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Citation for published version:

Fitzpatrick, S, Johnsen, S & Bramley, G 2012, *Multiple exclusion homelessness in the UK: migrants: Briefing paper no. 2*. Multiple Exclusion Homelessness in the UK: Briefing Papers, Heriot-Watt University, Edinburgh. <<http://www.sbe.hw.ac.uk/research/ihurer/homelessness-social-exclusion/multiple-exclusion-homelessness.htm>>

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Document Version:

Publisher's PDF, also known as Version of record

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Multiple Exclusion Homelessness in the UK: Migrants

Briefing Paper No. 2



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Summary

This Briefing Paper examines the experiences of adult migrants to the UK who have been affected by ‘multiple exclusion homelessness’ (MEH) – 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). It draws upon a quantitative survey conducted amongst the users of ‘low threshold’ services in seven UK cities.

Key points:

- Individuals who migrated to the UK as an adult comprised 17% of all users of low threshold services who had experienced multiple exclusion homelessness. These migrants were overwhelmingly concentrated in the London study location (Westminster), where 41% of respondents were migrants.
- Migrants were significantly less likely than non-migrants to report childhood experiences of disadvantage and trauma.
- Migrants were more likely than non-migrants to have slept rough, but *were less likely to report experience of virtually all other indicators of multiple exclusion*, including other forms of homelessness, substance misuse problems, institutional care, and street culture activities.
- Suicide attempts, self-harm, and being charged with a violent crime were also of significantly lower reported incidence amongst migrants than non-migrants.
- Contrary to what is often assumed, migrants from Central and Eastern European countries reported *less ‘complex’ multiple exclusion* experiences than other migrants.
- Sequencing analysis indicated that, insofar as migrants had experienced homelessness and other forms of multiple exclusion, these had *typically occurred for the first time after they had arrived in the UK, rather than before*.
- The overall pattern of MEH experiences amongst migrants seems to be one of *high rates of rough sleeping and risks of destitution amongst people who have very often not faced homelessness or multiple exclusion until after they arrive in the UK*.

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Introduction

Migrant homelessness has become highly visible in many European Union (EU) countries in recent years (Pleace, 2010; Stephens *et al*, 2010). While there have been longstanding concerns about homelessness amongst asylum seekers and ‘irregular’ migrants to the EU (Edgar *et al*, 2004), more recently, following the expansion of the EU in 2004 and 2007, attention has focused on rising numbers of nationals from Central and Eastern Europe (CEE) sleeping rough in major Western European cities, and also in some smaller cities and rural areas (Crellen, 2010).

The overwhelming majority of CEE migrants to the UK successfully obtain employment and accommodation, but restrictions on welfare entitlements¹ have meant that options have been very limited for some of those who find themselves without paid work. The impact of CEE and other migration on street homelessness in the UK has become increasingly evident over the past few years (Homeless Link, 2006, 2008, 2009, 2010). Fewer than half (48%) of enumerated rough sleepers in London are now UK nationals, with CEE migrants comprising around one quarter (28%) of the visible street homeless population in the capital, and the remainder comprising ‘other’ migrant groups (Department for Communities and Local Government (DCLG), 2012)². Many of these migrant rough sleepers – particularly irregular migrants and refused asylum seekers, as well as certain CEE nationals – will have ‘no recourse to public funds’. It is acknowledged that addressing the needs of the growing number of migrant rough sleepers is essential if policy goals to ‘end rough sleeping’ in England (DCLG, 2011), and in London by end 2012 (Mayor of London, 2009), are to be met.

This Briefing Paper examines the characteristics and experiences of migrants who are affected by ‘multiple exclusion homelessness’ (MEH) in the UK. For the purposes of this study, ‘migrants’ were defined as all those born outside the UK who migrated to the UK as adults (aged 16 or older). MEH was defined as follows:

People have experienced MEH if they have been ‘homeless’ (including experience of temporary/unsuitable accommodation as well as sleeping rough) *and* have also experienced one or more of the following other domains of ‘deep social exclusion’: ‘institutional care’ (prison, local authority care, mental health hospitals or wards); ‘substance misuse’ (drug, alcohol, solvent or gas misuse); or participation in ‘street culture activities’ (begging, street drinking, ‘survival’ shoplifting or sex work).

This quantitative study involved a ‘Census Questionnaire Survey’ involving 1,286 users of ‘low-threshold’³ services over a two-week time window in seven cities (Belfast, Birmingham, Bristol, Cardiff, Glasgow, Leeds and Westminster (London)), followed by an ‘Extended Interview Survey’ with

¹ The housing, welfare and healthcare entitlements of different migrant groups is a complex area. See <http://homeless.org.uk/migrants> and www.housing-rights.info for accessible summaries.

² For the latest statistics on rough sleeping in London, including amongst migrants, see <http://www.broadwaylondon.org/CHAIN/Reports/StreettoHomeReports.html>

³ ‘Low-threshold’ services are those that make relatively few ‘demands’ of service users, such as day centres, soup runs, direct access accommodation, street outreach teams, drop-in services, etc. This focus on low threshold services was especially important with respect to those homeless migrants with an irregular or ‘no recourse to public funds’ status, as they are highly unlikely to have access to more formal services which require receipt of welfare benefits.

452 respondents who had experience of MEH⁴. This Briefing Paper reports on data from the Extended Interview Survey.

The prevalence of migrants in the MEH population

In total, 17% of all users of low threshold services who had experienced MEH were migrants to the UK. The median age at which they had immigrated was 28, and on average they had come to the UK seven years prior to interview. There was a very broad spread of countries of origin, but most were originally from a European country (Poland and Portugal being most common), with the remainder mainly being from Africa.

This overall migrant group included a number of (partially overlapping) subgroups of particular policy concern. The largest of these was, as we would expect, CEE migrants, accounting for 7% of all low threshold service users with experience of MEH. Asylum seekers (both current and former) comprised 4% of the MEH population. Finally, 4% of all MEH service users reported that they did not have permission to live in the UK.

One of the most striking characteristics of all of these migrant service users was their overwhelming concentration in Westminster: 82% of all migrant respondents were recruited there. While migrants comprised 17% of MEH service users across the seven cities as a whole, they accounted for 41% of those in Westminster⁵. One fifth (20%) of respondents in Westminster were CEE migrants, 8% had claimed asylum in the UK, and 12% did not have permission to live in the UK.

The characteristics of migrants affected by MEH

MEH service users were predominantly male (78%), and this was equally true of both migrants (78%) and non-migrants (77%). Migrants were, however, somewhat younger on average than non-migrants, with a higher tendency to be in their 30s.

Migration status was significantly associated with educational experiences: only 39% of migrants had left school by age 16, but this was the case for the great majority of non-migrants (88%). *Migrants were also more likely than non-migrants to report having academic or vocational qualifications: 71% reported having at least one qualification, as compared with 58% of non-migrants.*

There were only limited distinctions between migrants and non-migrants with respect to employment histories (see Table 1 overleaf). Around one third of both migrants and non-migrants

⁴ The analysis presented here has been weighted to take account of disproportionate sampling and non-response bias so that the survey estimates provided are as robust as possible. Bear in mind, though, that the relatively small sample size of migrants within this survey means that the margins of error on some of the 'point estimates' (percentages) provided exceed +/-10%.

⁵ This is just slightly lower than the proportion of rough sleepers in London as a whole reported to be migrants (48%) (DCLG, 2012). The MEH service user group is broader than rough sleepers, but migrants are particularly prevalent amongst those MEH service users who sleep rough (see below).

had spent most of their adult life in steady, long-term jobs, compared to approximately one quarter who had been mainly unemployed. However, migrants were somewhat more likely than non-migrants to report a work history dominated by casual, short-term and seasonal work (34% as compared with 21%), and less likely to report spending most of their adult life unable to work because of sickness or injury (2% as compared with 14%).

Table 1: Employment histories, by migration status

Employment history	Migrants (%)	Non-migrants (%)	All (%)
I have spent most of my life in steady, long-term jobs	32	34	34
I have spent most of my adult life in casual, short term or seasonal work	34	21	23
I have spent most of my adult life unemployed	28	23	24
I have spent most of my adult life unable to work because of sickness or injury	2	14	12
I have spent most of my adult life as a student / in education	0	1	1
I have never worked	0	3	2
Mixed response	0	2	1
None of these apply to me	4	3	3
Total	100	100	100
Base	71	381	452

Migration status had little impact on current economic status, with 72% of migrants, and 68% of non-migrants, reporting that they were unemployed at the point of interview. Migrants were only marginally more likely to be in paid work than non-migrants (10% as compared with 3%), and less likely to be long-term sick or disabled (10% as compared with 21%).

Nonetheless, current sources of income for migrants and non-migrants differed significantly (see Table 2 overleaf). In particular, while almost all non-migrants had received UK benefits in the past month, this was true for fewer than half of migrants (43%) (CEE migrants were the group least likely to report having received UK benefits). Myriad alternative sources of income - such as paid work, selling the Big Issue, churches or charities, and friends and family (though not illegal activities) - featured more strongly for migrants than for non-migrants. However, *16% of migrants reported having received no money at all from any source* in the last month, with this being true for only 2% of non-migrants. CEE migrants were most likely to report such absolute destitution.

Table 2: Sources of income in past month, by migration status*

	Migrants (%)	Non-migrants (%)	All (%)
(UK) benefits	43	93	85
Paid work (incl. cash in hand work)	18	5	8
Friends or relatives	20	11	12
A charity/church	8	1	2
Selling the Big Issue (street magazine)	18	4	7
Begging	6	5	5
Illegal activities	0	8	7
Busking	2	<1	1
Pension	0	1	1
Other	6	<1	2
No source at all	16	2	4
Base	71	381	452

*Multiple responses were possible

Migrants' greater risk of destitution is also reflected in their current accommodation status at time of interview: one third (33%) were sleeping rough, as compared with only 8% of non-migrants (see Table 3).

Table 3: Current accommodation status, by migration status

Accommodation	Migrants (%)	Non-migrants (%)	All (%)
Own permanent housing	16	21	20
Temporary flat arranged by council/support agency	8	14	13
Hostel, night shelter, refuge or foyer	26	45	42
Bed & breakfast hotel	2	1	1
Family/friend's house	10	7	8
Sleeping rough	33	8	12
Squat	6	2	2
Other	0	2	2
Total	100	100	100
Base	71	381	452

Childhood experience

There were sharp distinctions between migrant and non-migrants with respect to their self-reported experiences of disadvantage and trauma in childhood (Table 4 overleaf). In particular, migrants were less likely than non-migrants to report having experienced: problems at school (e.g. frequent truancy, suspension, etc.); running away; domestic violence in the home; and parents having had drug or alcohol problems. In all, 43% of all migrants reported having experienced none of the difficulties during childhood specified in Table 4, but this was true of only 15% of non-migrants.

Table 4: Experiences in childhood (under 16 years old), by migration status

Experience	Migrants (%)	Non-migrants (%)	All (%)
Truanted from school a lot	29	54	50
Suspended, excluded or expelled from school at least once	24	39	36
Ran away from home and stayed away for at least one night	16	38	34
Didn't get along with parent(s)/step-parent/carer(s)	20	30	29
Violence between parents/carers	16	29	27
Parent(s)/step-parent/carer(s) had a drug or alcohol problem	14	26	24
Sexually abused	19	24	23
Badly bullied by other children	10	25	22
Physically abused at home	16	23	22
Brought up in workless household	12	21	21
Family was homeless	9	16	16
Spent time in local authority care	8	18	16
There was sometimes not enough to eat at home	12	15	15
Neglected	12	16	15
Parent(s)/step-parent/carer(s) had a mental health problem	16	15	15
Base	71	381	452

MEH-relevant experiences in adulthood

Table 5 (overleaf) presents the overall reported prevalence of MEH-relevant events during adulthood investigated amongst both migrant and non-migrant users of low threshold services. Some of the 28 experiences noted were selected as specific indicators of the 'domains of MEH' identified in the definition above (i.e. homelessness, substance misuse, institutional care, and street culture activities), whereas others are 'adverse life events' that qualitative research has indicated may trigger homelessness and related forms of exclusion. A number of indicators of 'extreme exclusion or distress' are also included.

As Table 5 indicates, *while migrants were more likely than non-migrants to have slept rough, they were significantly less likely to report experience of virtually all other indicators of multiple exclusion, including the other forms of homelessness.* These findings on homelessness may be explained at least in part by some migrants' ineligibility for housing and welfare benefits in the UK. This is likely to account for the lower incidence of hostel and shelter use and applying as homeless to local authorities amongst this group, and may well contribute to their particular vulnerability to rough sleeping (see Table 3).

The other distinctions between migrant and non-migrants presented in Table 5 seem, on the other hand, to indicate a profoundly different set of characteristics and personal histories between these two groups. Contrary to what is often presumed, *migrants were far less likely than non-migrants to report an alcohol or other substance misuse problem, to have experienced prison or other institutions, and/or to have engaged in street drinking or other street culture activities.* Note also the

responses on the selected indicators of extreme exclusion and distress, with suicide attempts, self-harm, and being charged with a violent crime all of significantly lower reported incidence amongst migrants than non-migrants. Nevertheless 65% of migrants had experienced anxiety or depression, and one quarter (24%) had been victims of violent crime.

Table 5: MEH-relevant experiences, by migration status

	Prevalence of experience		
	Migrants (%)	Non-migrants (%)	All (%)
Homelessness			
Stayed at a hostel, foyer, refuge, night shelter or B&B hotel	66	88	84
Stayed with friends or relatives because had no home of own	69	79	77
Slept rough	88	75	77
Applied to the council as homeless	42	78	72
Substance misuse			
Had a period in life when had six or more alcoholic drinks on a daily basis	37	68	63
Used hard drugs	35	46	44
Injected drugs	20	28	27
Abused solvents, gas or glue	4	26	23
Institutional care			
Went to prison or YOI	14	52	46
Admitted to hospital because of a mental health issue	16	32	29
Left local authority care	8	18	16
Street culture activities			
Involved in street drinking	26	59	53
Shoplifted because needed to get things like food, drugs, alcohol or money for somewhere to stay	20	42	38
Begged (asked passers-by for money in the street or another public place)	26	33	32
Had sex or engaged in sex act in exchange for money, food, drugs or somewhere to stay	6	11	10
Adverse life events			
Divorced or separated from a long-term partner	45	44	44
Evicted from a rented property	26	25	25
Made redundant	28	22	23
Thrown out by parents/carers	16	39	36
A long-term partner died	10	10	10
Home was repossessed	2	6	6
Experienced bankruptcy	16	4	6
Extreme distress/exclusion			
Had a period in life when very anxious or depressed	65	82	79
Were a victim of violent crime (including domestic violence)	24	46	43
Attempted suicide	20	41	38
Engaged in deliberate self-harm	18	33	30
Charged with a violent criminal offence	6	31	27
Victim of sexual assault as an adult	10	15	14
Base	71	381	452

Interestingly, though, Table 5 also indicates that migrants and non-migrants tended to report similar levels of experience of adverse life events such as divorce, eviction, redundancy, and death of a partner. Bankruptcy was actually more common amongst migrants than non-migrants. These findings may suggest that these sorts of *more 'mainstream' (albeit highly distressing) life events are more influential as triggers of multiple exclusion amongst migrants than non-migrants.*

Distinctions between migrant groups

Distinctions in MEH-relevant experiences amongst migrants were investigated in two ways. First, we explored variations in the overall level of *complexity* of MEH-relevant experiences amongst migrants (as measured by the number of MEH-relevant experiences in Table 5 reported by individual respondents); and second, we investigated the existence of distinct *clusters* of MEH-relevant experiences amongst migrants.

The results of both of these multivariate statistical exercises indicated that *CEE migrants were less likely to experience multiple forms of exclusion, or to have high support needs, than other migrants using low threshold services* (see Fitzpatrick *et al*, under review (b) for details). In particular, they were less likely to report severe mental health problems, substance misuse problems, and engagement in street culture or criminal activities (though there clearly are some CEE migrants who do have these experiences, see also Garapich, 2010).

These findings are perhaps all the more remarkable given that, as noted above, CEE migrants using low threshold services were more likely to be destitute at point of interview than both indigenous low threshold service users and other migrants.

The sequence of MEH-relevant experiences

Sequencing analysis conducted on the MEH population as a whole revealed that substance misuse and mental health issues tended to precede homelessness and adverse life events in individual MEH 'pathways', strongly implying that the latter are more likely to be consequences than originating generative causes of deep exclusion (see Briefing Paper 1 in this series; Fitzpatrick *et al*, under review (a)). Here we consider whether the multiple exclusion sequences experienced by migrants differ from those of non-migrants, and whether migrants affected by MEH in the UK had experienced similar problems in their home countries.

First, we examined the median age of *first* occurrence of specific MEH experiences, as reported by affected individuals^{6,7}. As Table 6 demonstrates, the median age of first occurrence was generally higher amongst migrants than non-migrants with respect to experiences of homelessness, substance misuse, institutional care and street culture activities, whereas the picture was more mixed with respect to adverse life events. Note also that the median age of first occurrence of homelessness and many other MEH-relevant experiences tended to be higher for migrants than their median age of arrival in the UK (28 years old), though this was less true for the various indicators on substance misuse.

Table 6: Median age of first occurrence of MEH-relevant experiences, by migration status

Experience	Migrants (years)	Non-migrants (years)	Difference (migrants minus non-migrants)
Left local authority care	17	17	0
Thrown out by parents or carers	17	17	0
Had sex or engaged in sex act in exchange for money, food, drugs or somewhere to stay	17	18	-1
Abused solvents, gas or glue	18	15	+3
Were a victim of violent crime (including domestic violence)	21	20	+1
Used hard drugs	23	19	+4
Injected drugs	23	22	+1
Involved in street drinking	25	18	+7
Made redundant	25	27	-2
Had a period in life when had six or more alcoholic drinks on a daily basis	26	19	+7
Home was repossessed	27	35	-8
Had a period in life when very anxious or depressed	28	20	+8
Evicted from a rented property	28	29	-1
Stayed with friends or relatives because had no home of own	29	19	+10
Went to prison or YOI	30	21	+9
Stayed at a hostel, foyer, refuge, night shelter or B&B hotel	30	26	+4
Experienced bankruptcy	30	27	+3
A long-term partner died	30	43	-13
Begged (asked passers-by for money in the street or another public place)	31	28	+3
Shoplifted because needed things like food, drugs, alcohol or money for somewhere to stay	34	19	+15
Slept rough	34	25	+9
Admitted to hospital with mental health issue	34	26	+8
Divorced or separated from a long-term partner	36	32	+4
Applied to the council as homeless	37	26	+11
Base	71	381	-

⁶ Bear in mind that some of the experiences noted in Table 4 were reported by only very small numbers of migrants in particular (see Table 3).

⁷ No data is available on the age of first occurrence for the following experiences: being charged with a violent criminal offence; being a victim of sexual assault as an adult; having attempted suicide; and having engaged in deliberate self-harm. This is because these experiences were asked about in the self-completion section of the questionnaire where, in the interests of brevity, this information was not sought (except with regards to survival sex work).

A more rigorous interrogation of the actual sequential ranking of experiences within individual MEH cases⁸, revealed a very similar ordering of experiences between migrants and non-migrants. In other words, while migrants' pathways into MEH tended to 'start' at a later age than for non-migrants (see Table 6), they then appeared to follow a fairly similar 'route'. Thus, *if* they occurred at all, substance misuse and mental health problems tended to precede any experience that both migrants and non-migrants had of homelessness and other adverse life events.

This sequencing analysis also indicated that *most MEH-relevant experiences – in particular homelessness and street culture activities – tended to occur to migrants after arrival in the UK (if they occurred at all)*. In this context, it is also worth bearing in mind that many specific MEH-relevant experiences were reported by relatively small numbers of migrant interviewees, especially with respect to when they were still in their home country (see Table 7). Only 18% of MEH migrants reported any experience of homelessness before coming to the UK (100% had this experience by point of interview), 16% reported any pre-UK experience of institutional care (32% by point of interview), 18% had pre-UK experience of substance misuse issues (51% by point of interview), and 12% had pre-UK experience of street culture activities (51% by point of interview). Thus insofar as migrants using low threshold services in the UK reported experience of these deep exclusion 'domains' at all, *this typically occurred after rather than before their arrival in the UK*.

Table 7: MEH-relevant experiences amongst migrants, by whether first occurrence before or after arrival in the UK

	First occurrence before coming to UK (%)	First occurrence after coming to UK (%)	Never experienced (%)	Total (%)
Homelessness	18	82	0	100
Substance misuse	18	33	49	100
Institutional care	16	16	68	100
Street culture activities	12	39	49	100
Base	-	-	-	71

Conclusion

This analysis points strongly to a lower overall 'threshold' of personal problems and associated support needs amongst migrants than non-migrants who experience MEH in the UK. It seems that MEH amongst migrants is less associated with complex support needs and childhood trauma, than with restricted access to welfare benefits and other practical barriers such as poor English language skills and/or limited knowledge of local administrative and support systems (Spencer *et al*, 2007). This suggests that bespoke services tailored to the specific needs of homeless migrant groups are required, and that it is inappropriate to expect 'traditional' homelessness agencies – set up to deal with a fundamentally different social problem – to be able to cope with these emerging and distinctive needs.

⁸ The average sequential ranking used here controlled for variations in the number of MEH-relevant experiences reported by service users.

Despite the heightened risk of destitution and rough sleeping amongst migrant users of low threshold services, their relatively lower level of support needs, and somewhat higher levels of education and qualification, relative to indigenous service users, is suggestive of positive ways forward for at least some in this group. If basic levels of material assistance and support with job searches could be secured, it may be possible for some of them to take up paid work in the UK, as a supplement and/or alternative to schemes such as voluntary reconnection which supports destitute migrants to return to their home country (though the latter may well remain the most appropriate outcome for some (Hough *et al*, 2011)).

With respect to destitute CEE migrants in particular, it has been argued that a pan-European response is required, and that the EU should accept responsibility for the predicament faced by the most vulnerable migrants as a result of its free movement policies (Stephens *et al*, 2010). The European Consensus Conference on Homelessness (2011) suggested that at least a basic level of guaranteed support for homeless EU migrants should be funded via the European Social Fund, and it is difficult to dispute their overall conclusion that:

“...no person in the European Union, regardless of their legal status, should face destitution...people must be able to meet at least their basic needs until a sustainable solution to their situation which is in line with human dignity is found; either in the host Member State or the country of origin.” (p.19)

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About the Study

This study, entitled '*Multiple Exclusion Homelessness Across the UK: A Quantitative Survey*', was funded by Economic and Social Research Council (ESRC) grant number RES-188-25-0023-A. It was one of four projects supported by the Multiple Exclusion Homelessness Research Programme. The programme, a partnership between the ESRC, Joseph Rowntree Foundation, Homeless Link, the Department for Communities and Local Government and the Tenant Services Authority, was established in 2008 and managed by the ESRC. DCLG funding was approved by the previous Government.

The study was conducted by Professor Suzanne Fitzpatrick and Dr Sarah Johnsen at the Institute for Housing, Urban and Real Estate Research (IHURER), Heriot-Watt University, with input also from Professor Glen Bramley (Heriot-Watt University), Professor Michael White (Nottingham Trent University), and Nicholas Pleace (University of York). Dr Caroline Brown (Heriot-Watt) helped to prepare a series of Briefing Papers on the study for publication. The study fieldwork was conducted in 2010 in collaboration with TNS-BMRB and a wide range of voluntary sector partners, including seven 'local co-ordinators' and 39 low-threshold services which participated in the research. We were also supported throughout this study by our Project Advisory Group and by the MEH Programme Coordinator, Theresa McDonagh.

We would like to thank Jenny Edwards for her very helpful comments on an earlier version of this Briefing Paper.

All views and any errors contained in this Briefing Paper are the responsibility of the authors alone.

More information on the study and further Briefing Papers can be found at: <http://www.sbe.hw.ac.uk/research/ihurer/homelessness-social-exclusion/multiple-exclusion-homelessness.htm> or <http://tinyurl.com/8xuh74q>

Alternatively, contact Suzanne Fitzpatrick (s.fitzpatrick@hw.ac.uk) or Sarah Johnsen (s.johnsen@hw.ac.uk).

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2012