



EDF and Feantsa joint reply to UN Special Rapporteur Survey on the right to adequate housing for persons with disabilities

Introduction

The European Federation of National Organisations Working with the Homeless (Feantsa)¹ and the European Disability Forum (EDF)² welcome the initiative by the UN Special Rapporteur on adequate housing to investigate the right to housing by persons with disabilities.

This paper looks at the intersection between homelessness and disability³, an issue often overlooked, as also pointed out by the recently adopted European Parliament report on the implementation of the UN Convention on the Rights of Persons with Disabilities (UNCPRD)⁴.

The paper provides examples of negative practices and legislation in place, as well as positive initiatives carried out across Europe.

Who are persons with disabilities?

The UN Convention on the Rights of Persons with Disabilities describes persons with disabilities as those who have long-term, (as well as short term), physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others."

Persons with disabilities are not a homogeneous group; they have different capacities and needs, and contribute in different ways to their communities.⁵

¹ <http://www.feantsa.org>

² <http://www.edf-feph.org/>

⁴ EP report on the implementation of the UN Convention on the Rights of Persons with Disabilities, with special regard to the Concluding Observations of the UN CRPD Committee available at: <http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-//EP//TEXT+REPORT+A8-2016-0203+0+DOC+XML+V0//EN>

⁵ Article 1, UNCPRD



The above definition shows that there has been a shift in focus from the medical model of disability that used to focus on individual's impairments to the social model of disability, which includes an understanding of systemic barriers, negative attitudes and exclusion by society (purposely or inadvertently) that persons with disabilities encounter. According to this model, it is society that is the contributory factor in disabling people.

This definition also recognizes that persons with disabilities are extremely diverse and experience discrimination and challenges that vary depending on the context. In other words, disability is not a fixed concept. Each person with an impairment has a varying degree of support needs, from none at all to complex and multi-layered needs, that should be in place to facilitate the enjoyment of the right to adequate housing for all.⁶

With the entering into force of the Convention, it is now established that disability is a human right issue. Persons with disabilities have long been seen as passive recipients of care, often reduced to their impairment-related health needs. A human rights-based approach to disability implies that all people are active subjects with legal claims and that persons with disabilities need to participate in all spheres of society on an equal basis with their non-disabled peers.

Who are people experiencing homelessness?

Homelessness is not a static phenomenon, but rather a process that affects many vulnerable households at different points in their lives. The European Typology on Homelessness and Housing Exclusion (ETHOS)⁷ begins with the conceptual understanding that there are three domains which constitute a "home", the absence of which can be taken to delineate homelessness. Having a home is understood as

⁶ The right to adequate housing for persons with disabilities living in cities available at:

<https://unhabitat.org/books/the-right-to-adequate-housing-for-persons-with-disabilities-living-in-cities/>

⁷ This typology allows for measurement of different types of homeless policies – emergency, rehabilitation, prevention. This typology was originally developed for data collection purposes, and aims to monitor both homelessness and situations where people are at risk of homelessness, for developing effective prevention policies for example, more info at: <http://www.feantsa.org/en/toolkit/2005/04/01/ethos-typology-on-homelessness-and-housing-exclusion>



having an adequate dwelling (or space) over which a person and his/her family can exercise exclusive possession (physical domain); being able to maintain privacy and enjoy relations (social domain) and having a legal title to occupation (legal domain). This leads to the 4 main concepts of rooflessness, houselessness, insecure housing and inadequate housing.

Intersection between disability and homelessness

Persons with disabilities might find themselves in all ETHOS categories (1-13 operational categories) which amount to forms of homelessness across Europe.

Table 1: ETHOS (1-13 operational categories)

1. People living rough: persons with disabilities often live in the streets or public spaces.
2. People in emergency accommodation: persons with disabilities often make use of overnight shelters.
3. People in accommodation for the homeless: persons with disabilities often stay in temporary accommodation (including homeless hostels).
4. People in women's shelters: women with disabilities are particularly vulnerable to violence and experience domestic violence. They are more likely to encounter barriers to accessing mainstream victim support services which prevent them from reporting the acts and getting the protection they need.
5. People in accommodation for immigrants: in addition to pre-existing disabilities, people may acquire or develop impairments during the migration process. When identified, these impairments place an obligation on Member States to provide specific support throughout the arrival, registration and asylum process. Yet, there is a lack of formal process to identify migrants and refugees with disabilities.
6. People due to be released from institutions: experience of institutionalisation is a recognized pathway to homelessness. Although ETHOS does not make a reference to the deinstitutionalisation process, certainly discharge from institutions without providing people with adequate support services, including accessible housing, and without integrating them in the community, may lead to homelessness. Moreover, all who live in institutions,



as well as in poor households and have no alternative place where to leave should be counted as potential homeless and be taken into consideration for planning purposes to ensure adequate supply of housing.

7. People receiving longer term support (due to homelessness): There are people who have been homeless for a long time, and also fall into the category of older people with disabilities – so, in addition to housing, they will require adequate support (ie long term care)
8. People living in insecure accommodation: security of tenure may not be available to persons with disabilities, in particular those with and intellectual or psychosocial disabilities. They often lack recognition of their legal capacity, and very often are unable to enter into any type of formal housing contract. Therefore, they often find themselves in an insecure housing situation.
9. People living under threat of eviction: for the reasons mentioned above, persons with disabilities are very vulnerable to forced eviction.
10. People living under threat of violence: many persons with disabilities, to live their everyday lives, may depend on a variety of people to provide them with support and assistance. When persons with disabilities become victims of domestic violence, perpetrators often include not only parents, intimate partners and other relatives, but also friends, neighbors and caregivers.
- 11.-13 Inadequate housing: problems most frequently reported include overcrowding, remote and isolated location and unsuitable or inaccessible houses (e.g. inaccessible building, kitchens, toilets and bathrooms etc).

While the research and data may be limited,⁸ it is clear there are substantial overlaps between those with long term health conditions and disabilities and those who experience or are at risk of homelessness:

- The UN estimates that nearly 30% of the homeless population in the US have a disability and suggests that the homeless population is 2.5 times more likely to have a disability than the general population.
- A special census report on the number of homeless people in Ireland shows that the proportion of persons with disabilities among the homeless population was significantly higher than for the general population. According

⁸ The research and data reported within this paper comes with the caveat that existing European data on disability and homelessness is limited, a re-occurring theme which international organisations such as the UN have highlighted as needing change.



to the census, a total of 1,581 persons had a disability, representing 42 per cent of the total, in sharp contrast to the general population where the rate was 13 per cent.⁹

- Since 2003, the Survey on Income and Living Conditions (SILC) has been conducted in all Member States to collect information on living conditions, poverty and social exclusion of people over the age of 16 who live in households in Europe. The survey conducted in 2012 on housing conditions included questions on physical accessibility of mainstream services, such as grocery, banking, postal services, healthcare and schooling for respondents with disabilities.
- In 2013, it was reported that a large part of homeless people experience mental health problems to some extent and at least 30% of people who are homeless have a severe mental illness¹⁰.
- Recent research confirms that disability is present among the homeless people and shows the prevalence of (mild) intellectual disability among homeless people. A systematic review on ‘cognitive dysfunction’ in homeless adults in the Netherlands shows that 30–40% of homeless adults have a cognitive impairment.¹¹ It is therefore important that homeless service providers work with persons with disabilities and their representative organisations to ensure that the human rights of persons with disabilities who are homeless or at risk of homelessness are protected.
- According to INSERT, in Ireland, a total of 1,581 homeless persons had a disability, representing 42 per cent of the total, in sharp contrast to the general population where the rate was 13 per cent. The most common type of disability among the homeless population was psychological disability, with

9

http://www.cso.ie/en/media/csoie/census/documents/homelesspersonsinireland/Homeless_persons_in_Ireland_A_special_Census_report.pdf

¹⁰ Mental Health Europe position paper on “access to services by people with severe mental health problems who are homeless” http://www.mhe-sme.org/fileadmin/Position_papers/Access_to_services_by_people_with_severe_mental_health_problems_who_are_homeless.pdf

¹¹ Van Straaten B, Schrijvers CTM, Van der Laan J, Boersma SN, Rodenburg G, Wolf JRLM, et al. (2014) Intellectual Disability among Dutch Homeless People: Prevalence and Related Psychosocial Problems. PLoS ONE 9(1): e86112. doi:10.1371/journal.pone.0086112



almost one in five in this category indicating they had a disability. The number of homeless people diagnosed with mental health problems is almost double the rate of the general population. Homeless Link surveyed more than 2,500 homeless adults and found 45% of respondents had been diagnosed with a mental health problem, compared to 25% of the general population.¹²

- Figures from the Department for Communities and Local Government in England show that, from 2010 to 2016, the overall number of households accepted as being homeless by the local authorities in England went up from 42,390 to almost 60,000. The increase was disproportionately high for homeless households classed as vulnerable through mental illness, where homelessness went up 53%, and for those classed as vulnerable through physical disability, where it rose by 49%.
- In their 2015/16 report on homelessness in Scotland, the Scottish Government stated: Of the 28,226 households assessed as homeless in 2015/16, 11,960 (42%) cited having one or more support needs. This proportion has increased by eight percentage points since 2012/13 (when this was 34%) 41% specified a mental health problem as a support need (indicated 4,867 times) and 26% cited drug or alcohol dependency. Intellectual disabilities were cited in 6% of applications, physical disabilities in 10% and medical conditions in 18%.¹³
- The Scottish household survey includes relevant data. Analysis of data show that disabled people are more likely to have experienced homelessness (6 percent), compared to the general population (3 percent).

People experiencing homelessness often develop disability:

This is particularly relevant in instances where people move between shelters and living rough on the street for a prolonged period of time. People who are homeless experience higher levels of physical and mental ill-health than their housed counterparts. Health problems associated with homelessness are documented

¹² <http://www.homeless.org.uk/sites/default/files/site-attachments/The%20unhealthy%20state%20of%20homelessness%20FINAL.pdf>

¹³ https://docs.wixstatic.com/ugd/be1ba4_ef73ed5cb27b44d18a1f3a74bec3dc1a.pdf



throughout the literature.¹⁴ Nearly 40% of homeless individuals are reported to have some type of chronic health problem. Some people who are homeless, notably rough sleepers and long-term users of homeless shelters and hostels, are particularly affected by multiple health problems, including alcohol or drug dependence, mental health issues and physical health problems¹⁵, and high rates of premature mortality.¹⁶ It is then the extent to which these conditions prevent the person from participating in everyday activities that make them more likely to experience discrimination and exclusion on the grounds of disability. This thinking is supported by the UN, which has noted that a person's status as being homeless has led to the "acquisition" of a disability among formerly non-homeless people, noting in particular the prevalence of severe mental health problems in the sector.¹⁷

Persons with disabilities are at a heightened risk of homelessness:

Persons with disabilities are at an increased risk of becoming homeless and socially excluded due to prevalence of institutionalisation, discrimination in access to services, inadequate housing and social supports, a lack of accessible and affordable housing stock and unaffordable rents. The data available is limited, but based on the information from the UN and EUROSTAT, there is evidence to show that having a disability puts a person at an increased risk of living in poverty and subsequently homelessness. The WHO have noted that households, with family members with disabilities, have significantly higher costs due to the need for healthcare, assistive technology, mobility support, personal assistance, as a result of which even middle income families have a standard of living below the poverty line. The closer the link to poverty, the higher the risk of homelessness.

¹⁴ Identified chronic health issues for people experiencing homelessness include blood borne viruses, particularly Hepatitis B and C, skin infections, tuberculosis, cardiovascular disease, depression, post-traumatic stress disorder, malnutrition, dental decay and tooth loss.

¹⁵ The complex and interdependent nature of health needs of homeless people are captured in the following definition: a homeless person with multiple needs will present with three of the following, and will not be in effective contact with services: mental health problems, misuse of various substances, personality disorders, offending behavior, borderline learning difficulties, disability, physical health problems, challenging behaviors, vulnerability because of age. If one were to be resolved, the others would still give cause for concern. (Homeless Link, 2002)

¹⁶ <http://www.feantsa.org/download/average-age-of-death-policy-statement2719300317120960890.pdf>

¹⁷ The Right to Adequate Housing for Persons with Disabilities Living in Cities: Towards Inclusive Cities – UN HABITACT



Deinstitutionalisation and homelessness

Entries into homelessness are often a result of a complex interplay between structural, institutional, societal and personal factors. Research has established clear links between homelessness and the experience of living in institutions. Ensuring that the closure of institutions is accompanied by the provision of quality community-based services, including accessible and affordable housing options, is key to preventing homelessness of those individuals moving from institutions into community.

It is also important that institutional care is not perceived as adequate housing. People with disabilities are often not eligible for support with housing (such as social housing), if they live in an institution, because they are seen as adequately housed.

In a broad sense, investment into high quality community-based services that allow people with support needs to live independently in the community can contribute to preventing homelessness. The ability of the state to meet the needs of marginalised groups depends on the capacity and availability of mainstream services, specialised services, such as personal assistance, and the allocation mechanisms that control access to these. The provision of appropriate assistance for households with support needs can help to prevent homelessness and also play a vital role in its resolution.¹⁸

Multiple stigma of homelessness and disability

The former Special Rapporteur on Adequate Housing identified stigma and discrimination as two major factors leading to the homelessness of persons with disabilities, especially when it comes to persons with psychosocial disabilities. Stigma and discrimination create a barrier for housing and for accessing other social services. A third factor is the lack of community-based services and/or lack of access to hospital-based care. He further noted that persons with disabilities, especially persons in need of high level support and persons with psychosocial disabilities, will continue to face discrimination in housing (as well as in securing resources for obtaining adequate housing) until and unless health and social services are available.

¹⁸ Time for Transition: From Institutional to Community-Based Services in the Fight against Homelessness
[file:///C:/Users/user/Downloads/final_feantsa_policy_statement_di1.pdf%20\(1\).pdf](file:///C:/Users/user/Downloads/final_feantsa_policy_statement_di1.pdf%20(1).pdf)



In additions to this, there is a need to raise society's awareness of disability and homelessness to foster greater knowledge among persons with disabilities of their rights and how to exercise them.

Examples of barriers in legislation on housing and disability

The Bulgarian housing and homelessness monitoring policy, for example, does not specify disabilities as a thematic indicator. The funding available for house adaptations remains at extremely low levels: €300 for a house adaptation, which is means-tested and provided on a reimbursement basis after the reconstruction is completed and invoices are paid. According to the Law on Integration of Disabled People and its amendments, people with permanent disabilities are entitled to a monthly allowance for renting a municipal dwelling if they are single and have a personal rent contract.¹⁹

In Poland, in theory, people with disabilities have the same opportunity to choose where to live as other Polish citizens, unless they are deprived of or have restricted legal capacity. The Polish Constitution ensures freedom of choice of place of residence. Article 52 states that “Freedom of movement as well as the choice of place of residence and sojourn within the territory of the Republic of Poland shall be ensured to everyone”. This freedom, however, may be subject to limitations specified by statute. Moreover, Article 75 of the Polish Constitution states that “Public authorities shall pursue policies conducive to satisfying the housing needs of citizens, in particular combating homelessness, promoting the development of low-income housing and supporting activities aimed at acquisition of a home by each citizen”.

In Poland, persons with psychosocial disabilities may, however, be placed in a social welfare home against their own will. According to the provisions of the Protection of Mental Health Act of 19 August 1994 (Journal of Law 2011, No. 231, item 1375, with further amendments), a person with mental health problems or intellectual disabilities who requires support and has medical needs, but does not need treatment in a psychiatric hospital, may be placed involuntary in a social welfare home when a lack of support may endanger his or her life. The motion is submitted to the guardianship court by a social welfare unit or by a hospital director (in the case

¹⁹ <http://www.disability-europe.net/dotcom>



of a psychiatric hospital patient who no longer requires treatment in a hospital) and the decision is then taken by the guardianship court. The Social Assistance Act of 12 March 2004 (Journal of Law 2004, No. 64 Item 593, with further amendments) also obliges the social welfare authorities to notify the relevant court or public prosecutor if a person who is considered to require support does not agree to be placed in a social welfare home.²⁰

Positive practices

Housing First for People with severe mental illness who are homeless: an example of living independently in the community

In recent years, an approach known as Housing First has emerged as one model for serving chronically homeless people. Housing First represents a paradigm shift in the delivery of community mental health and homelessness services, whereby people, often with mental health problems, who are homeless, are supported through assertive community treatment or intensive case management to move into regular housing. Housing First looks at housing as a human right and as a starting point to the realization of all human rights. Providing housing is what the service does first and by doing so is able to focus immediately on enabling someone to successfully live in their own home as part of the community. Housing First is designed to ensure homeless people have a high degree of choice and control over their lives.²¹ This approach has shown promising results among homeless people with substance use problems and psychosocial disabilities²² and may also be appropriate for homeless people with other disabilities but, to our knowledge, has not yet been investigated.

Minimum income benefits to persons with disabilities in Liechtenstein

People with disabilities are supported by the national disability insurance. If the income of a concerned person lies below a minimum threshold, the Act on Social Assistance²³ provides

²⁰ Idem

²¹ Housing First Europe Guide www.housingfirsteuropguide.eu

²² <http://housingfirstguide.eu/website/improving-health-and-social-integration-through-housing-first-a-review/>

²³ (Sozialhilfegesetz, LGBl. 1987 no. 18, Art. 12 a)



minimum income benefits (MI). According to the Act on Social Assistance: “a person is eligible for MI benefits if:

- a) He/she is a Liechtenstein citizen and receives an income from employment and/or social transfers (including pensions) which is below the minimum income defined by the law;
- b) He/she is a Liechtenstein resident but not a citizen and cannot support him/herself and the eligibility of MI benefits is laid down in accordance with state treaty (state treaty between Liechtenstein and the citizenship country of the resident) as follows: the home country of the resident grants minimum income benefits reciprocally (i.e. treats Liechtenstein citizen resident in that country equally to its own citizens), or where it is necessary, in the common interest or in the interest of the person in need, to prevent that person from becoming homeless.

Moreover, the provisions are valid for persons who receive payments from the national insurance system, e.g. old people, widows and widowers, and also people with disabilities. The Act on Social Assistance provides also for benefits in case of “helplessness” such as “people who need personal assistance, or supervision, in their everyday life”. The Act on Social Assistance further provides for assistance for special medical treatment, including medical treatment due to genetic impairment, and for assistance for home caring.²⁴

Housing Options in Scotland

Housing Option Scotland²⁵ is an organisation helping persons with disabilities, veterans and older persons to find a house. One of their service users was Anne, a woman with Multiple Sclerosis living in a place that was no longer accessible to her. Anne’s biggest obstacles to finding a suitable home were affordability and availability within the local Housing Associations. She also wanted to stay in the same area, to be close to her social support network, as well as to stores and restaurants, in order to have a connection to the local community. The use of Housing Options Scotland’s services gave Anne the extra help she needed to sort out her finances and narrow her housing search down to affordable and accessible places. However, Anne says that what she most appreciated about Housing Options Scotland was “the fact that they gave me hope that I would get some place, and they gave me lots of help when I said

²⁴ <http://www.disability-europe.net/dotcom>

²⁵ <https://www.housingoptionsscotland.org.uk/>



I saw some place I liked.” Housing Options Scotland was able to accompany Anne to visit possible flat options, to assist her with transportation, provide a second set of eyes in the place, and help her move around the flat during the tour. Since moving to her new home, Anne feels confident that she will never need to move again, because she no longer feels trapped in her own home. Her favorite feature of her new home is that she is able to get outside by herself and that she has had her independence returned to her. Her new house makes her feel “like a person again” and she is happy to feel a regained sense of personal freedom.

Conclusion

Feantsa and EDF are concerned about the lack of consistent data on homelessness and disability. Persons with disabilities are clearly neglected in relation to homelessness and excluded from the relevant data collection. Despite research on disability and poverty, homelessness is often underexplored.

It is clear that persons with disabilities are at a greater risk of homelessness than the general population, and that among persons with disabilities, some are more prone to homelessness than others. Experiencing an “invisible” disability, such as a psychosocial disability or intellectual disability, is a major risk factor for homelessness. It is crucial to identify and address all the barriers to adequate housing faced by persons with disabilities in order to end homelessness. There should be more research in this respect, as well as advocacy for structural changes. We need comprehensive data to be collected regularly, in order to provide evidence that allows service improvement, including early intervention to limit the number of persons with disabilities entering homelessness.

A strong legal framework is needed to protect people from discrimination in access to housing, as well as political commitment, a strategy and adequate financial resources to develop high quality services.

The right to housing for persons with disabilities has to be seen in close correlation to their right to independent living, as enshrined Article 19 of the UN CRPD. Article 19 clearly states the obligation by State Parties to take measures so that “persons with disabilities have the opportunity to choose their place of residence and where and



with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement”.

Acknowledgements and Contacts

Feantsa and EDF would like to thank their members and all those that have actively contributed to the drafting of this paper.

Contact person at Feantsa secretariat:

Dalma Fabian

Email: dalma.fabian@feantsa.org

More information about FEANTSA is available on www.feantsa.org

Contact Person at the EDF Secretariat:

Simona Giarratano

email: simona.giarratano@edf-feph.org

More information about EDF is available on www.edf-feph.org

Should you have any problems in accessing the documentation, please contact the EDF Secretariat Tel: +32 2 282 46 08