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Homelessness is neither a personal choice nor inevitable

New policies are urgently needed to reduce homelessness and save lives

Andrea E Williamson,[1] professor of general practice and inclusion health, Maggie Brunjes,[2] chief executive

[1]Clarice Pears Building General Practice and Primary Care School of Health and Wellbeing, College of Medical, Veterinary and Life Sciences, University of Glasgow, Glasgow, UK

[2]Homeless Network Scotland, Glasgow, UK

Correspondence to: A E Williamson Andrea.williamson@glasgow.ac.uk

Debates about the role of “lifestyle choice” among people experiencing homelessness resurfaced at the end of 2023 after widely reported assertions by the then UK home secretary, Suella Braverman **[correct? I think we need to be more specific here]**.[1] For the many people experiencing homelessness and the professionals who work with them, a choice narrative is unrecognisable.

A large 2021 meta-analysis found that in high income countries people are usually tipped into homelessness by psychological trauma.[2] Homelessness is often the most visible of an inter-related group of circumstances called severe and multiple disadvantage—when people with many negative life experiences (including poverty), often starting in childhood, are let down by services failing to provide appropriate support or causing further harm.[3] The UK government’s austerity policies undermining public services, third sector funding, and benefits make already difficult circumstances more precarious.[4 5] Moreover, housing policy across the UK has not provided affordable housing stock fast enough to meet growing need.[6]

Homelessness and precarious housing have a profound effect on people’s health, wellbeing, and survival. In England, the median age of death in hospital for a person experiencing homelessness is just 51.6 years compared with 71.5 years for people living in the most socioeconomically deprived communities.[7]

Government policy—not personal decisions—drives homelessness and its associated poor health. So government action must be a key part of the solution. The UK is doing particularly badly at the moment: on any given night, one in every 100 households in England is officially homeless, according to the homelessness charity Crisis,[7] a higher rate than in Wales (0.66%

of households) or Scotland (0.57% of households).[8] Action on housing is urgently needed at national level.[9]

The outdated "collective consciousness" that homelessness is somehow divorced from larger economic forces and caused by affected people themselves must change.[10] In addition, "innovative" ideas such as housing people in shipping containers or constructing homeless villages[11] divert both attention and money away from demonstrably effective services such as Housing First[12] and case management.[13] Eye catching but isolated initiatives also risk normalising responses that "soothe rather than solve" homelessness.[14] Effective services for people experiencing homelessness must ensure that material disadvantage is addressed, that choice and dignity are prioritised, and that opportunities are created for "solidarity and reciprocity between the helper and the helped."[11]

Inclusion health

Health professionals can also take steps to reduce the unacceptably high premature death rates associated with homelessness, and the concept of "inclusion health" is one promising approach gaining momentum in the UK.[15-17]

Public Health England describes inclusion health as focusing on people who are socially excluded, who typically experience multiple overlapping risk factors for poor health such as poverty, violence, and complex trauma.[16] This includes people who experience homelessness. Inclusion health brings together a set of principles and practices that serve marginalised patient groups—including all their intersecting identities and disadvantages—and considers the commonalities of responses that might be useful. It is as relevant to mainstream general health services as it is for more specialist services such as general practices specialising in homeless health or alcohol and drug recovery services.

The 2022 National Institute for Health and Care Excellence (NICE) guideline on health and social care for people experiencing homelessness encapsulates this thinking well and gives the health and social care community the building blocks needed to design and deliver healthcare for this vulnerable population.[13] Targeted approaches such as engaging people outside traditional healthcare settings and multidisciplinary teams are required to ensure that health and social care services for people experiencing homelessness are accessible and of the same standard as those provided for the general population. Proportionally more resources are needed for populations with severe and multiple disadvantage, to ensure their needs are met.

NICE also states that trauma informed practice—"an approach to planning and providing services that involves understanding, recognising and responding to the effects of all types of [psychological] trauma"[13]—is a cornerstone of service delivery. It should influence everything from how we work with individual patients in consultations[18] to the ways in which we organise care across the whole system.[19 20]

Finally, people with experience of homelessness should be involved at all stages of health and social care design and delivery for individuals with severe and multiple disadvantage.[13] Only with full partnership can healthcare services improve outcomes for people experiencing homelessness in the UK and elsewhere.

We acknowledge the people who would be considered to be in inclusion health groups whom we meet and represent in our work. They continue to be an inspiration to us through their resilience and strength in the face of adversity.

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<other>1 Otte J. Suella Braverman says rough sleeping is "lifestyle choice." Guardian 2023 Nov 4. https://www.theguardian.com/society/2023/nov/04/suella-braverman-says-rough-sleeping-is-lifestyle-choice</other>

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