

Vulnerable adults in the privately rented sector in England: A snapshot of current practice issues.

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Abstract: In the UK, in common with many developed countries, there is a crisis in the provision of adequate, affordable and quality housing. This paper discusses how an unprecedented rise in the privately rented housing sector has impacted on housing security for vulnerable adults¹ and the challenges for social work emerging from this situation. We report on a scoping review of the relevant literature and a subsequent online survey of practitioner's views on the challenges and possible solutions to this issue. Together these provide a snapshot of practice issues and concerns which can be used to promote further debate and help shape recommendations.

Keywords: social work, social care; privately rented housing sector (PRS), vulnerable adults, housing security.

Introduction

¹ The core definition of "vulnerable adult" from the 1997 Consultation "Who Decides?" issued by the Lord Chancellor's Department, is a person: "Who is or may be in need of community care services by reason of disability, age or illness; and is or may be unable to take care of unable to protect him or herself against significant harm or exploitation". This definition of an Adult covers all people over 18 years of age.

It is now commonly acknowledged that we have reached a crisis point in the provision of adequate, safe, affordable and quality housing for many individuals within the UK (Jefferys et.al. 2014). A major change in the housing market has been the rise of the private rented housing sector (PRS) as a provider of accommodation and this is growing rapidly accounting for nearly 22% of households in England in 2015 and predicted to rise to 40% by 2025 (PWC, 2015). This may be attributed to various factors including the creation of *Assured Shorthold Tenancies* under the *Housing Act 1988* and the advent of *Buy to Let Mortgages* in 1996 (Miller, 2010). Households living in the PRS in England now exceed those in the 'traditional' social rented sector (DCLG, 2016) reflecting an evolution from renting as one stage on route to ownership to a catch-all for various housing needs, including those who would have historically been granted social tenancies (Smith, et al, 2014).

The impact on Social Workers and the Social Care workforce in their day-to-day work with those who need housing support is difficult to assess due to the dearth of research or any coherent evaluation of the role of Social Work in this critical area of practice. Furthermore, marked differences in how we describe and articulate housing needs within social work, social care and by housing providers is compounded (DCLG, 2016) by variations in geographical context, role confusion and inconsistencies in policy implementation. The backdrop of a constantly changing politically and economically driven housing market throws up new challenges when exercising the housing rights of service users. It would be fair to say that this picture is complicated and confusing for the average UK social worker in their day to day practice (Johnson, 2013). Aggravation of his scenario is exacerbated by recent government policies such as the Housing and Planning Act (2016) which is anticipated to result in the loss of 350,000 social rental homes by 2020 (Brown, 2016).

Whilst many people are satisfied with PRS which provides flexibility and a stepping stone to other forms of tenure, for some it has also been characterised by short-term contracts, poorly regulated landlords, and poor housing conditions, all underpinned by increasing unaffordability and housing insecurity (Smith et.al 2014). In 2017, the government's *Homelessness Reduction Act* set out new measures (from April, 2018) to extend the existing duties of local housing authorities to provide prevention and advisory services to certain listed vulnerable groups (DCLG, 2017). Nearly 44 per cent of homeless prevention and homelessness relief cases assisted to find accommodations are placed in the PRS (DCLG, 2015). Where a homelessness duty is owed, it is typically because the households contain vulnerable people, for example adults with long-term conditions, disabilities or from marginalised minority populations all of whom are likely to be affected by poor living conditions. The current duties of local authorities under the relevant housing legislation are outlined in Table 1.

At a political level, the UK Conservative government's move to reduce the length of social housing tenancies has followed sharply on from the impact on homelessness and tenant's security because of the *Welfare Reform Act* (2012) and the *Localism Act* (2011). For example, the Welfare Reform Act (2012) has had a significant impact on access to housing benefit with a cap placed on tenants for single people and charges for 'under-occupancy'. Aldridge et al, (2015) demonstrated that the cost of housing is the main factor behind

Table 1: Duties of Local Authorities

Legislation	Key Features	Priority Groups	Homelessness Duties If	LA Action
Housing (Homeless Persons) Act 1977	<p>Defined homelessness S.1(1- 3)</p> <p>Introduces concept of 'priority needs'</p>	<p>-Homeless person with dependent children or a vulnerable person.</p> <p>-Persons threatened with homelessness due to an emergency (flood, fire etc)</p> <p>-Pregnant and from either group above.</p>	<p>Person applies to a LA and person is homeless or threatened with homelessness.</p> <p>Must have 'local connection'.</p>	<ol style="list-style-type: none"> 1. 'Appropriate inquiries' to determine 'homelessness'. 2. If a 'priority need' and if this was unintentional' 3. Duty to accommodate 4. If 2. does not apply then duty is to provide advice and assistance
Housing Act 1996 (Part 7)	<p>Further defines homelessness to include if:</p> <ul style="list-style-type: none"> - It would occur in 28 days; the 'reasonableness to continue to occupy' and refines threats to homelessness to include domestic and other violence - Duty ends if person refuses final offer of accommodation 	<p>'Priority need' defined further to include</p> <p>(a) a pregnant woman or a person with whom she resides or dependent children or a vulnerable person (old age, mental illness, physical disability etc. or emergency e.g. flood, fire, other disaster)</p>	<p>As above and interim duty to accommodate pending further inquiries.</p> <p>Includes exclusions to house vulnerable but intentionally homeless</p> <p>Duty ordered in 2002 to include as priority need: 16-17yr olds; 18-20 yr olds previously in care; those vulnerable due to period in care or custody or in HM Forces or fleeing their home due to violence or threat of violence.</p>	<ol style="list-style-type: none"> 1. Assessment of housing needs. 2. Accommodate if 'priority need' 3. Provide advisory service 4. Assist voluntary organisations concerned with homelessness
Homelessness Act 2002	<p>LA to have a multi-agency strategy to address homelessness</p> <p>Rehousing of specific groups of people (including requests for transfers)</p> <p>Requirement for a housing register removed</p> <p>'unacceptable behaviour' can result in a homeless person becoming ineligible</p> <p>Right to appeal decisions including suitability of accommodation</p>	<p>Homeless or threatened with homelessness</p>	<p>Amends duties in Housing Act 1996 Limitation on duration of duty (2 years) to accommodate removed.</p> <p>Duty ends if person accepts a tenancy from a private landlord (S.7)</p>	<p>Provide suitable accommodation until they obtain settled housing.</p> <p>Include Social Services and others in reviews of strategies to address homelessness (S.2, 3)</p> <p>Act to ensure an eligible person not intentionally homeless remains in secure accommodation.</p> <p>Cooperate with Social Services (re Part 3 duties under Children Act 1989) Provide accommodation where applicant is ineligible.</p>
Housing and Regeneration Act 2008	<p>Established the Housing and Communities Agency</p>	<p>Homeless</p>	<p>Specific duties in relation to social housing i.e. must be provided by registered 'social housing provider'</p>	<p>Maintain/Organise register of 'Social Housing Providers'</p>
Localism Act	<p>Powers introduced for LAs</p>	<p>Homeless</p>	<p>As stated above</p>	<p>Arrange</p>

2011	to end main housing duty towards homeless by offer of suitable accommodation in the PRS.			accommodation in the PRS
Homelessness Reduction Act 2017	intended to better prevent and relieve homelessness. A prevention-based approach may lead to reduced costs of homelessness. Defines meaning of "threatened with homelessness" Amends S.175 of Housing Act 1996 to include: - A person given a valid notice under S.21 of the Housing Act 1988 (order for possession) and that notice will expire within 56 days (previously 28).	Homeless or threatened with homelessness	Duty to provide free advisory services to those homeless or threatened with homelessness. To carry out assessments and personalised housing plans, setting out the actions housing authorities and individuals will take to secure accommodation Public bodies have general duty to refer	In addition to the above. Provision of information and advice on: 1.Preventing homelessness, 2.Securing accommodation when homeless, 3.Rights of persons who are homeless or threatened with homelessness. 4.The LA duties. 5.Any available help 6.How to access that help.

London's higher poverty rate with more private renters in poverty than social renters or owners. London for example had 27,000 landlord possession orders (permitting landlords to immediately evict tenants); a rate that is more than double the rest of England. This has driven up the cost of rents but also reduced the impetus on landlords to maintain the condition of their properties. The ending of private sector tenancies has overtaken all other causes to become the biggest single driver of statutory homelessness in England. The proportion of households accepted as homeless by local authorities due to the end of an assured shorthold tenancy increased from 11% (in London 10%) during 2009-10 to 32% (in London 74%) during 2016-17 (NAO, 2017). In addition, it appears likely that the decrease in affordability of properties in the private rented sector, of which welfare reforms such as the capping of local housing allowance are an element, have driven this increase in homelessness (NAO, 2017).

According to Shelter's (2014), nearly half of privately rented properties are substandard. The vulnerabilities that people who use services are experiencing from the impact of cuts and welfare reform alongside these trends in deteriorating housing provision require professionals in general and Social Workers specifically to have a better understanding of these issues. These are both necessary to make a positive difference to well-being (Care Act, 2014) individuals and families and to live up to our commitment to a basic right to have a home, a sense of belonging and participation in the community. These are essential ingredients to citizenship.

Given ongoing media attention regarding the UK housing crisis particularly around the PRS, we thought it timely to review the current state of knowledge in this area to set down key issues for Social Work and related professionals. We report on a scoping review of the literature and a subsequent online survey of practitioner's views on the challenges and

possible solutions to this issue. Together these provide a snapshot of practice issues and concerns which can be used to help shape recommendations.

Scoping Review

A search of the published literature from 2000-2016 on Social Work and Social Care with adults and their housing issues revealed little debate despite the impact of some of the largest funding cuts to housing services since the implementation of further austerity measures (Hastings et al, 2015). Our initial aim to conduct a systematic review of current literature around the issue of social work, vulnerable adults and privately rented accommodation was abandoned when despite a number of variations in search terms and databases, we were unable to locate sufficient research to complete this task. We therefore adopted a broader scoping review encompassing a wider range of populations included and research questions addressed would allow the research team to gain an understanding of current debates within the literature and would inform the development of a questionnaire for professionals in this area. However, we found a small number of reports and research studies that helped to inform our understanding of some of the issues affecting vulnerable adults living in PRS and the positioning of Social Workers in this context.

Karban et al, (2013) reported on the challenges for individuals with disabilities moving to independent living for the first time and the need to negotiate relationships with care staff. Gray and Fraser, (2013) addressed the significance of housing within ongoing support to people recovering from problematic substance misuse to help prevent relapse and avoid isolation. Many participants in this study became homeless after leaving prison or residential rehabilitation services and there appeared to be minimal provision that focused on preventing their return to substance misuse and/or crime. Ellison et al. (2012) found chronic homelessness in those experiencing multiple disadvantages from childhood and who begin hostel or street living at an early age, often together with problematic substance misuse.

Just two reports identified (both produced by Shelter) looked specifically at the experiences and needs of vulnerable adults in privately rented housing but neither of these reports included reference to the involvement, or need for involvement, of social care or social work services. The first study ('Can't Complain', Shelter, 2014) reported on the prevalence of poor housing conditions, such as damp and inadequate heating, experienced by vulnerable adults in PRS (61% of respondents to a YouGov online survey). Of the 4,544 private renters who completed this survey 10% reported that their housing conditions had negatively affected their health and 12% stated they were afraid to complain about conditions for fear of being evicted, a consequence for almost a third of those who had complained previously to their landlord or local council. The links between housing quality and health are now well established and there have been calls to better integrated housing association and healthcare services nationally (King's Fund, 2016), however, similar calls for more involvement of social care services have not been as prominent.

Poor conditions of privately rented accommodation were also recorded in the second report published by Shelter and Crisis (2014) on the findings of the Sustain project, a longitudinal

interview study on the experiences of previously homeless adults living in private rental accommodation. This study also revealed widespread issues relating to the quality of housing available to this group, difficulties experienced in asserting rights with some landlords and the financial problems associated with private rental when additional support was not made available to those in need. This report highlighted the psychological impacts of poor private rental conditions, in particular where people felt they were not being listened to by landlords and that they found themselves in a situation where they were constantly struggling to maintain a tenancy and didn't know where to look for help.

Finally, a briefing paper based on case studies on older people's experiences in the PRS (Age UK, 2017) described the experiences of some older private tenants and those who support and care for them. There were several issues identified including; failure to carry out timely repairs with potentially serious health implications for vulnerable older people; exacerbation of chronic health from poor environments such as damp and expensive heating; the impact of unexpected rent increases and restrictions in housing benefit; the lack of support to take up issues particularly due to a fear of retaliatory evictions and difficulties in getting adaptations carried out as well as lack of alternatives where the property becomes unsuitable.

The relationship between poor housing conditions and bad health is well documented where overcrowding, damp, indoor pollutants and cold have all been shown to be associated with physical illnesses including eczema, hypothermia and heart disease (Barnes et al, 2013; Smith et al, 2014). There is currently no specific legislation in place to protect renters who report poor conditions to their landlord or local authority from being evicted or other forms of retaliatory action. The UK is out of step with other international jurisdictions in providing such weak protections for renters and research by London Assembly (2016) demonstrates that the practice and fear of retaliatory eviction is widespread and should be addressed in order to ensure that renters are protected when exercising their basic consumer rights. This presents challenges for vulnerable people in PRS and is not currently functioning in a way which supports their wellbeing.

The findings from this short review were used to inform the development of a survey aimed at understanding the experiences of Social Workers in supporting vulnerable adults living in the PRS, the main challenges they are facing and ways that these could be met.

Online survey

The questionnaire comprising 21 items was disseminated electronically using a SurveyMonkey link via Twitter, the British Association of Social Work membership area and via local networks of Social Work teams. This was circulated twice within a 6 week period during early 2017. Fourteen questions captured demographic features of the respondents and responses to closes questions using a simple Likert scale. Example questions were (Q11) *'Is your organisation involved in any initiatives to promote improvement or security of housing for the service user you are working with?'* and (Q18) *'In the last 5 years have you had any training on working with housing needs and housing support associated with your work in adult social care?'* Seven questions (closed and open free text comment response types)

focused on participant's experiences of working with vulnerable adults within PRS, interventions they had used and suggestions for future improvements. Ethical approval was

% (N)

given to conduct the study by x (anonymised during review) ethics committee: ref no xx.

In total 55 respondents completed the survey with 33 full completions. The 22 partial or incomplete surveys were disregarded during the data analyses. Data analyses involved collating the responses under each separate question. The qualitative data from these open questions were brought together and analysed inductively within the context of the survey question posed. Two authors looked at this textual data separately. Significant key words or phrases were coded and then discussed by all authors to identify common themes or differences.. We also looked across the dataset as a whole using content analysis to identify any key themes emerging particularly repetition of issues and comments. Two main themes were confirmed and reported hereon: contributory factors to insecurity of tenure and crisis in the PRS and the challenge in finding 'solutions'.

Findings

Table 2 provides demographic details of the survey participants.

Almost a third of respondents reported that they deal with housing crises at least once a week with the same proportion reporting crises once a month or more. The vast majority of respondents reported that they had received no training at all in dealing with housing needs for their client group. A slight majority do however, have access to (and are aware of) legal advice services although approximately a third stated they didn't know if legal advice services were available in their borough.

MAIN QUALIFICATION	<i>Social Work</i>	61% (20)
	<i>Nursing</i>	15.5% (5)
	<i>Occupational Therapy</i>	9% (3)
	<i>Other</i>	14.5% (5)
PRACTICE CONTEXT	<i>Local Authority</i>	55% (18)
	<i>NHS</i>	30% (10)
	<i>Other (Voluntary/Private)</i>	15% (5)
SERVICE USERS WORKED WITH	<i>Mental Health</i>	45% (14)
	<i>Older People</i>	10% (3)
	<i>Learning Disability</i>	10% (3)
	<i>Physical Disability</i>	10% (3)
	<i>Other</i>	25% (10)
LENGTH IN CARE SECTOR	<i>< 5 years</i>	9% (3)
	<i>5 – 10 years</i>	15% (5)
	<i>> 10 years</i>	76% (25)
REGION	<i>London</i>	87.5% (28)
	<i>Other</i>	12.5% (5)

Findings from the qualitative data

Contributory factors to insecurity of tenure and crisis in the PRS

More than half of respondents cited changes to the benefit system as a key contributory factor and the lack of alternatives to the PRS, in particular, reduced social housing stock locally. Almost half of respondents referred to the challenges for service users in being able to maintain a tenancy due to mental health; not always understanding their responsibilities as tenants and the lack of flexibility of landlords in being able to tolerate any challenges to late rent or favouring other tenants such as young professionals. Six respondents referred to the difficulties that service users faced when their problems became known to the landlord for example around hoarding; anti-social behaviour or problematic substance use. Some gave examples where tenants required adaptations to support independent living or required repairs to facilitate safe hospital discharge which could lead to insecurity of tenure.

In relation to recent changes or challenges associated with insecurity of tenure impacting on service users living in the PRS, the introduction of universal credit was cited by almost half, as were benefit caps and a reluctance of landlords and agents to accept tenants receiving benefits. Particular barriers identified were the lack of accessible properties and requiring a five year tenancy to meet the requirements for eligibility for a disability facilities grant. Some landlords required a six week deposit and a credit check. An equal number of respondents referred to the decline in local authority expenditure as having a secondary impact on availability of housing solutions for example, a significant reduction in social housing stock over time; the thresholds for supporting tenancies in the PRS; and the direct effect of cuts to local authority and health budgets which restricted suitable accommodation being sourced for individuals discharged from hospital or support accommodation. Single people were noted as being particularly vulnerable as they tended to come from a background of homelessness; former prisoners; young people unable to find shared accommodation and

tenants moving on from supported accommodation and despite of and extended government initiative the 'Crisis private rented sector access development programme' since 2010 (Ministry of Housing, Communities and Local Government, 2014) .

Practitioners were asked to identify the main challenges they faced in providing help and support. A key theme emerging in response to this question was a general sense of powerlessness in being able to find solutions with so many different pressures in a fragmented local workforce as stated earlier;

'getting partner agencies to understand the process such as patients in hospital who are homeless, who the district council has accepted responsibility for to find housing for but the hospital think social care should place them in residential care'.

Respondents noted the snowballing of problems where housing needs were not met. One mentioned having to counter expectations from service users who perceived that having a social worker would guarantee them social housing but did not meet an increasingly raised eligibility criteria. They noted their own lack of training and sophisticated knowledge required to navigate the system including housing legislation, benefit legislations and bureaucratic protocols. Two respondents specifically noted a *'lack of compassionate care'* from partner agencies and *'housing associations becoming more ruthless and less willing to work with people with vulnerabilities especially if they get into arrears'*.

'Social workers are firefighting/ crisis managing one housing crisis to the next which takes time and a lot of energy. Social workers do not learn specific housing legislation in training and newly qualified social workers are not always equipped to deal with legal housing terms and policy. If you do not have a senior social worker / access to a worker who has housing related experience, you are at the mercy of accepting housing officers say so'

Finding solutions

When asked to identify what would be most helpful in work with people experiencing difficulties in the PRS there were three main themes. These included the availability of expertise, more specialist housing advice and, flexible support to help tenants directly manage problems as they arise in their tenancies. These needed to be integrated within services so that people have access to specialist advisors and also community based where people can drop in and get advice in their local communities. Respondents felt that support indirect to housing issues but which was preventative, could be provided through local advocacy, particularly around mental health and care pathways that integrated needs *'in a less rushed and more enabling manner'*. Thirdly, there was a need for a local infrastructure with lead people in the local authority and estate agents to ensure earlier resolution of problems with an incentive scheme to support vulnerable adults and clear agreed guidance on housing rights and an appeals process. Other solutions were the provision of written information on housing rights in the PRS with enforceable action where the property was in poor repair or breach of process in relation to these matters.

In relation to the single most important thing to help practitioners in their roles with vulnerable adults, respondents highlighted the significance of integration and meaningful and accountable working between agencies at both a local and strategic level; access to direct support for individuals that they could refer to on their behalf; the need to improve their own knowledge, skills and training in housing need advocacy and a general desire for improved housing resources. Practitioners prioritised the need to recognise the impact of problems on social and health care and made reference to the Care Act directly including its key principles.

‘Reinstatement of social housing as a human right. Security of tenure and the ability for all to have a sense of home and emotional stability and wellbeing.’

In their final comments, respondents gave an insight into the complex situations they were dealing with on a daily basis and their frustrations in being recognised for their holistic knowledge of working with vulnerable adults in housing crisis, particularly in mental health where they were subject to endless assessments and forced to justify sustaining Social Work input.

‘The increasing amount of seriously unwell people who are in shoddy accommodation - I reported to the local council that a client, who had fled torture, was living in what was no more than an outhouse on an extension roof.’

Discussion

This paper aimed to review some of the current issues in relation to Social Work with vulnerable adults living in the PRS in the UK. The crisis developing in the UK involves complex changes as a result of market forces and increased inequalities in access to housing. The use of the PRS in addressing housing need is seen as the corollary of the shortage of social housing and tenants with welfare rights. Affordability, security of tenure and poor standards, landlord flexibility and compliance with legislation and policy implementation has exacerbated the situation for many disadvantaged groups. Further the impact of welfare reforms, particularly caps on some benefits have had particularly negative consequences on vulnerable adults already settled in the PRS leading to further deprivation and risk of homelessness. Many of these themes were echoed in the practitioner’s survey responses reported here. For those on the frontline, the concern to support vulnerable individuals in the PRS, housing was only one part of the picture. Setting up and maintaining tenancies requires enormous support involving many aspects including life skills for health, wellbeing, financial and housing literacy and not least the awareness and sensitivity of landlords and local communities where people are placed.

Support needs during a transition to the PRS could be particularly intensive to ensure longer term outcomes and given the association of housing instability and conditions with chronic health problems, the case for investment in preventative input remains strong and is already enshrined in the principles of the Care Act (DH, 2014). Ellison et al (2012) further highlight the issue of isolation for people taking on new PRS tenancies which involve moving away from established communities or family support which could be essential to prevent tenancy

breakdown particularly for vulnerable adults. Practitioners referred to the challenges in working in partnership to effect intensive and specialist support across a range of dimensions if tenancies in the PRS were to be effectively managed. Similarly, our review of the literature between revealed very little debate and research in the field from which Social Work can build a reliable evidence base about any new developments required and valuing the contribution of social work in this arena.

Despite the dearth of primary research concerning Social Work and housing in relation to vulnerable adults, there is a strong critique on housing issues and vulnerable adults from housing advocates and campaigning organisations which is generating an evidence base from commissioned research (Shelter 2012; Harrison et.al 2013; Jefferys et.al 2014; NAO 2017).

The UK Housing, Learning and Improvement Network (LIN) have begun to explore the market for extra care housing in the PRS within the spectrum of tenure and care choices available particularly for the growing ageing population (Miller, 2017). There are also many initiatives being developed around the UK because of the intensive work of national campaigning organisations. Social Work needs to engage with these debates as a matter of urgency and also to look internationally for examples of best practice.

Given that it is unlikely that the social housing sector will ever be in a position to meet future housing need, the PRS appears to be a longer term source for meeting housing need and for those exercising welfare rights particularly means-tested or disability-related benefits, for single people and non-family households. For these groups, affordability is a major barrier and rents are significantly more expensive often requiring a deposit and rent in advance, all of which pose insuperable barriers. For those at greatest risk, such as care-leavers, ex-offenders, affordability is compounded by issues around mental health, problematic substance use, financial and social exclusion, which can contribute to a higher propensity to breaking down tenancies and little appetite from PRS landlords to housing vulnerable adult tenants (Ellison et al, 2012).

Likewise legislation and policies underpinning Social Work practice acknowledge the role of housing in enabling people to access basic services and build relationships within their communities and in facilitating interventions designed to promote and improve health. The concept of 'home' underpins many policy and practice developments in Social Work with adults in order to promote person-centred support (HM Gov't 2007 cited by Beresford et.al. 2011; ADASS 2018). *The Care Act 2014* brought together, into a single coherent statute, the provision and funding of care and support. For the first time, the contribution of housing to the care and support system is recognised as contributing to well-being. The legislation emphasises better information, strengthened prevention, a more personalised approach, joining up support around the needs of the individual and underpins the promotion of health and wellbeing (LGA 2015). Housing is one of nine areas identified as important for wellbeing and recognised 'The suitability of living accommodation is a core component of an individual's wellbeing...' (S.1.(2) Care Act 2014; Care Act Guidance 4.90). In addition, giving attention to housing was considered to be preventative for many 'vulnerable' groups

(LGA 2015). The Care Act also defines housing as a ‘health related service’ – requiring better integration between housing and social/health care services within a locality.

Further, the *NHS Five Year Forward View* (NHS England et al 2014) set out a vision for the future of health and care based on new transformative models of care, a radical upgrade of preventive care, and stronger partnerships between the NHS and others, including local authorities, the voluntary sector, patients and local communities. Both of these significant documents called for closer co-operation among services that support health and wellbeing. A memorandum of understanding supported joint action on improving health through the home, supported by NHS England, Public Health England and the National Housing Federation among many others (National Housing Federation 2015).

Simultaneously some of the largest reductions in public spending have been seen in services that covers homelessness services and supporting people. Service providers report that they now spend more time on administrative duties than dealing directly with the public and that services are becoming ‘firefighting’ and reactive instead of proactively responding to crises (Hastings, et al., 2015). Decentralisation of services has led to reduction in the quality of services being offered, for example, housing officers don’t know an area as they would in the past and are increasingly working in ‘silos’. Due to issues in waiting times to see service providers, lack of staff continuity and difficulties in accessing appropriately trained staff it was felt that many vulnerable adults were not getting the support or help that they need for things such as mental health problems or advice on where to access interventions or support services. The Local Government Association in their 2015 report entitled ‘*A Home is much more than a House*’ highlighted the need to build positive relationships between services and recognises that there are differences across UK regions and that negotiating with LAs across borders can be a fraught and difficult process. Whilst some public health input has helped to raise the issue of housing as important to health and wellbeing financial constraints for preventative services remain problematic. Being engaged with housing issues, particularly the PRS, is now an increasingly difficult area for Social Workers as this quote from the Guardian in 2016 demonstrates:

“Whilst working for a local authority, I managed to find accommodation for a man called John. He had depression and major drug and alcohol issues. He had been sleeping in a tent since his mother killed herself and he had no right to the private tenancy that she had. Single men get a rough deal and so John ended up on the streets, sleeping in a doorway and was not in touch with any services”. (Anonymous, 2016)

The scale and nature of efficiency measures have real costs and are being reinforced by the impacts of retrenchment measures (Hastings et al, 2015). Pressure on front line staff can be the result of several factors including; burgeoning workloads; service ‘thinning’; loss of expertise, ‘de-professionalisation’ and, reduced staff morale. Social Workers and others working in social care are required to give a significant degree of support to help vulnerable adults to sustain tenancies particularly for those in recovery. Allen (2017) reminds us that creating a home can be complex and Social Workers are key professionals in helping people to find their way to ‘home’ within this complexity beyond bricks and mortar. Support can be

practical in promoting safety, security, affordability and physical comfort and helping people to create a sense of belonging and trust, through stability and secure attachment.

Limitations

There were limitations to our empirical work which was based on a very small sample, a snapshot illustrative for the discussion only and was also biased towards London and South East England. Combined with the limitations in the literature, there is insufficient detail or depth of evidence on which to draw any significant conclusions.

Conclusion and recommendations

This paper does not claim to be representative of all vulnerable adult tenants in the PRS, many of whom may find private renting a positive and flexible option and receive a good service. However getting an overview of the experiences of vulnerable adults who are tenants in the PRS is difficult and would benefit from some further research. Service users would appear to be more dispersed in the PRS and often lack representation, meaning their voices can go unheard. Research therefore needs to engage with these voices, particularly from an intersectional perspective. We have put forward some tentative recommendations in Table 3 below in order to kick start a more substantive debate on the issues impaction on social work with vulnerable adults in the PRS.

Table 3: Recommendations as a result of problems identified for vulnerable adults in the PRS

Problems Identified	Recommendations
<p>A lack of training in frontline staff of their duties and the available powers to protect vulnerable PRS tenants.</p> <p>Staff being unclear of the roles of other professionals who can be referred to directly.</p>	<p>Staff having a basic knowledge of the duties and powers available to local authorities to protect vulnerable tenants in the PRS</p> <p>Staff to be familiarised with the roles of other professionals e.g. environmental health to address health hazards.</p>
<p>Insecurity of tenure due to unexpected rent increase and retaliatory evictions</p> <p>Vulnerable adults struggling to maintain a tenancy and not knowing where to look for help.</p> <p>Restrictions in housing benefit</p>	<p>Monitoring and reporting of issues to ensure that tenants can enforce their consumer rights and improve their conditions without repercussions.</p> <p>Local authority to improve the delivery of written information on the rights of vulnerable tenants in the PRS including better access to legal aid.</p> <p>Provision of expertise such as localised specialist housing and benefit advice and flexible support to address problems as they arise.</p>
<p>Changing thresholds for supporting PRS tenancies of vulnerable adults e.g. the five-year tenancy eligibility requirement for a disability facilities grant.</p>	<p>Provide advocacy and support partnerships which enable tenants in the PRS to have better access to home improvement services e.g. Disabled Facilities Grants (DFGs) and other forms of assistance to support independent living.</p>

<p>Challenges for service users e.g. inability to maintain a tenancy due to mental ill-health or not understanding their responsibilities as tenants.</p> <p>Partner agencies and 'Housing associations' less willing to work with people with vulnerabilities.</p>	<p>Develop a good network and relationships with stakeholder partners including with the Third Sector.</p> <p>The role of commissioners of health and wellbeing boards can be a useful input.</p>
<p>Staff lack of training and knowledge required to navigate the local housing system e.g. local bureaucratic protocols.</p> <p>A lack of recognition of the impact of housing problems on Social and Health care.</p> <p>A sense of powerlessness to find solutions with many different pressures on a fragmented local workforce.</p>	<p>Multidisciplinary training for Social Workers and other frontline professionals to better support vulnerable adults in PRS accommodation.</p> <p>There is a need for stakeholders to facilitate greater collaboration and networking to minimise negative impacts on vulnerable adults</p>

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