

## **Housing Policy and Reproductive Justice in the UK**

Amy Clair<sup>1\*</sup>, Jasmine Fledderjohann<sup>2</sup>, Kirsty Kitchen<sup>3</sup>, Sophie Patterson<sup>4, 5</sup>

<sup>1</sup> Australian Center for Housing Research, University of Adelaide, Australia.

amy.clair@adelaide.edu.au

<sup>2</sup> School of Social Sciences, Lancaster University, UK.

j.fledderjohann@lancaster.ac.uk

<sup>3</sup> Birth Companions, UK.

kirsty@birthcompanions.org.uk

<sup>4</sup> Faculty of Health and Medicine, Lancaster University, UK.

<sup>5</sup> Faculty of Health Sciences, Simon Fraser University, BC, Canada.

s.patterson1@lancaster.ac.uk

\*corresponding author

<sup>1</sup> ORCID: 0000-0001-5739-183X

<sup>2</sup> ORCID: 0000-0003-4952-7658

<sup>4</sup> ORCID: 0000-0002-5503-7447

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## **Abstract**

Reproductive Justice is an intersectional feminist activist movement and epistemological framework for documenting, understanding, and responding to reproductive oppression. The Reproductive Justice movement asserts that all people have the right to 1) not have a child; 2) have a child; 3) parent children with dignity in safe and healthy environments, and 4) bodily autonomy. As a movement rooted in international human rights, Reproductive Justice has since been applied to understand reproductive oppression in various contexts around the globe. Consistent access to secure, affordable, suitable housing is crucial to the realization of Reproductive Justice. In this paper we focus on housing in the UK as an example, identifying how policy decisions shape the ability to access adequate housing with consequences for Reproductive Justice, particularly for marginalized people.

## Background

Reproductive Justice (RJ) is an intersectional feminist activist movement and epistemological framework for documenting, understanding, and addressing reproductive oppression (Ross, 2017; Ross & Solinger, 2017; Sister Song, n.d.). The RJ movement asserts that all people have the right to 1) *not* to have a child; 2) *have* a child; 3) parent children with dignity in safe and healthy environments; and 4) control their bodies and futures (hereafter bodily autonomy). As a movement rooted in international human rights, RJ has since been applied to understand reproductive oppression in contexts around the globe. Arising from its central importance to health and well-being, consistent access to safe, affordable, suitable housing is crucial to the realization of RJ (Cunningham, 2022). In this paper we apply the feminist RJ lens to critically interrogate housing in the United Kingdom<sup>1</sup> (UK) from a gendered perspective, with a particular focus on people<sup>2</sup> experiencing marginalization<sup>3</sup>.

### *Reproductive Justice*

As luminaries such as Angela Davis (1983) and Dorothy Roberts (1997) have shown, there has been a long history of reproductive oppression in the US, disproportionately affecting economically and racially marginalized women. While this oppression has been met by strong resistance, both at an individual level and through activism and other forms of collective resistance, marginalized women's reproductive concerns and activism towards this end have frequently been overlooked and undervalued (Davis, 1983; Roberts, 1997; Silliman et al., 2004; Luna, 2020). Mainstream reproductive rights movements, as well as associated academic literature (Brott and Townley, 2023) in the US, have tended to take a narrow view, focusing on access to abortion and contraception while neglecting issues which disproportionately impact marginalized women such as sterilization abuse, child removals, criminalization of reproduction, and environmental pollution. White, middle-class women have frequently united with racially marginalized women where parallel experiences of oppression have aligned, but

have typically failed to understand and address the wider, multiplicative harms experienced by marginalized women (Davis, 1983; Silliman et al., 2004).

When the *Roe v. Wade* Supreme Court decision of 1973 legalized abortion in the US, people who could become pregnant were promised<sup>4</sup> the right to privacy in reproductive decision-making. By framing reproductive decision-making as a matter of private choice, *Roe* implicitly suggested such decision-making occurs within a ‘marketplace of choices’ (Silliman et al., 2004; Solinger, 2005; Ross & Solinger, 2017) in which people have the (legally protected) privacy to decide between a range of possible reproductive choices. Racially marginalized women, however, quickly pointed out that structural inequities ensure marginalized women are systematically excluded from some choices (Silliman et al., 2004; Luna & Luker, 2013; Ross & Solinger, 2017; Luna, 2020). Moreover, choices within this system are not viewed as morally neutral: while marginalized women are pathologized as making ‘bad’ choices for choosing to have and raise children, privileged women are framed as making ‘bad’ choices when they opt *not* to have children (Roberts, 1997; Solinger, 2005; Ross & Solinger, 2017). Such framing reflects sociocultural notions about who can and ‘should’ reproduce, which in turn are used to limit access to reproductive healthcare and other resources for people whose fertility is deemed to be undesirable (Davis, 1983; Roberts, 1997; Fledderjohann & Barnes, 2018; Barnes & Fledderjohann, 2020). Despite these critiques, reproductive health and rights movements continued to focus primarily on access to contraception and abortion—the primary concerns of white, middle-class feminists (Luna & Luker, 2013; Ross & Solinger, 2017).

Pointing to a long history of child removals, forced sterilization, and other coercive efforts to restrict the fertility and parenting rights of Black, Indigenous, migrant, Disabled, and otherwise marginalized people, racially marginalized women advocated strongly for reproductive health and rights movements to include a fuller range of reproductive rights, including not only the

right to *not* have a child, but also the rights to bodily autonomy, to *have* a child, and to parent children in safe and healthy environments (Davis, 1983; Roberts, 1997; Silliman et al., 2004; Ross, 2017; Ross & Solinger, 2017; Luna, 2020). Building from these calls, in 1994 the group Women of African Descent for Reproductive Justice outlined a framework addressing reproductive rights that were being ignored by other mainstream movements, founding the RJ movement. Rooted not in the US Constitution (as with previous US-based reproductive rights movements) but rather in international human rights (Luna, 2020), RJ is ‘universally applicable because every human being has the same human rights, a foundational RJ principle’ (Ross & Solinger, 2017, p. 72). Luna (2020) frames this choice to ground the movement in international human rights as an act of ‘revolutionary domestication’, pushing human rights rhetoric in the US beyond the US Government’s ‘restrictive domestication’ model (which narrowly emphasizes civil and political rights) to radically reimagine how social, economic, and cultural rights can be realized.

Since its inception, RJ has explicitly taken an intersectional feminist approach (Silliman et al., 2004; Ross, 2017). Intersectionality identifies how being situated at the intersection of multiple marginalized identities within power hierarchies can lead to discrimination and harm that is multiplicative rather than additive (Crenshaw, 1989; 1991). In the context of RJ, all forms of reproductive coercion must be redressed, but the unique and multiplicative forms of reproductive coercion faced by multiply marginalized people and the harms created by this coercion are centered in both theory and action (Silliman et al., 2004; Ross, 2017; Ross & Solinger, 2017; Luna, 2020).

Rich sociohistorical analysis that traces how contemporary inequities have deep historical roots is a powerful guiding principle of the RJ framework (Ross & Solinger, 2017). For instance,

intellectual forebearers and RJ scholars have shown contemporary social policy efforts to address poverty by restricting benefits based on family size are rooted in a long history of soft eugenics, wherein women living in poverty are depicted as irresponsible, and their fertility as a social problem solvable through selectively anti-natalist policy levers (Davis, 1983; Roberts, 1997; Silliman et al., 2004; Solinger, 2005; Ross, 2017). The rhetoric supporting such policies suggests the desire of (typically implicitly racialized) women living in poverty to have children is rooted in perceived financial benefits (Roberts, 1997; Ross and Solinger, 2017). Cloaked in the language of fiscal responsibility, policies such as the UK's two-child limit, introduced in 2017 to limit means-tested social protection payments to the first two children in a family, continue to enforce a soft eugenics agenda (Mabbett, 2020; CPAG, 2021). Not only do such policies strongly dehumanize and discourage those in poverty from having children, as well as punish women in poverty for becoming pregnant, but they also leave a legacy of household financial precarity and child poverty (Roberts, 1997; Ross and Solinger, 2017; Stewart et al., 2023; Patrick et al, 2023).

Financial precarity is one of many forms of marginalization which leaves (potential) parents to face what Ross and Solinger (2017) call 'choiceless choices'. The narrative of the marketplace of choices fails to recognize structural constraints, such as white supremacy and poverty, which leave marginalized people with fewer reproductive options. Given that choiceless choices result from persistent structural inequities, they cannot be addressed without large-scale structural change. RJ activists and scholars note with respect to achieving RJ that:

Achieving this goal depends on access to specific, community-based resources including high-quality health care, housing and education, living

wage, a healthy environment, and a safety net for time when these resources fail (Ross & Solinger, 2017, p. 9)

Housing is essential to RJ. RJ activism and scholarship has highlighted, for example, that marginalized people face greater exposure to poor housing, environmental pollutants, disconnection from transportation and infrastructure, erosion of community resources, stratification of educational opportunities, and other harms rooted in the structural violence of residential segregation and gentrification (Silliman et al., 2004; Ross & Solinger, 2017; Cunningham, 2022; Brott and Townley, 2023).

Partly because the RJ framework began in the US, the literature, including that related to housing, is dominated by US-based studies. Rooted in international human rights conventions and purposely framed to be widely applicable, however, RJ scholarship and activism are growing internationally. Recent studies on RJ in the UK have explored the social construction of a white national identity in Great Britain as a form of oppression which frames racially marginalized migrant women's family building as a cultural threat (Loneragan, 2012); the use of long-acting reversible contraception (LARC) as a tool of stratified reproduction (Lowe & Rowlands, 2022); conceptual links between RJ and reparative justice in the context of abortion care in Great Britain (Macleod et al., 2017); abortion access and the role of telemedicine in Great Britain during the Covid-19 pandemic (Romanis et al., 2020); and what can be learned about race, class, gender, intersectionality, and regulatory reproductive oppression from the recent success of the campaign to decriminalize abortion in Northern Ireland (Nyberg, 2020). To the best of our knowledge, however, there have been no studies examining housing through an RJ lens in the UK. In the next section, we briefly outline the housing policy context in the UK before elaborating on how housing influences RJ.

## *Housing policy in the UK*

UK social policy saw a “neoliberal turn” in the 1980s (Nowicki, 2018, p. 649), with housing a particular target<sup>5</sup> (Madden & Marcuse, 2016; Jacobs, 2019; Hodgkinson, 2019). These interventions were characterized by the financialization, deregulation, and commodification of housing—a “private good, public bad” approach (Boughton, 2019, p. 255)—which emphasized housing as a means of extracting and storing wealth, rather than a place to call home (Madden & Marcuse, 2016; Jacobs, 2019; Adkins et al., 2021).

This neoliberal approach resulted in the residualization of social housing (which in the early 1980s was home to a third of households) and the liberalization of housing finance and the private rented sector (PRS). Policy encouraged ‘responsible citizens’ (Ronald, 2008) to buy their homes to achieve housing security and economic prosperity (Arundel and Ronald, 2021), with housing assets seen as a means to replace social insurance support (Ronald et al., 2017). Meanwhile, the removal of rent control, reduction of security of tenure, and introduction of Buy-to-Let mortgages alongside favorable tax conditions, encouraged people to enter the PRS as landlords to further economic prosperity via housing (Ronald and Kadi, 2018). Significant reductions in support for social housing, alongside policies such as the ‘Right to Buy’, which enabled sitting social housing tenants (in Local Authority homes) to buy their home at a significant discount, resulted in a massive loss of social housing that has never been replaced on scale (Jones and Murie, 2006; Copley, 2014; Murie, 2022). (A further irony is that many of these homes are now once again rented but in the private sector for much higher rents.)



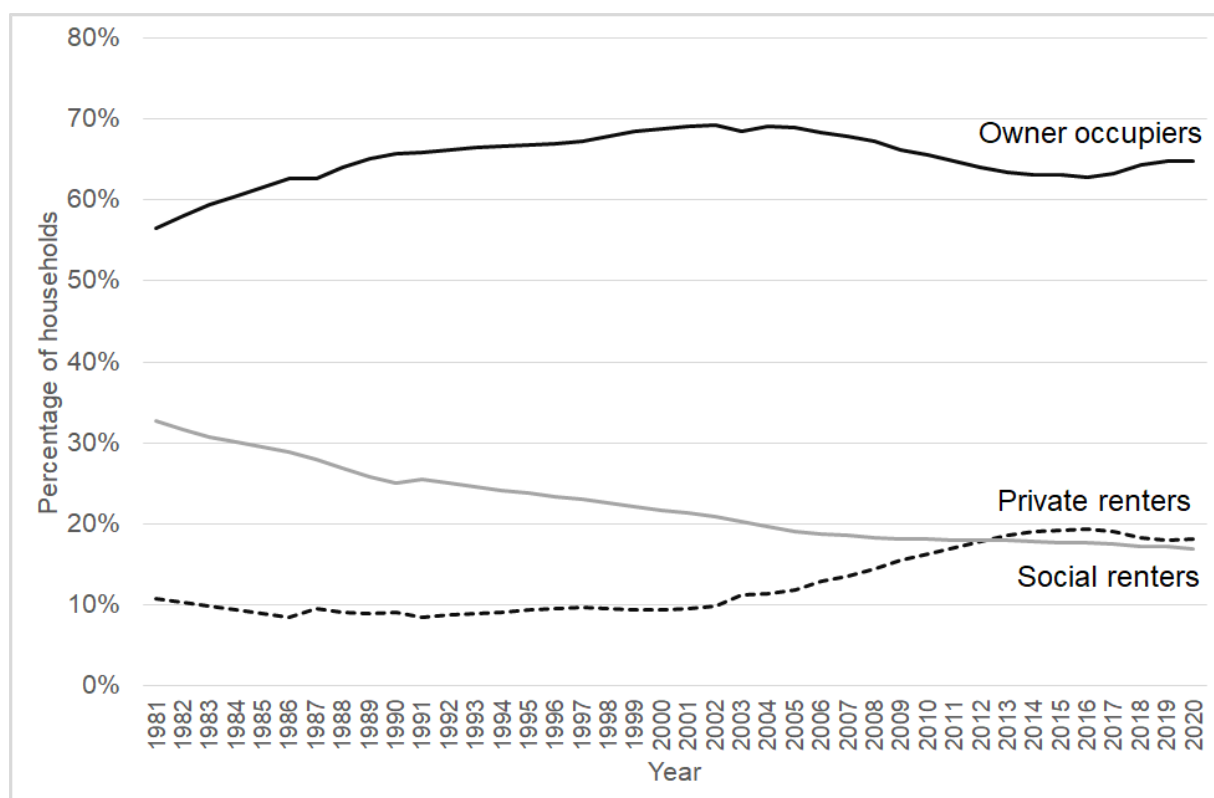
Housing policy has been devolved since 1999, resulting in diverging policy approaches across England, Wales, Scotland, and Northern Ireland. The Right to Buy has been removed in Wales and Scotland, for example, but has been subject to expansion attempts in England. Scotland and Wales have made efforts to improve security in the PRS with efforts in England lagging behind (although the new Labour Government has now introduced a ‘Renters’ Rights Bill’). More generally, the denigration of social housing has not been so strong outside of England, where housing policy is dictated by the UK Parliament (McKee et al., 2017a). Importantly, however, other policies which impact housing, including social security (except Northern Ireland), remain reserved to UK Parliament (McKee et al., 2017a).

Changes to social security have impacted RJ and the right to housing. The introduction of Universal Credit in 2013, for example, which consolidated numerous previous social protection schemes (including Housing Benefit which provided financial support for housing costs for low income renters) into a single payment, has had implications for housing insecurity in the UK, particularly among the most marginalized (Williams et al., 2022). Within the new system, the delay of at least five weeks before receiving the first payment, in addition to conditionality and sanctioning measures, increase the risk of financial hardship (Loopstra et al., 2018). Introduction of the Benefit Cap, which limits the maximum financial support a household can receive, as well as the two-child limit, has also created significant hardship (Paton and Cooper, 2017; Patrick et al., 2023) with implications for housing (discussed below). Changes to financial support for renters through amendments to the Local Housing Allowance calculation of housing benefit have significantly reduced affordability in the PRS (Clair, 2022). For social housing tenants, the introduction of the ‘spare room subsidy’ (a.k.a. bedroom tax) penalized social tenants deemed to be ‘underoccupying’ their housing, despite high levels of overcrowding in the sector and lack of available social housing, meaning those

‘underoccupying’ would have little chance of moving to a smaller social rent home—the purported goal of the policy (Nowicki, 2017; 2018). These moves to restrict financial support for renters are in stark contrast to high levels of spending on supporting entry into owner occupation through policies such as Help to Buy, which has been found to do little more than help those who were likely to buy anyway, at significant cost to the Treasury (Shelter, 2015; Finley et al., 2016; Judge, 2017).

While tenure in and of itself refers simply to the legal means by which a person inhabits their home, tenure in the UK is highly politicized and moralized (Nowicki, 2018; Christophers, 2021). This in turn creates very different circumstances across tenures in terms of financial support (as above) and other aspects of housing (further discussed below), with implications for RJ. At the beginning of the 1980s, social housing accounted for about one third of households in the UK, private renting a little over 10%, and owner occupation around 57% (Figure 1). Since then, the neoliberal policy shift has significantly redistributed households across housing tenures and changed the nature of the tenures themselves.

Figure 1: Housing Tenure in the UK, 1981-2020

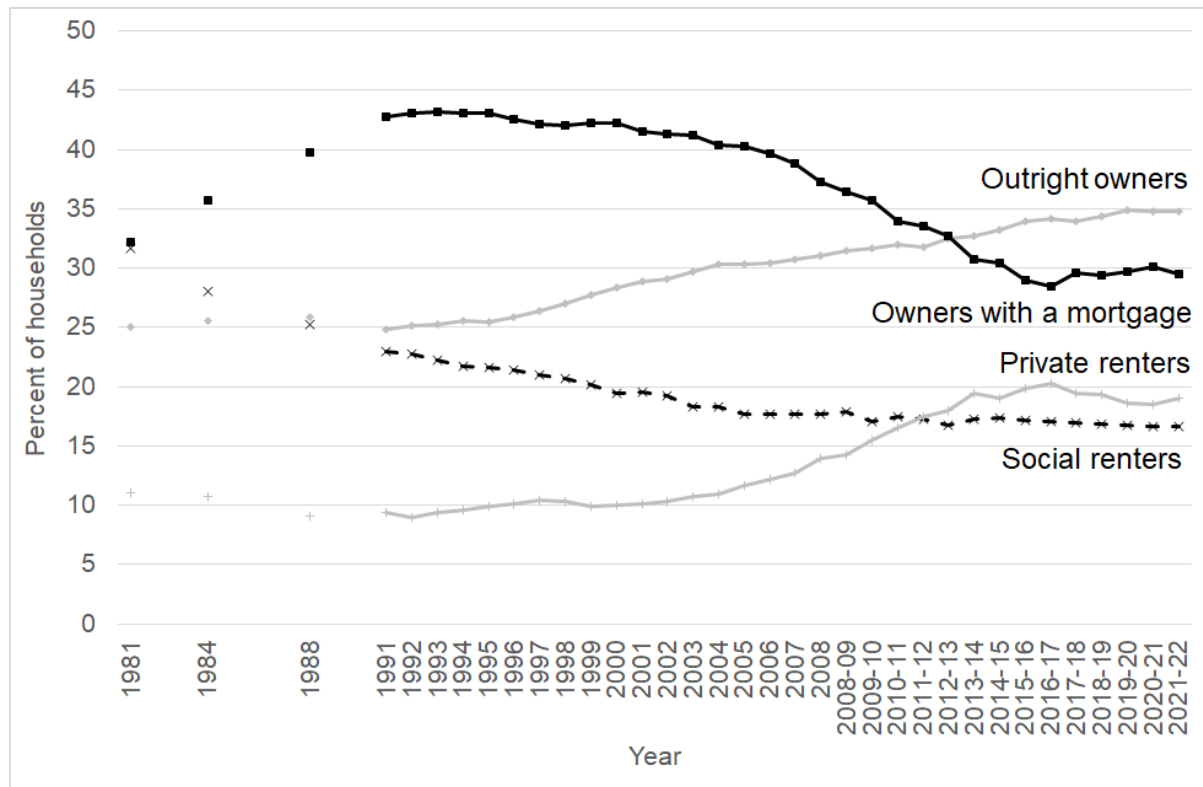


Note: Data for the UK as a whole between 1981 and 2014 when there was a data collection change. Post-2014 data collated from individual countries (Gov.uk, 2018; Scottish Government, 2022; Gov.uk, 2023a; StatsWales, 2023; Department for Communities, n.d.)

Behind these figures is a telling statistic: Within the owner-occupied group there are now more outright owners than owners with a mortgage, indicating the increasing struggle households are facing entering ownership (Figure 2; data for England only). Despite the policy emphasis on owner occupation, rates have decreased and remain below their early 2000s peak (Figures 1 and 2). Ownership among younger adults in particular has declined due to high and increasing housing prices (facilitated by housing policy) as well as larger requirements for deposits following the Financial Crisis (Stephens, 2023). Estimates suggest in 2016 a typical household headed by a 30-year-old in the UK would need to save for 19 years to secure a deposit, compared to 3 years in the 1980s (Corlett and Judge, 2017). The situation will have worsened since this estimate, with average deposits for first-time buyers increasing by over 23%, or £10,000, during 2020 alone (Halifax Bank of Scotland, 2021). This inaccessibility of ownership has occurred alongside the significant residualization of the social rented sector (SRS). The waitlist for social housing stands at over 1.2 million in England (Gov.uk, 2023b)

and likely underestimates real need (NHF, 2020), with waits of over a decade for social housing not uncommon (Wilson, 2022).

Figure 2: Housing Tenure in England, 1981-2022, including ownership status



Data source: DLUHC, 2023a

Inability to access either ownership or social rent has significantly restricted housing options and led to the emergence of so-called ‘Generation Rent’ (McKee et al., 2017b; Byrne, 2020) with (particularly younger) households more likely to live in the PRS and stay in the PRS for longer. These impacts are particularly felt among racially marginalized groups. Sixteen per cent of White British households rent privately compared to 36% of Black African and 45% of Chinese households, for example (Gov.uk, 2023c).

## Housing as a Reproductive Justice Issue

The home is the key site of social reproduction (Atkinson and Jacobs, 2016), while difficulties obtaining a safe and secure home have been linked to exploitative situations that undermine bodily autonomy. Access to safe, affordable, and secure housing shapes the environment within which people navigate reproductive decision-making and impacts the ability to parent children with dignity in safe and healthy environments (Cunningham, 2022). In the following sections we outline key aspects of housing for RJ in the UK, highlighting particularly exposed groups.

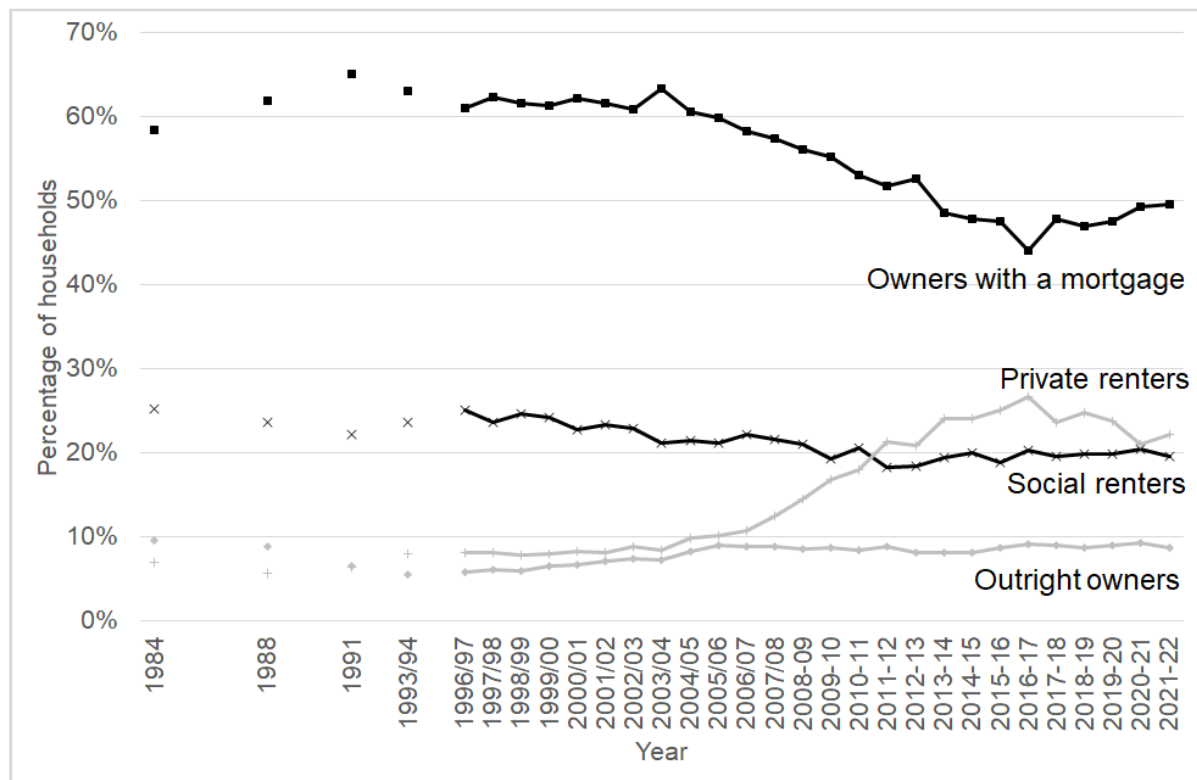
### *Housing security*

For many a safe, stable, and affordable home outside of the parental home is a pre-requisite for having children (Solinger, 2005; Brauner-Otto, 2023). Of the main tenures, owner occupation and social rent are the most secure (social rent in the UK has rents linked to local incomes and, typically, indefinite tenancies), with owner occupation often promoted as the most appropriate tenure for raising a family (Ronald, 2008). However, the policy changes outlined above have rendered these tenures less accessible, particularly to younger adults who may be looking to start a family (Figure 3); this been linked with delayed or even forgone entry into parenthood (Brauner-Otto, 2023; Sungailaite, 2024).

For parents not living in owner occupied homes, housing policy has restricted “homemaking capacities on the basis of tenure” (Nowicki, 2018, p. 650). Many of the policies that work to make the PRS a desirable investment for landlords undermine making the PRS a secure home for tenants and therefore a suitable environment for parenting. Failure to remove the threat of no-fault (Section 21) evictions (until 2017 in Scotland, underway in England) and protect against rent increases (some protections in Scotland), which can act as an eviction, has contributed to significant insecurity for people in the PRS. The possibility of no-fault eviction

or rent increases further means getting repairs and improvements can be challenging in privately rented homes, undermining housing quality. Protections against retaliatory evictions (a.k.a. revenge evictions, where landlords evict tenants in response to asking for repairs) are weak (McKee and Harris, 2023). High levels of eviction in the PRS, particularly in England, undermine the ability of people to make a home; recent work estimates that a family in the PRS was given a no-fault eviction notice every 8 minutes (Shelter, 2023), a very high frequency for a traumatic “act of violence” (Paton and Cooper, 2017).

Figure 3: Housing Tenure for households with dependent children in England, 1981-2022, including ownership status



Data source: DLUHC, 2023c

The frequent moves characteristic of living in the PRS have significant knock-on effects for parents and children, such as educational disruptions due to school transitions or greater travel distances to school, and on engagement with health services (Clair, 2019). The impact of insecurity and frequent moves is exacerbated by the unwillingness of some landlords to rent to

households with children, limiting choice in an often-tight market (e.g. Benjamin and Agerholm, 2023; Welsh, 2023). While such actions are discriminatory, the opaque nature of rental applications and tenant selection in the PRS means bans on landlords applying such restrictions require mindful enforcement.

Although attempts to severely limit security in the SRS through the removal of lifetime tenancies were eventually abandoned, those who have been able stay in the SRS with its greater security have also had their ability to make a home impacted. One notable example is the euphemistically named housing ‘regeneration’ favored by neoliberal policy makers, where social housing is targeted for development often under the guise of ‘improving’ social mix or opportunity (e.g. the language of ‘sink estates’ used by then Prime Minister David Cameron). This territorial stigma (Slater and Anderson, 2011; Slater, 2018) has implications beyond social housing, as owner occupiers can often find themselves caught up in compulsory purchase of estates dominated by social housing (Ladywood in Birmingham being a recent example (Ladywood Unite, n.d.)). These regeneration projects typically result in gentrification and displacement for residents, a reduction in social housing, and increased opportunities for profit-making for housing developers (Glucksberg, 2017; ASH, 2018; Lees and White, 2020; Watt, 2020, 2023). Activists have worked to raise awareness of the negative impact of regeneration. The Focus E15 Campaign was originated by young mothers facing eviction from a mother and baby hostel in London in 2013 (Focus E15, 2024). The Focus E15 Campaign continues to speak out against escalating rates of housing insecurity and displacement among the socioeconomically marginalized amidst a broader context of ‘social cleansing’, manifested through reduced affordable housing and expanding gentrification. This results in families being de-stabilized and relocated away from critical support structures and valued communities – an increasingly frequent occurrence due to the shortage of SRS homes (Barker, 2021).

The absence of protection from eviction in the PRS and the destruction of social homes highlights the prevalence of ‘domicide’ in the UK. Domicide entails “the deliberate destruction of home by human agency in pursuit of specified goals, which causes suffering to the victims” (Porteous and Smith, 2001, p. 12; see also Nowicki, 2014) through acts ranging from the physical loss/destruction of a home to ‘socio-symbolic’ loss/destruction through eviction and the threat of eviction. Threat of domicide significantly impacts the ability to achieve RJ, and this callous approach to housing policy is linked with increases in homelessness.

Homelessness in all its forms (see FEANTSA, 2006) has serious implications for RJ. It has been increasing in the UK, with the insecurity of the PRS heavily implicated (Clarke et al., 2017; NAO, 2017; Wilson and Cromarty, 2020; Wilson et al., 2023). In 2022/23 157,640 households in England were experiencing statutory homelessness, an increase of 8.6% from the previous year (Gov.uk, 2023d). This risk is unevenly distributed, with Black people at nearly four times higher risk of homelessness than White people, cruelly exacerbated by a lower likelihood of accessing social housing (Fitzpatrick et al., 2025). Local housing authorities must provide housing assistance for households falling under the homelessness duty but reduced availability of social and other housing means temporary accommodation such as Bed and Breakfasts are increasingly used, and for longer periods. This is despite the inadequacy of these facilities: many have shared bathrooms and kitchens (if any are available), for example, limiting privacy and severely restricting the ability to prepare food. Such inadequate facilities can hamper sanitation, security, and nutrition, threatening rights to bodily autonomy and parenting in safe and healthy environments. In June 2023, 105,750 households were living in temporary accommodation in England, an increase of over 10% on the previous year, with most being families with young children (DLUHC, 2023d; DLUHC, 2024a). Recent estimates indicate that over 164,000 children are living in temporary accommodation in England, with



temporary accommodation implicated in 74 child deaths since 2019 (Housing, Communities and Local Government Committee, 2025).

Men outnumber women within the population of lone adults who sleep rough in England, whereas family homelessness is most frequently experienced by women with dependent children (DLUHC, 2023d; 2024a). However, obtaining accurate prevalence estimates is challenging given the transient and often invisible nature of this population. Women are more likely to experience ‘hidden homelessness’ (including living in temporary shared accommodation, couch surfing, or concealed rough sleeping), which may be missed in official statistics (ONS, 2023a). Feminization of trajectories towards and through homelessness is diversely patterned by intersecting factors such as gender, racial marginalization, class, and motherhood, and compounded by interpersonal violence, economic marginalization, and welfare systems (Bullock et al, 2020; Bretherton, 2020; ONS, 2024a).

In the UK, family homelessness is more likely to attract statutory support than individual homelessness. However, homelessness can lead to residential separation of parents from children. A 2006 survey of 144 ‘single’ homeless women in England unexpectedly revealed almost a third had children under 16, with 50% being temporarily looked after and 17.5% permanently in the care of the Local Authority (Reeve et al., 2006). In some cases, women experiencing (or at risk of) homelessness may face intervention from child protection services, potentially resulting in involuntary child removal and withdrawal of family-related welfare support (Bretherton et al., 2016). Evidence from the US suggests that this fear prevents some women accessing prenatal care (Brott and Townley, 2023). The unsuitability of housing can also severely restrict women’s ability to maintain contact with children being cared for by others, and can prevent reunification of families (Broadhurst et al., 2017). Local Authorities in

England “now separate more children from their families than at any point since current records began in the early 1990s,” (Curtis, 2022, p. xii) a practice occurring alongside ‘non-consensual’ or forced adoption. One study of mothers involved in recurrent care proceedings—where social services applied for removal of another child after a previous removal—highlighted housing instability as one of the most common ‘mother-related’ concerns held by Local Authorities (Broadhurst et al., 2017). Involvement of social services can be prompted by experiences of poverty and associated poor housing conditions. People, including social workers, often face difficulty disentangling poverty from neglect (Jose, 2005; Font and Warren, 2013; Dickerson et al., 2020), sometimes penalizing and separating families for experiencing financial difficulty and triggering abrogation of social insurance (Whitt-Woosley and Sprang, 2014). After children are removed from their care, parents can be forced to move home due to under-occupancy of social housing, with implications for contact and reunification (Broadhurst and Mason, 2017).

Homelessness also impedes the rights to (not) have a child and to bodily autonomy. A survey conducted in London hostels found that almost a quarter of young homeless women were pregnant within the previous year (Gorton, 2000). A case note review of homeless women served by a primary care service in Edinburgh illustrated the extent of unmet contraceptive need within this population (Hawkins and Montague-Johnstone, 2021). Evidence from the US implicates practical matters, such as storage of birth control, when homeless (Brott and Townley, 2023). When pregnant, homeless women experience increased rates of miscarriage and adverse maternal and infant health outcomes including prematurity and low-birthweight (McGeough et al, 2020). While this may partly be due to co-existing factors such as substance use, violence, and malnutrition—all threats to bodily autonomy—homeless women face

numerous barriers to engaging with sexual and reproductive healthcare within a system sub-optimally responsive to their complex needs (McGeough et al, 2020; Paisi et al, 2021).

### *Housing affordability*

Housing costs account for a greater proportion of income in the UK than anywhere else in the OECD except Finland (Cortlett and Judge, 2024), representing a considerable drain on household budgets and threat to RJ. Housing costs relative to income are highest among those with the lowest net household income, with young people and racially marginalized groups disproportionately affected. The number of children living in poverty increases from 22% to 30% after accounting for housing costs, with the highest rates of child poverty among lone parent and large families (Marmot 2020). The benefit cap, introduced in 2013, limits the maximum financial support a household on benefits can receive. High accommodation costs (often for inadequate and poor-quality housing) consume a large proportion of the benefit entitlement (Paton and Cooper, 2017; Clair, 2022), squeezing family budgets (Patrick et al, 2023). In larger families, the benefit cap and two-child limit may interact to worsen financial harm. Estimates suggest that over 30,000 households (with at least 110,000 children) experience financial loss based on the combined effects of *both* the benefit cap and the two-child limit (Patrick et al, 2023).

As more households have been forced to live in the PRS due to increased inaccessibility of social renting and ownership, they face the higher costs of the sector. In 2023, mean weekly PRS rents (£232) were higher than mean mortgage costs (£208), and more than double mean rents in the social sector (£111) (DLUHC, 2023b). Those who have managed to stay in the SRS (disproportionately women-headed households), with its lower costs, have not escaped

affordability challenges. The bedroom tax has created significant financial difficulty (Gibb, 2015) and “constructed social tenants as undeserving of rights to home” (Nowicki, 2018, p. 650). From a RJ perspective, this policy undermines the right to have a child by preventing acquisition of a home of appropriate size for family growth (Greenstein et al., 2016).

The challenges of the housing market intersect with gender inequality elsewhere—notably employment and care responsibilities—to create choiceless choices. The gender pay gap limits housing affordability for (particularly single) women to the extent that the median salary for women would be insufficient to affordably cover private rented housing in any region of England (Women’s Budget Group, 2019). As a higher proportion of women than men claim housing benefits, women have been disproportionately impacted by the introduction of Universal Credit and cuts to housing benefit discussed above. Likewise, the benefit cap arguably discriminates against women, with adverse impacts centered on lone parents (the majority of whom are women (ONS, 2023b)), and people living with domestic abuse (also predominantly women (Cain, 2016; Simpson, 2018)).

Housing affordability is interlinked with other symptoms of structural violence. The often-inflexible nature of housing costs, and severe consequences where housing payments are not made, may force households to find savings in other, more flexible areas (e.g. energy use, food) in circumstances of financial hardship. This is linked to the ‘heat or eat’ dilemma, in which households with insufficient resources to meet their needs must make a choiceless choice between spending on energy versus food (Beatty et al., 2014; Garthwaite, 2016; Snell et al., 2018; Clair et al., 2021; Clair and Baker, 2022). Although ‘heat *or* eat’ might imply households are doing one or the other of these, in fact such households frequently have consistent access to neither heat nor food (Snell et al., 2018). Because both adequate nutrition and a sufficiently

warm home are essential for both parental and child health and well-being (Alderman et al., 2006; Barger, 2010; Fielding-Singh, 2021; Fledderjohann et al., 2023), this situation is a direct threat to bodily autonomy and the right to parent children in safe and healthy environments.

Nutrition is also important for both fecundity and fetal development (Panth et al., 2018; Stephenson et al., 2018). Reducing quantity and/or quality of food to meet housing and other basic needs can have serious implications for the right to have a child (Fledderjohann et al., 2023). This is not an argument that food costs should be prioritized over housing-related costs—rather, no one should be forced into a position to make such choiceless choices in the first place. We highlight that unaffordable housing and energy costs can have knock-on effects, including aggravating food insecurity and associated nutritional risks, with implications for bodily autonomy and the right to have a child.

Where untenable housing costs place financial strain on those with the fewest financial resources, some people may turn to what Ross and Solinger (2017) call ‘survival crimes’, such as theft, sex work, and drug sales to meet their basic needs. Recent evidence suggests women are indeed turning to sex work to meet housing costs in the UK (Bryant, 2023), impeding their bodily autonomy. While sex work is partially decriminalized in the UK, and so does not carry the same risks of incarceration as elsewhere (CPS, 2019), it can still place people at risk of pregnancy, particularly where criminalization and associated power differentials make it more difficult to negotiate condom use (Platt et al., 2018). This can result in exposure to sexually transmitted infections (Rosenthal & Levy, 2010), which are associated with an increased risk of infertility (Thoma et al., 2021). A similar concern relates to sexual harassment of female tenants by male landlords exploiting the challenging housing market, with one estimate suggesting that over 30,000 women were harassed by landlords seeking ‘sex for rent’ in the

UK between March 2020 and January 2021 (Neate, 2021; also Bibby and Terry, 2016; Heath, 2021). Exposure to such power differentials is a clear violation of the right to bodily autonomy.

In principle, the NHS provides universal healthcare, seemingly at least rendering choiceless choices between healthcare costs<sup>6</sup> (including reproductive healthcare) and other basic necessities (e.g. food, housing) irrelevant in the UK. However, such spending trade-offs remain relevant for several reasons. First, this free care is not in fact universal. Since 2015, migrants to the UK must pay a sizable up-front fee (as of writing, £470 to £3,120 depending on visa type) as part of their visa application to access care through the NHS (with some specific exceptions e.g. asylum seekers, healthcare workers) (UK Government, 2022). While migrants are not a monolithic group, and these fees are significantly less disadvantaging to wealthy migrants than to economically marginalized migrants; the fee represents a systematic inequity and demonstrates gaps in universal free coverage. Those migrants with a No Recourse to Public Funds condition will also be subject to significant charges for secondary healthcare including maternity care. Second, even where healthcare service itself is free of charge, there are significant ‘chain of care’ (Coast et al., 2021) costs associated with attending an appointment, such as lost wages, transportation expenses, and childcare costs. Finally, not all elements of healthcare are free at the point of delivery. Specifically, variation in entitlement criteria for funded fertility treatment results in inequities in access, including across geographies, sexual orientation, family composition, and relationship status (Tippet, 2023). For people living in poverty, navigating the postcode lottery and increasingly consumerist landscape of UK fertility treatment (Hamper and Perrotta, 2023) comes at a considerable cost that must be weighed against competing financial commitments, including housing. Such choiceless choices represent a notable threat to RJ.

## *Housing conditions and context*

The association between housing conditions and health is well-documented, and the improvement of housing conditions has been identified as a national priority (Wilson et al, 2019; Marmot, 2020; MHCLG, 2021). Housing conditions impact physical health and mental distress through various mechanisms, including internal conditions (e.g. exposure to mold, damp, and toxic materials) and external context relating to the surrounding neighborhood (e.g., local amenities, safety/crime, pollution/contamination). In terms of internal conditions, the Decent Homes Standard introduced a minimum standard all social housing must meet. While not applicable to homes in other tenures, the standard provides comparative insight into housing conditions. Recent data show that 12% of households with dependent children in England lived in a non-decent home in 2023 (DLUHC, 2023b). In terms of tenure, the PRS performs worst (23% non-decent, compared to 14% owner occupied and 10% SRS), which is alarming given the expanding role of the PRS, particularly in housing families.

That the social sector performs well on this measure does not detract from the recent attention given to extremely poorly maintained social housing—notably for its role in the death of 2-year-old Awaab Ishak, whose death was ruled to be caused by black mold in his home. His parents had repeatedly reported the mold to their housing provider—Rochdale Boroughwide Housing—only to be repeatedly dismissed (Dyer, 2022; McCann and Horsburgh, 2022). Dismissive behavior towards residents, intersecting with discriminatory attitudes towards migrants among social housing staff, was arguably emboldened by the choice to close the Tenant Services Authority, which had regulated social housing standards (Hodkinson, 2018), by the Conservative-Liberal Democrat Government (Gov.uk, 2010), reflecting neoliberal disdain for regulation generally, as well as indifference to social housing and its residents.

Following a petition, Awaab's Law was introduced as an amendment within the Social Housing (Regulation) Act in 2023, requiring social housing landlords to investigate and fix health hazards within strict timeframes (DLUHC, 2024c). The current Labour Government plans to extend both Awaab's Law and the Decent Homes Standard to the PRS. Clearly, the health implications of low-quality housing are a direct threat to the right to parent in safe and healthy environments. Emerging evidence from the British National Child Development Study, shows women who reported serious mold issues or overcrowding within their houses were more likely to give birth to low birthweight and small for gestational age babies (Harville and Rabito, 2018).

Deprivation and poor infrastructure within the surrounding community can also play a key role in shaping health. Over the past decade, the deprivation of some communities has become further entrenched, rooted in austerity-driven cuts to Local Authority funding (Marmot, 2020). 'Left behind' wards located in the post-industrial north and coastal south of England are particularly disadvantaged both by deprivation and poverty of infrastructure, investment, and community (Local Trust, 2019). The environment around the home and accessibility of important services are important influences on the ability to achieve RJ (Harkema et al., 2023). As Ross and Solinger wrote:

Housing location determines the quality of schools, the availability of public transportation, access to affordable, convenient day care, proximity to employment, and the presence or absence of environmental risks. (Ross and Solinger, p. 228)



Housing context or neighborhood (e.g. access to green space, proximity to traffic) can impact fertility and prenatal health (Hakema et al., 2023). A population-based cohort study in London estimated that 3% of low-birth-weight babies born in the city could be attributed to high maternal exposure to PM<sub>2.5</sub> (Smith et al, 2017) while a recent study found that exposure to air pollution adversely affects the success of IVF treatments by over a third (Leathersich, et al, 2024). Systematic reviews have documented associations between ambient air pollution and infertility (Conforti et al, 2018) and stillbirth (Zhang et al, 2021), as well as preterm delivery and low-birth-weight (Stieb et al, 2012; Ghosh et al 2021). Such place-related issues impair bodily autonomy by exposing people to environmental hazards beyond their control. These adverse impacts are not uniformly experienced: deprived communities and those with a higher proportion of racially marginalized residents are more likely to be exposed to higher levels of air pollution (Fecht et al, 2015; Peter et al., 2023).

### *Domestic abuse and housing*

The nature of domestic abuse means it is intrinsically linked to housing issues. Violence within the home is a direct threat to all RJ rights, and lack of access to a safe and affordable alternative home can make it more difficult to leave (Gilroy et al., 2016; Sullivan et al., 2019; Lyons & Brewer, 2022). Social housing, which would often fulfil this role, has been significantly reduced, undermining the ability of people experiencing domestic abuse to access a secure and affordable alternative and resulting in many people escaping violence being placed in temporary accommodation (Solace, 2022). More than one-in-three (40%) homeless women in the UK cite domestic violence as a factor contributing to their homelessness (Refuge, n.d.). Mothers in such situations are at higher risk for sexual abuse and murder compared to women who have experienced domestic abuse but were stably housed (Gilroy et al., 2016).

While navigating violence within a home, people who can become pregnant may experience reduced bodily autonomy, greater difficulty negotiating contraceptive use, and coercive and controlling behavior; placing them at risk of unwanted pregnancy (Maxwell et al., 2015; Baird et al., 2017; Breiding et al., 2017; Lewis et al., 2018; AVA, 2022). Estimates suggest that sixty percent of users of community-based domestic abuse services in England have children, and 6% are pregnant (Women's Aid, 2022). To escape their perpetrator, survivors need a safe, secure place to go. For parents, this alternative housing must also meet their children's needs. The safety needs in the case of people escaping domestic abuse include safety in the broader housing sense (e.g. electrical safety) but also extends to safety from abusers. More than three-quarters (76%) of women killed by their partner are killed in the first year following separation (Allen et al., 2020), while just under 50% of all child homicides between 2005-2015 happened during post-separation abuse (Women's Aid, 2016). Domestic abuse is also associated with depression, post-traumatic stress, and other forms of mental distress (AVA, 2022). This has tremendous negative implications not only for women themselves, but also for the mental distress and well-being of their children. Perpetrators can use threats of harm to children to stop survivors of domestic abuse from leaving or seeking help. As a result, many women are forced to continue parenting in a home that is unsafe for both them and their child(ren), which in many cases leads to the removal of the child(ren) by social services on the basis of risk (Douglas and Walsh, 2010; Humphreys and Absler, 2011).

The consequences of abuse can be cumulative, potentially leading to the use of substances to deal with trauma and mental distress. Violence and abuse are also major drivers of self-harm and suicide, and maternal suicide is the leading cause of death in the year after the end of pregnancy (MBRRACE-UK, 2021)—clearly a direct threat to bodily autonomy. This in turn

can have significant consequences for women's ability to care for their children and may lead to contact with the criminal justice system and/or removal of their child through Local Authority care proceedings (Trevillion et al., 2012; AVA, 2013; Bramley et al., 2015). A lack of specialist services and multi-agency approaches to help women experiencing abuse and violence is exacerbated by a lack of safe, appropriate housing. Despite efforts to shift towards a 'stay put' approach, whereby survivors are supported to stay in their own homes (Hastings et al., 2022), women often have to (or choose to) move significant distances to find safe alternative (often temporary) accommodation (Bowstead, 2015a; 2015b; 2016), meaning they lose the support of their established networks and existing service connections (ONS, 2024b). This forced migration away from support systems can make it more difficult to parent with dignity.

#### *Housing and involvement with the criminal justice system*

Prison is a unique form of (temporary) housing, and entry into the prison system has numerous implications for RJ in both the present and future. Deprivation of liberty directly restricts bodily autonomy: access to health services affects the ability to have, and to not have, children. Separation from children on entering prison can have significant consequences for the right to parent in safe and healthy environments beyond the period of imprisonment itself, as can being housed on a prison Mother and Baby Unit, amidst extensive restrictions on movement and parenting choices.

Despite the principle of equivalence of care espoused by the NHS and His Majesty's Prison and Probation Service, which states people in prison should have access to the same level and quality of healthcare as those in the community, there is evidence that prison has a huge

negative impact on health. This includes sexual and reproductive health and pregnancy outcomes, with higher rates of preterm labor and less access to midwifery and obstetric care (Davies et al., 2022). Investigations into the deaths of two babies during and shortly after their births by the Prisons and Probation Ombudsman (2021; 2022) found the need for major improvement in models of midwifery care, general healthcare approaches, and pregnancy testing. The NHS (NHSE, 2022) now classifies all pregnancies in prison as ‘high risk’ due to the nature of the system, including the fact that women are kept behind locked doors and cannot freely seek healthcare without relying on prison officers to unlock or escort them.

Restricted access to appropriate reproductive healthcare also risks violating the right to not have a child. Concerns about access to timely and supportive abortion care in prison exist, particularly given the fact that women may discover a pregnancy through testing on arrival in prison, underscored by the prevalence of sexual violence, abuse, and crisis pregnancy (AVA, 2022). There was a fall in the number of abortions among women in English prisons in 2021, at odds with an increase in abortions among the general population for the same time period, sparking concerns over access to abortion care in criminal justice settings (Murray, 2023). Improving access to supportive abortion care is a key focus in the policy framework on pregnancy, Mother and Baby Units, and maternal separation published by the Ministry of Justice and Her Majesty’s Prison and Probation Service in 2021 (Women’s Aid, 2022).

Involvement with the criminal justice system also impacts the right to parent in safe and healthy environments, potentially permanently if it leads to social services removal (Birth Companions, 2023). NHSE’s review of health and social care in women’s prisons noted that transition to the prison estate was particularly distressing for pregnant women and women separated from their children (NHSE, 2023). An estimated 17,000 children are affected by maternal imprisonment

each year, and 95% of children are forced to leave the family home when their mother enters prison (Beresford, 2018; Kincaid, 2019). For women sent to prison on remand, awaiting sentencing, or due to a custodial sentence, the often-considerable distance from home means they can face difficulties maintaining regular visits from their children and retaining a ‘local connection’ to their area (often a precondition for SRS housing), resulting in loss of the family home and difficulty obtaining a home on leaving prison (Prison Reform Trust, 2018).

Lack of secure housing is also a major barrier to successful rehabilitation, limiting chances to obtain employment, maintain good mental health, and avoid returning to situations of domestic abuse or coping mechanisms such as substance use. Yet a recent report on women’s imprisonment found that less than half (47%) of women left prison with settled accommodation in the year to March 2022, 1-in-10 were homeless or rough sleeping, and accommodation status was unknown for 1-in-6 (Prison Reform Trust, 2022). The London Prisons Mission (2020) found prisons are failing in their ‘duty to refer’ anyone at risk of homelessness on release to their Local Authority for many reasons, including: too many short prison sentences resulting in women losing their accommodation; women needing to be rehoused with their children; the need to relocate due to domestic abuse; a chronic lack of suitable social housing, including for women with complex needs; and many being imprisoned far from their previous address so losing their ‘local connection’. Mothers leaving prison can be caught “in a ‘Catch 22’... they are ineligible for housing until their children are living with them, but their children cannot live with them until they have enough room” (MoJ, 2019, p. 12).

Links between imprisonment, housing, and RJ reflect intersecting structural biases. Multiply marginalized people disproportionately face both greater financial strain and restricted access to housing, in addition to greater risks of incarceration (Agenda Alliance, 2022). Women

racialized as Black, Asian and minority ethnicity are over-represented in the criminal justice system, as are Gypsy and Traveller women, and nearly 1-in-10 women in prison is a foreign national (Prison Reform Trust, 2022). Notably, however, our arguments here are somewhat speculative due to substantial gaps in the evidence base. A recent literature review (Dabrowski & Milne, 2022) found evidence on reproductive healthcare and rights in prison in England and Wales to be extremely limited, concluding from extant evidence that ‘prison is repeatedly and consistently a site of reproductive rights violation’.

### *Housing and migration*

It is important to consider the issue of housing and RJ from the perspective of migrants, given the accompanying challenges of biases and discrimination, the broader context of policies such as the ‘hostile environment’, and the reliance on the private market for housing provision. While these challenges are far-reaching, migrants in vulnerable situations (such as asylum seekers and refugees, people who have been trafficked, undocumented migrants, and low-paid migrant workers) are particularly at risk.

The Royal College of Obstetricians and Gynaecologists states that:

“...existing policies and practices relating to the care of refugee, asylum seeking and undocumented migrant women – particularly in England – disrupt antenatal, intrapartum and postnatal care, prevent women from accessing services and ultimately influence maternal and perinatal outcomes... The hostile environment created by UK Government policy in relation to pregnant refugee, asylum seeking, and undocumented migrant women is an example of

reproductive injustice and an affront to the human rights of vulnerable pregnant women and their families” (RCOG, 2022, n.p.).

Such policies, including charging for NHS maternity care, the dispersal of pregnant women in asylum accommodation, and the lack of consistent high-quality interpretation services specific to maternity care, combine with high rates of poverty and destitution, social isolation, trauma, and poor existing healthcare for migrants to a point where their ability to maintain bodily autonomy, (not) birth a child, and parent in safety is severely compromised.

The hostile environment manifests in housing primarily through the 'Right to Rent' scheme, which requires private landlords to conduct mandatory immigration checks on potential tenants. This has led to landlords being less likely to rent to people who do not hold British passports and other discriminatory practices, impairing the ability of migrants to find and make a home (Mykkanen and Simcock, 2018; Crawford et al., 2020; McKee et al., 2021). This hostile approach was further reflected in Conservative party discourse around 'British homes for British workers', which sought to further prioritize British citizens in social housing allocation, despite most migrants already being ineligible (Stacey, 2024).

Many migrants (~1.6 million people in 2021, excluding asylum seekers) to the UK have 'no recourse to public funds' (McKinney et al., 2023). Applied to unauthorized, temporary (including skilled worker and student visas), and asylum-seeking migrants, no recourse to public funds restricts access to social security payments, social housing, and homelessness assistance (Farmer, 2017). Taken together, this lack of support; severe restrictions on employment; requirements for people who have been granted asylum to leave their accommodation at short notice; and the low level of asylum seeker-specific support create

significant risk of severe hardship for migrants, and asylum seekers in particular (Scottish Parliament, 2017). A report for the Scottish Parliament (2017, p. 10) Equality and Human Rights Committee described the immigration system as “peppered with points at which the risk of destitution<sup>8</sup> becomes likely”. Many families seeking asylum are placed in unsuitable accommodation, for example, but some families have been threatened with child removal when approaching Local Authorities for help (Farmer, 2017).

Structural violence against migrants, particularly asylum seekers, significantly impairs the realization of RJ. The RJ implications of limitations on stable access to decent housing and a reasonable source of livelihood detailed in preceding sections also apply for migrants, but are further compounded by severe restrictions on access to services and a tenuous right to remain in the country. And, although the Labour Government (newly elected as of writing) have vowed to end deportation flights to Rwanda initiated under the preceding Conservative administration, RJ was severely violated for the migrants who were deported under this program, as well as those who lived in fear of its execution (Francis, 2024). Indeed, evidence from the US, for example, shows immigration enforcement can lead people to delay childbearing due to fear and uncertainty (Fleming et al., 2019).

### *Housing and disability*

Housing policy in the UK undermines RJ for Disabled people<sup>9</sup> in several ways. Funding cuts across housing and social security since 2010, including cuts to the Local Housing Allowance and the Benefit Cap, have disproportionately affected Disabled people. Two-thirds of people affected by the bedroom tax were disabled (Nowicki, 2018) for example, and landlords increasingly avoid renting to people in receipt of benefits, including disability-related benefits.



As a result, Disabled people have been disproportionately likely to have entered homelessness since 2010 (Ryan, 2020).

Households with a Disabled person, and particularly those with accessibility needs, are more likely to live in social housing (Provan et al., 2016). The secure nature of social rented homes relative to private renting has additional benefits where adaptations to homes are required. For those living in the PRS, with its short-term tenancies and landlords reluctant to make adaptations (paired with likely reluctance of tenants to ask for adaptations given the risk of revenge and no-fault evictions), people may struggle to get their home adapted as needed (EHRC, 2018). As a result, 1-in-3 Disabled people in the PRS are living in unsuitable homes, compared to 1-in-5 in the SRS, and 1-in-7 owner occupiers (EHRC, 2018). Unsuitable homes affect people's ability to achieve bodily autonomy, and potentially their ability to parent with dignity.

Further, disabled facilities grants from Local Authorities for adapting homes are increasingly hard to access following fundings cuts, making affording adaptations a significant challenge regardless of tenure (Provan et al., 2016; Ryan, 2020). The consequences of inaccessible homes include an estimated 15,000 hours of additional primary care appointments every year because of injuries (Ryan, 2020). People with unmet housing accessibility needs are also significantly more likely to be unemployed or economically inactive for health reasons (Provan et al., 2016). The prevalence of old housing stock in the UK, which is often narrow and uneven, means 93% of housing stock does not meet minimum accessibility standards (Ryan, 2020). The poor availability of accessible housing is worsened by developers who often push back against attempts to improve accessibility requirements in new builds (Booth, 2018; Pring, 2018) and fail to comply with existing regulations (EHRC, 2018).

For both (prospective) Disabled parents and people with Disabled children, these health and employment impacts of inappropriate housing have significant consequences for RJ. It is impossible to raise children in a safe and healthy environment when that environment is inadequately equipped to meet disability needs. Spending out of pocket to ensure one's home meets accessibility standards can create spending trade-offs, with implications for all RJ rights previously discussed. And the particular barriers to stable access to suitable housing noted above may also prompt Disabled people to delay childbearing, possibly indefinitely. However, this is another area where we are somewhat speculative due to limitations of extant research. Disabled people have been targeted by both overt and soft eugenic rhetoric and policies, and, reflecting this legacy, too little research attention has been given to barriers to their rights to have and parent children in safe and healthy environments (Ross and Solinger, 2017).

## **Discussion**

This paper extends both housing and RJ literature by demonstrating the wide-ranging, stark, and incredibly damaging impacts of housing issues on RJ in the UK. The issues we explore are not an exhaustive account of all potential reproductive injustices associated with housing issues. Nor are these issues mutually exclusive. Instead, we have aimed to provide an illustrative account of the far-reaching consequences of housing for RJ utilizing the UK as an example. Many of the housing challenges in the UK outlined here have parallels in other, particularly anglophone, nations (see for example Cunningham, 2022), raising questions about the ability to achieve reproductive and housing justice in neoliberal, privatized systems. A stable and safe home is fundamental to RJ everywhere.

Housing is a universal issue but, as illustrated here, some groups are disproportionately affected by housing-related injustices. Within any group, there will be heterogeneity in experience or severity of injustice. Similarly, social identities are seldom binary or mutually exclusive, and axes of marginalities related to housing and RJ are likely to be greater than the sum of the parts described here. As such, an intersectional, gender-sensitive approach is needed to appropriately respond to the lived complexities of housing injustices, including hidden homelessness, gendered realities of lone parenting, domestic abuse, safety concerns related to accessing homeless services, and trauma and stigmatization of mothers who are separated from their children. Housing should be flexible and adaptable to reflect the diverse and evolving needs of families, in line with the CAS Lifetime Home Standard (CAE, n.d.); however, as this paper has demonstrated, this is frequently not the case.

Rather than reinforcing the concept of housing as a source of safety and security, housing policy in the UK has been described as a source of social harm (Gurney, 2021; Clair and Baker, 2022) and social murder (Engels, 1969; Hodkinson, 2019). In 2017, the devastating fire in Grenfell Tower (a high-rise ethnically-diverse social-housing building in West London) shifted housing-related injustices to the forefront of mainstream media (Apps, 2022). The Grenfell tragedy (which resulted in the death of 72 people, including 18 children) prompted critical re-examination of UK housing policy, including the conditions and safety of social housing, the abject failure to act on earlier warnings, the marginalization of and indifference to safety and needs of social-housing residents (particularly those who were additionally marginalized—41% of Grenfell's Disabled residents died in the fire, and 85% of residents who died in the fire were from ethnic minorities), and the concept of 'domicide' (Hodkinson, 2018; MacLeod, 2018; Tombs, 2020; Apps, 2022; Carr et al, 2022). Investigation of the use of the highly flammable cladding that caused the Grenfell fire to be so devastating, and other similarly flammable

building materials, has identified flammable materials on thousands of homes (EOCS, 2023). Owners and residents have been left living in dangerous homes facing massive insurance and remediation bills; some are facing homelessness (while often still responsible for mortgages on properties whose values have plummeted), having been asked to leave their homes for their safety (Simpson, 2021; Lees, 2024). For disabled residents these issues can be particularly challenging due to restricted incomes and difficulties evacuating, exacerbated by government refusal to implement recommendations related to evacuation plans (Claddag, n.d.). Many people living in dangerously clad homes have been expected to live in terrible conditions while the works are undertaken, often over a period of years (McKiernan, 2022). The mental distress for people affected has been devastating (Martin and Preece, 2021). These issues are the result of a neoliberal housing policy which gutted regulations and refuses to take accountability for its decisions, nor hold manufacturers or developers financially responsible (Apps, 2022).

There are some examples of good practice and positive change. For example, the Housing First model has expanded across the UK in recent years (DLUHC, 2024b). This collaborative initiative recognizes and responds to complex needs and multiple layers of disadvantage among people experiencing homelessness by combining access to stable housing with wrap-around personalized support and aligned trauma informed services. The Manchester Housing First model is an example of a gender-responsive model delivering a safe, trauma informed service for women experiencing homelessness in Manchester (CHP, 2021). Encouragingly, the newly elected (as of writing) Labour Government have detailed plans for bills which would, among other improvements, ban no fault evictions and expand building safety rules in the PRS. However, at the time of writing these laws have yet to be passed, and their scope and enforcement in practice will have a strong bearing on their effects, particularly for marginalized

people. Further change which directly attends to the structural violence of marginalization is needed to achieve greater equity in UK housing policy (Cromarty, 2024).

Much RJ literature focuses on the experiences of cis-gender women, reflecting in part the contraceptive, reproductive, and caring burden faced by this group. However, we acknowledge the importance of RJ to men (and of men to RJ) and the problems of maintaining gendered and heteronormative expectations in reproductive decision-making and parenting. For instance, extant scholarship highlights how men's invisibility in popular rhetoric, data, and social structures relating to reproduction and families harms both men and their partners by limiting resources available to them while shifting the burden of reproduction onto their partners (Barnes, 2014; Fledderjohann and Barnes, 2018; Fledderjohann and Roberts, 2018; Barnes and Fledderjohann, 2020). Further, there are limitations in data availability and reporting across gender identities, which limits our ability adequately to include LGBTQ+ experiences. Recent work has critiqued heteronormative perspectives of reproduction and families and introduced the concept of Queer Reproductive Justice, which incorporates considerations relating to assisted reproductive technologies, surrogacy, and diverse family types (Stacey, 2018). Future scholarship should consider the interplay between housing and reproductive injustices among LGBTQ+ people. Further, prioritizing the meaningful involvement of people living with housing and/or reproductive injustices as equal research partners is critical to centralize lived experience and advance empowerment of affected communities. Research teams should consider the value of incorporating activism into their approach to research knowledge translation and exchange.

## **Conclusion**

To our knowledge, this is the first paper to critically examine the intertwined issues of RJ and housing in the UK. We demonstrate that challenges in accessing (and maintaining) safe, affordable, suitable housing is a barrier to all four core RJ rights, particularly for marginalized people. While some findings presented may be limited in generalizability due to the context-specific nature of housing and welfare policy, housing services and healthcare infrastructure, this paper draws out important broad conclusions related to the impact of housing on RJ, which are relevant on an international scale.

## Notes

<sup>1</sup> We include the UK as a whole in our paper, but at times talk about individual countries reflecting the nature of the evidence as well as the impact of devolution on our areas of study.

<sup>2</sup> Much of the literature we draw on focuses on the experiences of (cis-gender) women, reflecting the continued disproportionality in the contraceptive, reproductive, and caring burden faced by women as well as limitations in both sampling and measurement of gender in extant data. We aim to use gender inclusive language to the extent possible given these limitations and return to the urgent need for more gender inclusive research as a matter of RJ in the Discussion. Where we specifically reference women, this reflects either a) a reference to prevailing, harmful gender norms that treat gender as an essentialized binary or b) language used in cited literature where broader inferences about gender identity are not possible.

<sup>3</sup> We use the language of marginalization because it is not inherent identities, but rather the active social construction of a system of stratification, which drives inequalities. This process of social construction is not static, neither across time nor place. People who are marginalized are not a monolith, and some people experience far greater marginalization than others—particularly those with multiple marginalized identities (see Davis, 1983; Crenshaw, 1989;

1991; Hill Collins, 2019 on intersectionality). We view marginalization as a structurally violent process of social exclusion, and our use of ‘marginalization/marginalized’ aims to draw explicit attention to this process of exclusion.

<sup>4</sup> A short-lived promise, overturned by the Supreme Court in June, 2022.

<sup>5</sup> For a more thorough overview, we recommend the UK Housing Reviews by the Chartered Institute of Housing--particularly Stephens (2023), which places the housing system in broader context—and Chapter 4 of Clair et al. (2021).

<sup>6</sup> Some costs remain, notably prescription charges in England (Parkin, 2024).

<sup>7</sup> While not the focus of our paper, it is also worth noting that one of the changes introduced as part of the switch to Universal Credit was to move to a single payment model – where one person in a couple received the full payment, rather than individual payments. Alarms have been raised about the impacts of this on people in abusive relationships, however the policy persists (Parker and Veasey, 2021).

<sup>8</sup> Defined in section 95 of the Immigration and Asylum Act 1999 as when a person does not “have adequate accommodation or any means of obtaining it (whether or not essential living needs are met); or have adequate accommodation or the means of obtaining it, but cannot meet other essential living needs”.

<sup>9</sup> We use identity-first language to reflect the structural harms being inflicted to Disabled people, with capitalization of Disabled to reflect political significance, but recognize that some people prefer person-first language (Disability Rights UK, n.d.).

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