

Homelessness, bad housing, and the virus: a decent home should be every citizen's right



***Nicholas Pleace** writes that the effect of the pandemic on homeless people should be seen as part of a wider problem – that of inadequate housing. He argues that if UK society is to be more resilient in the wake of this crisis, good housing should stop being seen as a privilege only the rich can afford.*

We are living through what may be a very brief period of coronavirus collectivism. Big government has suddenly remerged as the solution – not necessarily as effective or coherent as it could be, but as the only way to deal with an existential threat that free markets cannot cope with.

The virus response around homelessness in particular has looked like disaster management, [using hotels](#) to clear the streets of 'rough sleepers' and, with [overseas support](#), trying to [enable social isolation and treatment](#). Positive things have happened, like accelerating central government's [existing objective](#) to end 'rough sleeping' given the [opportunities presented](#) to rehouse 'people living rough' who have been placed in hotels because of the virus, but these responses need some scrutiny to be properly understood.

Responses to COVID-19 are in relation to a particular image of homelessness as being the lone man on the street, addicted, mentally ill, alienated and deeply excluded from mainstream social and economic life and quite possibly involved in criminal activity. In other words, the 'rough sleeper'. This is a picture that is confused, because the line between deviance, criminality (underserving of public assistance) and sickness (deserving of assistance) is blurred, not least when someone is both addicted *and* has a severe mental illness. The image of the rough sleeper is not neutral. The imagery of 'homelessness' is someone who is very different from the rest of us and that is why they are homeless, rather than say, not having enough money to live on in a country where in-work poverty is experienced by [millions of people](#).

There are people [living on the street](#) with high and complex needs, who are experiencing a unique form of distress. However, if homelessness means the absence of any living space that is under your control, which is physically safe, and to which you have enforceable legal rights – which has been the broad definition under the [UK's homelessness laws](#) – then things look very different.

If homelessness means a woman with her own home, who has to leave because she is threatened by domestic violence and abuse, or someone staying with friends, relatives or acquaintances, because they have no home of their own and cannot secure one, then rough sleeping becomes a fraction of total homelessness. There were at least [4,000-5,000 people living rough in England at any one point](#) in late 2019. This was almost certainly an undercount, as people hide, not all areas are covered, and anyone having to squat in the absence of any other housing is missed. Yet at around the same time, there were 62,280 [statutorily homeless](#) families containing [127,890 statutorily homeless children in temporary accommodation](#) in England alone.

The [evidence](#) says statutorily homeless families do not have rates of severe mental illness, or addiction that differ from the general population. Homeless families are disproportionately headed by economically marginalised women, whose homelessness has frequently been triggered by domestic violence, and they share one, common characteristic: being poor.

The virus has put a magnifying glass on homelessness, but as something within a broader problem of many people living in small, overcrowded, low-quality homes. That problem stems from the innate inefficiency of housing markets when it comes to providing adequate, affordable homes, from allowing a system that commodifies the basic human need for adequate shelter and is one of the major mechanisms by which the [huge inequalities in wealth in our society](#) is generated. It is clear that the virus is killing more people in [deprived areas](#) in which the built environment is degraded and within the [overcrowded](#) housing in which poorer people are more likely to live.

Someone living rough cannot self-isolate and cannot socially distance, neither can a homeless person living in what is often communal or congregate emergency shelters or temporary supported housing for homeless people. A homeless family cannot socially distance effectively in temporary accommodation with shared common areas, like kitchens and bathrooms. Expected infection rates in homelessness services, based on initial [work from](#) the USA, are [astronomical](#). Still, the effect of the virus on homeless people is but one extreme aspect of a much wider problem: that COVID-19 will kill more badly-housed people. Research shows how the top five most-crowded areas in the UK have seen 70% more coronavirus cases [than the five least-crowded](#). Ultimately, if the UK is to manage the virus and lessen the risks of something like this happening again, everyone needs their own adequate, affordable, secure home.

Housing markets will never, ever, deliver enough affordable housing. Instead, they deliver slums, which is why [policies to develop council and social housing](#) arose. Attempts at quasi-market solutions, such as 'affordable' housing development by housing associations and low-cost home ownership have never delivered enough nor truly affordable homes – and they never will. Serious mistakes were made with council housing development over the decades, but the UK [learned from](#) those mistakes and also got a lot right. If the UK is to be a better, as well as a much more socially and economically *resilient* society in the wake of the virus, it is time to revisit mass publicly funded development of social housing. We should see an adequate home just as we see medical treatment: as every citizen's right, not as something that only the rich can afford.

About the Author



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