



The Housing Benefit (Amendment) Regulations 2011

Response from NAT (National AIDS Trust)

NAT welcomes the opportunity to respond to the Social Security Advisory Committee (SSAC) consultation on the Housing Benefit (Amendment) Regulations 2011, which propose to change the definition of a 'young individual' for Housing Benefit purposes.

NAT is the UK's HIV policy and campaigning charity. We provide fresh thinking, expert advice and practical resources. Advocacy related to the needs of socially disadvantaged communities in the UK forms an important element of our work, and this includes people living with HIV who rely on benefits.

NAT is very concerned about how the proposed changes to Housing Benefit rules will affect people living with HIV. Good quality, secure housing is crucial for people living with HIV to maintain their physical and mental health and manage their treatment needs. By providing single people under the age of 35 with a rate of Housing Benefit that will only pay for a room in a shared house, these proposals will severely limit the choice available to people living with HIV to choose safe, appropriate housing. In particular, we are concerned that compulsion to share accommodation with others will leave people with HIV vulnerable to discrimination and harassment by those with whom they end up sharing a home.

We urge to Government to reconsider the proposal to extend the age range for the shared room rate to 35 years. There must also be a review of the range of grounds on which people with disabilities may be exempt from the share room rate rules. In addition to care needs, this should consider housing needs related to: maintaining physical and mental health; ability to adhere to treatment; and the risk of harassment of the disabled person by others in the household.

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HIV and housing

NAT is concerned that extending the age limit for shared accommodation rate will result in Housing Benefit applicants with HIV being forced into inappropriate and unsafe housing. For people living with HIV, the quality of the housing they live in is crucial to their ability to maintain their health and manage their treatment needs.

Adherence to medication is central to living well with HIV. If antiretroviral treatment (ART) is not taken consistently as directed, the individual will become unwell. In addition, poor adherence to ART can lead to the development of drug resistance and the need for more expensive retreatment options in the future.

NAT's practical guidance *HIV and Housing*, produced in partnership with Shelter, notes that the following accommodation situations create particular challenges to adherence:

- living in insecure accommodation, including bed and breakfasts
- living in overcrowded or shared accommodation with little privacy
- living without access to a private fridge or other appropriate storage place in which to store certain HIV medications.¹

Insecurity of accommodation and lack of privacy are clearly two key determinants of how housing affects the health of someone living with HIV. NAT is very concerned that these are also characteristic of much of the shared accommodation which a 'young individual' will be expected to access under the proposed changes.

If someone living with HIV only has access to the shared accommodation rate, they are more likely to end up in the types of housing which present a challenge to managing their health and treatment adherence needs.

Impact of the new shared room rate rules

As outlined above, the housing issues that affect people living with HIV include both the physical quality of their living environment and their interactions with other members of the household.

In terms of the physical dimensions of housing, people with HIV have the same range of requirements for safe housing as may be expected for any disabled person. At the most basic level, their accommodation must be clean and warm and free from damp and mould. Some people with HIV may also need special adaptations or requirements, for example if they have mobility problems.

If housing benefits rates are limited to only the amount needed to rent a shared room in a house, the options available in terms of suitable accommodation will be severely limited. There will be fewer properties to choose from overall, making it harder to find accommodation in a suitable location (for example, accessible to an HIV clinic and to existing support networks).

¹ NAT. 2009. *HIV and Housing*.
<http://www.nat.org.uk/Media%20library/Files/Policy/2010/Housing%20Guidance%20Web%20Updated.pdf>

The housing benefit claimant will also have very limited choice about the room they are offered in a house, for example, whether it is upstairs or downstairs, and how accessible it is to amenities in the house such as the bathroom and kitchen. By having to make compromises about these basic accommodation needs, people living with HIV will face greater challenges in managing their health and treatment.

People with HIV who only receive enough Housing Benefit for a room in a shared house will also be constrained around who they share their accommodation with. HIV is still a stigmatised condition in the UK and people living with HIV can face prejudice, discrimination and harassment. In addition, the right of people living with HIV to confidentiality about their condition is not always respected. NAT is very concerned that fewer accommodation options will mean that people living with HIV feel forced to accept a room in a shared house where the attitudes of other residents will make them feel at best very uncomfortable and at worst unsafe. Living with strangers who are hostile towards people living with HIV can have serious effects on the mental and physical health of an HIV positive person.

We are already aware of the impact that coerced share accommodation can have on the health of people living with HIV in the context of asylum housing. Asylum housing is provided on a no-choice basis and is often shared. Asylum seekers with HIV struggle to maintain their confidentiality while adhering to their treatment. They may not have anywhere to store their medication privately, especially if it needs to be refrigerated. They may also experience side effects such as gastro-intestinal problems and night-sweats which draw attention to their condition in a shared house. Lack of privacy is therefore a cause of stress and anxiety for asylum seekers with HIV, and in some cases their fears are realised when others sharing their accommodation learn their status and engage in harassment. Even where confidentiality is not breached, the fear of this occurring can be enough to compromise adherence to essential HIV medication (for example, by not taking it at times when others may be able to see), which has serious impacts for physical health. The stress and anxiety caused by the unsuitable living arrangements can also have real impacts on mental health.

NAT urges the Government to consider the impact of coerced shared accommodation on the physical and mental health of people living with HIV, as illustrated by the case of no-choice asylum housing.

Interaction with other benefits changes

The proposal to extend the age range for the shared accommodation rates should not be considered in isolation. The impact it will have on people living with HIV will, in part, be a result of how the rules interact with other aspects of welfare reform.

In particular, plans to move people off the key disability benefits Incapacity Benefit and Disability Living Allowance are likely to leave many people with HIV at risk of poverty, due to more stringent assessment processes for Employment and Support Allowance (ESA) and Personal Independence Payment (PIP).

This loss of income is particularly relevant to the proposal that shared accommodation rate claimants who wish to remain in a single-occupancy property will be able to 'top up' the remainder of their rent themselves. This is not a realistic option for the 1 in 6 people accessing HIV treatment who are living in severe

poverty.² Research by NAT has found that two-thirds of people living with HIV who experience poverty are in receipt of benefits, and that 17% said that insufficient benefits was the main reason for their poverty. We anticipate that as a result of ongoing benefits cuts, severe financial hardship among people living with HIV will increase.

Broader changes to Housing Benefit will also interact with the proposed changes to the shared room rate. The introduction of caps to Local Housing Allowance will severely limit the availability of affordable housing for benefits recipients, particularly in cities like London and Brighton, which have a comparatively high HIV prevalence. If the claimant only has enough money to pay for one room, they are even more limited in their accommodation options. Housing benefits claimants with HIV may therefore need to choose between accessibility to their clinic (often in more central and expensive areas of the city) and the appropriateness of their housing. Either way, their health may be seriously compromised as a result.

The disability exemption

NAT is aware that some disabled people are exempt from the current shared accommodation rate rules. This includes anyone who is in receipt of the severe disability premium. In the case of a single person, this would mean that they:

- live alone
- do not have a carer who receives Carer's Allowance for looking after them
- receive the middle or highest rate care component of Disability Living Allowance (DLA)

This is a very narrow set of criteria, and clearly does not capture all people with disabilities, including HIV, who may need special consideration in housing decisions.

As established above, it is not sufficient to consider only the physical dimensions of housing – interactions with others in the house can have just as significant an impact on the health of people living with HIV. The disability exemption focuses entirely on the severity of care needs, as a proxy for the severity of impairment experienced by the individual. A broader range of disability-related needs should be considered when decided whether someone should be exempt from the shared room rate.

In addition, it is not clear from the consultation documents how changes to disability benefits will affect the disability exemption. With the abolition of DLA and the introduction of PIP and the Universal Credit, the Government must consider on what basis disabled people may be exempt from the shared room rate.

These changes to the Housing Benefit rules should prompt a review of how disabled people may be exempted from the shared room rate. There should be consideration given to a broader assessment of their disability-related housing needs, which is not limited to the severity of their impairment or their care needs. This should include consideration of the possibility that they would experience harassment in shared accommodation.

² NAT and THT. 2010. *Poverty and HIV: 2006 -2009*.
<http://www.nat.org.uk/Media%20library/Files/Policy/2011/HIV&Poverty.pdf>