Global Policy Network

Homelessness and Racial Inequality in England

Causes, Consequences, and Solutions

Black Homelessness Policy Brief

Global Policy Network (GPN)

Introduction to the project

In England, Black individuals experience a disproportionately high risk of homelessness, driven by intersecting structural inequalities across housing, health, and social systems. Despite longstanding policy interventions, racial disparities in homelessness persist, reflecting gaps in prevention, access to services, and culturally responsive support.

This project examines the factors contributing to these inequalities and presents a comprehensive, equity-focused action plan to prevent and alleviate homelessness among Black communities in England. The analysis synthesises independent evidence with qualitative insights from practitioner interviews conducted between December 2025 and January 2026 across the homelessness, health, and commissioning sectors.

Introduction to Black homelessness and key definitions

Homelessness is a pressing health and social problem that drives considerable costs in the UK's health and social services. Individuals experiencing homelessness often face elevated risks of mental health challenges, chronic illnesses and significantly higher mortality rates (Sanders & Albanese, 2016). The situation is alarming as it undermines the fundamental purpose of the National Health System. Addressing homelessness is essential for fostering a healthier and more equitable society.

Under English law, the definition of homelessness extends beyond the concept of "rough sleeping". A person or household is legally homeless if they lack adequate accommodation, if it is deemed unreasonable for them to continue to occupying their current accommodation (for instance, due to unaffordability or domestic abuse), or if they are at risk of becoming homeless within the subsequent 56 days (House of Commons Library, 2024; Ministry of Housing, Communities & Local Government, 2025).

Local housing authorities are tasked with the responsibility of providing advice and information free of charge and must take "reasonable steps" towards preventing and alleviating homelessness for all eligible applicants under the Homelessness Reduction Act 2017 (House of Commons Library, 2024; Ministry of Housing, Communities & Local Government, 2025). For eligible applicants, the authority is obligated to fulfil the "main housing duty" of securing suitable accommodation. This process typically begins with temporary accommodation and continues until the duty is lawfully concluded (Shelter Legal England, 2024).

Official statistics and guidance also use specific terminology, including "lead applicant" as the individual submitting the homelessness application, and "priority need" categories that encompass households with dependent children, pregnant women, and individuals vulnerable due to mental or physical health challenges (GOV.UK data notes, 2018; Shelter Legal England, 2024; Ministry of Housing, Communities & Local Government, 2025).

The legal and policy framework addressing homelessness is established within Part 7 of the Housing Act 1996 (as amended), the Homelessness Reduction Act 2017, the Homelessness Act 2002, and the Homelessness Code of Guidance for Local Authorities (House of Commons Library, 2024; UK Government, 2002; Ministry of Housing, Communities & Local Government, 2025).

Individuals identifying as Black represent a disproportionate fraction of the United Kingdom's (UK) homelessness population. While Black individuals constitute approximately 4% of the UK's overall population (Office for National Statistics, 2021), they accounted for an average of 10% of the homelessness demography between 2020/21 and 2022/23. This disparity indicates that Black individuals are significantly affected by homelessness. Several underlying factors contributing to this inequality include higher levels of unemployment, underemployment and insecure work, as well as migrant and refugee status. Additional factors include higher housing costs relative to lower household income, limited access to support and social services, particularly in disadvantaged neighbourhoods, entrenched poverty and greater exposure to violence. These factors are often compounded by longstanding systemic racism and discrimination that can hinder opportunities for wealth creation and social mobility among Black communities. Addressing these disparities requires

targeted interventions that focus on the root causes of homelessness, promoting equitable access to housing, and supporting initiatives that enhance social and economic inclusion.

Answers to the key questions using evidence and practitioner perspectives

Q1. Why do Black individuals face disproportionate risks of homelessness?

Evidence consistently links homelessness risk with racial discrimination within the social housing system program. Black individuals in the UK are over three times more likely to experience homelessness, establishing a distressing link between homelessness and racial discrimination (Glen Bramley, 2022). One major challenge contributing to the debilitating situation is housing discrimination in the private rental space. Blacks often experience differing treatments from landlords, including stricter standards, higher affordability thresholds, and reported instances of landlords rejecting applicants based on their names or ethnicity (Bramley et al., 2022). Statistical evidence from Bramley et al.'s study shows a direct correlation between ethnicity and homelessness risk. Approximately 31% of Black individuals who have experienced homelessness report unfair treatment from landlords. These challenges can be largely attributed to complex social housing allocation processes, which may disproportionately disadvantage those with limited English proficiency or unfamiliarity with bureaucratic systems predominant among Black migrants, potentially amounting to institutional discrimination (Bramley et al, 2022). As a result, only 10% of Black applicants are successful, compared to 24% of their white counterparts.

In practice, the homelessness charity leader and the General Practitioner who also serves as a mental health commissioner reported that evictions from the private rented sector and relationship breakdowns are the most common immediate triggers of homelessness, consistent with the Heriot-Watt University (2025) report on homelessness among Blacks. This is often compounded by debt, mental ill-health and weaker informal support networks, with some individuals, particularly Blacks, presenting later or struggling to evidence vulnerability at triage (Practitioner interviews, Dec 2025).

The Grenfell fire and Awaab Ishak's death exposed systemic failures within the UK housing system that disproportionately affect Black and minority ethnic households, as it revealed deep-rooted failures in the UK housing system, highlighting the effects of landlord inaction, unsafe housing, and

unequal treatment in social and housing services (Kelbert & Parhar, 2024; Carr et al., 2022). These tragedies directly informed policy reforms, including Awaab's Law (Social Housing Regulation Act 2023), which requires social landlords to address all emergency hazards and serious damp or mould issues within fixed timeframes and gives tenants legal recourse if landlords fail to comply. This legislation reinforces tenant safety and health as a statutory obligation (UK Government, 2025). The Grenfell Tower fire also led to the Building Safety Act 2022, establishing the Building Safety Regulator, strengthening fire and building safety requirements for high-rise housing, and enforcing landlord accountability for risk assessment, fire safety, and cladding remediation.

Q2. How do risks vary within Black ethnic groups and by other protected characteristics?

Geographical variation is evident within England. Analysis shows higher homelessness rates among Black households in London compared to a Black person in Scotland (Bramley et al., 2022). Evidence exists that Blacks, among other minority groups, are four times higher risk of overcrowding and affordable rents than white households. People with poor social networks and lower income, usually Blacks, have an increased risk of homelessness.

Data from the Department for Levelling Up, Housing and Communities (DLUHC) for the year ending March 2023 indicate an over-representation of Black households among those with owed duties and in temporary accommodation in England (DLUHC, 2024). Intersectional risks, including disability, severe mental illness and LGBTQ+ identity, further increase exposure and complicate access to support. Monitoring of the Mental Health Act shows persistent racial inequalities in detentions and outcomes, with Black people detained at higher rates than their White counterparts (Race Equality Foundation, 2022; Care Quality Commission, 2024). In practice, the mental health professional and trainer highlighted that Black individuals under the age of 35 face heightened mental health risks due to intersecting factors, including;

- Shame related to LGBTQ+ identity prevents Black individuals from accessing mental health services because of anticipated stigma, discrimination and identity-related fears.

- Stigma linked to contact with the criminal justice system. In Black communities where criminalisation is already racialised, young people may be sceptical of using mental health

services out of fear of being labelled mentally unstable or having their information shared with the police or probation services.

* The influence of cultural and religious norms, as some may resort to prayers to manage mental health conditions. It may also be perceived as a personal weakness or a spiritual failing, influencing individuals from accessing mental health care services.

These factors can further discourage early help-seeking and engagement with services (Practitioner interview, Jan 2026). Rusi Jaspal & Julie Fish (2020) equally reported that Blacks, Asian and Minority ethnic groups, LGBTQ individuals had challenges accessing mental health services due to their intersecting sexual, gender, religious and cultural identities.

Q3. Do Black community face increased safety risks when sleeping rough?

Although ethnicity-disaggregated national data on rough sleeping outcomes are limited, qualitative data from the UK House of Commons, Women and Equalities Committee (2026), found that Blacks suffered racially motivated abuse, discrimination and harassment and some discrimination against minority ethnic groups, including Blacks, when trying to access support. Minority ethnic groups, including Blacks, face criminalisation and disproportionate policing, increasing insecurity and marginalisation (Generation Rent.org, 2025)

Rough sleeping is associated with significantly higher rates of morbidity and mortality compared to the housed population. A substantial proportion of these deaths result from conditions that could have been addressed with timely medical interventions. Unfortunately, this happens because of late reporting of medical conditions, registration barriers emanating from address issues, distrust of services because of past stigma experiences, and competing priorities like food and safety. Additionally, many fatalities are linked to drug poisoning and suicide (ONS, 2019, 2020, 2021).

Practitioners have emphasised challenges such as the under-reporting of crime, mistrust of services, and the importance of assertive street outreach within integrated health and housing models, as

recommended by the National Institute for Health and Care Excellence (NICE) NG214 (NICE, 2022; Homeless Link, 2025).

Q4. Why are Black families less likely than White families to gain social housing via the statutory system?

Peer-led testimonies and statistical evidence indicate that constrained supply, discretionary decision-making, and discrimination may adversely affect the likelihood of social housing allocations for Black families, even in cases where obligations are owed (Shelter England, 2025; Bramley et al., 2022). Practitioner insights suggest that the existing system tends to favour applicants who can effectively articulate their needs and navigate the application processes, which may disadvantage single Black men (Practitioner interviews, Dec 2025). Black men, migrants specifically with language deficiency, for instance and a weak support network, struggle to access housing support services.

According to Shelter England, Black applicants often experience reluctance to engage with housing services, including social housing, due to prevailing stigma and mistrust of the municipal authorities (Shelter England, 2022).

An analysis conducted by the Institute for Social Policy, Housing, equalities research on the homelessness case level information collection data highlights that structural disparities within the housing system result in markedly poorer outcomes for Black households in the statutory homelessness framework (Heriot-Watt University, 2025). Black families are significantly less likely to secure social housing compared to their white counterparts, as they encounter higher rejection rates and experience longer durations in temporary accommodation. Approximately 10% of Black families gain access to social housing, in contrast to 24% of white families. Furthermore, Black families are more likely to exit the system to unknown destinations, indicating greater housing instability and less favourable long-term outcomes (Bramley et al., 2022). Evidence exists of institutional discrimination against Blacks and other minority groups in accessing institutional support. (Practitioner interview, 2025)

Q5. What role do GP surgeries, mental health and other public services play in mitigating or exacerbating risks?

Inclusive General Practitioner registrations are the key entry to serve health services. However, patients are often denied registration due to a lack of identification or address (Care Quality Commission, 2024). Barriers such as refusal of registration, poor information-sharing, and a lack of culturally adapted care exacerbate risks faced by this vulnerable population (NICE, 2022; Care Quality Commission, 2024). Although policies promote inclusive General Practitioner (GP) registration practices, evidence indicates that many individuals experiencing homelessness encounter barriers to registration, including mistrust of services, limited awareness of entitlement, and difficulties navigating healthcare systems (Care Quality Commission, 2024; Crane et al., 2024). These challenges can delay access to care and reduce engagement with health services, exacerbating risks. I-SPHERE's analysis of Homelessness Case Level Information Collection (H-CLIC) data shows that structural inequalities in the statutory homelessness system directly cause much worse outcomes for Black households. The interviewer agreed, stating these disparities stem from flaws in the housing system, not from differences in need or behaviour. (Practitioner interview, Jan 2026).

Evidence indicates that community pharmacists can act as accessible points of contact for individuals experiencing homelessness and may facilitate linkage to health and social care services, including General Practitioner (GP) registration, mental health support, dental services, and welfare advice (Pathway, 2024; Paudyal et al., 2019). Community pharmacists support individuals through GP registration processes and referral pathways and provide services such as medication review, harm reduction interventions, immunisation, and participation in outreach activities targeting underserved populations (Paudyal et al., 2019). This role is essential in bridging the gaps in healthcare access that arise from mistrust or difficulties in navigating traditional services (Care Quality Commission, 2024; Crane et al., 2024).

The implementation of specialist homeless primary care and integrated health housing multidisciplinary teams, which offer extended appointment times, peer workers and trauma-informed practice, significantly enhances engagement and continuity of care for individuals experiencing homelessness (NICE, 2022; Crane et al., 2024).

Q6. What role do third-sector organisations play?

Third-sector organisations play a crucial role in building trust and providing culturally responsive mental health support, while also helping individuals navigate complex housing and welfare systems. The National resources highlight services such as The Black African and Asian Therapy Network and Black Minds Matter UK, which offer culturally literate therapy and support (Mental Health UK, 2025). Peer-led and community-based models are frequently perceived as more acceptable to individuals who are sceptical of statutory services (Mental Health UK, 2025).

Community-based organisations are essential in supporting Black families facing barriers to statutory services (Hope for Mental Health, 2023; Black Minds Matter UK, 2024). However, it is imperative that homelessness prevention and housing policies explicitly consider ethnicity and strive to actively address the underlying structural inequalities that persist within the system (Bramley et al, 2022).

Q7. What should the Government do cross-departmentally?

To address the disproportionately high amounts of homelessness among the Black population, the government should adopt race-explicit monitoring across homelessness pathways to ensure equitable access and outcomes for all demographic groups. It is essential to enforce anti-discrimination measures in the private rented sector and to expand upstream prevention strategies that address challenges related to debt, welfare, and tenancy sustainment support. Additionally, commissioning integrated health and housing multidisciplinary teams will provide comprehensive support, in accordance with NICE NG214 (NICE, 2022; House of Commons Library, 2024).

Furthermore, it is important to ensure inclusive access to General Practitioner registration at the local level and to enhance community health services, including mental health, dental care, and pharmacy services, to better serve diverse populations (Care Quality Commission, 2024; Crane et al., 2024). When using digital tools, such as conversational AI in NHS Talking Therapies, it is critical to capture robust demographic data while maintaining non-digital access routes. Evidence from real-world studies demonstrates that implementing these measures can lead to increased referrals from minority communities, reduced wait times (approximately five days faster to assessment), lower dropout

rates, and improved recovery outcomes when used appropriately (Rollwage et al., 2023; Williams, 2024).

What should STOP, START and SCALE

To address disproportionate risks effectively, systems should stop practices that embed inequity and crisis cycling. The following priorities reflect legal duties and evidence-based service design, with practical actions for immediate implementation.

End discriminatory private rental practices (House of Commons Library, 2024; Shelter England, 2025)

- Deliver regular training on equality law, anti-discrimination and fair treatment for housing officers and landlords (House of Commons Library, 2024).

- Provide a transparent, accessible complaints system with explicit accountability for discrimination, including public reporting (House of Commons Library, 2024; Shelter England, 2025).

- Launch tenant rights education across pamphlets, social media and community outreach, including routes to challenge prejudicial practices (Shelter England, 2025).

- Reduce gatekeeping that excludes single men and people with communication barriers (NICE, 2022; House of Commons Library, 2024).

- Develop and implement standardised vulnerability assessment instruments across homelessness services (NICE, 2022; House of Commons Library, 2024).

- Train frontline staff to recognise behavioural and non-verbal indicators of vulnerability and adjust support accordingly (NICE, 2022).

- Create specialised outreach teams to engage single men and individuals with communication barriers in community settings (NICE, 2022; Homeless Link, 2025).

Services should be scaled up where evidence shows they deliver earlier, more inclusive support and reduce avoidable use of emergency care

- Expand community-based, non-clinical support (NICE, 2022; Homeless Link, 2025).

- Fund peer support groups, community hubs and drop-in facilities offering practical assistance, social connection and early intervention (NICE, 2022; Homeless Link, 2025).

- Collaborate with neighbourhood nonprofits and grassroots organisations (e.g., the Felix Project) to provide wraparound support alongside housing, food banks, skills training and advice (Homeless Link, 2025).

- Support mental health and wellbeing initiatives outside traditional clinical settings to reduce stigma and increase accessibility (Race Equality Foundation, 2022; NICE, 2022).

- Support Black people in understanding their rights and access to mental health services, so that where they are undiagnosed with mental health, they can legally be prioritised for housing (interviewee)

Build integrated health and housing partnerships (NICE, 2022)

- Schedule regular coordination meetings between housing teams, NHS mental health services and social care to share information and align care plans (NICE, 2022).

- Utilise community pharmacy for vulnerable homeless people.

- Establish secure, GDPR-compliant data-sharing arrangements to enable seamless support for people experiencing homelessness (NICE, 2022).

- Deliver joint training on intersectional homelessness risks for social care, housing and health professionals (NICE, 2022; Care Quality Commission, 2024).

- Use digital tools to improve access and equity while retaining non-digital routes (Rollwage *et al.*, 2023; Williams, 2024).

- Use structured user feedback to improve the usability and inclusivity of housing and mental health apps (e.g., Limbic AI) (Rollwage *et al.*, 2023).

- Ensure all digital platforms meet accessibility standards and provide equivalent non-digital options for people with limited technology access (NICE, 2022).

- Gather continuous user input to refine digital services and eliminate emergent barriers (JMIR, 2024).

Alongside stopping harmful practices and scaling effective models, systems should start collecting and using better data, building capacity and integrating responses across departments.

Introduce race-explicit monitoring in homelessness support (DLUHC, 2024; House of Commons Library, 2024)

- Collect comprehensive ethnicity data at every point of assistance and ensure recording quality is regularly audited (DLUHC, 2024).

- Identify disparities and target actions by routinely analysing and publishing findings (DLUHC, 2024).

- Use outcomes monitoring to hold services accountable for equitable results through formal oversight and public reporting (House of Commons Library, 2024).

Improve diversity competency across statutory services (Race Equality Foundation, 2022; Care Quality Commission, 2024)

- Require cultural competence training for all frontline staff and managers (Race Equality Foundation, 2022; Care Quality Commission, 2024).

- Recruit to reflect the communities served and build diverse leadership pipelines (Care Quality Commission, 2024).

- Establish advisory and peer-review groups with people who have lived experience to continually assess inclusion (NICE, 2022; Care Quality Commission, 2024).

- Develop cross-departmental strategies that tackle income, mental health and housing together (NICE, 2022; House of Commons Library, 2024).

- Form multi-agency task forces across housing, health, social welfare and employment to coordinate responses (NICE, 2022).

- Align policies and funding to support integrated delivery rather than isolated projects (NICE, 2022; House of Commons Library, 2024).

- Run public awareness campaigns highlighting the links between housing instability, mental health and income inequality to build community support (NICE, 2022; Race Equality Foundation, 2022)

- System-level priority (NICE, 2022; Crane et al., 2024)

- NICE guidance reports that specialist primary care and integrated health and housing pathways for people experiencing homelessness are associated with reduced emergency care use and improved continuity of care (NICE, 2022; Crane et al., 2024).

Recommendations

The following recommendations translate STOP/START/SCALE priorities into operational steps that commissioners and providers can implement and monitor.

Current homelessness and mental health policies do not explicitly recognise the challenges faced by Black households and other households from minoritised ethnic groups, despite strong evidence of disproportionate disadvantage. Policy interventions should therefore include targeted measures to reduce racial disparities in access to social housing, support services, and long-term housing stability.

- Implement standardised, bias-resistant vulnerability tools and record safeguarding; explicitly recognise risks faced by single men, including Black men (NICE, 2022; House of Commons Library, 2024).

- Guarantee inclusive GP registration locally and monitor refusals; promote safe surgeries; align with Care Quality Commission (CQC) and Integrated Care System (ICS) priorities (Care Quality Commission, 2024).

- NICE guidance and service evaluations describe multidisciplinary teams aligned with NG214, incorporating trauma-informed care, peer workers and longer contact times, with integration of dentistry, pharmacy, and welfare, debt and housing advice within primary care and hostel settings (NICE, 2022; Crane et al., 2024).

- Fund intensive tenancy sustainment ("moonlight"/floating support) with flexible, out-of-hours capacity to prevent repeat homelessness (NICE, 2022).

- Expand culturally adapted therapies and embed practical support (debt, welfare, employment) to address root risks (Race Equality Foundation, 2022; NICE, 2022).

- Enforce anti-discrimination in the private rented sector; establish clear complaints and redress mechanisms; deliver tenant-rights education and landlord training (House of Commons Library, 2024; Shelter England, 2025).

- Publish a 2–3-page Barnet/London annexe (covering 2018/19 to the latest data) featuring clear charts comparing England, London, and Barnet, with explicit labelling of 'unknown ethnicity' and accompanying data quality notes (DLUHC, 2024, 2025).

- Commissioners and providers should routinely disaggregate outcomes across mental health and homelessness pathways (access, assessments, admissions, prescribing, and detentions) and embed oversight and response mechanisms within the Patient and Carer Race Equality Framework (PCREF) and Integrated Care System (ICS) governance (Race Equality Foundation, 2022; Care Quality Commission, 2024).

- Deploy digital tools (e.g., Limbic) to improve access and equity with strong data governance; retain non-digital routes (Rollwage et al., 2023; Williams, 2024).

- Leverage community pharmacy as accessible, trusted points of contact: signpost people experiencing homelessness to GP registration, talking therapies, dentistry and welfare advice; deliver medicines optimisation, harm reduction and vaccination in inclusive settings; and participate in pharmacist-led outreach models where feasible (Paudyal et al., 2019; Pathway, 2024).

Conclusion

Homelessness disproportionately affecting Black communities is both structural and addressable. Eliminating discriminatory practices and gatekeeping, initiating race-explicit monitoring and enhancing diversity competence, alongside scaling integrated community-based support, including inclusive primary care, community pharmacy, and tenancy sustainment, can reduce avoidable crises, improve outcomes, and build trust. The evidence base and practitioner insights presented here provide a pragmatic route to fairer prevention and relief when sustained through transparent monitoring and cross-departmental leadership (NICE, 2022; House of Commons Library, 2024).

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