

# **Minority Ethnic Homelessness in London**

## **Findings from a Rapid Review**

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## **Executive Summary**

In September 1999 the Federation of Black Housing Organisations was commissioned by the NHS Executive (London) to undertake a rapid review of minority ethnic homelessness in London. The main method adopted was an extensive literature search. All minority ethnic housing associations were contacted but very little relevant information was returned. The review found:

1. There are no accurate figures for the numbers of minority ethnic homeless people across London. Data collected using homelessness acceptance figures suggest that minority ethnic people are disproportionately homeless to the rest of the population. This is echoed by other surveys which have been picking up high numbers of minority ethnic people in their sample frames.
2. There is very limited information on the health status of minority ethnic homeless people and their use of primary care services.
3. The limited data suggests differences between minority ethnic groups in terms of the extent of homelessness and its nature. This is particularly so between recently arrived minority groups and long term resident groups or those born in the UK.
4. Minority ethnic homelessness is less about street homelessness and much more about being hidden. Minority ethnic people tend to use friends and relatives much more than white people and are less likely to be found in hostels. However, some surveys have found an over-representation of minority ethnic people in hostels.
5. Extensive research needs to be undertaken on all aspects of minority ethnic homelessness to fill the gaps in knowledge and provide a framework for an effective policy response.
6. Service intervention should be firmly located within mainstream provision and focused on the better co-ordination of existing resources.

## 1. Introduction

*“In a climate where images sometimes have as much impact as realities, governmental responses do not seem to recognise the full nature or extent of minority ethnic homelessness.” (Harrison, in Kennett and Marsh ,1999)*

There is a recognised dearth of information on minority ethnic homelessness, its interaction with racism, health, cultural repercussions or even accurate measure of its extent. The level of social research in this field is generally poor and largely confined to very localised studies. The hidden homeless, of which the minority ethnic population are generally to be found, is the least researched and understood group.

The United Kingdom has the second highest level of homeless per thousand of the population, than any other country in Europe, Germany has the highest (Daly, 1996). This growth in homelessness, largely because of increases in youth homelessness, lone parent households and the shortage of affordable good quality rented accommodation highlights the need for a growth in the availability of social rented housing.

Giamo & Grunberg (1992, pp. 150-151) argue that Western societies mystify homelessness - by failing/refusing to distinguish between the results or consequences of homelessness and its cause. This can and does result in a policy response which does little to alleviate the problem but more to stereotype homeless people.

The extent of homelessness amongst minority ethnic communities is documented in a few snapshot locality surveys primarily based in London. These sources confirm that homeless is a major problem amongst minority ethnic households and single people and that the experience of it is also quite different from white people.

## **Defining Homelessness**

The image that the word homeless conjures up is of people living on the street, sleeping rough and disconnected from any familiar social network. This image can become a powerful determinant of how homelessness is defined in the minds of the general public. However, only a minority of homeless people are literally without a roof over their heads at any one point in time. The Report of the National Inquiry in Preventing Youth Homeless (Evans, 1996) found that about one tenth of young homeless people are sleeping rough when they approach a housing or advice agency.

There is no universally accepted definition of homelessness because any definitions currently in existence are, to some extent, based on ideological views about the conditions in which people should be expected to be responsible for their own lives (Pleace and Quilgars, 1996). Definitions have been developed which create a typology of homeless experience (for example, Connelly and Crown, 1994) which can incorporate both the legally defined homeless, the availability of data on homeless groups and the wide range of homeless experiences. However, the definition of homelessness adopted for this project is a refinement of an earlier definition:

*“ People who do not have permanent or secure accommodation of their own. This includes people who are involuntarily sleeping rough, living in temporary accommodation such as bed and breakfast accommodation, hostels, hotels and squats. It includes people involuntarily dependant on friends and relatives, and living in bad housing conditions in the private rented sector.” (Small and Hinton, 1997)*

The importance of this definition is that it distinguishes between people currently have no shelter as well as those who do. The definition is also of value because it highlights that homeless people are not necessarily disconnected from a social network which can and often does act as a safety net, albeit for a short while. The definition is important for a third reason. This is that it can be applied to the situation that minority ethnic homeless often find themselves that is they access familiar networks during periods of homelessness (see O’Mahoney & Ferguson, 1991). The

definition is of further use because being involuntarily homeless means that people do not have the opportunities for independent living which is often associated with having a 'home'.

### **Aim of the Review**

The aims of this rapid review are:

- 1) Assess the nature and extent of minority ethnic homelessness in London
- 2) Review the available evidence on minority ethnic health, housing and homelessness
- 3) Raise the awareness and understanding of those involved in joined up thinking to the problem of minority ethnic homelessness.

### **Method**

This review was undertaken firstly, by accessing a variety of research reports and data sources which have explored minority ethnic homelessness either as part of a wider homelessness project or as identified research into minority ethnic homelessness.

All minority ethnic housing associations across London were contacted for any information or projects they may be involved in regarding homelessness and health.

## **2. The Extent of Minority Ethnic Homelessness in London**

### **Problems of Measurement**

Data on the extent of homelessness and the characteristics of homeless people are generally viewed as very poor. A very limited amount of information is collected and even this data does not allow for detailed analysis across gender, ethnicity, age, size or even health status (Pleace & Quilgars, 1996). Data is collected on statutory homelessness, which covers the activities of local authorities and housing associations under the 1985 Housing Act. However, this data is confined to information on households and not individuals. This has the effect of not being able to accurately predict the actual number of individuals who are accepted as homeless.

A further issue of measurement relates to gender and ethnicity. These are not always recorded as Table 2 highlights. In some London boroughs 'no ethnic origin recorded' can form a high proportion of the total number of households accepted as homeless.

Homeless refugees, asylum seekers and homeless people from minority ethnic groups tend to stay with friends or relatives, or in overcrowded households, or are in other temporary arrangement like bed and breakfast or hostels. Accessing reliable information on these hidden populations is very difficult and estimating the extent of homelessness becomes practically impossible.

### **Statutory Homeless**

Information submitted by the Department of the Environment, Transport and the Regions (DETR) was analysed by Frontline Housing Advice to establish a borough by borough profile of the extent of statutory homeless for minority ethnic groups. The DETR's records on homelessness decisions for the years 1993, 1995 and 1997 were used. These are figures completed by each local authority, which details decisions made on homelessness applications.

The figures presented in Table 1 highlight that the rates of homelessness in each borough for minority ethnic groups is disproportionate to their population size. In some cases it is over 3-4 times the total minority ethnic population. Although these figures should be read with caution as some figures are based on less than a full year and there is variance between the years data was collected, they clearly show that minority ethnic homelessness is a major social issue.

**Table 1: Minority Ethnic Homeless Applications Accepted by Borough (London wide)**

<b>Borough</b>	<b>% of Minority Ethnic</b>	<b>% of local population</b>
Barking and Dagenham	19.4%	7.0%
Barnet	48.2%	19.0%
Bexley	No ethnic breakdown	
Brent <sup>1</sup>	74.4%	45.0%
Bromley	No ethnic breakdown	
Camden	33.2%	18.0%
Croydon	37.0%	18.0%
City of London	48.0%	7.0%
Ealing	65.7%	32.0%
Enfield	63.8%	14.0%
Greenwich	28.6%	13.0%
Hackney	77.2%	34.0%
Hammersmith and Fulham	45.6%	17.5%
Haringey	No figures available	
Harrow	55.3%	26.0%
Havering	7.1%	3.0%
Hillingdon	No ethnic breakdown	
Hounslow	45.2%	24.4%
Islington	57.2%	19.0%
Kensington and Chelsea	22.2%	16.0%

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<sup>1</sup> Brent did not provide an ethnic breakdown for 1995 or 1997. The figures are based on 1993.

Kingston Upon Thames	20.2%	9.0%
Lambeth	56.6%	30.0%
Lewisham	60.8%	22.0%
Merton	51.6%	16.0%
Newham	69.4%	42.0%
Redbridge	No ethnic breakdown	
Richmond Upon Thames	28.2%	5.0%
Southwark	50.8%	24.0%
Sutton	12.5%	6.0%
Tower Hamlets	63.5%	36.0%
Waltham Forest	63.1%	26.0%
Wandsworth	54.8%	20.0%
Westminster	53.3%	21.0%

Source: Carter, 1998

Data from all boroughs who recorded decisions on homeless applications by ethnic group in 1997 suggests that the minority ethnic groups make up 45.1% of those found to be accepted as statutory homeless. The figure for inner London boroughs rose to 50.3%.

Table 2 highlights across a range of ethnic classifications that the difference in the extent of homelessness is quite vast. It is difficult to collectively talk of a minority ethnic homeless problem because the variations between the groups is very large. Black African and Caribbean households are more likely to experience homelessness than any other minority ethnic group in the vast majority of London boroughs. However, Table 2 also highlights the large number of households in some London boroughs who do not record household by ethnic group.

**Table 2: Statutory Homeless by Minority Ethnic groups<sup>2</sup>**

<b>Borough</b>	<b>% of Ethnic Group</b>				
	<b>White</b>	<b>African/ Caribbean</b>	<b>South Asian</b>	<b>Other</b>	<b>None<sup>3</sup></b>
Barking & Dagenham	78.0%	11.8%	1.6%	5.3%	3.3%
Barnet	37.4%	16.2%	5.9%	12.8%	27.7%
Bexley	No ethnic breakdown				
Brent	25.5%	43.5%	8.8%	21.9%	0.3%
Bromley	No ethnic breakdown				
Camden	61.6%	13.3%	6.9%	10.4%	7.9%
Croydon	62.2%	24.9%	4.9%	6.7%	1.3%
City of London	50%	12%	-	34.0%	4.0%
Ealing	22.9%	23.3%	11.5%	10.2%	33.1%
Enfield	33.5%	27.5%	5.1%	26.4%	7.5%
Greenwich	68.8%	16.5%	5.2%	5.9%	3.6%
Hackney	21.2%	45.8%	6.5%	19.5%	7.0%
Hammersmith & Fulham	50.0%	23.5%	7.5%	11.0%	8.0%
Haringey	No figures available				
Harrow	39.9%	21.5%	11.5%	16.3%	10.8%
Havering	92.9%	3.7%	2.3%	1.1%	-
Hillingdon	No ethnic breakdown				
Hounslow	54.8%	16.6%	19.3%	9.3%	-
Islington	38.7%	19.5%	7.3%	24.9%	9.6%
Kensington & Chelsea	26.3%	8.9%	3.0%	10.3%	51.5%

<sup>2</sup> The DETR have brought together certain ethnic groups. Ethnic groups are, therefore, analysed as follows:

1. Black African and Black Caribbean
2. Indian, Pakistani and Bangladeshi
3. Other including Black Other, Other Asian, Chinese and Other.

<sup>3</sup> This refers to the percentage of households which were recorded as ethnic group not available.

Kingston upon					
Thames	79.4%	6.5%	3.7%	9.9%	0.5%
Lambeth	41.5%	43.6%	3.2%	7.3%	4.4%
Lewisham	30.2%	37.3%	2.3%	7.2%	23%
Merton	46.6%	23.2%	9.7%	16.8%	3.7%
Newham	30.0%	31.0%	34.0%	2.8%	2.2%
Redbridge	No ethnic breakdown				
Richmond upon					
Thames	70.9%	5.2%	6.1%	16.6%	1.2%
Southwark	43.1%	35.7%	2.9%	5.9%	12.4%
Sutton	49.5%	2.6%	1.9%	2.6%	43.4%
Tower Hamlets	34.6%	12.9%	45.3%	2.1%	5.1%
Waltham Forest	35.3%	29.8%	12.1%	18.6%	4.2%
Wandsworth	44.3%	19.4%	2.2%	32.2%	1.9%
Westminster	46.1%	18.0%	3.8%	30.9%	1.2%

Source: Carter, 1998

### **Incidence of Minority Ethnic Homelessness**

London has the highest concentration of homeless households in England. In 1997 there were 25350 households accepted as homeless and eligible for assistance. This represents nearly 25.0% of acceptances in England. Carter (1998) finds that using the DETR figures for homelessness, the prevalence of homelessness in 1997 across London was:

2.6 households per 1000 of the population

1.8 households per 1000 for white groups

7.8 households per 1000 for African-Caribbean and African groups

2.8 households per 1000 for South Asian groups

Minority ethnic groups were 3.2 times as likely to be found homeless in 1997 than white groups amongst the statutory homeless.

## **Refugees & Asylum Seekers**

Reliable information and data on the number and characteristics of refugees and asylum seekers in London is very poor (Pleace & Quilgars 1996). Anecdotal evidence suggests:

- In 1997 of the 14271 homeless priority needs acceptances recorded by the London boroughs, 7.4% were eligible asylum seekers (Carter 1998, pp31)
- It is estimated that there are over 24,000 refugees and asylum seekers in Kensington, Chelsea and Westminster (The Health of Londoners Project, 1999)
- A survey of 1138 homeless people across London identified 106 or 9.3% who said that their asylum seeker status was the main reason for homelessness (Carter, 1998)
- The majority of people seeking asylum in the UK are young (75% were under 35 in 1992) and male (80% in 1990) and have most do not have dependants (84% between 1987 and 1989: The Home Office, 1992).

## **Minority Ethnic Young People**

The rise in young homelessness has been attributed to “the visible manifestation of the failure of Government policies to address the needs of young people (Simmons & McHardy 1994). The main reason why young people, from all ethnic backgrounds, leave home is because they have no choice (Coufopoulos 1997) usually emanating from family disputes. The link between abuse in the family home and homelessness is a major concern for workers in the field (Boulton 1993). A small percentage of young black people become homeless because their parents go back to the country of origin (O’Mahony and Ferguson 1991).

Fisher and Collins (1993) argue that because there are a disproportionate number of black children within the care system, it follows that this group will become over-represented among the homeless. The London Research Centre (1997) reports that young people leaving care are 30 times more likely to be homeless than the comparable population. Shelter (1999) reports that 40% of young homeless people have been in care at some point in their lives.

Many black children in care are isolated from their culture and they have problems in settling in among their communities when leaving care or supported housing:

***“Some black care-leavers end up homeless or in psychiatric hospitals because they don’t have appropriate aftercare support. Workers supporting care-leavers should have some personal experience/awareness of the issues affecting this group: some care-leavers may have little or no knowledge of their culture and can’t identify with their communities.” (CHAR 1995: 18)***

It is difficult to provide an accurate figure for the extent of black and minority ethnic youth homelessness or indeed youth homelessness generally. The true scale of homelessness amongst young minority ethnic people is distorted because the main measure of the extent of homelessness is collected by the agencies and projects which deal with young homeless people (Sexty, 1990). It is argued that black people generally do not access homeless projects or advice agencies. This gives a misleading impression that homelessness is simply a white, male problem. However, nearly one half of all young people who approached homelessness agencies in England and Northern Ireland during 1994/1995 were from black or minority ethnic groups (Nassor and Simms 1996)

The Inquiry into Preventing Youth Homelessness (Evans, 1996) calculated that at least 246,000 young people in the United Kingdom were homeless in 1995. There are no comparable figures for black young people although it is recognised that they suffer disproportionately from homelessness (Hutson & Liddiard, 1994). They argue that black people tend to hold unskilled, lower paid and less secure jobs in manufacturing and service industries and so suffer disproportionately from

unemployment because of the unstable nature of the labour market. Doogan (in Anderson 1992) states:

*“ For most young people the recession has deprived them of their livelihoods and means to ‘earn their own keep’ outside the parental home. When they could not enter the labour market they consequently lost any leverage in the housing market. Homelessness was the outcome for many who wanted, or were forced to leave the parental home.”*

In relation to black young people this has a particular resonance. Regardless of economic recession young black people are more likely to be unemployed than white young people. According to the Labour Force Survey, 1997 the unemployment rate among young black people was 35% compared with 13% among white young people (CRE, 1998). Thus the likelihood that young black people will experience periods of homelessness is far more profound. Further, black households are more likely to live in poor physical conditions, have fewer amenities and to live in unpopular areas (Hutson & Liddiard 1994). This is likely to contribute to the cycle of deprivation, stress, ill-health and family disputes and to experience the problems that lead to homelessness.

### **The Hidden Homeless**

The true extent of the homeless population in London is not known. This is particularly so for single person households and couples without children. They are not eligible or do not apply for statutory assistance are not subject to any form of centralised monitoring. These people form the ‘hidden homeless’. The extent of the hidden homeless is unknown because of the limited supply of accommodation available to single homeless people. However, national snapshot surveys (Anderson et al, 1993) and a large scale London based survey of users of a range of homeless agencies in (Carter, 1998) provide valuable information on the extent of minority ethnic hidden homelessness:

### ***FrontLine Survey***

A survey of users from a range of homelessness agencies was undertaken by Frontline in 1998 (Carter, 1998). 1138 responses were received. The crucial findings were:

- 49.3% of the hidden homeless are from minority ethnic groups
- The average user of a hostel is more likely to be black under 25, male, single.
- Minority ethnic women more likely to experience homelessness than white women
- 57.7% of hostel users were from minority ethnic groups

### ***Survey of Single Homeless People***

A survey undertaken in 1991 (Anderson, 1993) with single homeless people across the country and within 5 boroughs in London found:

- 26.0% of people interviewed in hostels and B&B's were from minority ethnic groups.
- 42.0% of minority ethnic people in hostels and B&B's were women, compared with only 17.0% of white people living in this form of accommodation.
- Nearly 50.0% of people from minority ethnic groups were aged under 25.

Both of the above surveys highlight that the issue of hidden homelessness amongst minority ethnic groups and particularly young people and women is a cause for concern. Although these surveys are not representative of the population as a whole they do provide a useful insight into the extent of homelessness amongst minority ethnic groups. The hidden homeless also includes those people staying with relatives and friends but without a roof of their own. This group is discussed below.

### ***Staying with Friends and Relatives***

There is practically no stand alone research on the impact and extent of staying with friends and relatives during the course of homeless experiences. A number of research

reports (Hinton, 1992, Small & Hinton, 1997, O'Mahoney & Ferguson, 1991) suggest that a large proportion of minority ethnic single homeless people rely on this type of accommodation compared to white people. However, there are variations across ethnic groups. In Hackney (Hinton, 1992) found that one third of African-Caribbean and Black British stayed with relatives and friends compared with 26% of refugees and 57% of South Asian single homeless people.

Hinton (1997) found that across the boroughs of Lambeth, Lewisham and Southwark women were more likely to be staying in hostels than with friends and relatives. The use of health services was also higher for people who were staying in hostels than those who were with friends and relatives.

In London, 99.8% of Ujimas Housing Advice Centre clients on a waiting list were homeless but staying in temporary arrangements with family, friends or renting sub-standard, over-crowded accommodation. (O'Mahony and Ferguson, 1991). This is confirmed by other studies, for example, Daly (1996) noted that 60% of homeless minority ethnic women were living with relatives or friends compared with 42% of white women. The use of such familiar networks provides a buffer between finding independent accommodation and being on the streets. However, these arrangements are far from satisfactory particularly given that 50% of young minority ethnic people are homeless for upto and beyond six months (O'Mahoney and Ferguson, 1991, Davies and Lyle 1996). But the use of familiar networks is an important part of the young minority ethnic person's experience that is very different from the young, white person's experience:

*“ The key to understanding the relative invisibility of young black people in homelessness statistics is to understand more about the nature of their homelessness - for example, young people from ethnic minority groups often are unwilling to use hostels, which may be in white areas with predominately white staff. In a study of applicants to a black housing advice centre, 85% had never used a night shelter.”* (Hutson and Liddiard, 1994)

Davies and Lyle (1996) found that minority ethnic homeless young people show a preference for hostel accommodation that is run by staff from their particular communities. At the Ujima Housing Advice Centre in 1991 only 1% of their clients accessed some form of emergency shelter and very few used hostels. The use of family and friends when in urgent housing need by minority ethnic (young) people rather than access white welfare agencies means that their accommodation problems will remain hidden (Thornton 1990).

In Bethnal Green over 30% of the residents are Bangladeshi and yet less than 1% of an outreach primary care service to the single homeless in the East End of London clients were from this group (Balazs 1993). There are two reasons for this, firstly, the outreach team works within white voluntary sector and, therefore, does not cater for the needs of minority ethnic people. Secondly, those needs are quite different. Homelessness among Bangladeshis is expressed in the form of poor housing and severe over-crowding rather than rooflessness (Richards 1989 in Balazs 1993).

There is relatively little information on the hidden homeless. Boulton (1993) argues that the concentration on street homelessness, which should be viewed as the tip of the iceberg, ignores the scale of the problem among women and those of black and minority ethnic origin. Further, the scale of the problem is reduced if research and policy responses are aimed largely at those who have access to services.

### **3. Health and Homelessness in London**

The level of information available on the health care needs and health status of homeless people from minority ethnic groups and refugees and asylum seekers is generally quite poor. There has been no systematic research undertaken in this area. Where research has been undertaken the size of the range of minority ethnic groups in the sample is generally too small to be able to draw any conclusions (Hinton, 1997).

Homelessness and poor health are linked (Connelly & Crown 1994, Fisher & Collins 1993) although the relationship is not a simple one (Pleace and Quilgars, 1996). The pressures that poverty, unemployment and homelessness impose on people can make health a very low priority for them. Connelly (et al 1992, p70, cited in Coufopoulos, 1997) states:

***“People living in poor condition ‘short term’ and temporary accommodation, Bed and Breakfast hotels...are likely to face a greater degree of adverse environmental exposure and, therefore, experience a higher level and risk of ill-health.”***

Given the available evidence of the disproportionate level of minority ethnic homelessness, it can be speculated that the poor health status of these people is likely to be very extensive. Acheson (1998) states that shelter is a pre-requisite for health. However, the type of homelessness being experienced will also be an important factor in measuring the health status of homeless people. Minority ethnic homeless people are less likely to be on the streets where the risk to physical health are the highest. However, they are likely to be living with friends and relatives which can create overcrowded accommodation and increase the risk of infectious diseases.

Recent research on homeless young minority ethnic people has found:

- 20% of young, minority ethnic homeless people cited various illnesses that they suffered (O’Mahony & Ferguson, 1991)
- Nearly 50% of young minority ethnic homeless people in Merseyside complained of a persistent illness or disability. These were most commonly conditions which were associated with stress (Shelter/FBHO 1996)

- Chest, respiratory problems and depression were the most common forms of illness affecting young homeless people in a national survey of young minority ethnic homelessness (Davies & Lyle 1996)
- Over 50% of young, minority ethnic homeless people said they could not afford a healthy diet and 33% went without proper food sometimes, often or always (Shelter/FBHO 1996)

Single homeless and homeless families have very little control over their everyday living environment and the lack of basic cooking facilities and hygienic conditions prevents them from maintaining optimal health status (Hayden 1992, p23). Whether people are staying with friends or relatives or in other forms of temporary accommodation, the loss of familiar items, ways of doing things, having a routine are likely to add to the burden of being homeless.

Stress related symptoms are likely to persist for young minority ethnic people who are homeless because of the temporary nature of the accommodation they stay in. Nearly 30% of black young people, seeking advice from Ujima Housing Advice Centre, had permission to stay in their present accommodation (with friends and family) for one week before they had to move on. Only 10% had permission to stay over various periods of time up to one year (O'Mahony and Ferguson 1991).

The Threshold Project research into hidden homelessness in 1990 showed that over half of those surveyed were of African, African-Caribbean and Asian origin. The main causes of their homelessness were overcrowding and family break-up. The effects of homelessness on their health were stress, depression, weight loss, asthma, eczema and other nervous complaints (Boulton 1993). The poor health status of minority ethnic homeless people is further complicated by the fact that there are large gaps in medical provision for people who are homeless. The Medical Campaign Project found that where provision did exist, only white males were catered for (James 1993). This raised the issue about health care provision and access for the hidden homeless.

### ***Mental Health***

No figures are available on how homeless people from minority ethnic communities experience mental illness. However, given that they are a growing proportion of the homeless population and that their experience of mental health services is frequently worse than that of the majority community, it can be assumed they suffer doubly. Membership of not one but two socially stigmatised groups - minority ethnic and homeless people - is likely to contribute to poor mental health (Nazroo, 1997)

A recent national survey on homelessness and mental health (Gill, et al. 1996) found that 25% of all hostel residents in the sample belonged to a minority ethnic group, predominately African and African-Caribbean. Further 44% of all private sector leased accommodation tenants were from a minority ethnic group. This proportion did not change much by age. The largest proportion were found among the 25-34 year olds. However, although this survey found such a high proportion of homeless people from minority ethnic groups, the findings were not broken down across the range of ethnic groups for similarities or differences in psychiatric morbidity.

## **4. Accessing Health Services**

There is very little information on the level of access, the type of service requested, satisfaction rates among people who are homeless from minority ethnic groups.

Hinton's study (1997) seem to be the only stand alone survey of minority ethnic single homelessness and access to primary health care. This study and others (Hinton, 1992,) suggest that minority ethnic single homeless people experience:

- Different rates of registration with a GP depending on ethnic group and length of time in the UK. The longer people have been resident the more likely they are to be registered with a GP
- Language and communication barriers. These are often accentuated by a reluctance among GPs and dentists to use interpreting services.
- Lack of health information for residents of hostels and workers on the health and cultural needs of minority ethnic people. Refugees and asylum seekers may lack information about how the health service works and accessing it.
- A eurocentric specialist provision which may lack black health care providers. Very few minority ethnic community organisations offering any specialist help to homeless people from minority ethnic groups.
- Hinton (1997) found that registration rates with GPs was lower for homeless people from minority ethnic groups than for the general population. Registration rates were even lower for those staying with friends and relatives.

It is argued that one of the main reasons for the severity of health related problems that homeless people experience is their infrequent use of health care services, especially primary care (HEA, 1999). However, amongst homeless people from minority ethnic groups there is wide variety on the overall utilisation of health services. Hinton (1992, 1997) found:

High GP consultation rates amongst homeless people from African-Caribbean and Black British groups but a low satisfaction rate.

Although the South Asian sample was very small, it was found that they were three times more likely than white homeless people to use hospital in-patient services.

## **5. Service Provision**

### **Models of Care**

It is evident from the information presented that homeless people from minority ethnic groups do not belong to a homogenous group which policy makers can focus on. The difference between being Black British, speaking English and the pathway to homelessness is very different to a refugee/asylum seeker who may not be able to speak English and has left their country of origin because of persecution and terror. The level of trauma is likely to be very different as are the possible needs. Further there are differences amongst minority ethnic groups in terms of the scale of homelessness, access to services and the experience and pathway to homelessness. All of which we know very little about.

Given this group of homeless people are so diverse and complex, there is no all embracing solution which can be advocated to ensure that they get primary health care when they need it. There are two basic models:

### *Specialist service*

This is a one stop shop service where GPs could refer refugees and asylum seekers (as well as other minority ethnic people). The resource should be centralised and local and accessible to all practitioners. It would provide an open access, drop in service with a holistic approach which also offered access to advice about housing, social services and benefits. The service would use interpreters to overcome language and cultural barriers (Health Action for Homeless People, 1999).

The disadvantage of such a service for homeless people is that it may further marginalise them from mainstream health care provision and this may reinforce stereotypes. Further there are problems in maintaining a comprehensive, high quality service outside the mainstream; for instance dealing with demands out of hours and at weekends. The hidden homeless who live with friends and relatives on a temporary basis are unlikely to benefit from such a service because it would operate from day centres and hostels. This would effectively exclude minority ethnic people because they are less likely to use a day centre or come into contact with an outreach team unless such a service is targeted at minority ethnic groups (Carter, 1998)

### ***Specialist service within mainstream provision***

This model avoids creating a stand alone specialist service but advocates any intervention should be about tapping into services which already exist. One approach would be to establish a co-ordination post or team which would have an overview of existing services, what they offer and would focus on access issues and outreach work (Health Action for Homeless People, 1999).

This type of service is only likely to be successful if there is a recognition that changes need to be made to incorporate difference and diversity. Training of staff and better use of information and health promotion strategies are part of this process. A review by Health Action for Homeless People on health promotion initiatives found:

- A lack of health promotion materials and resources which are relevant to homeless people;
- Difficulties for front line workers in promoting health due to lack of time, resources and co-ordination between agencies;
- Little consultation with homeless people themselves about their own health promotion needs.

In order to effectively develop a mainstream service the above are basic considerations.

### **Developing an Equitable Service**

Developing an effective and fair service to meet the primary health care needs of minority ethnic single homeless people requires the following (Small & Hinton, 1999) to ensure a strategic response:

1. An assessment of the numbers and characteristics of minority ethnic homeless people within a given local area.
2. An analysis of the views of homeless people themselves and of the agencies working with them
3. Increasing expertise about minority ethnic issues and promoting the appropriateness, accessibility and adaptability of the service.
4. Developing long term working relationships with community groups.
5. Working with hostels
6. Working with mainstream primary health care services to improve their appropriateness, accessibility and acceptability
7. Developing an information strategy to provide information about registration and access to a full range of services
8. Developing an on-going consultation process
9. Monitoring and evaluation

## **6. Identifying gaps in the knowledge base**

The Review highlights that homelessness amongst minority ethnic groups is a cause for concern within London. However, the quality of information is generally quite poor and very little is known about the characteristics of minority ethnic

homelessness, its causes, the impact of racism and the overall health status and health care needs of this group. It is important to establish how or whether the experience of homelessness is different to the general population.

This report echoes the recommendations of an earlier review undertaken over 3 years ago which stated that homeless people who are from minority ethnic groups and asylum seekers and refugees are among the most marginalised sections of the homeless population of London (Pleace and Quilgars, 1996). To this end there is an immediate need to undertake detailed research into the following:

- The health status and health care of homeless people from minority
- The characteristics and numbers of homeless people in these groups
- The pathways to homelessness
- The relationship between institutional racism and accessing health care and other services
- The impact of homelessness on refugees and asylum seekers
- The mental health needs of homeless people among minority ethnic groups and the appropriateness of current services should be a priority.

## **7. Policy implications for London**

The absence of proper data and information makes it very difficult to understand the scale and nature of the health problems of minority ethnic homelessness. This in turn

affects the development and effective targeting of services to meet the needs of this group of homeless people.

The data that is available shows that minority ethnic people are disproportionately experiencing homelessness. The following are some of the issues which need to be taken into account in developing a London wide action-plan:

- Minority ethnic groups are not homogenous. There are differences across the ethnic groups in terms of the scale and severity of homelessness.
- Refugees and asylum seekers are likely to have very different needs to other minority ethnic groups in the early stages of their settlement.
- Homeless people amongst minority ethnic groups are as likely to be defined statutorily homeless as non-statutorily homeless.
- Patterns of health status and use of health services are not known
- Expertise within health and outreach teams about minority ethnic issues and promoting the appropriateness, accessibility and acceptability of the service to these groups should be a crucial component.

The role of minority ethnic and mainstream housing associations in providing services to homeless people needs to be explored. This is particularly relevant to co-ordinating and recognising health and housing initiatives.

In conclusion, this rapid review highlights the limited data and knowledge available on minority ethnic homelessness. If an effective and equitable service is to be developed both research, particularly action research, and service development need to progress together. A co-ordinated response, health and housing pressure groups could go some way to society recognising that homelessness is not only about white

males on the streets but also about hidden populations, who are the least likely to benefit from any service development and response.

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