Multiple Exclusion Homelessness amongst Migrants in the UK[1]

Suzanne Fitzpatrick, Sarah Johnsen and Glen Bramley

School of the Built Environment, Heriot-Watt University, Edinburgh, United Kingdom

Abstract_ *This article examines the experience of 'multiple exclusion homelessness' (MEH) amongst migrants to the UK. Homelessness and destitution amongst migrants has become a matter of growing concern in many European countries in recent years, particularly with respect to asylum seekers and refugees, irregular migrants and, increasingly, economic migrants from central and eastern Europe. Drawing on a multi-stage quantitative survey, this paper demonstrates that the MEH experiences of people who have migrated to the UK as adults tend to differ from those of the indigenous MEH population; the former are, in particular, far less likely to report troubled childhoods and multiple forms of deep exclusion. It also identifies a series of experiential clusters within the MEH migrant population, with central and eastern European migrants often reporting less complex support needs than other migrant groups using low threshold support services. The paper considers the extent to which migrants experiencing MEH in the UK had encountered similar levels of exclusion in their home countries, and reveals that the more extreme problems this group faced tended to occur only after arrival in the UK. It*

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concludes by considering the implications of these findings for both understandings of the phenomenon of migrant homelessness and for responses to this growing European problem.

› **Key Words_** *Homelessness, migrants, UK, quantitative methods*

Introduction

Migrant homelessness has become highly visible in many countries across the developed world in recent years (Fitzpatrick and Stephens, 2007), including within the European Union (EU) (Pleace, 2010). While there have been longstanding concerns about homelessness and destitution amongst asylum seekers and undocumented migrants in EU Member States (Edgar *et al.*, 2004), more recently, following the expansion of the EU in 2004 and 2007, attention has focused on the rising numbers of nationals from new Member States sleeping rough in major Western European cities (Broadway, 2007; Horréard, 2007; Homeless Agency, 2008), and also in some smaller cities and rural areas (Crellen, 2010).

Most migrants move country from a position of economic strength (IPPR, 2007). However, recent immigrants who lack access to welfare support can be vulnerable to homelessness if they fail to find work or lose their job, especially if they also lack local social support networks and/or have limited knowledge of the language or administrative systems in their host country (Spencer *et al.*, 2007). In a recent EU-funded study, homelessness amongst migrants was found to be a major concern in some Member States (UK, Netherlands, and Germany), but in others it was deemed a modest problem (Sweden), a declining problem (Portugal), or a non-issue (Hungary) (Stephens *et al.*, 2010). Much depends on the scale and patterns of immigration flows in different countries over time, but welfare arrangements also seem critical, and these differ in important respects across the EU, including with respect to access to emergency accommodation and other low threshold homelessness services (Stephens *et al.*, 2010; Young, 2010).

This article examines the experience of 'multiple exclusion homelessness' (MEH) amongst migrants in the UK, drawing on a multi-stage quantitative study conducted in seven urban locations where existing data suggested people experiencing MEH were concentrated. The overall aim of this study was to provide a statistically robust account of the nature and causes of MEH in the UK, and migrants were included in the survey sample alongside the indigenous population with experience of MEH. The following definition of MEH was employed:

> 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’ (drugs, alcohol, solvents or gas); or participation in ‘street culture activities’ (begging, street drinking, ‘survival’ shoplifting and sex work).

The next section of the paper outlines the context for the analysis by reviewing current knowledge about migration and homelessness in the UK, and the most salient political and empirical debates in this area. The following section provides more detail on the methodology used before the results of our comparison of migrant and non-migrant experiences of MEH are presented. The implications of these findings for understandings of the nature and causes of MEH amongst migrants in the UK, and for appropriate responses, are reflected upon towards the end of the paper.

Migration and Homelessness in the UK

Since 2001 net migration into the UK has become much more significant and has been the main driver of population growth and increased housing demand (Pawson and Wilcox, 2011). The major new factor affecting UK migration rates over the last decade was the influx of nationals from the ‘A8’[2] central and eastern European (CEE) countries who acquired the right to live and work in the UK after their countries joined the EU in May 2004. The UK was one of only three existing EU Member States that allowed A8 nationals free access to their labour market immediately on EU enlargement (the others being Sweden and Ireland). While A8 nationals had immediate rights to work in the UK, only those in employment registered with the ‘Worker Registration Scheme’, or who had already completed 12 months of continuous registered employment, were eligible for UK welfare benefits or social housing.[3] These transitional arrangements ended on 30th April 2011, but the existence of the ‘habitual residence’ test means that entitlement to UK welfare benefits is still not automatic for A8 or other immigrants. Additional

2 The A8 countries are Poland, Lithuania, Estonia, Latvia, Slovenia, Slovakia, Hungary and the Czech Republic.

3 The position for Scotland is complicated by the existence of separate housing and homelessness legislation, but the restrictions on social security entitlements apply across the UK.

transitional restrictions were placed on nationals from the CEE 'A2' countries admitted to the EU in 2007,[4] who generally require authorisation in order to commence employment in the UK.

The overwhelming majority of CEE migrants successfully obtain employment and accommodation in the UK (Homeless Link, 2010). However, restrictions on welfare entitlements mean that options have been very limited for the minority who find themselves without paid work. Over the past few years the growing influence of CEE migrants on homelessness in the UK has been evident: CEE migrants comprised 9% of people seen rough sleeping in London in 2006/07, rising to 28% by 2010/11 (Broadway, 2011; see also Homeless Link, 2006, 2008, 2009). Problems of destitute CEE and other migrants have been reported by homelessness services across all regions of England (Homeless Link, 2010), and also in Scotland (Coote, 2006). Poles form by far the largest proportion of CEE migrants to the UK (IPPR, 2007), and also amongst those who become homeless (Broadway, 2011), with Romanians and Lithuanians the next two most numerous groups. It has been suggested that it is rarely the younger and well-educated CEE migrants who find themselves on the streets of the UK, but is instead usually low-skilled men in their late 30s or 40s, with limited English (Homeless Link, 2006; Garapich, 2008).

Other migrant groups that appear to be at particular risk of homelessness in the UK include refugees and asylum seekers (McNaughton Nicholls and Quilgars, 2009; Smart, 2009). Refugees should be able to access social housing and welfare benefits on the same basis as UK nationals, and most asylum seekers receive accommodation and support from the UK Borders Agency (UKBA) while their claims for asylum are processed. However, UKBA accommodation has generally been provided in 'no choice' dispersal locations since 2000 (Netto, 2011), and asylum seekers may risk homelessness if they refuse to take up this accommodation. People without dependent children whose application for asylum has been refused will have any accommodation and support withdrawn after 21 days.[5]

'No recourse to public funds' (NRPF) is an umbrella term applied in the UK to people subject to immigration control who have no entitlement to housing or welfare benefits, or to UKBA asylum support. The main NRPF migrant groups are 'irregular migrants' (including illegal entrants, visa overstayers and refused asylum seekers) and those granted leave to remain or humanitarian protection on condition that they are not a charge on public funds. CEE migrants who are ineligible for housing and welfare benefits are also usually discussed under this broad NRPF heading. NRPF

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4 The A2 countries are Bulgaria and Romania.

5 Refused asylum seekers may receive limited financial support, but only if they are taking all reasonable steps to leave the UK, or in a limited number of special circumstances.

groups are at clear risk of destitution in the UK, with even most homeless hostels unavailable to them as the funding model for such accommodation relies on individual residents' eligibility for Housing Benefit.

This all has an especially high policy relevance in the UK at present because the Government is committed to 'ending rough sleeping' in England (Department for Communities and Local Government (DCLG), 2011), with the Mayor of London making a specific commitment to end rough sleeping in London by 2012 (Mayor of London, 2009). There is an explicit acknowledgement that addressing the needs of the growing number of 'migrant rough sleepers' is essential if these goals are to be met. Given their very limited welfare protection, UK homelessness services generally try to encourage migrant rough sleepers to find employment or return to their home country via 'reconnections' schemes. There is some evidence of successful reconnections (Hough *et al.*, 2011), but these schemes can be controversial, particularly if linked to an 'enforcement' agenda associated with the threat of removal.[6]

As well as these political controversies, there are also some significant unresolved empirical questions with respect to homelessness amongst migrants in the UK. For example, it has been suggested that the needs of roofless CEE and other migrants differ significantly from those of indigenous rough sleepers:

> Rather than having the problems usually associated with rough sleeping, such as alcohol abuse and mental health problems, these [A8] migrants faced accommodation, employment and language difficulties as well as… lack of knowledge of the UK system. (Spencer et al., 2007, p.38)

However, this very 'structural' account of migrant homelessness seems somewhat at odds with accounts of the extreme circumstances of some destitute CEE nationals in London, including instances of deaths from substance overdoses and violence (Broadway, 2007; Garapich, 2010). It has thus been suggested that there may be two 'types' of homeless migrants in the UK:

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6 In order to be entitled to stay in the UK beyond an initial 3 month period, all European Economic Area (EEA) nationals must be able to show that they are exercising a Treaty free movement right as, for example, a 'jobseeker', 'worker' or 'self-employed person'. It is unlikely that EEA nationals who are rough sleeping will fall into these or other relevant categories, hence their liability to removal by UKBA (though this remains a matter for legal controversy and debate both in the UK and across the EU as a whole).

> Some migrants may find themselves in difficulty on arrival to the UK, primarily due to a lack of knowledge, requiring advice and language skills to find employment, but once employed are able to find a 'route out' of homelessness. Others have long-standing vulnerabilities relating to substance use, poor health, and experiences of institutionalisation… (McNaughton-Nicholls and Quilgars, 2009, p. 82).

Garapich (2011) disputes this sort of account because, he contends, it fails to acknowledge important 'cultural' factors affecting many homeless CEE migrants. In his anthropological analysis of homeless Polish men in the UK, he emphasizes the strong link between masculinity and alcohol in CEE working class rural cultures which, he argues, means that the hypothesized two 'types' of homeless CEE migrants – with and without 'preconditions' prior to encountering difficulties in the UK – 'merge into one' after a relatively short time on the streets.

Intrinsic to this controversy is the question of whether destitute migrants' problems tend to start before or after they come to the UK. Some have suggested that there is a 'scenario of downfall', whereby the precarious position of CEE migrants in the labour market, and the lack of a welfare safety, means that a single event such as loss of a job or a flat can push them onto the streets (Garapich, 2008). This account is supported by data generated on non-random samples of CEE rough sleepers in Peterborough and Southwark (London), which indicated that the majority were not rough sleepers or users of homelessness services in their home countries, were mainly in work prior to leaving their country of origin, and had worked since coming to the UK (Homeless Link, 2011). On the other hand, Stephens *et al.*'s (2010) qualitative research with homelessness service providers in London suggested that, while loss of precarious or seasonal employment was part of the problem, many CEE service users had never worked in the UK or had only ever had sporadic employment.

The study of MEH in the UK extends and deepens these existing accounts of migrant homelessness in the UK by providing detailed statistical information on the legal status, financial and other circumstances, employment histories, support needs, and routes into homelessness and destitution of migrants using low-threshold support services. It also enables comparison with the indigenous MEH population, and between different migrant sub-groups (to a more limited extent). In so doing, we are able to shed light on some of the unresolved controversies and debates outlined above. In the next section we describe the methods used to generate the data drawn upon in this article, before presenting our findings and discussing their implications.

Methodology

A multi-stage research design was adopted in the following urban locations where existing information (such as data on housing support services) suggested people experiencing MEH were concentrated: Belfast; Birmingham; Bristol; Cardiff; Glasgow; and Westminster (representing London). Prior to the main phase fieldwork, a half size 'dress rehearsal' pilot was conducted in Leeds in October and November 2009. The main phase fieldwork was conducted between February and May 2010 and comprised the following three stages in each location.

First, with the assistance of local voluntary sector partners, all agencies in these urban locations that offered 'low threshold' support services to people experiencing deep social exclusion were identified. The sample frame included not only homelessness services, but also services targeted to other relevant groups, such as people with substance misuse problems, ex-offenders, and people involved in street-based sex work. We focussed on 'low threshold' services (such as street outreach teams, drop in services, day centres, direct access accommodation, church-based soup runs, etc.) as these make relatively few 'demands' on service users and might therefore be expected to reach the most excluded groups. This focus on low threshold services was especially important with respect to those homeless migrants with an irregular or NRPF status, as they are highly unlikely to have access to more formal services which require receipt of welfare benefits. From this sample frame, six services were randomly selected to take part in the study in each of the study locations.

The second stage of fieldwork involved a 'census' questionnaire survey undertaken with the users of these low threshold services over a two-week 'time window'. This short paper questionnaire asked 14 simple yes/no questions to capture experiences of the four 'domains' of deep exclusion specified in the MEH definition above. While the questionnaire was designed for self-completion, interviewers from the research team and staff from the relevant service were on hand to provide assistance. On the advice of local voluntary organizations, the questionnaire was translated into four other languages (these being Polish, Lithuanian, Arabic and Farsi). In total, 1 286 census survey questionnaires were returned, representing a response rate of 52% (based on a best estimate of the total number of unique users of the sampled services over the census period).

Third, and finally, 'extended interviews' were conducted with users of low threshold services whose census responses indicated that they had experienced MEH, as defined above, and who consented to be contacted for this next stage of the study. The structured questionnaire used was designed to generate detailed information on their characteristics and life experiences. The interviews were conducted face-to-face, using Computer Assisted Personal Interviewing technology, and lasted 46

minutes on average. Particularly sensitive questions were asked in a self-completion section. Interpreting services were made available for those whose first language was not English. In total, 452 extended interviews were achieved, with a response rate of 51%.

This paper draws on the 'extended interview survey', as it is at this stage of the study that we can distinguish between migrant and non-migrant responses. The next section of the paper describes the profile of the MEH migrant population, before comparing migrant and non-migrant experiences of MEH. We then explore the diversity of experience within the migrant population, before analysing the temporal sequence of MEH experiences amongst migrants, with a particular focus on those experiences which pre- and post-date arrival in the UK. A composite weight has been applied throughout the analysis to correct for both disproportionate sampling and non-response bias. All differences and relationships identified are statistically significant at the 95% level of confidence or above, but the margins of error on some percentages ('point estimates') exceed +/-10%.

A Profile of Migrants in the MEH Population

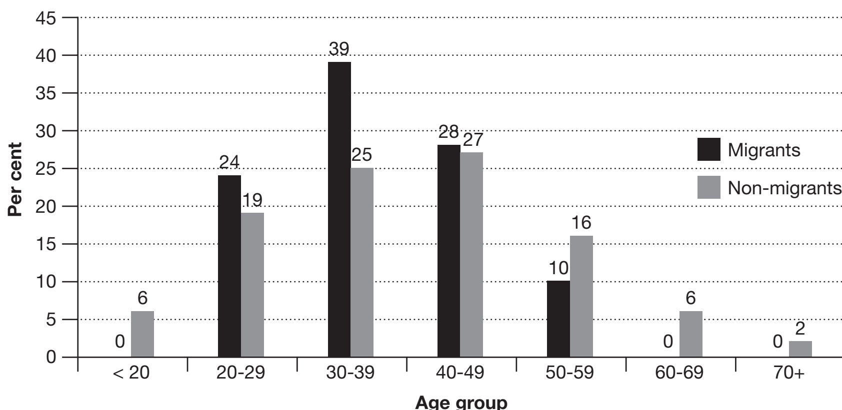
In this study we defined as 'migrants' all those born outside the UK who migrated to the UK as adults (aged 16 or older). The definition was drawn up in this way as it is a qualitatively different experience to make a decision – or be forced – to move countries as an adult than to move as a child and be brought up in a new country. Using this definition, 17% of all MEH service users were (adult) migrants to the UK. The median age at which they had migrated to the UK was 28, and on average they had come to the UK seven years prior to interview. One fifth of all MEH migrants were UK citizens by point of interview. There was a very broad spread of countries of origin, but most MEH migrants 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 service users. Respondents were asked whether they had ever claimed asylum in the UK, and 4% reported that they had. We then asked these respondents about the status of their application, and from their responses we deduced that 1% of all MEH service users were current asylum seekers; <1% (0.3%) were refugees; and 2% had been given exceptional or discretionary leave to remain or humanitarian protection. None had had an asylum application refused. Finally, 4% of all service users reported that they were 'irregular' migrants who did not have permission to live in the UK at the moment.

One of the most striking characteristics of these migrant service users as a whole was their overwhelming concentration in Westminster: 82% of all migrant respondents were recruited there. While migrants comprised 17% of service users across all seven cities, they accounted for 41% of service users in Westminster. One fifth of respondents in Westminster were CEE migrants (20%), 8% had claimed asylum in the UK, and 12% were irregular migrants.

As we would expect from previous research (Jones and Pleace, 2010), 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 (see Figure 1). The marital status of migrants and non-migrants was very similar, with by far the largest category comprising single (never-married) individuals (59% of migrants, 67% of non-migrants); approximately one quarter of both migrants (29%) and non-migrants (25%) reported that they were divorced or separated.

Figure 1: Age of MEH Service Users, by Migration Status



Base: 71 migrants, 381 non-migrants.

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 acquired at least one qualification, as compared with 58% of non-migrants.

However, there were perhaps fewer distinctions between migrants and non-migrants with respect to employment histories than might have been expected (see Table 1). While migrants were somewhat more likely to report a work history dominated by casual, short-term and seasonal work than non-migrants (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%), similar proportions of both groups had spent most of their adult life in steady, long-term jobs (around one-third) or unemployed (around one quarter).

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 around seven in ten migrants (72%) and non-migrants (68%) reporting that they were unemployed. 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%).

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	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

Nonetheless, current sources of income for migrants and non-migrants differed significantly (see Table 2). In particular, while almost all non-migrants (93%) had received UK benefits in the past month, this was true for only 43% of migrants (53% of migrants reported having never received UK benefits, as compared with only 5% of non-migrants). Also note that 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. Their greater risk of destitution is also reflected in migrants' current accommodation status at time of interview: one third (33%) were sleeping rough, as compared with only 8% of non-migrants.

Comparing MEH-relevant Experiences amongst Migrants and Non-Migrants

Table 3 presents the overall reported prevalence of the range of MEH-relevant experiences investigated amongst both migrants and non-migrants. Some of the 28 experiences noted were selected as specific indicators of the 'domains of MEH' identified 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', most of which were explored in the self-completion section of the questionnaire, are also included.

As Table 3 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 MEH, including the other forms of homelessness. These findings on homelessness may be explained at least in part by many migrants' ineligibility for housing and welfare benefits in the UK. This is likely to account for the lower incidence amongst this group of hostel and shelter use and applying as homeless to local authorities, and may well contribute to their particular vulnerability to rough sleeping.

However, the other distinctions between migrants and non-migrants presented in Table 3 are not explicable in such straightforward practical terms, and instead indicate a profoundly different set of characteristics, personal histories and experiences amongst these two groups within the MEH population. This is made clear with respect to overall experiences of each of the (non-homelessness) 'domains of deep exclusion' investigated: 82% of non-migrants reported some form of substance misuse, as compared with 51% of migrants; 74% of non-migrants had engaged in street culture activities of some kind, as compared with 51% of migrants; and 72% of non-migrants reported at least one form of institutional care experiences, as compared to 32% of migrants. 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.

Interestingly, though, Table 3 also indicates that migrants and non-migrants tended to report fairly 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 amongst non-migrants. This may suggest that these sorts of more ‘mainstream’ (albeit highly distressing) life events are more influential as triggers of MEH amongst migrants than non-migrants.

Table 3: 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[7]	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[8]	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 things like food, drugs, alcohol or money for somewhere to stay	20	42	38
Begged (that is, 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
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**

7 The UK has a ‘statutory homelessness system’ whereby local authorities are required to secure accommodation for certain categories of homeless households.

8 A list of ‘hard drugs’ was not specified in the questionnaire because drugs markets differ across the UK, as do ‘street names’ for drugs, and any attempt to be comprehensive would have led to a question that was far too long and complex. We did, however, ask a follow up question on definitions of hard drugs and this confirmed that virtually all respondents understood this term (as intended) to denote drugs such as heroin, cocaine and crack cocaine, and did not include ‘soft’ or ‘recreational’ drugs such as cannabis or ecstasy.

Data on relative levels of exposure to traumatic childhood experiences reinforces this picture of quite profound differences in the profiles of migrant and non-migrants facing MEH (Table 4). 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 drug or alcohol problems. In fact, whereas 43% of all migrants reported having experienced none of the difficulties during childhood specified in Table 4, this was true of only 15% of non-migrants.

Table 4: Experiences in childhood (under 16 years old)*

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**

**Multiple responses were possible*

While this analysis is suggestive of profound differences between the migrant and non-migrant MEH population, it does not reveal whether there may be 'diversity within difference', that is, whether there may be substantial distinctions in the experiences of different migrant groups who experience MEH (Pleace, 2010). This issue is explored in the next section.

Diversity of Experiences within the MEH Migrant Population

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; and second, we investigated the existence of distinct *clusters* of MEH-relevant experiences amongst migrants.

Regression modelling was used to explore the prediction of the general level of complexity within the MEH migrant population, as measured by the number of these MEH-relevant experiences reported by individual respondents. This is a continuous variable and was modelled using OLS regression. It is important to bear in mind that, given the confines of our sample, the regression analysis presented here did not seek to predict the likelihood of a migrant to the UK experiencing MEH. Rather, it investigated: amongst members of the MEH population who are migrants, which factors had an independent effect in predicting the most complex experiences of MEH? The explanatory variables used in the regression modelling included a range of aspects of migration status, as well as key demographic and other characteristics (e.g. age, gender, ethnicity, city, type of service recruited from). The modelling was also designed to investigate the significance of a) 'structural' factors (e.g. childhood poverty and adult labour market experiences), and b) 'individual' factors (childhood trauma in particular).

Similar multivariate analysis on the whole MEH population indicated that migration status was a key explanatory factor in predicting complexity: as you would expect from the descriptive statistics presented above, migrant adults had fewer MEH-relevant experiences than non-migrants, other things being equal (Fitzpatrick *et al.*, forthcoming). Here we are looking at varying levels of complexity *within* the migrant MEH population. Most of the results presented in Table 5 echo the findings of this earlier regression analysis on the whole MEH population (Fitzpatrick *et al.,* forthcoming). Thus, the more complex MEH experiences amongst migrants were associated with being male, being homeless as a child, not having enough to eat as a child, poor experiences of school, long-term dependency on (UK) welfare benefits, and having children of your own. But perhaps the most interesting result emerging from Table 5 is that CEE migrants reported *less* complex MEH experiences than the other migrants interviewed, other things being equal.

Table 5: OLS Regression Model for Complexity amongst Migrants, Measured by Number of MEH-relevant Experiences

Variable description	Coeff B	Std. Error	Signif	Freq
(Constant)	8.025	1.212	**	
Female	-2.898	1.039	**	0.208
CEE migrant	-2.223	0.840	**	0.437
Sometimes not enough to eat at home	2.731	1.140	*	0.113
Homeless during childhood	5.929	1.386	**	0.100
No qualifications	-1.683	0.795	*	0.297
Poor experience of school (truanted, excluded, bullied)	2.257	0.818	**	0.376
Been on UK benefits most of adult life	2.281	1.097	*	0.187
Have children	2.029	0.741	**	0.426
Dependent Variable: nexp				7.594
Weighted by rescaledweight				
		Model Summary		
Model	R	R Sq	Adj R Sq	S E Est
	0.812	0.659	0.602	2.813

Model	SS	deg frdm	Mn Sq	F
Regression	918.4	10.0	91.842	11.609
Residual	474.7	60.0	7.911	Signif F
Total	1393.1	70.0		0.000

Variables tested and not statistically significant: age; having no permission to live in the UK; having ever sought asylum in the UK; being a UK citizen; a parent died during childhood; being brought up in a household where 1+ adult was in paid work all/most of time; physical abuse as a child; sexual abuse as a child; parents had problems (substance misuse, mental ill-health, domestic violence); having had steady long-term jobs; being recruited in Westminster; being recruited via a homelessness service; brought up by one biological parent; local authority care as a child. Significance levels = * $p< 0.05$; ** $p<0.01$

We then explored whether there were subgroups – or 'clusters' – within the MEH migrant population with distinct sets of particular experiences. The cluster analysis was performed using the SPSS Two Step Cluster procedure, designed to handle a combination of continuous and categorical variables. This uses a hierarchical agglomerative clustering procedure, which first determines the cluster centres and then assigns cases to clusters based on a log-likelihood distance measure. Clustering solutions were investigated using a variable set including six continuous variables (overall number of MEH-relevant experiences; number of experiences within the domains of institutional care; substance misuse; street culture activities; and adverse life events/extreme distress; and age), together with the 28 individual experiences as binary variables.

When cluster analysis was conducted with the whole MEH population, migrant service users were heavily concentrated in one particular cluster (out of five), whose members reported the least complex set of experiences overall (5 out of the 28 MEH-relevant experiences on average) (Fitzpatrick *et al.*, forthcoming). When we investigated in detail the existence of clusters *within* the migrant MEH population we found that three clusters could be distinguished. Table 6 shows the prevalence of different experiences for these three sub-groups.

Cluster 1: High complexity: This group reported 13 MEH-relevant experiences on average (out of 28), including a higher than average incidence of virtually all of the individual experiences investigated. Nearly all had used hard drugs and experienced anxiety and depression, with four-fifths also reporting problematic alcohol use. Suicide attempts, self-harming, and admission to hospital because of a mental health issue were each reported by substantial proportions. All had slept rough and the great majority had also stayed with friends/relatives and in hostels or other temporary accommodation. This cluster was mainly aged over 35, with relatively few CEE migrants.

Cluster 2: Medium complexity: This cluster reported an average of 7 MEH-relevant experiences. While anxiety/depression and all forms of homelessness were very prevalent in this group (except applying to the council as homeless), use of hard drugs was rare. Cluster 2 was younger than average and one-third female, with CEE migrants slightly under-represented.

Cluster 3: Lower complexity: This third cluster reported the lowest overall number of MEH-relevant experiences (3 experiences on average). With respect to homelessness, only rough sleeping was common, and anxiety/depression was far less prevalent than in the other clusters Substance misuse was reported by relatively low numbers. All in this group were male and most were CEE migrants.

Table 6: Prevalence of Experiences by Three Cluster Groups of Migrants

	3-groups			
Experience	1	2	3	Total
Stayed with friends or relatives ('sofa-surfed')	0.891	0.874	0.273	0.692
Stayed in hostel or other temp accomm	0.854	0.906	0.164	0.661
Applied to council as homeless	0.601	0.483	0.169	0.419
Prison	0.377	0.000	0.114	0.143
Victim of violent crime	0.317	0.370	0.000	0.240
Very anxious or depressed	0.967	0.729	0.264	0.652
Admitted to hospital with mental health issue	0.325	0.163	0.000	0.158
Used hard drugs	0.951	0.061	0.175	0.350
Injected drugs	0.653	0.000	0.055	0.203
Abused solvents gas or glue	0.135	0.000	0.000	0.038
Problematic alcohol use	0.798	0.288	0.086	0.370
Divorced or separated	0.568	0.488	0.290	0.449
Long-term partner died	0.266	0.063	0.000	0.101
Made redundant	0.499	0.297	0.031	0.272
Slept rough	1.000	0.845	0.795	0.873
Street drinking	0.389	0.180	0.225	0.253
Begged	0.378	0.252	0.139	0.253
Shoplifted	0.447	0.071	0.135	0.198
Bankrupt	0.101	0.297	0.000	0.149
Eviction	0.433	0.278	0.055	0.253
Home repossessed	0.000	0.071	0.000	0.029
Thrown out by parents or carers	0.294	0.203	0.000	0.166
Local authority care as a child	0.119	0.063	0.055	0.077
Survival sex work	0.231	0.000	0.000	0.066
Charged with a violent criminal offence	0.142	0.000	0.077	0.064
Victim of sexual assault as an adult	0.157	0.111	0.000	0.090
Attempted suicide	0.454	0.184	0.000	0.204
Self harmed	0.376	0.100	0.085	0.174
Number of Experiences	12.721	7.376	3.185	7.594

	1	2	3	Total
Frequency	17	30	24	71
Percent	28.4	40.5	31.1	100

Sequencing of MEH Experiences amongst Migrants and Non-migrants

Having explored the overall prevalence, complexity and clustering of MEH experiences amongst migrant service users, the next and final step of analysis comprised an interrogation of the sequencing of these experiences.

In a forthcoming paper we demonstrate that substance misuse and mental health issues consistently preceded homelessness and adverse life events amongst the MEH population as a whole, strongly implying that the latter are more likely to be consequences than originating generative causes of deep exclusion (Fitzpatrick *et al.*, forthcoming). Here we consider whether the sequences experienced by migrants differ from those of non-migrants. As noted earlier, one important area of controversy is whether migrants experiencing homelessness and exclusion in the UK had similar problems in their home countries, or whether these problems arose only after moving to the UK.

We initially examined the median age of *first* occurrence of each MEH-relevant experience, as reported by affected individuals.[9] As Table 7 demonstrates, the median age of first occurrence was generally higher amongst migrants than non-migrants with respect to the homelessness, substance misuse, institutional care and street culture domains of deep social exclusion, 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), but this was less true for the various indicators on substance misuse.

[9] Bear in mind that the percentages affected by specific MEH experiences differ significantly across these groups, see Table 3 above. In particular, some of the experiences noted in Table 7 were reported by only very small numbers of migrants. In those cases where the base number fell below five cases, the observation on median age of first occurrence was excluded from Table 7. This led to the exclusion of the following experiences from Table 7: abuse of solvents, glue and gas; engagement in survival sex work; repossession; and bankruptcy.

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).

Table 7: Median Age of First Occurrence of MEH-relevant Experiences, by Migration Status

Experience	Migrants (years)	Non-migrants (years)	Difference (migrants minus non-migrants)
1. Left local authority care	17	17	0
2. Thrown out by parents or carers	17	17	0
3. Street drinking	25	18	+7
4. Used hard drugs	23	19	+4
5. Problematic alcohol use	26	19	+7
6. Sofa-surfed	29	19	+10
7. Survival shoplifting	34	19	+15
8. Victim of violent crime	21	20	+1
9. Prison	30	21	+9
10. Very anxious or depressed	28	20	+8
11. Injected drugs	23	22	+1
12. Slept rough	34	25	+9
13. Admitted to hospital with mental health issue	34	26	+8
14. Made redundant	25	27	-2
15. Applied to the council as homeless	37	26	+11
16. Stayed at a hostel or other temporary accommodation	30	26	+4
17. Begged	31	28	+3
18. Evicted	28	29	-1
19. Divorced or separated	36	32	+4
20. A long-term partner died	30	43	-13

The chronological order in which experiences occurred was then examined more rigorously by focusing on the actual sequential ranking of experiences within individual MEH cases, according to migration status.[10] The mean sequential ranking used here controls for variations in the number of MEH-relevant experiences reported by service users. As Table 8 indicates, the sequential ordering of experiences reported by individual respondents tended to be quite similar between migrants and non-migrants. This means that, while migrants' pathways into MEH tended to 'start' later than for non-migrants (see Table 7), 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 both migrants and non-migrants had of street culture activities and the various forms of homelessness.

[10] As with the median age of first occurrence analysis in Table 7, data limitations mean that the MEH experiences specified in footnote 9 cannot be included in the sequential ranking analysis in Table 8. In addition, leaving care – while included in the age-based analysis – cannot be included in this rank order analysis as it was asked about in a different part of the questionnaire.

Table 8: Frequency and Relative Order of Experiences, by Migration Status

Experience	Non-Migrant	Migrant	Overall	Non-Migrant	Migrant	Overall
	freq	freq	freq	order	order	order
Thrown out by parents/carers	0.39	0.17	0.35	3.0	3.2	3.0
Used hard drugs	0.46	0.35	0.44	3.9	3.0	3.8
Street drinking	0.59	0.25	0.53	4.0	3.6	3.9
Problematic alcohol use	0.68	0.37	0.62	4.0	3.8	4.0
Came to UK	**-**	**1.00**	**-**	**-**	**4.1**	**-**
Very anxious or depressed	0.82	0.65	0.79	4.2	4.3	4.2
Survival shoplifting	0.42	0.20	0.38	4.1	5.3	4.2
Victim of violent crime	0.46	0.24	0.42	4.6	3.0	4.4
Sofa-surfed	0.79	0.69	0.77	4.4	5.2	4.5
Prison	0.52	0.14	0.46	4.6	4.1	4.6
Made redundant	0.22	0.27	0.23	5.0	4.1	4.8
Slept rough	0.75	0.87	0.77	4.9	6.2	5.1
Injected drugs	0.28	0.20	0.27	5.5	3.8	5.3
Begged	0.33	0.25	0.32	5.9	5.6	5.8
Hospital mental health issue	0.32	0.16	0.29	5.9	6.0	5.9
Divorced	0.44	0.45	0.44	6.2	5.0	5.9
A long-term partner died	0.10	0.10	0.10	6.1	6.0	6.1
Stayed in hostel or other TA	0.87	0.66	0.84	6.2	6.9	6.3
Applied to council as homeless	0.78	0.42	0.72	6.4	6.5	6.4
Evicted	0.25	0.25	0.25	6.8	7.6	6.9

Table 8 also notes the mean sequential ranking of 'came to the UK' in migrants' MEH histories. As with the median age analysis above, this suggests that first occurrence of substance misuse at least sometimes came *before* migrants' arrival in the UK, but most other MEH-relevant experiences – in particular homelessness and street culture activities – tended to occur only *after* arrival in the UK (see also Homeless Link, 2011).

Given that this sequence analysis focuses on the question of, *if* an event occurred, when it occurred on average, it is important to bear in mind that most individual MEH-relevant experiences were reported by relatively small numbers of migrant interviewees, especially with respect to when they were still in their home country. Only 18% of MEH migrants reported any experience of homelessness before coming to the UK (100% had had this experience by point of interview), only 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 was generally after rather than before their arrival in the UK.

Discussion

Migration patterns are continually evolving and it is, for example, an open question whether the UK will continue to experience significant net migration from CEE given the ending, in May 2011, of transitional arrangements which restricted A8 migrant workers' access to the labour markets of other major European economies. The robustness of some continental European economies, such as Germany and Austria, mean it is likely that Britain will become relatively less attractive to A8 migrant workers in the future (Pawson and Wilcox, 2011). Combined with the easing of welfare restrictions on A8 migrants from May 2011, this might be expected to diminish the scale of homelessness amongst CEE nationals in the UK, but it is possible that there will be a corresponding increase in destitute CEE migrants elsewhere in the 'old' countries of the EU (Pleace, 2010; Stephens *et al.*, 2010). This reinforces the relevance of these UK research findings for other EU Member States facing a potential increase in homelessness and destitution amongst new CEE migrants.

With respect to the unresolved controversies outlined in the opening sections of this paper, the evidence presented above is clearly consistent with a predominantly 'structural' account of the underlying causation of migrant homelessness, in sharp contrast to the more 'individual' pathways into MEH apparent amongst the indigenous population (Fitzpatrick *et al.*, forthcoming). The prevailing pattern across our entire dataset was very striking indeed: 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 the four domains of deep exclusion investigated, with the most extreme forms of distress and exclusion such as suicide attempts, self-harm, and being charged with a violent crime also much less common amongst migrants than non-migrants. These findings point strongly to a lower overall 'threshold' of personal problems and associated support needs amongst migrants than non-migrants who find themselves experiencing MEH in the UK. This interpretation is reinforced by the lower reported rates of childhood trauma amongst migrant than non-migrant interviewees. On the other hand, the heightened risk of serious material deprivation faced by MEH migrants in the UK is evident from their disproportionate experience of complete destitution.

As previously noted, intrinsic to the controversy surrounding homelessness amongst migrants in the UK is the question of whether their problems tend to start before or after they come to the UK. Our sequence analysis is quite clear on this point: the first instance of most MEH-relevant experiences, in particular homelessness and street culture activities, tended to occur for migrants at a later age than for indigenous service users and generally *after* arrival in the UK. The overall pattern is therefore one of high rates of rough sleeping and high risk of destitution amongst people who have very often not faced homelessness or other forms of deep

exclusion in their home countries, albeit that some will have pre-existing substance misuse problems. It seems that some vulnerable migrants, able to just about ‘manage’ in their own countries, find this much more difficult in countries of destination such as the UK, where they may lack access to ‘buffer’ support networks and to welfare protection, and can find their vulnerability compounded by practical difficulties such as language barriers (Spencer *et al.*, 2007).

This study also pointed to a diversity of need within the migrant MEH population, with both the logistic regression and cluster analysis revealing less complex MEH experiences amongst CEE than other migrant groups. This result has to be treated with some caution, given the relatively small sample numbers when one is looking at migrant subgroups, and it is somewhat surprising given the much publicized extreme circumstances of some CEE migrants in the UK (Broadway, 2007; Garapich, 2010). However, it does suggest that, while a great many CEE migrants using low threshold services are sleeping rough and destitute, they are less likely than both the indigenous MEH population and other MEH migrants to have troubled family backgrounds or to experience the more extreme forms of multiple exclusion in adulthood. This insight has important implications for service responses to this group, as now discussed.

So far, it has mainly been voluntary sector services that have borne the costs of migrant homelessness in the UK, but a survey of homelessness and refugee agencies across England in 2010 revealed that most felt unable to meet the needs of their migrant clients:

> Traditional solutions to homelessness don’t work [with migrants], as these are typically structured and funded around the needs of the population that are entitled to claim benefits and housing support. (Homeless Link, 2010, p.6).

Based on the findings of this MEH research, we would go further and argue that these ‘traditional solutions’ will not work because MEH amongst many migrant groups – particularly CEE migrants – is a fundamentally different phenomenon to that of indigenous MEH and requires a bespoke service response. Moreover, hostility from other service users has been reported as an issue for some migrants using mainstream homelessness services in the UK (Garapich, 2010), while at the same time there is evidence of negative impacts of ‘migrant demand’ on the ‘usual’ client groups of these homelessness services, both in the UK (Homeless Link, 2006; Spencer et al., 2007) and elsewhere in Europe (Pleace, 2010). As Young (2010) has commented:

> … scarcity of resources puts strain on service providers and risks creating a situation where a choice between national and non-national service users is made. Moreover, many service providers have difficulty in supporting service users with different needs from their “traditional users”. (p.2)

With respect to destitute CEE migrants in particular, it has been argued that a pan-European response is now required (Garapich, 2008; Stephens et al., 2010), with the recent 'European Consensus Conference on Homelessness' (2011) calling on the EU to '… take up its particular responsibilities concerning the relationship between homelessness and destitution and the free movement of EU citizens' (p.21). Our evidence with regard to the relatively low level of support needs amongst homeless CEE migrants in the UK 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, as a supplement and/or alternative to reconnections approaches (though the latter may well remain the most appropriate outcome for others (Hough et al., 2011)). This is consistent with the Consensus Conference 'Jury' recommendation that a basic level of guaranteed support for homeless migrants should be funded via the European Social Fund:

… 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)

The Jury further argued that: 'Homeless[ness] services must not be systematically used to compensate for inconsistent migration policies that lead people to situations of destitution and homelessness' (p.2). However, at the same time they cautioned that: 'Homeless[ness] service providers should not be penalized for providing services to people presenting in need' (p.2-3). This rather uncomfortable formulation highlights the profound dilemmas inherent in determining the appropriate role for the homelessness sector in meeting these emerging and distinctive needs.

Conclusions

While the survey drawn upon in this paper was UK-specific, the issues it illuminates are relevant well beyond the UK, with many other European countries reporting growing problems with homelessness amongst migrants. The UK (together with Ireland and Sweden) might be viewed as 'further down the road' in attempting to cope with the difficulties faced by vulnerable CEE migrants in particular – challenges that may increasingly affect other European economies as they, too, open up their labour markets to nationals from the new Member States. The analysis presented in this paper adds to a growing body of evidence on the differing balance between individual and structural factors in the generation of homelessness and exclusion amongst indigenous populations and CEE and other migrants, and as such is relevant to both understandings of these phenomena and potential responses. In particular, it indicates that migrant MEH is less about complex support needs and childhood trauma than about the structural barriers that vulnerable migrants face in meeting their immediate practical needs in countries of destination such as the UK. It points strongly to the need for bespoke services tailored to the specific needs of homeless migrant groups, and to the inadequacy of a policy response which simply leaves 'traditional' homelessness agencies to cope as best they can.

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