THE UNIVERSITY of York

"You can judge them on how they look….": Homelessness officers, medical evidence and decision-making

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Housing: Local Markets and Local Welfare
in a Globalized World

Lillehammer

Justiciable Rights

- Housing (Homeless Persons) Act 1977
- Housing Act 1996, Part 7
- Duty to house
- Challengeable by internal review and county court appeal

Housing (Homeless Persons) Act 1977

CHAPTER 48

ARRANGEMENT OF SECTIONS

Statutory Duty

- Homeless – ss.175-177
- Eligible – s.185 (immigration status)
- Priority need – s.189
- Not intentionally homeless – s.191
- Local Connection – ss.198-199

Vulnerability

- "a person who is vulnerable as a result of old age, mental illness or handicap or physical disability or other special reason...": HA 1996, s.189(1)(c)

'Vulnerability'

- *R. v. Camden LBC, ex p. Pereira* (1998) 31 HLR 317: is the applicant when homeless "less able to fend for himself than an ordinary homeless person so that injury or detriment to him would have resulted when a less vulnerable man would be able to cope without harmful effect."

Medical Evidence

- The use of medical evidence has become central to these debates, remaining a contentious issue leading to a number of court cases in recent years.

- When deciding whether a person is in priority need by reason of vulnerability through physical or mental health, authorities pay little attention to consultant reports supplied by the applicant and shore up their decision that an applicant is not in priority need by obtaining favourable decisions from their own (in-house) district medical officers who will invariably (with some notable exceptions) provide negative advice despite their own lack of expertise, the limited information before them and the absence of any attempt to meet the applicant to assess his medical condition first-hand. (HLPA evidence to ODPM Select Committee, 2005).

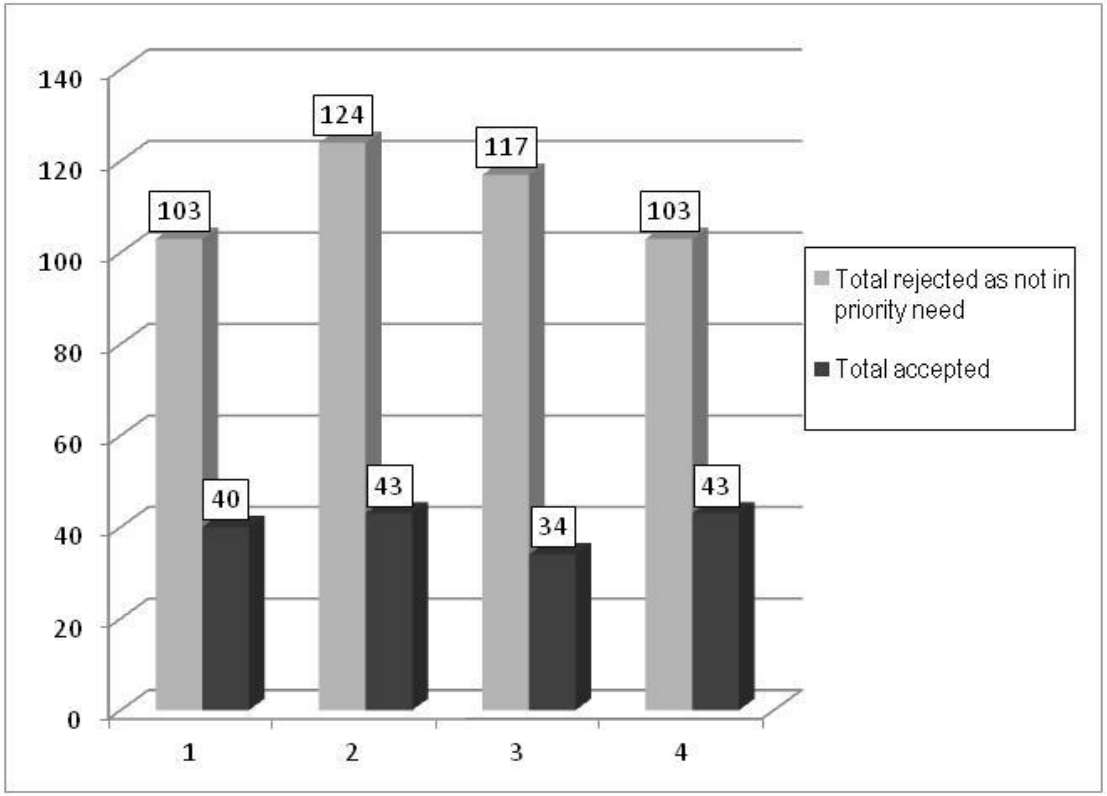
Homelessness Decision-Making

- Homelessness officers are key actors in the welfare system.
- Lipsky's (1980) 'street level bureaucrats'.
- Conflicting norms at play in making decisions:
  - Law
  - Financial management
  - Performance audit
  - Political pressures
- Professional intuition: "Case workers learn to understand what a case 'is about'. They gain a professionally intuitive sense of what is the 'real story' behind a homelessness application and this can inform the nature of the casework which follows" (Halliday, 2000, p. 465)
- In cases with medical evidence, the additional view of 'experts'.
- Legitimacy of 'evidence' as being socially constructed by the authority attached to the source (Lukes, 2005)?

The Study

- 3 varied local authorities across England
- Mixed-method case studies consisting of:
  - Focus groups with front line officers in each LA using vignettes
  - Examination of individual case files (up to 20 in each LA)
  - Interviews with decision-making officers regarding individual decisions made in each of the files
  - Interviews with Senior Managers in each LA
- Early findings: This paper is based on one case study area – London Borough.

Emerging Findings



Homelessness Acceptances in the London Borough for Each Quarter of 2010

Application Process

- Initial assessment
- Caseworker carries out enquiries and decides if duty is owed (subject to approval by manager)
- Three possible sources of assistance in decision-making:
  - Medical assessment officer – internal officer
  - MedicReview – private service
  - Joint Assessment Service – internal service jointly with community mental health team

Decision-Making: *First Impressions*

"Your first interview is usually the most important. The first interview, how they present themselves, is very important and that kind of gives you your gut feeling of how you feel about his conditions."
(Homelessness Officer)

- Evident that first impressions of the applicant matter.
- This is especially acute in terms of physical appearance:

"...he looked vulnerable 'cos he was, he was a bit skinny, and I assumed that because of his diabetes. He had difficulty in answering some of the questions 'cos I think, he suffers from depression I think" (Homelessness Officer)

First Impressions- Appropriate Behaviour

- Suspicions were easily raised.
- *"He didn't present as vulnerable to me, to be honest. ...again he knew ... the procedure in regards to approaching the Council and the kind of questions he would be asked."* (Homelessness Officer)
- Appeared to be a construct of an ideal applicant
- *"He himself didn't ...seem like he was a vulnerable person 'cos he was talkative, the way he was dressed, his behaviour, everything, he never showed any signs of any form of mental health issues whatsoever."*

  (Homelessness Officer)

However.....

- These initial impressions are by no means determinative:
- ***"At the beginning I wasn't sure if it was a fifty/fifty chance because I've dealt with ADHD and autism before, but it's kind of depending on the severity of it. It's really hard to tell at initial, at an initial stage. So I couldn't really say at the initial stage of the application which way it was going to go really."*** (Homelessness Officer)

Decision-Making: *Medical Knowledge*

- Officers are clear that they do not have medical training and advice from professionals is needed to make a decision:

  "Ultimately most of us are not medically trained. So when you're looking at information you may think 'wow, it looks really bad for this person' and then the medical professional will say 'well no, this is what we're seeing…" (Homelessness Officer)

- But…..there is some scepticism amongst officers, especially of MedicReview:

  "MedicReview don't actually meet the client. They will just base their opinion on the information that we provide, or that we gather, and what the client has provided as well." (Homelessness Officer)

  "But because we're not medically trained, 9 out of 10 times we do agree with the medical advisor's recommendation. It's only when you feel so strongly about a client that you do sometimes go against the medical adviser's opinion. But I usually speak to a senior and he usually agrees with the medical advisor's negative recommendation! (laughter). He's like 'no'." (Homelessness Officer)

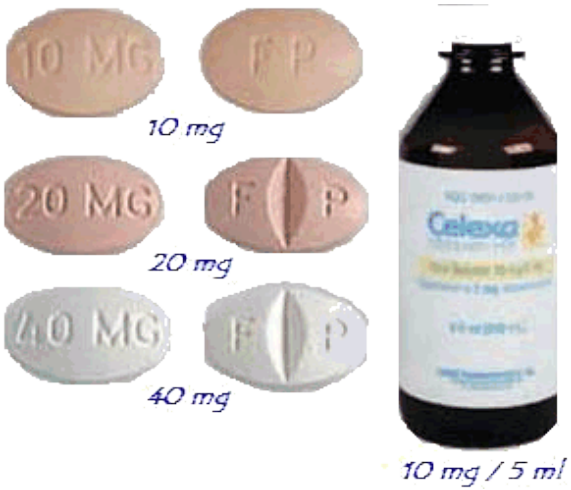
Decision-Making: *Role of GP's*

- Ambivalence towards medical evidence from the applicants GP.
- Consensus amongst officers that GP's exaggerated their patients conditions.
- Felt that GP's did not understand vulnerability in terms of the homelessness legislation – they cited 'vulnerability' in a generic way. This is in contrast to internal or external private medical assessors:

"I do worry about how objective the applicant's consultants and GPs are going to be. Because they're always going to try their best for their patients, aren't they? Obviously they're professional people and I'm not suggesting that they would deceive you, but they may kind of embellish someone's symptoms in order for them to secure housing. I think with our assessors they are more objective really, and they're just going to look at it as the facts stand, I think." (Homelessness Officer)

Decision-Making: *Medication and the Internet*

- Medication an important proxy for vulnerability
- Dosage was especially important.
- The Internet was used to check dosages and other medical queries where the officers lacked knowledge.



"....dosage to us is very important as well, if it's a high dosage then that indicates the person could be vulnerable based on the high dose. If it's a standard or a very low one, you can always argue, well you're not priority, although you're on medication but they're just standard or they're the low dosage."
(Homelessness Officer)

Decision-Making: *The Role of the Applicant*

- Where is the applicant in all this?
- Little heard – a conduit for giving access to information.
- Asked to complete medical assessment forms – but:

"[I] give it out to them and then while I go away to take the copies I come back and it's completed and then pass it on for, to get an opinion on it....So ... generally I never actually question them about the stuff they write in the medical assessment form, especially during the interview." (Homelessness Officer)

".... I generally just go with enquiries and, it's just the standard stuff that we do, don't get sucked in with their personal circumstances" (Homelessness Officer)

Decision-Making: 'Gut Feeling'

- The role of what officers perceived as professional intuition is evident in the decision-making process.
- Often talked of their 'gut feeling' for cases and an instinct whether priority need, via vulnerability, was going to be given.

"I think you start with the gut feeling, the sort of feel you have for a case, and then you kind of work with that…You do get the odd one. But generally I think our gut feelings are pretty good indicators." (Homelessness Officer)

Interim Conclusions

- This study highlights how the administration of homelessness law by street level bureaucrats and selective use of 'expert' opinion was sometimes found to be breaking the broad intention and spirit of that law.
  - De-prioritisation of professional medical opinion
  - De-prioritisation of the voice of homeless applicants, their views, opinions and needs
  - Selective use of 'expert' medical opinion that we could argue was under pressure to turn down claims
  - Arbitrary power of the decision resting with street-level bureaucrats who were sometimes found to be relying on crude stereotyping when making decisions

Interim Conclusions in Context

- Why are they doing this?
  - Massive constriction of affordable housing supply, especially social rented housing, in last 35 years, making *rationing* necessary, many local authorities had to limit numbers found in priority need or be overwhelmed.
  - Social landlords can be resistant to housing homeless people, concern about management problems associated with support needs and also the increasing reliance on private finance to develop, creating a need to seek more affluent, i.e. *employed* tenants, further constricting effective housing supply
  - Homelessness law focused on homeless families and 'vulnerable' groups, creating a potential loophole, because while the presence of a dependent child cannot be easily disputed by a local authority, the presence of a *vulnerability* is much more a matter of interpretation, that is the most obvious means to *ration* using the law
  - Now more than ever, the cultural, political and mass media images of homelessness, of people seeking to abuse the welfare system and who avoid work and responsibility remain powerful in UK society. These are arguably visible among street level bureaucrats in this study and in the many 'hurdles' (intentionality, local connection, priority need) set by the law.

- Thank you for listening.

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