

Guidance: June 2010

HIV and Housing

A practical guide for housing officers on HIV and its impact on housing needs



1. Introduction

Who is this guide for?

- Housing officers assessing housing applications
- Housing officers assessing homelessness applications
- Housing support workers
- Local patch housing officers or estate managers
- Elected councillors and local cabinet members
- Voluntary sector workers who advise people living with HIV on housing.

Why read this guide?

About one in three people living with HIV have experienced poverty, leaving them vulnerable to housing problems and homelessness.¹ HIV is a complex condition, affecting many areas of someone's life. Understanding how to assess housing needs for someone living with HIV requires a good knowledge of these complexities.

This guide explains the key issues to be taken into account when making decisions on housing priority or on homelessness need. By using this guide, you can ensure that people living with HIV receive the appropriate support throughout the application process, and once they have become tenants.

Why HIV?

There are over 80,000 people living with HIV in the UK. At current rates, this will reach 100,000 in 2010. This means that you may well have people living with HIV accessing your services and it is important that you are able to assess their needs properly.

Changes to the law give another reason to better understand HIV. The Disability Discrimination Act 2005 extended the definition of disability to cover HIV positive people from the point of diagnosis. This includes the provision of housing. Having a good knowledge of HIV will help stop discrimination.

HIV and housing statistics

In research carried out in 2004/05 in London, 49% of people living with HIV were renting from a local authority or a housing association.

Up to 11% were within the definition of statutory homelessness.²

In a survey of people living with HIV carried out in 2007/08 22% of respondents felt unhappy about their housing and living conditions.

20% had ongoing housing problems and felt that further help or support would be useful, or did not rule this out.³

2. HIV and health

What do you need to know about HIV and its impact on health?

HIV weakens the immune system, making the person more vulnerable to infections and less able to recover from them. The treatments available for HIV suppress the virus, enabling the immune system to function better. For those on treatment, HIV is in many ways a long-term condition.

People living with HIV need to keep strictly to their treatment regime, which is known as 'adherence'. Being adherent is not just about taking pills every day, it is about taking them in the right way (for example, with food) and at the right time. **At least 95% adherence to treatment is needed to avoid HIV developing drug resistance.** This means that if someone is taking once-daily treatments, they can only miss one dose a month.

When somebody becomes resistant to treatment it means that HIV in their body is no longer suppressed, allowing the virus to rapidly multiply and the immune system to stop

functioning. The more drugs a person becomes resistant to, the fewer options they have for future treatment, with serious health consequences.

The ability to adhere to treatment requires a stable home environment. Good housing is critical to ensuring this. Without this, treatment can fail and people can become very unwell and even die.

Even with the many benefits treatments bring, HIV still has a serious impact on people's lives. People experience unpredictable fluctuations in their illness, poor mental health, side-effects from their treatment, and can be more prone to opportunistic infections and certain conditions such as tuberculosis, and heart and liver problems.

It is important to remember that for those not yet on treatment, unsuitable housing can lead to a more rapid deterioration of their condition.

Why should HIV status remain confidential?

HIV is a highly stigmatised condition. People living with HIV may find it hard to tell others about their condition because of worries that people will reject them, or that they will experience prejudice.

A third of people living with HIV have experienced HIV-related discrimination. Therefore, **confidentiality is often a key concern.** Certain housing situations may put people's confidentiality at risk, such as having to store HIV medications in communal fridges or use shared bathrooms.

It is important to remember never to disclose a person's HIV status without their explicit consent.

It is important to remember that a person who seems healthy when they make their application may see their needs change drastically in a short time.

What does this mean for housing and homelessness applications?

Many housing organisations still use out of date measures of HIV, for example an AIDS diagnosis, to decide housing need. Others look for symptoms of HIV ill-health, or a low CD4 count. There is nothing wrong with considering these criteria, but they are simplistic measures and ignore one crucial element – **the health of people living with HIV fluctuates and can change suddenly.**

The result of only using these simple measures is that people's true health needs are missed.⁴ This guide recommends that housing officers carry out a more comprehensive assessment of the needs of people living with HIV. This should include considering the fluctuating health of people living with HIV, mental health issues, and the need to comply with the very strict treatment adherence standards essential for treatment to work.

3. HIV and housing: issues to consider

What should you think about when looking at housing (including transfer) or homelessness applications?

Do a comprehensive needs assessment to determine what level of priority someone living with HIV should receive. This should include looking at issues such as:

- physical health
- adherence to treatment
- location
- mental health
- communal living.

See needs assessment prompt sheet for further, more detailed suggestions.

Consider the impact of housing on the ability of people living with HIV to adhere to treatment. Adherence may be particularly difficult for people who are:

- homeless or living in insecure accommodation, including bed and breakfasts
- living in overcrowded or shared accommodation with little privacy
- without access to a private fridge in which to store certain HIV medications
- unable to afford to eat adequately
- isolated from, or having difficulty accessing, support services
- experiencing mental health problems.

Case study: Graham

HIV can cause complications that limit mobility, requiring adaptations to housing. Graham was living in a sixth floor flat with no lift access. When he first moved in he was in good health, but since then his condition has deteriorated. He acquired an HIV-related infection which resulted in the amputation of two toes on his right foot. He suffers from chronic pain which varies in severity and his condition is likely to deteriorate. He may eventually be reliant on a wheelchair. His sixth floor flat was highly unsuitable and meant he was unable to leave the flat to buy food or attend hospital appointments.

Good practice: Graham's local authority recognised the unsuitability of his current accommodation and gave him high priority for rehousing. He was quickly moved to a ground floor property. His local authority also took account of the likelihood of further problems presenting and ensured his new house could be adapted to meet future needs (wheelchair accessible, able to accommodate a carer), removing the need to move again in future.

What should you think about once someone living with HIV has become a tenant?

Make repairs as a priority, or other appropriate arrangements, if a tenant living with HIV complains of damp or poor heating (as people living with HIV are more at risk of respiratory problems).

Provide adaptations as soon as possible to the home of someone living with HIV, or prioritise them for rehousing, if their housing is no longer suitable.

Seek advice from the person's doctor (and/or support worker from an HIV organisation) about the impact of HIV on their housing needs. This should only be done with the explicit consent of the person living with HIV.



4. Additional issues to consider

Homelessness

Homelessness clearly has a detrimental effect on someone living with HIV. Adhering to treatment becomes extremely difficult when living on the streets, or in shared or unsuitable accommodation.

Even if a person is currently managing their condition well, becoming homeless will have an enormous impact on their health. For example, they may not be able to take their treatment as directed, may be unable to adequately feed themselves and may lose touch with medical services and go untreated, leading to the development of serious infections that can be life-threatening.

When assessing homelessness applications (for example applying the Pereira test) it is essential to bear in mind the enormous impact that becoming homeless will have on the health of someone living with HIV.

Shared accommodation

People living with HIV who are placed in accommodation with shared facilities, such as kitchens and bathrooms, may have serious concerns about other residents finding out about their HIV status. For example, people living with HIV may be reluctant to store their medications in shared fridges, and may need immediate access to a bathroom or toilet because of the side-effects of treatment (which frequently include diarrhoea).

When making decisions on housing you should always consider that someone living with HIV might have serious concerns about other residents discovering their HIV status.

If there is no other option but to house someone living with HIV in shared accommodation temporarily, you should think about providing a private bathroom, or private fridge (if their drugs require refrigeration).

Case study: Sara

Sara was about to be placed into shared accommodation by a housing association. When they found out that she was living with HIV they informed her that the people she was sharing with would need to be told her status. Her social worker questioned the decision, citing discrimination law, and the housing association agreed not to disclose her status.

Learning point: There is no need to inform others of an individual's HIV status, as there is no risk to others through ordinary social contact. Requiring disclosure to fellow tenants is discriminatory and unlawful.

Discrimination

People living with HIV can face discrimination from many sources. When people report problems with neighbours or apply for a housing transfer you should consider discrimination as a cause. Harassment can come from family and acquaintances as well as strangers.

When assessing applications for housing it is important to remember that people living with HIV might be facing discrimination and harassment.

Because of the stigma surrounding HIV, it is essential to remember never to discuss somebody's HIV status with any other family member, friend or fellow tenant without that person's explicit prior consent.

How you can help

Access to appropriate housing is essential if people living with HIV are able to maintain their health.

A lack of understanding about HIV can result in people being put in life-threatening situations.

By making sure you are aware of the issues around HIV, you can ensure that housing services meet the needs of people living with HIV.

If you have concerns or questions, it is always best to ask for advice.

For more detailed information on these issues, see *Housing and HIV: An overview by NAT of the impact housing has on the health and well-being of people living with HIV*

References

1. Crusaid and NAT (2006), *Poverty and HIV: Findings from the Crusaid Hardship Fund 2006*, www.nat.org.uk
2. Ibrahim F, Anderson J, Bukutu C, Elford J (2008), *Social and economic hardship among people living with HIV in London*, *HIV Medicine* 2008;9:616-624
3. Sigma Research (2009), *What do you need? 2007 – 2008: Findings from a national survey of people diagnosed with HIV*, www.sigmaresearch.org.uk
4. NAT (2009), *Housing and HIV: An overview by NAT of the impact housing has on the health and well-being of people living with HIV*, www.nat.org.uk

Needs assessment prompt sheet

This prompt sheet, which has been designed for you to detach from the leaflet for future reference, provides a list of questions it may be helpful to consider when assessing an applicant who has HIV. It is not a definitive list and is only a guide. Conducting a more comprehensive needs assessment, with help from this guide, will assist in building a fuller picture of the applicant's housing needs and enable you to make an informed decision as to what level of priority they should receive.

Physical health

Are there problems with their physical health?

- does it fluctuate?
- what is the impact on their daily life?

Do they have specific health needs? (e.g. access to a private bathroom, or special adaptations)

Do they have mobility problems?

Do they have to attend medical appointments?

- how regularly?
- are they able to attend them? (e.g. If property is far away, or if there are specific transport needs)

Mental health

Are there problems with their mental health?

- does it fluctuate?
- what is the impact on their daily life?

Are they experiencing / vulnerable to any of the following:

- anxiety?
- depression?
- isolation?

Do they have to attend appointments with mental health professionals?

- how regularly?
- are they able to attend them?

Treatment

Are they on treatment?

- what are their treatment requirements? (e.g. refrigeration, taking it with food)
- does their current housing situation make adherence to treatment difficult?

Are they experiencing or likely to experience side effects?

- what is the impact on their daily life and housing needs?

Support network

Are they close to support networks? (e.g. family, friends, medical or voluntary support services)

Are they aware of local HIV services?

Communal living

Do they need private facilities? (e.g. private fridge or bathroom)

Are there problems with intimidation, harassment with other tenants and neighbours?



HIV: the basics

HIV is a virus that attacks the body's immune system - the body's defence against diseases. Without effective treatment the immune system will become very weak and no longer be able to fight off illnesses. When someone is described as 'living with HIV' they have the virus in their body.

A person is considered to have developed AIDS when the immune system is so weak it can no longer fight off a range of diseases with which it would normally cope.

HIV treatment can keep the virus under control and the immune system healthy. People on HIV treatment can live a healthy, active life, although they may experience side effects from the treatment. In addition, the treatment regime may be complex and demanding, but must be adhered to to avoid drug resistance.

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

For further information about HIV, please go to NAT's website www.nat.org.uk.

For details of HIV services in your area please go to www.aidsmap.com or call THT Direct on 0845 1221 200.

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NAT is the UK's leading charity
dedicated to transforming society's
response to HIV. We provide fresh
thinking, expert advice and practical
resources. We campaign for change.

Shaping attitudes.

Challenging injustice.

Changing lives.

All NAT's work is focused on
achieving four strategic goals:

- Effective HIV prevention in order
to halt the spread of HIV
- Early diagnosis of HIV through
ethical, accessible and appropriate
testing
- Equitable access to treatment,
care and support for people living
with HIV
- Eradication of HIV-related stigma
and discrimination

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