

# Homelessness and health for disadvantaged groups

**Contributions from:**

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Association of Mental Health Providers  
Race Equality Foundation  
The National LGB&T Partnership  
Women's Health and Equality Consortium  
Clinks

# Introduction

In its broadest sense, homelessness is the problem faced by people who lack a place to live that is supportive, affordable, decent and secure. While rough sleepers are the most visible homeless population, the vast majority of homeless people live in hostels, squats, bed and breakfasts or in temporary and insecure conditions with friends and family.

In 2016, government statistics showed that 4,134 people slept rough on any one night across England – that was over double the number counted in 2010<sup>1</sup>. Moreover, local agencies reported that 8,096 people slept rough in London alone throughout 2015/16 – a 6% rise on the previous year, and more than double the figure of 3,673 in 2009/10<sup>2</sup>.

The latest figures released by the Department for Communities and Local Government for rough sleeping show an increase of 16% between 2015 and 2016<sup>3</sup>. This is not a new phenomenon but rather a continuation of a trend which shows an increase in rough sleeper at the rate of 134% between 2010 and 2016<sup>4</sup>.

Housing and homelessness are inextricably intertwined with health. Unsafe housing increases the risks of health problems and results in otherwise avoidable hospital admissions<sup>5</sup>.

The effects of this are often more keenly felt by certain disadvantaged groups. This publication collects and distils analysis and information for some of these groups into a single document, to help interested people understand the breadth of the issues, signpost them to further information, and give some recommendations.

There are six sections in this briefing, each highlighting particular challenges individuals face in accessing appropriate housing and support:

<b>Homelessness and mental health</b>	<b>3</b>
<b>Homelessness, health and Black and Minority Ethnic people</b>	<b>5</b>
<b>Homelessness, health and people in the criminal justice system</b>	<b>7</b>
<b>Homelessness, health and older people</b>	<b>9</b>
<b>Homelessness, health and LGB&amp;T communities</b>	<b>11</b>
<b>Homelessness and health for women</b>	<b>13</b>

**We hope that this publication will stimulate interest and encourage more research into the particular issues faced by people experiencing homelessness.**

<sup>1</sup> <http://www.crisis.org.uk/pages/homeless-def-numbers.html>

<sup>2</sup> <https://data.london.gov.uk/dataset/chain-reports/resource/dd12fe65-0a44-465d-96e6-5339fc5c505d>

<sup>3</sup> Department for Communities and Local Government "Rough Sleeping Statistics Autumn 2016, England"

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/585713/Rough\\_Sleeping\\_Autumn\\_2016\\_Statistical\\_Release.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/585713/Rough_Sleeping_Autumn_2016_Statistical_Release.pdf)

<sup>4</sup> Homeless Link "Rough sleeping - explore the data" <http://www.homeless.org.uk/facts/homelessness-in-numbers/rough-sleeping/rough-sleeping-explore-data>

<sup>5</sup> Quick Guide: Health and Housing <http://www.nhs.uk/NHSEngland/keogh-review/Documents/quick-guides/Quick-Guide-health-and-housing.pdf>

# Homelessness and mental health

**Lead contributor:** Mental Health Providers Forum

Settled accommodation is essential for people to live the lives that they want with good quality, affordable and safe housing underpinning our mental wellbeing. **Homes that support recovery are vital for people living with long term mental health conditions**, and also provide a critical foundation in the primary and secondary prevention of mental ill health.



## Key issues

**People with mental health conditions have been shown to have difficulties in securing and maintaining good quality housing.** Vulnerabilities as a result of their condition can be exacerbated by the stress and anxiety of housing insecurity or sub-standard housing, resulting in a worsening condition or increasing likelihood of relapse<sup>6</sup>. Housing problems are frequently cited as a reason for admission or re-admission to inpatient care<sup>7</sup>. The unavailability of suitable accommodation is often given for delays in discharge back into communities.

**Mental ill health is frequently cited as a reason for tenancy breakdown<sup>8</sup>** and many mental health service users can find accessing general needs housing difficult. Specialist housing and housing-related support helps people to live independently in the community, reducing the need for care and preventing poor health. The right accommodation and correct support, timely home adaptations and reablement services enable timely discharge from hospital, more settled accommodation and the prevention of hospital readmissions, helping people to recover their independence after illness<sup>9</sup>.

**Proposed policy changes** changes to the provision of housing benefit, including the cap to Local Housing Allowance, subsidies to social landlords and provision of affordable housing are putting people with mental health conditions at risk of deteriorating health. These changes will further disadvantage people with mental health conditions by reducing the options for settled accommodation, pathways and support, thereby impacting on people's mental health and wellbeing.

<sup>6</sup> Mental Health and Social Exclusion, Social Exclusion Unit 2004, Office of the Deputy Prime Minister

<sup>7</sup> A basic need: housing policy and mental health Bradshaw, I. Centre for Mental Health 2016

<sup>8</sup> Mental Health and Social Exclusion Social Exclusion Unit 2004, Office of the Deputy Prime Minister

<sup>9</sup> Providing an Alternative Pathway National Housing Federation January 2013



## Recommendations

### **Utilise voluntary and community sector as local experts in housing provision.**

With a deep understanding of the local population and connections into communities, VCSE organisations are ideally placed to advise on and deliver specialised housing support across the pathway if given the right support from commissioners

### **Invest in a range of housing and support options across the pathway to prevent high cost health interventions.**

One of the most significant limiting factors in providing effective out of hospital treatment to people is the lack of available housing option. By investing in solutions throughout the pathway, commissioners will see a fall in need for inpatient services and reduced periods of stay for those there.

### **Work with all landlords to promote security of tenure for people with mental health conditions**

Landlords of all types have a significant role to play in ensuring that people with mental health conditions are able to live in safe and secure environments that promote recovery. Statutory agencies need to work with landlords to support them in this goal and address the additional needs of people with mental health conditions to avoid instances of declining health.

### **Housing and settled accommodation should be considered as part of local prevention plans**

The production of guidance for agencies responsible at a local level will help to highlight the advantages to the system and support offered to people with mental health conditions of housing and settled accommodation as a preventative measure.

# Homelessness, health and Black and Minority Ethnic people

Lead contributor: Race Equality Foundation

**Black and minority ethnic (BME) groups are more likely to be homeless or live in overcrowded accommodation.** Homelessness is further disproportionately experienced by migrant groups. Immediate reasons for homelessness in black and minority ethnic groups include financial difficulties and unemployment, household breakdowns, overcrowding and financial constraints on other family members, discriminatory policies and procedures for the allocation of social housing and policies relating to the position of asylum seekers, refugees and black and minority ethnic women escaping domestic violence.



## Key issues

### **BME groups are more likely to be homeless or live in overcrowded accommodation**

Research into three London boroughs by the Runnymede Trust in 2016 showed black and minority ethnic groups were around three times as likely to live in overcrowded homes. Moreover, black individuals and households were severely overrepresented in the homeless population compared to the general populations.

### **Homelessness is further disproportionately experienced by migrant groups**

This is due to a range of factors, including a lack of support networks, such as friends and family, to turn to in a time of crisis; difficulties with language and a lack of familiarity with the British system; and not being entitled to benefits and services. Refugees and asylum seekers who have experienced torture or war are known to have high rates of mental disorder. Refugees from the war-torn East African countries of Eritrea and Somalia represented 2% of those sleeping rough on the streets of London in 2013.

### **Changes in household formation**

In common with the majority population, relationship breakdown, marital problems and domestic abuse all lead to changes in household formation and are major contributory factors to homelessness in BME communities. Indeed, overcrowding, combined with intergenerational conflict or other factors, can lead to relationship breakdown, leaving individuals vulnerable to homelessness.

### **Financial difficulties and unemployment**

The Social Exclusion Unit (SEU) found that people from BME communities are more likely to be unemployed than the majority population, making them more vulnerable to social exclusion generally and homelessness in particular (SEU, 2000). Moreover, because BME households generally have lower incomes, those who are employed also experienced difficulties in gaining access to affordable housing (Gervais & Rehman, 2005).

## Homelessness, health and Black and Minority Ethnic people



### Less visibility

Members of BME groups are less likely to sleep rough and more likely to stay with friends and relatives, making homelessness in these communities less visible. This places financial constraints on other family members which threatened people's housing situation. Much pressure is put on relatives, and cultural values which support shared living arrangements with relatives for some time can eventually contribute to BME individuals' vulnerability to homelessness.

### Policies and legislation

Lack of recourse to public funds, benefit cuts, closing of specialist refuges, as well as police, hospitals and local authorities acting as immigration officers means that asylum seekers, refugees and BME women escaping domestic violence are often more vulnerable to homelessness.

### Poor access to services

Common housing problems for BME people include a lack of information about housing options and rights, difficulties in obtaining information due to language differences, literacy issues, lack of familiarity with the system, institutional discrimination, difficulties in getting specialised advice and difficulties in getting complaints addressed. BME people affected by homelessness tend to rely mainly on a limited number of BME organisations that provided services targeted to these groups.

### Multiple exclusion homelessness (MEH)

Adult migrants in the UK however, are less likely to report experiencing a form of 'deep exclusion' involving not just homelessness but also substance misuse, institutional care (e.g. prison) and/or involvement in 'street culture' activities (e.g. begging).



## Recommendations

- ◆ Support black-led community organisations to develop their services for homeless people in their communities.
- ◆ Support the development of links between black-led organisations and mainstream homelessness organisations.
- ◆ Understand better and meet the intersectional needs of BME people through a Housing First approach - particularly where these intersections compound inequalities. For example, homeless women fleeing domestic violence, LGBT people, ex-offenders, and people with substance misuse and mental health issues.
- ◆ Collect and publish data on provision of Traveller sites and hold councils to account when targets for new sites are not met.
- ◆ Tackle direct and indirect discrimination in housing through investigation and enforcement.
- ◆ Scrap hostile environment policies and ensure that refugees and asylum-seekers are adequately housed.
- ◆ Monitor and address race inequalities in access to social housing, particularly with reference to the impact of local connection policies and welfare reform.

# Homelessness, health and people in the criminal justice system

**Lead contributor:** Clinks

**People in contact with the criminal justice system experience high levels of health inequalities**, and often face multiple and complex needs including mental health problems and substance misuse<sup>10</sup>. They are also disproportionately likely to be in insecure housing or experience homelessness<sup>11</sup>.

These needs may also be mutually reinforcing, with, for example, offending behaviour and substance misuse resulting in housing problems, and homelessness contributing to the initiation of substance misuse and associations with offending<sup>12</sup>. Yet securing stable and appropriate accommodation is consistently identified as an essential factor in enabling someone to turn their life around and preventing reoffending<sup>13</sup>.



## Key issues

### High cost of supported housing services

Due to the multiple and complex needs of residents, and the risks some people pose to themselves or others, there often needs to be a higher staff-client ratio to ensure that needs can be appropriately met and that risks are mitigated.

### Meeting local authority housing criteria

People may be excluded from local authority housing support, either because they are not assessed as a priority need<sup>14</sup>, or because they struggle to evidence a local connection. For some people in prison, returning to the area they lived in previously is not appropriate, safe, or may increase the likelihood that they may reoffend. Conversely, many women are imprisoned a considerable distance from the community they lived in, and may no longer be deemed to have a local connection<sup>15</sup>.

<sup>10</sup> Prison Reform Trust (2016) Bromley Briefing Prison Factfile. Online:

[www.prisonreformtrust.org.uk/Publications/Factfile](http://www.prisonreformtrust.org.uk/Publications/Factfile) (last accessed 13.01.2017)

<sup>11</sup> Greater London Authority (2016) CHAIN annual report: Greater London, April 2015- March 2016.

Online: <https://data.london.gov.uk/dataset/chain-reports> (last accessed 13.01.2017)

<sup>12</sup> Revolving Doors Agency (2016) Rebalancing Act <http://www.revolving-doors.org.uk/file/2049/download?token=4WZPsE8I> (last accessed 28.02.2017)

<sup>13</sup> Clinks (2017) Are the accommodation needs being met for people in contact with the Criminal Justice System? Online: [www.clinks.org/briefings](http://www.clinks.org/briefings) (last accessed 28.02.2017)

<sup>14</sup> Clinks and Homeless Link (2016) Clinks and Homeless Link response to the Work and Pensions Committee

inquiry into support for ex-offenders. Online: [www.clinks.org/responses](http://www.clinks.org/responses) (last accessed 03.02.2017)

<sup>15</sup> Prison Reform Trust and Women in Prison (2016) Home truths: housing for women in the criminal justice system.

Online: [www.prisonreformtrust.org.uk/PressPolicy/News/vw/1/ItemID/357](http://www.prisonreformtrust.org.uk/PressPolicy/News/vw/1/ItemID/357) (last accessed 03.02.2017).

<sup>16</sup> Clinks and Homeless Link (2016) Clinks and Homeless Link response to the Work and Pensions Committee

inquiry into support for ex-offenders. Online: [www.clinks.org/responses](http://www.clinks.org/responses) (last accessed 03.02.2017)

<sup>17</sup> Clinks (2017) Are the accommodation needs being met for people in contact with the Criminal Justice System? Online: [www.clinks.org/briefings](http://www.clinks.org/briefings) (last accessed 28.02.2017)

# Homelessness, health and people in the criminal justice system



## Accessing the rental sector

Landlords in both the social and private sector often have concerns about the ability of individuals to manage a tenancy when they have a criminal record due to issues such as a lack of address history or references, past evictions, involvement in anti-social behaviour, mental health issues or substance misuse<sup>16</sup>. Additionally, rents in some areas of the country are frequently unaffordable, and people in prison may be unable to provide the required deposit or advance rent to secure a tenancy.

## Arranging accommodation prior to release

Community Rehabilitation Companies (CRCs) are contracted to provide housing advice to people before release from prison, but recent reports show this is not operating effectively in many areas<sup>17</sup>. In some areas, Local Authority Housing Options teams will not accept referrals until a person has been released from prison, or will only accept online applications which people in prison cannot access<sup>18</sup>.

## Meeting the needs of older offenders

Older people are the fastest growing age group in the prison population, 59% of whom have a long-term medical condition or disability; but the likelihood of someone having stable accommodation arranged on release from prison decreases with age<sup>19</sup>. Approved premises, which are used to provide housing for high and medium risk offenders when leaving prison, are often unsuitable for people with high care needs.

## Recommendations

- ◆ The Ministry of Justice develops a cross-departmental accommodation strategy, in partnership with the Department for Communities and Local Government, Department of Health, and other relevant stakeholders, to support positive accommodation outcomes for people in contact with the criminal justice system.
- ◆ There should be a statutory duty for local authorities to assess local supported housing need, in collaboration with other local agencies in health and criminal justice, and to develop a supported housing strategy that demonstrates how those needs will be met. These, and Joint Strategic Needs Assessments, should specifically assess the needs of people in contact with the criminal justice system and those with multiple and complex needs.
- ◆ Local authority housing departments should work with prison governors and other criminal justice agencies to develop tenancy training courses, to support people to develop and demonstrate that they have the skills necessary to maintain a tenancy.
- ◆ Prisons, community rehabilitation companies and organisations working with people in prison and their families, should work together to prioritise early intervention to prevent people developing arrears on entering prison, through tenancy rescue and managed tenancy ends.
- ◆ Local health and care system partners should invest in initiatives to improve access to health services for people who are homeless or in temporary accommodation, such as the London GP registration scheme for people in contact with the criminal justice system, or Changing Lives' Homeless Hospital Prevention Service in Sunderland.

<sup>17</sup> Clinks (2017) Are the accommodation needs being met for people in contact with the Criminal Justice System? Online: [www.clinks.org/briefings](http://www.clinks.org/briefings) (last accessed 28.02.2017)

<sup>18</sup> Ibid

<sup>19</sup> Prison Reform Trust (2016) Bromley Briefing Prison Factfile Autumn 2016 Online:

<http://www.prisonreformtrust.org.uk/Portals/0/Documents/Bromley%20Briefings/Autumn%202016%20Factfile.pdf> (last accessed 28.02.2017)



# Homelessness, health and older people

**Lead contributor:** National Housing Federation

**The UK has an ageing population.** Currently, 10 million people in the UK are over 65 years old. Latest projections suggest there will be 5.5 million more elderly people in 20 years' time, and the number will have nearly doubled to around 19 million by 2050.<sup>20</sup>

While many homeless people will not make it past their late 40s<sup>21</sup>, those who do are more likely to have a combination of long-term physical and mental health problems, often combined with substance misuse and or alcohol problems. They are also less likely to access appropriate health and social services, or be willing to engage with healthcare professionals about their care needs<sup>22</sup>.



## Key issues

### Gaps in data

There is a general lack of data on the number of older homeless people in England with only those who present seeking local authority support or to the health service being countable. While the number of households accepted by local authorities as priority need due to 'old age' rose from 600 to 890 between 2009 and 2014, many more will be staying in hostels, or rough sleeping.

### Strategic and policy focus on younger people and families

Older people can often become the "forgotten homeless"<sup>23</sup> with homelessness strategies and policies tending to focus on young people and families.

### Lack of understanding on routes into homelessness

The reasons for a person's homelessness will differ in later life and these reasons need to be properly understood in order to be addressed. Many older people who find themselves homeless do so through bereavement, or by the break-up of a relationship or estrangement from family. Many worked throughout their adult lives and are experiencing homelessness due to redundancy or retirement.

### Access to services

Older people become, or remain, homeless because they are unaware of, or alienated from, services. Added to this, links between strategies (housing, homelessness, older people, health) are often weak, and cross-sector joint working in these areas is often poor<sup>24</sup>.

<sup>20</sup> [http://www.parliament.uk/documents/commons/lib/research/key\\_issues/Key-Issues-The-ageing-population2007.pdf](http://www.parliament.uk/documents/commons/lib/research/key_issues/Key-Issues-The-ageing-population2007.pdf)

<sup>21</sup> Crisis "Homelessness: A silent killer" <http://www.crisis.org.uk/data/files/publications/Homelessness%20-%20a%20silent%20killer.pdf>

<sup>22</sup> <http://www.mungos.org/endoflifecare>

<sup>23</sup> [http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Housing/ID2383\\_2\\_surviving\\_at\\_the\\_margins\\_older\\_homeless\\_people\\_and\\_the\\_organisations\\_that\\_support\\_them\\_summary\\_2002\\_pro.pdf?dtrk=true](http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Housing/ID2383_2_surviving_at_the_margins_older_homeless_people_and_the_organisations_that_support_them_summary_2002_pro.pdf?dtrk=true)

<sup>24</sup> [http://www.npi.org.uk/files/7513/7544/6329/homelessness\\_older\\_people.pdf](http://www.npi.org.uk/files/7513/7544/6329/homelessness_older_people.pdf)



## Recommendations

### **Development of more specialist services**

Projects need to focus on not only resettlement, but on the support needed to allow a person to sustain their tenancy. These services need trained, specialist staff, who understand the differing needs of older people, as well as the distinct barriers preventing them from accessing services. They should be able to provide specialist advice on benefits, access to housing, and health and care services.

### **Giving older homeless people a voice**

There needs to be a more coherent response to the specific needs of older people at strategic and policy level, with a mechanism for feeding into policy-makers and service commissioners about the problems and needs of older homeless people. The Social Care Workforce Research Unit at King's College London, suggests the reforming of the UK Coalition on Older Homelessness to raise the profile of older people who are experiencing homelessness.

### **A better understanding of the scale and shape of the problem**

A fuller understanding of the number of older people who are experiencing homelessness by statutory and voluntary agencies, along with a detailed understanding of the reasons they find themselves homeless is needed.

### **More supported and sheltered housing**

Supported housing provides a safe and secure home with support that enables vulnerable people to live independently. To enable these schemes to continue, and to develop new schemes, they need long-term certainty of funding. England already has a shortfall of nearly 17,000 supported housing places for working age people and, if current trends continue, this will more than double to over 35,000 places by 2020. A new national framework needs to be established by the Government, setting out key protections for tenants and services and ensuring consistency across local authorities.

# Homelessness, health and LGB&T communities

**Lead contributor:** Stonewall Housing Association and the National Housing Federation

Lesbian, gay, bisexual and transgender (LGB&T) individuals face **unique challenges when experiencing homelessness**, with discrimination and inequality not only causing homelessness, but creating complex barriers when accessing mainstream support and health services.



## Key issues

### **Lack of stable housing**

This can have a significant impact on an individual's mental health, compounded by issues around continuity of care. Short term housing might lead to continually changing health providers, combined with having to come out again and again.

### **Poor quality monitoring and referrals**

LGB&T individuals can be hard to identify and a lack of obligation for both housing and health to record a person's LGB&T status, this often leads to a lack of effective monitoring and referrals.

### **Shortage of training and development for frontline staff**

There is a general need for training and development of cultural competency to better connect housing and homelessness to health. Working with specialists should be encouraged to increase understanding of how to signpost.

### **Reduction in funding**

Reduction in funding for outreach services could lead to LGB&T dropping off the health care radar.

### **Lack of awareness and understanding of unique issues facing groups within LGB&T community**

Within the LGB&T community we see even greater levels of vulnerability in younger people, with LGB&T young people comprising up to 24% of the youth homeless population. This is often due to factors including familial rejection, abuse and violence. Whilst homeless, this group are significantly more likely to experience targeted violence, sexual exploitation, substance misuse, and physical and mental health problems than other homeless youth.<sup>25</sup>



## Recommendations

Mainstream statutory, health, voluntary and LGB&T services need to work together to improve the health and wellbeing of LGB&T people through:

### **Commitment to joint working and breaking down silos by all sectors**

This would involve better cross-sector communication, and solutions could include secondments between services, rather than just training.

### **Focus on training and education**

Mainstream services need to commit to continually working with LGB&T people and organisations to update training and understanding. LGB&T organisations also have a role to play and should seek opportunities to educate other services where skills and knowledge gaps are identified.

### **Specialised vs inclusive services**

Those experiencing homelessness should have a choice between both specialised and inclusive services. There is a great demand for specialised services, but LGB&T inclusion is often an add-on and not fully committed to by mainstream services.

### **Use of 'lived experience' and feedback from services users**

More consultation with service users and people with lived experience is needed to find out what is really important to the people behind the statistics.

### **Tackling workplace discrimination**

Discrimination needs to be tackled within workplaces and services. This could include use of champions across sectors to ensure LGB&T issues become part of all organisations' work.

### **Transparency across all services**

There should be greater transparency of how individual information is used and health services need to develop more cultural competence (i.e. not asking people to tick monitoring boxes in a public hospital waiting room).

### **Effective sharing of data, evidence and best practice**

Greater use should be made of national databases (Shelter and CAB National Homelessness Services, The NHS Dashboard). Best practice needs to be celebrated and shared as widely as possible through networks, social media and word of mouth.

### **Better monitoring of outcomes**

Services need to be educated as to why monitoring is important and checked to see how well they are working. LGB&T organisations need to empower and work with mainstream providers on how to ask these questions.

### **Building a strategic network**

LGB&T organisations should work on building a cross-sector strategic network and developing a broader strategy for other organisations to be part of.

### **Quality commissioning**

LGB&T issues should form part of the commissioning framework, and severe and multiple disadvantage needs to be embedded into the commissioning process.

# Homelessness, and health for women

**Lead contributor: Women's Health and Equality Consortium**

**Homelessness has significant negative health consequences for both women and men**<sup>26</sup> The stark health inequalities experienced by homeless women is demonstrated in the average age of death, which is 40 years younger than that of the rest of the female population (43 for homeless women<sup>27</sup> and 83 for women in general<sup>28</sup>). Research suggests that not only are there different reasons why women become homeless, but also that women have different needs and so require distinct support. The specificity of women's experiences - including greater risk of abuse and harm and the resulting trauma, higher level of mental health needs, relationship with children and gender norms which stigmatise and shame homeless women - means that support services designed by and for men do not meet their specific needs.



## Key issues

### Poor understanding of scale of the problem

CHAIN's<sup>29</sup> database for London shows that 15% of all recorded rough sleepers were female<sup>30</sup>. However, this figure is predicted to be only the "tip of the iceberg"<sup>31</sup> as, for safety reasons, women tend to sleep in hidden areas or during the day, sofa surf or remain in violent relationships or insecure housing. It is estimated that 70% of women had been in a hidden homeless situation<sup>32</sup>. Homeless Link analysis shows that around 30% of those using homelessness projects are women while only approximately 7% of accommodation provision is women only<sup>33</sup>.

### Violence is one of the main causes of women's homelessness

92% of the women in the study conducted by Mayock and Sheridan (2012) had experienced some form of violence or abuse - 72% during childhood, and two-thirds were survivors of domestic violence<sup>34</sup>.

### Homelessness puts women at further risk of abuse and violence

31% of women had experienced rape or attempted rape and 31% had been beaten<sup>35</sup>. In order to survive homeless women are often forced into prostitution, with over a third of St Mungo's

26 Homeless Link "The unhealthy state of homelessness: Health audit results 2014" <http://www.homeless.org.uk/sites/default/files/site-attachments/The%20unhealthy%20state%20of%20homelessness%20FINAL.pdf>

27 Crisis "Homelessness: A silent killer" <http://www.crisis.org.uk/data/files/publications/Homelessness%20-%20a%20silent%20killer.pdf>

28 Office for National Statistics <https://www.ons.gov.uk/releases/healthstatelifeexpectanciesuk2013to2015>

29 CHAIN stands for Combined Homelessness and Information Network

30 Department for Communities and Local Government "Rough Sleeping Statistics Autumn 2016, England" [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/585713/Rough\\_Sleeping\\_Autumn\\_2016\\_Statistical\\_Release.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/585713/Rough_Sleeping_Autumn_2016_Statistical_Release.pdf)

31 Homeless Link "Repeat Homelessness in Brighton" <http://www.homeless.org.uk/sites/default/files/site-attachments/Picture%20the%20Change.Repeat%20Homelessness%20in%20Brighton.pdf>

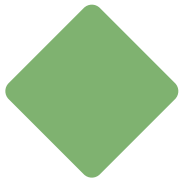
32 Crisis "Homeless Women: still being failed yet striving to survive" [http://www.crisis.org.uk/data/files/document\\_library/research/crisis\\_homeless\\_women\\_summary\\_23nov.pdf](http://www.crisis.org.uk/data/files/document_library/research/crisis_homeless_women_summary_23nov.pdf)

33 Homeless Link "Women and Homelessness. Research Briefing September 2015" <http://www.homeless.org.uk/sites/default/files/site-attachments/Homeless%20Link%20-%20women%20and%20homelessness%20briefing.pdf>

34 Mayock, P., & Sheridan, S. (2012). "Women's 'Journeys' to Homelessness Key Findings" Research Paper 1

35 Women Rough Sleepers EU project (<http://www.womenroughsleepers2.eu>)

## Homelessness, and health for women



female clients involved in prostitution (versus 2% of male clients) which increases risks of injury due to violence<sup>36</sup>. Tragically, placing women in homeless accommodation does not always protect them from violence as women placed in shared accommodation, especially those who experienced abuse at the hands of men or drug users, are at greater risk of harm from male clients<sup>37</sup>.

### **Lack of appropriate mental health support**

70% of women are likely to experience mental health compared to 57% of men, and 27% of homeless women have mental health, physical health and substance use needs.<sup>38</sup> Drug and alcohol addiction often develops as a way of coping with homelessness.

### **Effect on families**

Good relationships with families and children are shown to be very important to homeless women. Lack of appropriate accommodation is often used as a reason to remove women's custody of children which has a devastating effect on women. St Mungo's reported that nearly 50% of their female clients are mothers, of whom 79% had their children taken into care or adopted.<sup>39</sup> The research by St Mungo's and Revolving Doors also found that women needed support to recover from trauma caused by separation from children and re-establishing relationship with children was a key recovery goal.<sup>40</sup>



## Recommendations

- ◆ Commissioning of health and homelessness services should come from a rights based model, focusing on experiences not issues.
- ◆ Research and services should take a gendered approach to both causes and needs experienced by women (and men) to address health and housing needs of women. This includes ensuring that women have a choice between mixed and single-sex accommodation to reduce re-traumatisation and aid recovery<sup>41</sup>.
- ◆ The importance of family and children to homeless women should be recognised. Emotional and relational support should be provided for those who lost the custody of their children, as should accommodation suitable for homeless mothers with children.
- ◆ Better collaboration between the housing and homelessness sector, health care and women's organisations is needed, along with greater levels of training and awareness for staff. Training should focus on domestic violence, sexual violence and psychologically informed approaches including trauma informed approaches, stigma and shame.
- ◆ Appropriate accommodation should be prioritised for homeless women in contact with the criminal justice system, and domestic violence should be made an exception when allocating accommodation.
- ◆ Consistent long-term support needs to be provided as homeless women may not have the knowledge to navigate the system. This should include finding a way of maintaining registrations on GP lists when women need to move areas due to the transient nature of homeless women's lifestyles.
- ◆ Priority should be given to organisations that have the expertise to support women with multiple needs when contracts are awarded. This should include small third sector women's organisations to engage the diverse communities and those who are hard to reach.

36 Rebuilding Shattered Lives (St Mungo's, 2014) [http://rebuildingshatteredlives.org/wp-content/uploads/2014/03/Rebuilding-Shattered-Lives\\_Final-Report.pdf](http://rebuildingshatteredlives.org/wp-content/uploads/2014/03/Rebuilding-Shattered-Lives_Final-Report.pdf)

37, 38, 39 Ibid

40 Revolving Doors and St Mungo's (2010) Missing families: St Mungo's women and families research: a summary <http://www.revolving-doors.org.uk/documents/missing-families/>

41 In the Homeless Transition fund survey 39% of providers identified lack of women's accommodation as a gap in their area (Women and Homelessness Briefing, 2015, Homeless Link) <http://www.homeless.org.uk/sites/default/files/site-attachments/Homeless%20Link%20-%20women%20and%20homelessness%20briefing.pdf>

# Contributors



## National Housing Federation

The National Housing Federation is the voice of affordable housing in England. We believe that everyone should have the home they need at a price they can afford. That's why we represent the work of housing associations and campaign for better housing. Our members provide two and a half million homes for more than five million people. And each year they invest in a diverse range of neighbourhood projects that help create strong, vibrant communities. Our members are more than 900 housing associations in England who own and manage more than 90% of the country's housing association properties, housing more than 5m people in over 2.5 million homes.



## Association of Mental Health Providers

Association of Mental Health Providers is the national alliance of voluntary sector mental health providers, facilitating collaborative and cooperative partnerships across the sector to improve mental health in England. Representing its membership, MHPF is focused on supporting the delivery of services which make a positive and demonstrable difference to people with mental health needs. It is an organisation which promotes innovation and works to shape and influence the growth of the voluntary and community sector, improve outcomes for individuals and evidence best practice to improve service delivery across health and social care.



## Race Equality Foundation

The Race Equality Foundation promotes race equality in social support and public services. They do this by exploring what is known about discrimination and disadvantage; developing evidenced-based better practice to promote equality; and disseminating better practice through educational activities, conferences, written materials and websites. The Foundation works with a range of national and local partners from the community, voluntary, statutory and social enterprise sectors who are delivering health, housing, social care and parenting support.



## The National LGB&T Partnership

The National LGB&T Partnership is an innovative and inclusive England-wide group of LGB&T voluntary and community organisations, who are committed to reducing health inequalities and challenging homophobia and transphobia within public services. The Partnership members have joined forces to influence the policy, practice and actions of government and statutory bodies, in particular the Department of Health, for the benefit of all LGB&T people and communities across England. The Partnership is led by the LGBT Foundation includes Birmingham LGBT, BiUK, ELOP, GIRES, GMFA, LGBT Consortium, London Friend, Metro, Stonewall Housing and Yorkshire Mesmac.



## Women's Health and Equality Consortium

The Women's Health and Equality Consortium (WHEC) is a partnership of women's charity organisations, all of whom share common goals of health and equality for girls and women. By pooling their expertise, information and resources as WHEC, they can speak with one voice and more strongly influence decision makers and government, making sure policy reflects the real needs of girls and women. They are an agency that works to improve the sustainability of the women and girls' health and social care sector and strengthen their capacity to engage with the health and social care systems. The Women's Health and Equality Consortium (WHEC) consists of: Women's Resource Centre (WRC), FORWARD UK, Imkaan, Maternity Action, Positively UK and Rape Crisis (England and Wales).



## Clinks

Clinks is the national infrastructure organisation for the voluntary sector working with people in the criminal justice system and their families. They support, represent and campaign for the sector and those with whom it works. Their 500 members range from the smallest local community groups to large regional and national charities and their wider networks reach over 15,000 contacts. They advocate for health services to better meet the needs of people in contact with the criminal justice system, and for recognition of the role of the voluntary sector in doing so.

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