

HIV and Housing

A guide for local housing authorities
on the needs of people living with HIV



Introduction

Why read this guide?

This guidance is intended for local authorities to strengthen their understanding of the issues faced by people living with HIV.

People living with HIV can have particular housing needs and be more vulnerable to the effects of homelessness. The proportion of people living with HIV in temporary accommodation or experiencing homelessness doubled between 2017 and 2022 alone.¹ HIV is a complex long-term condition and access to housing is one of the key factors that determines a person's health outcomes. Assessing housing needs and providing effective support can therefore require an understanding of issues that may not arise in other housing cases.

This guidance has been developed to support local housing authorities in responding confidently and consistently to applications from people living with HIV. It explains the key issues to be taken into account when dealing with applications for housing assistance from people living with HIV. By using this guide, you can help ensure that people living with HIV receive the appropriate support throughout the application process, and once they have become tenants.



1. Aghaizu A, Martin V, Kelly C, Kitt H, Farah A, Latham V, Brown AE, Humphreys C. Positive Voices: The National Survey of People Living with HIV. Findings from 2022. Report summarising data from 2022 and measuring change since 2017. December 2023, UK Health Security Agency, London (<https://www.gov.uk/government/publications/hiv-positive-voices-survey/positive-voices-2022-survey-report#Health-conditions>)

HIV and its impact on housing

HIV is a virus that weakens the body's immune system and, for some people, this may mean greater vulnerability to illness, slower recovery, or poorer overall health. Without effective treatment early on after a person acquires HIV, the condition reduces the body's ability to fight off other illnesses. HIV is a chronic health condition, meaning there is no cure once someone has acquired it.

Advanced HIV (or Acquired Immune Deficiency Syndrome – 'AIDS') is when the immune system is so weak it can no longer fight off a range of 'AIDS defining' illnesses, such as tuberculosis, pneumonia and some types of cancer. Due to effective HIV treatment, advanced HIV is now relatively rare in the UK.

Late HIV diagnosis impairs the body's ability to repair the immune system, increasing risk of and vulnerability to illness and mortality. For the past decade, over 40% of new HIV cases have been diagnosed late each year.²

HIV can be passed through blood, semen, vaginal fluids or breast milk.

Advanced HIV (or Acquired Immune Deficiency Syndrome – 'AIDS') is when the immune system is so weak it can no longer fight off a range of 'AIDS defining' illnesses, such as tuberculosis, pneumonia and some types of cancer.

The most common ways HIV is passed on are:

- Sex without a condom with someone living with HIV
- Sharing infected needles, syringes or other injecting drug equipment
- From a gestational parent living with HIV (to her child) during pregnancy, childbirth or breastfeeding.

HIV is not passed on through:

- Kissing or touching
- Coughing or sneezing
- Spitting or biting
- Toilet seats, swimming pools, shared facilities or utensils.

While treatment has transformed outcomes and many people living with HIV are able to live long and healthy lives, the quality of health relies on stability, consistency and access to resources. Secure housing plays a vital role in helping people engage with treatment and maintain their health and wellbeing. For local authorities, it is not simply whether someone has HIV, but whether homelessness or housing instability would have a significant impact on their health and ability to manage their condition effectively.

2. Ammi Shah, Neil Mackay, Hannah Kitt, Catriona Harrison, Kedeem Okumu-Camerra, Natasha Ratna, Victoria Schoemig, Cuong Chau, Veronique Martin, Alison Brown, Tamara Đuretić. HIV testing, PrEP, new HIV diagnoses and care outcomes for people accessing HIV services: 2025 report. The annual official statistics data release (data to end of December 2024). October 2025, UK Health Security Agency, London

Even where someone is on treatment and appears physically well, they may still experience

- fatigue,
- gastrointestinal problems,
- chronic pain,
- mobility issues,
- neuropathy
- cognitive impairment,
- anxiety,
- depression

amongst other symptoms that affect daily living and living with other long-term conditions. 64% of people with HIV in the UK have been diagnosed with one or more long-term conditions in addition to HIV. These effects are not always visible but may shape how well a person is able to cope with homelessness. For some people these symptoms are fluctuating but even where symptoms are not experienced all the time, they are still a burden on their everyday life.

Antiretroviral treatment ('ART') when taken consistently suppresses the virus and reduces impact on immune system from getting worse. When a person has reached viral suppression, HIV cannot be passed through sexual transmission

(Undetectable = Untransmittable or U=U). Achieving and maintaining viral suppression depends on routine, continuity of care, and access to medication. For many people living with HIV, stable housing is not only essential to maintaining wellbeing but to adhering to treatment. Homelessness or unstable housing can disrupt a person's ability to consistently engage with medical treatment in ways that may place someone at greater risk of harm than the average person if homeless.

People diagnosed late may have experienced lasting damage to their immune system or periods of serious illness before treatment began. Others who have lived with HIV for many years may continue to experience side effects linked to earlier forms of antiretroviral treatment.

For these reasons, people living with HIV may be more vulnerable to the consequences of homelessness than someone without the condition. Assessments should focus on the likely effect homelessness would have on the individual person, including whether it would impair their ability to maintain health, engage with treatment, or cope with the practical and emotional consequences of being homeless.



Key issues

In the context of an application for assistance under Part VII Housing Act 1996, HIV will be particularly relevant to:

- The Housing Needs Assessment
- Enquiries into Priority Need
- Assessing the Suitability of potential accommodation

The Housing Needs Assessment

S189A of the Housing Act 1996 requires local housing authorities to carry out a Housing Needs Assessment (HNA) and prepare a Personalised Housing Plan (PHP) for every applicant who is homeless or is threatened with homelessness within 56 days.

The Housing Needs Assessment should record:

- (a) the circumstances that have caused them to be homeless or threatened with homelessness;
- (b) their housing needs, and what accommodation would be suitable for them, their household and anybody who might reasonably be expected to live with them; and,
- (c) the support that would be necessary for them, and anybody who will be living with them, to have and sustain suitable accommodation.

The HNA is a key document in every homeless application and should set out the “nuts and bolts” of an applicant’s housing needs, including where they need to live, in what sort of accommodation, and any specific medical and support needs.

Where an applicant is living with HIV, the HNA should record any factors relevant to their housing needs, including their current treatment regime, any medical equipment need and for self-contained accommodation where relevant, mobility issues, and proximity to treatment, care or support services.



Priority Need

Whilst all eligible applicants who are homeless or threatened with homelessness are entitled to a HNA and PHP, together with advice and assistance in finding accommodation, only those with a recognised “priority need” will be entitled to be provided with accommodation.

Below is a detailed analysis of best practice in relation to assessing priority need for those living with HIV.

Housing legislation and statutory guidance

Under Part VII of the Housing Act 1996, a person will have a priority need for accommodation where they are vulnerable, as defined by the Act. Section 189 outlines a list of people considered vulnerable which includes:

*“a person who is vulnerable as a result of **old age, mental illness or handicap or physical disability or other special reason**, or with whom such a person resides or might reasonably be expected to reside”.*

This means that long-term health conditions, including HIV, should be proactively considered as a factor that may increase a person’s vulnerability if homeless.³

The test for vulnerability is summarised in the statutory Code of Guidance:

“The housing authority should consider whether the applicant would

suffer or be at risk of suffering harm or detriment which the ordinary person would not suffer or be at risk of suffering,

such that the harm or detriment would make

a noticeable difference to their ability to deal with the consequences of homelessness.”

It also requires the law to take a wide-ranging, holistic approach to assessments:

*‘The assessment must be a qualitative composite one **taking into account all of the relevant facts and circumstances**, and involves a consideration of **the impact of homelessness on the applicant when compared to an ordinary person if made homeless.**’*

In Panayiotou v LB of Waltham Forest, the Court of Appeal decided that when assessing vulnerability, the test should be qualitative rather than quantitative.

For many people living with HIV, homelessness would have a greater impact on their health and wellbeing than it would on someone without the condition. This is because:

- they may experience higher levels of frailty, especially as they age,
- be more susceptible to illness,
- take longer to recover from periods of ill health,
- face increased risks of poorer health outcomes if their housing situation affects their ability to engage with treatment and care.

Disruptions to treatment can lead to a detectable viral load, increasing the risk of HIV-related illness and developing Advanced HIV disease. Homelessness is a significant factor that causes disengagement from HIV care and disruption to antiretroviral treatment.⁴ Consistent access to HIV care and treatment are the two pillars needed to prevent further deterioration of a person’s immune system when living with HIV.

A local housing authority should not assume that a person who has been able to maintain good health (via consistent antiretroviral treatment) whilst in stable housing, will be capable of maintaining their health in a situation of homelessness.

The test is about whether their condition (and associated circumstances) means they would suffer harm or detriment if made homeless in a way that a person without HIV (and those associated issues) would not. The local authority should assess if someone is vulnerable on the assumption that the person is or would become homeless, not on their ability to manage while they are still housed.

3. However note that HIV is not explicitly referred to in the 1996 Act or associated guidance.

4. Fahey CA, Whitney BM, Drumright LN, Mehta SH, Napravnik S, Agil D, Yendewa G, Burkholder G, Fredericksen RJ, Fleming J, Karris M, Kirk GD, Ruderman SA, Mixson LS, Baum MK, Delaney JAC, Lesko CR, Moore RD, Kitahata MM, Crane HM, Mandler RN, Chander G. Association Between Housing Instability and HIV Care Outcomes Among People With HIV in the United States. J Acquir Immune Defic Syndr. 2026 Oct 1;101(10):1074-1081.

Public Sector Equality Duty

HIV is considered a disability and should be treated as a protected characteristic under the Equality Act 2010.⁵

The Act places a duty on public bodies (such as housing authorities) to consider how their services can promote equality and advance equality of opportunity for people with protected characteristics.

As such, local authorities must reflect their duty to advance equality in their roles, including by considering a person's specific needs and reducing disadvantage associated with their protected characteristic through their decision-making.

When an applicant falls within a protected characteristic, a housing authority must focus “very sharply” on the extent of that characteristic, the likely effect of the characteristic if and when the person becomes homeless, and whether those effects render the person vulnerable (*Hotak v Southwark*).

The Statutory Code of Guidance provides at para 8.18:

“Housing authorities must be mindful of the Equality Act 2010 and their public sector equality duties towards people who have a protected characteristic... If the applicant has a disability (or another relevant protected characteristic) the authority should assess the extent of such disability and the likely effect of the disability, when taken together with any other features, on the applicant if and when homeless. They will then need to decide whether the impact of this makes the applicant significantly more vulnerable as a result.”



5. EA20 - 6(1) Cancer, HIV infection and multiple sclerosis are each a disability. (2) HIV infection is infection by a virus capable of causing the Acquired Immune Deficiency Syndrome

Case Study

Nneka

The local housing authority have determined that Nneka does not have a priority need for housing. The two main factors that the authority used to reach their decision were a) Nneka has a CD4 count of 720 and b) on contacting her GP, very limited information was provided beyond confirmation of her diagnosis, as Nneka does not visit her GP frequently.

The authority have not contacted the HIV clinician who manages and monitors her HIV condition and treatment.

Nneka is in her 50s and experiences fluctuating osteoporosis and neuropathy, both of which make her highly sensitive to cold.

Recently, she lost her job, and the job search has been challenging due to her nerve pain, which is unpredictable and difficult to plan around. She can no longer afford to pay her rent having lost her job. She finds it difficult to manage day to day tasks when the symptoms are at their worst (e.g. shopping, cleaning, getting out) and although her daughter provides some practical support when she can, she is a university student in a small flat in another town and can't always provide support when it is needed.

Good practice

The local housing authority should have taken a more holistic approach to assessing Nneka's needs, rather than relying solely on her CD4 count. Her HIV, combined with osteoporosis, neuropathy, and sensitivity to cold, suggests she would face greater challenges than the average person if experiencing homelessness or housing instability. Her age is also relevant as her symptoms will become harder to manage as she gets older.

The authority should consider how her HIV and other health conditions interact to increase her vulnerability, including practical barriers to her ability to cope with homelessness. Her fluctuating symptoms impair her ability to maintain employment and pay a market rent. Her limited support system should also be noted as that contributes to her difficulty finding or maintaining alternative accommodation.

Instead of relying solely on her GP, the authority should have also consulted her HIV clinician to develop a greater understanding of her needs. Nneka should have been asked why she did not visit her GP frequently and proper enquiries should have been made about the informal care she receives from her daughter.

Factors for Assessing Vulnerability of People Living with HIV

An individual living with HIV does not automatically qualify for priority need for housing. However, someone's HIV status should be considered as part of the assessment of vulnerability and harm. Not everyone living with HIV experiences their condition the same way. HIV should not be dismissed as a factor impacting homelessness because someone is on treatment, appears physically well, or has a strong social network.

A comprehensive assessment of vulnerability should consider more than HIV clinical indicators such as CD4 count⁶ and viral loads.

Housing authorities should seek to understand an individual's experience of living with HIV, access to clinical and holistic support, and how HIV impacts all aspects of their daily life. Consideration should be given to the likely consequences of not adhering to treatment in each individual case and whether disengagement is a potential consequence of homelessness.

It would be good practice for a local housing authority to make enquiries of the applicant's clinician, and HIV care team including HIV and non-HIV support charities they access, to inform their assessments.

In assessing vulnerability, local authorities should consider the following where relevant:

- **Physical and mental health symptoms:** The impact and severity of HIV-related symptoms varies significantly depending on the person. While many people living with HIV are in good health, others may be subject to severe fluctuating symptoms. Some people will also be managing other health conditions such as diabetes, cardiovascular disease, kidney disease and osteoporosis alongside HIV, which means they may also be balancing the health impacts, competing needs and medications that come with these conditions.
- **Stigma and discrimination:** HIV stigma refers to negative attitudes, beliefs, assumptions, and behaviours directed towards people living with HIV because of their HIV status. Some people may have experienced discrimination directly, while others live with the ongoing fear of negative treatment because of their HIV status. Stigma has a direct impact on a person's physical and wellbeing, contributing to feelings of isolation, anxiety and depression.
- **Access to medication, treatment, and healthcare:** Homelessness or housing instability may disrupt routines, make it harder to store medication safely, or create practical barriers to attending appointments and staying engaged with care. Even short periods of instability may have very significant consequences for treatment adherence and health. Previous periods where housing problems led to missed appointments, disengagement from care, or worsening health should also be noted as relevant evidence for vulnerability.

6. A CD4 count refers to number of CD4 cells in the blood, white blood cells that help fight infections, a low CD4 count means your immune system is weakened

- **Supporting evidence:** Evidence of vulnerability should be understood broadly and should not rely solely on clinical providers. Healthcare professionals may not always have a full picture of how HIV affects a person's daily life, mental wellbeing, or ability to manage instability. Information from HIV organisations, support workers, carers, social workers, or family members may help explain how housing insecurity affects the person's health, functioning, or ability to cope.
- **Additional disadvantage:** Some people living with HIV belong to other communities that experience marginalisation and discrimination that make them more vulnerable to significant harm if they experience homelessness or housing instability.

For example:

- **People leaving prison:** A lack of settled accommodation may disrupt or make it harder to comply with probation requirements and attend appointments, increasing instability at a point of transition.
- **LGBTQ+ people:** LGBTQ+ people may experience social isolation from their family or friends, violence or harassment.
- **People seeking support for substance use:** People who use drugs or are in treatment or recovery may require stable housing to engage consistently with support services and maintain routines that support recovery.

Local housing authorities are reminded that the Code of Guidance considers applicants who may be vulnerable on account of a combination of factors:⁷

“an applicant may be considered vulnerable... because of a combination of factors which taken alone may not necessarily lead to a decision that they are vulnerable (e.g. drug and alcohol problems, common mental health problems, a history of sleeping rough, no previous experience of managing a tenancy).”



7. 8.40 Homelessness Code of Guidance

Case Study

Alex

Part 1 The assessment

Alex has left prison for the second time. He has a documented history of disengagement from HIV care and difficulty adhering to his treatment. The last time he was released from prison, he went 15 months without treatment, putting his health at serious risk. While he is currently adhering to his medication, he has not yet reached viral suppression.

His HIV clinicians provided a letter of evidence highlighting that the transition of leaving prison and financial insecurity contributed to his disengagement from care the previous time. Without stable housing and support, maintaining his treatment has been an ongoing struggle.

Good practice

During the assessment process, the local housing authority should acknowledge that while Alex is currently adhering to treatment, he is not virally suppressed. This means his treatment has not yet fully controlled the virus, leaving him vulnerable to health complications. The HIV clinician's letter, which attributes his disengagement from care to instability, should be referred to when determining his vulnerability. The clinician's assessment of the relationship between Alex's housing circumstances and his ability to engage with treatment should be carefully considered when evaluating vulnerability.

Additionally, as a recent prison leaver, Alex is navigating multiple significant changes that could easily overwhelm him. The authority should recognise that these factors, including his health history, make him highly vulnerable to disengaging from care and experiencing poor mental and physical health. His housing situation should be prioritised to support continuity of treatment, reduce the risk of harm, and provide the stability he needs to rebuild his life.

Part 2 Assigning accommodation

Alex's mobility issues have worsened over the years, and he now relies on a cane for support. His mental health has also deteriorated, leaving him feeling isolated and overwhelmed. His main source of respite has been the counselling, employment support, and peer support groups organised through his local HIV charity.

However, when he was assigned housing, it was on the 10th floor of a building with a lift that stops working regularly. The flat is also far from the HIV charity that provides his psychosocial support, and it's a long walk to the bus stop to get there.

Good practice

While it is important to secure housing for Alex quickly, proper regard should be had to the information in the Housing Needs Assessment. This should include his mobility needs, including his use of a cane, and his reliance on support provided by an HIV charity.

Unless the local housing authority has identified an alternative and adequate source of support for Alex and taken effective steps to ensure that the housing provider has permanently mended the faulty lifts, it is unlikely that the accommodation is suitable for Alex (see section on suitability below).

Assessment Questions

The following is a non-exhaustive list of example questions that can be used to assess how homelessness would impact a person living with HIV

Physical health

What symptoms or difficulties are they experiencing in relation to their physical health?

How does their physical health affect their daily life?

- Does their health affect their ability to carry out essential daily living activities, such as cooking and feeding themselves, getting dressed, or using the toilet?
- Does their health affect their ability to find or access employment, education, or training?
- How does their physical health affect their social life or ability to maintain relationships?
- Do they have any specific accessibility or housing requirements, such as level access, a lift, or a stairlift?
- How would homelessness or housing insecurity affect their ability to access clinical care and support?

Mental health

What symptoms or difficulties are they experiencing in relation to their mental health?

- Are they experiencing anxiety, depression, stress, or other mental health difficulties?
- Does their health affect their ability to carry out essential daily living activities including cooking and feeding themselves, getting dressed, using the toilet, or meeting childcare responsibilities?
- Do the mental health symptoms affect their ability to find or access employment, education, or training?
- How do they affect their social life or ability to maintain relationships?
- Do they have any specific accessibility or housing requirements related to their mental health or wellbeing?
- Do they receive support from mental health or wellbeing professionals, such as counselling, therapy, or peer support?
- How would homelessness or housing insecurity affect their ability to access this support?

Treatment

Are they currently taking their HIV treatment? How regularly?

- Are they virally suppressed?
- What are their treatment requirements? (e.g. taking it with food, attending HIV clinics for injectable HIV treatment)
- How does their current housing situation impact their adherence to treatment negatively?
- Are they experiencing or likely to experience side effects?
- Do they have a history of struggling with treatment adherence?
- Do they have a history of disengagement from care?
- What were the consequences of previous periods of disengagement with care?

Support network

- Are they currently accessing support (financial, housing, benefits, peer support, intimate partner violence, mental health support, immigration) from a HIV/non-HIV voluntary sector organisation or other local services (e.g. drug and alcohol services)?
- Do they have an informal support network? (e.g. partners, family and friends)
- Does anyone in their support network undertake care responsibilities for the applicant?
- Are they aware of local HIV services?

Shared accommodation

- Do they need accommodations to preserve privacy (e.g. a private bathroom)?
- Are they at risk of intimidation, violence or harassment from tenants or their peers?
- Have they had previous negative experiences with shared living or other tenants?

Suitability of Accommodation for People Living with HIV

Out of Borough placements and Continuity of Care

Any accommodation provided or arranged by a local housing authority for a homeless applicant must be “suitable” for their needs.⁸ Careful consideration of the applicant’s medical needs, with reference to the Housing Needs Assessment and any Equality Act issues will be needed to inform any decision about what accommodation is likely to be suitable for an applicant living with HIV.

Location

with HIV, careful consideration should be given to the location of the accommodation and its proximity to existing support networks. These support networks may include:

- HIV specialist clinics,
- GP surgeries,
- mental health services,
- voluntary and community sector organisations,
- peer support groups,
- social workers,
- family members, friends, and other sources of practical and emotional support.

These networks are not easily replaced and play a critical role in maintaining physical and mental wellbeing and ensuring engagement with treatment. Accommodation that requires an individual to move away from established support systems can disrupt continuity of care and increase the risk of poorer health outcomes. For this reason, it’s best to allocate accommodation that is near their current formal and informal sources of support.

Due to anticipation and experience of discrimination, poor care and breaches of confidentiality in healthcare settings, people living with HIV can find it hard to adjust to a new support team. Trust and rapport with healthcare professionals and support providers are often built gradually over many years. Also transferring care requires sufficient notice to the current clinic and planning to ensure that the person living with HIV has a sufficient supply of treatment to not disrupt adherence.

Where dispersal away from the current support provision is unavoidable, housing authorities should work to ensure that appropriate support is available. While there are national British HIV Association (BHIVA) guidelines and service specifications for HIV care, there is significant variation in the services available to people living with HIV across England.⁹ The availability of specialist clinical and non-clinical support and the potential impact of moving on treatment adherence, psychosocial support, and overall wellbeing should form part of any accommodation needs assessment.

Accessibility and Individual Access Needs

Accommodation should be suitable for an individual’s health and accessibility needs such as any necessary changes to the infrastructure for a person living with HIV to use the accommodation.

When determining whether accommodation is suitable for a person living with HIV, a housing authority should ensure the accommodation (including its location and the tenants):

- Allows a person to manage their health (both HIV and other conditions) e.g. attend necessary appointments, engage with HIV support services
- Perform essential tasks without significant fatigue or strain,
- And does not contribute to a person’s poor health

Assessment of accessibility needs should extend beyond the physical property itself and include

8. S206 Housing Act 1996

9. NHS England. Adult specialised services for people living with HIV.

access to transport links, local healthcare services, and community support. Mobility issues caused by HIV can mean people use excessive amounts of energy on travel, experience pain and be prevented from participating in certain activities. Adjustments such as a close bus stop or step free train station may be required.

Accommodation providers should ensure that properties are safe, secure, and free from hazards that could negatively affect health.¹⁰ Housing providers should ensure that complaints relating to property conditions such as mould are addressed quickly and that tenants understand how to report concerns. Mould can negatively impact the health of any person exposed but people with pre-existing conditions such as HIV can be more susceptible to respiratory illness.

Sharing Accommodation

Shared accommodation can deny people living with HIV the privacy and confidentiality that they may need. They may need to store medication for co-existing conditions in shared refrigerators, or take telephone calls relating to healthcare appointments or access online support services in environments where privacy is limited. These situations can create anxiety around the accidental sharing of HIV status and can disrupt a person's ability to use their home and may lead to them disengaging with treatment. People living with HIV might not share their HIV status with everyone and may not wish to share this information with neighbours, housemates, accommodation staff, or other residents. The ability to control who knows about their HIV status is an important aspect of personal autonomy, dignity, and psychological wellbeing.

The impact of shared accommodation should therefore be assessed on an individual basis. Discussions should explore whether sharing facilities could affect a person's safety, treatment adherence, or mental health. For some individuals, particularly those with previous experiences of stigma or discrimination, shared accommodation may create significant stress and vulnerability. There will be

cases where only self-contained accommodation will be suitable. Local housing authorities are reminded that anyone who receives PIP and all those aged 35 or over are exempt from the shared accommodation rate of the Local Housing Allowance.

Discrimination

People living with HIV can experience discrimination related to their HIV status alongside other forms of prejudice connected to their identity such as racism, homophobia or transphobia. These intersecting forms of bias can increase the risk of harassment, and poor treatment from other tenants, neighbours and local authority workers.

People living with HIV moving into temporary accommodation should be proactively provided with clear and accessible information about complaints procedures. This is important for people living with HIV as they may have had previous experiences of discriminatory behaviour or violence due to HIV stigma, which can discourage them from reporting incidents. Ensuring that residents understand how complaints will be handled, and what protections and support are available, can help build confidence in the process and encourage them to seek assistance when needed.

Information on pathways to reporting discrimination or data breaches should be easily accessible, ideally provided in person and online. People living with HIV should be made aware of how concerns can be raised, the action that may be taken in response, and how complaints will be investigated and resolved.

10.17.26 and 17.27 of the Code of Guidance require that as a minimum any accommodation provided under the homeless provisions should be free of Category 1 hazards

Case Study

Liam

Liam has recently moved into temporary accommodation. While he is grateful for being placed somewhere, his accessibility needs were not met. He has trouble going up stairs — he is able to but it takes quite a lot of energy and triggers his arthritis. He has been placed in a room up two flights of stairs. Additionally, the window in his room is slightly broken, allowing cold air to enter, which has contributed to him having the flu which takes more time for him to recover from.

Liam shares the accommodation with three housemates, including Adam, who has made comments indicating discomfort with Liam's sexual orientation. During a routine check-in, the housing officer mentioned Liam's HIV status to Adam in passing. Following this, Adam began threatening Liam, avoiding shared spaces, and informing the other tenants about Liam's status. Adam also went through Liam's belongings, further increasing his anxiety. Liam feels unsure about how to formally report these incidents.

Good practice

An assessment of Liam's room should have been conducted before he moved in. This would have ensured he was assigned an accessible room on the ground floor. Once issues like these are reported, they should be addressed promptly, followed by a conversation to identify any other health-related needs that may have been overlooked.

The local housing authority should also have initiated an investigation into the bullying and harassment Liam experienced. They should have informed him in advance about how to report such issues. Steps should be taken to find Liam alternative, safe accommodation that meets his needs as soon as possible. In the meantime, clear expectations of conduct should be reinforced to all tenants to prevent further incidents.



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