



Economic and Social Council

Distr.: General
8 November 2019

English only

Commission for Social Development

Fifty-eighth session

10–19 February 2020

**Follow-up to the World Summit for Social Development and
the twenty-fourth special session of the General Assembly:
priority Theme: Affordable housing and social protection
systems for all to address homelessness**

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The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* The present statement is issued without formal editing.



Statement

Social protection, or social security, is a human right and is defined as the set of policies and programmes designed to reduce and prevent poverty and vulnerability throughout the life cycle. Social protection includes benefits for children and families, maternity, unemployment, employment injury, sickness, old age, disability, survivors, as well as health protection. Social protection systems address all these policy areas by a mix of contributory schemes (social insurance) and non-contributory tax-financed benefits, including social assistance. Social protection plays a key role in achieving sustainable development, promoting social justice and realizing the human right to social security for all. Thus, social protection policies are vital elements of national development strategies to reduce poverty and vulnerability across the life cycle and support inclusive and sustainable growth by raising household incomes, fostering productivity and human development, boosting domestic demand, facilitating structural transformation of the economy and promoting decent work.

Social protection plays a key role in ensuring income security for women and men of working age, in the form of maternity protection, unemployment support, employment injury protection, and disability benefits. These schemes contribute to smooth incomes and aggregate demand, enhance human capital, and promote decent and productive employment. Social protection also facilitates structural change within economies and labour markets and contributes to inclusive and sustainable growth.

The Sustainable Development Goals (SDGs) adopted at the United Nations General Assembly in 2015 reflect the joint commitment of countries to “implement nationally appropriate social protection systems for all, including floors” for reducing and preventing poverty (SDG 1.3). This commitment to universalism reaffirms the global agreement on the extension of social security achieved by the Social Protection Floors Recommendation, adopted in 2012 by the governments and workers’ and employers’ organizations from all countries.

Despite significant progress in the extension of social protection in many parts of the world, the human right to social security is not yet a reality for a majority of the world’s population. Only 45 per cent of the global population are effectively covered by at least one social protection benefit, while the remaining 55 per cent – as many as 4 billion people – are left unprotected.

Lack of social protection leaves people vulnerable to poverty, inequality and social exclusion across the life cycle, thereby constituting a major obstacle to economic and social development. The SDGs call for universal social protection. In particular, countries have a responsibility to guarantee at least a basic level of social security – a social protection floor – for all, as part of their social protection systems. While many countries have already achieved universal protection, more efforts are needed to extend coverage and ensure adequate benefits in developing countries.

Exclusion from social protection is unacceptable, as the lack of protection leaves people vulnerable to the financial consequences of life-cycle shocks such as ill health, maternity or old age, or poverty and social exclusion. Such lack of social protection also constitutes a major obstacle to economic and social development, associated with high and persistent levels of poverty, inequality and economic insecurity. Looking ahead to 2030, governments have agreed to make significant progress towards implementing nationally appropriate social protection systems for all, including floors, as part of the SDG agenda. States have the legal obligation to protect and promote human rights, including the right to social protection or social security. Many countries have come a long way in strengthening their social protection systems and building nationally adapted social protection floors to guarantee at least a basic level

of social security to all. In many countries, this process has been effective and inclusive through a broad national dialogue, which has brought together governments with social partners and other stakeholders to chart a way forward in extending social protection.

Homelessness refers to a person who does not have a place to call home. The word “homelessness” also includes people who sleep in warming centers, homeless shelters, or in abandoned buildings, parking garages, or other places not meant for humans to live in.

The SDGs, indicator 11.1 states that “By 2030, ensure access for all to adequate, safe and affordable housing and basic services and upgrade the slums. This means that homeless persons are entitled to a safe and affordable housing, including women of course. Therefore, in proposing policies and measures to reduce homelessness among women and female headed households, we need to look at some possible drivers of homelessness among them.

More efforts should be made to increase awareness among communities, women groups and civil society organizations, on the conventions and provisions on housing rights, and invoking these provisions in legal courts in support of housing rights for homeless persons especially for women and female headed households.

The fundamental problem encountered by homeless people – lack of a stable residence – has a direct and deleterious impact on health. Not only does homelessness cause health problems, it perpetuates and exacerbates poor health by seriously impeding efforts to treat disease and reduce disability.

Although the urgent need for focused health care and other prompt interventions is readily recognized, the committee found that the health problems of the homeless are inextricably intertwined with broad social and economic problems that require multifaceted, long-term approaches for their resolution. In spite of the limitations brought about by the committee's charge and the limitations of the committee's resources in its ability to formulate detailed recommendations to deal with the root causes of homelessness, the committee believes that those who seek solutions to the homelessness problem itself and to its attendant health-related problems must take into consideration the five critical observations described below.

The issue of affordable housing has two sides: On one side is the supply of housing at a given price; on the other is the amount of money an individual or family has with which to pay rent. The committee observed that in many communities neither employment at the current minimum wage nor welfare benefits for those who are eligible provide enough income for them to acquire adequate housing. Given the irreducible economic cost of housing in those communities, income adequacy must also be addressed if homelessness and its attendant health problems are to be prevented or remedied.

Although the main issue is housing, for some homeless people, such as the chronically mentally ill, the mentally retarded, the physically disabled, those with histories of alcohol and drug abuse, the very young, and the very old, housing alone may not be sufficient. They need the kind of social support systems and appropriate health care that would allow them to maintain themselves in the community. Effective discharge planning, outreach services, and casework are necessary to identify needs and to ensure that these needs are met. With the proper support systems, many will outgrow their need for therapeutic milieus and specialized housing and will eventually become self-reliant. For some, however, the need may be lifelong. Public and private research funding organizations should encourage research into the dynamics of homelessness, the health problems of homeless people, and effective service provision strategies.

Specifically, the following research is most critically needed:

- longitudinal studies of the natural history of homelessness;
- studies of the prevalence of acute and chronic diseases in homeless populations;
- the role of illness as a precipitant of homelessness and the ability of health care and social service systems to prevent this outcome;
- studies of effective treatment programs for homeless alcoholics;
- development and evaluation of programs for homeless people who are mentally ill; and
- studies of the effects of homelessness on the health and development of children and evaluation of strategies to prevent homelessness in families and to give additional support to homeless families.
