

# Director of Public Health Report 2024

Health Inequalities  
and Homelessness



# Contents

## **03 Introduction**

### **04 Last Year's Report**

## **05 Summary of Recommendations**

## **06 Resident Stories**

### **06 Recorded Experiences**

### **06 Other Lived Experiences**

## **07 A Profile of Barnsley**

## **10 What are Health Inequalities?**

### **10 Causes of Inequalities**

### **10 Main Health Inequalities in Barnsley**

### **12 Life Expectancy and Healthy Life Expectancy**

### **15 Mental health and wellbeing**

### **15 Risk factors**

## **16 Homelessness**

### **16 Inequalities and Homelessness**

### **17 Homelessness in Barnsley**

### **19 Poor health is both a cause and consequence of homelessness**

### **20 Physical health impact**

### **20 Mental Health Impact**

## **21 Children and Young People**

### **23 The effects of homelessness on children, young people, and families**

## **25 Achievements and Initiatives**

### **25 Collaboration and Preventative Measures**

## **27 Conclusion**

## **27 List of appendices**



# Introduction

**This year's report will describe health inequalities generally in Barnsley and shine a spotlight on homelessness as one of the most extreme consequences of inequality.**

The phrase 'somewhere safe to live, something meaningful to do and someone to love' is often used to describe the building blocks of a good life.

Housing impacts overall wellbeing. It can influence our health positively or negatively, depending on its condition, affordability, location, and accessibility. Good housing can provide safety, comfort, support, and opportunities, while poor housing can cause or worsen various health problems and limit our coping and recovery.

The report shares stories from residents who have had considerable challenges but have still found hope and a better life.



Anna Hartley, Executive Director of Public Health and Communities at Barnsley Council.

# Last Year's Report

## Last year's Director of Public Health report highlighted the significant impact of rising living costs on Barnsley residents.

The report stressed the importance of income growth for basic needs and suggested employers seek ways to support their workers. It also outlined the potential health consequences of this crisis, explaining that the escalating cost of living directly impacts people's health and wellbeing. As a result, people may have to reduce spending on nutritious food, heating, or medication, which could lead to physical and mental health issues such as malnutrition, respiratory infections, depression, and anxiety.

Low-income households have been the hardest hit, resulting in greater reliance on support services. In response, the government introduced short-term measures like the Energy Price Guarantee and other support initiatives to help households manage these costs. However, maintaining economic stability and alleviating the financial burden on households requires ongoing monitoring and adaptable local policies. Barnsley Council is committed to improving the lives of its residents. Over the past year, in response to the cost-of-living crisis, we've implemented several initiatives and funding opportunities to address key needs and prevent people falling into crisis due to increasing costs:

- **Reducing Fuel Poverty:** The Warm Homes Scheme supports residents struggling with heating costs. This initiative complements our broader strategy to tackle fuel poverty in Barnsley.
- **Financial Security:** The More Money in Your Pocket (MMIYP) roadshows and resources offer residents practical tips and tools to manage their finances effectively. Over 140,000 unique views have accessed the MMIYP website.
- **Community Support:** Barnsley Council offers various grants to support community groups and residents. These include Housing Support Grants (HSG), funding from the UK Shared Prosperity Fund (UKSPF), and grants from the South Yorkshire Mayoral Combined Authority (SYMCA).
- **Food Security:** We recognise the importance of food access. Initiatives like Community Pantries, Good Food Partnership, Barnsley Foodbank Partnership, and Holiday Activity and Food (HAF) program work to address food insecurity in our borough. As of May 2024, five Good Food Pantries are fully operating, each receiving start-up funding from the Innovation Grant.

Many people in the area are experiencing financial hardship, insecurity, and stress due to rising prices while their incomes lag behind. This financial strain puts people at risk of falling into debt, poverty, and homelessness. Those who are homeless or living in poor housing conditions are especially vulnerable, as they may lack access to sanitation, health care, and social support. Health inequalities and homelessness create a vicious cycle as poor health can make it harder for people to find or keep a job, access benefits, or secure stable housing.

Addressing the root causes of health inequalities and homelessness, such as the rising cost of living, is vital. Providing adequate support and services for affected people is crucial. This could include increasing the minimum wage, offering more affordable and social housing, ensuring that universal credit covers living costs, expanding health and social care provision, and investing in prevention and early intervention strategies.

By doing so, we can allow everyone to lead a good life and reduce the social and economic costs associated with health inequalities and homelessness.

# Summary of Recommendations

## **Recommendation one: Address stigma**

Embrace our shared humanity by listening to peoples' stories and including them in work programs. Adopt a co-productive approach when working with people who experience homelessness.

## **Recommendation two: Housing**

Prioritise the development of policies and programs that address the underlying social and economic factors that drive homelessness.

## **Recommendation three: Improve early intervention**

All services should consider how to intervene early to reduce homelessness. For example, healthcare staff should refer to the housing team as soon as possible.

## **Recommendation four: Improve healthcare service integration**

Continue to develop healthcare services tailored to the needs of people experiencing homelessness. This includes immunisation, screening, mental health support, addiction treatment, and general medical care.

## **Recommendation five: Services to consider inequalities in all their work**

Council services to pilot a suite of tools designed to identify, measure and mitigate against inequalities.



# Resident Stories

## Recorded Experiences

This year, we feature two podcasts with interviews of people who have faced homelessness and health inequalities. These recordings aim to raise awareness and inspire others, illustrating the perseverance and strength of those who have experienced homelessness. They underscore the importance of understanding and providing support to this demographic.

## Other Lived Experiences

The report will include stories of other people who have experienced homelessness and inequalities in their lives.

### Alan's Journey from Homelessness to Recovery

Alan's story is one of resilience and hope. Growing up in a single-parent household in Grimethorpe, he never knew his father. At 16, after his mother entered a new relationship, Alan found himself homeless. This was the beginning of a cycle of homelessness and involvement with the criminal justice system. Life on the streets was fraught with difficulties. He lacked a safe and stable place to stay, secure employment, or any qualifications. However, Alan found the courage to break free from this cycle. He reached out for help from the council and Recovery Steps, an organisation dedicated to supporting people battling addiction.

Through their guidance, Alan began his journey of recovery. He now lives in a supported housing project, receiving ongoing support to maintain his sobriety. Alan is proud of his progress and hopes his story inspires others facing similar challenges. He has a positive relationship with his son and enjoys the respect and trust of those seeking his advice. Alan's story is a testament to the power of seeking help and the importance of support systems. People can overcome even the most challenging obstacles with the right resources and a strong will and build a brighter future.

[Listen to the full interview →](#)

### Andrew's Journey

When Andrew first met the Outreach Worker (OW) from Barnsley Council's Homelessness Team eight years ago, he had complex issues such as substance misuse, trauma, and bereavement, which left him feeling stuck. Andrew resisted efforts to find housing or attend appointments. The OW team tried various methods, including providing accommodation and temporary housing. Still, Andrew's behaviour resulted in him losing housing and repeatedly going back to prison for shoplifting.

Recently, he moved to temporary accommodation through probation, where the OW continued to work with him. Although there were initial difficulties, Andrew eventually moved into supported housing and showed significant improvement. He is now cooperating with probation, exploring volunteering opportunities, and making positive changes. His progress has been remarkable, and there is hope that he will continue on this positive path.

[Listen to the full interview →](#)

# A Profile of Barnsley

**Barnsley, nestled in the heart of South Yorkshire, offers a unique blend of rich history, warm community spirit, and exciting potential.**

The borough is home to 244,574 residents (2021 census) in an area of 127 square miles. It is part of the Sheffield City Region, steeped in the industrial heritage of coal mining, manufacturing, and agriculture. However, it faces challenges like deprivation, unemployment, low skills, and poor health.

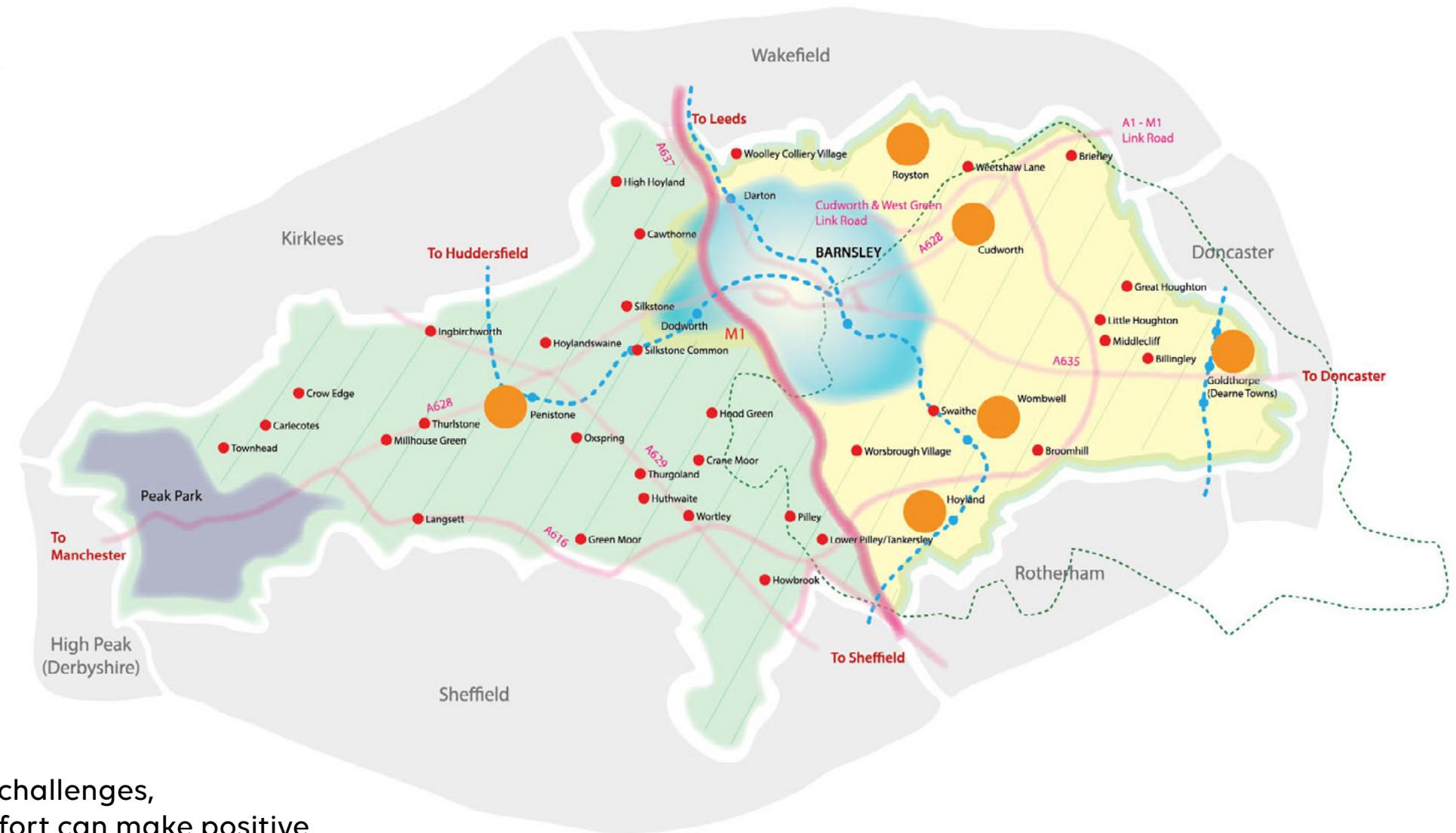
Barnsley is the 30th most deprived local authority in England out of 152. Currently, Barnsley has a higher percentage of residents (24.6%) experiencing long-term health issues or disabilities compared to the national average. A higher proportion of students are eligible for the free school meals program (29% in Barnsley compared to the England average of 23.8%), indicating a potential need for additional support.

This highlights an area where focused resources can create a significant positive impact on the community. Our Family hubs are one example in Barnsley that joined up early help services for children from pre-birth up to 19 years (or 25 years if the young person has a disability).

Despite the challenges, collective effort can make positive change. Over the years, we've made great progress in educational attainment with children and young people, with 85.5% of Barnsley children now working at the expected standard and seven-year-olds remaining above the national average by 4% in reading, writing, and maths. The number of young people who are not in education, employment, or training has reduced in Barnsley while national and regional figures have increased.

Qualification levels in Barnsley currently sit below the national average, with 24.9% having no qualifications and 26.7% holding a level four qualification or higher.

The median gross weekly wage in Barnsley, £563.90, is below Yorkshire and Humber's £579.10 and the national average of £642, but the unemployment rate is lower than the national average. The primary employment sectors in Barnsley are manufacturing, health and social care, retail, and education. The Pathways to Work Commission is part of Barnsley Council's commitment to support people currently unemployed. The Commission has the ambitious task of understanding our residents and communities' challenges to find practical solutions to make a real difference in Barnsley.







## Housing, health, and wellbeing

Barnsley's private rental market saw a significant rise in average monthly rent between February 2023 and February 2024. The average rent reached £590 in February 2024, reflecting a 7.9% increase from £546 in the previous year. This increase was experienced across all property types, with flats seeing an 8.2% rise and terraced properties a 7.7% rise. The impact was also consistent across bedroom counts, with one-bedroom properties experiencing an 8.2% increase and properties with four or more bedrooms a 7.2% rise. It's important to note that despite this increase, Barnsley's average rent remains lower than the Yorkshire and The Humber regional average of £774.

One of Barnsley's strengths is its access to green space. The area boasts many open green spaces that have developed naturally or been created over many years. These green spaces are crucial in shaping the borough's appearance and influencing people's lives.

They also provide a habitat for numerous species of wildlife, including endangered ones. Green spaces significantly contribute to our quality of life by providing health assets and opportunities for recreation, relaxation, exercise, social inclusion, and cohesion. Additionally, they offer environmental benefits, such as improving air quality, reducing noise pollution, and supporting biodiversity, all of which positively impact the local economy. By investing in and maintaining its green spaces, Barnsley is creating a healthier, happier, and greener future for its community.





## Culture

Barnsley has a rich industrial heritage rooted in coal mining, manufacturing, and agriculture, significantly influencing the town's culture and identity. While this heritage continues to impact the community, there is a strong focus on building a vibrant future. Despite ongoing economic and social challenges, the town is actively addressing these issues, particularly in areas such as education, skills development, and overall health and wellbeing for its residents.

## Children and young people

Barnsley is dedicated to ensuring all children and young people have the opportunity to thrive. However, some people face challenges such as family income, housing quality, and access to resources. Recognising these hurdles, Barnsley Council is working to strengthen support for families, promote early childhood development and bridge the education gap. The Barnsley 'Great Childhoods Ambition' launched recently. It is our blueprint for enriching the learning of all children and young people in the borough, leading to a successful transition into adulthood and active citizenship. Using a combination of existing assets and strengths in policy and provision, along with new measures and enablers, we will build upon the following principles:

- **Children and young people feel healthy, safe, and supported.**
- **Children and young people can learn skills that will benefit their future.**
- **To lay firm foundations for adult life.**
- **No child is left behind.**

By addressing these areas, Barnsley Council aims to create a more equitable environment where all children can reach their full potential.



## Barnsley 2030

Barnsley 2030 is our shared ambition for the borough as a 'place of possibilities', guiding everything we do. It was co-produced with our communities, businesses, and organisations. The Health and Wellbeing Strategy serves a critical role in shaping the health and wellbeing priorities for the local community. It aligns with broader strategic goals, such as Barnsley 2030, and articulates key priorities for a 'Healthy Barnsley.'

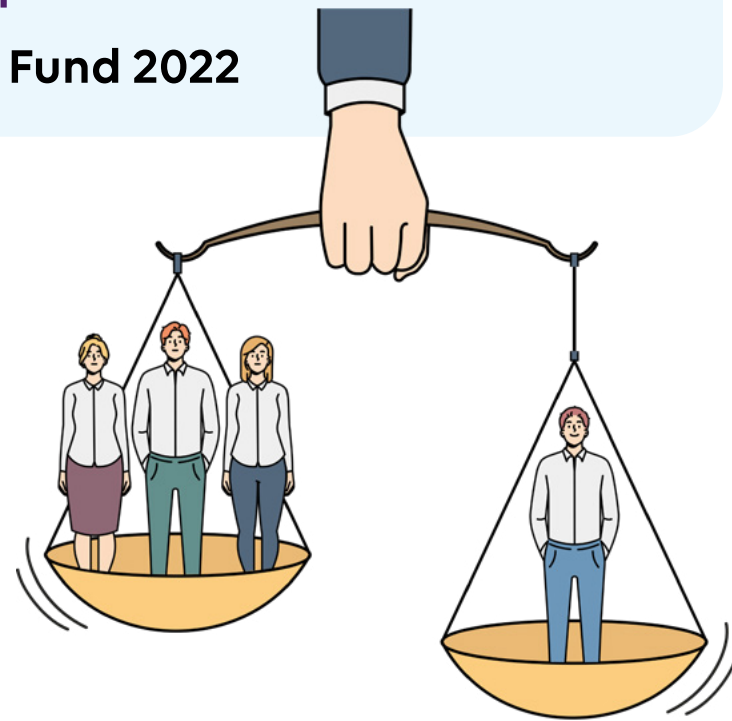
"Start Well, Live Well, Age Well" is a holistic approach to health and wellbeing, focusing on the different stages of life and the importance of maintaining health throughout. It emphasises starting life with good health and positive habits, living well through maintaining those habits and making healthy choices, and ageing well by prioritising health and wellbeing into older age.



# What are Health Inequalities?

**"Health inequalities are avoidable, unfair and systematic differences in health between different groups of people. There are many kinds of health inequality, and many ways in which the term is used. This means that when we talk about 'health inequality', it is useful to be clear on which measure is unequally distributed, and between which people."**

**The King's Fund 2022**



Health inequalities are differences in health outcomes and experiences between different groups, such as those living in different areas, belonging to different socio-economic groups, or having different ethnic backgrounds. They are often linked to the social determinants of health, such as income, education, housing, environment, and access to services.



## Causes of Inequalities

Many factors contribute to the inequalities faced by residents, but some of the most common ones are:

- **Poverty:** Poverty is one of the main drivers of inequalities, as it limits access to and the quality of basic services and resources, such as health care, education, nutrition, and housing. Poverty also exposes people to higher risks of violence, abuse, exploitation, and discrimination.
- **Discrimination:** Discrimination is the unfair or unequal treatment of people based on their identity, characteristics, or beliefs, such as gender, ethnicity, race, religion, sexual orientation, or disability. Discrimination can lead to exclusion, marginalisation, and stigma and can affect the self-esteem, confidence, and aspirations of residents.
- **Conflict and violence:** Conflict and violence can have devastating effects on the lives of residents, as they can cause displacement, trauma, injury, death, or loss of family and friends.

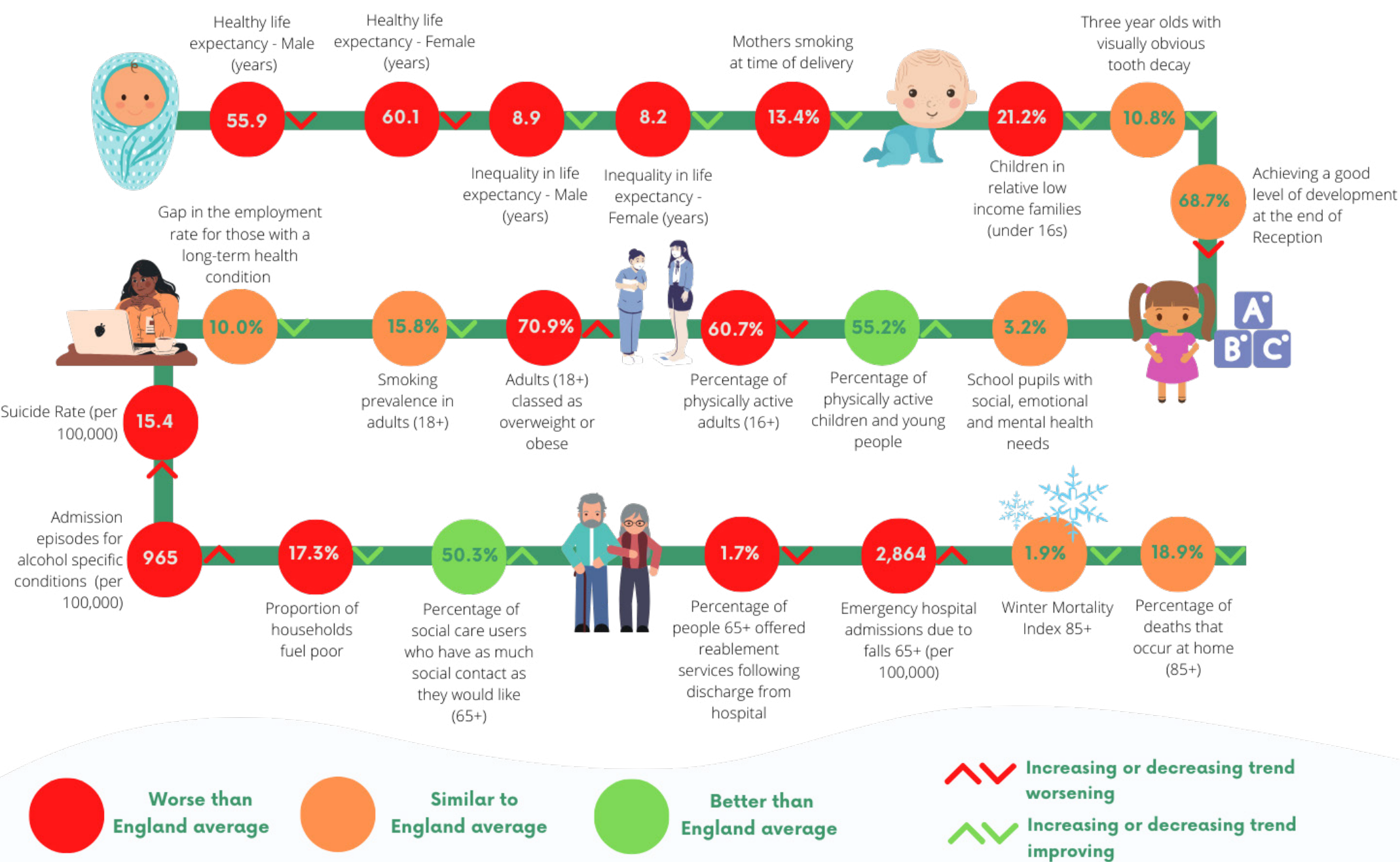


# What are Health Inequalities?

## Main Health Inequalities in Barnsley

The main health inequalities in Barnsley can be grouped into four categories: life expectancy and healthy life expectancy, long-term conditions and disability, mental health and wellbeing, and risk factors. Each category is briefly described below, with examples of the data and sources used to support the findings.

## Barnsley Public Health Outcomes (Life Course Summary)



Source: Public Health Outcomes Framework - updated 02/2024

# Life Expectancy and Healthy Life Expectancy

Life expectancy is the average number of years a person can expect to live based on the population's mortality rates. Healthy Life Expectancy (at birth) is the average number of years a person would expect to live in good health in a particular area based on modern mortality rates and how they rate their health. These indicators are important to a population's overall health and wellbeing. In Barnsley, there are significant gaps in life expectancy between the most and least deprived areas.

**Life Expectancy in Barnsley**  
Life expectancy in Barnsley is below the national average. For males born between 2020 and 2022, life expectancy was 76.1 years, compared to the national average of 78.9 years and the Yorkshire and Humber average of 77.9 years. Similarly, females born during this period had a life expectancy of 79.9 years, lower than the national average of 82.8 years and the Yorkshire and Humber average of 81.9 years.

Barnsley's life expectancy gap is wider than the national average. In the most deprived areas compared to the least deprived areas, there is a gap of 8.9 years for males and 8.2 years for females. This exceeds the national average gap of 9.7 years for males and 7.9 years for females.

## Healthy Life Expectancy

Men born between 2020 and 2022 in Barnsley have a healthy life expectancy of 55.9 years. This is lower than the national average of 63.1 years and the Yorkshire and Humber average of 61.1 years. Similarly, females born in Barnsley during the same period have a healthy life expectancy of 60.1 years, below the national average of 63.9 years and the Yorkshire and Humber average of 62.1 years.

### Healthy life expectancy and years lived in poor health in Barnsley

● Healthy life expectancy ● Years lived in poor health (2018-20)



### Life expectancy gap by deprivation

Inequality in life expectancy at birth by deprivation:  
Life expectancy gap in years (slope index of inequality) (2018-20)

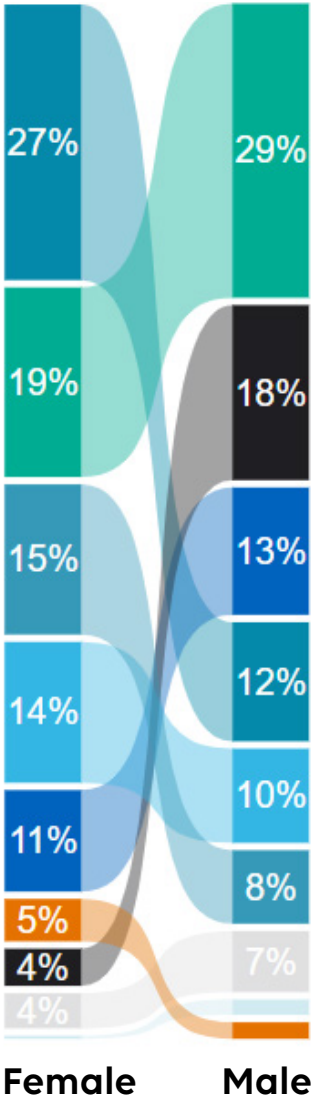


### Healthy life expectancy and years lived in poor health in Barnsley

Diseases that contribute most to the gap in life expectancy between the least and most deprived areas, by sex.

(2020-21) Provisional  
Case of death and % contribution to the excess deaths in poorest areas

- Cancer
- Circulatory
- COVID-19
- Deaths under 28 days
- Digestive
- External causes
- Mental and Behavioural
- Other
- Respiratory





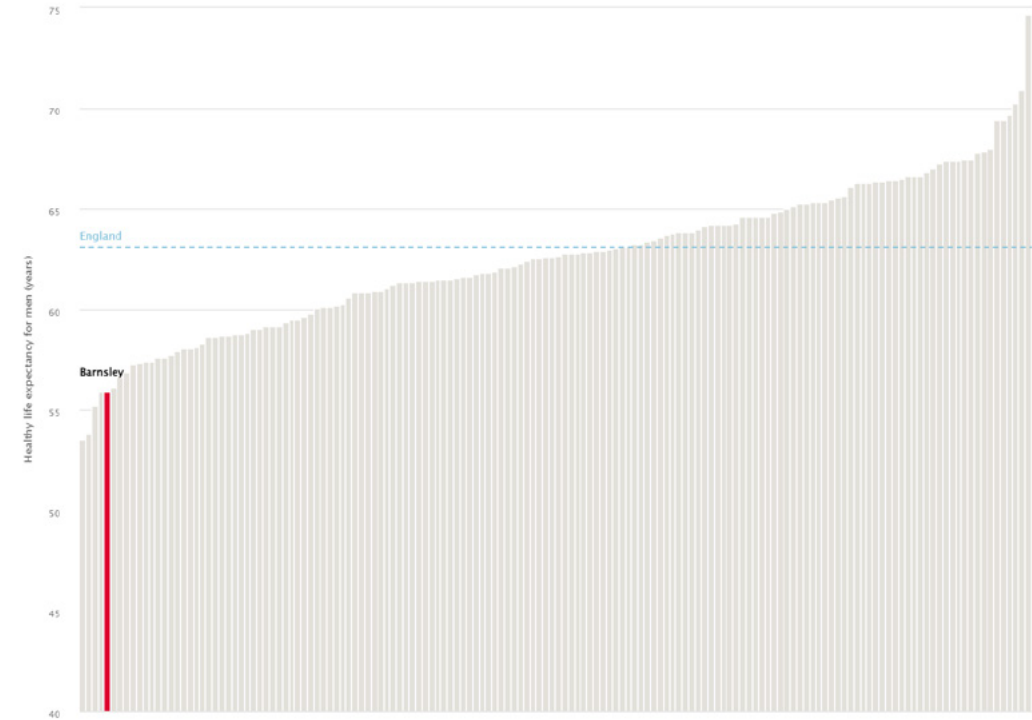
Long-term conditions

Long-term conditions are health problems that require ongoing management and care over a long period, such as diabetes, asthma, arthritis, and chronic pain. Disability is a term that covers a range of impairments, activity limitations, and participation restrictions that affect a person’s ability to perform daily tasks and participate in society. In Barnsley, there are higher rates of long-term conditions and disability than the national average and also higher rates of variation and inequality across different groups and areas.

For example, data from 2021 indicates that 57.6% of Barnsley residents aged 18 and over have at least one long-term condition, exceeding the national average of 54.0%. **25.3% of residents in this age group** have a limiting long-term illness or disability, which is also higher than the national average of 21.3%.

Furthermore, **these conditions are more prevalent in the most deprived areas of Barnsley** than in less deprived areas and in older age groups than younger residents.

Healthy life expectancy for men by local authority, 2018-20

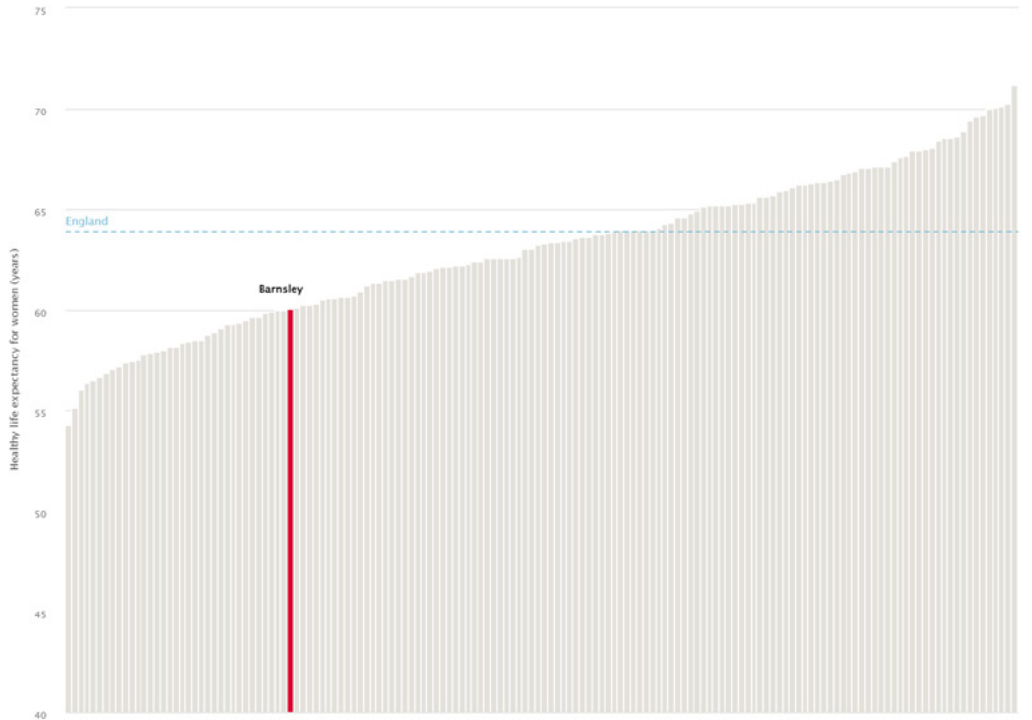


**75 years** Rutland has the highest healthy life expectancy for men

**53 years** Blackpool has the lowest healthy life expectancy for men

**146<sup>th</sup>/150** Healthy life expectancy rank of **Barnsley**

Healthy life expectancy for women by local authority, 2018-20



**71 years** Wokingham has the highest life expectancy for women

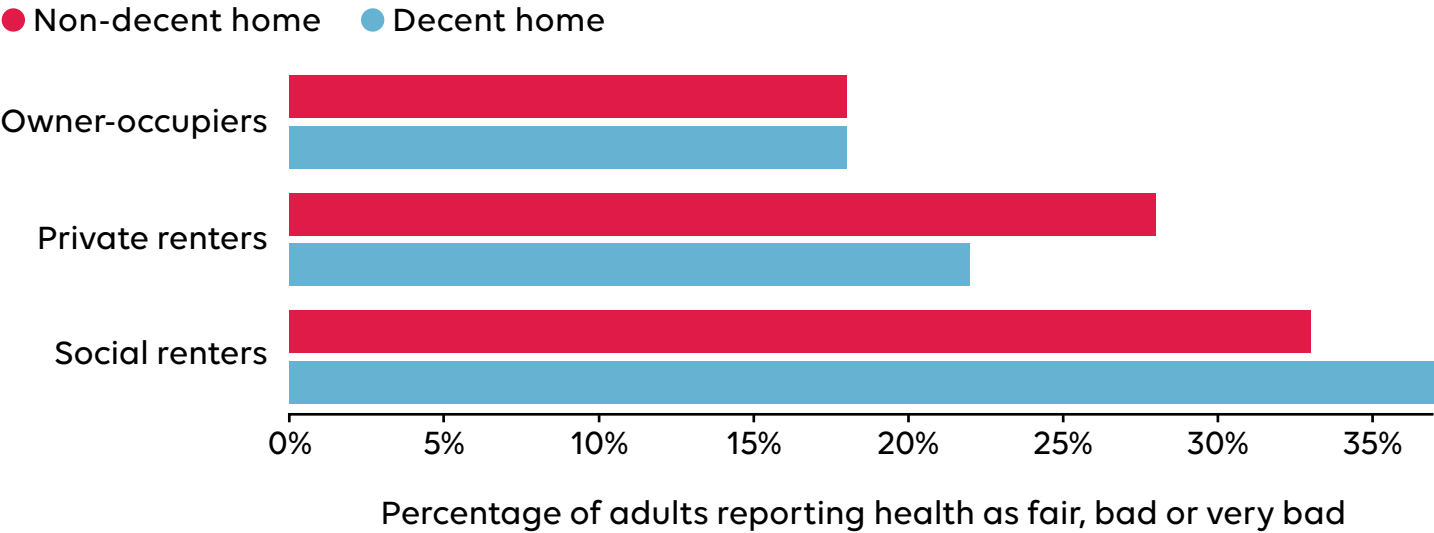
**54 years** Blackpool has the lowest healthy life expectancy for women

**115<sup>th</sup>/150** Healthy life expectancy rank of **Barnsley**

Good health depends on good housing, and people with low incomes are more likely to live in poor-quality homes. In addition, research for the homeless charity Shelter<sup>1</sup> showed that private renters over the age of 55 are hit with a no-fault eviction notice every 16 minutes in England, leaving them susceptible to homelessness.

**Living in a non-decent home is associated with worse health – particularly for private renters**

Self-rated health by housing tenure and whether living in a non-decent home, England



Source: Health Foundation analysis of the English Housing Survey, MHCLG. Data is for 2013/14.  
Note: Each tenure is weighted for overall age distribution.

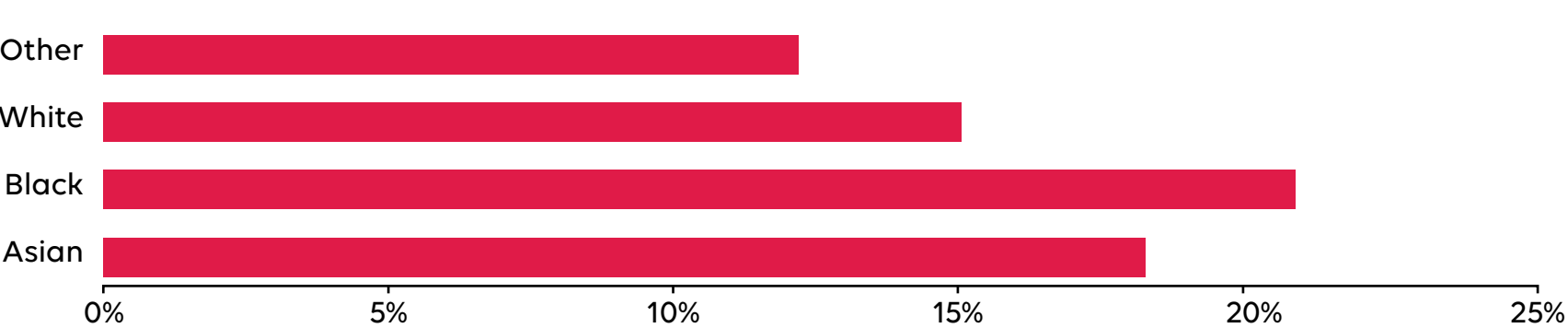
The mortality rate among people experiencing homelessness is approximately ten times higher than the general population, and their life expectancy is about 30 years lower<sup>2</sup>. According to Crisis national figures, the homeless are more likely to pass away at a young age, with an average age of death of 47 years for men and 43 years for women, compared to 77 for the general population, 74 for men, and 80 for women.

It's important to understand that this data reflects the average age of death for those who die while homeless or in homeless accommodation and not life expectancy.

1 [https://england.shelter.org.uk/media/press\\_release/tenants\\_over-55\\_hit\\_with\\_a\\_no-fault\\_eviction\\_notice\\_every\\_16\\_minutes\\_](https://england.shelter.org.uk/media/press_release/tenants_over-55_hit_with_a_no-fault_eviction_notice_every_16_minutes_)  
2 <https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/health-and-wellbeing/homelessness-kills-2012/>

**Single-adult households and people on low incomes are more likely to live in non-decent housing**

Proportion of households in non-decent homes: England, 2020



Source: English Housing Survey Live Tables, Table DA3203: Decent Homes (Households): Department of Housing, Communities & Local Government, 2020.





Mental health and wellbeing

Mental health is a state of well-being in which a person can cope with the everyday stresses of life, work productively, and contribute to their community. Well-being is a broader concept encompassing a person’s physical, mental, and social aspects of health and their happiness and satisfaction with life. Various factors, such as genetics, personality, life events, relationships, and environment, influence mental health and wellbeing. Mental health and wellbeing are essential for a person’s health and functioning and for preventing and treating mental disorders.

In Barnsley, the levels of mental health and wellbeing are worse than the national average and greater levels of variation and inequality across different groups and areas.

Mental Health and Wellbeing in Barnsley

Data indicates that Barnsley residents experience higher rates of mental health challenges and lower levels of wellbeing compared to the national average<sup>3</sup>. In 2019-2020, 17.9% of Barnsley residents aged 16 and over reported having a common mental disorder, exceeding the national average of 16.9%. In 2022-2023, 11.3% of residents reported low happiness scores, again higher than the national average of 8.9%.

These challenges are more prevalent in the most deprived areas of Barnsley compared to less deprived areas and in women compared to men.

Risk factors

Residents of Barnsley, like many in disadvantaged areas, are more likely to take health-related risks such as smoking and drinking and are more likely to be physically inactive and overweight or obese, which increases the likelihood of chronic diseases like cardiovascular disease, diabetes, cancer, and respiratory conditions.

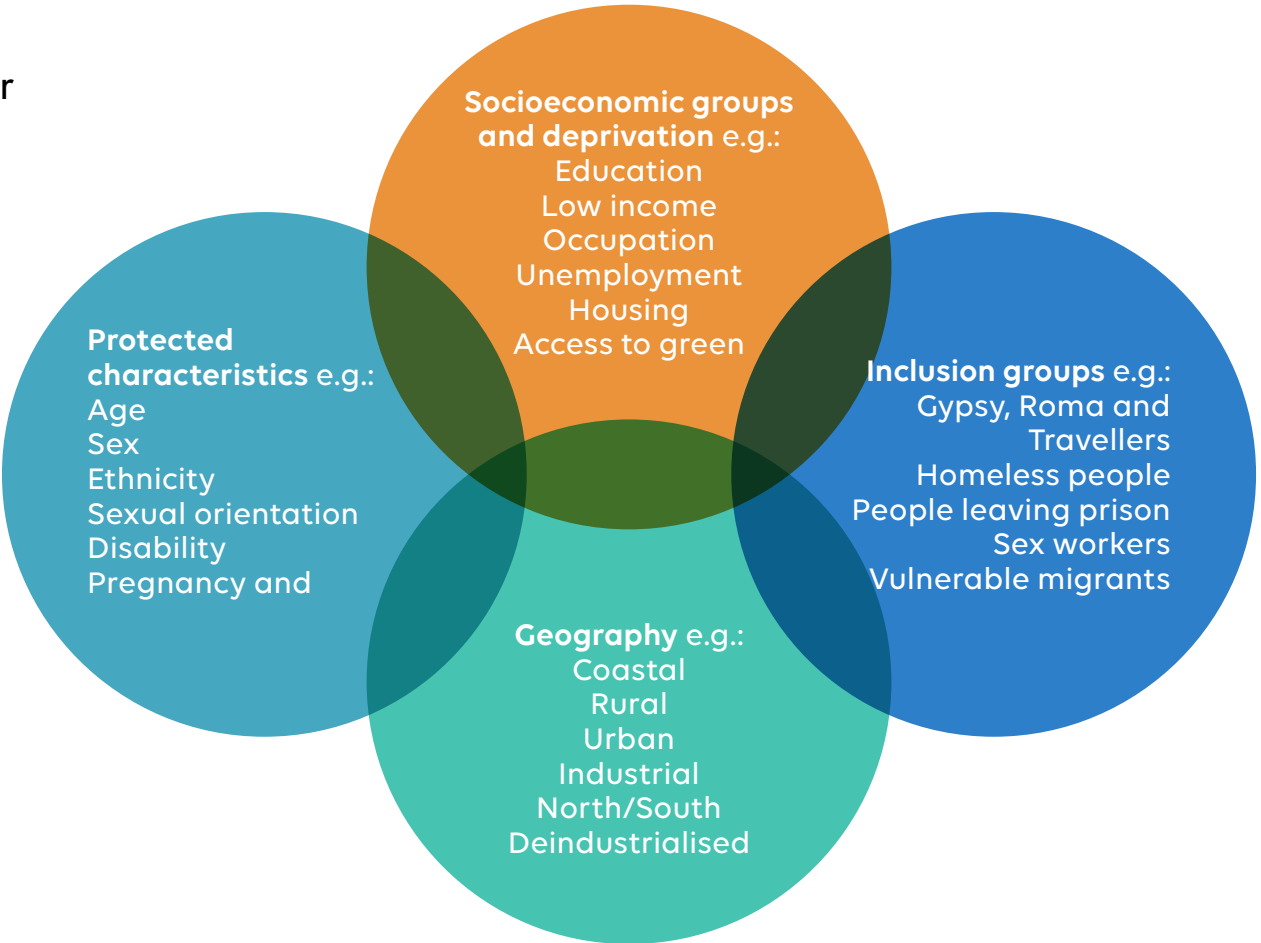
Risk Factors include:

- **Smoking:** In 2022, 15.8% of Barnsley adults were current smokers, exceeding the national average of 12.7%.
- **Obesity:** In 2021-22, 38.3% of Barnsley adults were classified as obese, which is also higher than the national average of 25.9%.
- **Alcohol-related mortality:** In 2022, Barnsley’s alcohol-related mortality rate is 47.0 per 100,000 population, higher than England’s average of 39.7 per 100,000 and the regional average of 43.8 per 100,000.

These risk factors are more prevalent in Barnsley’s most deprived areas than in less deprived areas and more prevalent in men than women.

Overlapping Dimensions of Health Inequalities

Various social identities and forms of oppression can come together to affect people’s health and experiences. For instance, a person who is homeless, disabled, and LGBTQ+ may have different health needs and challenges than someone who is housed, non-disabled, and heterosexual. These intersections can create both vulnerabilities and strengths for various groups and individuals. Therefore, we consider the diversity and complexity of people’s lived realities in addressing health inequalities and the structural and systemic factors that influence them.



# Homelessness

## Lived Experience Case Study From Brink of Homelessness to Stable Ground: A Private Rented Sector Success Story

This case study illustrates the crucial role of housing support in preventing homelessness and stabilising residents in the private rented sector. Our resident faced a precarious situation. His landlord issued both Section 21 (no-fault eviction) and Section 8 (eviction due to arrears/property damage) notices due to rent arrears and the deteriorating condition of the property. Mental health struggles further exacerbated his situation. Facing homelessness, he contacted the Housing Options team.

The private landlord liaison officer connected him and explained the team's role in tenancy preservation. A home visit revealed the root cause of the arrears – a decline in mental health leading to reduced work hours. The officer, with the client's consent, contacted the letting agent to negotiate with the landlord. Initially hesitant, the landlord agreed to continued tenancy on condition of improved property maintenance and engagement with tenancy support.

However, the situation changed. The landlord decided to sell the property, jeopardising the client's housing stability once again. The officer explained limited options due to rent arrears and affordability, with HMOs (houses in multiple occupations) being a possibility. Determined to find a better solution, the client searched for alternative accommodation.

Fortunately, the client found a property he'd previously applied for but couldn't access due to upfront costs. Our intervention proved vital here. We facilitated a loan from a credit union to cover rent and bond, enabling him to secure the tenancy.

Beyond securing accommodation, we provided further support. We helped set up direct rent payments and created a plan to manage arrears on the previous property. Visibly relieved and expressing gratitude, the client highlighted the positive impact: a secure home, a renewed sense of stability, and a successful return to work.

This demonstrates the effectiveness of proactive tenancy support within the private rented sector. Through collaborative efforts with clients, landlords, and financial resources, we can prevent homelessness and empower people to regain control of their lives.

## Inequalities and Homelessness

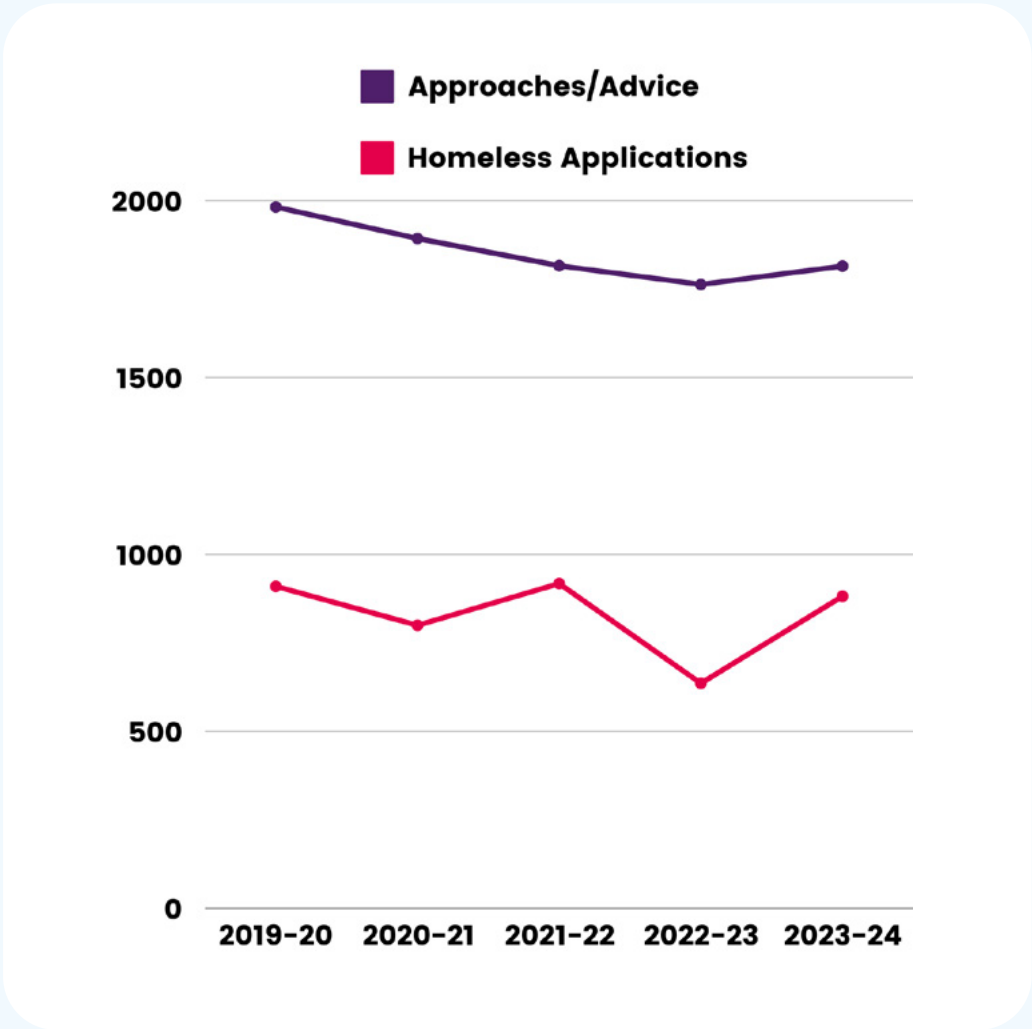
Homelessness is a result of inequalities in our society and goes far beyond the visible situation of sleeping on the streets, also known as rough sleeping. Other types of homelessness include hidden homelessness like sofa surfing, living in temporary accommodation, and residing in inadequate or overcrowded housing.

When discussing inequalities faced by homeless people, it is crucial to dispel the myth that homelessness is solely characterised by people sleeping on the streets. This oversimplification creates harmful stereotypes of homelessness and stigmatises this population. Homelessness can happen to anyone. Unforeseen circumstances, economic downturns, or health crises may put people into housing instability.

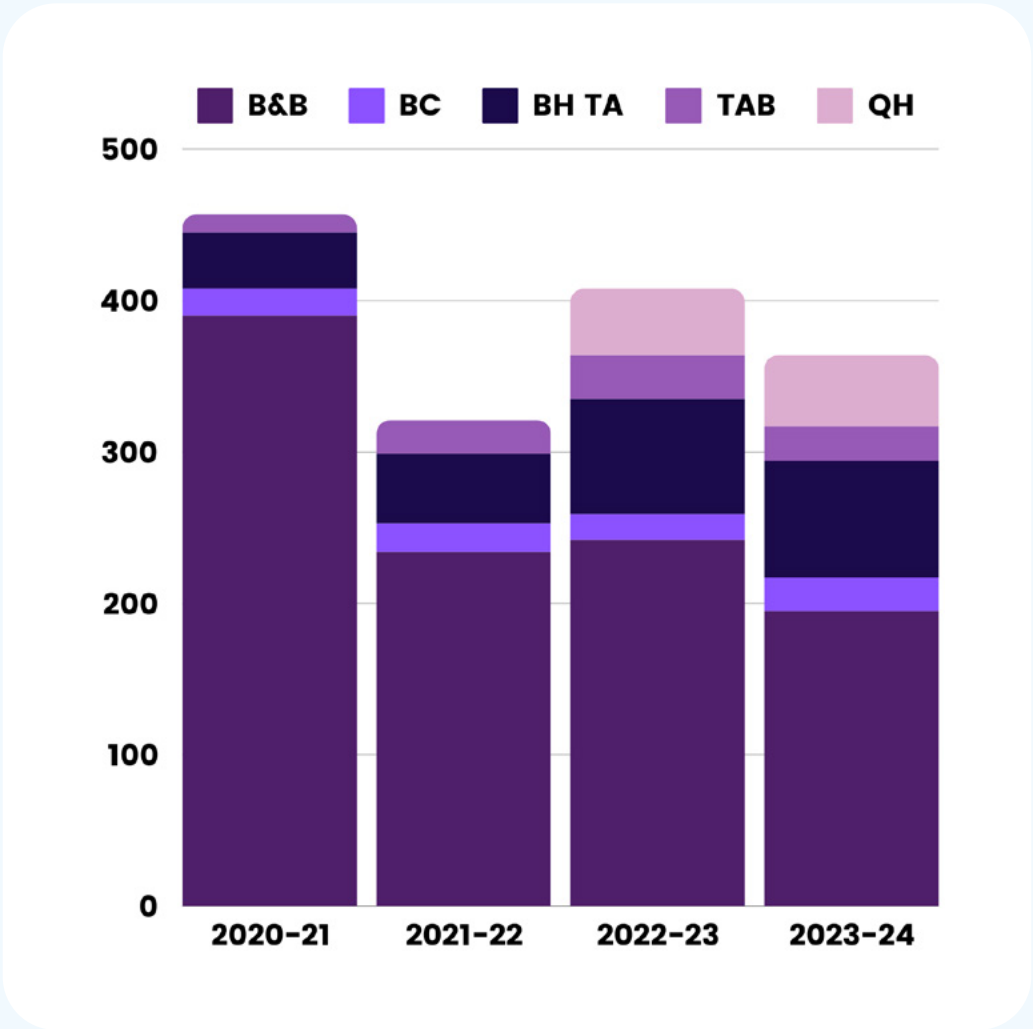




# Homelessness in Barnsley



Since 2022, approaches for advice and support (purple) and homeless applications (when approaches are converted to homeless applications) have risen.

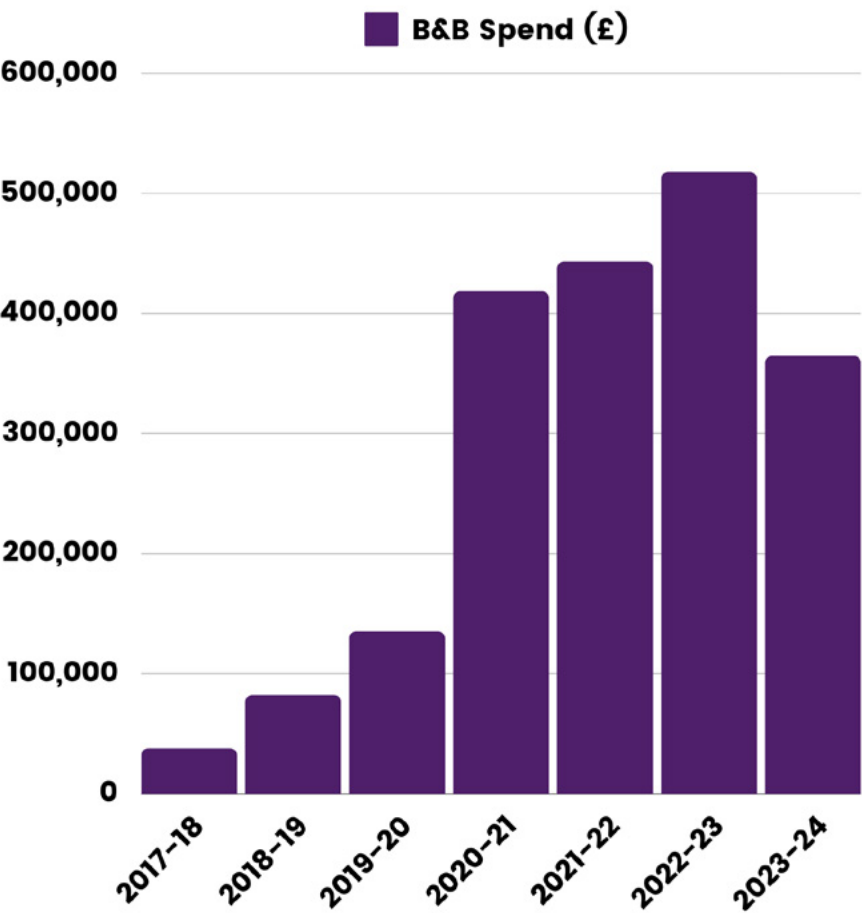
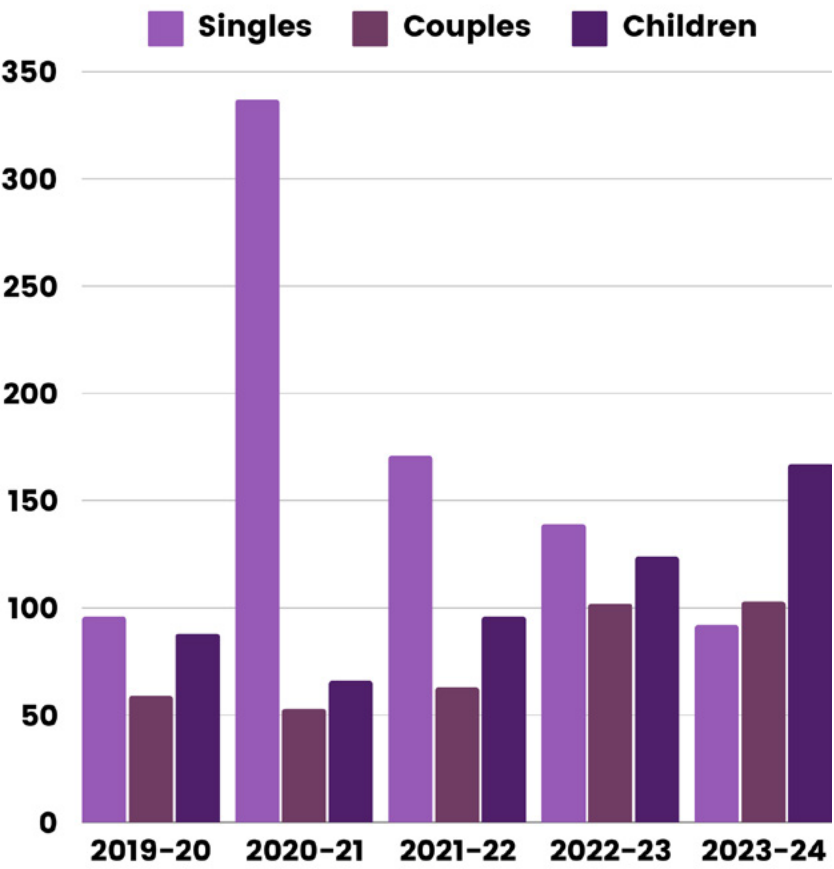


All Homeless Placements in Barnsley. B&B: Bed and Breakfasts, BH TA: Berneslai Homes; Other Temporary Accommodation Locations BC, TAB, QH

People who need help are accommodated in various temporary facilities such as self-contained temporary accommodation, Bed and Breakfasts, hostels, etc. In 2023-24, there were 364 homeless placements in temporary accommodation in Barnsley, a decrease from the previous year's figure of 408. There has been a rise in both approaches for advice, support, and homeless applications. Most placements are in B&Bs, followed by Berneslai Homes temporary accommodation.

However, the trend is that people are still presenting as homeless when they are in a crisis, making it more challenging to prevent homelessness and reduce the need for temporary accommodation placements. Placements have decreased yearly since a high in the COVID-19 pandemic; however, family placements have steadily increased within this figure. This suggests that more families are affected by homelessness and are, therefore, at risk of poor outcomes in health, education, and overall well-being.

# Homelessness in Barnsley



The economic and social effects primarily cause the increase in homelessness. There is a general lack of affordable social housing, rents in the private sector are rising, and access to good quality affordable housing is restricted, especially for people on a low income. This, coupled with the cost-of-living crisis, has seen homeless numbers increase across all walks of life.

Other factors contributing to homelessness include relationship breakdown, domestic abuse, leaving institutions, or being evicted from supported housing. Homelessness is not an individual choice or consequence. It is the product of multiple and prolonged inequalities. It is unpredictable and unfair.



## Homelessness in Barnsley

### **Lived Experience Case Study From Displacement to Independence: A Refugee Success Story**

This case study relates the journey of Talia\*, a 73-year-old Ukrainian refugee who arrived in England under the Homes for Ukraine program. A former university lecturer, she yearned to continue teaching online, but the language barrier presented a daunting challenge. Limited English, coupled with separation from her daughter at the border, fuelled anxieties about isolation and adapting to a new life.

Our support worker played a pivotal role in facilitating integration. An initial visit assessed her needs and provided a welcome pack for Talia and her host. The worker offered crucial support about benefits, opening a bank account, and applying for a National Insurance number. Additionally, they helped with opportunities to enhance her English language skills and social network, suggesting women's groups, ESOL classes, and library membership.

However, after a month, unforeseen challenges arose. The relationship with her host deteriorated, threatening her housing stability. Our worker swiftly intervened and secured temporary accommodation while working to find a suitable permanent residence.

Despite a minor setback with the arrival of the BRP (Biometric Residence Permit), the worker secured a landlord willing to hold the property. The worker accompanied Talia, translating the tenancy agreement into a preferred language and even assisting with setting up utilities. Additionally, they provided comprehensive advice on managing the tenancy, reporting repairs, and other essential tasks. A visit to Barnsley Hospice enabled her to acquire essential furniture and appliances at a reduced price. The combined efforts culminated in a safe and secure home, fostering a sense of empowerment and safety.

Today, Talia thrives in her new life. She proudly acknowledges the exceptional support received from Barnsley Council. Living independently, she continues teaching online, a testament to her resilience. She also seeks to give back to the community, reflecting her positive outlook. Furthermore, she reconnected with her daughter, who found a safe haven in Germany. She actively participates in community groups and language classes, steadily improving her English skills. This case study exemplifies the transformative power of support services for refugees. By providing comprehensive guidance, fostering social connections, and securing safe housing, we can empower individuals to rebuild their lives with dignity and hope.

### **Poor health is both a cause and consequence of homelessness**

Homelessness causes ill health, and ill health can lead to homelessness. Severe health conditions can prevent people from working, leading them into poverty and unable to maintain rent or mortgage payments – leading to homelessness. Conversely, the harsh realities of living whilst being homeless can exacerbate pre-existing health conditions or result in developing new health conditions, for example, through low nutrition, low uptake of screening and vaccination and low rates of registration with a doctor or dentist. This creates a vicious cycle.

## Physical health impact

Homeless Link's (2022) Unhealthy State of Homelessness Report<sup>4</sup> shines a light on the physical health inequalities experienced by people who experience homelessness. While the report looks at national experiences, many of its findings are relevant to the Barnsley homeless population. The report found that people experiencing homelessness suffer worse physical and mental health than the general population. It found extremely high levels of long-term illness, disability or infirmity within the population. It also found that barriers to accessing needed support for physical and mental health means people experiencing homelessness are over-reliant on emergency health services such as Accident and Emergency.

## Mental Health Impact

There are incredibly high levels of mental ill health amongst the homeless population, and this can be both diagnosed and undiagnosed. Mental health is the most common support need in Barnsley amongst the homeless population, and this can often lead to further health impacts, such as self-medicating through drugs or alcohol. In addition, people with mental health issues who also use drugs and/or alcohol to cope (known as dual diagnosis) often struggle to receive appropriate support for the mental health issues until they've overcome their drug or alcohol use. This creates a vicious circle whereby neither mental wellbeing nor drug use is successfully resolved and can, therefore, often lead to issues not being addressed and escalating.

Our specialist substance use service, Barnsley Recovery Steps, has a clinical psychologist to support people who are experiencing co-occurring mental health and drug and/or alcohol issues. The psychologist also provides training and support to staff.

Key partners from Barnsley Council, NHS South Yorkshire ICB (Barnsley Place), Humankind, our drug and alcohol service provider, and South West Yorkshire NHS Foundation Trust, our mental health provider, are also working together to develop an integrated service delivery model specifically to work with people who experience co-occurring substance use and mental health issues. We are working together in Barnsley to tackle these issues.



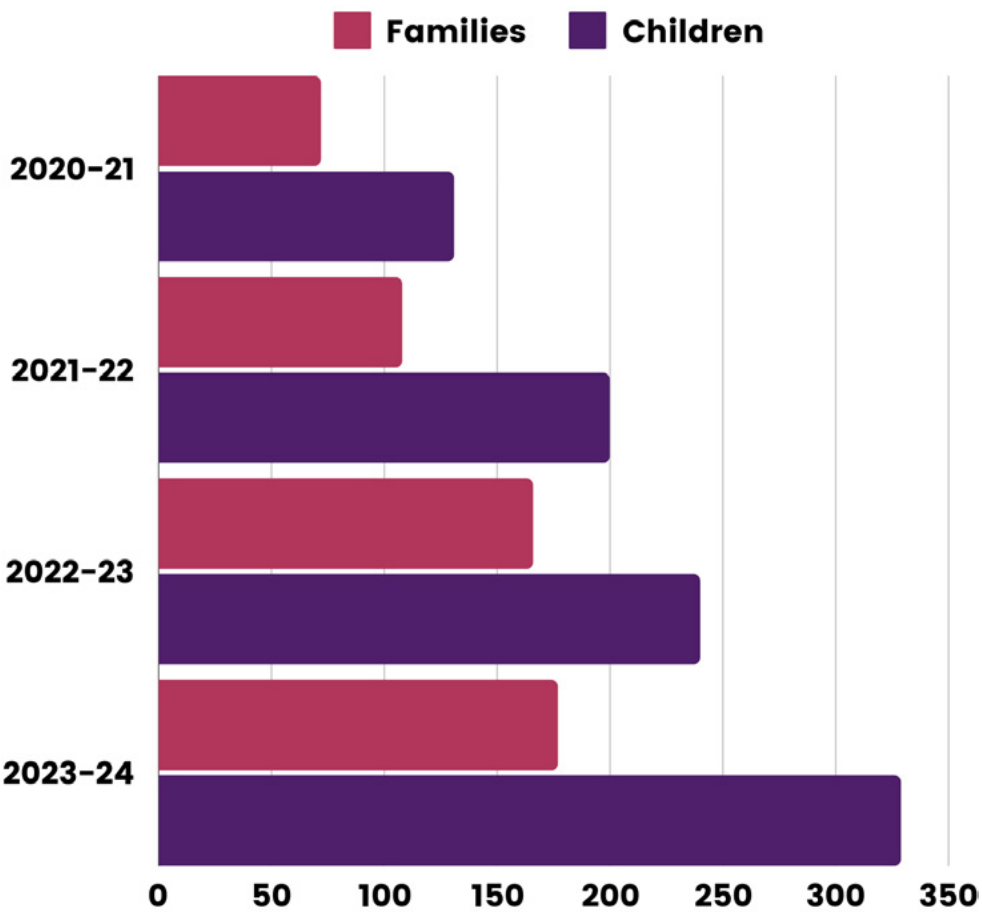
# Children and Young People

Children and young people are more vulnerable to inequalities that cause lasting damage to their physical, mental, and emotional well-being, development, education, employment, social participation, and opportunities.

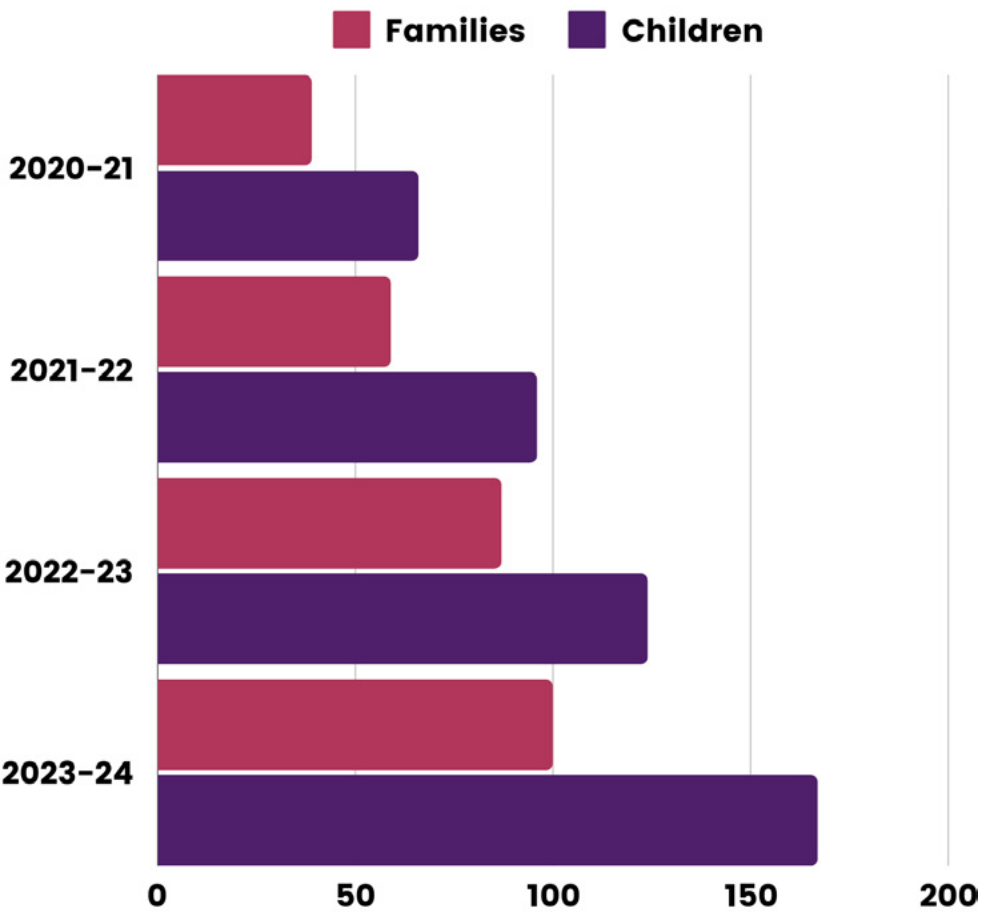
Inequalities in children’s health and development often start during pregnancy, influenced by factors such as nutrition, stress, and toxin exposure. Addressing these inequalities requires tackling these underlying causes to improve conditions in pregnancy, maternal support, and, ultimately, children’s lifelong health and development.

It has been observed that homeless children and young people are more likely to become homeless again in the future<sup>5,6</sup>, especially if they do not receive adequate support and assistance to prevent or resolve their homelessness.

Families and Children in a temporary accommodation:



Families and Children in B&Bs:



In 2023-24, 329 children were placed in temporary accommodation in Barnsley, including 167 in Bed and Breakfast.

5 <https://centrepoin.org.uk/ending-youth-homelessness/what-youth-homelessness/impact-youth-homelessness>  
6 <https://www.actionforchildren.org.uk/blog/what-are-the-effects-of-youth-homelessness/>

## Children and Young People

### **Lived Experience Case Study** **A Second Chance: Tenancy Support** **Empowers Vulnerable Client**

This case study tells the story of a resident facing a challenging situation who found support and stability through the Housing Advice team.

The resident came to us after a previous tenancy ended due to rent arrears. She was pregnant, and her unborn child was subject to a Child Protection Plan; she found herself navigating the homeless process and placed in temporary accommodation.

Recognising her vulnerability, the tenancy support officer took a holistic approach. They worked collaboratively with all involved agencies, attending core group meetings and child-in-need meetings to ensure everyone was informed of potential housing options and any barriers to resettlement. Furthermore, they secured additional support through funds from statutory and charitable organisations.

Beyond finding a new council house with Berneslai Homes, the support officer focused on empowering the client for long-term success. This included budgeting and financial literacy. They assisted with applications for Council Tax Support and Housing Element payments, setting up utilities, and even arranging an Alternative Payment Arrangement so rent went directly to the landlord. They secured essential white goods through the Household Support Fund Resettlement Scheme and additional flooring funding from other resources to further support a fresh start. While navigating these processes, the officer also made sure the client had access to food parcels until benefits were in place.

The positive outcome speaks for itself. She has now secured safe and stable accommodation, providing a secure home for her unborn child. More importantly, she is better equipped to manage her tenancy finances and understands the available support networks. This empowers her to face future challenges with confidence.

This case study highlights the importance of comprehensive tenancy support in securing housing and empowering people to build a brighter future.





# The effects of homelessness on children, young people, and families

## Key Facts<sup>7</sup>

- Children who have been in temporary accommodation for more than a year are three times more likely to demonstrate problems such as anxiety and depression.
- Children who experience homelessness have school absence rates two to three times higher than average, which means they miss vital learning as well as time spent with friends.
- Parental homelessness and insecure housing have a significant impact on foetal development. Homelessness during pregnancy is associated with a higher risk of premature birth, low birth weight and developmental delay.

## Social isolation

Children experiencing homelessness can feel isolated from their peers, which can lead to their mental health deteriorating. Homeless children are more likely to experience anxiety, depression, post-traumatic stress disorder, and suicidal thoughts than their housed peers. They may also develop coping mechanisms that are harmful, such as substance abuse, self-harm, or aggression. These mental health issues can affect other aspects of their life.

## Education

It negatively affects students' academic performance, attendance, and graduation rates and increases literacy, numeracy, and skills disparities among the young. If children stay in short-term housing, their education is usually affected, as with limited space, they may not have a proper place to do their homework. Families in short-term housing often change locations frequently, so children may have to travel long distances to school.

## Health

Homelessness has a devastating impact on the health and well-being of children and young people. They are more likely to suffer from physical and mental health problems, such as respiratory infections, asthma, skin conditions, anxiety, depression, and post-traumatic stress disorder. They are also more likely to experience developmental delays, learning difficulties, and behavioural issues, which can affect their educational attainment and prospects. Moreover, homelessness may expose children and young people to risks and adverse childhood experiences such as social exclusion, exploitation, violence and abuse, which increase the risk of having mental health or chronic health issues in the future.

## Sleep

It is hard for children who live in temporary accommodation to get enough sleep. Children who are homeless are more likely to fall asleep at their desks or look tired and unfocused. These children often share a room with several family members and/or a bed with siblings while in temporary accommodation. Sleep is essential for development and behaviour because a lack of sleep affects cognitive control and executive functioning, which are linked to behaviours<sup>8</sup>. Lack of sleep is a significant consequence of homelessness; it affects academic performance and social growth into adulthood, as well as general mental abilities.

## Anxiety

Children who do not have a stable home face a lot of unpredictability and change during this time. This can cause them to have more anxiety than usual due to the uneasy and unreliable living situation. Children often felt nervous at the end of the school day when they were about to be picked up by their parents because they did not know where they would go next. This nervousness reportedly made younger children less social and isolated, while older students became more aggressive, sometimes rejecting homework and arguing with others.

The homelessness team collaborates with partners such as hospitals, public health nursing teams, and various community support organisations and professionals to offer holistic support to homeless families. Some of the support we offer includes:

- Helping families to access temporary or permanent accommodation
- Providing advice and guidance on housing rights and options
- Supporting families in managing their finances and budgeting
- Assisting families to register with GPs and access health care services
- Referring families to other agencies that can help with their specific needs, such as counselling, education, employment, or legal issues
- Partially funding a counselling psychologist who can provide emotional and mental health support to homeless families
- Signposting families to universal or specialist services depending on their needs, such as family hubs, early help, social services, CAB, foodbanks, community pantries, etc.

We try to ensure that services for homeless children are included in the support we offer to their families. If we assess that a family needs tenancy support, we will allocate a worker from our team to help them with their housing situation and any related issues.



<sup>8</sup> Hambrick EP, Rubens SL, Brawner TW, Taussig HN. Do sleep problems mediate the link between adverse childhood experiences and delinquency in preadolescent children in foster care? J Child Psychol Psychiatry. 2018 Feb;59(2):140-149. doi: 10.1111/jcpp.12802. Epub 2017 Sep 1. PMID: 28862324; PMCID: PMC5775045.



# Achievements and Initiatives

**One of the main challenges we face is the absence of a single or straightforward solution to address the problems of homelessness and inequality affecting our residents.**

Every person's situation differs, and they need an individual approach that considers their specific needs, circumstances, and objectives. However, there are general measures that can be implemented to enhance the outcomes of our residents.

To align services with each area's specific needs and priorities, there's a decentralised approach to some commissioning decisions and allocation of resources. Six area councils, consisting of local councillors and representatives from the community, voluntary, and public sectors, are responsible for managing these decisions and resources. This approach enables us to tailor our services more effectively and fosters engagement with local communities and stakeholders in our services' planning, delivery, and review.

## Collaboration and Preventative Measures

In Barnsley, we have established several effective collaborations and partnerships with various organisations, including Recovery Steps Barnsley, IDAS, Targeted Youth Support, Early Help, and Health Services. Our primary goal is to offer comprehensive support to residents who are either homeless or at risk of homelessness. Collaboration is essential to addressing the multifaceted needs of residents experiencing homelessness. For example, Barnsley Council, Public Health, NHS South Yorkshire ICB and the Barnsley Healthcare Federation worked together to deliver Flu vaccinations in our supported housing over winter.

Investing in early intervention and prevention programs is the primary approach to tackling homelessness, poverty, unemployment, and housing shortages.

To address the hidden impacts and inequalities of cold homes<sup>9</sup>, our Warm Homes team continues to work hard to help homeowners and tenants ensure their homes are warm this winter. Since September 2023, the team has received 146 enquiries, conducted 47 library sessions, held 19 pop-up sessions, and organised 20 events in Barnsley.

They have also distributed 125 fuel vouchers to those in fuel poverty and supported the installation of 466 heating and insulation measures through government grants since September 2022. Additionally, the team has directed residents to other forms of assistance, including benefits checks, support with debt, and housing repairs from partners at DIAL, Age UK, and Citizens Advice.

**Since September 2023, Warm Homes team has had:**

**146**  
enquiries received

**47**  
library sessions

**19**  
pop-up sessions

**20**  
events in Barnsley

<sup>9</sup> <https://www.instituteofhealthequity.org/resources-reports/left-out-in-the-cold-the-hidden-impact-of-cold-homes>

The Homeless Team is dedicated to addressing health inequalities and the root causes and drivers of homelessness. They are constantly working on developing more efficient pathways to access health services, including mental health care. Additionally, they ensure that the homeless population is considered when developing Health Strategies and action plans. The homeless team focuses on several crucial areas to prevent and support homelessness. These include providing early advice and support for housing, developing safe discharge plans for homeless people leaving hospitals, conducting health screening and vaccinations, offering employment projects to help them find work, assisting clients in registering with GPs, and accessing primary healthcare, and coordinating services for a comprehensive needs assessment. These efforts can prevent homelessness and better support people currently experiencing homelessness.

We collaborate with our residents, especially young people, to design and deliver services that meet their needs. We engage them through workshops and research, valuing their insights and empowering them to develop skills and confidence. Together, we can create more effective solutions for our borough's challenges.

The "We're in this Together" video is an example of such coproduction<sup>10</sup>, created by young people in Barnsley to show the importance of supporting each other to work through emotional issues as soon as possible and to help young people's mental health resilience.

Barneslai Homes manages approximately 18,000 homes on behalf of Barnsley Council. It provides support to tenants, offering services such as Tenants First, training, skills and employment support, domestic abuse assistance, and help with hoarding. It also provides accommodation for homeless residents when needed.

In addition to the cost-of-living initiatives already in place, such as More Money In Your Pocket, Grants, Good Food partnerships, Community pantries and more, we also have several other ongoing initiatives across the Council and other partners to help address the inequalities that exist in the borough:

### ● Health Checks

In August 2023, Public health and Primary care collaborated to launch a new way of delivering NHS Health Checks. The service prioritises those who need a face-to-face consultation, especially those living in poor areas and those with a higher risk of heart problems. It not only checks their health but also provides support for lifestyle changes.

### ● Family Hubs

Family hubs deliver joined-up early help services for children from pre-birth up to 19 (or 25 if the young person has a disability). They bring together practitioners from a range of universal, targeted, and specialist services in each local area, including schools, police, social care, the private and voluntary sector, and some adult services.

### ● Perinatal Mental Health

- Barnsley residents have access to various resources to help with raising a new baby. Dad Pad and Co-Parent Pad are popular downloads that offer helpful tips. The Dads Matters program engages fathers and co-parents in the perinatal period with a coordinator, while peer support sessions are available throughout the year in family hubs.
- 1001 days team: established in early 2024 and in post until March 2025, the team provides evidence-based interventions for perinatal mental health and parent-infant relationships. Early intervention is offered to mothers, fathers, and co-parents.

### ● NSPCC online provision



# Conclusion

## **This report has highlighted the challenges and opportunities for tackling health inequalities and homelessness in Barnsley.**

It has shown that homelessness is a complex and multidimensional issue that affects not only people but also communities and society as a whole. Homelessness is both a cause and a consequence of health inequalities, which are rooted in social and economic factors. Therefore, addressing health inequalities and homelessness requires a holistic and integrated approach that involves multiple sectors and stakeholders.

Innovative and collaborative initiatives are taking place in Barnsley to prevent and support homelessness and improve health outcomes. These include the decentralised approach to commissioning decisions and resources, the role of the area councils and the place-based partnership, and the work of the homeless team and other services. These initiatives demonstrate Barnsley's commitment and vision to be a place where everyone can thrive and achieve their potential.

However, there is still room for improvement and further development detailed in the report's recommendations. There is also a need for more involvement and empowerment of people with lived experience of homelessness and additional awareness

and education about the issues among the Barnsley residents and professionals. Finally, there is a need for increased coordination and alignment of policies and strategies at the local, regional, and national levels to ensure a coherent and consistent response to health inequalities and homelessness.

Health inequalities and homelessness are not inevitable or insurmountable problems. They can be prevented and reduced through effective and collaborative actions that address these issues' root causes and drivers. Barnsley has the potential and the ambition to be a leader and an example in this field, and this report aims to contribute to this goal by providing insights and recommendations for future action.



## **List of appendices**

[Homeless Prevention and Rough Sleeping Strategy](#)

[Barnsley Place-Based Partnership: Tackling health inequalities in Barnsley](#)

[Housing Strategy](#)

[Domestic Abuse Strategy](#)

[Mental Health and Wellbeing Strategy](#)

[Children and Young People's Strategy](#)

[Barnsley 2030](#)

[South Yorkshire Integrated Care Partnership Strategy](#)

[Good Food Barnsley Partnership](#)