁴,
- Young people – in particular those with care experience: in 2021 there was a 53% increase in care experienced young people rough sleeping from the previous year³⁵, and,
- People experiencing socio-economic deprivation who may struggle with housing costs including rents or mortgages, fuel and utility bills.

Living Costs and Fuel Poverty

Fuel poverty is when more than 10% of a household's income, after housing costs, are used to pay for energy bills – it affects 1 in 4 people in Scotland¹¹². Data collected by Citizens Advice Bureau in 2021 showed that older people, children and young people, single people not in a marriage or civil partnership, and people with health conditions were more likely to seek advice on fuel poverty and energy costs¹¹³.

48.3% of people living in poverty in the UK live with a family or household member that has a disability¹¹⁴ and, adding to this, people with disabilities or ongoing health issues often have higher costs and their money does not go as far to meet their basic needs. Scope's 2023 Disability Price Tag report found that the extra cost of being disabled is equivalent to 63% of household income after housing costs, or on average an extra £975 per month¹¹⁵. The rising cost of living is continuing across the UK, and those with multiple disadvantages are especially vulnerable. A study conducted by Scope in 2022 found that 43% of households containing disabled adults in England and Wales have higher energy costs than if they were not disabled, and more than double the number of disabled adults are unable to pay rising costs compared to non-disabled households¹¹⁶.

Island and rural communities also experience fuel poverty⁹⁵, with 67% of residents surveyed by the Highlands and Islands Enterprise in 2021 noting their home as either difficult or expensive to heat⁹⁶.

Working together on inequalities

Below is a series of examples of when health, social care and housing services have worked together in Scotland to improve care, within the home or when home is not a stable place, for people with protected characteristics or in groups that do not have an equal experience of health and care. These are intended to showcase opportunities for integration of health, care and housing when directly working with disadvantaged people who have specific needs, and is not an exhaustive list of all areas where integration would be beneficial.



HOOP (Housing Options for Older People)

Who Age: Older People

Why

Building on success from Housing Options in Glasgow, HOOP was set up to act as a broker programme between housing, health and social work.

What

“On-site” HOOP services were established in hospitals, social work offices and intermediate care units to offer a personalised service to older people and their families or carers, taking into account their individual situations, housing needs and personal choices. It enables older people to stay independent in the community for as long as they can.

Impact

HOOP improves discharge of older people from hospital and intermediate care to suitable housing with an appropriate support package. It also supports strong working relationships between hospital- and community-based social workers, discharge coordinators, occupational therapists, physiotherapists, consultants, mental health workers, front door hospital staff, community homeless teams and housing officers.

Read More

[Public Health Scotland - Building foundations for health and housing – sharing examples of collaboration. Case study: Housing Options for Older People](#)



Improving Care Leavers Housing Pathways

Who Care Experience

Why

Recommendations by the Homelessness and Rough Sleeping Action Group (2018) included development of pathways to prevent homelessness and rough sleeping for care experienced young people.

What

The A Way Home Scotland coalition co-ordinated and developed evidence-based recommendations and actions to develop a Youth Homelessness Prevention Pathway, with specific actions for improving the pathways for care experienced young people. This included a focus on the practice and leadership culture of the workforce, and the systems and frameworks surrounding care experienced people.

Impact

The evidence base highlighted here brings out some of the key mental health issues for care experienced people and the stability that housing pathways can provide them. It demonstrates that collaborative stability of care through health services and housing services working together is beneficial to outcomes for care leavers in Scotland.

Read More

[Youth Homelessness Prevention Pathway: Improving Care Leavers Housing Pathways](#)



Warm Home Prescriptions

Who Socioeconomic Status

Why

Vulnerable people with low incomes and existing cold-sensitive health conditions are more likely to be admitted to hospital and have worse health when their home is unheated.

What

NHS Gloucestershire (Winter 2021/22) and NHS Aberdeen (Winter 2022/23) led a Warm Home Prescription pilot, which provides funding for vulnerable people to pay to heat their home. During the pilot, no participants were admitted to unscheduled care for cold-related illnesses.

Impact

Working alongside housing and energy providers, GPs were able to identify and refer vulnerable patients, and improve their health and wellbeing directly.

Read More

[Warm Home Prescription - Catapult Energy Systems: Pilot report](#)



Glasgow HSCP Women's Complex Needs Service

Who Sex

Why

Existing Homeless Health services in Glasgow did not provide a safe space for women who were vulnerable when accessing generic clinics.

What

Women's services were separated to provide a safe space to access support for addiction issues, physical and mental health, social care, sexual health and BBV. An assertive outreach model was established with a focus on complexity, risk and level of need.

Impact

The new Women's Complex Needs service has referral pathways across the public sector – including social work, acute services, GPs, learning disability services, community justice and prisons, and homeless services.

The assertive outreach model means that women are able to make multiple contacts throughout the system, and return to the service for follow-up and aftercare.

Read More

[HSCP Complex Needs Service launched in Glasgow](#)

[Responding to Inequalities In Homelessness: Glasgow City Health & Social Care Partnership](#)



Housing and Dementia Practice Framework

Who Age: Older People

Why

Around 90,000 people in Scotland currently live with dementia. An estimated 65% of them live in their own home.

What

Healthcare Improvement Scotland, the Chartered Institute of Housing and Alzheimer Scotland co-developed the Dementia Practice Framework in 2019, aiming to give people with dementia the right home, right advice and right support that they need.

Impact

The framework raises training and awareness within housing staff to enable them to understand dementia support needs and liaise with dementia support workers.

Read More

[Healthcare Improvement Scotland: Housing and Dementia Practice Framework](#)

Conclusion: considerations for health and care improvement

This resource has provided an overview of the major housing and homelessness issues that those with protected characteristics face, in particular where this can impact their health and wellbeing. Examples of previous work where housing, homelessness, health and care have worked effectively together to improve the experiences, health and wellbeing of those with protected characteristics have also been given, although not an exhaustive list.

We also sought to raise awareness and understanding of the implications that housing and homelessness can have on the health and wellbeing of individuals and advises that health and social care consider the four recommendations outlined in Figure 3, where appropriate, during the planning and delivery of any programmes of work, particularly where programmes include improvements to care delivered through the home, the management of long term conditions or end of life care, and/or people returning home following admission to hospital.

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We are happy to consider requests for other languages or formats.

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