

RESEARCH

# England's most disadvantaged groups: Homeless people

An *Is England Fairer?* review spotlight report (2 of 4)



Equality and Human Rights Commission  
[www.equalityhumanrights.com/IsEnglandFairer](http://www.equalityhumanrights.com/IsEnglandFairer)  
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# About this publication

## What is the purpose of this publication?

The Equality and Human Rights Commission's first-ever report on equality and human rights progress for England, *Is England Fairer?*, highlighted the plight of four of the country's most disadvantaged groups:

- Gypsies, Travellers and Roma
- Homeless people
- People with learning disabilities
- Migrants, refugees and asylum seekers

To facilitate further discussion, the Commission has drawn key findings from the report to create a series of spotlight reports. This spotlight report focusses on the experiences of **homeless people**.

## Who is it for?

This report is intended for policy makers and influencers across all sectors and the general public.

## What is inside?

The report includes findings on the experiences of homeless people in relation to:

- education
- work and standard of living, and
- health and care.

## When was it published?

The report was published in March 2016.

## Why did the Commission produce the report?

The Equality and Human Rights Commission promotes and enforces the laws that protect our rights to fairness, dignity and respect. As part of its duties, the Commission provides Parliament and the nation with periodic reports on equality and human rights progress in England, Scotland and Wales.

## What formats are available?

The full report is available in PDF and Microsoft Word formats at:  
[www.equalityhumanrights.com/IsEnglandFairer](http://www.equalityhumanrights.com/IsEnglandFairer)

# The experiences of homeless people

Some people in our society are being left further behind because they face particular barriers in accessing important public services and are locked out of opportunities.

There are several factors that may contribute to this, including socio-economic deprivation, social invisibility, poor internal organisation of the group, distinctive service needs that are currently not met, cultural barriers, stigma and stereotyping, small group size, and very importantly, a lack of evidence which limits us in our ability to assess the multiple disadvantages these people face.

Although there are many people facing multiple disadvantages in England, here we have focussed on the experience of one specific group: **homeless people**.

There is strong evidence that homeless people suffer from multiple disadvantages and that some policy responses to homelessness, such as the current housing system, may deepen the inequalities that already exist. This has important socio-economic and health consequences as outlined below.

## Education

A UK study by the Joseph Rowntree Foundation showed 'a strong association between homelessness and withdrawal from education' (Quiggars et al., 2008). More recent research in England reports that around half of young homeless people are not in education, employment or training (NEET) at the point of becoming homeless and many also lack independent living skills. This may be due to a disrupted education or difficult childhood experiences that also contributed to them becoming homeless. 21% of young people supported by homelessness agencies and 15% of those seen by local authorities had poor literacy or numeracy skills (HomelessLink, 2014).

## Work and standard of living

Poor qualifications and high support needs make it difficult for homeless young people to find work. Welfare benefit rules also mean that young people can be no better off in work than on benefits (Centrepoint, 2016).

Analysis of data and other evidence collected for the Just Fair report identified that homelessness is an area where there may be retrogression in the realisation of an adequate standard of living (Just Fair, 2015).

The 2015 homelessness monitor report examined the situation in England in detail (Fitzpatrick et al., 2015). It highlighted the increased number of rough sleepers, up by 37% in 2013 compared with 2010, and hidden homelessness including concealed, overcrowded and shared households. It also noted a divergence in homelessness policy in Britain since devolution, suggesting that the housing system is contributing to the increase in homelessness in England:

- The shortfall in house building compared with the rising number of households.
- Local authorities are able to discharge their duty fully by offering a private rented sector tenancy of 12 months, without the consent of the tenant. Previously the local authority had to offer a social home unless the tenant opted for a private tenancy.
- Local authorities commented that they would have to use more private rentals, particularly to provide emergency and temporary accommodation (UNHRC, 2013).

Single homeless adults, who do not get full support to find a permanent place to live, struggle to access mainstream housing options and so end up cycling in and out of low-quality temporary accommodation (bed-and-breakfast accommodation, private hostels and short-stay houses in multiple occupation). There is limited statutory control over who is placed or directed to the accommodation, and enforcement activity on the conditions of dwellings and quality of the management is often lacking. Furthermore, this sub-group can remain hidden due to a lack of available data (IPPR, 2016).

The number of households placed in temporary accommodation by local authorities in England in September 2014 was the highest it had been in the last five years (Wilson, 2015a):

- Some 60,940 households had been placed in temporary accommodation by local authorities in England.
- Of these, 45,620 included dependent children and/or a pregnant woman.
- The number of families with dependent children placed in bed and breakfast style accommodation increased from 630 at the end of March 2010 to 2,080 at the end of September 2014.

- Around a quarter of households in temporary accommodation (15,260) had been placed outside their local authority, an increase of 29% compared with the same period in the previous year, arguably with implications for individuals' and families' support networks (Wilson, 2015b).

The private rented sector is the largest rented sector in England, but its ability to house those on low incomes or who are homeless is largely dependent on housing benefit and, consequently, on the Government's programme of welfare reform (Fitzpatrick et al., 2015). Government initiatives such as the No Second Night Out programme, introduced in London in 2011/12 and then rolled out across the country, are likely to have moderated the upward trend in homelessness.

There are specific groups that are particularly vulnerable to homelessness. Around a quarter of those living on the streets had a background in care, and rising demands on social housing have made it increasingly difficult for young people to find suitable accommodation (HM Government, 2013). Local authorities have a duty to provide 'sufficient accommodation', but Barnado's (2014) found that if a care leaver faces problems with their housing, they may become homeless. Single people and couples without dependent children (deemed to be 'less vulnerable') are also at risk as local authorities do not have a statutory duty to find accommodation for these groups (Wilson, 2015a). A report for Crisis UK focused on the experiences of single homeless people in Britain, finding that those who become homeless at a young age may become homeless several times and be trapped in a vicious cycle that leaves them vulnerable to violence and poor health (Mackie with Thomas, 2014). In a 2012 survey of transgender people, 19% of the 542 participants who answered questions on their housing reported they had been homeless at some point, while 11% had been homeless more than once (McNeil et al., 2012).

## Health and care

Evidence shows that the health problems of homeless people in England are considerable, and their life expectancy is well below the national average (Crisis, 2011).<sup>1</sup> For homeless men, the average age of death in 2001–09 was 48 years, compared with 74 years in the general population (a reduction of 26 years in life

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<sup>1</sup> The studies drawn upon in this section use different definitions of homelessness. The Crisis (2011) report includes 'those sleeping rough, in hostels and in other hidden homeless situations'; Department of Health (2010b) refers to 'people who are sleeping rough (homeless) or sleeping in a hostel, a squat or on friends' floors (insecure or short-term accommodation)'; the Homeless Link audits (2014a) include people in 'emergency accommodation, hostel or supported accommodation, sofa surfing, rough sleeping, squatting, private accommodation, and other temporary accommodation'. The term applies to single people, couples and families.

expectancy), and 43 for homeless women, compared with 80 in the general population (a reduction of 37 years) (Crisis, 2011).

Health problems include physical trauma, skin problems, respiratory illness, mental ill-health, infections and drug/alcohol dependence (DH, 2010). Reported incidents of physical ill-health, depression and substance misuse are higher among those who are sleeping rough or living in precarious accommodation such as squats, than among other homeless people. In 2010, a national audit of over 2,500 homeless people found that 41% had long-term physical health problems, compared with 28% of the general population; 45% had a diagnosed mental health problem compared with 25%; and 36% had taken drugs in the past month compared with 5% in the general population (Homeless Link, 2014).

Excessive alcohol consumption is a recognised factor in homelessness (NHS, 2013). The short-term risks of alcohol misuse include alcohol poisoning, accidents and injuries requiring hospital treatment, and violent behaviour. In the longer term, it can lead to serious health problems, such as liver disease, high blood pressure, heart disease and stroke. It can also cause certain cancers, with the risks being higher the greater the level of drinking.

Access to healthcare remains problematic for homeless people. Barriers include poor staff attitudes and the fear of being judged or experience of being passed between agencies and receiving help from none, for example for people with dual diagnosis (substance misuse and mental health problems) (RCGP, 2013).

Homeless people are heavy users of acute health services. Their use of hospital services, including Accident and Emergency, is between three and six times that of the general population (DH, 2010). Although, they access GPs between 1.5 and 2.5 times more than the general public, nevertheless, 7% of homeless people said they had been refused access to a GP or dentist within the past 12 months. Furthermore, although 40% said they had sufficient help with their health problems, 42% wanted some, or more, help (Homeless Link, 2014).

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# Contacts

*England's most disadvantaged groups: Homeless people* is published by the Equality and Human Rights Commission.

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