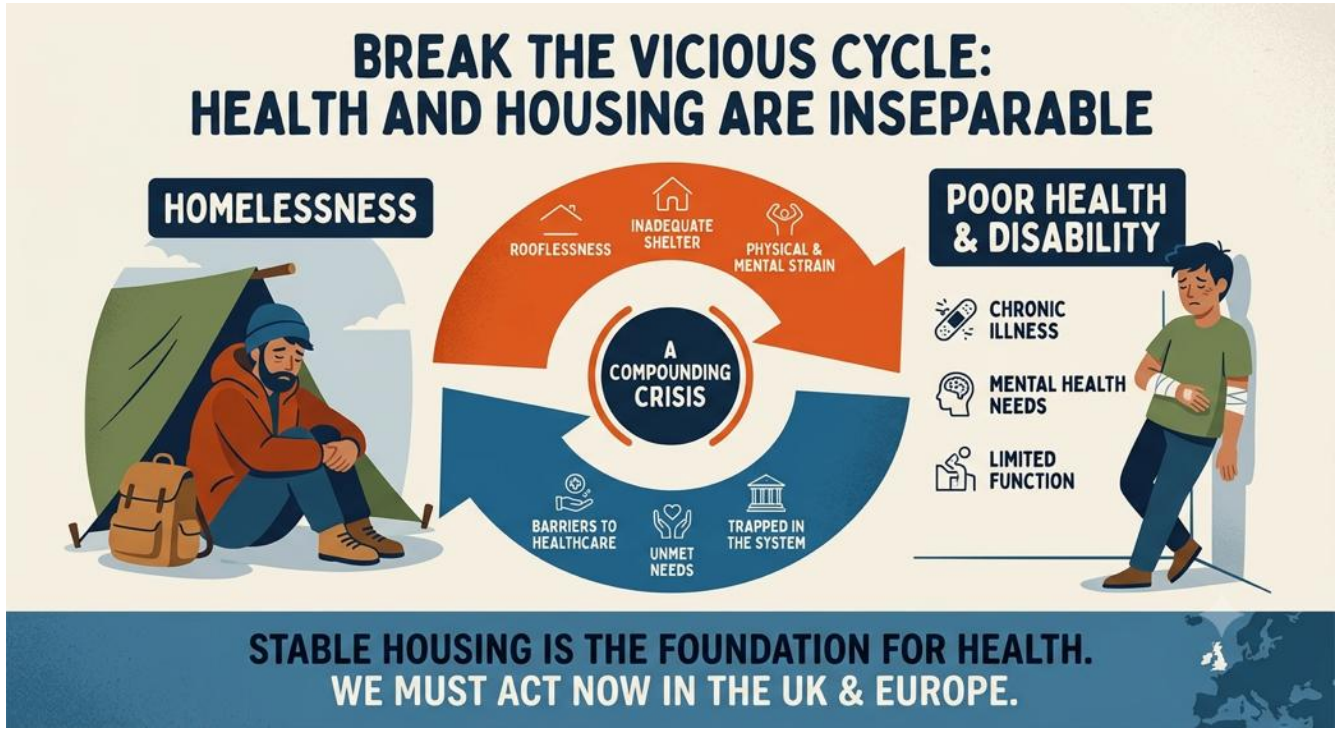
Global Determinants of Health and Wellbeing: Poverty and Social Deprivation in an unstable world

University of York

School for Business and Society

UK and European Homelessness and Health

Nicholas Pleace



Graphic: Gemini

Images of homelessness and health

- Rough sleeping and emergency shelters
- Multiple and complex needs
- Addiction and mental illness
- Mental illness and addiction as drivers of homelessness that are intensified by homelessness
- “Out of the Wards and onto the Streets”

Health and Homelessness

- Drawing on UK, European plus some North American and Australian research
- Homelessness that exists in countries with public health systems, at least some degree of welfare system and adult social care services (social work/social services departments)
- Using the ETHOS Light definition from FEANTSA

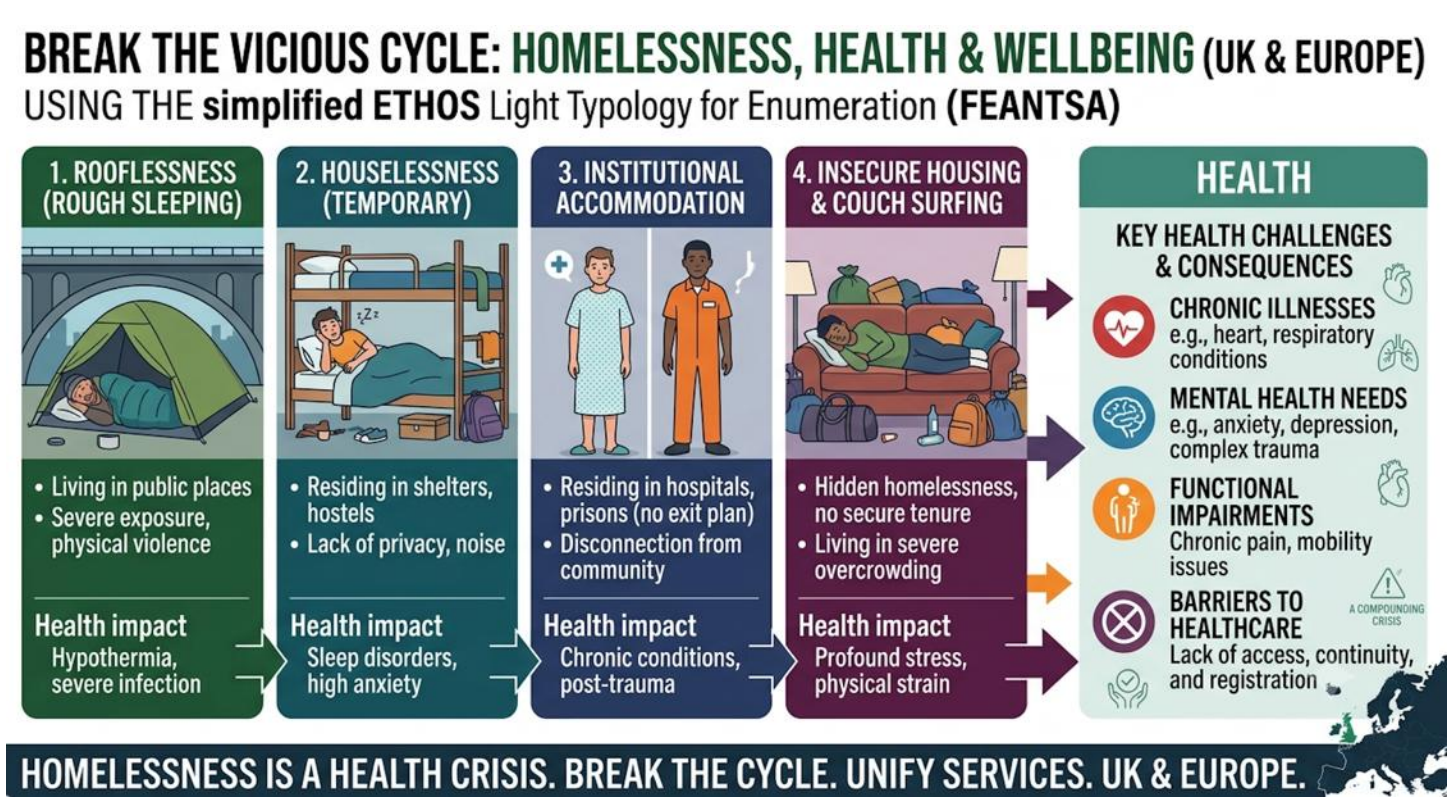
ETHOS Light EUROPEAN TYPOLOGY OF HOMELESSNESS AND HOUSING EXCLUSION

A Harmonised Definition of Homelessness for Statistical Purposes

Sometimes referred to as ETHOS 'Light', this is a version of the ETHOS typology developed in the context of a 2007 European Commission study: *Measurement of Homelessness at European Union Level*. It is a harmonised definition of homelessness for statistical purposes. It is a pragmatic tool for the development of homelessness data collection, rather than a conceptual and operational definition to be used for a range of policy and practice purposes.

OPERATIONAL CATEGORY		LIVING SITUATION		DEFINITION
1	People living rough	1	Public spaces / external spaces	Living in the streets or public spaces without a shelter that can be defined as living quarters
2	People in emergency accommodation	2	Overnight shelters	People with no place of usual residence who move frequently between various types of accommodation
3	People living in accommodation for the homeless	3	Homeless hostels	Where the period of stay is time-limited and no long-term housing is provided
		4	Temporary accommodation	
		5	Transitional supported accommodation	
		6	Women's shelters or refuge accommodation	
4	People living in institutions	7	Health care institutions	Stay longer than needed due to lack of housing
		8	Penal institutions	No housing available prior to release
5	People living in non-conventional dwellings due to lack of housing	9	Mobile homes	Where the accommodation is used due to a lack of housing and is not the person's usual place of residence
		10	Non-conventional buildings	
		11	Temporary structures	
6	Homeless people living temporarily in conventional housing with family and friends (due to lack of housing)	12	Conventional housing, but not the person's usual place of residence	Where the accommodation is used due to a lack of housing and is not the person's usual place of residence

A very different picture



Graphic: Gemini

- Women and children at *scale* (temporary accommodation use in England and elsewhere)
- Hidden homelessness (young people and women)
- Long term homelessness and especially people sleeping rough represent a *minority* of homeless populations defined using ETHOS Light – a lot fewer lone men with complex needs in relative terms

The Point being…

- Issues around homelessness and health begin with how you define homelessness
- Which is generally a legislative and administrative construct in whichever OECD country or EU Member State (or other European country you are talking about)
- At the last count (December 2025) 75,600 households had been placed in temporary accommodation by London boroughs of which 50,910 contained 100,930 dependent children, the bulk of whom were lone women parent households (substantial numbers out of borough of origin) compared to 830 people living on the Streets (H-CLIC and CHAIN stats for Oct-Dec).

Core issues

- Access to care, continuity of care, ineffectiveness of care and treatment without adequate stable housing at the core of an effective response
- Child health and development
- Women's reproductive health
- Trauma associated with domestic abuse
- Addiction, severe mental illness, plus growing evidence of neurodiversity in a small, high cost, high risk population

Graphic: Gemini

Barriers to healthcare

- Logistical and administrative: The NHS is organised around where you live, from GP surgeries upwards
- Lack of a settled address immediately causes issues for continuity of care, because as you move location, you move between administrative areas of the health service and the same of course with adult social care
- And that can happen not moving very far at all in London
- NHS digital and Palantir may be getting there, so that loss of records does not happen in the way it once did, but your patient records may not be complete
- But systems work on the basis of your address and your postcode, a lot of people experiencing homelessness have a GP but some distance away
- One of the things that happens to you when you are homeless is you are moved, to services, to temporary accommodation which may not be near the NHS and other services you use
- Attitudinal barriers can exists, the archetypical image of a nice suburban GP surgery full of young mums and pensioners and the expression on the receptionists face when someone visibly (or appearing to be) living rough walks in
- Mystery shopper research in the 80s and 90s, Teresa Hinton and Health Action for Homeless People in London
- But *expectation of rejection* is often important, low self esteem and fear of how they will be responded to means someone never goes to the GP or enters the A&E
- Complex needs can be difficult for mainstream services to handle, we have been saying there is a need for more “joined up” addiction and mental health systems since the 1980s, still not there…

Main issues

- Kids: social and educational development, exercise, diet, respiratory illness, stress, anxiety, risks to later health as an adult
- Women: reproductive health, depression, risks and trauma associated with very widespread experience of domestic abuse and violence against women and girls
- An array of risks and needs in (usually) lone women parent families experiencing homelessness
- Young homeless people: associations with contact with care system, care leavers often have multiple and complex needs, risks around abuse
- Long term homelessness: tends to compound and create complex needs, risks to mental health and around addiction increase with duration of homelessness (US research on ageing of homelessness) and *very* premature death in your 40s

Solutions

- Adequate, secure, affordable housing
- Any attempt to better coordinate, enhance services or use innovative treatment fails unless housing need is also addressed, e.g., *catastrophically* bad results from addiction treatments and programmes that did not address housing need
- Not rocket science
- Equally, a housed family or individual with a history of homelessness should not be left to experience the risks to health stemming from deep inequality, after housing cost poverty, fuel poverty and food insecurity (because guess what will happen to their health…)
- Great examples: Pathway, Housing First, council housing

UNIVERSITY of York

School for Business and Society

Thanks for listening

Nicholas Pleace