



Homelessness Factfile



Anthony Warnes, Maureen Crane,
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Fighting for hope for
homeless people

HOMELESSNESS FACTFILE

Anthony Warnes, Maureen Crane, Naomi Whitehead and Ruby Fu

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University of Sheffield**



Crisis is the national charity for solitary homeless people. We work year-round to help vulnerable and marginalised people get through the crisis of homelessness, fulfil their potential and transform their lives.

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Preface



As the numbers of rough sleepers fall and those of the hidden homeless rise, I am reminded of how much there is still to achieve if we are to continue reducing all forms of homelessness and enable people to truly leave homelessness behind. The support needs of homeless people remain as diverse and as complex as ever whether they are in hostels, B&Bs, squats or on the streets.

Tackling homelessness is now widely accepted as being about more than providing a roof, with people facing drug and alcohol addiction, mental health problems as well as building social support networks away from homelessness arena. We need to provide meaningful activity to fill the gaping void left behind by previous drug or alcohol addictions or life on the streets.

Since the last *Homelessness Factfile* there has been a myriad of research, statistics, policy and legislative developments. This edition draws together all the information available into a single accessible encyclo-paedia shedding light into single homelessness. It paints a true and sometimes depressing picture of what lies behind the statistics, the problems and patterns of homelessness in 21st century UK.

This edition will be taking pride of place on my bookshelves both at work and at home providing me with an invaluable source of information. I hope that you will find this edition of the *Factfile* as useful and as comprehensive as I have done. It is essential reading for all homelessness professionals and those seeking a greater understanding of the issues. We will continue at Crisis to fight homelessness and empower people to fulfil their potential and transform their lives. To do this we continue to combine well-run services, campaigning and informed research to which I truly believe this *Factfile* makes a fundamental contribution.

A handwritten signature in black ink that reads "Shaks Ghosh". The signature is written in a cursive, slightly slanted style.

Shaks Ghosh
Chief Executive, *Crisis*

List of principal abbreviations

A&E	Hospital accident and emergency department
B&B	Bed-and-breakfast hotel
CABx	Citizens Advice Bureaux
CAT	Contact and assessment team (street outreach workers funded by the RSU)
CRASH	Construction and Property Industry Charity for the Homeless
DETR	Department of the Environment, Transport and the Regions (1997-2001: succeeded by DTLR).
DH or DoH	Department of Health
DTLR	Department for Transport, Local Government and the Regions (2001-): housing functions transferred to OPDM in 2002.
DSD	Department for Social Development (Northern Ireland)
DWP	Department for Work and Pensions (2001-): succeeded Department of Social Security.
GP	General (medical) practitioner
HA	Housing association
HB	Housing Benefit (state social security payment)
HD	Homelessness Directorate of the ODPM (replaced Rough Sleepers Unit, 2002-)
LA	Local authority
LB	London Borough
NHS	National Health Service
NIHE	Northern Ireland Housing Executive
ODPM	Office of the Deputy Prime Minister (succeeded DTLR as responsible for housing and homelessness, 2002-)
PCG	Primary Care Group (NHS)
PCT	Primary Care Trust (NHS)
PMS	Personal medical services (NHS)
RSI	Rough Sleepers Initiative (1991-1999)
RSL	Registered social landlord
RSU	Rough Sleepers Unit (1999-2002)
SEU	Social Exclusion Unit (of The Cabinet Office, 1997-2002, now of the ODPM)
TST	Tenancy sustainment team (tenancy support workers funded by the RSU)
UK	United Kingdom
USA	United States of America
YMCA	Young Men's Christian Association

1. Homelessness and the *Factfile*

Homelessness has received a great deal of attention since the mid-1990s from policy makers, service providers, the media and the public. Many and diverse reports have been written about the problems and needs of homeless people, and about the services that help them. This second edition of the *Homelessness Factfile* draws on these and many other sources to provide accessible and up-to-date information. The *Factfile* has two main themes: the characteristics of homeless people, and the policy and service responses to homelessness and to its prevention.

The chapters on policies and service responses deal with the contemporary history of policy and practice development, variations in different parts of the country, and the statutory agencies, organisations and projects that work with homeless people. The *Factfile* is however more than a directory, for it also reviews and evaluates the current scene. Indeed, the later chapters are critical examinations of some of the most vigorously debated current policy and practice development issues.

The *Factfile* is intended for several different users, but most of all for the diverse organisations and many individuals involved in planning, establishing and delivering services for homeless people. Policies and practices are changing quickly. Besides the spate of new legislation and initiatives in homelessness services during the last few years, there have been numerous reforms of Britain's housing, health and social services, many of which are relevant to homeless people. It is difficult to keep up-to-date and fully informed, and it is hoped that the book will help the reader to find useful details and to see the wider policy and practice trends. Both experienced service providers wishing to review their activities, and those contemplating funding or developing a new service, should find valuable background in this publication. It will also be of use to researchers, journalists and students, particularly when the accompanying website pages are consulted.¹

Information sources

There is no specialist library or clearing house of reports on homeless people or on homelessness services, partly because many of the organisations involved are independent voluntary bodies.² The 'evidence base' for the field of homelessness is however developing rapidly, as seen on the websites of individual agencies, organisations and government bodies. There is a vast 'grey literature' of project reports and semi-published

research findings. Conceived as a compact encyclopaedia, this *Factfile* is in part a gateway to these large resources. For the sake of readability, the sources are specified in endnotes to each chapter, while the full bibliographic details of publications are given in a list of references.³

Most of the information contained in the *Factfile* relates to the United Kingdom. Its few references to other countries are mainly to note policy and practice influences and models. Many homeless sector providers and supporting organisations have provided reports and statistics about their work, and these have strengthened the factual backbone of the *Factfile*. Valuable information has also been gathered from the website pages of many organisations and government departments that describe policies and services, and that make available statistics, factsheets and reports. Other sources include surveys and studies of homeless people, evaluations of homeless people's services, reports of health and welfare services for the general population, and media reports.

Gaining a command of the many topics has been a substantial task, partly because of the unprecedented pace of contemporary policy and practice change, and partly because of the distinctive legislation, policy analyses and institutional developments in Scotland, Wales and Northern Ireland. The information was compiled during the second half of 2002, and announcements and publications that appeared up to December have been reviewed.

Homelessness and homeless people

Despite all the attention that homelessness has received, there remains much controversy among policy makers, service providers, researchers and media reporters about the extent of the problem, its underlying causes, and the solutions. This is partly due to the limited evidence about the causes of homelessness and about the most effective ways to help homeless people. The debate about whether homelessness should be tackled through helping services or coercive measures dates back centuries and has recently revived. The controversy partly arises from ambiguities and disagreements about the definitions and concepts of homelessness, most particularly about which groups of people are homeless. Depending on which groups are included, both the scale of the problem and the balance of their needs change.

The concept of homelessness

'Homeless' and 'homelessness' are not problematic or ambivalent words in the manner of, say, 'community' and 'society'. In most expressions, the terms are unequivocal and the colloquial, technical and academic meanings do not diverge. But when the usage is examined carefully, uncertainties become apparent. The determining criterion of homelessness in British legal definitions is a lack of 'secure' or 'permanent' accommodation, but even this apparently straightforward rule does not eliminate ambiguity. Many people live in intermediate or marginally secure accommodation, such as hostels, hotels, and in other people's homes as guests, lodgers and sub-tenants. Some 'double-up' with relatives or friends and sleep on sofas or on the floor. When all parties are content with the arrangements, the accommodation is reliable. If disagreements occur or circumstances change, the occupier may be asked to leave at short notice.

Distinguishing whether a person in accommodation is housed or homeless depends on the permanence of the arrangement, and the control and rights that he or she has over their accommodation. The issues have been faced by centuries of property holding and occupation law.⁴ Accommodation is occupied variously by outright or mortgaged ownership, leasing, renting and licence. But even this is not straightforward. Some people who are accepted by local authority housing departments as homeless and eligible for rehousing, remain in their existing accommodation until alternative housing is found. They are described as 'homeless at home' and included in homelessness statistics, even though they have never been without accommodation.

It is generally accepted that people sleeping on the streets or staying in shelters, hostels or bed and breakfast hotels are homeless, but this is often where consensus ends. Other groups of people are without stable housing, including refugees, asylum seekers, women in refuges who have fled domestic violence, care leavers in transitional accommodation, people living in overcrowded households, students, people in prisons and hospitals who have no other accommodation, gypsies, and new-age travellers. Whether these and other marginal cases of insecurely accommodated people should be included among homeless people is contentious.

There is no consensus about whether people in marginally secure accommodation or makeshift arrangements are housed or homeless. Definitions in both the United Kingdom and the United States of the forms of marginal accommodation that denote homelessness have changed over time.⁵ A 1965 survey of single homeless people conducted by the *National Assistance Board* included people in lodging-houses.⁶ Nowadays, however, people in multi-occupancy

lodgings are not generally regarded as homeless. American guidelines, from the *Northeast Valley Health Corporation* in California, differentiated the 'doubling up' arrangements of a homeless person from the 'alternative living' situation of a *housed* person. These suggest that people who are doubling up should be regarded as homeless only if: (i) they have been staying temporarily with friends or relatives for less than six months; (ii) they do not pay rent; and (iii) they anticipate moving out soon.⁷

The meaning of home

The concept of homelessness has broader connotations, for 'home' has both physical and psychological meanings. A home provides roots, identity, security, a sense of belonging, and a place of regeneration where warmth, stimulation and emotional well-being are normally found.⁸ Given these subjective qualities, in some cases it becomes difficult to say whether a person is 'homeless'. Some people have lived for years in temporary hostels which they find satisfactory, and which they regard as home.⁹ In contrast, a few people have tenancies but sleep on the streets each night. Some are paranoid about neighbours and fear harm if they return home. Others are too distressed to live in their accommodation where a spouse or close relative has died, while some are lonely and prefer to live on the streets where they find social contacts.⁸ By their very behaviour, they are included in street counts of homeless people, yet legally they have housing.

These paradoxes and confusions, as well as the psychological and social constructions of homelessness, prompt extended debates in academic and social policy circles¹⁰. It is now well-recognised that homelessness is much more complex than a lack of housing. Many of the intricacies are discussed throughout the *Factfile*. A single, stable definition is probably impossible to achieve. An alternative approach is to develop an understanding of the diversity and complexity of contemporary homelessness by building up a clear picture of the principal constituent groups of homeless people.

Groups of homeless people

Statutory homeless people

Local authorities in Great Britain and the Northern Ireland Housing Executive have a duty to assess applicants for housing under the homelessness legislation and to determine whether (a) they are homeless intentionally or unintentionally, and (b) meet the criteria for 'priority housing need'. The administration of the duty creates two groups: 'statutory homeless people' and 'non-statutory homeless people'. All unintentionally homeless households with dependent children are eligible for priority housing, as are other specified vulnerable groups. It follows that the majority of 'statutory

homeless people' are in households with children under the age of 18 years. The details are described in Chapters 2 and 8.

Non-statutory or single homeless people

Non-statutory homeless people are not recognised by local authorities as homeless and in priority need of housing. Some have not applied to be rehoused, while others have had their application refused. Most are single or unpartnered and without dependent children, and so have come to be known as 'single homeless people'. They can be subdivided into groups distinguished by where they stay at night:

- 'Rough sleepers', who sleep on the streets or in other places not intended for occupation, such as abandoned cars, doorways, parks or derelict buildings
- Residents of hostels and shelters that are intended as temporary accommodation
- People who stay in bed-and-breakfast hotels because they have no other accommodation
- People who 'squat' illegally in vacant flats or houses
- People who stay temporarily with friends and relatives because they have no accommodation.

Many single homeless people receive help from voluntary sector homeless agencies. Included are those who stay in hostels and night shelters, rough sleepers in contact with outreach teams and day centres, and people in bed-and-breakfast hotels and other temporary accommodation who use day centres or housing advice bureaux. But another group of homeless people are unknown to any homeless sector organisation. They have not sought help or made their homeless situation known, and their homelessness is hidden or concealed¹¹. Some have chosen to sort out their own housing difficulties, or to seek the assistance of their relatives and friends. Others have a mental illness or problems that prevent them from seeking help, others are unaware of the help that is available, and others live in areas without non-statutory homelessness services. Hidden homeless people include some rough sleepers and some who stay in bed and breakfast hotels, in squats, and with friends and relatives. By definition, little is known about homeless people who are not in contact with services, and it is very difficult to estimate the number. *Crisis* has commissioned research into the nature and extent of 'hidden homelessness', and the report is expected in autumn 2003.

Beyond the literal meaning, there is no single definition of homelessness but rather a number for different purposes. A legal test of a person's access to and

control of accommodation can reach a different conclusion to their own perception of whether they are homeless. For the purpose of providing advice and help, pragmatic definitions are often useful, although it is inevitable that the interpretation of the local authority's statutory duty to secure housing has generated eligibility tests and voluminous case law. In consequence, and perhaps inevitably, local authorities and the voluntary sector homeless organisations apply different rules (or eligibility criteria) for access to their services. The fact that their administrative practice differs in detail is less important than that both sets of agencies are addressing the circumstances, problems and needs of homeless people, to which the *Factfile* next turns.

The structure of the *Factfile*

The first section presents numerous facts and figures about homeless people. Chapter 2 describes the main groups and the best estimates of their numbers, and Chapter 3 summarises the characteristics of single homeless people. Chapter 4 reviews the disparate reasons why people become homeless and their pathways into homelessness, while Chapter 5 examines the common pathways through and out of homelessness. Chapter 6 concentrates on homeless people's experiences and activities, and presents evidence about their engagement in work and training and about the ways in which they rebuild their lives.

The second section concentrates on the policy and service responses to homelessness. Chapter 7 discusses the aims of the homelessness organisations that work with single homeless people and the principles that guide their work. Chapter 8 presents details of the local authority duty to assist and house homeless people, while Chapters 9 and 10 examine single homeless people's access to other state welfare services, namely the benefit system, health care services, and substance misuse services. The last four chapters have broader perspectives. Chapter 11 focuses on the government programmes for single homelessness that have been introduced over the last decade. Chapter 12 provides an overview of services for single homeless people and the organisations that deliver them, while Chapter 13 focuses on prevention initiatives. The concluding chapter turns to what might happen in the next ten years. Attention is focused on the new duties of local authorities to rehouse additional 'priority needs' groups and to develop local homelessness strategies, and on the vigorously debated role of coercion in preventing homelessness. An appendix summarises the main data sources that have been used to profile single homeless people.

Notes

1. Complementary website information pages have been prepared with summaries, additional references and links. These can be viewed at <http://www.crisis.org.uk/factfile>
2. The Construction and Property Industry Charity for the Homeless (CRASH) has however commissioned a review and bibliography of British single homelessness research during the 1990s from Suzanne Fitzpatrick and colleagues at the Department of Urban Studies, University of Glasgow (Fitzpatrick, Kemp and Klinker 2000a, 2000c, 2000d). CRASH published two annual updates in 2001 and 2002 (Stirling and Fitzpatrick 2001; Fitzpatrick and Lynch 2002). It has also created a searchable bibliography (with summaries) on its website. Available online at <http://www.crashindex.org.uk/homelessness/research.lml>
3. Press releases, newspaper and magazine news items, pamphlets, and parliamentary papers are not included in the list of references. These sources are described in the endnotes.
4. See for example Arden 1986, 1997; Watchman and Robson 1989.
5. Veness, 1992; Rossi, 1990.
6. National Assistance Board, 1966.
7. Available online at <http://www.nevhc.org>
8. Porteous, 1976; Hayward, 1975.
9. Crane, 1999.
10. Crane, 1999; Hutson and Liddiard, 1994; Watson and Austerberry, 1986.
11. Watson and Austerberry, 1986.

2. Homeless people: groups and numbers

This chapter concentrates on the main types of homeless people and their numbers. As described in the previous chapter, there are two main groups of homeless people in contemporary Britain: 'statutory homeless people' and 'non-statutory' or single homeless people. The first section of the chapter reviews the voluminous statistics on homeless people and households that apply for priority re-housing to local authority housing departments. The government departments responsible for monitoring and regulating the local authorities' performance of this role are now separated in England, Northern Ireland, Scotland and Wales, and all produce quarterly returns and review and trend statistics. Information about single homeless people is much less comprehensive. The second section compiles statistics about the numbers of rough sleepers and hostel residents, drawing on diverse and imperfect sources.

STATUTORY HOMELESS PEOPLE

Statutory homeless people are those who have applied to a local authority housing department for housing on the grounds of a 'priority need' under the homeless legislation and been accepted as homeless. Today's legislation and procedures in all parts of the United Kingdom were created in their essentials by the *Housing (Homeless Persons) Act 1977*, and the operational legislation is set out in Part 7 of the *Housing Act 1996*, with modifications in the *Homelessness Act 2002*.¹ Additional details of the intricate provisions of this legislation and its operation will be given in Chapter 8.

Here we concentrate on the number and characteristics of (a) people who apply to local authorities to be rehoused under the homeless legislation, (b) those accepted as homeless, and (c) those who are homeless *and* eligible for priority housing. The current duty on local authorities is to house people who are considered to be 'homeless' or 'threatened with homelessness', provided that: they are in a 'priority need' category, that they did not become homeless intentionally, and that they have a 'connection' with the area of the local authority. While later changes have been made by Statutory Orders and there are variations in other parts of the United Kingdom (to be detailed later), the Act defined the following priority groups in England²:

- Pregnant women and anyone who normally resides with them
- People with dependent children

- People vulnerable due to old age, mental illness, physical or mental disability or any other reason and anyone who normally resides with them
- People homeless due to a disaster, e.g. fire or flood.

The Homelessness (Priority Need for Accommodation) (England) Order 2002 specified the following four additional priority categories under Part 7 of the *Housing Act 1996*.³

- Children aged 16 or 17 years who (paraphrasing) have been in local authority care.⁴
- Young people under 21 years of age, *i.e.* a person (other than a student) who: (a) is under 21 years; and (b) at any time after reaching the age of 16, but while still under 18, was, but is no longer, looked after, accommodated or fostered.
- People who are vulnerable through an institutional background, namely:
 1. A person (other than a student) who has reached the age of 21 years and who is vulnerable as a result of having been looked after, accommodated or fostered
 2. A person who is vulnerable as a result of having been a member of Her Majesty's regular naval, military or air forces
 3. A person who is vulnerable as a result of: (a) having served a custodial sentence, (b) having been committed for contempt of court or any other kindred offence, (c) having been remanded in custody.
- People who are fleeing violence or threats of violence, *i.e.* a person who is vulnerable as a result of ceasing to occupy accommodation by reason of violence from another person or threats of violence from another person which are likely to be carried out.

The statistical returns

Applications to the local authorities and their allocations are reported to the government department responsible for housing, and the statistics are collated and published for calendar years and quarters. Since devolution, the responsible government departments in the four United Kingdom capital cities separately compile and publish the statistics for England, Scotland, Wales and Northern Ireland⁵. There are tables

and charts on households accommodated, on households in bed and breakfast or annexe-style accommodation with shared facilities, on homeless acceptances by category of priority need and by reasons for homelessness, and on decisions taken under the homelessness legislation. Readers may wish to visit these sites to see the full range of tables and charts, and for up-to-date figures.⁵

While the data for 'statutory homeless' people are the most authoritative and reliable of all statistics about homeless people, they are not entirely straightforward. On the one hand, there is 'point in time' information – the number on a particular date who are waiting for either a decision on their housing application or for a permanent housing vacancy. On the other hand, there is 'flow' or 'period' information – the numbers of households (and people) who have applied and are accepted over a quarter or a year as: (a) being homeless, and (b) having a priority housing need. There are also data on the number housed under the legislation in different types of temporary accommodation (while waiting a decision or a vacancy, or because the authority has decided that the applicant although homeless does not have a priority need for housing), and statistics on the compositions of the

households involved, including the number of dependent children.

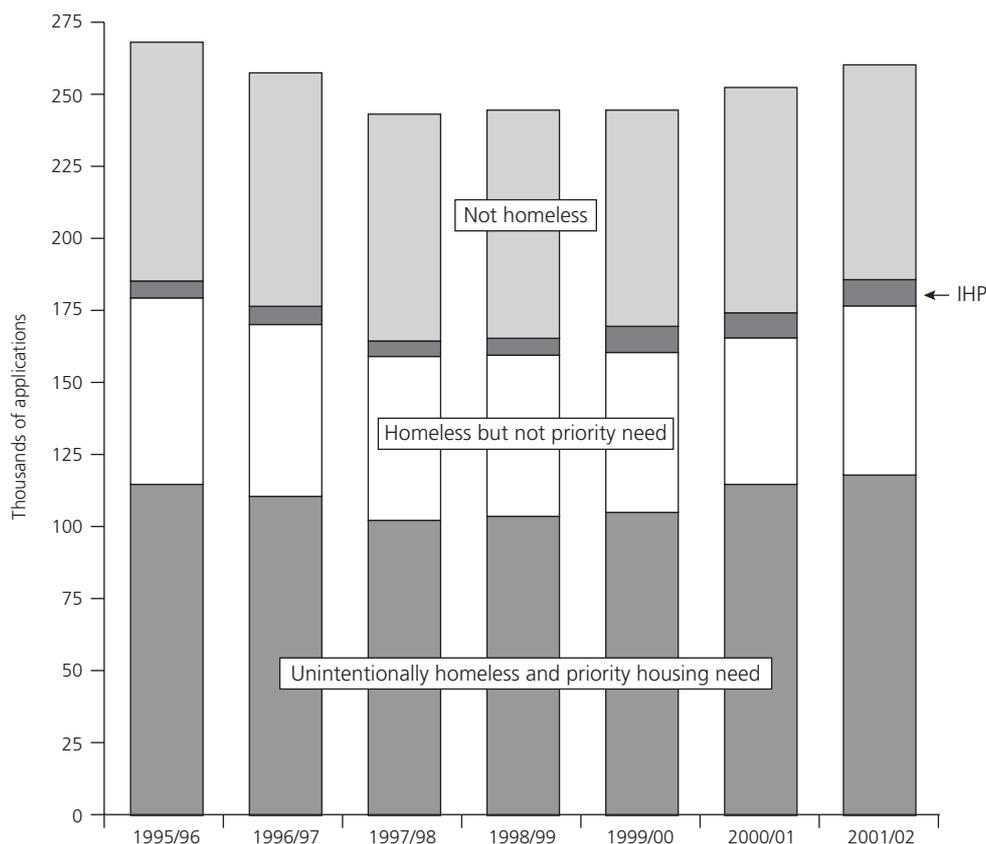
It should be noted that the data paradoxically indicate the number of households who have been accommodated by local authorities and are not counts of the currently roofless. Indeed, a few have not been literally homeless (without their own place to live) for a single day or night. They might be interpreted as a measure of the volume of housing displacement and stress as a consequence of relationship breakdown, overcrowding, severe indebtedness, and other problems, particularly among households with an increasing number of children. In part they reflect the difficulty of finding alternative low cost accommodation in an area. Not surprisingly, therefore, the numbers are greatest in the largest cities and most particularly in London.

Statutory homeless people in England

Numbers of applications and acceptances

Since the mid-1990s, the number of decisions on homelessness applications in England has fluctuated around a quarter of a million, falling below that total between 1997 and 2000, but climbing in 2001-02 to 261,000 (Figure 2.1). The assessment decisions have been broadly stable. Around 44% of the applicant

Figure 2.1 Decisions under the homeless legislation, England, 1995-2002



Source: Office of the Deputy Prime Minister 2002, Housing Statistics, Homelessness, available online at <http://www.housing.odpm.gov.uk/statistics/publicat/homelessness/index.htm#quarterly>

Note: IHP. The third (and small) category on the stacks is 'Intentionally homeless and with a priority housing need'.

households have been found to be 'unintentionally homeless and in priority need', 22% 'homeless but not in priority need', and around 30% not homeless. Only a small percentage are found to be intentionally homeless and in priority need.

As to the longer-term trend, during the first years of the statutory homeless arrangements in the late 1970s, around 50,000 households were accepted as homeless and in priority need by local authorities in England. The number subsequently grew considerably, to just under 140,000 in 1991/92, but it has subsequently decreased (Table 2.1). Since 1994, the number has fluctuated between 102,000 and 119,000 per year, around 0.54% of all households each year (or approximately 3.4% of local authority renters).⁶ The number declined between 1994 and 1997, but subsequently has climbed back to the 1994 level.

Until recently, information on the ethnic group membership of the applicants and those accepted had

been scarce. In December 2002, the *Homelessness Directorate* reported that 'black and minority ethnic communities continue to be over-represented among those accepted as homeless. Between July and September 2002, of the 33,640 households accepted as homeless, over 8,000 were from a black or minority ethnic background'.⁷ There are pronounced regional variations. Averaging over the three years around the turn of the century, London had by far the highest absolute total and rate of acceptances (per 1,000 households) of all the English regions (Figure 2.2). The West Midlands also had a relatively high rate of acceptances (6.4 per 1,000), but in all other regions the rates were in the range 4.1-5.1.

Recent trends among the English regions have been diverse (Figure 2.3). If the number of acceptances during the three years from 1994 to 1996 is set at 100, then the subsequent changes range from more than 15% increases in London, the South West, and the East of England, to a near 20% decrease in the West

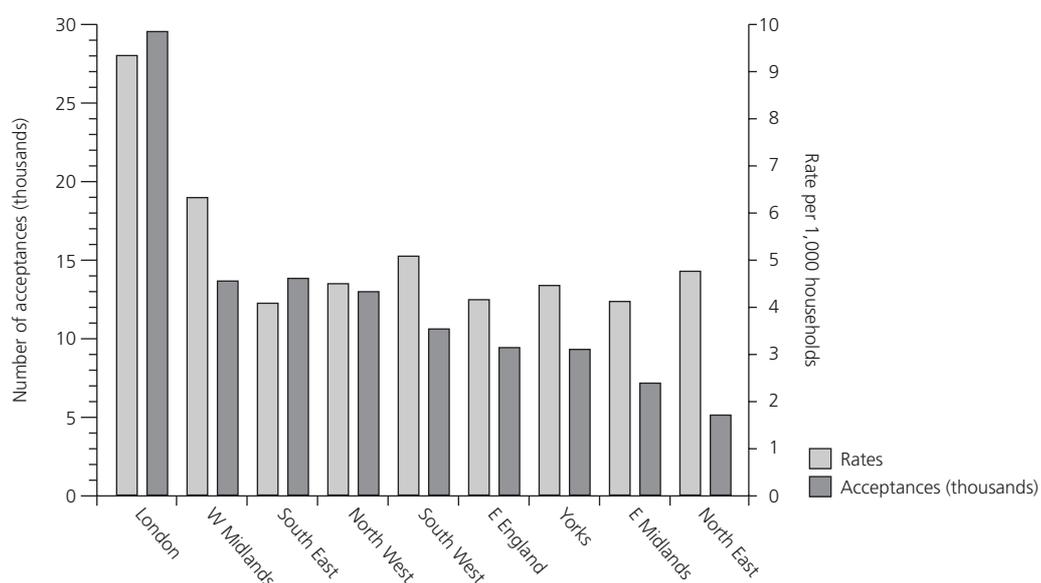
Table 2.1 Households accepted as homeless and in priority need, England, 1991/2-2001/2

	1991/92	1996/97	1998/99	1999/00	2000/01	2001/02
Acceptances ¹	139,630	110,810	104,150	106,130	114,350	118,360
Rate per 1,000 households ²	7.3	5.5	5.1	5.1	5.5	5.6

Source: Table 621: Social housing: homeless households in priority need by region. Online database hmls1-r.slx at <http://www.housing.odpm.gov.uk/statistics/live/index.htmsh>

Notes: 1. Figures prior to 1997 reflect decisions taken under the *Housing Act 1985*; subsequent decisions made under the *Housing Act 1996*, plus residual 1985 Act cases. 2. All households in England.

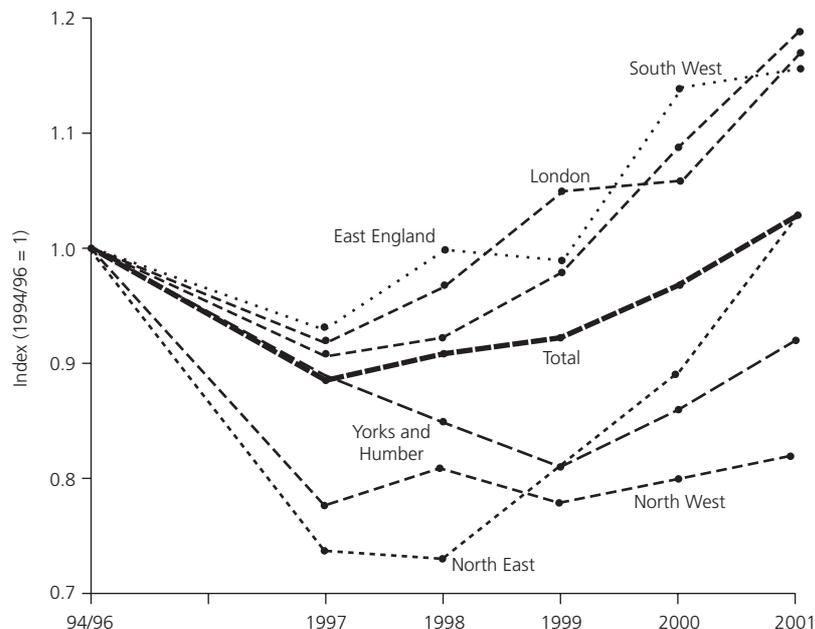
Figure 2.2 Homeless households in priority need: acceptances per 1,000 households, English regions, 1999/2000-2001/2



Source: Table 621: Social housing: homeless households in priority need by region. Online database hmls1-r.slx at <http://www.housing.odpm.gov.uk/statistics/live/index.htm#sh>

Notes: The numbers are the average during 1999/00, 2000/01 and 2001/02. Similarly the rates are the mean for the three years.

Figure 2.3 Homeless households in priority need – Acceptances per 1,000 households, English regions, 1994/6-2001/2



Note: Not all Government Office regions are represented.

Midlands. In the intervening period, the number of acceptances in the North East fell most strongly, but they have recovered since 1998.

Reasons for homelessness

The recognised reasons for cases of accepted homelessness have an intricate pattern but one which recently has been broadly stable (Table 2.2). Around a third – the percentage has been slowly increasing – are because relatives or friends are no longer willing to provide accommodation, and another quarter are associated with the breakdown of a relationship (16% are due to domestic violence). There has been a decrease in the percentage of all cases associated with mortgage arrears, from eight in 1995/96 to two in 2001/02. Around a fifth of all cases have resulted from the ending of leases and tenancies.

Priority needs categories

The distribution of accepted priority needs categories has a stronger pattern: this also has been stable in recent years (Table 2.3). Just over half of all acceptances are of households with dependent children, and another 10% are households with a pregnant woman. Only one in a hundred cases arise from an emergency (fire, flood, explosion etc.), and the remaining third of the cases are roughly equally distributed among six categories of vulnerability: old age, physical handicap, mental illness, young person, domestic violence and other. The only trend among these categories that might be more than a short-term oscillation is the increase in cases of mental illness, by 33% over the last six years.

Temporary accommodation

The number of homeless applicant households in temporary accommodation in England increased rapidly during the 1980s and peaked in 1992 at nearly 68,000 (Figure 2.4). Between 1992 and 1996, the number fell by almost a third, but since has grown consistently, and in the second quarter of 2002 exceeded 80,000. In England the main reasons for this increase are the upturn in the housing market in London and the South East, and asylum seekers.

The accommodation of many homeless families and single people in poor quality bed and breakfast (B&B) hotels during the 1980s raised a scandal. This problem has been vigorously addressed with additional central government funds (Chapter 8 describes the continuing problem and the government's latest response through the B&B Unit). At the end of June 2002, 15% of the homeless applicant households that were accommodated in England were in B&B hotels (18% in London). These percentages compare with peaks of 47% (England) and 59% (London) in the second quarter of June 1987. The number of families with children in such accommodation was 6,700 in two successive quarters of 2002 (the first year it was collected). Over 70% are in London, and another 20% in the South East and South West Regions.

The recording of B&B usage in London has recently been inflated by the inclusion by some boroughs of annexe-style units – often self-contained units similar to mainstream private lettings. From the second quarter of 2002, the categories of temporary

Table 2.2 Homeless households in priority need accepted by local authorities, by reason for loss of last settled home, England, 1995/96-2001/02

Accepted reason	1995/96		2000/01		2001/02		Change 1995/96-2001/02	
	Number	%	Number	%	Number	%	Number	%
Relatives/friends no longer able or willing to provide accommodation:								
Parents	20,220	17	19,900	17	22,040	19	1,820	9
Other	14,730	12	15,790	14	17,460	15	2,730	19
Relationship breakdown:								
Violent	19,900	17	17,950	16	17,710	15	-2,190	-11
Other	7,890	7	8,020	7	8,280	7	390	5
Mortgage arrears	9,640	8	3,750	3	2,810	2	-6,830	-71
Rent arrears	2,230	2	3,750	3	3,430	3	1,200	54
End of assured short-hold tenancy	13,380	11	16,970	15	17,600	15	4,220	32
Loss of other rented or tied housing	11,380	9	8,910	8	8,000	7	-3,380	-30
Other	20,830	17	19,310	17	21,050	18	220	1
Total	120,200	100	114,350	100	118,360	100	-1,840	-2

Source: Office of the Deputy Prime Minister 2002, Table 4. Available online at <http://www.odpm.gov.uk/news/0209/shq2.htm>

Notes: Figures prior to 1997 include a small number of non-priority need acceptances, and reflect decisions taken under the *Housing Act 1985*; subsequent decisions made under the *Housing Act 1996*, plus residual 1985 Act cases.

Table 2.3 Homeless households accepted as in priority need by category, England, 1995/96-2001/02

Accepted reason	1995/96		2000/01		2001/02		Change 1995/96-2001/02	
	Number	%	Number	%	Number	%	Number	%
Household with dependent children	65,600	56	65,670	57	66,510	56	910	1.4
Household with pregnant woman	13,060	11	11,250	10	11,580	10	-1,480	-11.3
Household member vulnerable through:								
Old age	5,820	5	4,170	4	4,280	4	-1,540	-26.5
Physical handicap	6,530	6	5,670	5	6,400	5	-130	-2.0
Mental illness	7,570	6	9,230	8	10,100	9	2,530	33.4
Young person	3,780	3	5,170	5	5,810	5	2,030	53.7
Domestic violence	8,460	7	6,770	6	6,990	6	-1,470	-17.4
Other	4,490	4	5,010	4	5,590	5	1,100	24.5
Arising from an emergency	1,240	1	1,410	1	1,100	1	-140	-11.3
Total	116,550	100	114,350	100	118,360	100	1,810	1.6

Source: Office of the Deputy Prime Minister 2002, Table 3. Available online at <http://www.odpm.gov.uk/news/0209/shq2.htm>

accommodation recorded on the ODPM's quarterly housing activity return were extended to allow a more detailed picture of those households in the least acceptable form of housing, i.e. 'B&B hotels', and in annexe-style units where some basic facilities are shared. Self-contained annexes, which some authorities in the past had erroneously attributed to B&B, are now included in 'private sector landlord' accommodation (Figure 2.5). The ODPM estimates

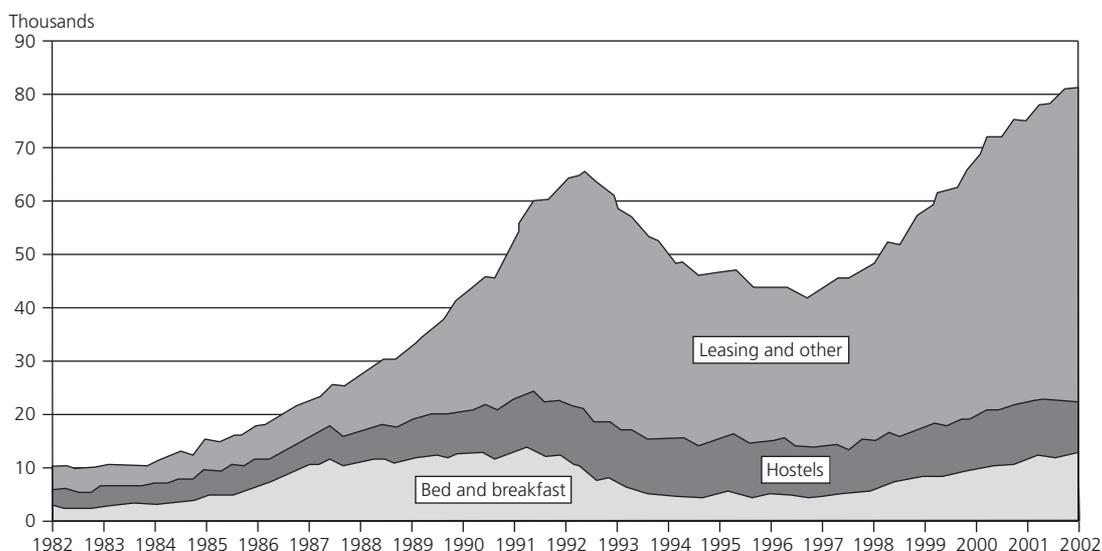
that this correction affects approximately 1,070 households in the June quarter, and 1,000 in the March quarter.

Statutory homeless people in Scotland

Numbers of applications and acceptances

The Scottish figures are published by *The Scottish Executive*.⁸ Over the last 12 years, the number of

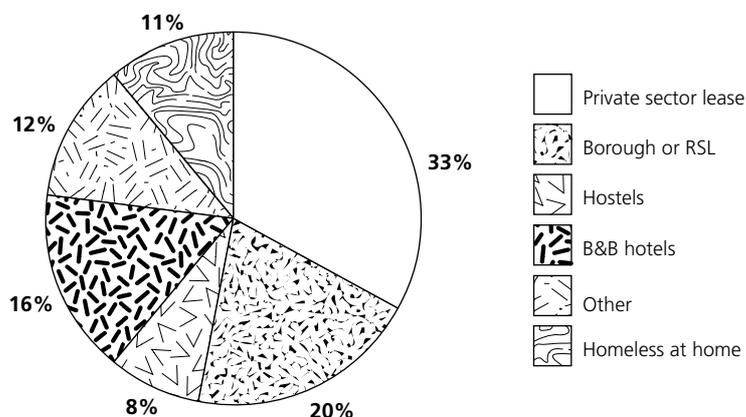
Figure 2.4 Homeless households in temporary accommodation, England, 1982-2002



Source: Office of the Deputy Prime Minister 2002, Statistical Release SH-Q2: 11.9.02.

Note: Households in accommodation arranged local authorities in England under the homelessness provisions of the *Housing Act 1966 and 1986*.

Figure 2.5 Applicants for priority rehousing in different types of temporary accommodation in London, second quarter 2002



Source: Office of the Deputy Prime Minister 2002, Statistical Release SH-Q2: Chart C2, 11.9.02.

Notes: Total number of cases 53,940. Including 'homeless at home'. Some self-contained accommodation in annexe-style units previously recorded under B&B now more appropriately. RSL Local Authority (London Borough) or Registered Social Landlord properties.

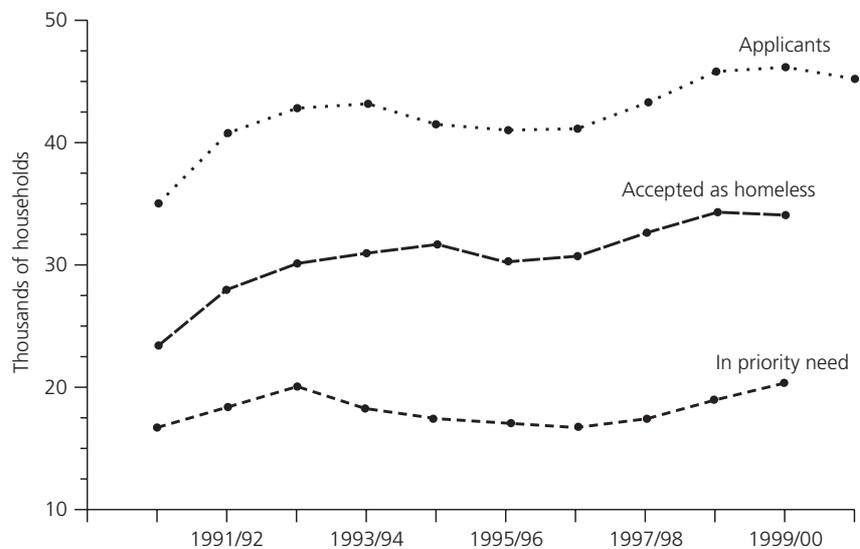
households applying for priority rehousing in Scotland under the homelessness legislation has increased steadily, from 35,061 in 1990/91, to 46,380 in 2001/02. In 1990/91, two-thirds were accepted as homeless or threatened with homelessness, but the share had risen by the mid 1990s to three-quarters (Figure 2.6). On the other hand, from 1993 to 1999 the percentage accepted as in priority need decreased from 48 to 40-42, but it rose slightly in 1999-2000 to 44%.

The Scottish data present a very detailed breakdown of 31 claimed reasons for homelessness, and the frequencies are cross-tabulated with eight household types (that distinguish single and couple households, males and females, and the number of dependent

children). The data provide a useful window onto the principal and proximate causes of housing stress. For ease of comprehension, in Table 2.4 the household types have been collapsed into three groups: (a) single people, (b) two or more person households with children, and (c) two or more person households without children. Only the ten most common claimed reasons for homelessness are presented.

In more than one-fifth of the cases, parents could no longer accommodate the household: this reason was given more often by single person applicants and by households without than with children. The most common reason given by households with children was a dispute involving violence from the spouse or

Figure 2.6 Homeless households in priority need – Applicants and acceptances, Scotland, 1990/1-2000/1



Note: At the time of writing, the number of applicants in 2000/01 had been published on the website but not the breakdown of the decisions.

Table 2.4 Applicants by reason and household type, Scotland, Jan-March 2002

Reason for application	Single persons		H'holds with children		H'holds no children		All h'holds	
	Number	%	Number	%	Number	%	Number	%
Parents cannot accommodate	1,961	26	455	13	146	22	2,562	21.6
Dispute with spouse/cohabitee:								
non-violent	831	11	534	15	25	4	1,390	11.7
violent	501	7	833	23	22	3	1,356	11.4
Friends cannot accommodate	814	11	96	3	43	7	953	8.0
Relatives cannot accommodate	672	9	190	5	49	8	911	7.7
Loss of private tenancy: other	258	3	268	7	56	9	582	4.9
Discharged from prison	443	6	7	0	6	1	456	3.8
Lost accommodation in hostel, lodgings/hotel	434	6	6	0	13	2	453	3.8
Harassment: other	115	2	146	4	24	4	285	2.4
Fleeing non-domestic violence	133	2	122	3	23	4	278	2.3
Total	7,655	100	3,578	100	650	100	11,883	100

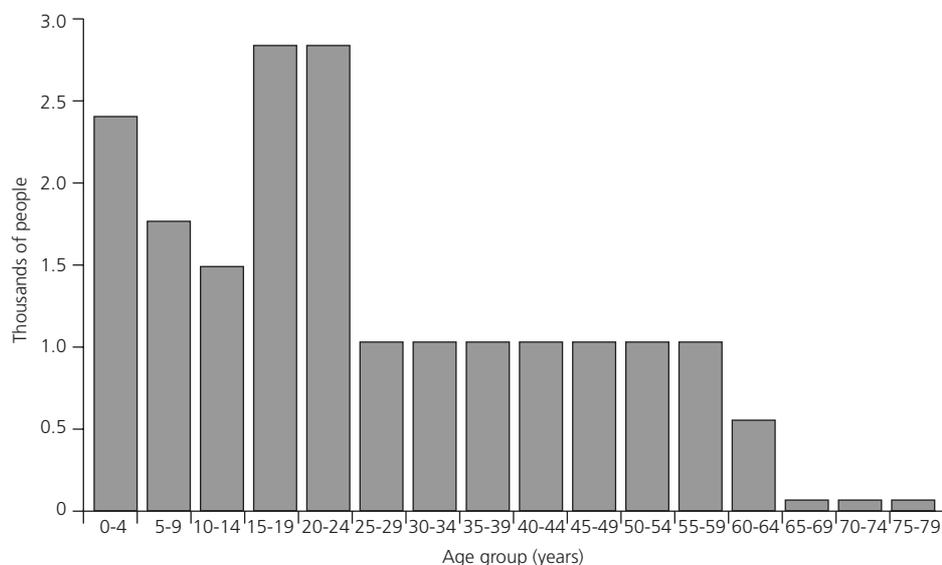
Source: Scottish Executive 2002. Recalculated from Table 5. Available online at http://www.scotland.gov.uk/_utils/printA.aspx

Note: Only the ten most frequent of 31 tabulated reasons are presented.

cohabitee (23%), followed by similar but non-violent estrangement and disputes (15%). Among all three of the aggregated household groups, the only other reason to account for more than 10% of the cases was given by single person applicants: friends could no longer accommodate them. Only 6% of the single person cases (and less than 4% of all cases) followed the loss of accommodation in a hostel, lodging or hotel. Discharge from prison accounted for a similarly low percentage of single person and of all household applications for priority re-housing.

Another valuable table in the Scottish series gives the age groups of both adults and children in the applicant households.⁹ Irregular age groups are used, as well as different male and female age boundaries to delineate 'old' people. The data have been apportioned to standard age groups to give an overall picture of the age distribution of applicants for priority re-housing (Figure 2.7). Although the adult age distribution is poorly represented, for there is no disaggregation between 25 years and the official pensionable age, there is sufficient information to suggest that the peak

Figure 2.7 The age groups of members of applicant households, Scotland, Jan-March 2002



Note: Figures apportioned to standard age groups from The Scottish Executive homeless statistics table.⁹

ages are in late adolescence and the early twenties. As will be seen later, the modal ages are younger than in the single homeless hostel population. The early twenties are however the modal ages for new household formation. The distribution is similar to those for first applications for mortgages and social housing tenancies.

The figure shows other rarely noted features; for example, that just over 30% of all those involved are children aged less than 15 years, and that among these children, the greatest number are in the infant age groups (just under 40% of the children are aged 0-4 years). This is further evidence of the predominance of young adults with very young children among the applicants for priority re-housing. The number of older people who apply is very low in relation to their number in the general population.

The recent *Scottish Parliament* review of homelessness provided data on the outcome of applications in 1997/98. Of the 43,100 applications, almost two-thirds (26,600 cases) were assessed as homeless, and nearly one-third (13,700 cases) as in priority need. Just over one half of those assessed as homeless accepted the accommodation offered to them, 32% in permanent accommodation, and 22% in temporary accommodation. But for 35% of the homeless cases no accommodation was secured, and another 11% declined the accommodation, withdrew or lost contact. In Scotland as in England, the patterns of temporary accommodation have been changing, with the use of local authority properties falling. Unlike England, through the early 1990s placements in hostels were increasing (Figure 2.8).

Regional variations

Over a quarter (27%) of the households in Scotland that in 2000/01 applied for rehousing under the homeless person's legislation were in Glasgow, and 63% in eight urban industrial areas in the central lowlands plus Aberdeen (Table 2.5). This partly reflects the distribution of Scotland's population and has an urban bias, but there were applicants in all parts of the nation including its most remote and rural areas, e.g. 140 in Eilean Siar (Western Isles), 181 in Shetland, and 124 in Orkney.

Table 2.5 Number of applications under the homeless persons' legislation, local authorities in Scotland, 2000-01

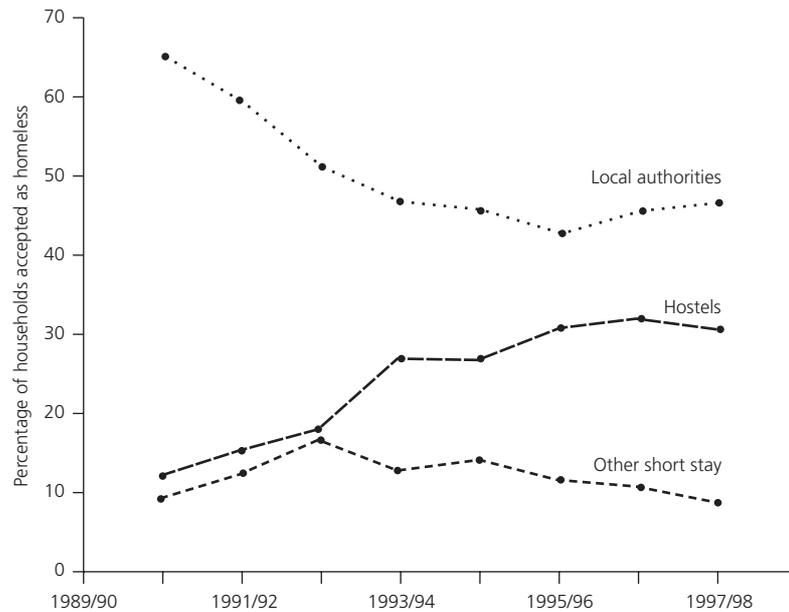
Local authority	Number
City of Glasgow	12,202
City of Edinburgh	4,410
Fife	3,262
North Lanarkshire	1,982
South Lanarkshire	1,968
West Lothian	1,649
City of Aberdeen	1,584
Falkirk	1,376
Scotland	45,172

Source: *Scottish Executive Statistical Bulletin*, Housing Series: HSG/2002/1.

Note: Authorities with over 1,000 applicants are tabulated.

The *Scottish Parliament* review has considered the 'true extent' of homelessness (p.18). As well as recognising the existence and possible great magnitude of hidden homelessness, they have also identified a counter-balancing phenomenon – 'multiple presentations'.

Figure 2.8 Households accepted as homeless and secured and accepted accommodation by provider agency, Scotland, 1990/1-1997/8 (percentages)



Many individuals or households present themselves as homeless on a number of occasions over a period. One study found that among 3,792 homelessness applications to local authorities in 2000, 73% were first time presenters and 27% repeat presenters. There were strong area differences, with 94% of the applicants to Midlothian being first time presenters, but only 59% in South Ayrshire. The majority of repeat presentations were made by non-priority applicants and others whose previous homelessness application failed to result in a tenancy. This phenomenon is being given close attention by a new working group which is seeking to improve the routinely reported official statistics on homelessness.¹⁰

Statutory homeless people in Wales

Numbers of applications and acceptances

The *Government of Wales Act 1998* established the *National Assembly for Wales*. Westminster legislation continues to apply in Wales, but the Assembly does have powers and responsibilities devolved from the Secretary of State for Wales, including the implementation and monitoring of homelessness policies. Housing and homeless statistics for Wales continue to be published by the *Office for National Statistics*, and annual and quarterly *Welsh Housing Statistics Bulletins* are available.¹¹

Over the last five years, around 13,000 households have applied annually to Welsh local authorities for housing under the homelessness legislation, and approximately 30% have been accepted as unintentionally homeless and in priority need, a low rate in comparison to the rest of the United Kingdom. This may be because Wales has few large industrial cities (of the character of Manchester or Glasgow), or

because a high percentage of its population live in rural areas. Around 30% of the applicants are accepted as homeless but found ineligible for priority rehousing (Figure 2.9). There has been no marked change in the outcomes of the applications in recent years.

Table 2.6 Number of applications under the homelessness legislation by unitary local authorities, Wales, 2001

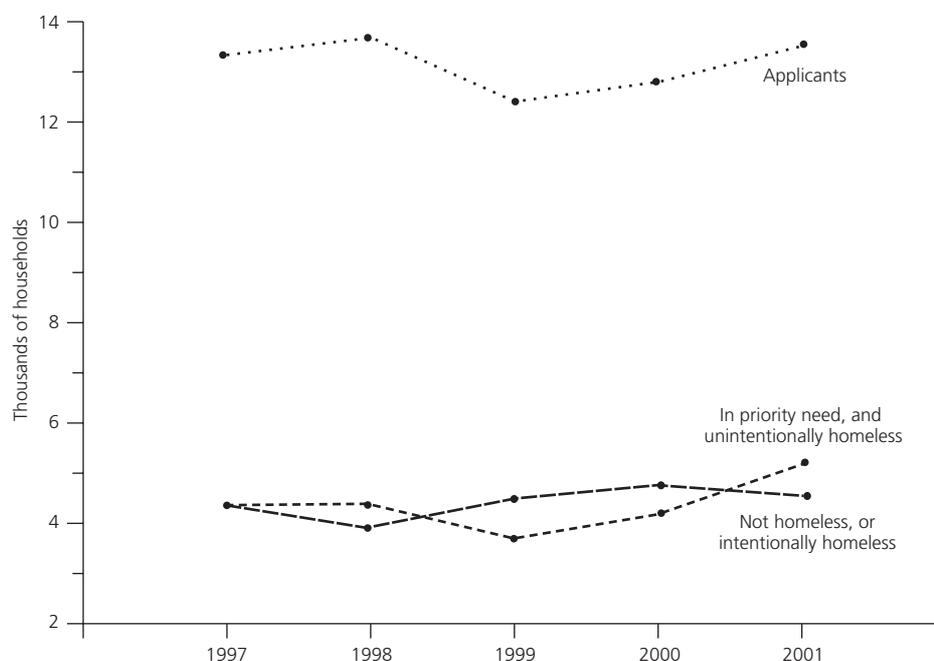
Local authority	Number
Swansea	2,089
Cardiff	1,275
Rhondda, Cynon, Taff	1,259
Bridgend	1,132
Torfaen	884
Camarthenshire	859
Newport	710
Caerphilly	626
Wrexham	613
Flintshire	595
Wales	13,675

Source: Office of National Statistics 2002, Welsh Housing Statistics, Table 7.2.

Note: Only authorities with 500 or more applications are tabulated.

The geographical pattern of homeless applications does not replicate the population distribution of the Principality (Table 2.6). While the largest numbers are in the major cities, Swansea generates a greater number than Cardiff despite its smaller population. Some of the southern valleys generate relatively few applications (e.g. only 114 in Merthyr Tydfil), which may reflect the severe decline of the local mining and

Figure 2.9 Households applying and accepted for priority housing, Wales, 1997-2001



industrial economy and the exceptional number of vacant houses. The number of applicants is relatively high in northeast Wales, around Wrexham and in Flintshire.

There are interesting data on the destinations of those who left temporary accommodation (in which they had been placed through the homeless procedures). The number involved has been around 2,000 a year for the last five years, and there has been a sharp change in the outcomes (Figure 2.10). The share that moved into permanent accommodation increased (as the legislation intends) from one half in 1997 to nearly three-quarters in 2001. The compensating reduction has been in the share that voluntarily ceased to occupy the temporary accommodation, down from 42 to 16% over the period.

Statutory homeless people in Northern Ireland

Numbers of applications and acceptances

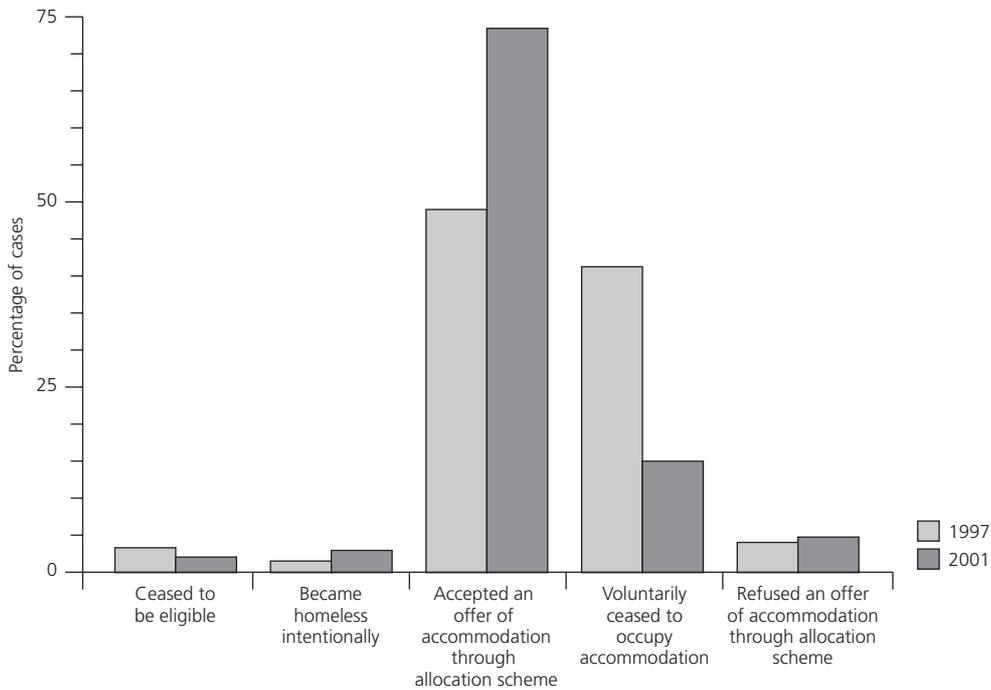
During the past two years, there have been belated investigations into the extent and nature of homelessness in Northern Ireland, and this section draws from their reports¹². There is a single public housing authority in the province, the *Northern Ireland Housing Executive* (NIHE), and it is this body, not local authorities, that holds the duty to advise and rehouse homeless people. Since the re-establishment of the *Northern Ireland Assembly* through the Good Friday Agreement, the endorsing referendum of May 1998, and the *Northern Ireland Act 1998*, there have been moves to update both the operation of the statutory rehousing duty and to invigorate the publicly-funded service response to single homeless people. The

Assembly's interrupted existence has however frustrated these efforts.¹³ For the current situation and latest policy moves, see Chapter 8.

The number of households presenting as homeless in Northern Ireland increased rapidly between 1989 and 1991, and by a further 26% over the following 10 years, to reach 12,694 in 2000/01 (Figure 2.11). Part of the increase has been attributed to a new 'housing selection scheme', which automatically triggers a homelessness assessment if certain criteria are met in housing applications. The number of households assessed as having housing priority increased from 3,110 in 1989/90 to 4,408 in the following year, and from 4,158 to 6,457 (55%) over the next ten years. Over that decade, therefore, the percentage of applications that were accepted increased from 41 to 51, and the percentage deemed to be 'intentionally homeless' households declined, from around a third ten years ago, to just over a quarter in recent years. The absolute number of intentionally homeless has changed little, with a total of 3,449 in 2000/01.

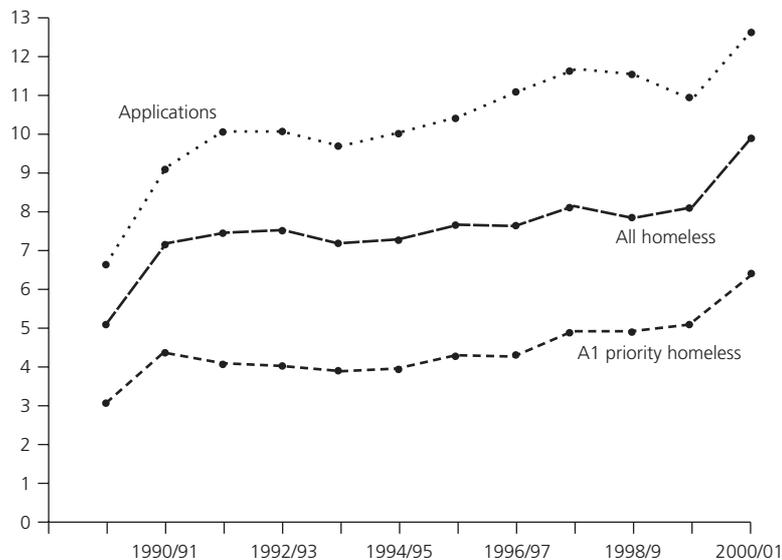
Almost half of all applications to the NIHE for priority housing come from a single adult (with or without dependent children), and two-thirds are male. Families (couples with children) accounted for 41% of all those presenting as homeless in 2000/01 (Figure 2.12). Around 15% of those presenting as homeless have recently left prisons, hospitals, statutory care or other institutional accommodation. Families have been more likely to be given priority status (singles represent only 33% of all acceptances, while families constitute 52% of the accepted households). Two-thirds of single presenters are not accepted under the legislation and many turn to the voluntary sector for assistance,

Figure 2.10 Households leaving temporary accommodation, Wales, 1997 and 2001



Source: Welsh Housing Statistics 2002, Table 7.8.

Figure 2.11 Homelessness applications and acceptances, Northern Ireland, 1989/90 to 2000/01



Source: Northern Ireland Assembly, 2002.

Note: 'A1 priority homeless' is the NIHE designation for those with the highest priority for housing.

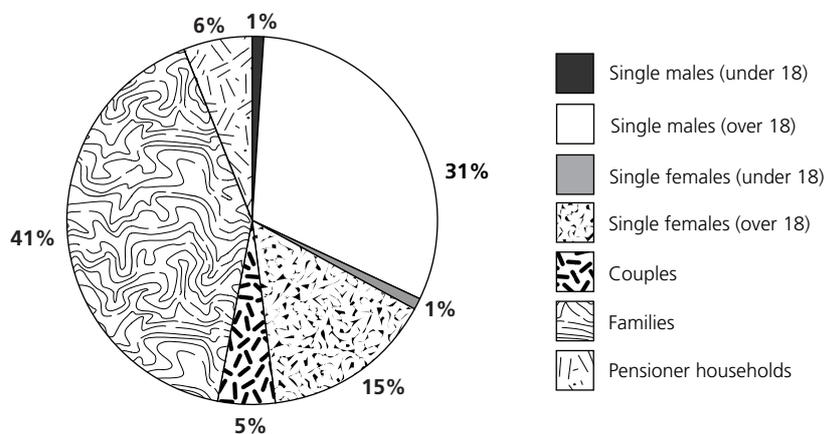
e.g. 3,726 individuals approached *The Simon Community* in need of emergency accommodation in 2000/01 (just over half of whom were aged under 25 years).¹⁴

Reasons for homelessness

There are special factors underlying homelessness in Northern Ireland: some properties are destroyed or become uninhabitable as a direct result of civil disorder or community tensions, and around 13% of all applications for priority housing cite intimidation from

neighbours or inter-communal strife. Nonetheless, as in the rest of the United Kingdom, disputes with cohabitants or neighbours are the main cause (Figure 2.13). In 2000/01, family disputes and relationship breakdowns accounted for over a third of all applications, while intimidation was the next frequently cited reason, accounting for 13% of all cases. Intimidation was at a relatively high level between 1996 and 1999, and its level appears to account for much of the recent fluctuation (Figure 2.14). On the

Figure 2.12 Applications by household type, Northern Ireland, 2000/01



Source: Northern Ireland Assembly, 2002.

Figure 2.13 Homelessness applications by main reasons, Northern Ireland, 2000/01

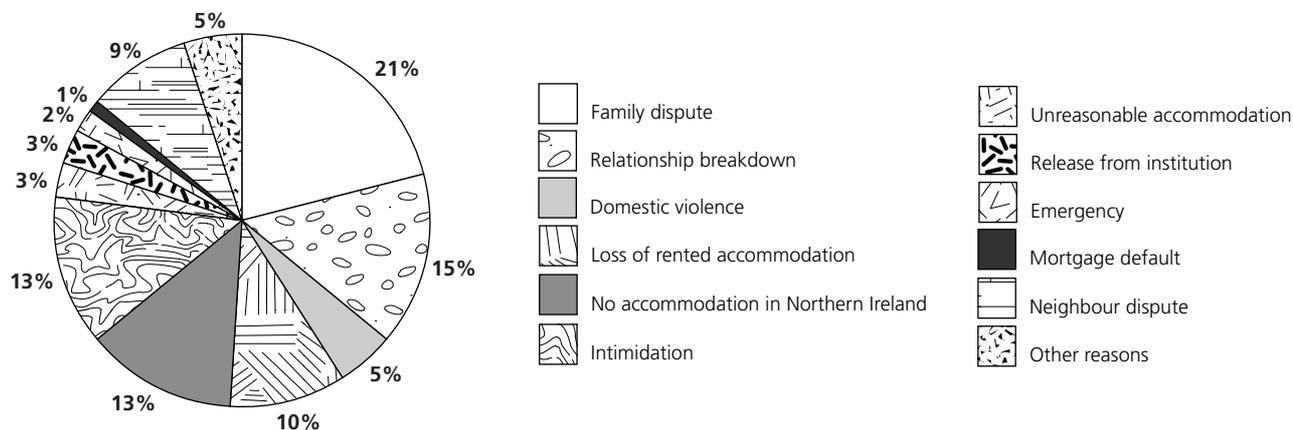
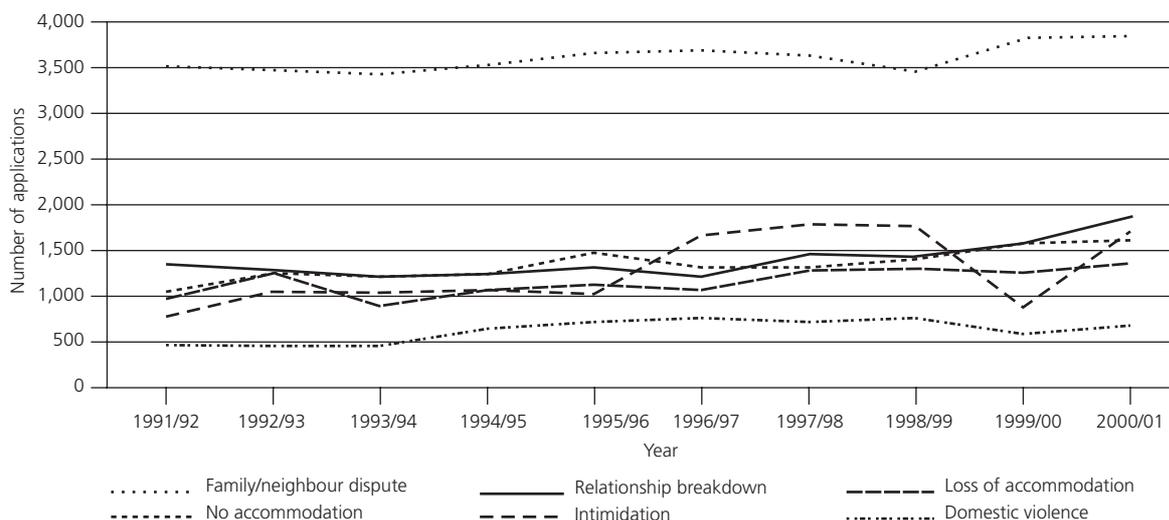


Figure 2.14 Applications by main reasons, Northern Ireland, 1991/92-2000/01



other hand, increases in relationship breakdowns appear largely responsible for the long-term increase in applications. Around 20% of households presenting as homeless are placed in temporary accommodation, in which the average duration of stay is 135 days for those accepted as homeless, and 52 days for those

subsequently deemed not to be homeless (for further details see Chapter 8).

Age structure

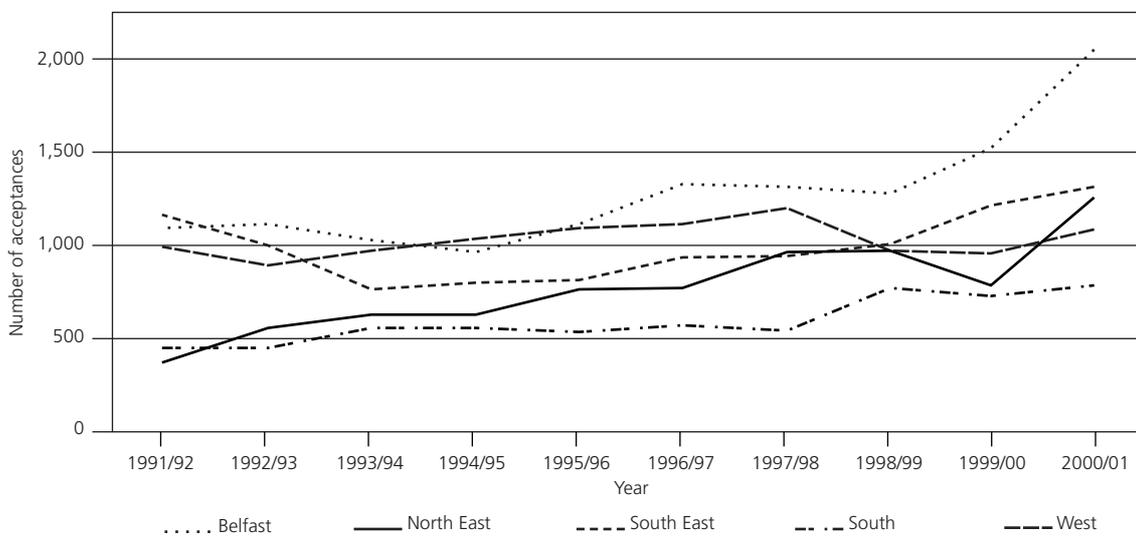
A breakdown of the ages of the single applicants (with or without dependent children) is available, separately

Figure 2.15 Ages of single applicants for priority housing, Northern Ireland, 1991-2001



Source: Northern Ireland Assembly, 2002.

Figure 2.16 Homelessness acceptances by region, Northern Ireland, 1991/2-2000/1



for males and females, and these may be compared with the number of pensioner households that also apply. Even more than in the Scottish returns, a very high percentage of female single applicants are under 25 years of age (Figure 2.15). While for both sexes the share aged less than 26 years has decreased over the last 10 years, in 2000/01 still six in ten of the female applicants were this young. The absolute number of pensioner households applying for priority housing was just over 400 in the early 1990s, but climbed steadily to 500 in 1998/99, fell in the following year, and rose to 712 in 2000/01. As a share of the number of single homeless applicants aged 16-59 years, pensioner households have grown from around 15% at the beginning of the 1990s to 27% in 2000/01.

Northern Ireland has a dispersed population, with 39% in rural areas, including 22% in 'isolated rural areas'. The statutory or NIHE homeless statistics are presented

for five regions, and over the last decade applications increased in all except the West, where the number has fallen since 1997 (Figure 2.16). Applications in the Belfast region increased strongly after 1999, producing 'a dramatic upsurge in the number accepted as priority cases'. The increase in homelessness since 1999/00 has had strong local variations. Belfast (21%) showed a greater than average (15%) increase, but the highest increases were in areas with significant rural hinterlands, e.g. Ballymena (135% increase), Larne (57%), Coleraine (52%), Banbridge (35%) and Magherafelt (33%).

The rate of homeless applications in England, Scotland, Wales and Northern Ireland

The recent investigation into the operation of the homeless procedures in Northern Ireland by the NIHE

and the province's public service audit commission (see Chapter 8) have compared the rate of applications for priority re-housing in the four administrative nations and provinces of the United Kingdom. In England, 12 in every 1,000 households applied in 2000/01. The rate was slightly lower in Wales (10), but two-thirds higher in Scotland (19) and Northern Ireland (21). A greater proportion of the applications are accepted as homeless by the NIHE (51%) than by local authorities in England, Scotland and Wales (43%, 45% and 32% respectively). These comparative statistics should not necessarily be accepted at face value. It may be, as the Scottish investigations warn, that some of the differentials are attributable to different rates of re-application, and they may also be a response to differences in the operation of public housing (local authority/Scottish Homes/NIHE). Broadly, investment in public housing has continued much more in Scotland and Northern Ireland than in other regions. If in the province there has been buoyant supply and a higher flow of public housing vacancies than in Great Britain, they will have encouraged newly-forming or expanding households to apply.

SINGLE HOMELESS PEOPLE

The other major recognised group of homeless people are those who are not registered with local authorities for priority housing. Non-statutory homeless people are often described as 'single homeless people' (see Chapter 1). Unlike statutory homeless people, there are no accurate figures or lists of the number of single homeless people. Some are visible on the streets or use hostels and are known to service providers, but others sleep rough in isolated spots, or stay with relatives, friends or in bed and breakfast hotels: their homelessness is 'hidden' and unknown to statutory and voluntary agencies. In an attempt to identify the scale of the problem, *Crisis* has suggested that there are 400,000 single homeless people in England, but has commissioned further research into the prevalence of hidden homeless people.¹⁵

Crisis' estimation accumulates: (i) around 596 rough sleepers on any given night,¹⁶ (ii) 76,680 single homeless people who placed themselves in bed and breakfast hotels (estimates from 1995-96),¹⁷ (iii) 26,500 single homeless people in hostels,¹⁸ (iv) 9,600 single homeless people in squats (estimated in 1995),¹⁹ (v) 24,000 asylum seeker absconders, based on a 1998 report by the Immigration and Nationality Directorate,¹⁵ and (vi) 266,000 people who live in crowded accommodation with too few bedrooms.²⁰ As this last group undoubtedly contains many 'sofa surfers' and people sleeping on friends' floors, *Crisis* identifies the group as in housing stress and among their client constituency.

There are very few statistics about the numbers of single homeless people who stay with relatives or

friends, in squats, or in bed and breakfast hostels or other commercial temporary accommodation. A 1996 survey over three months by the Young Men's Christian Association (YMCA) of young (16-25 years) single homeless people who approached statutory and voluntary agencies in four inner London boroughs and seven other British cities identified 6,879 cases.²¹ A quarter of the sample were staying with friends or relatives. Similarly, among 164 *The Big Issue* vendors in southwest England in 2002, 20% were staying with friends, 3% in squats, and 5% in bed and breakfast hotels.²²

The next sections examine the numbers of rough sleepers and hostel residents. Reflecting the availability of the evidence, it concentrates on rough sleepers in England, Scotland and Wales, and on hostel residents in London and Scotland. The NIHE states that there is no information about the number of rough sleepers in Northern Ireland. There is also very little data about hostel residents in other towns and cities.²³

Rough sleepers

The responsible Minister in the *Office of the Deputy Prime Minister* is frequently asked by Members of Parliament to give figures of the number of rough sleepers in a constituency or region. Confident, absolute replies are given, without dwelling on the limitations and precise meaning of the data. If, however, the reply is based on counts that are literally street surveys of people who one night are sleeping rough in visible or accessible places, then the estimate will miss those who sleep in hidden places unknown to any authority, and it will be an unknown proportion of the greater number who experience the state during a week, a month or a year. In practice, estimates of rough sleepers are now made by local authority housing department staff using 'institutional intelligence', including the opinions of local homeless organisations' staff and the police. While a more subtle approach, inconsistency has been introduced, and even on the pure grounds of survey methodology, the validity and reliability of the counts are unclear.

Two 'laws' can be proposed about the enumeration of rough sleepers, the first being that there are always uncounted individuals. Concerted searches in different places and at different times will normally find additional people. The other is that even if all rough sleepers are identified and accommodated, by the following night others will have appeared. Measuring the extent of rough sleeping with one-night counts 'in areas with a problem' is rather like estimating the number of active hill walkers by counting the number that on one day reach a dozen high peaks. The point of these abstractions is that even in a defined area there is no single answer to the question, 'How many rough sleepers are there?' Flow or period estimates are more meaningful than point-in-time or one-night counts.

Rough sleeping counts in England

In 1966, the *National Assistance Board* counted 300 people sleeping on the streets in inner London and six outer boroughs, and 965 people in the rest of Britain.²⁴ Both the 1971 and 1981 population censuses carried out one-night counts of rough sleepers, but the results were unreliable and not published.²⁵ The 1991 census tried a more elaborate approach, by enlisting the help of homeless service organisations, and counted 2,674 rough sleepers, but the results have again been widely disputed.²⁶ More reliable estimates are produced by homeless sector organisations and their outreach teams. Regular street counts (or surveys) of rough sleepers have been carried out since the mid 1990s in Birmingham, Brighton, Bristol, Leeds, central London, Manchester and Sheffield.

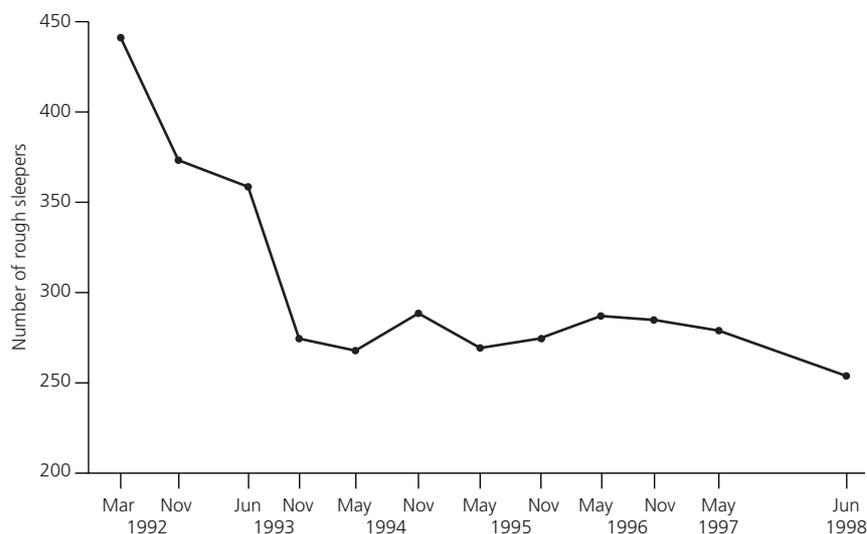
From March 1992, six monthly street counts of rough sleepers in a specifically defined tract of central London were organised by *Homeless Network* to monitor the impact of the government's *Rough Sleepers Initiative* (RSI). This corresponded roughly to the 'West End', from Victoria to The Temple, and north to Oxford Street and Holborn. From November 1993, The City of London and a few 'blocks' just to its east in Whitechapel were included in the counts. The first exercise found 440 rough sleepers, while for five years from November 1993 the count was around 275 (Figure 2.17). By 1996, rough sleeping was recognised to also be a problem in Bristol, Brighton, Southampton and Nottingham, and the RSI funding was extended to 28 other towns and cities.

In June 1998, the RSI and local authorities began annual counts throughout England, and the results are

announced each June. Not all authorities participated in the first year, but the exercise estimated that around 1,850 people slept rough each night, including 370 in central London (with The City, Whitechapel and Vauxhall), and 250 in the rest of Greater London.²⁷ This usefully identified the provincial towns and cities with relatively large numbers of rough sleepers (Figure 2.18). Among them were the two largest industrial and commercial cities, Birmingham and Manchester, and towns that attracted young people like Brighton and Oxford. Some large cities had low numbers, notably Leeds with just 19 rough sleepers. The survey also made clear that the scale of rough sleeping in Westminster and the surrounding London boroughs was quite exceptional and dominated the national distribution.

The Rough Sleepers Unit was created in 1999, and in December of that year published *Coming in From the Cold*, which set out its strategy for cutting street homelessness by two-thirds by April 2002 (see Chapter 11).²⁸ Local authorities that had reported more than 10 rough sleepers were asked to undertake annual street counts or estimates, and those with 20 or more to do this every six months. By the summer of 1999, the DETR reported a sizeable problem (40-56 rough sleepers) in Bournemouth, Birmingham, Bristol, Brighton, Cambridge, Manchester and Oxford; and lesser numbers (30-39) in several towns not identified a year before, including industrial towns (Bury, Nottingham) and resorts and ports (Blackpool, Great Yarmouth).²⁹ These returns add weight to the idea that the result of a point-in-time estimate is a function of the effort applied to the task.

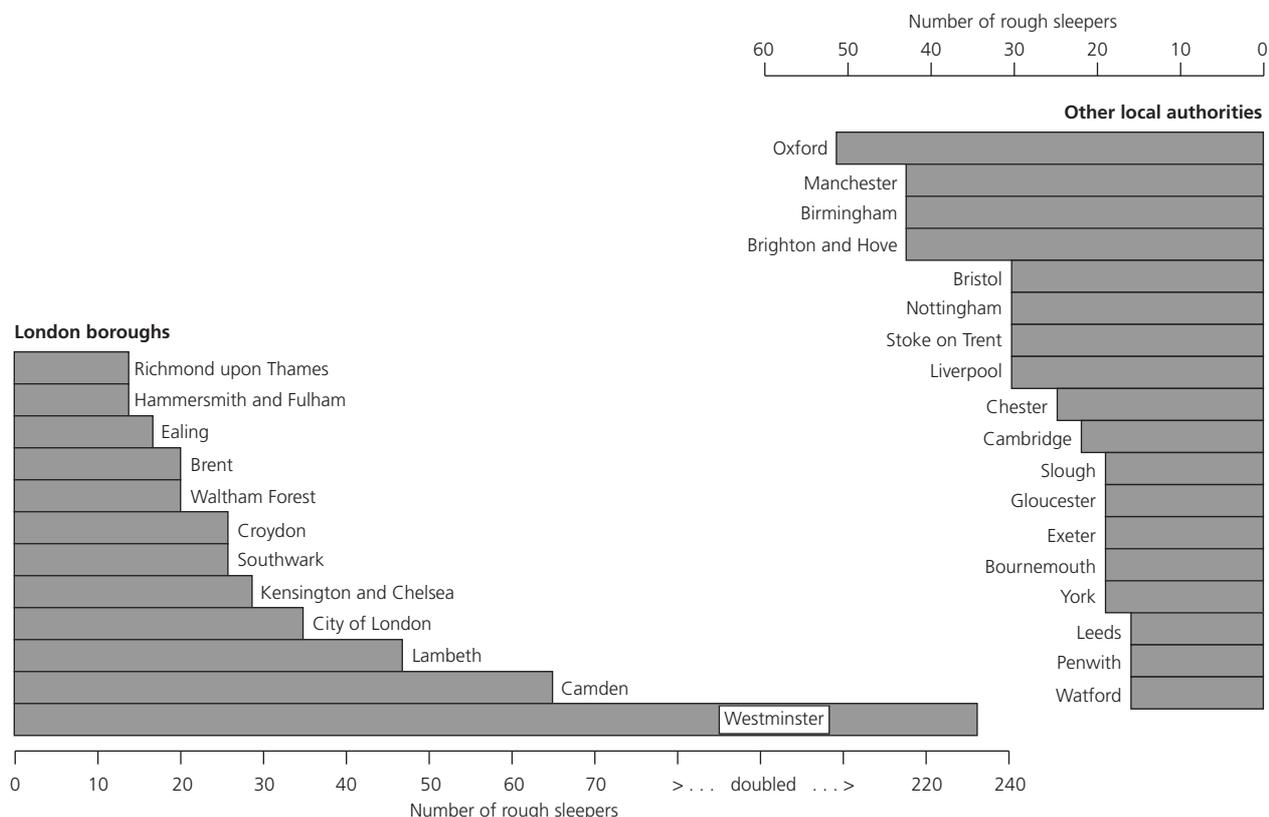
Figure 2.17 Rough sleepers in central London, 1992-98



Source: DETR Sustainable Development, Quality of Life Indicators. Recalculated from chart at <http://www.sustainable-development.gov.uk/quality99/chap4/04j05.htm>

Note: Waterloo, Victoria, The West End and South Camden only.

Figure 2.18 Principal concentrations of rough sleepers, England, June 1998



A copy of the collated estimates for 1998-2002 has helpfully been provided by the *Homelessness Directorate*. The London data are presented in Table 2.7, and the figures for the provincial authorities with more than a handful of rough sleepers in Table 2.8 (along with estimates of the all England total). It is emphasised that while the figures are assigned to June each year, they are 'the most recently available' estimates, and are not aggregates from a simultaneous survey. In a few cases, the local authority estimate was made during the previous November. The number of rough sleepers on a single night was estimated to have reduced from 1,850 in 1998 to 532 by the end of 2001.

The decrease by two-thirds during 1998-2002 in the point-in-time estimates achieved the government's target and is impressive. Given the inconsistent estimation methods, particularly in smaller cities, the reality described by the trend is however difficult to pin down. Close analysis of the statistics has limited value, but it is of interest that a greater reduction was achieved in the provinces than in London, despite the concentration of the RSU's attention and funding on the capital (Table 2.8). A similar effect is seen within London, for the reduction in the City of Westminster, the epicentre of rough sleeping and the RSU response, was lower than in any other borough (although the number increased in Hackney).

The annual flow of rough sleepers in England

Official estimates are best regarded as an 'index' rather than a 'count' of rough sleepers: the figures require 'factoring up' to approximate actuality. There are currently no data for the whole of England on the annual flow of rough sleepers, but reports from the RSU-funded 'Contact and Assessment Teams' (CATs) give useful insights into the flow of people onto the streets and into temporary accommodation. According to *Thames Reach Bondway's* central London CAT team, in order to achieve a single night's street count reduction of 70 homeless people (between May 2000 and May 2001), 1,625 hostel referrals were made. In other words, to reduce the homeless figure by one they had to make at least 18 referrals. The CAT team found that in a year about ten times as many people sleep rough in central London as are found on any one night and that numbers are affected by 'weather (more people sleep rough in the summer), the opening of local facilities, and the intensive street work activity immediately preceding a count'.³⁰ Randall and Brown's evaluation of the RSU accepted the moderate guideline that the number sleeping rough over a year is around ten times the number on any one night.³¹

In a survey of single homeless people in London in the summer of 2000, data for the twelve months after April 1999 were collated from three sources: the *Housing Services Agency* (HSA) register of RSU-funded outreach workers' contacts with people sleeping on

Table 2.7 Official point-in-time counts of rough sleepers in London

London borough	1998	1999	2000	2001	2002	Decrease (%)
Brent	29	19	16	7	4	86
Camden	59	66	54	38	28	53
City of London	41	36	40	30	41	0
Croydon	25	25	25	7	6	76
Ealing	24	18	14	7	4	83
Enfield		14	7	0	0	
Greenwich	11	21	5	0	3	
Hackney	6	7	8	0	11	
Hammersmith and Fulham	11	16	13	3	4	
Haringey	8	6	2	2	8	
Havering		5		0	0	
Hillingdon			8	0	0	
Hounslow	20		11	8	3	85
Islington	13	14	12	0	2	
Kensington and Chelsea	23	28	14	15	6	74
Lambeth	20	46	47	23	12	40
Lewisham		2	6	3	1	
Newham	11	0		8	0	
Redbridge			5	5	5	
Richmond upon Thames	12	16	10	5	6	
Southwark	31	26	7	13	2	94
Tower Hamlets	31	10	6	9	2	94
Waltham Forest	6	20	3	1	4	
Westminster	237	234	227	169	169	29
London total	621	635	546	357	321	48

Source: Homelessness Directorate 2002, *Estimate of the Number of People Sleeping Rough In England – June/July 2002*. Available from the HD as an Excel spreadsheet.

Notes: The figures are published in June each year. The most recent estimates are published, and may be based on a count or survey some months before. Not all London boroughs are shown. No rough sleepers were recorded in any year in Barking and Dagenham, Bexley, Harrow, Sutton and Wandsworth. No more than three were recorded on any occasion in Barnet, Bromley, Kingston upon Thames and Merton. Percentage changes from fewer than 20 have not been shown (as likely to mislead).

the streets; and the contacts of *St Mungo's* and *Bondway* outreach workers not funded by the RSU. The former worked with older people all over London, and the latter with middle-aged and older people in Vauxhall and adjacent areas not covered by the RSU teams. Careful checks to eliminate double counting were made³². Altogether, the registers recorded 3,844 men and 621 women sleeping rough in London during the year. The outreach teams' coverage of the outer London boroughs was partial. It was argued that the London total would be at least 10% higher than the counted 4,465, because much of outer London's area

was not covered by street outreach teams that were seeking out rough sleepers.

The HSA database recorded 3,031 rough sleepers in 2000/01 and 3,179 in 2001/02, compared to a single night count of 319 in May 2001: an approximate ratio of ten to one. In 2000/01, 1,191 rough sleepers were contacted for the first time, and 1,836 in the following year. Although the RSU count of rough sleepers in London reduced between 1998 and 2001, the HAS data show that the annual flow increased slightly between 2000/01 and 2001/02,

Table 2.8 Official 'point-in-time' estimates of rough sleepers, 33 authorities in England

London borough	1998	1999	2000	2001	2002	Decrease (%)
Bath and North East Somerset	12	9	5	7	4	
Birmingham	56	43	23	19	2	96
Blackpool	15	12	0	4	4	
Bournemouth	44	18	21	14	7	84
Brighton and Hove	44	43	26	20	9	80
Bristol	42	32	21	23	21	50
Bury	12	6	3	3	0	
Cambridge	30	21	21	16	19	37
Canterbury	11	8	8	9	12	
Chester	21	26	16	3	1	95
Exeter	27	19	19	10	7	74
Gloucester	16	20	12	2	5	
Great Yarmouth	13	1	0	0	0	
Guildford	8	5	10	1	1	
Leeds	8	17	17	7	8	
Leicester	20	9	10	7	5	75
Liverpool	17	30	19	13	19	
Manchester	31	44	23	17	19	39
Northampton	13	12	6	6	6	
Norwich	19	5	1	1	0	
Nottingham City	14	31	23	7	3	
Oxford	39	52	31	24	7	82
Plymouth	13	3	10	7	7	
Portsmouth	21	11	4	1	1	95
Reading	13	5	9	18	7	
Sefton	21	21	17	5	2	90
Sheffield	15	1	10	1	1	
Slough	12	20	4	1	0	
Southampton	22	13	16	7	6	73
Southend-on-Sea	0	0	16	1	1	
Stoke-on-Trent	20	31	1	0	0	100
Watford		15	9	4	1	
York	12	18	6	0	3	
Total in the 33	661	601	417	258	188	72
London	621	635	546	357	321	48
All other authorities	568	397	217	66	87	78 ¹
England	1,850	1,633	1,180	681	596	64¹

Source: Homelessness Directorate 2002, *Estimates of the Number of People Sleeping Rough In England: 1998-2002*. Available from the HD as an Excel spreadsheet.

Notes: Decrease is the percentage decrease from 1998 to 2002. Changes from fewer than 20 have not been shown (as likely to mislead).

and a greater proportion were new contacts. This suggests that the number of people who sleep rough had not reduced, but that they were being moved more quickly from the streets by outreach teams.

Information from CATs and organisations that work with rough sleepers in other towns provides further evidence of the relationship between a point count and the annual flow of rough sleepers (Table 2.9). The Nottingham and Birmingham figures are perhaps the least reliable, for the one-night counts in 2001 were unbelievably low. Maybe Leeds and London give the surest guide: their figures suggest that the ratio of the annual flow to a 'point count' is in the range of one to 12-30.

Rough sleepers in Scotland

Rough Sleepers' Initiative policies were introduced by *The Scottish Office* and since 1999 have been elaborated by *The Scottish Executive*. As in England one-night counts of rough sleepers have been replaced by information gathering over two weeks from service providers (hostels, day centres, outreach teams). In 2001, 500 rough sleepers were identified in May, and 471 in the following October, and interestingly, only 39 people were in both surveys. The estimated average number sleeping rough each night was 64 in May and 87 in October. Table 2.10 presents the figures for the greatest clusters.

The Edinburgh number was relatively high and Glasgow's relatively low in relation both to their respective populations and to the comparative numbers of statutory homeless applicants in the two cities. Most other districts of Scotland returned low numbers apart from Aberdeen. But as elsewhere, the Scottish one-night counts are misleading. More intensive studies of rough sleeping in several Scottish cities have estimated the much higher flow of people onto the streets over a year. Owen's recently published study reports that an outreach team in Edinburgh had contact with 680 rough sleepers during the 12 months of 2000/01, and 590 in the following year.³³

Table 2.10 Counts of rough sleepers in Scotland

Area	May 2001	Oct 2001
Aberdeen	38	43
Dundee	12	12
Edinburgh	154	183
Fife	10	20
Glasgow	172	137
Inverclyde	15	13
North Lanarkshire	13	8
Perth and Kinross	7	15
South Lanarkshire	16	6
Total	500	471

Source: Scottish Executive 2002, Rough Sleepers Initiative Report.

Rough sleepers in Wales

The *National Assembly for Wales* has published a thorough examination of rough sleepers and sleeping in the principality.³⁴ It was not preceded by a nationwide systematic count or survey, and makes no attempt to estimate the total number. It does however assemble diverse statistical records and surveys. Between 1996 and 1999, surveys had been undertaken on more than one occasion in Caerphilly, Cardiff, Gwynedd, Newport, Pembroke, Rhonda Cynon Taff, and Swansea, and one-off surveys took place in Monmouthshire and on Anglesey. Some surveys were head counts over various periods, while others recorded approaches by rough sleepers to agencies over a few months or a year. Altogether the report cites 16 local counts, surveys and estimations. It concludes: 'As these examples suggest the incidence of rough sleeping in Wales is difficult to monitor [because of the] different methods of collecting information, and a shortage of organisations equipped or commissioned to collect detailed information'. The most comprehensive attempt appears to have been that of *Rough Sleepers Cymru*, an alliance of Welsh homelessness organisations, which estimated that in the areas in which they work, over 150 people were sleeping rough on 6th May 1999.

Table 2.9 Single night counts and annual flows of rough sleepers

Town or city	One-night counts		Annual flow 2 001/02	2001 ratio Count:flow
	1998	2001		
Birmingham	56	2	381	1:195
Gloucester	16	5	97	1:19
Leeds	8	8	239	1:30
London	621	264	3,179	1:12
Nottingham ¹	14	3	289	1:96

Notes: 1. 1999/00, <http://www.stpetersnottingham.org/misc/outreach.htm>. Other sources provided by outreach teams or described in Appendix A.

Hostel residents

Compared to regular counts of rough sleepers, there have been few attempts in the last three decades to count the number of single homeless people in hostels on any given night. In 1965, the *National Assistance Board* collated information about 25,512 men and 1,963 women living in hostels, shelters, and lodging houses in England, Scotland and Wales. In 1972, a similar survey conducted by the *Department of Health and Social Security* found 24,535 men and 2,288 women.³⁵ There have been few subsequent comparable studies, except that as part of *The Scottish Executive's* review of homelessness policies and services, a substantial survey of hostels and hostel residents in Scotland has recently been undertaken.

There is no comprehensive information about hostel residents on a single night, and even less about the number of people who use hostels at some time during a year. In only a few places (e.g. Southampton), and to some extent for rough sleepers in London, are the flows of individuals around a local set of hostels tracked. The most complete information on hostels is about the number of beds and which groups of people they accommodate. In other words, it is supply rather than performance orientated. There is little understanding of the equations that link individuals, admissions, durations of stay, new entrants, and repeat users.

Surveys of hostel residents in England

A few comprehensive surveys of hostel residents in specific cities have been conducted since 1990. In response to the rising number of single homeless people in Nottingham, in 1994 the city's *Hostels Liaison Group* commissioned an enumeration of the city's hostel population.³⁶ Information was gathered about residents on a single night, over seven days, and about those who entered hostels and left during two observation periods. For the single night counts, 926 were enumerated in April and 915 in June: 500 people were in both samples.

A comprehensive survey of residents in London's direct-access and first-stage hostels was conducted on 16th August 2000. Detailed inclusion and exclusion criteria were developed, 71 eligible hostels were identified, and 67 (94%) participated.³⁷ There were 3,295 residents in the hostels, among whom over three-quarters (2,540) were men. Their characteristics are described in the next chapter.

Hostel residents in Scotland

For much of the twentieth century, Scotland grappled with the decline of its once pre-eminent industries of locomotive man-ufacture, shipbuilding, structural engineering, coal mining, steel making, textiles and fishing. Its rate of unemployment was characteristically

higher than in England, and its standard of living lower; and the British armed services recruited heavily from its population. Glasgow, with its strong maritime and casual-work traditions, and close connections to Ireland, has for long been associated with unattached and transient labouring men and merchant sailors, and with large, spartan direct-access hostels.

The Scottish Executive's recent review of hostel provision and residents identified 126 hostels throughout Scotland with an estimated 3,707 places.³⁸ They provide accommodation 'mainly for single homeless men in Glasgow, and outside Glasgow for diverse families and single people. ... Glasgow ... [is] the only area to have hostels with more than 100 places'. A sample of 203 hostel residents in five local authority areas were interviewed, 102 in Glasgow, and their profiles have been extrapolated for the entire nation (Table 2.11). Nine hostels in Glasgow were included. The sample slightly under-represented the very largest hostels at the expense of an excess of those living in hostels with 50-99 places. The Glasgow sample was compiled using age quotas developed through an intensive study by the *Glasgow Street Homeless Review Team*.³⁹

The report discusses carefully the difficulties of compiling an accurate list of hostels and particularly of constructing comparable lists for different places. The Scottish inventory found a very low percentage of places in small hostels in Glasgow, and suggest that this 'may reflect [a reluctance] to label or designate smaller, more specialist, facilities as hostels'. Glasgow City Council, for example, manages three units termed 'supported accommodation' that were not in the inventory. These include temporary accommodation for 18 older homeless men, and transitional units for 16 young people. The different age structures of Glasgow and the rest of Scotland (in the survey and in the national inventory) are influenced by the extent to which provision for young people in Glasgow was defined, or defined itself, out of the study. Not only the age structures but also the counts of homeless people in different areas will be influenced by the bias they convincingly identify.

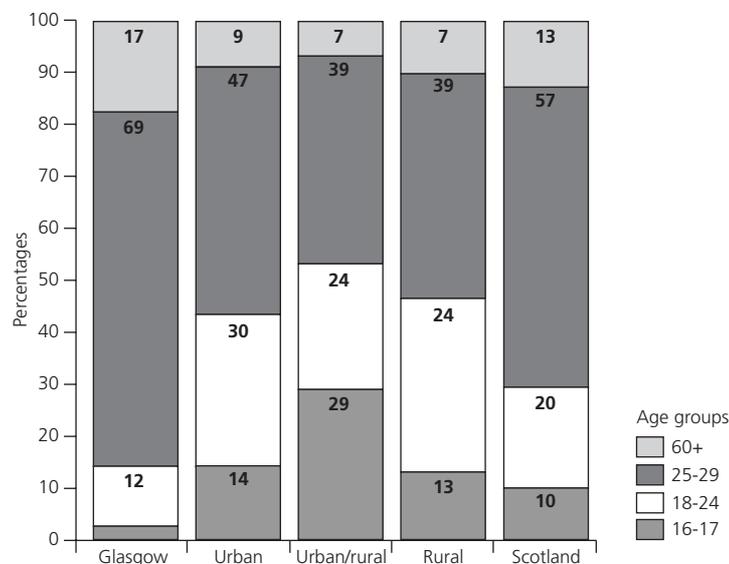
Age and gender

This rare substantial inquiry has produced invaluable profiles of the residents. The residents of Glasgow's hostels have a much older age structure than their peers in the rest of Scotland.³⁹ More than one in six (17%) of Glasgow's hostel residents were aged 60 or more years, compared to around 9% in the rest of Scotland (Figure 2.19). On the other hand, only 14% of the city's hostel residents were less than 25 years of age, compared to just under one half elsewhere. The fraction who were very young (16/17 years) was minuscule in Glasgow but 29% in rural areas. There was also a pronounced difference in the sex

Table 2.11 Number of hostel places in Scotland, by area and female share, 2001

Local authority	Number of hostels	Estimated places		Per cent female
		Number	Per cent	
City of Glasgow	28	1,733	46.7	10
North Lanarkshire	9	276	7.4 }	
City of Edinburgh	11	252	6.8 }	
City of Aberdeen	10	211	5.7 }	
City of Dundee	8	168	4.5 }	→ 40
South Lanarkshire	6	113	3.1 }	
Inverclyde	5	113	3.1 }	
Perth and Kinross	4	103	2.8 }	
Scotland	126	3,707	100	26

Source: Ann Rosengard Associates with Scottish Health Feedback 2001, Appendix 3(A).

Figure 2.19 Age structure of hostel residents in Scotland by type of area, 2000

Source: Ann Rosengard Associates with Scottish Health Feedback 2001, Table 1.4. Data from the national inventory (not the achieved sample of the Rosengard survey): see Scottish Executive 2000c.

composition of hostels in and outside the city. In Glasgow, only 10% of the residents were female, very different from the 43% in other urban and mixed urban/rural areas and 49% in rural areas.

OVERVIEW

Both the enumeration and the description of single homeless people depend upon the definitions of the population that are used (or the inclusion and exclusion criteria), and upon the enumerators' or surveyors' ability to collect information from the target population or from a representative sample. The first problem has two elements. There is no agreement about which groups of vulnerable or special needs people should be included in the 'homeless' population. Different views are held about the eligibility of, for example, young

care leavers in transitional accommodation, women who stay in refuges after fleeing domestic violence, and asylum seekers. Many live in specialist accommodation that is not customarily labelled as 'homeless sector provision'. A related difficulty is whether people in such groups have long-term or secure accommodation and are not therefore homeless. The second element is the extent to which one includes people in makeshift or 'doubling up' living arrangements, and those who are housed but are threatened with homelessness, e.g. facing eviction (discussed in Chapter 1). Definitional problems bedevil all inquiries about homeless people.

In broad terms, during 2001/02 local authorities in England accepted that around 207,000 households

that had applied for housing under the homelessness legislation were homeless, although only every other one was assessed as unintentionally homeless and in a priority need category. While many of those accepted spend some time in temporary accommodation, the number actually housed in a year will approximate the number accepted as in priority need. A majority of the others will be in housing or households that are unsatisfactory to them or in temporary accommodation. If the average size of an applicant household is two, the number of people recognised by local authorities as homeless or threatened with homelessness was 414,000.

In London during 1999-2000, 4,465 rough sleepers were contacted by outreach teams. There is no evidence that the annual flow has reduced. The recent RSU and *Homelessness Directorate* counts of rough sleepers suggest that the capital has around half of England's total. If this division is adopted for the period estimate, there were around 8,900 rough sleepers in England over the year, which indicates an order of magnitude total for Great Britain of 11,500.

The number living in temporary hostels is most difficult to estimate. Hostel capacity is less concentrated in London than are rough sleepers. In 1991, it was estimated that there were 22,383 hostel beds in London, 37% of the total of 60,142 in England.⁴¹ The RSU estimated that in 2001 there were 19,600 beds in London (the majority of the included hostels will have been second-stage or transitional accommodation), but direct-access beds probably totalled nearer 3,500. If London had the same share of the England total in 2001 as in 1991, the implication is that at the later date there were 52,970 hostel beds in England, including around 9,460 direct-access beds.

The average direct-access bed might accommodate four persons a year, but the equivalent ratio for second-stage accommodation is probably closer to one than two. There is little understanding of the level of circulation around hostels or therefore of the national ratio between beds and users over a year. Scotland has around 3,700 broadly defined hostel beds (or more if it is accepted that some facilities for homeless people in large cities evaded the count). The number in Wales is very uncertain. The strands of evidence suggest a direct-access capacity (and one-night population) in Great Britain of around 11,000 beds and a total hostel capacity of the order of 57,500 beds. These might respectively accommodate 44,000 and 75,000 individuals in a year, but the two populations overlap. It might be safe to suggest that 110,000 individuals use homeless hostels in one year.

To allow for a small percentage of the country's homeless people appearing in more than one of the groups that have been estimated in the last three

paragraphs, the aggregate of 535,000 is reduced by 10 per cent for a final estimate of the total homeless population in Great Britain of at least 480,000. This estimate of the not completely registered and collated annual homeless population for Great Britain is a large number but in no way unlikely. It is a little under one per cent of the population. Over and above the visible if uncollated groups, during one year there will be a few hundreds of thousands of others who 'double up' or 'sofa surf' but have no contact with any homeless or social housing agency: not even rough estimates can be made. Homelessness is both rare and a very large problem in contemporary Britain.

Notes

1. The full text of the Acts is published in Hansard. See <http://www.hmso.gov.uk/acts/acts1996/1996052.htm#aofs>
2. The details reflect amendments in the *Housing (Scotland) Act 1987, Part II* and the *Housing (Scotland) Act 2001*. The source is Scottish Parliament 2002, 4-5. Further details of the legislative revisions are given in Chapter 8.
3. Office of the Deputy Prime Minister *Statutory Instrument 2002 No. 2051*, 30th July <http://www.hmso.gov.uk/si/si2002/20022051.htm>
4. For a legal definition, consult the legislation.
5. The statistics for England are available online at <http://www.statistics.gov.uk/statbase/ssdataset.asp?vlnk=3621&image.x=17&image.y=12>. There is a summary guide at <http://www.odpm.gov.uk/news/0209/shq2.htm>. See later footnotes for the locations of the Scottish, Welsh and Northern Ireland statistics.
6. Household estimates and projections are available on the Office of National Statistics website. See Statbase Housing dataset *Household Estimates and Projections: 1971-2021* which is available online at <http://www.statistics.gov.uk/statbase/ssdataset.asp?vlnk=4218&image.x=24&image.y=6>. In 1996, there were 20.19 million households in England, and in 2000 in Great Britain, 16 per cent of households were local authority renters.
7. Office of the Deputy Prime Minister, 2002, *Homelessness Statistics: Policy Briefing*, 11 December.
8. The relevant pages of the Scottish Executive website will be found at <http://www.scotland.gov.uk/stats/>
9. As note 8. Table or website page /00195-03.asp
10. Pawson *et al.*, 2001.
11. The statistics are maintained on the *Statistics for Wales* website. For *Housing Statistics* see <http://www.wales.gov.uk/keypubstatisticsforwales/content/publication/housing/2002/whs2002/whs2002-intro-e.htm>
12. The statistics on numbers and types of homeless people in the Province are drawn from the Northern Ireland Assembly's 2002 Research Paper, *Homelessness in Northern Ireland*, which is available on-line at http://www.ni-assembly.gov.uk/social/reports/report3-01r_Vol1_Apart2.htm This paper was prepared for the NI Assembly Committee for Social Development's *Second Report on the Inquiry into Housing in NI (Homelessness)* of June 2002, also available on-line (as above but address ends with /report3-01r_Vol2_main.htm). See also Comptroller and Auditor General for Northern Ireland 2002.
13. The Assembly was suspended from midnight on Monday 14 October 2002.
14. Finnegan, 2001. Reported previously in an unpublished paper.
15. *Crisis*, undated. *Hidden Homelessness Campaign Brief*. For the latest evidence and discussion, see www.crisis.org.uk
16. Office of the Deputy Prime Minister, 2002.
17. Carter, 1997.
18. Cited by *Crisis in Hidden Homelessness Campaign Brief*. Based on information sent by Registered Social Landlords and Charities to Core Database.
19. Cited in Alexander, 1998. Information provided by the London Research Centre.
20. Cited by Crisis in *Hidden Homelessness Campaign Brief*. Information from Survey of English Housing 1998/99.
21. Smith and Gilford, 1998.
22. The Big Issue South West, 2002.
23. Northern Ireland Assembly, 2002.
24. National Assistance Board, 1966
25. Thompson, 1995.
26. Oldman and Hooton, 1993.
27. Homeless Network 1998, 1999.
28. Rough Sleepers Unit, 1999.
29. DETR, 1999, p. 8.
30. Thames Reach Bondway, 2001, p. 4. The report can be downloaded at <http://www.thamesreach.org.uk/>
31. Randall and Brown, 2002a, p. 14.
32. For details of the methodology, see Crane and Warnes, 2001a, Chapter 2.
33. Owen, 2002.
34. National Assembly for Wales, 2000. Details of the counts are in Chapter 3, 'The incidence of rough sleeping'.
35. Digby, 1976.
36. Vincent *et al.*, 1994.
37. For full details of the methodology and detailed statistics, see Crane and Warnes 2001a, Chapter 3.
38. Ann Rosengard Associates with Scottish Health Feedback, 2001, p. 2.
39. Scottish Executive, 2000.
40. The survey over-represented young (under 25 years) people and under-represented older residents: see Rosengard and Associates, 2001, p. 33.
41. Randall, 1992, p. 14.

3. Characteristics of single homeless people

This chapter describes the demographic, socio-economic and health characteristics of non-statutory or single homeless people. The main topics are their age, sex, ethnic groups and marital status, with variations by region of the country and by type of accommodation, and their educational and occupational backgrounds. A section on health examines the prevalence of physical and mental disorders, substance misuse problems and learning disabilities, and the final section examines homeless people's criminal histories.

There have been only a handful of national surveys on the characteristics of single homeless people in Britain's towns and cities. The most comprehensive was in 1965-66 by the *National Assistance Board*, and the last in 1991 was by the *Department of the Environment*.¹ This chapter therefore relies heavily on local surveys of single homeless people and on homeless service providers' client profiles. Its generalisations mainly refer to samples of more than 100 subjects – small

qualitative reports often focus on a sub-group of homeless people or on selected subjects. Aggregating information for this chapter has been difficult, because non-standard categories are used by different organisations and researchers for even the basic attributes of age and ethnic groups.

DEMOGRAPHIC CHARACTERISTICS

The gender ratio of homeless people

According to several profiles of rough sleepers and hostel residents, 80 to 88% of single homeless people are male (Table 3.1). Among *young* homeless people, however, a lower proportion (60 to 70%) are male (Table 3.2). Fitzpatrick and her colleagues suggest that the main reason for the preponderance of men among the single homeless population is that a high proportion of women who become homeless have children, are eligible for rehousing by local authorities, and are among the statutory homeless group. They do

Table 3.1 The sex of single homeless people (all ages)

Location	Dates of survey	Number of clients		
		Number	Male %	Female %
Rough sleepers:				
Birmingham ¹	Apr 01-Mar 02	381	84	16
Edinburgh ²	Apr 01-Mar 02	590	77	23
Gloucester ²	Apr 01-Mar 02	97	87	13
Leeds ²	Apr 01-Mar 02	211	86	14
London ³	Apr 01-Mar 02	3,179	88	12
Scotland ⁴	Oct 01	471	86	14
Hostel/shelter residents:				
Albert Hostel, Newport, Wales ⁵	Apr 00-Mar 01	106	85	15
46 hostels, Glasgow ⁶	Aug 99	225	86	14
67 hostels, London ⁷	Aug 00	3,293	77	23
Rolling shelters, London ⁸	Apr 00-Nov 01	1,229	83	17
St Mungo's hostels, London ⁹	Apr 01-Mar 02	1,462	89	11
The Salvation Army hostels, national ⁹	Apr 01-Mar 02	6,607	86	14
Crisis WinterWatch projects, national ⁹	Dec 01-Mar 02	1,930	87	13

Sources and notes: 1. Birmingham Contact and Assessment Team, 2002. 2. Information from street out-reach team. 3. Information provided by Broadway from Combined Homelessness and Information Network (CHAIN) database. 4. Laird, 2002. 5. Newport Action for Single Homeless. See <http://www.nash01.org.uk> 6. The sample also included 14 rough sleepers interviewed at day centres. Kershaw *et al*, 2000. 7. Crane and Warnes, 2001a. 8. CRASH, 2002. 9. Information from the organisation about admissions over the period. Summaries of the main data sources are in Appendix.

Table 3.2 The sex of young homeless people (aged under 25 years)

Location	Survey period	Number of clients	Male %
Rough sleepers, London ¹	Apr 01-Mar 02	467	77
Hostel residents, London ²	Aug 00	635	62
Centrepoint projects, London ³	Apr 01-Mar 02	837	63
Rolling shelters, London ⁴	Apr 00-Nov 01	248	68
Various sites, Cumbria ⁵	Feb 99	173	65

Sources and notes: 1. Information provided by Broadway from CHAIN database. Includes people aged 25 years and under. 2. Crane and Warnes, 2001a. 3. Admissions over the period; see Centrepoint 2002. 4. Includes people aged 25 years and under. Admissions over the period; see CRASH, 2002. 5. Includes people sleeping rough and in temporary accommodation; see Sewell (2000). Summaries of the main data sources are in Appendix.

not believe that female homelessness is more 'concealed'.² This would be consistent with the higher representation of females among very young homeless people (who are more likely than those in their twenties to be childless).

Sexual orientation

There is very little evidence about the number of single homeless people who are gay, lesbian or bisexual. There is only one detailed report and very few homeless organisations record (or report) information on sexual orientation.³ Lesbian, gay or bisexual homeless people may be reluctant to access services or to declare their sexuality for fear of being stigmatised by service providers and other homeless people. Some at least are likely to be among the 'hidden homeless'. Among single homeless people admitted in 2001/02 to Centrepoint's London projects and to *Crisis WinterWatch* projects, just 2% reported being bisexual, and a similar proportion said they were gay or lesbian.⁴ A study in the late 1990s in Reading, Berkshire, of the housing and health needs of 169 lesbian, gay and bisexual people aged 15-25 years found, however, that as many as 13% of the young people were or had been homeless.⁵

Age groups

A high proportion of single homeless people are aged 25-34 years, and many others 35-49 years (Table 3.3). In comparison, fewer homeless people are younger or older. The age groups of rough sleepers and hostel residents do however vary greatly by region and city. Edinburgh, and to a lesser degree Birmingham, have much younger street populations than London – 35% of rough sleepers in Edinburgh were aged 25 years or less compared to just 15% in London. In contrast, the proportion of London's rough sleepers aged 35 years and over is more than twice that of Birmingham or Edinburgh.⁴

The reasons for local differences in rough sleepers' ages may be associated with: (i) the rates of movement of

people of various age groups away from their local area when they become homeless, and particularly into central London; and (ii) the availability of local services dedicated to different age groups and their effectiveness in preventing homelessness or in helping people off the streets. Among people admitted to hostels and shelters, the variation in the reported percentage aged under 25 years is relatively slight (18-27%), but the percentage of older residents varies greatly. Just 2% of the 2000/01 residents in Albert Street Hostel, Newport, South Wales were aged 50 years and over, compared to 34% in Glasgow's hostels (Table 3.3).⁴ Several factors influence the age structure of residents in general needs hostels, including the local availability of specialist young people's projects, and the hostels' admission criteria, resettlement practices and move-on opportunities.

Age groups by sex

Among those who sleep rough and stay in hostels and shelters, women tend to be younger than men. In several samples, around two-thirds of women were younger than 35 years and, except in Glasgow's hostels, only a small proportion were over 50 years of age (Figure 3.1). In contrast, more than three-fifths of men were aged 25-49 years, and many others aged over 50 years.⁴ Although a higher *proportion* of homeless women than men are in the younger age groups, the *number* of young homeless men exceeds that of young women. For example, among 'rolling shelter' residents in London between April 2000 and November 2001, 13% of men compared to 33% of women were under the age of 25 years, but the respective numbers were 128 and 62. Similarly, among London's hostel residents in August 2000, 15% of men and 33% of women were aged under 25 years, but 391 men and 244 women were of these ages.⁴

Birthplace and ethnic groups

The birthplace and ethnicity of single homeless people vary by area of the country and sleeping arrangement. Many homeless people stay in the locality where they

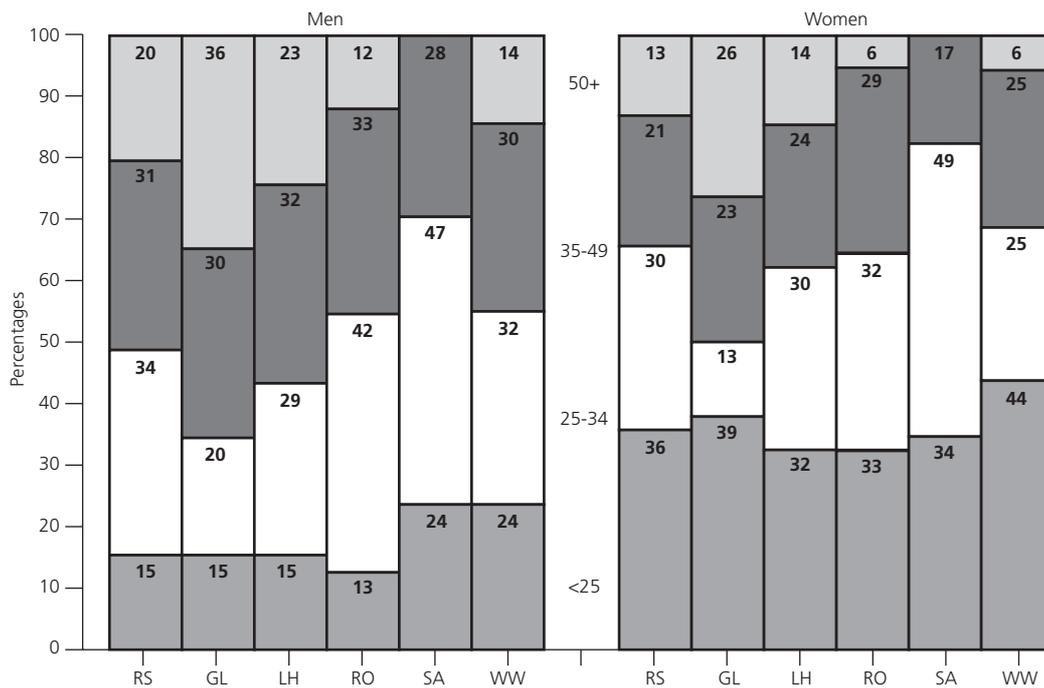
Table 3.3 The age groups of single homeless people (years)

Sample location	All Number	< 25 %	25-34 %	35-49 %	50+ %
Rough sleepers, 2001/02					
Birmingham ¹	381	25	40	14	6
Edinburgh ²	590	35	32	← 23 →	
London ¹	3,179	15	35	32	18
Shelter/hostel residents					
46 Glasgow hostels, 1999 ³	225	18	19	29	34
67 London hostels, 2000	3,295	19	30	30	21
Albert hostel, Newport, 2000/01 ³	106	24	41	34	2
Rolling shelters, 2000/01	1,163	17	40	32	11
The Salvation Army, 2001/02 ⁴	6,607	26	47	← 27 →	
Crisis WinterWatch projects, 2001/02	1,923	27	31	29	13

Sources: See notes for Table 3.1. Summaries of the data sources are in the Appendix.

Notes: Age groups recorded for the sites are: 1. < 26; 26-35; 36-49; 50+ years. 2. <26; 26-40; 41+ years. 3. <25; 25-34; 35-54; 55+ years. 4. <25; 25-40; 41+ years.

Figure 3.1 Age groups by sex of single homeless people



Key: The age groups (years) are given in the central column. **RS** Rough sleepers, London, 1999/00. Crane and Warnes, 2001a; **GL** Glasgow hostels, 1999 (Age groups are successively <25, 25-34, 35-54 and 55+ years). Kershaw *et al.*, 2000; **LH** London hostels, 2000. Crane and Warnes, 2001a; **RO** Rolling shelters, London, 2000/01. CRASH, 2002; **SA** Salvation Army hostels, 2001/02 (Age groups are successively <25, 25-40 and 41+ years); and **WW** WinterWatch projects, Crisis, 2001/02.

Sample sizes: RS 3,736 men, 600 women; GL 192 men, 33 women; LH 2,536 men, 752 women; RO 976 men, 187 women; SA 5,699 men, 908 women; and WW 1,671 men, 247 women.

had previously lived, and therefore the nativity and ethnic groups of local rough sleepers and hostel residents reflect to some extent those of the local community. For example, three-quarters of those admitted to Albert Street Hostel in Newport, South Wales were Welsh, while 99% of those on the streets in Edinburgh and in Glasgow's hostels were classified as 'white'. In comparison, only a minority of rough sleepers and hostel residents in London originate from Wales or Scotland (Table 3.4).⁴ According to the 1991 Census, there were 2,477 people living in hostels and common lodging houses in Scotland, of whom 99% were 'white'. Among the 594 people so housed in Wales, 94% were 'white'.⁵

Several reports and surveys suggest that homeless people from minority ethnic groups are more likely than white British people to stay with relatives or friends or in hostels, and are less likely to sleep rough.⁷ Among rough sleepers in various cities in 2001/02, less than one-fifth were in minority ethnic groups, even in London and Birmingham where the general population is exceptionally diverse.⁴ In London there was a predominance of white British people among rough sleepers, yet a high proportion of hostel residents were members of minority ethnic groups: Black Africans were particularly well represented (Table 3.4).

A survey by the YMCA in 1996 of more than 3,000 young single homeless people in four inner London boroughs and seven other British cities found that white British young people, and even more those from Ireland, were the groups most likely to sleep rough

(Figure 3.2). In contrast, around one half of homeless black British youths stayed with friends or relatives.⁸

A small proportion of single homeless people are refugees or asylum seekers. They formed 8-10% of people in the *Off the Streets and Into Work* programme (see Chapter 6), and of those admitted in 2001/02 to *St Mungo's* and *Centrepoint's* hostels in London, and 1% of those admitted during that year to *The Salvation Army's* hostels.²

Ethnic groups by age and sex

The ethnic composition of the homeless population differs by age group. The profiles of hostel residents in London in 2000 suggest that those aged less than 25 years are more likely to be from a minority ethnic group than residents above that age (Table 3.5). Similarly, many young people admitted to Centrepoint's London projects in 2001/02 were from minority ethnic groups. In contrast, very few people over the age of 50 years in the London hostel survey were born outside the British Isles, although an exceptionally high proportion were Irish-born.

There are also indications that homeless women are more likely than homeless men to be from minority ethnic groups. In the London hostel survey, 68% of women compared to 46% of men were neither white British nor Irish (Figure 3.3).⁴ Similar sex differences were reported in the 1996 YMCA survey of young homeless people.⁸ The findings have to be treated cautiously, because the ethnicity of homeless people will vary greatly according to the town or city surveyed,

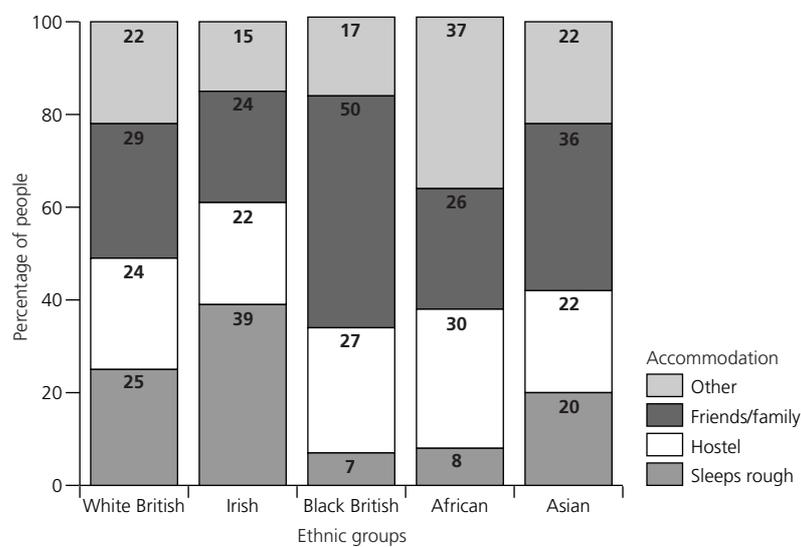
Table 3.4 The ethnic groups of single homeless people (percentages)

Ethnic group	Rough sleepers, London 2001/02	67 London hostels 2000	Albert Hostel, Newport 2000/01	Crisis WinterWatch projects, National 2001/02
English (white)	59	30 ¹	13	64
Scottish (white)	10	4	5	12
Welsh (white)	1	n.a.	76	7
Irish (white)	10	12	0	10
European (white)	8	5	1	n.a.
Black African	4	22	0	1
Black Caribbean	2	7	2	1
Asian	2	2	0	1
Black British	n.a.	8	0	1
Other groups	3	9	2	4
Number of informants	2,986	2,968	106	1,919

Sources: See notes for Table 3.1. Summaries of the data sources are in Appendix.

Notes: 1. Includes Welsh people. n.a. not available.

Figure 3.2 The accommodation of young homeless people by ethnic groups



Source: Smith and Gilford, 1998, pp. 79-80.

Notes: Aged 25 years and under. 'Other' sleeping site includes bed-and-breakfast hotels, lodgings, probation hostels, social services hostels, hospitals, and own home. Sample size: White British 970; Irish 156; Black British 461; African 342; and Asian 90.

Table 3.5 The ethnic groups of single homeless people by age groups (percentages)

Ethnic groups	Centrepoint ¹	London's hostels ²		
	Under 25	Under 25	25-49	50+
English and Welsh (white)	} 34 ³	26	29	42
Scottish (white)		2	4	7
Irish (white)		3	8	34
European (white)	n.a.	6	6	3
Black African	28	27	26	5
Black Caribbean	15	9	7	3
Asian	1	3	2	1
Black British	n.a.	15	7	1
Other groups	21	9	11	5
Number of informants	760	622	1,775	558

Sources: 1. Admissions during 2001/02. Centrepoint 2002. 2. Survey of 67 hostels, August 2000. Crane and Warnes, 2001a. Summaries of the data sources are in the Appendix.

Note: n.a. not available.

and whether the sample involves rough sleepers, hostel residents, or those staying with family and friends.

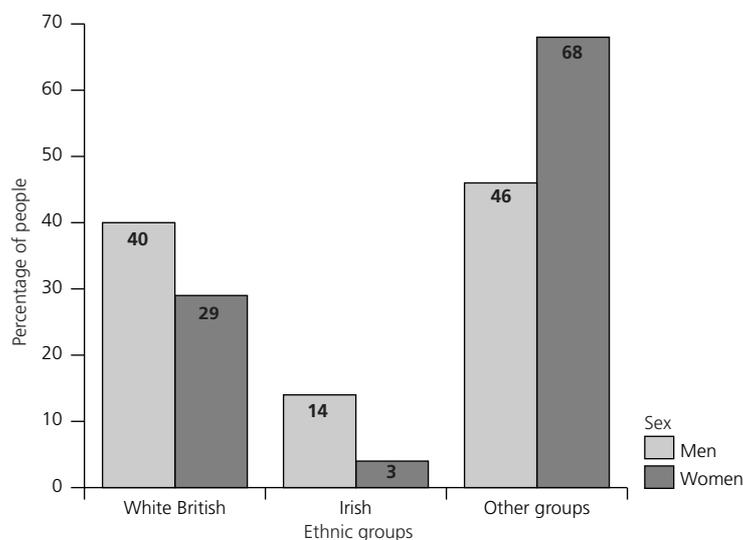
Marital status

Many homeless people on the streets and in hostels have never married, while most others are divorced, separated or widowed. Among 106 admissions in 2000/01 to the Albert Street Hostel, Newport, Wales, 82% were single, 17% divorced or separated, and 1% widowed. A lower proportion of Glasgow's hostel residents were described as single (64%), while 27% were divorced or separated, 5% widowed, and 5%

married.¹⁰ There were expected differences in marital status by age among the Glasgow sample. Young people were more likely to be single, while divorce and separation were most prevalent among those aged 35-54 years (36%), and widowhood among those aged over 55 years (13%).¹¹ The figures have to be interpreted carefully, because some who have had a stressful marital experience may deny ever having married.

A study in four English cities of 225 older homeless people (aged 55+ years) found that women were more

Figure 3.3 The ethnic groups of London’s hostel residents by sex, 2000



Source: Crane and Warnes, 2001a.

Table 3.6 Education and employment status of homeless and housed young people (%)

	Homeless people ¹	Housed people ¹
Left school before aged 16 years	37	12
Left school at 16 or more years without qualifications	26	9
Currently in education / training	13	59
Currently unemployed	85	20
Number of subjects	161	104

Source: Craig et al. 1996.

Note: 1. Young people aged 16-25 years.

likely to have been married than the men. Three-fifths of the men were single (never married), and one-third divorced or separated, whereas just two-fifths of the women were single and one-half were divorced or separated. One-tenth of both the men and women were widowed.¹²

Homeless couples

There is very little information about the number of homeless ‘couples’ who sleep rough or use hostels and shelters. Some couples will have been married or cohabited before they became homeless, while others form a relationship while homeless. It can be assumed that most homeless couples sleep rough or stay with friends and relatives simply because few hostels and shelters have facilities for couples (see Chapter 5).

In Edinburgh, 13% of 680 rough sleepers in 2000/01, and 15% of 590 in 2001/02 were in couples.² As noted earlier, the street population of Edinburgh is relatively young. Among 66 rough sleepers, *The Big Issue* vendors and beggars in Glasgow and Edinburgh, 21% currently had a partner, and again they were relatively

young (71% were under 40 years of age).¹³ In London, where rough sleepers tend to be older, fewer homeless ‘couples’ are found. Among 225 homeless people aged 55 years and over in London, Sheffield, Leeds and Manchester in 1994-95, just one person was with another person as a ‘couple’.¹² A survey conducted throughout Britain in the mid-1990s by the Office for National Statistics found that 2% of 181 night shelter residents and 4% of rough sleepers at day centres were married or cohabiting.¹⁴

SOCIAL CHARACTERISTICS

Education and qualifications

There is scant information about the educational experiences of homeless people. Homeless sector organisations and surveys of homeless people rarely inquire into the clients’ schooling. Some do however collect information on educational ‘attainment’ or qualifications. Generally, people who become homeless, particularly those in their teens or early twenties, have received significantly less education than housed people of the same age. Among 141

homeless people aged 16-25 years surveyed in London, the Midlands, East Anglia and Shropshire, 43% had been excluded from school, 25% more than once.¹⁵

The general educational attainment of 161 homeless young people (aged 16-22 years) in London was low when compared to that of 104 housed people of the same age (Table 3.6). Over a third of the homeless group had left school before the age of 16 years (without taking certificate examinations), while another 26% left at older ages without qualifications. In total, 63% of the homeless sample compared to 21% of the housed group left without any usual certificate of attainment. At the time of interview, the housed sample were more likely to be receiving further education or training, while most of the homeless group were unemployed.¹⁶

Compared to the general population, homeless people are less likely to have acquired educational or vocational qualifications. Around 30 to 50% of homeless people are reported to have no qualifications (Table 3.7). In contrast, among the general population aged 25-34 years in 2001, 26% of men and 18% of women had 'Advanced level' (A level) Certificates of Education, 22% and 20% respectively had degrees, and only 9% of men and 10% of women had no qualifications.¹⁷

Literacy problems

The extent of illiteracy among homeless people is unknown, as many organisations do not collect the information. The problem is however believed to be widespread. According to a 2001 review for *Scottish Homes* of life skills training for homeless people, 'many homeless people do not have the basic literacy and numeracy skills required to deal with day-to-day living'.¹⁸

Among over 500 young people admitted to *Centrepoin*'s London projects in 2001/02, 16% had problems with reading, 18% with writing, and 14% with basic numeracy.⁴ Similarly, among 1,706 homeless people in London's *Off the Streets and Into Work* training and employment programmes between April 2000 and June 2001, 29% had literacy problems.¹⁹ Even among the general population, however, there is evidence that 21-23% have a reading ability below

level one (expected of an 11 year old), and 23% comparably poor numeracy.²⁰

Employment history

Most homeless people have been in paid employment at some time before becoming homeless. Among 362 *The Big Issue* vendors in northern England, 79% had been employed, as had 87% of 193 rough sleepers in London.²¹ Among the latter, 34% had worked for more than ten years and another 26% for more than five years. Compared to the general population, only a minority of homeless people have worked in professional or managerial positions (Table 3.8). Their employment is mainly in: (i) manufacturing, craft and related occupations, such as construction and engineering; (ii) personal and protective service occupations, such as security work, catering, bar or waitress work, or in the armed forces; and (iii) miscellaneous unskilled occupations, very often general labouring.

HEALTH AND SUBSTANCE MISUSE PROBLEMS

It is difficult to obtain accurate figures about the proportion of single homeless people who have physical health, mental health, alcohol and drug problems. Some rough sleepers and hostel residents may deny or not recognise such problems, nor are they always immediately apparent to outreach workers or hostel staff. Outreach workers see some of their clients just once or twice, while some hostel residents may conceal a drug habit for fear of eviction, or be in very large hostels that are under-staffed or in shelters that are open only at night. These difficulties lead to under-recording, e.g. among 3,179 rough sleepers in London in contact with street outreach teams during 2001/02, the prevalence of health and substance misuse problems among 1,327 clients (42%) was unknown.²²

There are inconsistent terminologies for and assessments of physical and mental illnesses, and of alcohol and drug misuse in the homeless field, partly because the assessments are made by staff (and occasionally volunteers) with inconsistent backgrounds. Some street outreach teams and hostels have trained mental health and substance dependency workers, while others have generic workers with little specialist

Table 3.7 Homeless people's educational and vocational qualifications (%)

Survey sample and date	Number	GCE/GCSE	'A' Level	Degree	No qualifications
Rough sleepers, London, 1999 ¹	193	41	13	5	51
Young homeless, London, 2001/02 ²	577	49	7	1	39
<i>Big Issue</i> vendors, SW England, 2002 ³	164	57	10	4	30

Notes: 1. St Mungo's Street Dwellers and Work Survey, 1999. <http://www.mungos.org/facts/reports.shtml> 2. Admissions to Centrepoin's hostels in London. 3. The Big Issue South West, 2002.

Table 3.8 Homeless people's previous work history – type of former job (%)

Occupational group ¹	Rough sleepers, London, 1999 ²	<i>The Big Issue</i> vendors, N. England, 2000 ³	UK population, 2001 ⁴
Managers and administrators	0	1	13
Professional	2	1	12
Associate professional and technical	0	4	13
Clerical and secretarial	8	5	14
Craft and related ⁵	6	40	10
Personal and protective services ⁶	27	21	7
Sales	6	3	8
Plant and machine operatives	n.a.	5	9
Other ⁷	62 ⁸	20	13
Total number	1,67⁹	283	24,043,000

Notes: n.a. not available. 1. As used in the UK *Labour Force Survey*. 2. Respondents' main job; St Mungo's *Street Dwellers and Work Survey*, 1999. <http://www.mungos.org/facts/reports.shtml>. 3. Last job of *The Big Issue* vendors. *The Big Issue in the North*, 2000. 4. Includes only employees. Department for Education and Skills, 2001, Table 4.9, p. 87. 5. For example, jobs in construction and engineering. 6. For example, bar or waitress work, security guards, catering. People in the armed forces have been included. 7. For example, general labouring. 8. Includes people grouped as 'construction trade / manual labour' – some may fit into plant and machine operatives. 9. Some people identified more than one job – the column totals therefore exceed 100%.

training. Moreover, some physical and mental health problems only become apparent through clinical investigations and mental health assessments. A review in 2002 of assessment practice among voluntary sector homeless services in London noted that most staff had had no professional training in carrying out assessments, and 'had only received brief instruction, typically on short courses of which assessment may have been a minor element'.²³

The evidence nonetheless indicates that a high proportion of rough sleepers and hostel residents have physical health, mental health, alcohol and drug problems. They tend to be most common among rough sleepers, although they are more prevalent among hostel residents than in the general population. The prevalence of each problem varies by region, age, sex and ethnicity. For example, a relatively high prevalence of alcohol problems has been found among Glasgow's hostel residents, and of drug problems among people admitted to London's rolling shelters (Table 3.9).

Physical health problems

Homelessness causes health problems and aggravates existing conditions: 'risks to health are likely to increase the further a homeless person gets from being in adequate housing. The risk of infectious disease rises as soon as accommodation is cramped, overcrowded or insanitary, and the risks to physical health are likely to be at their most extreme when people are living on the streets'.²⁴ Many rough sleepers are exposed to dampness and the elements and at risk of hypothermia. They are susceptible to skin infestations

such as scabies and lice when they sleep on dirty streets or in filthy old buildings or share blankets. Many spend long hours standing in public places or walking around the streets, which leads to musculo-skeletal and circulatory problems such as arthritis, leg ulcers, oedema and cellulitis. Some homeless people use crowded and badly ventilated soup kitchens, day centres, shelters and bed and breakfast hotels, and infection is rife. Poor nutrition increases the risk of infection.

Homeless people are more likely than housed people to suffer from neurological disorders (particularly epilepsy), gastro-intestinal problems, musculo-skeletal disorders, respiratory problems, and injuries from accidents and assaults.²⁵ Compared to the general population, people in hostels and bed and breakfast hotels are twice, and rough sleepers three times, as likely to have chronic chest and breathing problems; and rough sleepers are twice as likely as the general population to have musculo-skeletal problems.²⁶

In the early 1990s, high rates of active tuberculosis were reported among homeless people in London, the most vulnerable being middle-aged and older men who slept rough or stayed in hostels.²⁷ Because of their general ill-health, inadequate diet and poor compliance with treatment, and because early detection is rare, homeless people are susceptible to the disease and to the reactivation of old lesions. The high incidence of tuberculosis and HIV-AIDS among homeless people has generated substantial investigations and specific public health responses in the United States, and there are studies from Australia, Canada, Spain, Melbourne and

Tokyo, but little research has been published in this country.²⁸

Effect on health of substance misuse

Physical illnesses are aggravated by alcohol and drug use. Alcohol abuse leads to nutritional deficiencies, neurological disorders, peripheral vascular disease, cirrhosis of the liver, upper respiratory infections, gastro-intestinal and pancreatic disorders, and brain damage (Korsakoff’s syndrome). Statistically significant associations have been found between physical illness and heavy drinking among homeless people.²⁹ Injecting heroin leads to problems such as accidental overdose, respiratory failure, deep vein thrombosis, abscesses from injecting sites, Hepatitis B and C, and HIV.^{30, 31} Among heroin addicts, fatal overdoses have increased in Britain over the last ten years, and the incidence is rapidly approaching that of road deaths as the most frequent cause of death among young people.³² Heavy crack-cocaine use can lead to paranoia, weight loss and breathing difficulties.²⁹

Prevalence of physical health problems

The reported prevalence of physical health problems is as high among hostel residents as rough sleepers, partly because physical illnesses among the former are more likely to be recognised and diagnosed – hostel staff are able to observe problems and refer for medical care, and hostel residents are more likely to comply with treatment (Table 3.9). It may also be that rough sleepers are more willing to move into accommodation when they fall ill. Chronic physical illnesses are

common among homeless people, particularly among the older age groups. One-half of hostel residents in Glasgow had a long-standing physical illness, including 38% aged 16-24 years and 65% of those aged 55 or more years.¹¹ Similarly, a 1994 study by the Office for National Statistics (ONS) found that 53% of 178 rough sleepers aged 16-64 years had chronic health problems, as did 35% of 176 night shelter residents of a similar age.¹⁴

Hospital admissions and mortality

Homeless people are more likely than the general population of a similar age to be admitted to hospital. Only 10% of the general population in England and Wales aged 60-74 years and 18% of those aged 75 or more years were admitted to hospital during 1994-95.³³ In contrast, among 171 residents aged 50 years and over at St Mungo’s Lancefield Street Centre, 50 (29%) were admitted on 107 occasions between March 1997 and December 1998.²⁸ Likewise, the 1994 ONS study found that 30% of 178 rough sleepers aged 16-64 years who used day centres, and 21% of 176 night shelter residents of the same ages were admitted to hospital for physical health problems during the previous 12 months.¹⁴

Mortality rates among homeless people are high relative to those in the general population: the average age of death of those recorded as homeless on coroners’ reports varies between 42 and 53 years, in comparison to the late seventies for the general population.³⁴ These figures have to be interpreted

Table 3.9 Health and substance misuse problems among single homeless people

Sleeping site	All clients Number	Physical health %	Mental health %	Alcohol %	Drugs %
Rough sleepers, 2001/02					
Birmingham	381	30	18	19	64
Edinburgh	590	32	54	44	54
Gloucester	97	20	20	← 70	→
Leeds	211	n.a.	40	n.a.	76
London	1,759	36	30	38	47
Shelter/hostel residents					
Albert hostel, Newport, 2000/01	106	n.a.	24	24	37
Glasgow hostels, 1999	225	50	22	54	25
London hostels, 2000	3,295	n.a.	20	19	12
Rolling shelters, 2000/01	1,229	51	29	34	50
St Mungo’s hostels, 2001/02	1,462	33	45	36	27
Crisis WinterWatch projects, 2001/02	1,930	22	25	34	32

Sources: See notes for Table 3.1. Summaries of the data sources are in Appendix.

Note: n.a. not available.

carefully, however, as they exclude deaths in hospital or elsewhere that are not reported to a coroner's court, and deaths among hostel residents may not be included.

Mental health problems

Around 30 to 50% of single homeless people have mental health problems, including 12 to 26% who have schizophrenia or another serious mental illness which severely impairs social functioning.^{14, 23, 35} In comparison, an estimated 10 to 25% of the general population seek help annually for mental health problems, and of these 2 to 4% have a serious mental illness.³⁶ People living in hostels and bed and breakfast hotels are eight times more likely than the general population to have mental health problems, and people sleeping rough are eleven times more likely to have a mental illness.²⁵ A literature review of schizophrenia among homeless people in eight countries, including the UK, concluded that approximately 11% of homeless people have schizophrenia, more than seven times the rate in the general population, and that it is most prevalent among chronically homeless people.³⁷

Variable rates of mental illness are recorded in surveys and profiles of single homeless people (Table 3.9). Among rough sleepers, for example, 54% in Edinburgh but only 18% in Birmingham were reported to have mental health problems.⁴ Much of the variation may arise from inconsistent and incomplete detection, recognition and diagnosis. Many hostels report that around 20 to 30% of their residents have mental health problems. St Mungo's in London records a higher rate, perhaps because it has several

specialist mental health projects. Surveys have found that around 7 to 13% of homeless people have been admitted to a psychiatric hospital in the previous year.^{13, 17}

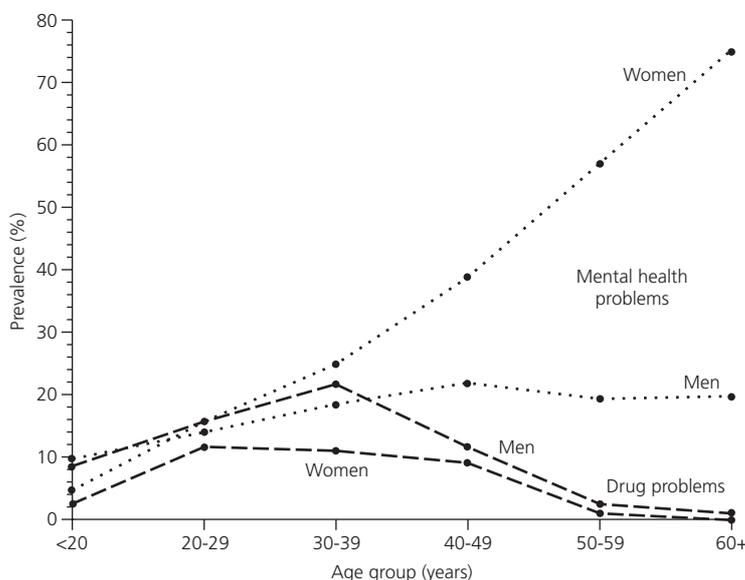
Mental health problems by sex and age

Mental health problems tend to be more prevalent among homeless women than men. Among hostel residents in London in 2000, 18% of men but 26% of women were reported by staff to have mental health problems.⁹ Similarly in Glasgow's hostels, 29% of women compared to 20% of men had a long-standing mental illness; while in 2001/02 among London's rough sleepers, 37% of women and 29% of men had mental health problems.^{11, 22}

Some studies have found that mental health problems are more prevalent among older than younger homeless people. Among London's rough sleepers in 2001/02, 22% of those aged up to 25 years compared to 45% of those aged 50 or more years had a mental illness.²² An earlier study of London's rough sleepers and hostel residents also found that the prevalence of mental health problems increased with age, and was particularly high among women aged 40 years and over.⁹ The proportion of men with mental health problems increased gradually with age, but there was a steep rise among women from the age of 40 years onwards. Three-quarters of women aged 60 years and over had a mental illness (Figure 3.4).

Other studies report however that young homeless people have high rates of mental illness. In London, 53% of 161 homeless people aged 16-21 years compared to 25% of 104 housed people of the

Figure 3.4 The prevalence of mental health and drug problems by age among London's hostel residents, 2000



Source: Crane and Warnes, 2001a, p. 27.

same age were assessed as having a psychiatric disorder.¹⁶ Associations have been found between depression, aggression and self-harm among young homeless people (discussed further in Chapter 6). According to the literature review of schizophrenia among homeless people in eight countries, the illness was most commonly reported among those in their thirties.³⁶

Increase in mental health problems

It has been reported that mental health problems among homeless people are increasing, despite the growth over the last decade of specialist teams and services for mentally ill homeless people.³⁸ In London during 1998/99, 26% of rough sleepers were described as having mental health problems, but by 2001/02 the prevalence had increased to 30%.^{22, 39} Likewise, in Edinburgh, 37% of rough sleepers in 1999 had mental health problems compared to 46% in 2001.⁴⁰

The increase in mental health problems has been associated with the changing profile of homeless people during the 1990s and the proliferation of drug use. The number of young homeless people has increased, and many have neurotic and stress-related conditions. A study of 161 homeless people in London aged 16-21 years found that one half had a mental illness, and in 70% of the cases the illness had preceded homelessness.¹⁶ The most common problems were depression and anxiety, often linked to substance misuse. Other reports have similarly noted a strong association between psychiatric problems and drug misuse.^{29, 41} Among 200 homeless drug users (aged 14-25 years) in Greater Manchester, 62% were depressed and 34% had paranoid ideas.⁴²

Alcohol problems

There is a long-standing association between heavy drinking and homelessness, not least in the public's perception because of the visibility of street drinking groups in city centres and parks. Heavy drinking sometimes precedes homelessness, while in other cases it is a response to homelessness (see Chapter 6). As shown in Table 3.9 from several sources, the majority of homeless people are not heavy drinkers – around one-third have an alcohol problem. The problem is however more common among homeless people than in the housed population. Among the general population in 2000, 27% of men and 15% of women exceeded the recommended maximum weekly intake of alcohol (21 units for men, and 14 for women), and 6% of men and 2% of women drank very heavily (more than 50 units and 35 units respectively each week).⁴³

According to street outreach workers in Birmingham, the proportion of rough sleepers who misuse alcohol fell from 28% in 2000/01 to 19% in 2001/02.⁴ They explain that some older drinkers have been helped to

move off the streets, while others have died from drink-related causes. Similarly, in Edinburgh, the proportion of rough sleepers with alcohol problems reduced from 57% in 1999 to 51% in 2001 – the actual number of clients with alcohol problems fell from 250 to 219.³⁹ Among *The Big Issue* vendors in Leeds, Liverpool and Manchester, 22% reported an alcohol problem in 1999 compared to 17% in 2000.⁴⁴ This trend is not apparent in London – during both 1998/99 and 2001/02, 38% of rough sleepers had alcohol problems.^{22, 38} The rate of alcohol problems among hostel residents varies greatly, and is partly influenced by whether or not hostels admit heavy drinkers (Table 3.9).

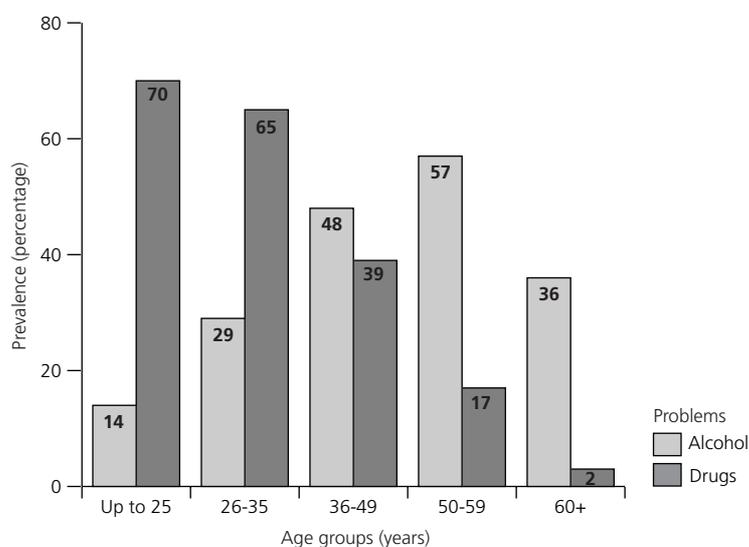
Alcohol problems by age and sex

Alcohol problems are more common among homeless men than women, and among the older age groups. Among Glasgow's hostel residents in 1999, 60% of the men but only 16% of the women were reported to be 'hazardous' drinkers. This applied to 46% aged 25-34 years compared to 63% aged 55 years and over.¹¹ Similarly, in London's hostels in 2000, 22% of the men compared to 7% of the women had alcohol problems. Among the men, the prevalence was 17% at 30-39 years of age, and 42% at 50-59 years.⁹ Among London's rough sleepers in 2001/02, just 14% aged 25 years or less had an alcohol problem compared to 57% aged 50-59 years (Figure 3.5).²²

Drug problems

Illegal drug use and the problems associated with drug addiction have increased rapidly in the general population in recent years, and not surprisingly therefore among homeless people as well. According to the *2001 Report on the UK Drug Situation*, the UK has the highest level of illicit drug use of all European countries.⁴⁰ In England, Scotland and Wales, 40,430 drug users sought treatment in the six months ending September 2000, an increase of 45% since 1995. Nearly three-quarters (73%) were men, and the majority (68%) were aged 20-34 years. There has recently been an increase in heroin use in many regions not previously noted for the problem, such as Wales, Northern Ireland, rural Scotland and southwest England.⁴⁰ In Scotland, it is estimated that 20,000 children live in homes where one or both parents have a serious drug problem: one-half of the cases are in Glasgow.⁴⁵

Homeless people are more likely to misuse illegal drugs than the general population, and since the late 1990s the prevalence has markedly increased.⁴⁰ In 1998/99, 30% of rough sleepers in London had drug problems; this increased to 47% during 2001/02.^{22, 38} Similarly, in Edinburgh the reported percentage of rough sleepers with drug misuse problems rose from 45% in 1999 to 57% in 2001; and the percentage injecting heroin increased from 12% to 32% (a 167% increase or 39%

Figure 3.5 The prevalence of alcohol and drug problems, London's rough sleepers, 2001/02

Source: Information provided by Broadway from CHAIN database.

Sample size: 467 people aged up to 25 years; 1,110 aged 26-35 years; 1,033 aged 36-49 years; 398 aged 50-59 years; and 171 aged 60+ years.

a year).³⁹ Among *The Big Issue* vendors in Leeds, Liverpool and Manchester, 57% reported a drug problem in 2000 compared to 51% in 1999 (a 12% increase), and among those with drug problems in 2000, 81% said that their drug problem had preceded homelessness.⁴³

The spreading use of illegal drugs among homeless people and the general population is led by supply. The UK has seen a major illegal importation of heroin from southwest Asia. According to the *Supply Reduction and Law Enforcement* section of the United Nations Drug Control Programme, Afghan opium cultivation rose between 900% and 1,400% in only one year since the war on Afghanistan in 2001 and the removal of the Taliban.⁴⁶

Types of drugs used

Homeless drug users have a tendency towards poly-drug use, *i.e.* they use more than one drug, even though this is more hazardous than using one substance.⁴⁷ Commonly-used drugs are: (i) opiates, such as heroin, methadone and morphine; (ii) stimulants, such as amphetamines, crack and cocaine; (iii) cannabis; and (iv) benzodiazepines, such as diazepam, lorazepam, librium and temazepam. In Glasgow, 7% of 188 male hostel residents were dependent on both opiates and stimulants.¹¹ Among 389 homeless people interviewed in London during 2000/01, 83% had used one or more drugs in the previous month, most commonly cannabis, heroin and crack (Figure 3.6).⁴⁸ The high percentage of drug use among the sample has to be interpreted carefully – there was an over-representation of young men, and most were rough sleepers or shelter residents, the groups most characterised by drug misuse.

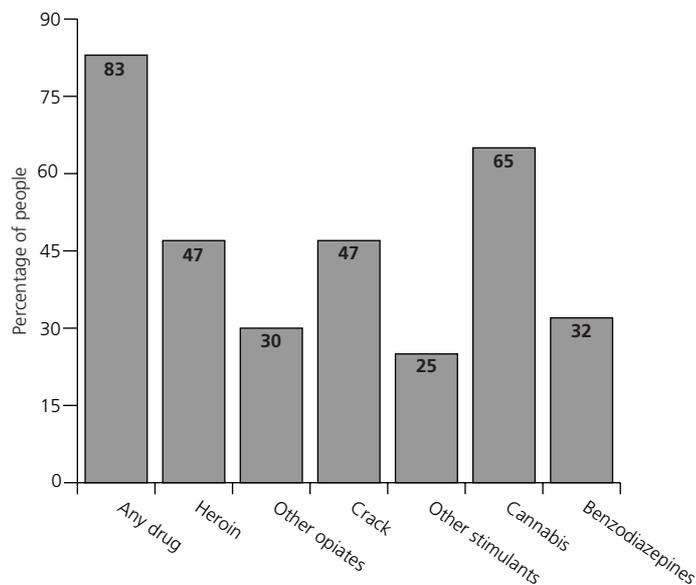
Drug problems by sex and age

Drug problems are as common among homeless women as men. The problems were found among a quarter of both men and women in Glasgow's hostels in 1999, and among 13% of men and 9% of women in London's hostels in 2000.^{9, 11} Among rough sleepers in London in 2001/02, a slightly higher percentage of women than men (54% versus 46%) had drug problems.²² Drug problems are most prevalent among those in their twenties and thirties, and they affect only a small proportion of older homeless people. Among 225 hostel residents in Glasgow in 1999, a drug dependency problem was identified for 41% aged 16-24 years, 70% aged 25-34 years, 13% aged 35-54 years, and for no residents above that age. Among the drug users, 27% of those aged 16-24 years and 51% of those aged 25-34 years were dependent on heroin.¹¹ Among rough sleepers in London in 2001/02, around two-thirds of people aged up to 35 years had drug problems, and the percentage decreased with age substantially thereafter (Figure 3.5).²² Rising prevalence is however characteristic of all age groups.

Dual mental health and substance misuse problems

Some single homeless people have both mental health and substance misuse (alcohol or drug) problems, commonly referred to in the United States and in Britain as 'dual diagnosis'. According to the Department of Health (2002a), the nature of the relationship between mental health and substance misuse problems is complex and includes:

- a primary psychiatric illness precipitating or leading to substance misuse

Figure 3.6 Types of drugs used by homeless people in London, 2001

Source: Fountain and Howes, 2002. Sample size: 389 people.

Notes: Other opiates include methadone and morphine; other stimulants include amphetamines and cocaine.

- substance misuse worsening or altering the course of a psychiatric illness
- intoxication and/or substance dependence leading to psychological symptoms
- substance misuse and/or withdrawal leading to psychiatric symptoms or illnesses.⁴⁹

It is estimated that one-third to one-half of people with a serious mental illness in the UK have a substance misuse problem, while in drug and alcohol services one-half of clients also have mental health problems (mostly depression or personality disorder).⁵⁰ Community mental health teams typically report that 8 to 15% of their clients have dual diagnosis problems, although the rates tend to be higher in inner cities.⁴⁸

There are inconsistent reports of the prevalence of dual diagnosis among homeless people, although it tends to be higher among rough sleepers than hostel residents. In London, 5% of men and 4% of women in hostels in 2000 had dual mental health and substance misuse (alcohol or drug) problems, while 14% of men and 18% of women sleeping rough in 1999/00 had these dual problems (Figure 3.7).⁹ Among the men sleeping rough, those aged under 20 years had the highest prevalence of dual mental health and drug problems (11%), while combined mental health and alcohol problems were associated with older men (19% aged 50-59 years, and 17% aged 60+ years). Among the women sleeping rough, those aged 20-29 years had a relatively high frequency of drugs and mental health difficulties (20%), while 23% of women aged 40-49 years had dual mental health and alcohol problems.

Learning disabilities

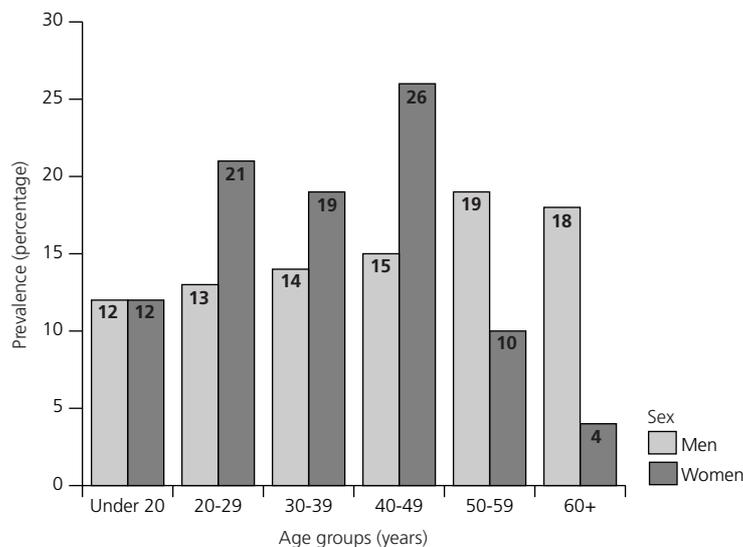
The prevalence of learning disabilities among homeless people is unknown, and there are difficulties with the reliability and validity of the few reported figures. The term encompasses a great range of problems, from mild learning impairment to severe handicap. Most homeless sector staff have not been trained to assess such problems; and many people with the difficulties are unaware of, or imprecisely describe, their state. The few profiles of these attributes among rough sleepers and hostel residents suggest that up to one-in-twenty have a learning disability.^{10, 22, 39, 51}

CRIMINAL HISTORY

Homeless people are more likely than the general population to have been in prison, and homeless men are more likely than women to have been sentenced. Some served a custodial sentence before becoming homeless, while in some cases discharge from prison triggered homelessness (see Chapter 4). Others have been arrested and sentenced after becoming homeless, most commonly for shoplifting, burglary, drug taking or dealing, and drunkenness.

Among 164 *The Big Issue* vendors (136 men and 28 women) in southwest England, 39% of the men and 22% of the women had been in prison.¹⁵ 13% of the sample had also been in young offenders' institutions. In contrast, just 8% of men and 1% of women in the general population have a criminal conviction.¹⁵ Similar rates of imprisonment were recorded among 218 hostel residents (185 men and 33 women) in Glasgow, with 47% of the men and 22% of the women having been in prison.⁹ Among the Scottish sample, 31% had

Figure 3.7 The prevalence of dual mental health and substance misuse (alcohol or drug) problems, London's rough sleepers, 1999/00



Source: Crane and Warnes, 2001a.

been imprisoned more than once. In London, 21% of 161 homeless young people compared to just 2% of 104 housed young people had had a custodial sentence.¹⁴

OVERVIEW

This chapter has shown that single homeless people are a multiply disadvantaged group, and that this manifests in both their socio-economic and their health profiles. Compared to the general population, they have low educational attainment, histories of employment in low-skilled and low-paid occupations, and are more likely to have been imprisoned. They also have a higher prevalence of physical health, mental health, alcohol and drug problems than the general population, and their average age of death is lower. Their age structure is relatively young – the most prevalent ages are from the late twenties through to the forties. There are many adolescent, young adult and older homeless people, but their number is many fewer than those of middle age.

A second distinctive feature of the social demography of single homeless people is the high male-to-female ratio in surveyed samples. The over-representation, in an approximate ratio of four to one, is found at all ages except among very young and old people. Two factors partially account for the high proportion of men among single homeless people. One is that women with children are a priority needs group for rehousing by local authorities. The other is that women fleeing domestic violence are helped by specialist organisations and refuges, and many of these are not described as 'homeless' provision. It is quite possible that the hostel population of homeless women is more under-recorded than that of men. Young women (particularly

those with children) may also be more likely than men to be accommodated in both long-term and makeshift temporary arrangements by relatives and friends. The more equal representation of homeless people at the highest ages has a complex epidemiology: the absence of dependent children at great ages, the high rate of psychoses among women in advanced old age, and possibly the greater average life expectancy of women than men.

The third distinctive feature of the profiles of homeless people is the immense variability in the representation of different birthplace and ethnic groups by setting. The representation of the ethnic minorities among all rough sleepers is low, but it is high among young people and among hostel residents in London. Some of these differences can be attributed to the young age structure of the African-origin, Caribbean-origin and south Asian-origin populations in this country. Outside of London, the birthplace and ethnic groups of hostel residents tend to reflect those of the local community.

The high incidence and prevalence of physical health, mental health and alcohol problems among homeless people have been documented for several years. The growing complication over the last decade has been the growth of drug use, misuse and addiction. While there is some evidence of a slight reduction in excessive and problematic alcohol consumption among homeless people, the predominant trend has been for an increase in drug problems among the group and of dual mental health and substance misuse problems. These problems pose mounting challenges for the mental health and specialist addiction services and for homeless service providers, as will be described in Chapter 10. The next chapters turn, however, to the pathways into and through homelessness.

Notes

1. National Assistance Board, 1966; Anderson *et al.*, 1993.
2. Fitzpatrick *et al.*, 2000a, p. 27.
3. O'Connor and Molloy, 2001.
4. Details of the data sources are in Appendix.
5. Cited in Dunne *et al.*, 2002.
6. Connelly and Crown, 1994, p. 15.
7. Davies *et al.*, 1996; Smith and Gilford, 1998.
8. Smith and Gilford, 1998.
9. Crane and Warnes, 2001a.
- 10 Newport Action for Single Homeless.
<http://www.nash01.org.uk/asstatistics.html>
11. Kershaw *et al.*, 2000.
12. Crane, 1999.
13. Fitzpatrick and Kennedy, 2000.
14. Gill *et al.*, 1996.
15. Randall and Brown, 2001.
16. Craig *et al.*, 1996.
17. Cited in *The Big Issue* South West, 2002.
18. Jones *et al.*, 2001, p. 8.
19. Jackson A., 2001, p. 6.
20. Social Exclusion Unit, 2002a, p. 19.
21. The The Big Issue in the North, 2000; St Mungo's Street Dwellers and Work Survey, 1999;
<http://www.mungos.org/facts/reports.shtml>
22. Information from Broadway about rough sleepers in London during 2001/02 from Combined Homelessness and Information Network (CHAIN) database.
23. Park, 2002, p. 2.
24. Pleace and Quilgars, 1996, p. 35.
25. Connelly and Crown, 1994; Wright 2002.
26. Bines, 1994.
27. Citron *et al.*, 1995.
28. Approximately 50 peer-reviewed papers of the last five years are abstracted on the Web of Science. For examples see: D'Amore *et al.* 2001, Kermode *et al.* 1999, Marco *et al.* 1998, Marks *et al.* 2002 and Takano *et al.* 1999.
29. Crane and Warnes, 2001b.
30. Audit Commission, 2002a.
31. Scottish Executive Health Department, 2001.
32. Carnwath and Smith, 2002, p. 142.
33. Warnes, 1997.
34. Keyes and Kennedy, 1992.
35. Connelly and Crown, 1994.
36. Mental Health Foundation, 1999.
37. Folsom and Jeste, 2002.
38. Craig and Timms, 2000.
39. The Outreach Directory Annual Statistics 1998-99. Housing Services Agency, 1999 London.
40. Owen, K., 2002. The Hard Evidence: Rough Sleeping in Edinburgh. Unpublished update paper.
41. Aujean *et al.*, 2001, pp. 20-36.
42. Klee and Reid, 1998.
43. Waller, Naidoo and Thom, 2002.
44. The Big Issue in the North, 2000.
45. Cited in Aujean *et al.*, 2001, p. 29.
46. [http://www.drugscope.org.uk/news 'Afghan opium production 1400% higher than before war'](http://www.drugscope.org.uk/news/Afghan%20opium%20production%201400%25%20higher%20than%20before%20war).
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48. Fountain and Howes, 2002.
49. Department of Health, 2002a, p. 7.
50. Alcohol Concern 2002. Mental Health and Alcohol Misuse Project Briefing: Dual Diagnosis and Alcohol. Briefing Paper. Available at <http://www.alcoholconcern.org.uk>
51. Admissions during 2001/02 to St Mungo's hostels and to the Crisis WinterWatch projects.

4. Pathways into homelessness

This chapter describes the many and diverse reasons why people become homeless. The understanding of the 'causes' of homelessness is partial and imperfect, partly because there has never been a truly large and authoritative British study of the issue. Instead, there is indirect evidence of various kinds, the most common being studies of specific groups of people who become homeless and their pathways into homelessness, such as those who are discharged from prison or who leave their parental homes or adoptive homes at an unusually young age. There are also useful reports from homeless people themselves on why they became homeless.

Ascribing the causes of human behaviour is always problematic, and some of the difficulties specific to homelessness can be readily illustrated. One is that states or events that seem to be strongly associated with becoming homeless are not themselves strong predictors. For example, many homeless people associate their homelessness with a 'relationship breakdown' or the loss of a job, but the majority of people who experience these events do not become homeless. Similarly, others say that they became homeless because of their heavy drinking, and the previous chapter reports that the prevalence of heavy drinking is higher among homeless people than in the general population. But not every heavy drinker becomes homeless.

When discussing 'causes', different concepts and terms tend to be used for individual cases and for population patterns. Some people become homeless relatively late in life after having lived all their lives with their parents who provided support. When their parents die and they lose this support, some lack the skills to manage a home, accumulate debts, and are evicted. The participants are likely to ascribe their homelessness to an inability to cope, or to rent arrears: the researcher is more likely to use terms like 'poor daily living skills' and to relate these to a notion of under-socialisation.

Risk factors and triggers

This chapter is built around two main concepts: 'risk factors' and 'triggers'. 'Risk factors' are those aspects of a person's history and current situation that researchers or commentators have associated with homelessness. Risk is variable, however, and the influence of individual factors may be 'high' or 'low' depending on the situation. In public health medicine, risk factors are normally identified through analysis of disease incidence in very large populations. There are

no equivalent data for homeless people. Risk factors tend to be more informally identified as attributes that have above-average prevalence in the homeless population, and include¹:

- A disturbed childhood home
- A background of local authority care
- Problems at school and low educational attainment
- Mental health problems
- Drug and alcohol misuse
- History of crime and imprisonment
- Poor daily living and social skills
- No or little experience of independent living and lack of required skills
- Poverty, low income and debt, especially rent or mortgage arrears
- Lack of a social support network
- Transient work history and few local connections.

'Triggers' are those events or problems that precede and appear to be the direct prompts of or proximate causes of homelessness. They include somatic changes, e.g. the onset of mental illness; changes in personal relationships and support, e.g. bereavement or estrangement; negative changes in roles, e.g. being made redundant; and housing changes, e.g. eviction.

Case histories

It is more common for the transition from being housed to becoming homeless to follow a period of mounting difficulties than for there to be a single, sharp and easily described event that is the clear and only cause of homelessness. Innumerable permutations of life events, disadvantages and problems occur, and in the final analysis every case is unique. The topic is approached in this chapter by focusing on our understanding of the common pathways into homelessness and of the influential factors. It is however initially important to convey the sheer diversity of the circumstances that lead to homelessness. Three case studies are presented to show that both untoward events and seemingly

inevitable or mapped-out pathways play a role (Boxes 4.1-4.3).

The association between disruptive childhoods and homelessness is apparent in Mick’s case (Box 4.1). Both of his parents had personal problems, and he lost his father at a young age, was taken from his mother and placed in local authority care. His teenage years were disrupted by various moves, and an attempt to reunite him with his mother was short lived. He became involved in crime and heavy drinking when young, only stayed in the army a short while, and spent his adult life homeless.

The second case study of Trudy is of a woman who became homeless after protracted family pressures and a progressive mental illness (Box 4.2). She stopped work because she believed that people were trying to harm her, and this exacerbated her financial difficulties. She could not pay her mortgage and was evicted for arrears. It appears that her mental health state deteriorated during the three years before she became homeless, but during this time she had no contact with mental health services. In the third case study, Albert’s problems appear to have been triggered by the fire and subsequent physical and mental health problems (Box 4.3). He could no longer work, marital problems ensued, and separation and homelessness occurred after just a few years.

Many more case studies are available on the websites of homeless advocacy and service provider organisations. Although the diversity is immense, when a large number of cases are reviewed it is possible to identify several characteristic pathways and sets of causes. These are presented around four themes – family and relationship breakdown, housing and employment problems, mental illness and substance misuse, and leaving institutional and care settings. The selection and order are largely arbitrary, but family and relationship breakdown is taken first as probably the most frequently occurring. Each pathway describes the background circumstances of the people involved, and the sequencing of events that lead to homelessness.

Box 4.2 Trudy’s entry into homelessness

Trudy became homeless at the age of 53 years after having her home repossessed because of mortgage arrears. She was brought up in the west of England, and had one brother four years older. She said that her parents favoured her brother and showed little interest in her. Her grandmother died in a mental hospital when Trudy was eight years old.

After leaving school, Trudy moved to Bristol and worked as an upholsterer. She married when she was in her late twenties, had one son, and she and her husband owned their house. She described her husband as a gambler, and they divorced when their son was six years old. She continued to live in the house and raised her son single-handedly. She received no financial support from her ex-husband, but didn’t pursue the matter as she didn’t want anything to do with him. Instead, she returned to work, and neighbours looked after her son whilst she was working.

Nine years before Trudy became homeless, her mother died, and soon after her father had a road accident and was in hospital for several months. Following his discharge, he became confused and depressed, so he lived with Trudy for six years. She said that she was under a lot of pressure at the time. To make ends meet, she had two jobs, working during the day as an upholsterer and in the evenings as a barmaid. She also looked after her father and her son.

Three years before becoming homeless, Trudy stopped paying her electricity bills. She explained that she could not afford the payments but also believed that the government were plotting against her. Her electricity was disconnected, so when she went to work she left her father a flask of tea. She said that he had become more confused and would wander around the streets while she was at work. About eight months later, he was picked up by Social Services while wandering around the streets, taken into care, and died shortly afterwards.

In the same year Trudy stopped work because she believed that her employers were plotting against her, and that her work-mates were involved in these plots. Her son had left home and joined the armed forces, and she could not go to her brother for help as she believed that he also was trying to harm her. She stayed at home, had no money, and two years later her home was repossessed because she could not pay the mortgage or council tax. She had been divorced for 15 years when she became homeless.

Box 4.1 Mick’s entry into homelessness

Mick was born in northern England and became homeless at the age of 21 years. He has five older brothers, one older sister and three younger step-sisters. His father was an alcoholic, occasionally slept rough and died of hypothermia while sleeping out when Mick was three years old. His mother had mental health problems and used to wander. Mick and his siblings were taken into local authority care but separated. Mick lived with foster parents from the age of five until he was 14. During this time, his mother didn’t visit and he never saw his siblings. He then returned to live with his mother but said that he and she were like strangers – they didn’t know each other. They argued so after a few months Mick went to live with an aunt.

When he was 17 years old, Mick was caught breaking into a shop and was sent to a Borstal for two years. He then joined the army and served for two years. He left the army at the age of 21, by which time he was drinking heavily, and he was homeless. He slept rough and stayed intermittently in hostels for the next 40 years.

Box 4.3 Albert's entry into homelessness

Albert was 60 years old when his marriage ended and he became homeless. He was born in Essex and had an unsettled childhood. His parents moved around the country with his father's work, and Albert sometimes lived with his family and at other times with aunts. He had five siblings but described himself as 'the black sheep of the family'. He left home when he was 17 years old, and served in the army for eight years, although he said that he didn't like the army as he 'didn't want to kill people'. After leaving the army, Albert worked as a bricklayer for almost 30 years. He married when he was 26 years old, lived in a council house, and had eight children.

When Albert was 54 years old, his neighbour's house caught fire and he tried to rescue an elderly woman in the blazing house. He dragged her outside but she was dead. The fire brigade were on strike and it took 30 minutes for help to arrive. His eldest daughter, then aged 22 years, was at the scene and had a succession of epileptic fits. The fire occurred early one morning and an older man helped Albert. This man died six months later of heart problems.

During the years following the fire, Albert suffered from breathing difficulties associated with smoke inhalation, developed pneumonia, had several courses of medication, and was unable to work. He and his wife argued. He said that he became 'a miserable, cantankerous old bastard' and was awful to live with. He lost his memory for three years, and felt that people were getting at him and thought that he should have got the woman out alive. The rows between Albert and his wife got worse, and their relationship fell apart. They separated six years after the fire and after 34 years of marriage.

FAMILY AND RELATIONSHIP BREAKDOWN

Family or relationship breakdown is the most commonly cited reason for homelessness, and it affects people of all ages. Under this heading, there are many different pathways into homelessness, but three distinct forms can be recognised: the breakdown of childhood homes; the break-up of marriages and cohabiting relationships; and deaths of parents and spouse.

To be comprehensive, this section begins by recognising that even new-born babies and infants are abandoned and literally become homeless, and that their plight in London led to one of the earliest 'voluntary sector homelessness organisations'. Until recently the *Thomas Coram Foundation for Children*, now called Coram Family, has been working with deprived and disadvantaged children continuously since 1739 when Thomas Coram established The Foundling Hospital. 'This provided care for the homeless children he found living and dying on the streets of London. With the support of distinguished figures in the world of art and music, including William Hogarth and George Frederic Handel, the new hospital became a centre of eighteenth century philanthropy'.²

In contemporary social policy debates and practice, the abandonment of children is almost entirely dissociated from the issue of homelessness. No statistics have been identified on the number of infants that are abandoned in Britain. There is however detailed research on child runaways. *The Children's Society* conducted a survey of 13,000 children aged 16-17 years in 134 schools and, from the questions about their experiences of running away from home, concluded that 100,000 children under 16 years abscond from home or care in a year, and that 77,000 run away for the first time. Of the last, it was estimated that one in four is under 11 years of age. It was also found that half of those who ran away before age 11 experienced homelessness at 16-17 years, often as a result of being forced to leave home.³

Some children become homeless and live in temporary accommodation because their family experiences homelessness. *Shelter* estimates that over 100,000 children in this country became homeless in this way in 2000/01.⁴ Many are forced to live in overcrowded bed and breakfast accommodation, which leads to high rates of anxiety, stress and emotional disturbance, while respiratory and gastro-intestinal diseases and accidents due to cramped conditions are common. The children's education is affected – many have to change schools while some do not attend school.⁴ Maternal depression is also common which can affect the parent-child relationship.⁵

The pathways into homelessness among children are real, and may include international child trafficking, but it is taken for granted in Britain (as throughout the more affluent world) that the welfare state has an effective safety net that will rapidly identify and care for the unfortunate infants and minors involved. Child street homelessness is not therefore a reality in Britain, as in several low income and developing countries, such as Brazil, Cuba, India and Indonesia, and in the disorganised welfare regimes of the 'transition' countries of eastern Europe such as Romania and Bulgaria.⁶

The breakdown of childhood homes

Many young people become homeless because they leave or are evicted from their childhood home following conflicts and the breakdown of family relationships.⁷ Compared to housed young people, those who become homeless are more likely to be from disrupted households, to have witnessed parental discord over many years, to have been separated from their parents for reasons such as neglect or abuse, and to have been living with step-parents, foster parents or relatives (Table 4.1).⁸ Family conflict sometimes causes children to become anxious, withdrawn, aggressive or delinquent.⁹

Table 4.1 Experiences of domiciled and homeless people aged 16-21 years (%)

Experiences	Domiciled	Homeless
Ran away from home	10	53
Ran away from home 10+ times	1	20
Spent time in care	4	40
Separated from one parent ¹	33	63
Separated from both parents ¹	5	41
Alcohol abuse by parent(s)	16	33
Physically abused ²	18	55
Sexually abused ³	11	27
Number of subjects	104	161

Source: Craig *et al.*, 1996.

Notes: 1. For at least 12 months before the age of 17 years.
2. Experienced 'medium' or 'high' levels of abuse – ratings based on the frequency, duration and type of abuse. 3. Unwilling sexual contact by any person – most abusers were family members.

Family difficulties may be exacerbated by other problems, such as bad housing, mental illness, unemployment, alcohol dependency or drug abuse among the parents. Children of problem drinkers, for example, have higher levels of school-related, behaviour and emotional problems than other children, although they are less at risk if there is a non-drinking parent who can mitigate the effects of the problem drinker and if there are few socio-economic stresses.¹⁰ Among 90,000 calls to Childline over 12 months to March 1996, at least 5% were by children who mentioned alcohol misuse by parents or carers, and over one-half of this group reported physical violence. In one-half of the cases the father was a problem drinker; in one-third it was a mother or step-mother; and in 7% it was both parents.¹⁰

Young people who leave home early because of problematic backgrounds may be alienated from their family, and are unlikely to have the resources or skills to set up an independent home. It has been argued that the stronger the 'push' factors in causing a young person to leave home, the more problematic is the transition to independent living.¹¹ Moreover, Housing Benefit payments for young people are restricted, which may prevent many from securing or sustaining private rented accommodation after leaving home. Research in Wales found that 3,000 youngsters were paying rent 'shortfalls' (the amounts not covered by Housing Benefit) from their allowances, leaving some with less than £25 per week for other bills and living expenses.¹²

Among 837 young homeless people admitted in 2001/02 to *Centrepoin't's* London projects, 57% reported having left their parents' homes because of arguments, violence and relationship breakdown. Almost one-half (45%) had left home before they were 16 years of age. Similarly, a study of 150 young

homeless people in East Anglia, the Midlands, London and Shropshire found that 66% had left home following an argument, with 38% reporting physical violence and 48% verbal abuse. Nearly one-half (46%) had left home by the age of 15 years, and a further 25% at the age of 16 or 17 years.¹³

Breakdown of a marital or intimate relationship

Relationship breakdown is the most commonly declared reason for homelessness among both statutory and non-statutory homeless people. In England, 25,990 households were accepted as statutorily homeless as the result of a relationship breakdown in 2001/02, many (17,710) because of violence.¹⁴ In addition, among single homeless people on the streets and in hostels, 20-40% report having become homeless following the end of a relationship.¹⁵ Apart from a detailed study in the early 1990s of the housing consequences, there have been few analyses of the association between relationship breakdown and homelessness.¹⁶

The breakdown of personal relationships may be linked to problems such as physical abuse, mental illness, alcoholism, infidelity or redundancy, but only a small proportion of people who experience these problems become homeless. Little is known about the factors that separate those who become homeless, except that most have only low income. A United States study showed that many homeless people originated from violent or pathological families and then experienced stressful marriages that ended in divorce.¹⁷ This suggests that childhood experiences may impact on later relationships. Similarly, among older homeless people in London, Sheffield, Leeds and Manchester, some became homeless after the end of a relationship that had been a brief interlude in an unsettled history.¹⁸

Some people cohabit or are married for years until sudden stresses, such as redundancy or physical illnesses, lead to arguments, relationship breakdown and homelessness (see Box 4.3). Some men, for example, became homeless in their sixties after developing physical health problems and stopping work. They were then at home a great deal, and this seems to have contributed to strained relationships. Others describe long-standing relationship difficulties associated with heavy drinking and violence. Physical abuse leading to homelessness is reported by both men and women. Some homeless women report having endured years of physical abuse but leaving when the violence escalated. Some left their home and returned several times before the final departure.¹⁸

The housing consequences of the end of a relationship depend on tenure, the presence of children and marital status.¹⁶ Decisions have to be made about who will stay

in the property and who will leave. Many women fleeing domestic violence leave abruptly with no planned destination. Housing policies and practices adopted by local authorities vary greatly, but in general women with children who leave the accommodation are considered by local authorities to be in priority need and eligible for rehousing, but this is not the case for men. Problems may also arise for the person who remains in the home. Some may have been left with large debts or rent or mortgage arrears. Depending on financial and personal circumstances, both partners may be at risk of becoming homeless when a relationship ends.

The death of a parent or spouse

The death of a co-resident parent or a spouse can trigger homelessness among people who are vulnerable and have no other support. Some people who have always lived with their parents become homeless when aged in the forties or early fifties and after the last parent's death. Previously they had relied on their parents to manage the home and pay bills. They cannot cope when the parent dies, and are without support. A relatively common sequel is that they are evicted after a few months for rent arrears. Mental health problems or poor daily living skills contribute to many of these people's difficulties.¹⁸

Widowhood is also a trigger to homelessness, particularly for older men. Some abandon their homes after becoming widowed, as they find it too distressing to remain in the home – depression combined with the loss of support that they received from their wife causes them to give up their homes. Others remain in their accommodation but become depressed, neglect themselves and their home, and drink heavily. They are eventually evicted for rent arrears or for allowing their property to become squalid. In some instances, people

have become homeless following the death of a parent with whom they had been staying because they were unable to take over the tenancy after the person's death.^{18,19}

HOUSING PROBLEMS, UNEMPLOYMENT AND POVERTY

Eviction or repossession

Eviction or repossession of one's home sometimes leads to homelessness and occurs for several reasons:

- A lease has terminated and is not for renewal
- The rented accommodation is to be sold or upgraded (sometimes preceded by the death of the landlord or landlady)
- Rent or mortgage arrears
- An informal tenancy arrangement is terminated, e.g. lodging with friends
- Anti-social behaviour or harassment of or towards neighbours.

There are no official figures of evictions by local authority housing departments and housing associations in England and Wales. The *Lord Chancellor's Department* does however collect the number of possession actions taken in the courts, although only one-fifth of these are believed to result in evictions. Possession orders increased by 125% from 1994 to 2001 (Table 4.2).²⁰ Surveys undertaken by the magazine *Roof*²¹ of local authorities in England and Wales, and by the *National Housing Federation* of housing associations in England, reported that around 27,000 households in England and Wales were evicted by social housing landlords in 2000 (Table 4.3).²⁰ The

Table 4.2 Possession orders granted to social housing providers, England & Wales

	1994	1999	2000	2001	2002
Number	13,499	24,184	27,168	30,350	28,000 ¹

Sources: Delargy, 2001, 2002b; *Roof*, Nov/Dec 2002, p.42.

Note: 1. Estimated – possession orders granted for January-August 2002 were 18,773.

Table 4.3 Evictions by social housing providers, 2000

Housing provider	Number of evictions	Rate per 1,000 homes
Local authorities: England and Wales	18,685	5.8
Housing associations: England	6,800-8,900	5.3
Mortgage lenders	22,960	2.1 ¹

Source: Delargy, 2002a.

Note: 1. Percentage of properties with mortgages.

estimates have to be interpreted carefully as only the largest authorities and organisations were surveyed, and the rate of evictions were then extrapolated for the nation.

Another study of re-lets among housing associations estimated that the number of evictions in England increased from 4,974 in 1998 to 6,759 in 2000 (by 36%). Almost a half involved one-bedroom properties, which suggests single people or childless couples, and the highest eviction rates were recorded in the East Midlands, in Yorkshire and the Humber.²² Information is collected in Scotland about local authority tenancies and eviction actions. In 2001/02, 28,792 cases proceeded to court, of which 1,836 (6%) resulted in the person or household abandoning the dwelling, and 1,241 (4%) in eviction.²³

Reasons for evictions

According to the mentioned surveys, 95% of evictions in England and Wales and 98% in Scotland were for rent arrears, and 3% and 2% respectively were for anti-social behaviour.²⁰ Rent arrears accumulate as a result of personal problems, such as redundancy and a reduction in income, through poor budgeting skills due to mental illness or learning disabilities, or from increasing debt associated with addiction problems. Mentally ill people have lost their tenancies or faced substantial rent arrears following a hospital discharge, because their admission had not been communicated to the landlord or the social security office, and Housing Benefit (HB) payments had lapsed.²⁴

Evictions for rent arrears have also resulted from HB administration problems.²⁵ One in seven households in England and Wales depend on HB to meet their basic housing costs. The average time taken to process a new HB claim increased during the 1990s, and in some authorities now exceeds 100 days. HB difficulties sometimes 'have a drastic effect on the lives of claimants – adding to the burden of poverty, and leading to stress and the threat of eviction'.²⁶

Changes in management practice by social landlords may have contributed to the high number of evictions. There is pressure on local authorities and housing associations to meet performance targets, not least to reduce rent arrears. The total rent owing to local authorities in 2000 was nearly £4 billion (the average owed per tenant was £311; and £620 in London).²⁰ This may be leading to tougher measures against defaulters. In Wales rent arrears among social landlords have risen by 25% since 1999, and in March 2002 totalled £34 million (local authorities were owed £25m. and housing associations £9m.), of which £13.6 million was unpaid HB.²⁷

The proportion of evictions that result in homelessness is unknown. Some people may stay with friends or

relatives and so join the 'hidden homeless' population. Among homeless people on the streets and in hostels, 11 to 16% identify eviction from public and private sector housing as the principal reason for their homelessness.¹⁵ People with mental health or substance misuse problems who have no family or social support may be at high risk of ending up on the streets if they are evicted. Depending on the circumstances of the eviction, particularly if rent arrears or anti-social behaviour are involved, a person might be deemed as 'intentionally homeless' and excluded from social housing.

Eviction in rural areas

There are reports that people in rural areas are particularly vulnerable to eviction and homelessness.²⁸ House prices in many rural areas are high in relation to the local wages, much of the rented housing stock is privately-owned, and there is little social housing. The gap between incomes and house prices may be greatest in those rural areas which are most attractive to middle-class ex-urbanites and which also have substantial low-skilled employment, as in quarrying, market gardening or food-processing, e.g. Somerset and Cornwall. The resulting housing problems are exacerbated where the housing supply is restricted by landscape protection policies as in the National Parks (notably the quarrying areas of the Peak District and the industrial fringe of the western Lake District). The private rented sector in many rural areas is characterised by problems of poor quality and, in some areas, high demand from 'non-locals'.

In tourist areas, some landlords charge low rents in the winter and higher rents in the summer, thus limiting the local residents' access to the private sector to the winter months only. Some tenants have to move out of the accommodation in the summer as they cannot afford the rent. Furthermore, the practice of letting properties for short periods by word of mouth and without a formal tenancy agreement is relatively common. This makes it difficult to find accommodation, and leaves tenants vulnerable to eviction and subsequent homelessness. They tend not to receive a written notice to quit, and therefore may find it hard to prove their homeless circumstances and eligibility for housing to the local authority.

For example, the housing stock in Oban and Lorn, Argyllshire, Scotland, is mainly owner-occupied (60%), and just 12% is privately-rented. Rents are high and during the summer months local people have to compete with seasonal workers and holiday-makers. Relatively high levels of homelessness are recorded, with on average 70 applications a year to the local authority housing department.²⁹ At St Merryn, near Padstow (rated the most expensive seaside town in the country) in north Cornwall, families who rent bungalows from private owners were threatened

with eviction in September 2002 because the council sought to enforce a holiday occupancy clause to prevent permanent residence.³⁰

The loss of tied accommodation

The end of a job contract or retirement generally leads to the loss of accommodation for people who have occupied tied housing, although only a small proportion end up homeless. Tied accommodation is decreasing but still common among agricultural workers, clergy, publicans, caretakers and in the armed forces (discussed later in the chapter). It is also associated with low-skilled personal services employment, such as au pairs, nannies and portering, security, grounds maintenance and domestic work in hotels, holiday camps, hospitals and stately homes. Tied accommodation is most common in some rural areas. In Scotland, there are an estimated 155,000 tied dwellings.³¹

According to the UK Labour Force Survey, in Spring 1998 there were 447,000 employees living in tied accommodation. Of these, almost one-tenth were in agriculture, and 14% earned less than the minimum wage.³²

With assistance from their employer, and from the local authority and other housing organisations, the majority of people who have lived long-term in tied accommodation find alternative housing when they retire or leave the job, and several voluntary organisations specialise in providing advice and assistance. The *Rural Housing Trust*, for example, was established in 1976 to provide housing for retiring farm workers who leave tied accommodation. Since 1988, its subsidiary *English Villages Housing Association* has built 2,427 homes in 33 counties.³³ Similarly, the *Arthur Rank Centre-Addington Fund* buys properties to rent to people who have left rural employment and tied housing, while the *Gardeners' Royal Benevolent Society*, formed in 1839, has sheltered housing and other accommodation for retired gardeners who have had to vacate tied housing.³³

The response of local authorities and housing associations to people who apply for housing because they are leaving tied accommodation varies considerably. For example:

- Wrexham Council awards different housing points according to whether or not people leaving tied accommodation are also in priority need (as defined in the statutory legislation);
- Winchester City Council rehouses tied tenants provided that they are leaving the accommodation through no fault of their own, have lived full time for two years in the accommodation, and where

possible have applied six months prior to needing rehousing;

- South Staffordshire Housing Association accepts tenants of tied accommodation providing they have lived in the accommodation for at least seven years.³⁴

Single people are vulnerable to homelessness if they have been living in tied accommodation for just a short while and are ineligible for rehousing by local authorities, or if they have lived in institutional or congregate settings for many years, and lack the skills to live alone and manage a home.¹⁸ Those who cease work some years before the 'official' retirement ages will not be recognised as having a priority housing need on the grounds of being 'elderly'. For those who were low paid, they are unlikely to have savings if they subsequently experience financial difficulties. There has been very little research into connections between leaving tied accommodation and homelessness, and the intricacies and extent of the problem are unknown.

Retirement or the loss of a job

A long recognised association exists in Britain and America between men who have been itinerant, transient or casual seasonal workers and homelessness.³⁵ Many men formerly came from Ireland and travelled around England working as itinerant building labourers or 'navvies'. There were, for example, large temporary camps, at the massive oil refineries built by several estuaries in the 1950s and 1960s. The navvies' itinerant working lives are believed to have encouraged homelessness. The majority of men never married or settled in one place, lost contact with their family, and lived in work-camps or in lodgings where they were looked after by landladies. Heavy drinking was common and most never saved. When they could no longer find work or when their health deteriorated, they had no settled base, no family support, lacked the skills to live independently, and would not have been considered a priority group for council housing. They moved into hostels or slept rough.¹⁸

There are few itinerant workers in Britain nowadays (North Sea oilfield workers being a well-paid exception) but there remains an association between the loss of a job or retirement and homelessness. Some people are unable to manage on a reduced income once they stop work and acquire debts and rent arrears. For some, unemployment leads to loss of self-esteem and self-identity, social isolation, depression or heavy drinking.³⁶ The changes may in turn result in family or relationship difficulties and homelessness. Studies in Scotland and England have noted that some people have become homeless when in their late fifties or early sixties after having worked abroad or in

another part of the country for years, and having returned to their native area on retirement without family, friends or accommodation.^{18,37} Among 137 rough sleepers in London in 1999, almost one-fifth (18%) associated their homelessness with the loss of a job.³⁸

Poverty

Homelessness is reported to be strongly associated with poverty, which has escalated throughout the European Union since the 1970s, particularly in Britain.¹ The proportion of the population living on less than half of the average income (the most widely accepted measure of relative poverty) rose from 6% in 1987 to 18% in 1995 (over 13 million people).¹ Poverty is believed to be largely attributable to changes in the labour market. Since the 1970s, employment in the manufacturing, construction and goods transport and warehousing industries has contracted, and the demand for unskilled manual workers has fallen sharply. At the same time, there is a growing demand for managerial, professional and technical skills. These changes affect older male manual workers who are no longer able to find work, and poorly qualified youngsters who have fewer prospects through apprenticeships or of unskilled labouring jobs. Poverty has also been linked to a significant reduction since the late 1980s in the social security protection given to unemployed people, especially young people (as described above, and see Chapter 9). In addition, since 1996 the HB entitlement for private tenants has been limited to a 'local reference rent'.

People who are impoverished cannot afford low-cost rented housing, and without state income support are at high risk of becoming homeless. The association between poverty and homelessness is, however, intricate and has rarely been closely examined in Britain. A study of older homeless people in London, Sheffield, Leeds and Manchester found that few were poverty-stricken before they became homeless.¹⁷ Many men had worked and earned a regular wage until or near the normal age of retirement, and several had owned property. Former building labourers reported that they had earned 'good money' but that it had been spent on heavy drinking, and little saved or invested. Mental illness and poor coping skills sometimes led to financial difficulties and homelessness. A few sold their homes and assets after their wives died and spent the proceeds on alcohol, while some did not know how to budget and claim relevant benefits after their main source of support was removed. Although they had experienced financial difficulties, the reasons for homelessness were related to complex personal difficulties and not simply economic constraints and destitution.

PATHWAYS ASSOCIATED WITH MENTAL ILLNESS AND SUBSTANCE MISUSE

Mental illness

A high prevalence of mental illness is reported among homeless people (Chapter 3). Only a few studies have examined the histories of mentally ill homeless people, and identified the ways in which mental health problems contributed to homelessness. It is generally recognised both that many mentally ill homeless people have never been hospitalised and that few became homeless as a direct result of the closure of large psychiatric hospitals. The problem is, however, believed to be partly linked to the declining number of psychiatric beds, poor service integration, and the pattern of hospital psychiatric admissions which are often short and exclude many people with chronic mental health problems.⁴⁰

Mental health problems contribute to homelessness in various ways. Some people with a long-standing mental illness have poor coping and social skills, and become homeless because they do not receive adequate support. Some commit petty crimes and move between prisons and homelessness. Some have always lived with their family and become homeless when their main carer dies; while some have coped with everyday problems and minor challenges, but have been unable to manage when faced with a major and stressful life event, such as redundancy or relationship breakdown.^{17,41}

The onset or increased severity of a mental illness is also a common trigger to homelessness, particularly among people who live alone.¹⁷ Dementia and paraphrenia (late-onset schizophrenia) are forms of mental illness that present in later life. The latter most often occurs in people who have lived alone for years and have few friends. The illnesses may affect a person's ability to cope at home, and result in one or more of: a failure to pay rent or renew Housing Benefit claims, rent arrears, and squalid living conditions that lead to complaints or harassment from neighbours. Some people with a paranoid illness develop persecutory ideas about relatives or neighbours, which lead them to abandon their accommodation. Others who are confused or mentally disturbed drift into homelessness because they wander away from their accommodation and stay on the streets.

Substance misuse

The previous chapter described the high prevalence of drug and alcohol problems among homeless people. In many instances, these problems precede and contribute to homelessness. Some young people raised in stable childhood homes who take drugs or become involved in crime are asked to leave home because their

parents find their behaviour unacceptable.⁴² Similarly, drug or alcohol misuse may contribute to the breakdown of a marital or cohabiting relationship, or affect a person's coping skills and lead to problems such as the loss of a job, debts, and rent arrears.

The increase in the use of illegal drugs in recent years was described in Chapter 3. The devastating impact of drug misuse, particularly heroin, on local communities has recently received considerable media attention. According to John Mann, MP for Bassetlaw, north Nottinghamshire, the closure of the local coalmines has produced 'a failure of aspirations that has opened the door to a flood of drug use. The former reliance on the single industry of mining has left the community with few prospects for its young men, and many feel that their role in life has been taken away'. The problem is not unemployment but the types of jobs available – in Worksop, for example, unemployment is just 3%.⁴³ Likewise in the fishing port of Fraserburgh, northeast Scotland, the use of heroin is rife (around 85-90% of fishermen aged 17-25 years use heroin) and the community 'has been destroyed'. Many small businesses have now closed and people are leaving the area.⁴⁴ With the breakdown of communities, the risk of vulnerable people becoming homeless is high.

LEAVING INSTITUTIONAL SETTINGS

This section describes the associations between leaving institutions and homelessness. Since the late 1990s, this pathway into homelessness has been targeted by several government initiatives that aim to prevent homelessness and reduce the number of leavers who sleep rough. These are described in Chapter 13.

Leaving local authority care

According to several reports, 18 to 32% of homeless people were once in local authority care, although only a small percentage (up to six) become homeless immediately they leave.⁴⁵ The association between a local authority (or similar) care history and homelessness is stronger among younger than older people. In Edinburgh in 2001/02, 43% of rough sleepers aged less than 26 years had been in local authority care, compared to just 5% of those above that age.

In the general population the average age of leaving home is 22 years and rising. Young people who leave care tend to be younger and more disadvantaged. Approximately 8,000-9,000 youngsters leave care in England each year, of whom: (i) around 4,900 are aged 16 or 17 years; (ii) up to 75% have no educational qualifications; and (iii) up to 50% are unemployed.⁴⁶ The implicit expectation has been that they are capable of independent living at a younger age than children from settled or conventional homes.

The preparation for independent living that young care leavers receive and the accommodation made available to them varies greatly. The problem has recently received a great deal of critical attention (see Chapter 13). As with other pathways into homelessness, the care leavers who are most at risk are those with mental health problems, learning disabilities, a history of offending, a drug habit, and those who are placed by a social services department outside its local authority area.⁴⁷ A shortage of suitable supported housing, particularly for those with mental health problems and challenging and difficult behaviour, results in some being offered low quality housing in run down areas, or bed and breakfast hotels in locations where prostitution and drug use are prevalent. Some become homeless immediately after leaving care, while for others the breakdown takes longer – up to 20% of care leavers are reported to become homeless within two years.⁴⁶

Discharge from the armed forces

There is very little information about the extent to which discharge from the armed services triggers homelessness. Around a quarter of single homeless people have served in the armed forces, although only a minority are reported to have become homeless immediately on release.⁴⁸ No more than one per cent of recently surveyed single homeless people cite leaving the armed forces as the main reason for their homelessness.⁴⁹

Leaving the armed forces may immediately lead to homelessness. It is likely that many who served in the armed forces joined as teenagers and entered directly from their childhood homes, or enlisted to escape from disturbed family homes. On discharge, they may lack the skills or motivation to live independently. Being accustomed to institutional living, few local social ties, the changeable lifestyle of the forces, and heavy drinking may also contribute to unsettledness after discharge, problems with coping, and homelessness. Since the mid-1990s, there have been significant improvements in resettlement support and services available to those leaving the armed forces (Chapter 13).

Leaving prison or other penal settings

There is a strong association between leaving prison or other correctional settings, such as Borstals and bail hostels, and homelessness. Around one-third of prisoners who are about to be released report having nowhere to stay.^{50,51} In 2001, 86,956 prisoners were discharged from prison, suggesting that around 28,500 people are homeless on leaving prison each year.⁵⁰ Among single homeless people on the streets and in hostels and shelters, 8 to 11% reported having become homeless after release from prison or other penal settings.⁵² *Women's Link*, a housing advice service for women in London, saw 206 women ex-offenders in

2001/02, of whom 77% were homeless. Three-quarters were aged 20-35 years, and one-quarter had been referred to the service by a prison.

Prisoners' backgrounds indicate their vulnerability (Table 4.4). Compared to the general population, they are more likely to report disturbed childhoods, problems at school, literacy problems, a family history of criminality, and mental health problems. At the time of imprisonment, just over two-thirds were unemployed, one-third were homeless, and two-thirds of men and two-fifths of women had drug or alcohol problems.⁵⁰

Around 27 to 41% of people lose their homes while in prison – landlords are not always informed of a person's imprisonment, and then rent arrears build up and result in eviction. A person who is expected to be in prison for more than 13 weeks is no longer able to claim Housing Benefit (HB), and so has very little chance of retaining their tenancy (before 1995 imprisoned single people could claim HB for up to 52 weeks). People leaving prison face many challenges. Rehabilitation and resettlement programmes vary by prison and according to the length of people's sentences (see Chapter 13). Offenders with sentences of less than 12 months receive very little preparation for their release, and no subsequent supervision by the *Probation Service* if they are 21 years or older.⁵³ Changes in legislation and policy have meant that there has been a sharp reduction in the voluntary after-care service that probation officers provide for short-term offenders.⁵⁴

Three-quarters of prisoners leave custody without a job, education or training, and one-third have no secure accommodation.⁵⁰ Some are ineligible for local authority housing because they have outstanding rent arrears or no local connection. They face barriers in accessing the private-rented sector – many landlords require a deposit and a month's rent in advance which is beyond the means of most newly released prisoners. The 'Single Room Rent' regulation which limits the amount of HB payable to those aged under 25 years discourages some landlords from accepting young people as tenants. Newly-released prisoners receive a discharge single payment grant (£46.75 in 2002 for those aged over 25 years). For those of no fixed abode the grant is higher, but it is unusual for it to be paid unless temporary accommodation has been arranged. Re-establishing benefit claims on release can be problematic. The first payment is not made for at least 14 days, but it can take two months for claims to be processed. People leaving prison who lack partners or supportive relatives are thus particularly susceptible to homelessness.

OVERVIEW

The origins of homelessness are complex and often deep-seated. The vast majority of episodes result from a combination of personal vulnerabilities and deficiencies of housing and welfare administration and support. Wholly external events, such as floods and earthquakes, do cause homelessness but very rarely in Britain. This chapter has featured several 'key' states or events in people's lives that are most

Table 4.4 Characteristics of the general population and of prisoners (%)

Prisoners characteristics	General population	Prisoners	
		Men	Women
In care as a child	2		27
Family history of criminality	16		43
Regularly truant from school	3		30
Numeracy problems ¹	23		65
Reading problems ¹	21-23		48
Unemployed ²	5		67
Homeless ³	1		32
Ran away from home as a child	11	47	50
Excluded from school	2	49	33
Attended a special school	1	23	11
Left school aged 16 or younger	32	89	84
Has no qualifications	15	52	71

Source: SEU, 2002.

Notes: 1. At or below Level 1, the level expected of an 11 year old. 2. In the four weeks before imprisonment. 3. Immediately before imprisonment.

commonly associated with becoming homeless, both by homeless people and in the disparate writing on the subject. As shown in the case studies at the beginning of the chapter, some are aspects of disadvantage and vulnerability that are formed very early in life, while others are facets of adult experience and behaviour.

Different events and states trigger and contribute to homelessness at various stages of the life course. In many cases, homelessness is the result of multiple problems and contributory factors. Some people lack the psychological, social or material resources to adjust to changes and to new roles and responsibilities following redundancy, marital breakdown, widowhood, or discharge from an institutional setting. Some have never acquired the skills to manage independently, while some are too distressed by a traumatic event to cope with the required changes. Among those particularly at risk are people without a social support network and those with mental health, alcohol or drug problems.

Each of the events or states that precedes homelessness can be associated with both a characteristic pathway into homelessness and a set of current problems. They therefore provide strong indications of causal influences, and a guide to the kinds of support and help that prevent and alleviate homelessness. Current understanding is provisional and partial, and certainly 'models of cause' are rudimentary. Individuals react differently to the same situation, and the same factors which some people are able to overcome lead others into homelessness. People have different thresholds, related to their resources, social support, coping skills and psychological well-being. There is a strong case for more rigorous and well designed research into the proximate and underlying causes of homelessness. Further improvements in the understanding of the pathways into homelessness will translate into a greater capacity to address the associated problems.

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34. Available online at <http://www.wrexham.gov.uk/english/Housing/ThePointsScheme.htm> and <http://www.winchester.gov.uk/housing/register.htm> and <http://www.sshs.co.uk/TextOnly/Advice/CustomInformation/GuideToApplying.htm>
35. Anderson, 1923; Bogue, 1963; Crane, 1999.
36. Ropers, 1988.
37. Wilson, 1995.
38. St Mungo's 1999. *Survey of Street Dwellers*. See <http://www.mungos.org/facts/reports.shtml>
39. Burnett, 1994; Coleman and Salt, 1992.
40. Craig and Timms, 1992.
41. Crockett and Spicker, 1994.
42. Fitzpatrick, 2000; Smith *et al.*, 1998.
43. Wainwright M. 2002. Heroin fills void left when pits collapsed. *The Guardian*, 21 September, 2002, p.12. Drugscope News: MP holds inquiry to tackle heroin in the pit community. Available online at <http://www.drugscope.org.uk/news>
44. Chalmers R. 2002. 'The town that was lost at sea'. *The Independent Review*, 1 November 2002, pp. 4-6.
45. Randall and Brown, 2001; The Big Issue in the North, 2000. Also Centrepoint data, 2001/02; CHAIN data, London, 2001/02; Winterwatch projects, 2001/02. See Appendix.
46. Department of Health, 1999, p. 7.
47. Vernon, 2000, p. 126.
48. Randall and Brown, 1994a.
49. Crisis WinterWatch projects, 2001/02; NASH data, 2000/01. See Appendix.
50. Social Exclusion Unit, 2002a, pp. 28 and 95.
51. Niven and Olagundoye, 2002.
52. The Big Issue in the North, 2000. Also NASH data, 2000/01; Edinburgh data, 2001/02; and Crisis WinterWatch projects, 2001/02. See Appendix.
53. National Association for the Care and Resettlement of Offenders, 1999; 2000; Social Exclusion Unit, 2002a.
54. Jones and Magna, 2002.

5. Pathways through and out of homelessness

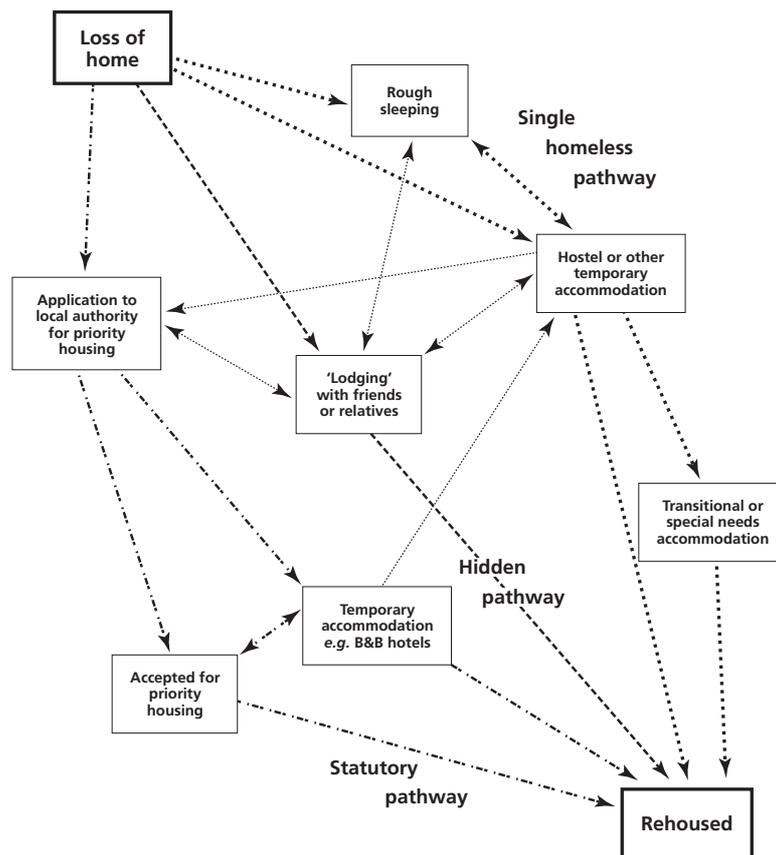
The earlier chapters of the *Factfile* described the characteristics of homeless people and their main pathways *into* homelessness. This chapter focuses on their 'routes' or 'pathways' through services and out of homelessness. These are intricate and, if all the possible steps and routes are traced, literally a maze. But in the UK, possibly more than anywhere else, they are structured on the one hand by the statutory duty of local authorities to rehouse those in priority need of housing and, on the other, by a substantial complex of specialist services for single homeless people. These have developed through both charitable and public initiatives and investment over more than a century, but at a spectacular rate over the last dozen years.

The result is that in Britain today there are distinctive 'statutory' and 'single homeless' pathways through the homeless experience, as well as a third but largely 'hidden' or 'unassisted' pathway for those who are in contact with neither local authorities nor the specialist

homeless agencies (Figure 5.1). Several crossovers link the three pathways. Some who start out on the statutory route are not accepted as in priority need of housing and turn to friends or the specialist single homeless services. Some who use voluntary sector hostels are referred to local authorities for priority housing, although as Chapter 2 showed, the number making this transition is small. Another ambiguity is that in some parts of the country, notably in the larger Scottish cities, local authorities provide direct access hostels and other services for single homeless people.

Other features of the pathways are that for many people they turn out to be both discontinuous and full of obstacles. Many who enter the first stages of both the statutory and single homeless routes are not permanently rehoused by the provider agencies, but either sort out their own housing, or get stuck at an intermediate stage because of a service deficiency. Some residents in temporary hostels stay for years, as

Figure 5.1 The principal contemporary three prevalent pathways through homelessness



Note: Only the main flows are shown. The statutory, hidden and single homeless pathway lines show the commonest transitions; shows the less common. Many others are followed by small numbers.

in London, Glasgow and Belfast. And at any step along the 'helping pathways', some will not comply or respond to the offered help.

The pathways can be likened to those on a 'Snakes and Ladders' board, with its numerous sideways and 'return to the start' loops. One extreme reverse is among people who move from rough sleeping through hostels to permanent accommodation, but then give up or lose their tenancy and return to the streets. Another analogy with 'Snakes and Ladders' is that people can and do miss out intermediate steps. If lucky or resourceful, they jump from an early stage to permanent rehousing. Some rough sleepers are directly rehoused; and some who stay with a friend may at first be regarded as 'hidden homeless', but then become a fully accepted member of the household.

The steps through the 'statutory homeless' pathway were described in Chapter 2. This chapter concentrates on the main steps and stages through the *single homeless pathway*. It begins by summarising episodes of homelessness, their duration, and homeless people's sleeping arrangements. It then focuses on groups of homeless people – rough sleepers, shelter residents, hostel residents, and those who are resettled – and examines their movement from one setting to the next, and the reasons why they do or do not progress. Much of the information and interpretation is based on strands of evidence from individual homeless organisations' statistics, rather than comprehensive inventories or accounts.

The presented material contains occasional references to the informally arranged temporary and makeshift accommodation of some homeless people, who share or 'double up' with relatives and friends and do not receive assistance from service-providers. By definition, least is known about this 'hidden' pathway. A full quantitative description of the various pathways would need reliable 'transitions' information, that is, the numbers moving from one step to various next steps. That would require much more pooling and co-ordination of information from multiple agencies and providers than presently occurs. This account is therefore a synthesis of numerous, diverse and partial sources. It is a best interpretation and, strictly, a provisional view.

EPISODES OF HOMELESSNESS

There is no consensus on the temporal limits of a period or episode of homelessness, not least because it is often hard to define both the *entry* into and the *exit* from homelessness. For some people there is a recognisable time when their circumstances change and they become homeless, but for others the entry into homelessness is protracted and unclear, and involves a progressive move from conventional,

permanent housing to less secure and temporary accommodation. In the United States, exits from homelessness have been defined variously as stays in accommodation for a minimum of 14 or 30 consecutive days.¹ Follow-up studies in Germany associate successful resettlement with residence in permanent housing for at least one year, while in Britain it has been linked to the maintenance of a tenancy for at least 18 months.² The 'definitions' are however arbitrary and have no explicit rationale.

In Britain, there are few data about episodes of homelessness, whereas in the United States some homeless service providers now routinely ask their clients how many times they have been homeless and for the duration of each episode. Collecting details of homelessness episodes is not easy. For example, if a young rough sleeper returns home for just ten days and then returns to the streets, is that a single episode of homelessness or two separated by a period of being housed? Likewise, if on four occasions over three months a woman fleeing domestic violence stays in a refuge for a few days and then returns home, should this be regarded as four episodes of homelessness?

Duration of homelessness

Some people are homeless for only a few days before either returning to their original accommodation or finding alternative housing, while others remain homeless continuously or intermittently for many years. One Scottish report suggests that the majority of homeless episodes last less than one year, and that long histories of homelessness are associated with men who sleep rough or stay in hostels.³ In London, however, many older women have been resident in hostels for several years.⁴ The distribution of the duration of completed homelessness episodes is unknown. There is however survey and client profile information on durations of homelessness to the time of a survey.

Many profiles of homeless people find that around 20 to 25% became homeless within the last six months, while up to one-quarter had been homeless for more than five years (Table 5.1). A reported distribution of durations is however a function of exactly who is included in a count. Profiles at one point in time do not capture the full duration of homelessness of those surveyed. They also under-represent the people who quickly move out of homelessness, and over-represent those with long homeless histories. As a direct result of their age, older homeless people have on average longer histories of homelessness than their younger contemporaries.

Repeat episodes of homelessness

The proportion of single homeless people who experience repeat episodes of homelessness is not precisely known but is likely to be high. A study of

homeless applications to local authorities in Scotland found that 27% were from households that had previously presented as homeless.⁵ Among the 9,000-10,000 homeless households rehoused by local authorities each year, around 3,500 did not sustain their tenancies – most of the tenancy failures occurred within three years of the letting, with a third failing within six months. Two other studies of older homeless people found that 45% and 53% of subjects had previously been homeless.⁶ Similarly, among 225 hostel residents in Glasgow, 54% of men and 23% of women had previously been homeless, including almost two-thirds (62%) of those aged 25-34 years (Figure 5.2).⁷

BECOMING HOMELESS AND GEOGRAPHICAL MOVES

Sleeping arrangements

When people first become homeless, some stay with friends or relatives or in night shelters, hostels or bed

and breakfast hotels, while others sleep rough or stay in squats. The adopted sleeping arrangement depends on: (i) whether the person has friends and relatives who are accessible and willing to provide temporary housing; (ii) the local availability of hostels and shelters, whether they have vacancies, and their admissions policies; and (iii) the person’s knowledge of available services and their willingness and capability to access them. Most studies of homeless people are of rough sleepers or hostel residents – few are of samples that include people in various sleeping arrangements.

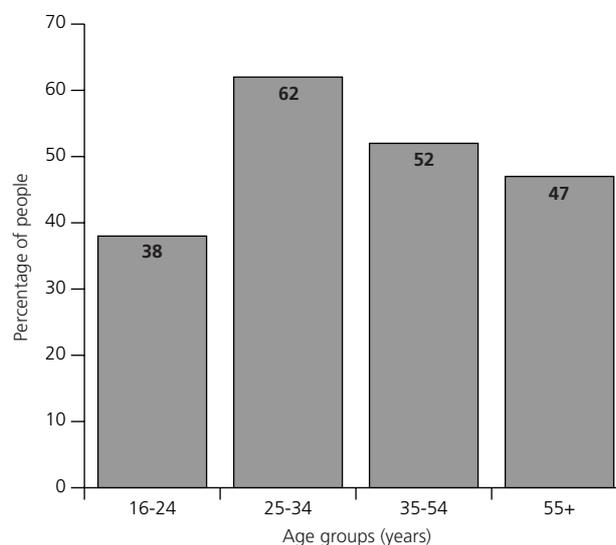
Useful exceptions are surveys of the homeless people who sell *The Big Issue*. The sleeping arrangements of a sample of vendors in southwest England in 2002 are shown in Figure 5.3. Discounting those who were conventionally housed and the 15% categorised as having ‘other’ sleeping arrangements, 25% were sleeping on the streets, 45% were in temporary accommodation, and 30% were staying with friends or

Table 5.1 Duration of homelessness¹ among *The Big Issue* vendors and hostel residents (%)

Number of months	Northern cities ² 2002	Glasgow ³ 1999	London ⁴ 2001/02	Pooled samples
Up to 6	18	21	25	23
>6 – 12	11	15	13	13
>12 – 24	16	} 64	15	15
>24 – 60	31		22	24
>60 – 120	13		14	14
>120	11		11	11
Number of subjects	362	205	1,418	1,985

Notes: 1. The data describe incomplete episodes of homelessness. 2. Survey of *Big Issue* vendors in Leeds, Liverpool and Manchester (The Big Issue in the North, 2000). 3. Survey of hostel residents in Glasgow (Kershaw *et al.*, 2000). 4. Admissions to St Mungo’s hostels in London (see Appendix).

Figure 5.2 Hostel residents in Glasgow with previous episodes of homelessness, 1999



Source: Kershaw *et al.*, 2000, Table 3.5. Sample size: 225 people.

in squats.⁸ Similar housing circumstances were reported for vendors in northern England.⁹

Sleeping arrangements vary by age, gender and ethnicity. Many young people, particularly in the Black and Asian-origin ethnic groups, stay with relatives and friends when they first become homeless (see Chapter 3).¹⁰ 25% of young people admitted to Centrepoint's London projects in 2001/02 had previously been staying with friends or relatives (not parents).¹¹ In contrast, few people who become homeless in old age were previously staying with friends or relatives. Among young homeless people in Scotland, women were more reluctant than men to sleep rough, and more likely to approach agencies and accept offers of temporary accommodation.¹²

Geographical moves

Very little is known about the 'geography of becoming homeless', that is the distances of the displacements which are by definition involved in leaving the previous home. Various situations can be envisaged, and there are accounts of particular types of moves. For some, becoming homeless is primarily a loss of accommodation and the only consideration is to find alternative housing. There is no wish to move away from the neighbourhood or the local area of residence. This scenario might apply to people who lose their home following a natural disaster or because a lease is terminated. The other extreme is when becoming homeless is either an escape from an intolerably stressful or distressing experience, e.g. a violent household or a marital home following widowhood; or stimulated by the attraction of another place where improved housing, work or social opportunities are believed to be available.

Moves into homelessness, like all residential mobility, are likely to be dominated by short-distance moves:

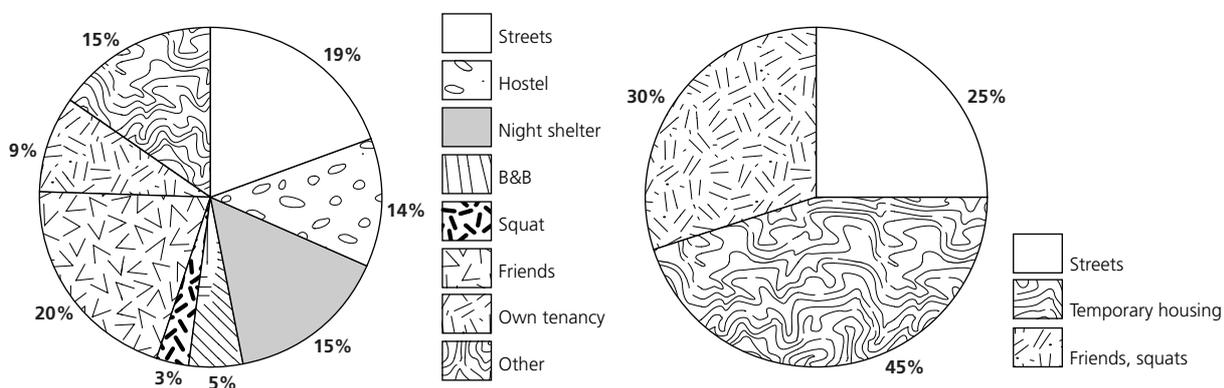
among 331 new rough sleepers in Birmingham in 2001/02, 40% had previously been living in the city, and another 10% in the West Midlands conurbation.¹¹ There will also be a minority of radical, long-distance displacements, e.g. moves to London, and a few even more extreme migrations. Some young men from Scotland moved to London when they became homeless to escape from debts, family problems, drug issues, or trouble with the police.¹³ One study has shown that the main reason why homeless people left Scotland, Ireland and north England and went to London was to find work (Figure 5.4). This was particularly true of migrants from Ireland.¹⁴

Geographical moves while homeless

While homeless, some people remain in one location but others move from place to place. During the 1960s and 1970s it was common for single homeless men to travel around Britain. Many used the government's former reception centres, where they could only stay for one night per month – they were obliged to move on. Mobility has also been associated with depression and disaffiliation, which for some homeless people occurs after a relationship breakdown or widowhood and is their attempt to put uncomfortable circumstances behind them.¹⁵ Some mentally ill people 'drift' from place to place, and it has been suggested that they are trying to avoid people, problems and commitments.¹⁶

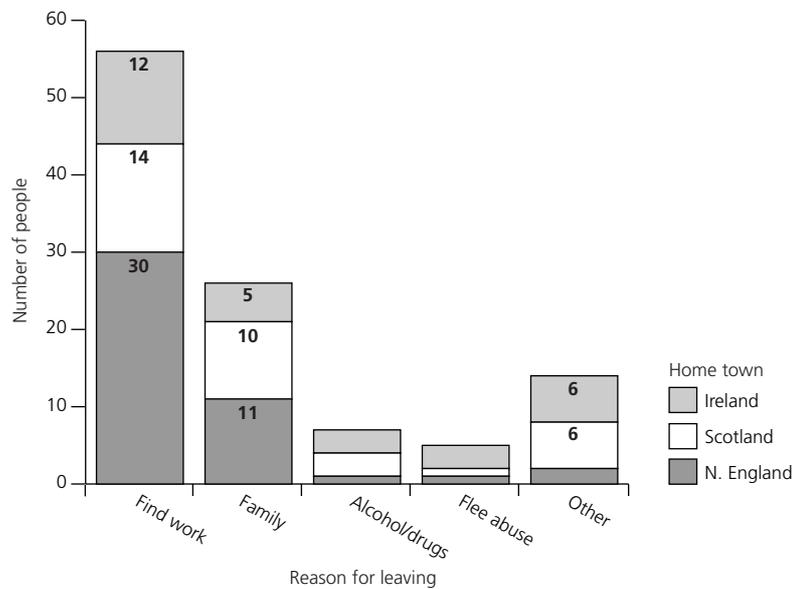
The reception centres have now closed, yet around one-tenth of older homeless men are transient and frequently move around the country.¹⁵ Although rarely documented, there is evidence that several young homeless people are also transient. Among new arrivals on the streets in Birmingham in 2001/02, 20% had come from other English cities such as London and Nottingham, and 10% from elsewhere. Most were under 35 years of age and had a history of rough

Figure 5.3 The sleeping arrangements of *The Big Issue* vendors in SW England, 2002



Notes: The right-hand chart excludes those who were conventionally housed or whose sleeping arrangements were described as 'other', and displays the recalculated percentages.

Source: The Big Issue South West, 2002. Sample size: 164 people.

Figure 5.4 Reasons why homeless people went to London, 1997

Source: McCool, 1998. Survey undertaken by *Bridge Housing Association*, part of *Novas-Ouvertures*.

Sample size: 24 from north England; 32 from Scotland; and 45 from Ireland. Those from the Republic of Ireland and from Northern Ireland have been combined.

sleeping.¹¹ Likewise, among 1,229 people admitted to London's rolling shelters between April 2000 and November 2001, 15% had been in the city for less than six months, including 10% for less than three months.¹¹

The chapter now examines homeless people in each of the principal types of sleeping arrangements, with particular attention to the various 'steps' along the homelessness pathways, and who is involved and why.

SLEEPING ROUGH

People labelled as 'rough sleepers' stay at night in many different settings, and those who are visible on the streets and in doorways are only a small proportion. Many rough sleepers stay in secluded or hidden places such as abandoned cars, subways, parks, woods, stairwells of flats, and derelict buildings. Some travel around at night on buses and coaches, or frequent all-night cafés. Some congregate with others, while others isolate themselves. Only 58% of 1,504 'rough sleepers' admitted to Crisis WinterWatch projects in 2001/02 had slept on the streets the previous night (Figure 5.5).¹¹

Some people who sleep rough are newly homeless, while others have chronic and 'entrenched' histories of homelessness. Some have been on the streets for years, while others alternate between the streets and hostels. In July 2002, there were 439 long-term rough sleepers in London (373 men and 66 women).¹⁷ Older rough sleepers tend to be more entrenched in homelessness than young people: in London, just 4-7% of those aged less than 50 years were long-term rough sleepers,

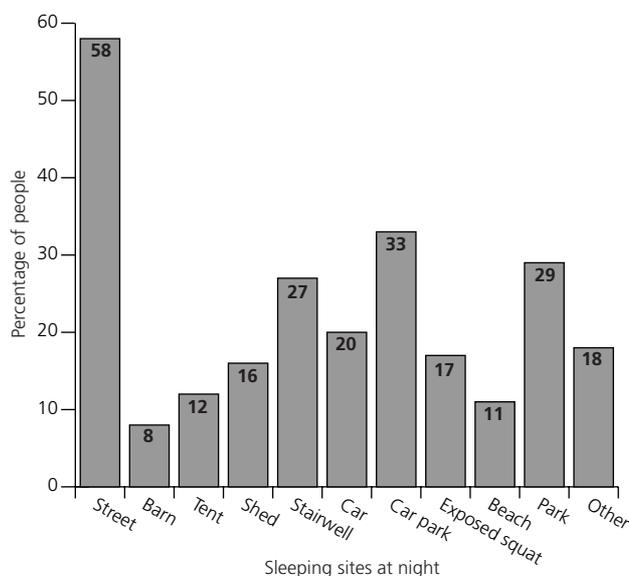
compared to 12% of those aged 50-59 years, and 22% of those aged 60 years or over. In contrast to other ethnic groups, a higher proportion of Irish rough sleepers (12%) were in this entrenched group.¹⁸

Reasons for sleeping rough

Homeless people sleep rough for many reasons, and both personal problems and service deficiencies are implicated. Some are unaware of where to seek help or of the services that are available. Particularly in small towns and rural areas, there are no hostels or the few shelters are often full. A 2002 recent Briefing Paper by *Centrepoint* and *The Countryside Agency* on youth homelessness reported that nearly 40% of rural districts had no emergency accommodation for young homeless people (for more details see Chapter 12).¹⁹

Some homeless people remain on the streets because they find hostels inaccessible or unacceptable. Some are reluctant to use hostels because they are anxious about the other residents, and wish to avoid the tensions and problems that sometimes arise between young and old, and among those with mental health, alcohol and drug problems. Some are concerned that their own addiction problems will be exacerbated if they mix with heavy drinkers or drug users.²⁰ A small proportion of homeless people are couples, yet in July 2002 just 37 listed hostels in London and 20 other UK towns had rooms for mixed-sex couples.²¹

In 2001/02, among rough sleepers in Edinburgh and London, and among people admitted to the Crisis

Figure 5.5 Types of sleeping places prior to admission to the Crisis WinterWatch projects, 2001/02

Source: Rough sleepers admitted to Crisis WinterWatch projects, 2001/02 (see Appendix).

Notes: Multiple responses. Information calculated from the operational database. Sample size: 1,504 people.

WinterWatch projects, 3 to 5% kept dogs.¹¹ But only a small number of hostels nationwide accept pets, and most can only accommodate one or two dogs at any one time. In July 2002, just 56 listed emergency and direct-access hostels in the UK accepted homeless people with dogs (in just 21 towns and cities).²¹ In southwest England, only one hostel in Bristol accepted pets.

Exclusion from hostels

Some rough sleepers have been barred from hostels because of drug or alcohol problems, or for violent or threatening behaviour. Some have moved from hostel to hostel in a town or city until they are barred from all local hostels. One London homeless organisation in late 2001 estimated that 75 of its clients who were sleeping rough had been banned from hostels.²² A similar ban applied to around one-third of rough sleepers in Glasgow.²³ A study in Birmingham in 2000 found that 1,818 people had been excluded from five direct-access hostels (with around 400 bedspaces) during the previous five years.²⁴ Three of the hostels identified 205 people who were currently excluded (including some who were permanently barred up to five years before), while the other two identified 1,613 people who had been barred in the previous 4-5 years (some had subsequently been admitted).

The groups most likely to be excluded from hostels are known arsonists, sex offenders, problematic drug users, people with a history of violence, and those who are ineligible for or refuse to claim Housing Benefit. Almost 80% of the exclusions from Birmingham's hostels were for rent arrears, and most others for violence and aggression linked to drug and alcohol

misuse.²⁴ Recent changes to the procedures for claiming Housing Benefit to help rough sleepers access hostels are discussed in Chapter 9. In Manchester, the Contact and Assessment Team offers daily support if once-banned rough sleepers are readmitted to a hostel, with the result that hostels have been more willing to accommodate them.²²

According to 278 vendors of *The Big Issue* surveyed in Leeds, Liverpool and Manchester, the main reasons for sleeping rough were the unattractiveness of hostels and the unavailability of beds (Table 5.2).¹¹ Nearly one-in-five in Liverpool (18%) said that they had been barred from the local hostels. Only a minority reported that they slept rough through preference or because they could not afford temporary accommodation. According to homeless service staff in Scotland, the main reasons why some rough sleepers have difficulty accessing accommodation are drug and alcohol problems and the unavailability of accommodation.²⁵

Moving from the streets

The movement of rough sleepers off the streets is influenced by several factors:

- The presence of street outreach workers in the locality, and their skills in finding rough sleepers and persuading them to accept help
- The availability of hostels, shelters and other housing, and their vacancy rates and admissions policies
- The willingness and capability of rough sleepers to accept help or find their own accommodation.

Table 5.2 Reasons why vendors of *The Big Issue* in the North slept rough, 2000 (%)

Main reason	Leeds	Liverpool	Manchester	All
Hostels full	35	22	19	25
Hostels unattractive	15	25	25	22
Unaware of hostels	9	13	14	12
Banned	12	18	10	12
No hostels available	5	8	4	5
Situation short-term	8	3	2	4
Hostels do not accept pets	3	0	6	4
Prefer streets	3	0	3	2
Too expensive	0	0	4	1
Had no proof of identity	0	0	3	1
Other	9	10	10	10
Number of informants	94	54	130	278

Source: *The Big Issue in the North*, 2000, Table 6.4, p. 11.

New rough sleepers tend to be more receptive to help than those who have been on the streets for some time. Many of the former either sort out their own housing within a few weeks, or are referred to hostels and shelters by street outreach workers. A few are helped to return to their family or home area, while others are referred to specialist mental health and addiction treatment programmes or to local authority homeless person's units. A small proportion are resettled directly from the streets.

Helping long-term rough sleepers is more difficult. Many have multiple physical health, mental health and substance misuse problems and high support needs, and some persistently refuse services. In London and Edinburgh, intensive outreach work is undertaken with long-term rough sleepers to build trust over time, assess their needs, and persuade them to accept help. In Edinburgh in December 2000, a 'Complex Needs Service Team' was established to work exclusively with long-term street dwellers.²⁶ Among 439 long-term rough sleepers in London, 15% repeatedly abandoned the accommodation to which they were referred despite their initial willingness to be admitted. Another 13% were violent or aggressive, which meant that hostel providers were reluctant to accept them; 19% persistently refused help; and 6% were difficult to help because they repeatedly moved from one area to another.¹⁷

Help received

Many rough sleepers receive help from street outreach workers. Some are referred just once to a hostel or shelter, where they accept help and are subsequently resettled. Others are referred to temporary accommodation on numerous occasions because the

first referral did not work out. Among 381 rough sleepers in Birmingham in 2001/02: (i) 252 were placed in emergency accommodation; (ii) 42 were found long-term housing; and (iii) four returned to their family or home town.¹¹

Among 3,179 rough sleepers in London in 2001/02: (i) 1,208 were booked into a hostel (and several more into other temporary accommodation); (ii) 125 were found permanent or private housing (this includes some who first moved to temporary accommodation); (iii) 74 returned to their family or home area; and (iv) 290 were referred to specialist treatment programmes.¹⁸ In contrast, 1,131 rough sleepers (36%) were not moved into any accommodation by the street outreach workers. This included 32% aged up to 25 years, 43% aged 50-59 years, and 59% aged 60+ years. Some found their own housing or moved elsewhere, while others remained on the streets.

STAYING IN SHELTERS

Many rough sleepers move from the streets to night shelters or their equivalent, such as 'rolling shelters' (in London) and the *Crisis WinterWatch* projects (see Chapter 12). In some places, including Oxford and central London, night shelters complement hostel provision. Most have flexible regimes, are rent-free and act as a stepping stone to hostels for rough sleepers who are wary about leaving the streets. In some places, *Crisis WinterWatch* projects have been established because of the lack of other temporary accommodation. Some shelters operate all year, while others function only in the winter. Some open only at night, but others throughout the day.

The shelters generally attract rough sleepers who: (i) have been on the streets for years and have chronic mental health and substance misuse problems; (ii) are reluctant to use hostels, or have been barred from them; (iii) cannot stay in hostels because they have pets; or (iv) are recently-homeless people or in areas where there are no hostel places. Among 1,229 people admitted to London's rolling shelters between April 2000 and November 2001, 62% had been sleeping rough for more than one year, including 31% for more than five years.¹¹ Some women are reluctant to use shelters. They regard them as 'the last resort', and places that offer no privacy, are 'too rough', and accommodate 'the most unstable homeless people'.²⁷

Moving from shelters

The help that shelter residents receive depends on their length of stay, the on-site services, the staff's expertise, and the availability of and links with local specialist service providers. Some shelters have salaried and experienced staff with considerable local knowledge and connections, while others rely heavily on volunteers. Shelters that operate as a stepping stone to hostels try to respond to immediate needs, to persuade rough sleepers to stay in accommodation, and to move residents as quickly as possible to more suitable temporary hostels. In those places where shelters are the main temporary accommodation, they attempt to provide a fuller range of services.

The reasons why people leave shelters and their destinations on departure vary greatly. They will be influenced by: (i) the availability of move-on temporary and permanent accommodation; (ii) the residents' personal problems and their ability and willingness to accept help; and (iii) the staff's experience of working with difficult clients. One-half of the residents in the Crisis WinterWatch projects in 2001/02 and one-quarter of those in rolling shelters in London between

April 2000 and November 2001 left of their own accord, most of the former without informing the staff. In both schemes, 6-8% of the residents were evicted.¹¹

The Oxford night shelter accommodates up to 70 people a night. During 2001/02, more than 300 residents were moved to alternative accommodation, nearly one-half to other hostels in Oxford.²⁸ Among the residents of the Crisis WinterWatch projects and the rolling shelters, many moved to temporary accommodation, while some were resettled in permanent housing or returned home (Tables 5.3 and 5.4). A higher proportion of residents in London's rolling shelters moved to other hostels, while many in the Crisis WinterWatch projects were discharged to permanent housing or to family and friends. The difference is likely to be due to the availability of hostels in London. In the samples, 35-42% of residents returned to the streets or their destinations were unknown.¹¹ It is likely that many who left for unknown destinations returned to the streets or to other temporary arrangements. Some may also have moved to another area.

STAYING IN HOSTELS

Homeless people of all ages use hostels. Some are former rough sleepers, while others move in immediately they become homeless, or after having stayed with friends or in other temporary settings. The type of hostel used depends to a great extent on local provision. Some stay in hostels that target rough sleepers, young people, women, or heavy drinkers, while others move into general hostels for people of all ages and problems. Some remain in a 'direct-access' or 'first stage' hostel until they are resettled. Some stay for a few weeks or months, and are then transferred to specialist schemes for people with mental health or substance misuse problems, or to 'second stage' projects which focus on rehabilitation and resettlement (see Chapter 12).

Table 5.3 Reasons for departure from shelters

Reason for leaving	Crisis WinterWatch projects, 2001/02		Rolling shelters, 2001/02	
	Number	%	Number	%
Referred by staff to other accommodation	392	25	662	55
Found own accommodation	83	5	59	5
Left of own accord: notified staff	225	14	93	8
Left of own accord: did not notify staff	582	36	211	17
Evicted	99	6	97	8
Other	219	14	83	7
Number of clients¹	1,600	100	1,205	100

Sources: Crisis WinterWatch projects, 2001/02; Rolling shelters, April 2000-Nov. 2001. See Appendix.

Note: Excludes the residents who died or whose reason for departure was not stated.

Table 5.4 Destinations on departure from shelters

Destination	Crisis WinterWatch projects, 2001/02		Rolling shelters, 2001/02	
	Number	%	Number	%
Permanent housing	244	15	107	9
Returned home or to family/friends	232	15	28	2
Hostel / other temporary housing	180	11	508	41
Night-shelter or similar	65	4	20	2
Hospital / detoxification unit	33	2	81	7
Police custody	54	3	20	2
Other	121	8	30	2
Streets	92	6	67	5
Unknown	569	36	368	30
Number of clients	1,590	100	1,229	100

Sources: Crisis WinterWatch projects, 2001/02; Rolling shelters, April 2000-Nov. 2001. See Appendix.

Hostels provide shelter, warmth, bathing and laundry facilities, and in most cases subsidised meals. Many residents receive help from staff with claiming state welfare benefits, and some with budgeting. Many hostels have links to local health centres and to mental health and substance misuse services, and the residents are encouraged to register with GPs, and to accept help if applicable for mental health, alcohol and drug problems. An increasing number of hostels nowadays undertake individualised case work through 'key workers', i.e. each resident is allocated a member of staff who assesses the client's needs, designs a care plan in collaboration with the person, and regularly reviews the person's progress. In some hostels, residents engage in 'meaningful activity' schemes, life-skills training programmes, and literacy classes. The ultimate goal of most hostels is rehousing, and many residents are given housing advice and help with resettlement (discussed later).

Many homeless people view hostels as a positive 'lifeline'. Their reports suggest that they prefer those that are small, have single rooms, are accessible 24 hours, and that serve clients of a similar age or with similar problems.²⁹ Smaller hostels are seen as supportive, homely and less strict. In contrast, large general hostels tend to have inflexible regimes, and are widely perceived as impersonal and 'institutional'. The appearance and condition of hostels, and the available facilities, influence the residents' evaluations. Young homeless people on Merseyside found the poor décor, uncleanliness and disrepair of some hostels depressing and off-putting.³⁰ There is evidence to suggest that dissatisfaction with hostel life increases with the length of stay.²⁷

Duration of hostel stays

Homeless people's length of stay in hostels varies greatly, from just one night to many several years and is influenced by multiple factors:

- The time limits imposed by some hostels
- The residents' personal problems and their ability to settle, comply with the rules, and their satisfaction with the hostel
- A hostel's resettlement policies and procedures, and the capacity and willingness of staff to encourage residents to move to long-term accommodation
- The staff's experience of working with unsettled or disturbed clients, and a hostel's policies regarding rent arrears or tolerance of certain behaviour
- The local availability of general and specialised move-on accommodation
- The readiness of local authority social services departments to carry out community care assessments and accept responsibility for vulnerable people
- The eligibility of a person for priority housing through the local authority.

Among 3,295 residents in London's first-stage hostels in August 2000, one-half had been in their current hostel for less than three months, but 7% for more than five years.⁴ Thirty-one people were admitted to their hostel before 1980. Those who had stayed longest tended to be:

- Men aged 60 years and over

- Women aged 50 years or more
- Men and women from Ireland
- Women with mental health problems
- In hostels with more than 50 beds.

Similarly, older homeless people in Glasgow tended to have stayed in hostels much longer than the younger residents – almost four-fifths had been so housed for two years or more (Figure 5.6).⁴ Recent reports from Belfast give similar indications.

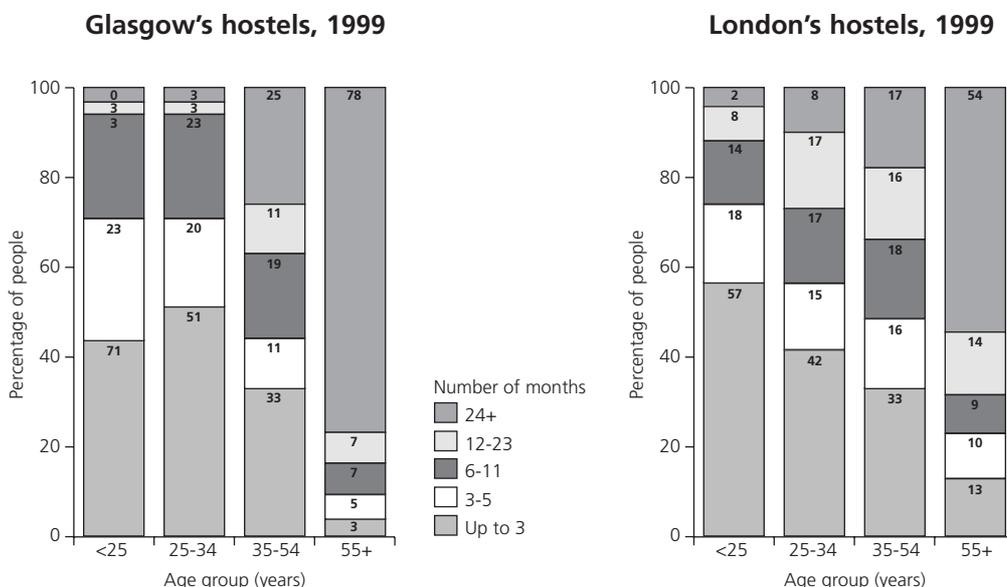
Moving from hostels

As with the shelter users, the destination of hostel leavers varies greatly. Some move to transitional or 'second stage' accommodation, such as rehabilitation

schemes, or specialist mental health projects and detoxification units, while some are resettled in permanent housing, and some return to their partners or families. Others return to the streets or their destination is unknown, often because of a precipitate or unplanned departure. Figure 5.7 presents examples of the destinations of the residents of two hostels in London and Newport, Wales.¹¹ It is impossible to determine the national representativeness of such data.

In London during 2001/02, several rough sleepers who were referred to hostels by street outreach workers returned to the streets, in some cases due to eviction. Although older rough sleepers were less likely than their younger peers to move into a hostel, once admitted they were also more likely to stay (Figure 5.8).¹⁸ Young rough sleepers (aged 25 years and under) who moved into a hostel were more likely to return to

Figure 5.6 Length of stay in Glasgow and London hostels by age



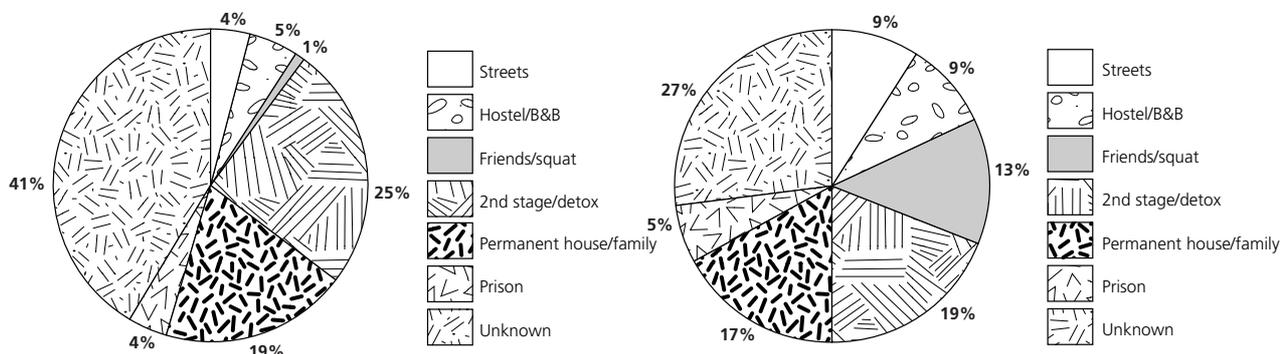
Source: Kershaw et al., 2000, Table 3.7, p. 22. Sample size: 209 people.

Source: Crane and Warnes, 2001a. Sample size: 3,276 people.

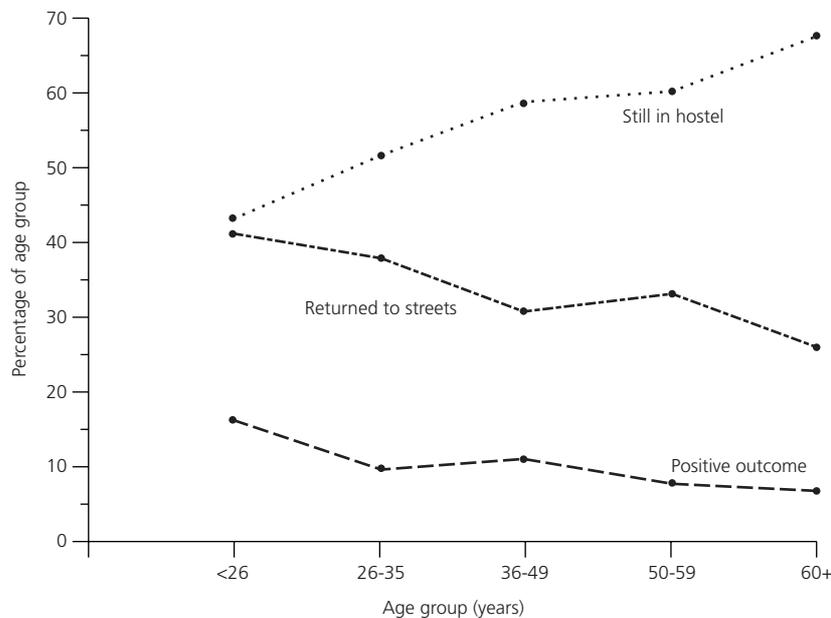
Figure 5.7 Destinations on departure from hostels in London and South Wales

St Mungo's hostels, London, 2001/02

Albert Street Hostel, Newport, Wales, 2000/01



Sources: Information from St Mungo's about 1,417 departures. 92 departures from Albert Street Hostel: see <http://www.nash01.org.uk/asstatistics.html>

Figure 5.8 Outcomes for rough sleepers admitted to London's hostels, 2001/02

Source: Information from Broadway about rough sleepers on CHAIN database.¹⁸

Sample size: 222 people aged < 26 years; 408 aged 26-35 years; 395 aged 36-49 years; 132 aged 50-59 years; and 43 aged 60+ years.

the streets. According to the outreach workers, this 'revolving door' phenomenon causes clients to become disenchanted and over time they become progressively harder to help.³¹

Evictions

Evictions from hostels are common. One-fifth of former rough sleepers who moved out of London's hostels in 2001/02 were evicted.¹⁸ The hostels in London and Wales just mentioned reported eviction rates over 12 months of 16% and 27%.³² Among 837 young people admitted to *Centrepoin't's* London hostels in 2001/02, there were 39 evictions.¹¹ Almost two-fifths were for rent arrears, mostly because the individuals did not claim state benefits. Others were for violence, theft, and breaches of the licence agreement.

Many people affected by evictions and exclusions are vulnerable and have mental health and substance abuse problems. A *Novas-Ouvertures* study of 386 people evicted from four of their first stage hostels in the year ending March 1999 found that 86% were men, more than two-thirds were under 35 years of age, and more than one-half had combined mental health and substance abuse problems.³³ Two-fifths were evicted because they had no proof that they could pay their rent, one-fifth for arrears, one-fifth for violence, and one-fifth for drug dealing or abusive or threatening behaviour. Eviction rates are influenced by several factors:

- The ethos and culture of a service, and the extent to which it operates flexibly

- The rules for particular client groups and the rigidity of their application
- Staff levels and training
- Legal constraints, particularly in relation to drug use and its implications.

Eviction policies are a constant dilemma for the providers of temporary accommodation. Large organisations with several facilities can 'triage' their clients into different hostels according to their problems and support needs, and adjust the staffing levels and skill mix as appropriate. Collaboration among different organisations in a city or region can and does achieve the same result. The damaging consequences of eviction may be greatest in small towns or where there is only one provider – the eviction inevitably forces some people to live on the streets.

In Scotland, it was found that hostel staff are struggling to meet the needs of residents sensitively while managing problems such as their threatening behaviour and violence. This is particularly true in large hostels in which staffing levels are low, the environment promotes exploitation and violence, and much of the staff's work is crisis management.²³ Reports from Birmingham and in the RSU evaluation suggest that there is an increasing number of hostel residents with drug, alcohol and mental health problems and chaotic behaviour, but hostels and staff training have not adjusted to the changing needs. The reports also note the variable quality and level of staff training, high staff turnover, and that many staff are

young and inexperienced. Yet the hostels accommodate people with complex needs who have not been helped by other agencies with more qualified staff.^{22, 24}

RESETTLEMENT

For most single homeless people, the pathway out of homelessness is through resettlement. Most are resettled from hostels, but a few directly from the streets or from day centres. The latter include people staying with friends, or in bed and breakfast hotels, hostels and shelters that have no resettlement programme. Some local authorities, such as *Westminster City Council*, have contracted homeless sector organisations to resettle their statutory homeless population who have been assessed as vulnerable.³⁴ Resettlement may be defined as the planned move of a person to permanent or long-term accommodation, with the provision of support if needed. It involves four main stages:

1. Assessing a person's housing needs, *i.e.* collecting information about previous housing and the reasons for homelessness, current problems and needs, personal care and daily living skills, level of motivation to be resettled, and housing preferences and requirements.
2. Preparing the person both practically and emotionally for rehousing, *i.e.* ensuring that he or she has the means, skills and motivation to settle in the intended accommodation.
3. Finding a suitable housing vacancy and planning the move, *i.e.* making referrals to appropriate housing providers, accompanying the person to view the accommodation, and helping the client furnish the tenancy and prepare for moving.
4. Supporting the move and the initial adjustment to settled living, *i.e.* familiarising the person with the neighbourhood; ensuring that he or she is receiving an income and that arrangements are in place for the payment of rent and utilities; encouraging the person to socialise and to access services; and providing emotional support during the early months.

Some homeless people have no experience of living independently, while some have not had a tenancy for years. Yet the type and quality of help that they receive before and at the time of resettlement varies greatly. Some homeless sector providers employ specialist life-skills and resettlement workers, while others expect generalist staff to undertake these tasks. The RSU evaluation found that many former rough sleepers in hostels received little if any pre-resettlement support: 'in some hostels it is even difficult to identify which

staff are supposed to be providing the service'.³⁵ In Scotland, the majority of homeless people's projects (78%) either provided life-skills training directly or through other agencies, while the client groups most likely to receive training were young people, care leavers and ex-offenders.³⁶ Older people and homeless families were least likely to receive help.

Thames Reach Bondway in London, *St Anne's Shelter and Housing Action* in Sheffield, and *The Salvation Army* in Glasgow are among the organisations that have 'training flats', where those who are to be resettled can learn or practise cooking, cleaning, budgeting and other living skills. *Glasgow Simon Community* runs a Resettlement Training Service for homeless people, and has workshops on topics such as 'coping on your own', 'housing choices', and 'saving energy at home'. The resettlement programme at a *Salvation Army* hostel in London includes workshops on budgeting, debt, first aid, cooking and food hygiene, on health issues such as eating and smoking, and on dealing with stress and change, problem-solving, anger management, self-motivation, and relationship building.³⁷

Resettlement opportunities for homeless people

Homeless people are resettled into diverse accommodation, including independent and clustered flats, shared and supported houses, foyers, and registered care-homes (described in more detail in Chapter 12). Formal personal support at the accommodation varies greatly. Some shared houses have a housing support worker who visits daily, while there are 24-hour care staff in registered care homes. Some people are resettled immediately into an independent tenancy, while others move to a shared house or foyer as a stepping stone to their own flat. The type of housing in which homeless people are resettled depends on:

- Their preferences, needs and capabilities
- The availability of accommodation, eligibility criteria, and funding arrangements
- The resettlement workers' knowledge of housing providers and vacancies.

Homeless people's access to permanent accommodation differs by area and according to the homeless sector provider. In London, for example, a substantial amount of housing stock (nearly 4,000 bed-spaces) was created in the 1990s through the *Rough Sleepers' Initiative* (see Chapter 11). In 2000/01, there was a turnover rate of 14% in these tenancies, and 787 were let to former rough sleepers.²² Some providers of homeless services,

such as *Prime Focus* in Birmingham and the *United Welsh Housing Association*, have their own housing stock, while organisations such as *Thames Reach Bondway* in London have negotiated annual housing quotas from local authorities and housing associations. Through the HOMES scheme in London, some local authority and housing associations make 'hard to let' accommodation available to homeless people.³⁴

Rent deposit schemes

In many parts of the country there is a shortage of permanent accommodation, and this hinders resettlement. In addition, some are excluded from local authority housing if, for example, they have rent arrears. The *National Rent Deposit Forum*, developed in 1995, offers opportunities for homeless people to access private-rented accommodation through local rent deposit schemes. Rent deposits, guarantees or bonds remove the need for homeless people to pay either rent in advance or a deposit. The schemes are operated by housing and homeless organisations throughout Britain, in both cities and small towns. It is estimated that they help 75,000 people and house 11,000 each year.³⁸

One example is SmartMove, established by *Crisis* in 1996, which has 33 schemes nationwide, as in Carmathenshire, Dundee, Hull, King's Lynn, Cornwall, Sheffield and Scunthorpe. The schemes help homeless people get accommodation and provide support once they are rehoused. From July 2001 to June 2002, *Crisis* SmartMove schemes helped 5,351 people: 1,135 were housed with a SmartMove bond and 267 accessed other forms of long-term accommodation such as that provided by local authorities and housing associations.³⁹ Another example is NashMove, run by *Newport Action for the Single Homeless* in south Wales. The scheme provides housing advice and bond guarantees so that single homeless people and childless couples can access private-rented accommodation. During 2000/01, 49 clients were housed with NashMove bonds (including six couples), 18 were found alternative accommodation, as through the local authority or registered social landlords, and ten were referred to the local authority social services department.⁴⁰

Returning home

In a few areas, mediation and diversionary schemes help homeless people return to their family or to their home area. The schemes are not widespread, and the RSU evaluation noted that diversionary work for homeless people has low priority.²² In 2001, Scotland had only one mediation service with trained staff that targeted homeless people. It helped young people either to return home or to remain in touch with their family.⁴¹

Many homeless people in London originate from Ireland or Scotland. The Aisling Project, formed in 1994 and managed by the *London Irish Centre* and *Novas-Ouvertures*, helps homeless Irish people to re-establish family contact, return to Ireland on holiday, and resettle there if that is their wish. In August 2002, 24 people took advantage of the holiday.⁴² Similarly, *Borderline* in London works in collaboration with voluntary organisations and the local councils in Glasgow and Edinburgh to assist homeless people from Scotland who wish to return home.¹³

Leaving the Armed Services

The Ex-Service Resettlement Project, established in 1999 and run jointly by *The Sir Oswald Stoll Foundation* and the *Alcohol Recovery Project*, provides a resettlement and tenancy support service to homeless people in London who are ex-service personnel. Over 24 months ending March 2002, the project worked with 229 people and 95 were resettled (24 into supported housing and 71 into independent accommodation). One-half were aged 30-49 years, and most others (38%) were 50 years or older. Most had mental health or alcohol problems.⁴³ Other schemes have been developed nationally to prevent homelessness among people leaving the armed forces, and these are described in Chapter.¹³

The rate of resettlement

There is surprisingly little information about the rate of resettlement among single homeless people, or about the groups who are and are not resettled. While many individual homeless organisations collect statistics about the clients that they resettle, the information is not collated. One exception, a study in London, assembled details from 64 homeless organisations about 2,300 clients who were resettled between April 1999 and March 2000. Of the total, 43% were less than 30 years of age, and 15% were aged 50 or more years. Nearly two-thirds (63%) had been resettled in independent tenancies, 15% in supported flats, 15% in shared houses, and 3% in registered care homes.⁴⁴ There were variations in the rate of resettlement by age and ethnic group – young homeless people were more likely than older people to have been resettled, as were people from ethnic minority groups. Exceptionally low resettlement rates characterised: (i) young rough sleepers with alcohol or drug problems; (ii) women with mental health problems aged 25 years or under and 50 or more years; and (iii) Irish men.

Support post-resettlement

The need to provide low-level flexible support services to vulnerable people in the community has been recognised by British social housing providers since the mid-1990s, and has led to the increased employment of housing (sometimes called 'tenancy') support workers. A useful review of the types of support given to tenants is found in Quilgars (2000). The type and

intensity of tenancy support that homeless people receive after being rehoused varies, and is influenced by people’s needs, the practices of homeless organisations, and the availability of staff. There are few statistics about the number of homeless people who receive tenancy support after being rehoused, or about the nature and duration of the help.

In some areas, Tenancy Sustainment Teams provide resettled homeless people with support for as long as it is needed. These teams were established through RSU funding and operate in more than 17 places, including Brighton and Hove and London.⁴⁴ Some rehoused people receive support from their resettlement worker, although this is often limited to a few months, while some continue to use homeless people’s day centres where they access help and advice. There are indications that some who might benefit from post-resettlement support slip through the net and receive no help.⁴⁵

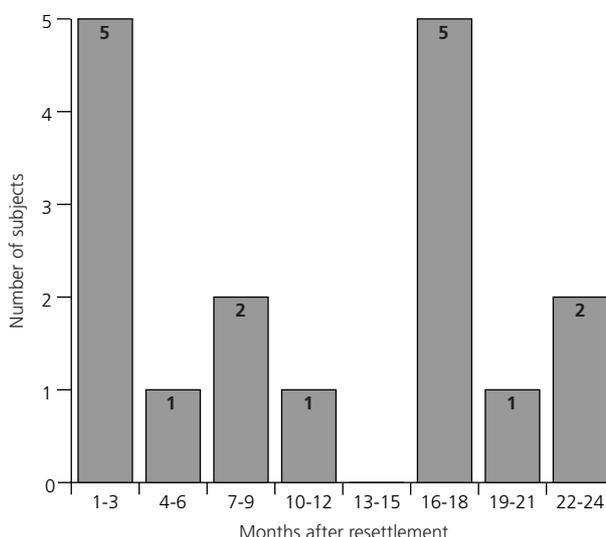
Outcomes of resettlement

Once a homeless person is resettled, many restore contact with relatives or form new friendships, and become engaged in meaningful activities and training and employment schemes (described in the next chapter). But several experience problems with adjusting to settled living, managing finances and paying bills, and loneliness and boredom. Such difficulties sometimes lead to tenancy failure. There is very little information about the outcomes of resettlement for homeless people. The research evidence is also scant: only a few recent British studies have interviewed resettled homeless people.

Among 4,865 people resettled through the Clearing House in London, 16% were evicted or abandoned their tenancies.⁴⁶ The failures tended to be from shared and supported housing rather than independent tenancies. An in-depth longitudinal study between 1997 and 2001 of resettlement outcomes for older homeless people in London, Sheffield and Leeds monitored 64 people aged 50 or more years for two years after being rehoused.⁴⁵ Over the two years, 31% of the tenancies ended in eviction or abandonment. Tenancy failures peaked in the first three months, and these were associated with the subjects’ lack of motivation to settle or because the accommodation was ill-prepared (Figure 5.9). A second peak of failures occurred during months 16 to 18, and tended to arise from either disagreements with the housing providers or accumulated problems. Some people, for example, abandoned shared houses because they were fed up with waiting for their own flat, while others were evicted from registered care-homes because of their aggressive behaviour. There were strong associations between socialising, being occupied during the day, and remaining in the accommodation.

A follow-up study was conducted during the mid-1990s of young homeless people in London. It traced 107 subjects for 12 months after the first interview. It found that 33 people were housed throughout the year and had moved to more stable accommodation: 12 had their own tenancy, six were in shared housing, and 10 in long-term hostels. Another 23 people had initially been unsettled but during the last six months stabilised and remained in accommodation, while 30 people had had multiple short stays in diverse accommodation, and 21 had continued to sleep rough or use night shelters.⁴⁷

Figure 5.9 Abandonments and evictions among 64 rehoused older homeless people, by time after resettlement



Source: Crane and Warnes, 2002. Sample size: 64 people.

OVERVIEW

This chapter began by describing three principal pathways through and out of homelessness, and has concentrated on the 'single homeless pathway', from the streets to shelters and hostels and then to resettlement. One generalisation can be made about people who become homeless and turn to the streets or hostels for accommodation. The great majority are seriously disadvantaged, certainly in terms of income and material resources, but almost as frequently by weak social support – their very situation declares that they have no relatives or friends from whom they can seek or expect accommodation. Some lack family or friends, while some have experienced difficulties with partners, parents and friends. For a proportion, the move into homelessness has an element of escape from an abusive relationship or a problematic family background. Many who become homeless respond to appropriate advice and help and are quickly rehoused. But for those whose disadvantage is life-long or who have been damaged by events in childhood or early adulthood, their problems are deep-seated and involve much more than the lack of a permanent home.

This chapter's summary accounts of rough sleepers, shelter users, hostel residents and resettled clients show that although many people progress sequentially through the different steps and are eventually resettled, many others become 'anchored' or stuck at an early step. Some remain on the streets, while others move repeatedly in and out of shelters and hostels. The progress of a person through the 'single homeless pathway' is strongly influenced by personal attributes, service availability and service delivery factors. It is clear, for example, that first stage (emergency) hostels are not equally accessible to all groups of homeless people. This is partly because, as in any residential institution, there has to be a trade-off between providing for all needs (and extreme behaviours) and the quality of life of the majority. In addition, the whole sector is characterised by low and insecure funding, which places constraints on staffing and prevents hostels accommodating some with difficult behaviour and addiction problems. The proportion of single homeless people who move forward and are eventually successfully resettled is inadequately monitored. It can only be roughly estimated, because some service providers routinely record limited operational data, and rarely is the information from different organisations in a town or city compiled.

Notes

1. Piliavin *et al.*, 1996; Sosin *et al.*, 1990.
2. Alexander and Ruggieri, 1998; Busch-Geertsema, 2002.
3. Anderson and Tulloch, 2000.
4. Crane and Warnes, 2001a.
5. Pawson *et al.*, 2001.
6. Crane, 1999; Crane and Warnes, 1999
7. Kershaw *et al.*, 2000.
8. The Big Issue South West, 2002.
9. The Big Issue in the North, 2000.
10. Cleary and Cordwell, 2001; Gunner, 1999; Davies *et al.*, 1996.
11. Details of the data sources are in the Appendix.
12. Fitzpatrick, 2000.
13. Fitzpatrick *et al.*, 2000b.
14. McCool, 1998.
15. Crane, 1999.
16. Belcher, 1988; Bachrach, 1987.
17. Thames Reach Bondway, St Botolph's Project, St Mungo's and Broadway, 2002.
18. Broadway, 2002.
19. Centrepoint and The Countryside Agency, 2002.
20. Alexander and Ruggieri, 1999; Rosengard Associates with Scottish Health Feedback, 2001.
21. Search undertaken of Hostels Online, managed by the Resource Information Service. See <http://www.hostels.org.uk>
22. Randall and Brown, 2002a.
23. Rosengard Associates with Scottish Health Feedback, 2001.
24. Carter, 2000.
25. Laird, 2002.
26. <http://www.streetwork.org.ukednet.co.uk?~esp/Homeless.htm>
27. Jones, 1999.
28. Oxford Night Shelter, 2002.
29. Alexander and Ruggieri, 1999; Croft-White and Parry-Cooke, 2000; Jones, 1999; Rosengard Associates with Scottish Health Feedback, 2001.
30. Scanlon and Wigglesworth, 2001.
31. Thames Reach Bondway, 2001.
32. St Mungo's, London, and Albert Street Hostel, Newport, Wales. See Appendix.
33. Hewitt, 1999.
34. Crane and Warnes, 2000b.
35. Randall and Brown, 2002a, p. 41.
36. Jones *et al.*, 2001.
37. Warnes and Crane, 2000a.
38. <http://www.nrdf.org.uk>

39. <http://www.crisis.org.uk/projects/smartmove>
40. <http://www.nash01.org.uk/nmstatistics.html>
41. Lemos and Crane, 2001.
42. <http://www.aisling.org.uk>
43. Alcohol Recovery Project and Sir Oswald Stoll Foundation 2002.
44. RSU, 2001a.
45. Crane and Warnes, 2002a.
46. Dane, 1998.
47. Craig *et al.*, 1996.

6. Homeless people's experiences and activities

This chapter describes homeless people's experiences and activities. It draws on findings from several British ethnographic studies and surveys of the circumstances and opinions of homeless people, including the *Homeless Voices* series commissioned by Crisis. The studies have featured women, *The Big Issue* vendors, beggars, street drinkers, and young and old people. There are few qualitative reports of the experiences of homeless men in their thirties and forties, even though they are the most numerous group of homeless people. The early sections examine people's reactions to being homeless, how they manage everyday tasks, and their family and social contacts. A fourth section examines homeless people's use of time and their diverse activities. Lastly, the chapter describes their views about leaving homelessness and the long-term impact of being homeless.

EXPERIENCING HOMELESSNESS

Initial reactions

Homeless people's initial reactions to homelessness are mixed (Box 6.1). Many report that on first becoming homeless they are fearful and do not know what to do or where to get help.¹ Some people whose homelessness was triggered by family problems or a relationship breakdown say that they felt angry and

lost, but others that it was a relief to escape from an intolerable situation.² A few young people describe the first days of homelessness and the freedom of being away from home as 'enjoyable' and 'exciting'. They admit, however, that the 'glamour' quickly dissipated, and that the disadvantages of being homeless soon became apparent.³

Attitudes to being homeless

Over time, people change their attitudes to being homeless. Some regard it as a time to reflect on past events, and an opportunity to come to terms with their troubles and to plan ahead. Such views tend to be expressed by hostel residents. While on the streets, a person's attention is often focused on finding food and shelter, and there are too many distractions to think about problems and solutions. In hostels, however, people have the space and opportunity to think about themselves and their lives. They also have access to staff who give support and encouragement. Two hostel residents expressed such responses:

"I've taken overdoses and done things in the past I get depressed and the drink probably makes it worse ... but the support here is great and has really helped me to get sorted." (Woman, aged 30 years)⁵

Box 6.1 Initial reactions to homelessness⁴

This homeless experience is the most fearful thing that has ever happened to me. I have had a hard life caring for my sick husband and bringing up three children, but I have always come through it. Ending up homeless has knocked me for six; my nerves have gone to pieces. (Woman, aged 69 years)

I felt really, really low. Really ripped to pieces, like crying, hurt. I thought, well society really hasn't got no responsibility towards me. I'm basically on my own. There is no-one here. I think I went to the church and talked to the vicar for a while. (Man, aged 25 years)

The day my wife turned me out it broke my heart. I feel very angry and bitter towards her. (Man, aged 60 years)

It suited me at the time [being on the streets] because it was total anonymity. Nobody knew who I was, nobody knew anything ... you could have died and nobody would have cared. But at that point, that's what I wanted. (Man, aged 49 years)

It's strange. It's such a weird feeling ... it's like loads of feelings and emotions all in one. You know, it's like scared – you're scared, you're vulnerable, you're angry, you're upset ... It is a very strange feeling, and it is a nasty feeling, and I never want to feel it again. (Woman, aged 19 years)

I came into this homeless life to escape. I was suffering from psychological pain, grief and inner anger ... I have now successfully cut myself off from all people that mattered. (Man, aged 56 years)

I felt very very terrible, I was going mad. I start talking to myself and saying things, saying 'no this it can't happen to me' ... I couldn't believe getting kicked out and just sleeping rough in the street because that is terrible. (Man, age not stated)

At the beginning I found it quite exciting, because it was a new thing, but once you go through a few days without being able to have a wash or anything and not knowing what you're going to do for something to eat ... But a lot of the time I just didn't care. (Man, aged 19 years).

“I have done a lot of thinking. A clearing brain can bring back memories of many acts and instances one would prefer to forget. But remembering and facing and taking responsibility for these self-same acts and instances is, I imagine, an integral part of growing up. And growing up is not something I have been very successful at in the past.”(Man, aged 50 years)⁶

Some homeless people, particularly rough sleepers, do not seek help to change their situation. Some find it too painful to reflect on past traumas and losses.² They shun contacts, or turn to drugs or alcohol to blot out memories, or repeatedly move from place to place. Several have mental health problems which affect their ability to comprehend their situation and make changes, while some refuse services because they blame themselves for their situation which they perceive as desperate and hopeless (Figure 6.1). A few who had unsettled childhoods and became homeless in adolescence have never had a permanent place to live and regard homelessness as ‘normal’.⁷

Feelings of powerlessness and lack of control

Some homeless people describe being in a state of limbo and believe that they have no control over their situation (Box 6.2). They have no security or base, and feel ‘powerless’. If they stay in hostels, they are obliged to comply with rules – restrictions are often placed on visitors and meals are served at set times. According to some homeless women in hostels, they missed being able to do normal activities such as cooking. They had started to think of hostel life as ‘normal’, and were developing uncharacteristic habits, such as asking for money and cigarettes.⁸ For many single homeless people, changing their

situation is out of their control – they do not have the resources to rent accommodation, and are ineligible for local authority housing. As a result, they are reliant on the homeless organisations’ staff for help with rehousing.

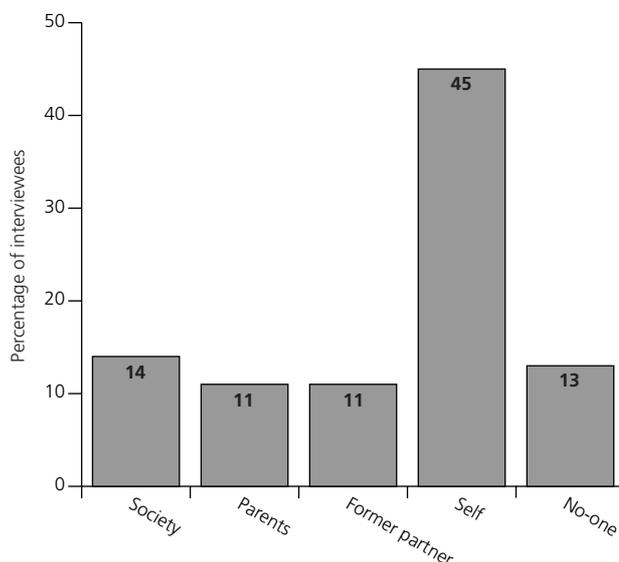
Before becoming homeless, many people owned property or sustained tenancies, worked for many years, and married and raised children. They have had relationships, roles and responsibilities, and presumably earned recognition and social standing. For them, becoming homeless has meant a loss of roles, commitments and status. They have lost their social position, home and material possessions which normally convey economic worth and social identity.

The experiences of street homeless people

Coping with being homeless

For people who sleep rough or stay in shelters or temporary accommodation that they have to leave during the day, much of their time is spent on the streets. Most have no place to keep their belongings and so carry them around. They find it difficult to keep warm and dry, to sleep, and to rest. They are often moved on by the police or by the staff at train and bus stations, cafés and libraries. Some rough sleepers wear several layers of clothing and use blankets, sleeping bags and cardboard to keep warm, but others are inadequately dressed and lack bedding. One elderly rough sleeper said: “I’ve sometimes woken up frozen and my mind seems to be in one place and my body in another; it makes me feel deranged”. Another said that in the winter, “I’ve heard the ice cracking over my body; I’ve been so numb, it took hours before I got going”.¹⁰

Figure 6.1 Rough sleepers’ attribution of blame for their situation, 1999



Source: St Mungo’s survey of street dwellers, February 1999. Sample size: 136 people.

Safety

Safety is a major concern and many rough sleepers fear being attacked at night. Some sleep in groups or keep dogs for protection, and some stay in places hidden from public view, such as derelict buildings, which may be dangerous. Injuries from accidents and assaults are common – rough sleepers are reported to be 50 times more likely than the general population to be fatally assaulted.¹¹ The worst incidents are featured in local newspapers, as with the following three examples.¹² In June 2001, a 41-year-old rough sleeper died having been set alight by two youths in Dartford, Kent. In January 2002, a 32-year-old seller of *The Big Issue* died from head injuries after being beaten up by a gang of youths in Norwich. In September 2002, a 38-year-old homeless man died from serious head injuries after being attacked in Bournemouth.

Reactions of the general public

The reactions of the general public towards homeless people vary. On occasions, homeless people receive help from members of the public. Some stay in sheds and garages with the owners' consent.² One man slept for several years in a shed used by market stallholders to store barrows and goods. He had a bed in the shed, the stallholders allowed him to sleep there, and in

return he pushed their barrows into the market in the early morning.² Alan Bennett, the celebrated playwright, allowed an elderly lady to live in a van in his garden for 15 years until her death.¹³ Similarly, many vendors of *The Big Issue* receive support from the public (discussed later).

In contrast, some homeless people report being scorned by the general public (Box 6.3). They believe that the public assume that homeless people have done something wrong.⁸ These beliefs may be exaggerated in some instances by homeless people's low self-esteem and self-worth. Reports suggest that in rural areas there is less tolerance of homelessness and more stigma towards homeless people.¹⁴

The likes and dislikes of living on the streets

Figures 6.2 and 6.3 summarise the opinions of 137 rough sleepers in London about living on the streets. They reported 135 likes and 258 dislikes, while another 51 (26% of all those approached) said that there was nothing they liked about sleeping rough, and six said that there was nothing they disliked about it. The reactions to the lifestyle are not therefore entirely negative. One-quarter appreciated the company of other street people, and a similar fraction perceived the

Box 6.2 Homeless people's feelings of powerlessness⁹

You see the world in a totally different way. It's just a totally different lifestyle to being settled – settled and having your own place. You don't feel secure, I suppose. (Man, aged 23 years)

[Homelessness] is like being in a void really. You're just sort of floating. You aren't really doing anything. You feel pretty crap. I think you give off that signal to everyone else. (Man, aged 22 years)

It's like waiting for something to happen that's never going to happen. (Woman, aged 54 years)

You have no control over your life ... If I had my own place I could take control of things. Here [in a hostel] you are dependent on other people. (Woman, aged 19 years)

Box 6.3 Experiencing daytime street homelessness¹⁵

It's the lowest low. I felt like something that's been thrown away, disregarded like. I didn't feel like I was worth anything really. (Man, aged 16)

It felt degrading to be quite honest. People walking past looking at you thinking 'what a fucking loser'. I felt bad. It really did affect me. (Man, aged 18 years)

In certain people's eyes, you're definitely a third class citizen.' (Man, aged 41 years)

People like saying how we're littering the public pavements and stuff like that. And how we brought it upon ourselves. That's hurting, like, because deep down you know you didn't do anything [to be in this situation], but when people say that to you it does hurt. (Man, aged 22 years)

I am on the streets until the shelter reopens at 9 p.m. I feel that people are watching me standing about. I don't look any different to anyone else carrying shopping bags, but I feel that people know I'm homeless. (Woman, aged 69 years)

In a city like London you can lose yourself in a crowd or sit on a bench all day and no one will take notice of you. If you are homeless and sit on a bench all day in a village, people will stare and talk about you. In London you can be anonymous; in a village you become a marked man. (Man, aged late 50s)

Unclean, unwanted. Outcast actually. As if you didn't belong any more. It's as if no-one really wants to know. (Man, aged 45 years)

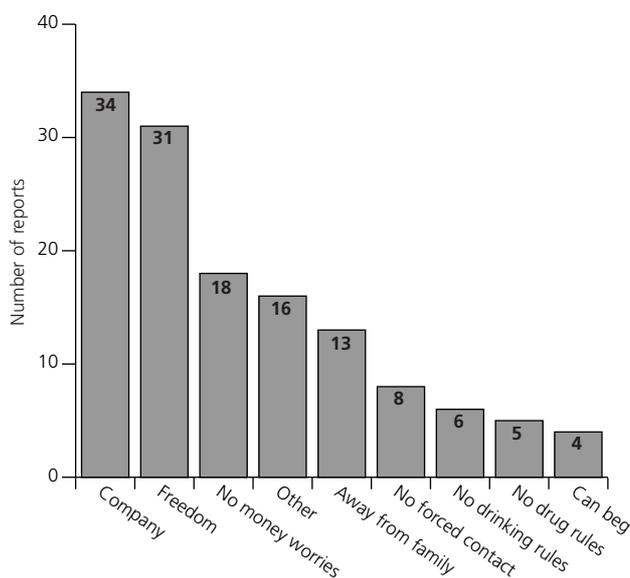
freedom as an advantage. The greatest dislike, mentioned by three-fifths, was with the cold and damp, followed by public intimidation, mentioned by one-third. These discomforts were much more frequently mentioned than the dirtiness of sleeping on the streets.

Demoralisation and depression

Many homeless people describe despondency, apathy and depression, and some report suicidal thoughts.

Among 164 vendors of *The Big Issue* in southwest England that were interviewed in 2002, 46% reported feeling depressed, and 20% had made a suicide attempt during the previous six months.¹⁶ Nearly one-half (46%) reported suicidal thoughts in the weeks before their interview. American studies have found that depression is the ‘silent problem of homelessness’, and that one-half to three-quarters of homeless people are depressed or demoralised.¹⁷ A British study in 1996/97 of suicides among homeless people found

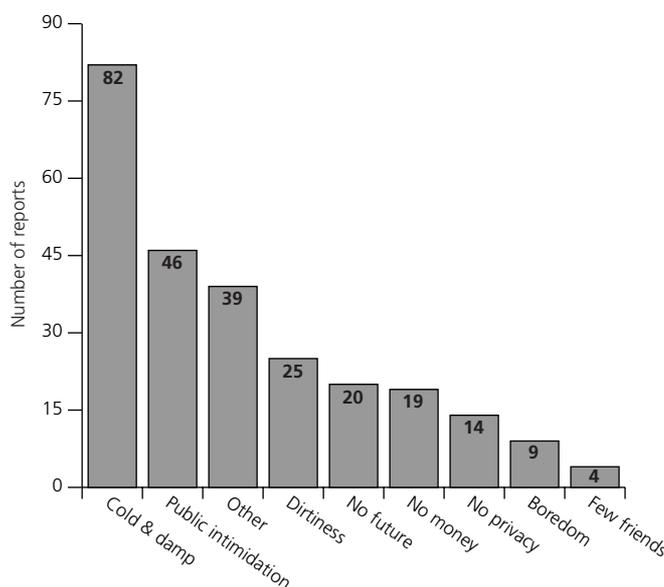
Figure 6.2 Benefits of living on the streets, rough sleepers, London



Source: Survey for St Mungo’s of street dwellers, February 1999.

Note: Multiple responses given. Sample size: 137 rough sleepers.

Figure 6.3 Dislikes about living on the streets, rough sleepers, London



Source: Survey for St Mungo’s of street dwellers, February 1999.

Note: Multiple responses given. Sample size: 137 rough sleepers.

that the majority were by men aged 26-44 years.¹⁸ This age-sex group predominates among single homeless people, however, and the group may not have the highest rate of suicide among age groups. Moreover, the recorded death rates of homeless people have questionable validity (see Chapter 3).

High levels of aggression and self-harm are reported among young homeless people.²⁰ According to hostel staff on Merseyside: "there is a hopelessness about so many of them, and that hopelessness turns to aggression".¹⁹ Among 161 young homeless people in London, one-third reported an attempted suicide, including one-fifth in the previous 12 months.²⁰ A recent US study of 523 homeless people aged 13-20 years also found that 38% had a history of suicide attempts, and that their occurrence could be linked to expressed depression and hopelessness.²¹ In both the British and the American samples, depression and mental health problems had in most cases preceded homelessness.

The negative feelings experienced by many homeless people are related both to traumas and losses prior to becoming homeless and to the dire circumstances of homelessness itself. Among 70 older hostel residents in London during 1997/98, three-fifths reported feeling depressed, and 27% perceived their future as hopeless and expected to be dead within six months.²² Some linked their depression to the death of their wife or to a marital breakdown. Among 77 homeless women in London, Liverpool, Brighton and Bristol, most believed that 'although becoming homeless had been a distressing and extremely worrying experience, hostel life was more stressful'.²³ Several reported mood swings, insomnia and depression, and some had been prescribed anti-depressants.

Use of alcohol and illegal drugs

As described in Chapter 3, many homeless people, particularly rough sleepers, misuse alcohol or drugs. Some use these substances as a means to escape from the problems that caused them to become homeless, while for others it helps them to cope with the physical conditions and stresses of being homeless. Some drink

alcohol to keep warm and to help them sleep, or as a way of alleviating boredom and loneliness by socialising with other drinkers (described later in this chapter). Numerous reports in recent years have published the views of homeless people, and they clearly demonstrate the strong links between substance misuse, apathy and depression (Box 6.4).

MANAGING EVERYDAY TASKS

Personal appearance and hygiene

For many homeless people, keeping clean and tidy is an important part of their daily routine. Most who stay in hostels, bed and breakfast hotels or with friends have access to washing facilities, but managing personal hygiene and washing clothes is difficult for rough sleepers. Some use showers at day centres or wash in public toilets. Some launder their clothes at day centres, or simply get fresh clothes at a day centre and discard the dirty items. One elderly man in London slept in a derelict building and collected water each day from a tap in a nearby cemetery to wash and shave.² Some homeless people, particularly rough sleepers, neglect their hygiene and appearance. A few dress in several layers of tattered or dirty clothing. Lack of self-care is occasionally due to poor access to washing facilities, but more commonly to mental health or serious substance misuse problems.

Obtaining food

Homeless people obtain food from many sources. Hostel residents are generally provided with subsidised meals or have access to self-catering facilities, but many in bed and breakfast hotels and night shelters only have breakfast. Obtaining free or low-cost food may be difficult for them and for rough sleepers unless there are local drop-in and day centres and street handouts. Many day centres provide subsidised hot meals, while drop-in centres tend to offer only drinks and sandwiches. Some homeless people have a daily routine and visit various centres at different times of the day for food and drinks.

A minority of rough sleepers never have hot meals. Some spend their money on alcohol or drugs, while

Box 6.4 Homelessness, depression and substance misuse: a reinforcing cycle²⁴

I think it all becomes one in the end – the drinking and being homeless. You're depressed because you're homeless. You drink because you're depressed. In the end it's all one big problem. (Man, aged 47 years)

Being homeless is a life of mental and physical torture. At least in prison you have warmth, food and a bed, and your sentence comes to an end. Homelessness is a living hell that never ends. Homeless people drink to numb their minds and escape from this torture. (Man, aged 65 years)

[Alcohol] boosts my confidence a lot and warms me up ... I find myself drinking these warm-up drinks; it makes me feel alright, stops making me feel angry and bad. (Man, aged 17 years)

You drink when you realise that there is nothing ahead for you; when you look at your life, you realise that any future you had is now in the past. (Elderly man)

many older women on the streets and some with mental health problems avoid day centres, stay away from food runs, and instead eat discarded food wherever it can be found. A small number shop-lift for food or use cafés if they can afford to, while some do the 'skip-run' – they visit the yards of supermarkets to collect food that is thrown into bins at the end of the day.²⁵ Older men have reported that they call at convents because 'the nuns always give you something to eat if you knock at their door'.² One man remembered that one Christmas, when he was hungry, the cafés and stations were closed and the litter bins were empty, so he stole some bread from a shop. He said: "I looked through the windows of houses; I could see people with plenty of food; all I had was a loaf of bread".² Among 164 vendors of *The Big Issue* in southwest England in 2002, 49% reported not eating properly.¹⁶

In small towns and rural areas where there are few day centres and street handouts, homeless people can find it difficult to obtain food. One elderly rough sleeper explained, 'in the country you may go days without eating'.² Those with the necessary knowledge and skills can, however, take advantage of the opportunities that the countryside offers. As a man in Somerset commented, "living off the streets you are just trying to stay alive until the next day, but in the country it's quite easy ... because I went poaching. I didn't have to go out and rob".²⁶ An older man in London reported that he had spent years living alone on beaches in Scotland. He ate fish and game that he cooked on fires.

Homeless people's diets

There have been few studies of the diets of homeless people. In the 1999 Glasgow survey of 225 hostel residents, the informants were asked about their food intake on the previous day.²⁷ 84% had eaten bread, potatoes or other starchy foods, and 78% had had meat, fish, eggs or another source of protein. Only 44% had had fruit or vegetables (22% aged 16-24 years compared to 56% aged 55+ years). A survey in 1994-95 of 423 people in London who used soup runs and day centres for homeless people found that the intake of the majority did not meet normal dietary requirements – only 28% had vegetables daily, and 60% seldom ate fruit, salad or wholemeal foods.²⁸ Rough sleepers (25% of the sample) had the lowest consumption of the food required for a healthy diet.

A study by *Centrepoin* in 2002 found that many young homeless people in London had less than £10 a week to spend on food. In contrast, a healthy diet for a young man living in the capital was estimated to require £25-32 a week. Limited budgets were forcing the young people to survive on low nutritional meals, and several complained of losing weight, headaches, poor concentration, and feeling tired and depressed.²⁹

Similar findings were reported in a United States study of 1,700 homeless people in the late 1980s – the diet of the majority was inadequate 'to maintain good health'.³⁰

Some organisations have recently given increased attention to the diets of homeless people. The *Crisis FareShare* project, started in 1994, involves over 250 volunteers across Britain who collect good high quality surplus fresh food from supermarkets and manufacturers and distribute it to 178 hostels and day centres.³¹ *Cricklewood Homeless Concern*, a day centre for homeless people in north-west London, has funding over two years from *The London Housing Foundation* to develop a healthy eating programme.³²

Sources of income

The main source of income for most homeless people is state social security benefits. Although only a few are formally employed, some have earnings through casual work or from selling *The Big Issue*. Among 1,229 who entered London's rolling shelters in 2000/01, 65% claimed state benefits, 1% received income through regular or casual work, and 15% through begging and busking.³³ A small proportion of homeless people engage in prostitution – among 466 rough sleepers contacted in Edinburgh between April and October 2001, 3% admitted earning money through 'sex work', although it was thought to be under-reported.³⁴

A few homeless people, most of them rough sleepers, have *no* income. Among entrants to London's rolling shelters in 2000/01, and to *Centrepoin*'s projects in 2001/02, almost one-fifth had no income. Most of the rolling shelter residents had not tried to claim state benefits (it was not that they had been refused benefits).³³ Among 66 rough sleepers interviewed in Edinburgh and Glasgow, 21% did not receive benefits and relied on money from begging or from selling *The Big Issue*.³⁵ Similarly, a survey conducted throughout Britain in the mid-1990s by the *Office for National Statistics* found that 18% of 181 night shelter residents, and 23% of rough sleepers at day centres received no state benefits and had no income.³⁶

Some homeless people do not claim state benefits because they lack identification papers or a National Insurance number, or because as a non-citizen they are ineligible. Some fear being traced by an abusive ex-partner. Others move frequently and are unsettled, or do not want to face the humiliation and hassle of making a claim without an address.³⁵ Some are illiterate or have mental health problems, are unaware of their entitlements, and are unable to complete the complex forms and manage the bureaucracy of benefit offices. One elderly man had slept rough in London for more than 15 years without claiming benefits. He had previously lived with his mother and had relied on her to manage his finances.² Homeless people are

sometimes treated unsympathetically by benefit office staff, and services that have been developed to improve their access to benefits are described in Chapter 9.

Managing on a low income is problematic, and many homeless people are unable to rent housing, buy clothing or shoes, travel, or participate in many leisure activities. Ready-prepared food and drinks are expensive. Many rely on second-hand clothes from day centres and charity shops. Some receive their state benefits weekly, but others are paid fortnightly and find budgeting difficult. Supporting a drug habit is a major problem for many, and some resort to petty thieving or begging. The personal allowances of *young* homeless people are exceptionally low. In April 2002, the income support and jobseeker's allowance for most 16-17 years olds was £32.50 per week, compared to £42.70 for 18-24 year olds, and £53.95 for people above that age (see Chapter 9 for further details).

FAMILY AND SOCIAL CONTACTS

Family contacts

There are few comprehensive substantial studies in Britain of homeless people's contacts with relatives and ex-partners (in contrast to the United States). Homelessness is often preceded by estranged relationships and arguments with parents or marital partners, and some homeless people have deliberately severed contact and moved away (Chapter 4). Several have had no contact with their spouse or children for decades and do not know if their relatives are alive, while those raised in orphanages or with foster parents may never have had close relatives. Some do not keep in touch as they do not want their family to know about their circumstances. Among 146 *St Mungo's* hostel residents, 31% had no contact with their family.³⁷

Young homeless people

Young homeless people and those with short histories of homelessness are most likely to sustain family contacts. Several studies have shown that many young homeless people keep in touch with at least one family

member, usually a parent or sibling.³⁸ Some keep up family contacts but do not wish to return home. Reports of an improved relationship with parents since leaving home are quite common. Three-quarters of 150 young homeless people (aged up to 25 years) in London, the Midlands, East Anglia and Shropshire were still in contact with a family member, although only 30% said that they wanted to return home.³⁹

Among 25 young homeless people in the Glasgow city region, more than one-half had weekly contact with a parent, from whom many received emotional support and some financial and material help. There was an association between their pathways through homelessness and the quality of the relationship with the parents. Those who stayed locally, in their suburb or satellite town, had more frequent contacts with their parents and more favourable housing and employment outcomes than those who moved to the city centre.⁴⁰

Older homeless people

Many older homeless people have no family contact or lack relatives – some have never married, have no siblings and have been bereaved of their parents. Among 182 homeless people aged 55 or more years in London, Sheffield, Leeds and Manchester, 56% had had no family contact for five years, and another 17% had no close relatives.² When comparisons are made with older people in the general population, homeless older people are much more likely to have estranged family relationships (Table 6.1). At least seven in ten of the general older population see one or more relatives each week, while only a minority have no contact with relatives. In contrast, only 19-27% of homeless older people in two studies had seen a relative in the previous year, and one-half had no family contact.

Rebuilding family relationships

Rebuilding estranged and damaged family relationships is difficult, particularly after many years. As mentioned in the previous chapter, while mediation schemes have been set up for homeless people and their families they are not widespread.⁴¹ Examples include the *Alone in London Service* which provides advice and family mediation for young homeless people (aged under 26

Table 6.1 Housed and homeless older people's contact with relatives (%)

Frequency of contact	Housed people		Homeless people	
	North Wales ¹	Great Britain ²	Four City study ³	Resettlement study ⁴
Within last month	69	94	19 ⁵	27 ⁵
No contact	2	3	56 ⁶	50 ⁶
No relatives	6	n.k.	17	12
Sample size	289	3,475	182	64

Notes: 1. People aged 50+ years (Wenger, 1994, pp. 111-2). 2. *General Household Survey 1994*, people aged 65+ years (Bennett *et al.*, 1996, Table 6.39). 3. People aged 55+ years in London, Sheffield, Leeds and Manchester (Crane, 1999). 4. People aged 50+ years in London, Sheffield and Leeds (Crane and Warnes, 2002). 5. Within the last year. 6. For five years or more.

years). Another London scheme is the *King's Cross Homelessness Project* which provides advice and advocacy help to homeless families living in bed and breakfast hotels.⁴² Well-established schemes that attempt to trace and reunite people with their relatives include *The Salvation Army's 'Family Tracing Service'* and the *National Missing Persons' Helpline* (described in Chapter 13).

Homeless people's attempts to restore family ties are not always successful or beneficial. There are detailed accounts of the experience of 12 older homeless people who had estranged family relationships and tried to renew contact with relatives after being resettled.⁴³ For only a minority was amiable contact restored, and most were either rejected or became involved in their relatives' personal and marital problems. One man who wrote to his mother learned that she had died a few months earlier – he had last heard from her 26 years before. Another man visited a brother whom he had not seen for seven years, only to be turned away. Among those who renewed contact, several of the relationships were strained. Some refused to admit to their children that they had been homeless, and were unable to give a convincing account of why they had been out of touch for years. Three became involved in a child's marital problems, which induced one woman to drink heavily after nine months' abstinence. Another became involved in family conflicts caused by a son's drug addiction.

Among 150 young homeless people interviewed in London, the Midlands, East Anglia and Shropshire, 55% had returned home at least once since becoming homeless. Of those who returned, 22% reported that it was a positive experience for a while and that they were welcomed, 38% found that, after a short time, the problems which had made them leave recurred, and 39% either found the problems unchanged or a hostile atmosphere.³⁹

Housed friends

Many homeless people have no social contacts except with other homeless people. This appears particularly

likely among the middle-aged and older and those who have been homeless for several years. Among 41 homeless Scots in London, some had new partners or housed friends that they had met through work or church activities, but very few had kept in touch with friends back home.⁴⁴ Among young homeless people in Glasgow, those who remained in the neighbourhood where they had grown up sustained contact with long-standing friends, but those who moved to the city centre tended to interact only with other homeless people.⁴⁰ Among 150 homeless people interviewed in 2002 in London, Canterbury, Manchester, Portsmouth, Birmingham and St Albans, only 30% said that they spent their day with people who were not homeless.⁴⁵

Peer group contacts

The extent to which homeless people socialise with each other and form friendships varies. Some who sleep rough are isolated and rarely converse with others. Among the most isolated are: (i) older rough sleepers; (ii) those with mental health problems; (iii) newly homeless people; (iv) transient men who move from town to town; and (v) rough sleepers in rural areas. Among the just mentioned 150 homeless people interviewed in 2002, 38% said that they spent their day alone.⁴⁵

The isolation of some homeless people becomes apparent when they need emotional support or at their death. Many have no relatives or friends, and sometimes a hostel or outreach worker performs the role usually fulfilled by a close relative. This might involve accompanying a homeless person to visit the grave of their spouse. A homelessness worker is sometimes the only person who attends a homeless person's funeral. The isolation of some homeless people is made vivid by their remarks (Box 6.5).

Many homeless people socialise with each other. Some in hostels believe that being with other residents has been positive – they have formed friendships and supported each other.^{8,19} In Scotland, many residents valued the social contacts in hostels, but the resident mix was a major influence. Positive comments came

Box 6.5 The isolation of some homeless people⁴⁶

I've no friends, only acquaintances. (Man, aged 60 years)

I've detached myself from people and have become anonymous. I don't participate in life, I'm just an observer. (Man in his sixties)

I don't mix or talk to people ... hardly anybody knows that I exist'. (Man, aged 60 years)

Homeless men are always alone ... that is because they don't trust anybody. You are let down too many times in life and in the end you don't bother with people any more. (Man in his fifties)

The hard part I found on the streets was making conversation. Because I was on my own, you didn't need to converse to anybody really, apart from the shopkeeper, because you have nothing to say. (Woman, aged 60+ years)

I'm a loner. I always travel on my own so that I have no incumbencies. I don't want to listen to other men's problems. (Man in his fifties)

mainly from specialist hostels for women or young people, while the presence of drinkers and drug users caused most friction. Even in a wet hostel, residents could be intolerant of other drinkers.⁴⁷ Some rough sleepers form small groups on the streets, and the 'street community' for them is important for protection, help and support, and companionship. They share information, food and money in times of need.

The strength of these relationships varies. As shown in Box 6.6, some refer to their street or hostel friends as 'family', and are reluctant to break the bonds which are their only social links. Others use the term 'associates' or 'acquaintances' when referring to their homeless friends, and contact is severed as soon as the accommodation changes.² Making and sustaining friendships and intimate relationships can be difficult for homeless people. Many hostels restrict visits of the opposite sex, and rough sleepers have little opportunity for intimacy. Some people believe that being in an intimate relationship helps them cope with homelessness, while others say that having a relationship while homeless causes more problems. As one man in his thirties explained, 'you're doubling your trouble ... it's twice as hard'.⁴⁹

USE OF TIME

Homeless people's use of time varies greatly. Some spend most of their time napping, walking about aimlessly, begging or drinking on the streets. A few rough sleepers spend their days rummaging through litter bins and hoard old food, clothing and garbage in carrier bags and shopping trolleys. Most of this group have mental health problems – they are internationally

stereotyped as 'bag people'. These activities are unlikely to help anyone become self-supporting or into housing.

But many homeless people engage in meaningful and purposeful activities. They attend courses or training schemes, work casually, or participate in structured activities that encourage motivation, skills training, and the rebuilding of lives. Whether an individual engages in these positive activities depends on his or her personal problems and motivation, and their local availability. In most large cities, there are many activity and training programmes for homeless people, but in small towns and rural areas there are generally few if any.

Involvement in street activities

A minority of homeless people engage in two public activities that are problematic for the participants and for their impact on others, and which have a negative affect on the political, media and general public's representations of homeless people. They are convivial street drinking and begging. These habits are not diagnostic of homelessness, for many disadvantaged housed people participate alongside homeless people. Public and official responses to these behaviours are discussed in Chapters 7 and 14.

Street drinking

In many towns and cities, groups of street drinkers regularly congregate in public places and drink alcohol. The number certainly fluctuates, but in 1995 a *Mental Health Foundation Working Group* estimated that there were between 5 and 20,000 persistent street drinkers in England and Wales, and that 80-90% were men. Most were thought to be aged over 35 years and

Box 6.6 Social relationships among homeless people⁴⁸

Intimate friendships do not form on the streets, but you know about people's habits and how they tick. You know when to speak to a person and when to leave him alone. You need each other to a certain degree to share information, food and money, but you never ask anyone about their problems or past life. The friendships on the streets are different to those of people in houses. (Man, aged 66 years)

I got to meet people sleeping rough and we were a bit of a gang, there were about eight of us, lads and girls ... I felt quite safe because I always had company. I had more freedom on the street, it was a good laugh. We'd move around the city, going to the day centre for dinner. (Woman, aged 21 years)

On the streets you tend to cling on to people that you're with 'cos you're all in the same boat ... I made some friends and it's difficult because you've been through so much together that it's quite frightening to be on your own again. (Woman in her thirties)

You can't choose your friends when you are homeless, there are people here [a hostel], you don't know who they are and generally you wouldn't have anything to do with them if you weren't homeless. You have to be careful – don't get too involved. (Woman, aged 41 years)

Well on the streets we cut ourselves off from the whole community ... I know if I walked out now and needed help, the people on the streets would help me, because we are part of a community and we get close together because we need each other. (Man, aged 21 years)

Being homeless is like being in a family, and if you haven't had a good day and they have, they will share what they've got, and another night it might be that you lend them something or whatever, it's like that'. (Youth, aged 16 years)

sleeping rough or in temporary accommodation, although it was recognised that some were housed. They were described as 'among the most vulnerable people in society and in need of social and medical services ... often in a poor state of physical health, and at risk of arrest for drunkenness, shoplifting, begging, other minor public order offences and ... assault'.⁵⁰ Many who drink on the streets have done so for a long time. Among 43 street drinkers in the London Boroughs of Camden and Islington, 68% had been drinking outside for more than five years. Two-thirds drank on the streets every day, and nearly half spent less than five hours each day indoors.⁵¹

Homeless people drink on the streets with their friends for company, and because booze is cheaper in supermarkets and off-licences than in pubs. Their comradeship can be strong, and some lend money and pool their resources to buy drink. Spradley noted a generation ago that drinking makes friends, 'if a man stops drinking and sharing drinks, he cuts himself off from the most valuable of all resources, human companionship and acceptance'.⁵² Some rehoused ex-homeless people drink on the streets because they are lonely, isolated and seek company, and others to protect their accommodation and tenancy, knowing that if they hosted a drinking school, it would risk damage to their home, complaints from neighbours, and eviction. Although several hostels allow their residents to drink on the premises, this is rarely so in day centres. Only seven 'wet' day centres are known, in Brighton, Leicester, London, Manchester, Nottingham, Oxford and Omagh. Another is planned in Camden.

Begging

Street begging has revived over the last ten years in many towns and cities, although it is practised by only a small fraction of homeless people. Among 43 people in London who begged, two-thirds were aged under 30 years, one-third were women, and two-thirds begged every day and had been begging for more than three years.⁵¹ A study of 42 beggars in Edinburgh and Glasgow found that 29% were women, 69% were younger than 40 years, and one-third had been begging for over four years.³⁵ The majority of beggars are homeless. Among those in Edinburgh and Glasgow, half of them slept rough and most others were in temporary accommodation. Similarly, among 260 beggars in Manchester, Bristol, Leeds, Brighton and London, 49% were rough sleepers and 33% stayed in hostels or night shelters.⁵³

The amount of money collected through begging depends on the time dedicated to the task, the site, the season, the day of the week, the times of day and the weather. Some beg because they do not receive state benefits or are unable to manage on their income, but for most it supports an alcohol or drug habit. 86% of the 260 beggars in the study described above used

drugs (49% used heroin), and 52% drank alcohol. Among the drinkers, the majority drank every day and spent more than £30 a week on alcohol. But 45% said that most of their proceeds were spent on food, and only 37% said it went on drugs.⁵³

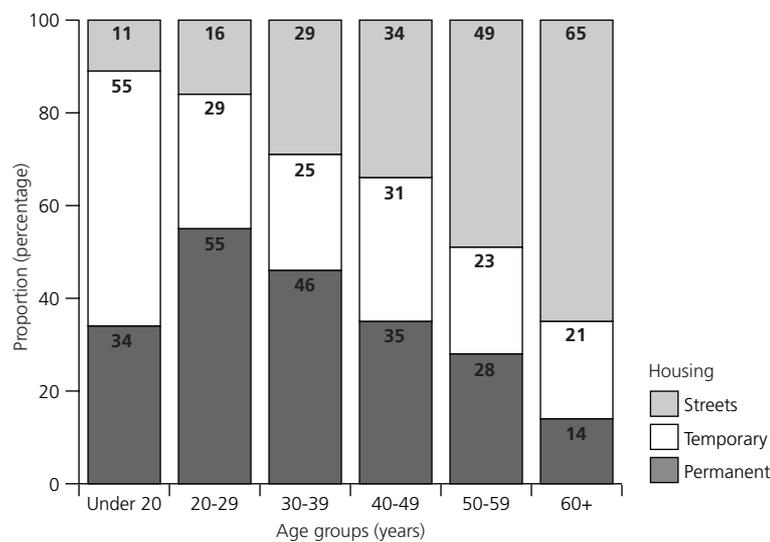
Use of drop-in and day centres

Day centres for homeless people have multiplied throughout Britain in the last 20 years, and are used daily by around 10,000 homeless and housed people (see Chapter 12).⁵⁴ There have, however, been few studies of homeless people's use of the centres. Some rough sleepers use them daily while others never do so. Some who stay in night shelters or bed and breakfast hotels rely on the centres, because they have no cooking facilities and have to leave during the day. Patterns of usage depend on their local availability, how well known they are, and people's problems. Some homeless people rely on just one day centre, while others use several each day. Among 67 older rough sleepers in London, Sheffield, Manchester and Leeds, 12% used the centres at least four times a week, while 42% never did so.² The non-users were mostly women and people with mental health problems. Among 63 street drinkers and beggars in London, 53% never used day centres.⁵¹

A one-day survey in London in 2000 of 1,187 day centre users found strong associations between the attenders' age and their accommodation (Figure 6.4).⁵⁵ Among those aged under 20 years, 55% were in temporary accommodation, most others slept rough, and only a few had permanent housing. Among the young users (aged 20-29 years), more than one-half were rough sleepers. At older ages, the proportion of attenders who slept rough decreased with age, and the proportion in permanent accommodation increased. Very few older women sleeping rough used the centres. Nearly one fifth (17%) of the sample had used more than one centre on the survey day. Most used only local centres, and followed a sequence of visits corresponding to their opening hours. Many began their days at the centres that served breakfast, and went on to others that opened later in the day. Nearly three-quarters of young homeless people (aged under 25 years) used the day centres specifically for their age group, confirming that age-specific facilities are popular among homeless people.⁵⁵

Involvement in meaningful activities

Since the late 1990s, many hostels and day centres have developed purposeful activities for homeless people that help to build skills, confidence and self-esteem. They range from functional training, as in literacy, numeracy and domestic skills, through creative arts and crafts, to self-development groups such as music and drama workshops. Such courses are widely known as 'meaningful activities', to distinguish them from both the passivity of watching

Figure 6.4 Accommodation of day centre users by age, London, 2000

Source: Crane and Warnes, 2001a.

Sample sizes: 44 aged under 20 years; 186 aged 20-29 years; 265 aged 30-39 years; 275 aged 40-49 years; 237 aged 50-59 years; and 130 aged 60+ years.

Notes: Temporary housing includes hostels, bed-and-breakfast hotels, and staying with friends or relatives. 'Streets' include abandoned buildings, cars, stations and similar settings.

television and from problematic activities such as street drinking. Some have been developed in collaboration with adult and further education providers. *Crisis Skylight*, opened in September 2002 as an activity centre; it offers a range of workshops ranging from theatre to IT and bicycle repair and has plans for a café.⁵⁶

At the *Blackfriars Care Centre* in Newcastle-upon-Tyne, there are music and dance groups, and tuition in art, sculpture and printing. In London, *St Mungo's* 'Make It Work' project engages hostel residents in photography, art, crafts and computing, while *St Martin-in-the-Fields Social Care Unit* has an art group for homeless people. *Cardboard Citizens* are the UK's only professional theatre company for homeless and ex-homeless people. It runs free, weekly, open-access workshops – many in partnership with *Crisis Skylight* – to help increase participants' self-esteem and social skills. *Cardboard Citizens* also offer training, mentoring and employment opportunities. More than 120 homeless people have played in the 'Street Football League' that consists of teams from hostels and day centres in London. They receive training from accredited football coaches, experience teamwork, and gain confidence and self-esteem.⁵⁷ A football team has also been formed by the *Aberdeen Cyrenians*.

Art, music, drama and sport are popular activities among *The Big Issue* vendors in Manchester, Leeds and Liverpool. Manchester United and Liverpool soccer clubs sponsor the vendors' football teams. Musical-

drumming skills workshops are also held. The Manchester drummers have performed with the city's *Hallé Orchestra* at the 'Spirit of Change' festival, while the Liverpool group have participated in the BBC 'Music Live' festival. The vendors have held several art exhibitions in northern England.⁵⁸

Peer support programmes

Some homeless people are involved in peer-support programmes. In London, more than 100 of *Thames Reach Bondway's* current and former clients have established a self-help group, 'Huge Move'. It aims: (i) to empower people and enable them to take control of their lives; (ii) to build a sharing and supportive network and reduce isolation; and (iii) to help people gain confidence. The group's activities include workshops, social trips, and a 'Moving in, Moving On' scheme to help newly-rehoused homeless people decorate their accommodation and settle.⁵⁹

Peer education has developed widely in the United States and has begun to be adopted by homelessness organisations in the UK. *Centrepoin*t, *Thames Reach Bondway*, *The Big Issue Foundation* and the *Glasgow Simon Community* have established peer education training. Besides offering advice and support to other homeless people, evaluations have found that the peer educators gain confidence, self-esteem and interpersonal skills, and several move on to further training or work.⁶⁰ The *Thames Reach Bondway* scheme has been accredited by the *Open College Network*. The *Glasgow Simon Community's* scheme is part of the organisation's 'Resettlement Training Service' and has

been funded by *HomePoint*, the information and advice arm of the Scottish Executive, *Communities Scotland*. Ten volunteers, all once homeless themselves, regularly visit hostels and offer advice to currently homeless people on managing a tenancy. One of the volunteers explained: 'Becoming homeless is a process that can take years, and it takes time to get back out of it. People want to take giant steps but we know that that isn't how it works'.

Involvement in education, training and work

Although many homeless people have previously worked, only a few remain in employment while homeless. Among 193 rough sleepers in London, Edinburgh and Manchester in 1999, just 3% were employed and another 8% worked casually.⁶¹ Of 6,417 clients admitted to *The Salvation Army's* hostels in 2001/02, just 2% were employed.⁶² Various surveys show that from 36 to 47 per cent of homeless people have not worked for at least five years.^{61, 63} Around one-third are unfit for work and receive long-term sickness benefit.^{62, 64}

Obstacles to access

Homeless people face multiple barriers to employment, and many become trapped in a cycle of 'no home, therefore no job, therefore no home' cycle. It is difficult for a rough sleeper without a contact address to apply for work, and to sustain a job while sleeping on the streets. Hostel residents also face disincentives to being employed. If they take a job, Housing Benefit is greatly reduced or stopped, and they have to pay hostel rents. Unless the job is well paid, which is uncommon, they are financially worse off. Other factors characteristic of homeless people and inimical to employment are few qualifications, low motivation, mental illness, and substance misuse.

According to *The Foyer Federation*, at least 10% of young homeless people in British foyers could participate in higher education, but are dissuaded because Housing Benefit ceases if a person studies for more than 16 hours a week. If they study full-time and remain in a foyer or hostel, most cannot afford the rent without Housing Benefit. If they move away from the foyer and go to university, they have nowhere to return to during the vacations.⁶⁵ To become an independent student and subsist on part-time and vacation jobs is a demanding transition.

Support for training and taking work

Many homeless people cannot afford tuition fees, course materials, books, and the other 'tools' required to attend educational or training courses or to return to work. Some receive financial support from *Crisis*, which has helped 170 homeless people in 2002 through its Changing Lives programme, and offered education and training awards to 136 people for courses in drama,

engineering, advanced driving instruction, computer programming and catering. Others received money to purchase computers and software, art materials, stationery, hairdressing equipment, plumbing and building tools, catering equipment, and couriers' bicycles. Through *The Foyer Federation* and the *Department for Education and Skills*, limited support is available for young homeless people to go to university – they receive a repayable loan of £3,150 over three years through universities' hardship funds.⁶⁶

Specialist training and work programmes

A wide range of specialist training and work programmes have been developed for homeless people, although their geographical distribution is patchy. Homeless people in London have many opportunities to participate in programmes to help build skills and prepare for work. *Off the Streets and Into Work* (OSW), a partnership of many organisations in London, offers various training and support programmes for homeless people at seven stages on a 'progression route' to employability:⁶⁷

engagement ▶ intensive individual support ▶ pre-employment training ▶ advice and guidance ▶ supported employment ▶ jobs brokerage ▶ mentoring

From October 2002 in the London Boroughs of Croydon, Camden, Barnet and Haringey, OSW has been piloting 'learning coaches' (*i.e.* key workers), who support, advise and monitor the progress of clients at each step along the 'progression route'. According to an OSW pre-vocational course student, "[the course] makes a person see what they want from life and also how good they are and the things they can do. It builds confidence and social skills".⁶⁸

Other opportunities in London include *St Mungo's* job and training schemes, which provide vocational guidance, a job club, a careers and 'open learning' centre, a workshop, and placements with employers. *Business Action on Homelessness* arranges work placements with reputable companies for two weeks for homeless people to improve their confidence and skills.⁶⁹ In collaboration with *Look Ahead Housing and Care*, *Quaker Social Action* have developed an 'Odd Jobs Scheme', whereby homeless people are provided with multi-skills training in basic electricianship, plumbing, carpentry and general household maintenance, all leading to 'City and Guilds' qualifications.⁷⁰ While training, they provide a service to members of the public who are unable to pay market rates. Statistics of the number of homeless people in London who have participated in training and work programmes provided by two London organisations are presented in Table 6.2.

Table 6.2 Homeless people's participation in training and work programmes provided by two London organisations

Help provided and outcomes	Client numbers
<i>Off the Street and Into Work, 2001/02</i> ⁷¹	
Minimum new clients each month	250
Guidance, mentoring, other specialist support	2,228
Completed an OSW activity programme	1,122
Achieved accredited qualifications, e.g. NVQ credits	291
Progressed to further education or training	612
Acquired jobs (61% were permanent, full-time jobs)	479
<i>St Mungo's, 2000/01</i> ⁷²	
Used the job and training schemes	1,522
Seen by vocational guidance team	799
Used the job club	257
Used the resource centre	245
Received IT training	59
Had work placements	54
Accessed training and education opportunities	368
Given advice on CVs and interview techniques	337
Progressed to full-time employment	205

Homeless people helped by training and work programmes

Developed in Bristol in 1999, *Aspire* is an employment and training organisation that employs over 65 former rough sleepers to manage and distribute a gifts catalogue in Bristol, Birmingham, Cambridge, Brighton, Sheffield and London.⁷³ *Aspire* provides loans to employees for deposits on accommodation, which are deducted from earnings over several weeks. It is developing three other community enterprises in Bristol, which will offer full-time employment and support to long-term unemployed homeless and ex-homeless people. They will distribute leaflets, maintain public gardens, and work as cleaners and car-washers.⁷⁴

Sheltered work schemes

Some homeless people who are unable or unprepared to return to independent work participate in 'sheltered' work projects. Besides earning money, the participants learn self-discipline, become accustomed to the routine of working, and build self-esteem, confidence, motivation and social skills. In London, *St Mungo's* has a carpentry and joinery workshop which users attend for approximately six months. According to one attendee who had been unemployed for more than three years, "it is a safe way to return to work ... I wasn't sure whether I could get back to work before, now I know I can do it".⁷⁵

In the self-supporting communities of *Emmaus*, various work projects have been developed. At the Mossley

community near Ashton-under-Lyne, Lancashire, residents collect and sell donated goods, and there are two furniture making and restoration workshops. The residents at the Coventry community run a house clearance and removal service, a vegetable garden, a shop and workshops, and help at a soup kitchen in Coventry city centre. In southwest England, *Emmaus* have a community farm in the Tamar Valley and run a café and charity shop in Plymouth.⁷⁶ Sheltered work schemes by other organisations include:

- Furniture recycling projects run by *Watford New Hope* Trust in Hertfordshire, and by *Five Piers Housing Association* in Blackpool
- *Thames Reach Bondway's 'Farm Project'*, whereby homeless people work on an organic farm in Sussex. The scheme has successfully helped heavy drinkers to reduce their alcohol intake
- A community 'Farm Project' developed by the *Edinburgh Cyrenians* for up to 15 young homeless people. They live on the farm with staff, and gain work experience and training
- *St Mungo's 'Putting Down Roots'* scheme involves homeless people in the design and maintenance of public gardens in conjunction with local communities. Forty-eight people have participated, and one summarised the benefits: "I've never really achieved anything before. Now I'm in charge of recycling all the green waste and turning it into compost and I'm growing vegetables in the garden".⁷⁵

Selling The Big Issue

Many homeless people have been involved with *The Big Issue* and *The Big Issue Foundation*, since they began in London in 1991 and 1995 respectively. There are now subsidiary schemes in northern and southwest England, Scotland and Wales. Over a year, more than 3,000 people in London and 10,000 nationally are vendors, with 500 in London and 2,000 nationwide being active at any one time.⁷⁷ According to the vendors, an important aspect of selling the magazine, particularly for those with regular pitches, is being acknowledged by the general public. Many report increased self-confidence, self-respect and motivation, and make positive evaluations of the scheme – they are convinced that being a vendor helps people with few alternatives into earnings and work.^{16, 35} The vendors also make clear that selling the magazine is not always easy or pleasurable. They have to contend with rain, cold weather, boredom, standing around for long periods, abusive or shunning passers-by, and concerns about being recognised by friends and relatives.

According to a study of *Big Issue* vendors in Glasgow and Edinburgh, there are three groups of sellers. The

first perceive that being a vendor is an achievement in itself: they enjoy the work and have no further ambition. Most are older and long-term homeless people. A second group regard being a vendor as a job, which enables them to be 'their own boss' and earn more than in low-wage jobs. A third group, mainly younger people, perceive selling *The Big Issue* as a stepping-stone to employment, further education or training.³⁵

There are many opportunities for vendors to rebuild their lives. In the year ending March 2001, through the organisation's housing, training, education and support services for vendors, 130 people were rehoused, 58 secured jobs, 240 attended external training courses, and 198 people received help with health and substance abuse problems.⁷⁸ *The Big Issue in the North* has a compulsory training and advice programme for all vendors, 'Big Futures'. They sell the magazine for two years, during which time they receive help to tackle personal problems, such as drug or alcohol misuse, and participate in three courses which have been accredited by the *Open College Network*: 'Learn to earn', 'Learn to live' and 'Learn to work'. After two years, they progress to employment, further education or training. *The Big Issue in Scotland* programme, 'Grand Central Union', offers vendors personal development courses, activities to develop skills and fitness, and employment opportunities.⁷⁹

LEAVING HOMELESSNESS

Many homeless people are keen to resolve their problems as quickly as possible, to have their own home, and to return to work.⁸⁰ Some also hope to form new relationships and rebuild family ties. They engage with services, accept help, and move relatively quickly through hostels and are rehoused. Others are anxious about being rehoused, or are pessimistic and believe that their future is hopeless and that they will never settle down.⁸¹ Some have become accustomed to the company of other homeless people on the streets and in hostels, and some have never had the responsibility of a tenancy. Recently homeless people, and those with support networks and few chronic problems are more likely to move quickly through homelessness and be

rehoused than those with long histories and substance misuse problems.⁸² Among 64 older homeless people in London, Leeds and Sheffield who were to be resettled, those who had been homeless for more than two years were most likely to be worried about settling down, loneliness and managing finances.⁴³ Homeless people's mixed reactions to the future are illustrated in Box 6.7.

Over time, some people become 'entrenched' in homelessness. They become progressively detached from conventional social relationships and roles, health and substance misuse problems are exacerbated, and some become increasingly isolated and dysfunctional, while others associate with homeless people and learn how to survive on the streets or become dependent on hostels and shelters.⁸³ A British study proposed the notion of a 'three-week rule' for the time taken by newly homeless people to become accustomed to homelessness.⁸⁴ Although it has subsequently been cited in several reports, the impact of protracted homelessness is hardly understood.

OVERVIEW

This chapter has described the experiences and activities of homeless people and the ways in which they cope with their circumstances. Two points must be emphasised. Firstly, there is no comprehensive survey or diary information about the activities and time use of homeless people. It is not known therefore in detail or with confidence how homeless people spend their time. The available information is biased and selective: it is relatively comprehensive about, for example, people who engage in training programmes and numbers at street drinking sites, but thin on passive activities like daily movement patterns, and virtually non-existent about either involvement in criminal behaviour or changes in the homeless experience over time.

It must also be reiterated that homeless people are very diverse. A large number are homeless for relatively short periods, and for some at least their life styles and activities may include few of the attributes described in this chapter. The same could be said of many statutory

Box 6.7 Reactions of homeless people to the future⁸⁵

My goal is to regain my pride. I want a job, accommodation and sufficient money to look after myself. I want to be self-reliant, happy and content again. (Man, aged 58 years)

The more you're out there, the harder it is to get in, because you tend to get used to the life. (Man, aged 35 years)

To get my own place. To eventually kick my drug habit and get back to living in the real world, in everyday society rather than the underworld I'm living in. (Man, aged 35 years)

I can't sleep inside ... once you've been outside for a long time, it takes a long time to come back inside. (Man, aged 47 years)

I want my own flat, and to do a degree in art. More money would help but not really as I'm happy ... I would like to stay in the area. I would miss the hostel though, people do come back to visit for meals and for company. (Woman, aged 50 years)

homeless people, and of the few single homeless people who remain in work and sustain conventional quotidian lives. At the other extreme is the minority of people with a serious mental health or substance abuse problem, who live in utter destitution and irregularity. The majority of homeless people of course lead lives between the two extremes. For all, however, being without a permanent home strongly distorts and constrains their lives, sometimes in ways that create long-term and possibly irreversible harm.

Most homeless people do not want to be on the streets or in hostels. They want to lead a 'normal' life and have their own home and return to work. Some are motivated and are engaged in the many innovative programmes that have been designed to help them rebuild their lives. But some are so depressed and demoralised that they are resigned to their current homeless state and can see no future. From their own accounts and from research findings, it is clear that prolonged homelessness, most particularly chronic rough sleeping, leads to and exacerbates health problems, estranged relationships, employment and income difficulties, and anti-social behaviour such as substance misuse and begging.

Homeless people's experiences of homelessness and their engagement in activities depend partly on their personal problems and their receptiveness to help, but also on the availability and accessibility of services. Both services and the least hostile environments for homeless people are generally found in the largest towns and cities of the country, and within them in their central areas. There are more opportunities in an urban than a rural area to find hostel accommodation, to attend either day centres or 'meaningful activity' programmes, to sell *The Big Issue*, and to join drinking circles. There is no mystery about the clustering of homeless people in city centres.

Notes

1. Crane, 1999; Jones, 1999; Waller, 2000.
2. Crane, 1999.
3. Alexander and Ruggieri, 1999; Evans, 1999.
4. Crane, 1999, pp. 1, 55 and 118; Evans, 1999, pp. 79, 80 and 83; Ruggieri, 1998, pp. 42 and 44.
5. Jones, 1999, p. 83.
6. http://www.mungos.org/residents/contributions_prose.shtml
7. Crane, 1999; Evans, 1999.
8. Jones, 1999.
9. Evans, 1999, p. 82; Jones, 1999, pp. 90 and 95.
10. Crane, 1999, p. 132.
11. Grenier, 1996.
12. *The Big Issue*, No. 474, February 4-10, 2002, p. 5; *Daily Mail*, June 19, 2001, p. 33.
13. Bennett, 1989.
14. Evans, 1999; Streich *et al.*, 2002.
15. Alexander and Ruggieri, 1999, p. 14; Crane, 1999, pp. 60 and 99; Evans, 1999, pp. 81 and 99; Ruggieri, 1998, p. 43.
16. *The Big Issue South West*, 2002.
17. Belcher and Diblasio, 1990; La Gory *et al.*, 1990.
18. Baker, 1997.
19. Scanlon and Wigglesworth, 2001, p. 24.
20. Craig *et al.*, 1996.
21. Rhode *et al.*, 2001.
22. Crane and Warnes, 2000c.
23. Jones's, 1999, p. 75.
24. Crane, 1999, pp. 122 and 126; Evans, 1999, p. 84; Ruggieri, 1998, p. 55.
25. Ruggieri, 1998.
26. Cloke *et al.*, 2002, p. 173.
27. Kershaw *et al.*, 2000.
28. Evans and Dowler, 1999.
29. Available online at <http://www.centrepoin.org.uk>
30. Burt and Cohen, 1989, p. 520.
31. Available online at <http://www.crisis.org.uk/projects/fareshare>
32. Available online at <http://www.lhf.org.uk/Grantsawarded>
33. CRASH, 2002.
34. Owen, 2002.
35. Fitzpatrick and Kennedy, 2000.
36. Gill *et al.*, 1996.
37. St Mungo's 1997. Survey of residents' family backgrounds. Can be downloaded at <http://www.mungos.org>
38. Fitzpatrick, 2000; Smith *et al.*, 1998.
39. Randall and Brown, 2001.
40. Fitzpatrick, 2000.
41. Lemos and Crane, 2001.
42. <http://www.als.org.uk>
43. Crane and Warnes, 2002a.
44. Fitzpatrick *et al.*, 2000b.
45. Study conducted in July 2002 by Wilson C. for Crisis.
46. Alexander and Ruggieri, 1998, p. 42; Crane, 1999, p. 117 and 119.
47. Rosengard Associates with Scottish Health Feedback, 2001.

48. Crane, 1999, p. 118; Jones, 1999, pp. 48 and 61; Ruggieri, 1998, pp. 47-49.
49. Ruggieri, 1998, pp. 54-55.
50. Mental Health Foundation, 1996, p. 5.
51. Vision Twentyone, 2000.
52. Spradley, 1970, pp. 177-8.
53. Rough Sleepers Unit, 2001b.
54. Llewellyn and Murdoch, 1996, p. 5.
55. Crane and Warnes, 2001a.
56. <http://www.crisis.org.uk/projects>
57. For further details see: Rough Sleepers Unit, 2001a; and the organisations' web-sites.
58. <http://www.bigissueinthenorth.com>
59. Parkin and McKeganey, 2000. For information about peer education in the United States, see the website of the *National Peer Helpers' Association* <http://www.peerhelp/ping.org>. The Thames Reach Bondway scheme is described at <http://www.thamesreach.org.uk/hugemove.html>
60. Crane and Warnes, 2002b; Searle-Mbullu, 1998. Available online at <http://www.communitiesscotland.gov.uk/communities/upload>
61. St Mungo's, 1999. Street Dwellers and Work survey. Available online at <http://www.mungos.org>.
62. Information from The Salvation Army of hostel admissions in 2001/02. See Appendix.
63. The Big Issue in the North, 2000; Kershaw *et al.*, 2000.
64. McCool, 1998.
65. The Foyer Federation, 2001.
66. Anon, 2001, 'Foyers send residents to university', *Housing Today*, 29 November, p. 6.
67. Available online at <http://www.oss.org.uk/service/services/introf.html>
68. Jackson, 2001, p. 23.
69. Available online at <http://www.baoh.org/readyforwork.html>
70. Available online at <http://www.quakersocialaction.com/oddjobs.html>
71. Available online at <http://www.osw.org.uk/facts&figures/oswclients.html>
72. St Mungo's, 2001. *Annual Report 2000/01*, St Mungo's, London.
73. Rough Sleepers Unit, 2001a.
74. www.bristolregeration.org.uk/fundingapproved.ihtml
75. St Mungo's, 2002. *Newsletter*, Spring, p.3.
76. <http://www.emmaus.org.uk>
77. <http://www.bigissue.com/selling.html>
78. <http://www.bigissue.com/achievements.html>
79. <http://www.bigissueinthenorth.com/Trust/> and <http://www.bigissuescotland.com/community/>
80. Fitzpatrick and Kennedy, 2000; Jones, 1999; Alexander and Ruggieri, 1999; McCool, 1998; The Big Issue South West, 2002.
81. Crane, 1999; Jones, 1999; Fitzpatrick and Kennedy, 2000.
82. Cohen *et al.*, 1997; Warnes and Crane, 2000b.
83. Grigsby *et al.*, 1990; Snow and Anderson, 1993.
84. Keyes and Kennedy, 1992.
85. Alexander and Ruggieri, 1999, pp. 9 and 79; Crane, 1999, p. 125; Evans, 1999, p. 74; Jones, 1999, p. 103; Ruggieri, 1998, p. 39.

7. Societal responses to homelessness

This chapter marks a turning point in the *Factfile*. The previous six have focused on homeless people and the causes, forms and experience of homelessness. In this second section, the chapters concentrate on British society's response, both to the problems of homeless people and, not quite the same, to the actual and perceived 'homelessness problem'. The aim is to provide a directory and substantial understanding of both current policies about, and services for, homeless people. Chapters 8, 9 and 10 concentrate on 'state welfare', the direct provision through public funds and central and local government agencies of housing, income and health care services to homeless people. Chapters 11 and 12 turn to provision by non-state agencies – the rich complex of non-profit, charitable, voluntary and religious organisations that are the main providers of help and support to single homeless people.

Chapters 8 to 12 deal with 'welfare administration technicalities'. They specify problems and needs, and describe the development of 'appropriate' and 'effective' services. Chapter 7 prefaces such details of practice development and implementation, by examining the principles and rationale that underlie current policies and practice. Homeless policies and services differ from the generality of welfare provision, certainly from state-sponsored 'human services'. By and large, mainstream health and social services as well as social security and housing policies are for the whole population. Even the more specialised branches, such as those for people with learning disabilities, while directly serving only small minorities of the population, also support the clients' families. We all know that a child with a congenital deformity or cognitive impairment can be borne to any family. The parents are not blamed for their travail, and society offers help.

The intellectual, moral and political responses to homeless people are qualitatively different and more complex. Partly because some symptoms of homelessness are visible and impact on members of the public in their daily business, accusations of irresponsibility and unsympathetic reactions are involved, as well as humanitarian and utilitarian impulses to provide effective help. The ambivalence and contradictions in society's responses to homelessness are important and, although discomfiting to some, must not be ignored. They powerfully influence both the priority that is given to homeless services and the forms that they take.

The incremental identification of both unmet needs and the step-by-step correction of service deficiencies and perversities that have been successfully pursued in Britain over the last 15 years have been unprecedented, laudable and substantially effective. While it is encouraging that, throughout this period, the elaboration of homelessness strategies and funding has not generated frontbench party political contention, there are backbench dissenters and contrary prescriptions from the American right do appear to have increasing influence on British social welfare prescriptions. Critical and opposing views are presently latent but potentially influential. It should not then be taken for granted that the incremental welfare service development approach will continue without question or reverse. The process is heavily dependent on political will, on state and corporate funding, and the public's assent. There were examples during the 1990s, in Toronto and other Canadian cities, where just this assent and political will were withdrawn. Canadian journalists and local politicians have been exceptionally perceptive and critical about the closure of shelters and the withdrawal of helping services in fast-growing cities with vigorous inner city revitalisation policies and the resulting 'creation of homelessness'.¹

It is therefore important that the dominant reactions to homelessness, their underlying principles, their translation into policy, and their impacts on homeless people are well understood. Often the expressions are coded or only partially enunciated. The remainder of this chapter tries to specify the most prevalent and influential underlying principles that underlie current policy and practice debates, and to consider their immediate and medium-term implications.

REACTIONS TO HOMELESSNESS AND HOMELESS PEOPLE

Poverty, transience, vagrancy and homelessness are closely associated in all societies. The *Factfile* does not attempt to cover the history of homelessness, or provide comprehensive accounts of its representation and construction by politicians, opinion makers or in literature, or of the protracted development of the relevant social policies. Specialist sources should be consulted.² There are however several themes that run throughout the centuries of societal responses to homelessness, and which influence policy and practice development today.

One is the already mentioned tension between humanitarian, altruistic and religious impulses to provide help and, on the other hand, the condemnation, distaste and fear that leads to punitive, restrictive and coercive policies and the marginalisation and peripheral position of homeless people's services. This dualism is age-old in the British Isles. For centuries the response to vagrancy, begging and street drinking has involved both criminalising and humanitarian approaches. The first English vagrancy statute of 1349 was punitive, while the *Elizabethan Poor Relief Act 1601* empowered parishes to provide shelter and relief to the destitute. The criminalising *Vagrancy Act 1824* as amended in 1935 is extant. Similarly, the *Licensing Act 1872* made being 'drunk and disorderly' a criminal offence, and its provisions still apply to the disorderly on the streets. On the other hand, since the 1970s, governments have made substantial commitments to alcohol detoxification, treatment and rehabilitation programmes.

Sympathetic reactions to rough sleeping, and to homelessness in general, are of two kinds. One is that homeless people need help, and the other that people shouldn't be homeless – 'things' should be different, and homelessness should be reduced. There is indeed a broad consensus that both *help* and *prevention* are needed. Beyond that, disagreements, inconsistencies and contradictions inevitably arise about what kind of help should be provided, and about how the problem should be reduced or prevented. Neither help nor prevention can be instituted without understanding the problems of homeless people and what needs to be done.

Even the simplest action becomes controversial, such as giving hot drinks to rough sleepers. This is because while such help meets a manifest immediate need, at the same time it 'supports the behaviour' or makes rough sleeping marginally more tolerable. More subtle disagreements quickly follow. Experienced outreach workers see the soup run as the first step towards gaining the trust of a rough sleeper, and persuading the person to accept help. Others, however, note that a minority of the users of soup runs are housed people with a 'street homeless lifestyle'.

An important first step to alleviating homelessness is to persuade street homeless people to move into temporary and then long-term accommodation. For those of working age, there is also an emphasis upon providing opportunities to acquire job skills, to get a job and to become 'productive' members of society. The principle is to encourage street homeless people to adopt social norms and 'conventional' habits, largely for their own good, but with a touch of moral persuasion along the lines that every individual has a responsibility to be self-supporting and not a burden to others. This stance has deep roots and is present in the

precepts of many religions. For example, Maimonides, the medieval Jewish philosopher and talmudist argued that the highest form of charity is not to give alms, but rather to help the poor rehabilitate themselves.³

In this construction, society's response should *not* simply be to meet immediate needs, but to link such help with incentives for the person to cease rough sleeping or other decried behaviour and, if incentives do not work, to introduce sanctions to force the change. It is clear, then, that some observers empathise with the homeless and destitute, while others blame and castigate them for not taking responsibility for themselves or maintaining normal standards of conduct (and some subscribe to both points of view). In early October 2002, the full range of views were aired on the BBC4 Radio programme *Today*, in a discussion of *Westminster City Council's* proposals to introduce a bye-law by which people sleeping rough in designated places could be fined £500 (discussed further in Chapter 14).

Contrasting aims and missions of service providers

In practice, both the constructions of homelessness and prescriptions about what should be done are much more diverse than 'help' and 'prevent'. It is instructive to consider the aims and expressed motivations of various organisations in the field, for they reveal the diversity of their ideological and welfare views. The 'mission statements' also disclose considerable variations in the understanding of the causes of homelessness and the needs of homeless people, and they show the influence of organisational and professional interests.

The first human reaction to a person in distress is either to turn away, or following the Samaritan instinct, to help. An exceptional and instructive case was the response of William Booth, the founder of *The Salvation Army*:

In 1887, during a midnight journey through London, William Booth observed many people sleeping on the then new Thames Embankment. He was shocked and outraged to discover that this was happening daily in so-called 'affluent' Britain. Next morning he spoke to his son about what he had seen and commanded him to 'Go and do something'. The immediate response was the purchase of an old disused warehouse in Limehouse, east London, for use as a sleeping shelter. Before the end of the first week more than 2,000 people were being fed daily, and 80 people were sleeping each night on the wool-stuffed mattresses provided.⁴

The positive human response has been institutionalised by many religious and humanistic organisations. Most

cities and many smaller settlements in Britain have church, synagogue, mosque and temple-based organisations that provide for the immediate needs of homeless, disadvantaged, weak, unlucky or disoriented individuals and families. Characteristically they provide day centres, soup runs, furniture and basic domestic equipment, and a point of contact for advice, support and pastoral care. The mission statements of three local religious organisations that focus on homelessness are presented in Box 7.1. Later in this chapter and elsewhere in the *Factfile*, there are details of other major provider organisations that are now secular but which originated in Christian church communities (e.g. *Centrepoint Outreach* (Boston), *The Simon Community*, *St Anne's Shelter and Housing Action* and *St Mungo's*).

It is of interest that although no British Islamic organisations with a special interest in helping homeless people are known, they are being established in the United States. The causal sequence is likely to be repeated. The options that a homeless Muslim woman faces in an American city are 'disastrous to not only their religion, but also to themselves and their children's safety'. Several shelters in the United States are operated by Christian missionaries: "these shelters provide no privacy for women: they are forced into groups with men, even in the sleeping arrangements. They only provide a place to go at night, but during the day, everyone is back out on the streets, no matter how cold it is. Also, the shelters invite them to Bible classes and prayer groups regularly". These comments by Sister Taniyah 'Abdu'l-Rahman appear on the website of the Director of Housing Outreach for Muslim Sisters that was founded in May 1999 in Arlington, Texas.⁷

From a bedrock of altruistic, religious and humanitarian support, many specialised and national 'homeless sector' organisations have developed. Different pathways have been taken from either an evangelical movement or a social housing provider to a homeless people's organisation. The backgrounds of two of the larger homeless sector providers are of interest. *The Salvation Army* first provided soup at a price that met

the cost, because General Booth believed that "unrestrained charity damaged the recipient"; but that soon changed, for "the more he saw of hungry wretches, the more he believed that failing to feed them was a sin in itself". As early as 1895, in response to criticism that the Army's free shelters in London were unsanitary, the officer responsible for the Blackfriars shelter instructed that no more than 500 vagrants should stay on any one night. As a result, "at least 250 men were turned out on to the streets".⁸ By the end of the nineteenth century, therefore, the Army had to comply with sanitary and building regulations, and start along the path towards a modern, regulated and professional approach to welfare provision for homeless people.

The Simon Community was founded by Anton Wallich-Clifford in 1963 at St Leonards-on-Sea, by Hastings in Sussex. Through his work as a probation officer, Anton met homeless men and women who were living rough on derelict sites and waste ground in London. He was inspired by the work of other social reformers such as Dorothy Day, who co-founded the Catholic Worker Movement, Abbé Pierre, who founded the *Emmaus Community* in France, and Mario Borrelli, who worked with homeless children in Naples. Anton believed that by creating houses of hospitality in which both the homeless and the housed lived together 'in community', that a network of care could be built up based on the principle of accepting people as they are. A former Catholic worker house in north London was acquired and opened as a house of hospitality. The first *Simon Community* in Dublin was founded in 1969, and others were established in Glasgow, Cork, Dundalk and Galway. Today the Community is not only a major supplier of support to homeless people in both the Republic of Ireland and the United Kingdom, but also retains a distinctive and often critical stance towards homelessness policies and service development.⁹

Many major providers of homeless services in contemporary Britain are secular, non-profit organisations. They have diverse origins in social

Box 7.1 Aims of religious organisations that help homeless people

St Martin-in-the-Fields in central London has a tradition of caring for the destitute. Based in the church crypt, the Social Care Unit has been working with rough sleepers and others for more than 50 years ... Homeless people rely heavily on churches, charities and local groups for food and other help. We provide: a day centre and canteen with shower and laundry facilities, overnight service for long-term rough sleepers, free hot meals at weekends, a weekday Advice Centre, a housing and resettlement service, health clinics with a visiting doctor and nurse, art, creative writing and music groups, job search and vocational guidance, legal advice and help to overcome addictions.⁵

Thomas (Those on the Margins of Society) in Salford was founded in 1994 by Father Jim McCartney. It aims to build a bridge between the church and those on the margins of society including the homeless, drug addicts and criminals. To assist these individuals it gives support by running a day centre, offering practical help and by encouraging other organisations to do likewise.⁶

Caring for Life in Leeds was established in 1987 by a group of Christians for homeless young people, with the aim of sharing 'the love of Jesus with homeless, needy young people in society by providing accommodation, ongoing support and friendship, enabling these people to develop dignity and self-respect'.

welfare, social housing and health care traditions. All by definition were founded upon a wish to help homeless people, but generally they express their aims in entirely practical terms, as the examples in Box 7.2 show. The secularity of the expressions reflect their many years' experience with homeless people, and witness a professional approach to providing help and support. Many have grown large, and are heavily dependent on public and corporate funding, and on paid staff rather than unpaid effort. As with all large employers and welfare providers, they have responsibilities to both their established users and their staff, and are cautious in their expressions of aims and in the wording of their appeals for funds. Even *The Salvation Army* website now states its aims in instrumental terms: [Our aim] 'is not just to give homeless people somewhere to sleep. We seek to help people overcome the problems that have caused them to be homeless – and help them start to build a new life for themselves'.⁴

The aims and missions of politicians and policy makers

The 'homelessness problem' has had a high domestic political profile for a generation. Successive British governments have invested public funds and political capital in the issue. When 'New Labour' came to power in 1997, one of their key proclaimed principles was to promote 'social inclusion' and opportunities for all, and tackling homelessness was a priority. In the *Social Exclusion Unit's* 1998 report on rough sleeping, the

Prime Minister, Tony Blair, announced his intention to reduce the number of rough sleepers by two-thirds by March 2002 because:

"It is bad for those who do it, as they are intensely vulnerable to crime, drugs and alcohol, and at high risk of serious illness, and premature death. And it is bad for the rest of society. The presence of some rough sleepers on the streets will attract others – often young and vulnerable – to join them. Many people feel intimidated by rough sleepers, beggars and street drinkers, and rough sleeping can blight areas and damage business and tourism."¹⁰

Soon after, the Government's *Rough Sleepers Unit* (RSU) identified six key principles that it believed reflected the problems, needs and motivations of homeless people, and which informed its strategy to reduce rough sleeping:

1. To tackle the root causes of homelessness – understand what causes people to sleep rough, and prevent it from happening;
2. To pursue approaches which help people off the streets, and reject those which sustain a street lifestyle;
3. To focus on those most in need – there is not a bottomless pool of resources, and it is crucial

Box 7.2 Aims and mission statements of non-statutory service provider and advocacy organisations

Broadway works 'to eliminate single homelessness in London'. Created in 2002 from the merger of Riverpoint and the Housing Services Agency, it 'fuses together a holistic range of services ... to provide a seamless range of support to help people make the journey from street to home'.

Crisis believes that every homeless person has a right to the support and opportunities they need to fulfil their potential as human beings, and transform their lives. It works year-round across the UK with the most marginalised and vulnerable solitary homeless people [and seeks] long-term solutions. This means helping people through their personal crises – that, if not addressed, are likely to lead to a return to the street – and transform their lives'.

Emmaus is known for its self-supporting communities that help homeless people help themselves. Its guiding principle is 'if there is to be any life worth living, and any true peace and happiness, either for the individual or society: serve those worse off than yourself before yourself. Serve the most needy first'.

Framework Housing Association in Nottingham describes its task as 'to get people off the street and provide support and practical help with resettlement, life skills and work training. Framework works ... to house and support homeless people'.

St Mungo's in London envisions that 'all homeless people should have a decent place to live with dignity and the chance to reach their full potential'. Its mission is 'to help single homeless people in London who have been or are in danger of sleeping rough and who have needs in one or more of the following areas: health, housing, work, relationships, income and life skills'.

Shelter's vision is of a society where everyone lives in a decent, secure and affordable home within a mixed community where they feel safe, can work and build links with others around them. It aims:

- To prevent and alleviate homelessness by providing information, advice and advocacy for people with housing problems
- To pilot innovative schemes which will provide new solutions for homelessness and housing problems
- To campaign for lasting changes to housing policy practice.

Thames Reach Bondway 'works with people who sleep rough in London. Our aim is to end street homelessness through collaborative work with other agencies'.

therefore that we target our help on those who are least able to help themselves;

4. Never to give up on the most vulnerable – those who have been on the streets for many years will have difficulty coming back in, and will need specialist help and support if they are to succeed;
5. To help rough sleepers to become active members of the community – we need innovative and pragmatic approaches which build self-esteem, bring on talents, and help individuals to become ready for work and occupation away from the streets;
6. To be realistic about what we can offer those who are capable of helping themselves – we should be using our resources to help the most vulnerable and not to provide a fast track into permanent housing for healthy and able individuals.¹¹

THE GOALS AND PRINCIPLES UNDERLYING SERVICE PROVISION

This section examines the principles that underlie current service provision and policy and practice. While there is a plethora of expressions and principles in published mission statements, they can be organised under five headings (Table 7.1) and paraphrased as: to help ‘deserving’ or ‘eligible’ people; to respond to unmet and exceptional needs; to provide appropriate and effective services; to enable and encourage homeless people to rebuild their lives; and to prevent new and repeat cases of homelessness. Each of the principles has had different expressions at different times and in different settings. Several have been evident in the above paragraphs, and others can be inferred. The remainder of this chapter offers a selective commentary on the tabulated principles and their applications.

Targeting help

Help citizens and those with local connections

A persistent feature of British responses to destitution and homelessness has been the localisation of responsibility. From the fourteenth century to the present, when a homeless person has sought help from the authorities in an area in which they have not customarily lived, the response has been to encourage and sometimes coerce the individual to return to their place of origin. Still today, a local authority has fewer responsibilities towards a homeless person who is a ‘stranger’ than to one with a local connection. This ‘parochial’ principle remains explicit in contemporary legislation and practice, although it is under intense scrutiny in Scotland.

Behind this principle lies the rarely questioned state prerogative that its obligations are greater to citizens

than to non-citizens. Even this is not straightforward in application, for the UK permits Irish Republic citizens to vote in its elections, and housing and homeless services are offered to the Irish as though they are British. This may be because until 1937 Ireland was a part of the UK and the Republic remained in the British Commonwealth until 1949. Alternatively it may be because Irish citizens have contributed massively to the British economy, often in jobs that others were unwilling to do, and it has been taken for granted that they should be helped no differently from the native British. Given both the creation of European Union citizenship and the fears of ‘welfare benefit tourism’ among the member states, and the UK’s labour force policies over the last half century that have encouraged millions of migrants from other continents to take up the country’s low paid and dirty jobs – in turn creating xenophobic reactions – the maintenance of the ‘citizenship principle’ is understandable if ethically shallow.

Targeting services

Local authority housing departments are required to provide temporary accommodation only for people assessed as unintentionally homeless and in priority need (see Chapters 2 and 8). The RSU, also applying the principle that services should be targeted to those most in need, has made large investments in services specifically for rough sleepers. It has therefore required the eligibility of those who receive this help to be monitored. Similarly, in London, only rough sleepers are eligible for permanent accommodation through the Clearing House, although the practice of allocation has been questioned.¹²

While it is necessary to have strict inclusion and exclusion criteria when rationing limited resources, occasionally there are perverse short-term consequences, as when a homeless person with high needs is denied help or a service because they are not registered as a rough sleeper. In London, the RSU funded ‘Contact and Assessment Teams’ (CATs) to work in specific zones, and there have sometimes been difficulties in getting a rough sleeper into a hostel from a borough outside these zones (for more details, see Chapters 11 and 12). Some hostel beds are reserved only for rough sleepers, and agencies working with homeless clients unknown to CATs have had less access to these beds. These obliquities may encourage some homeless people to leave their neighbourhood and sleep rough in central London.

Moving on rough sleepers with no local connection

A revived manifestation of the local connection principle has been that some local authorities send newly arrived rough sleepers back to the town from which they came or another area. The rationale is that areas such as central London and Brighton attract

Table 7.1 Principles and specific manifestations underlying service provision

Aim or principle	Specific manifestations	Comments
Target the help	Only help citizens with a local connection.	Nation state principle (not held by churches).
	Help the deserving but not the undeserving homeless, <i>i.e.</i> not intentionally homeless people (<i>cf</i> Chapter 8).	Vestigial 'Poor Law' principles, manifest in local authority duty. Currently being questioned.
	Help those most in need, <i>e.g.</i> rough sleepers.	From 1990s.
	Only help those who comply with government policy.	Beginning to be implemented.
Respond to unmet and exceptional needs	Provide for immediate wants.	Timeless.
	Establish a 'safety net' that establishes a minimum level of living tolerable to 'society' or the government.	Early modern welfare state.
	Identify, understand and treat specialised needs.	From 1970s.
Provide appropriate and effective services	Do what is feasible and what is believed to work.	Timeless.
	Apply an evidence-based approach to practice development.	From 1990s.
	Practise individualised, person-centred case planning and management.	From 1990s. Earlier for some specialised services, <i>e.g.</i> detox.
	Increase effectiveness through local co-ordination of services and providers, and strategic planning.	In some towns and cities since 1980s, <i>e.g.</i> Nottingham. Spread nationwide in 2002.
	Reduce the visibility and impacts on the public commerce of street homelessness.	Important political reason for RSI and subsequent policies.
Enable and encourage homeless people to rebuild their lives	Encourage homeless people to return to their families or partners.	Paramount for child homeless. Mediation schemes from late 1990s.
	Lead homeless people toward more responsible, moral or religious lives.	Formerly 'salvation' was an important mission, now being materially productive is more important.
	Encourage them to become productive members of society.	
	Enable and help homeless people to gain increased self-worth.	Person-centred approaches making headway.
Prevent new or repeat cases of homelessness	Provide advice and help to those threatened with homelessness.	Timeless, but only developed systematically since 1970s.
	Provide intensive resettlement advice to those leaving institutional accommodation.	From 1970s. Upgraded by 'voluntarisation' in 1990s.
	Identify the risk factors and markers for imminent homeless, and establish pro-active helping interventions.	Only pilot schemes to date in UK.
	Provide follow-up support to resettled homeless people.	More advanced in USA. Developed by major homeless service providers in 1990s.

homeless newcomers but have severe shortages of social housing. If they accept non-local rough sleepers, unmanageable demands are placed on their services. The diversion scheme, to return people to their places of origin, was initiated in Brighton in November 2001, and has been extended to Bristol and Oxford. Cambridge now proposes to adopt a 'Local Connections Policy', which would mean that access to social housing or accommodation funded by the council or the *Homelessness Directorate* would be restricted to those with a local connection. The Council have a special exemptions category, which allows a person to move to a third area if they are escaping domestic violence or abuse, or getting away from a drug network.

The success of these schemes is not proven. In some cases, homeless people have been sent to other areas without any arrangements being made for them.¹³ In Brighton, clients are temporarily accommodated in a night shelter while waiting to be assessed by the CAT workers. Those who do not have a local connection are referred to *Brighton Housing Trust* or the YMCA for relocation to their home area or to a city of their choice. According to the Brighton agencies: (i) they had to comply with the scheme as the local authority was under pressure to reduce the number of rough sleepers; (ii) the scheme's success was limited because some clients were displaced rather than their needs addressed; (iii) enforcing the policy has driven rough sleepers to hidden locations; and (iv) there has been no follow-up to find out the outcomes of relocation. After the policy was introduced, non-housing providers were prevented from supplying food and medical services to clients without a local connection – the staff believed that this was unethical, illegal in the case of medical services, and objected to the council. They can now provide time-limited services according to clients' needs.¹⁴

Responding to unmet and exceptional needs

Many homeless people have severe disabilities and vulnerabilities and it is widely accepted that some are unable to become active and productive members of society. Many have intractable health and substance abuse problems or limited basic living and social skills, rendering them unable to live independently or to work. Some are very damaged, have spent years sleeping rough, and are estranged and distrustful of people and services. Drug misuse is increasing among homeless people (see Chapter 3). A principle adopted from mental health services' practice with the severely mentally ill is to provide intensive help and support to those who are severely disabled, vulnerable or unable to help themselves.¹⁵ This amounts to intensive, individualised case-management work, which aims to provide intensive and specialist services that encourage people off the streets and support them in

accommodation, and to link the clients to mainstream services through collaborative work with statutory agencies.

Another aim is to tailor services so that they are easily accessible and encourage homeless people to accept help. Night centres and shelters that place few demands on their users are particularly important as a first step in attracting rough sleepers. This type of accommodation has been offered free as an incentive for people who are unable or reluctant to use hostels. The 2002 evaluation of the RSU suggested that because many shelter residents receive social security benefits, there is a case for charging them at the earliest opportunity, partly to reduce the relative attraction of shelters and to encourage admissions to hostels which offer more help.¹⁶

The onward referral of homeless people to mainstream services has been a pervasive problem for homeless sector organisations, and is particularly difficult for clients with both mental illness and substance abuse problems, and for older people with high care needs who are entitled to a social services commissioned care package. The problem stems from the peripheral position of homeless services in relation to the statutory health and social services. The question of whether the new NHS Primary Care Trusts, NHS Care Trusts and local homelessness strategies might lead to more 'seamless' access and provision for homeless people with 'dual diagnosis' or multiple problems is addressed in Chapters 10 and 14.

Providing efficient and effective services

The principle that a welfare service should be effective for the clients and efficient in its use of resources is now rooted in the homelessness sector, and many organisations now apply many of the working practices of professional social work. They have developed clear objectives and rules, set standards, developed staff training and supervision, and established networks and partnerships with complementary providers. An evaluative 'culture', that involves individual case-work, well managed and accessible records, and performance and outcome measures, is widely recognised as the way to improve the efficacy of the services, to identify best practice, and to secure renewed or increased funding. Some projects continue however with unclear roles and objectives, inadequate facilities and untrained staff, and maintain poor and inaccessible records. They run into management difficulties, are unable to prove effectiveness and value, and are discontinued when their initial funding expires.

Reducing the nuisance of street homelessness

Both the former and present governments have been concerned about the impact on local businesses, residents, and the tourist industry of street homeless behaviour, and specifically rough sleeping, street

drinking, begging, and drug taking.¹⁷ Besides being anti-social, these activities are believed to support the homelessness lifestyle, although many people who engage in them are not homeless. According to *Shelter*, "street homelessness is one of the most acute symbols of the failure of social policy".¹⁸ The *Camden and Islington Street Population Strategy 2000/02* (p. 3) asserts that, "street life adds vibrancy to London's streets ... [but] activities such as rough sleeping, drug use and dealing, street drinking, sex working, begging and illegal street trading (such as windscreen washing) have a negative impact on the environment and the community".

From the first round of the *Rough Sleepers Initiative* (RSI), a manifest principle of government policy and interventions has been to reduce street homelessness behaviour. They have orchestrated a protracted search for ways of putting an end to the concentrations of rough sleepers in London at Lincolns Inn Fields, the 'bull-ring' on the south side of Waterloo Bridge, and at the rear of The Savoy Hotel. Both the police and homelessness sector organisations have been involved.

More general sanctions are now being developed. Section 1a of the *Crime and Disorder Act 1998* introduced anti-social behaviour orders against an individual acting in "a manner that caused or was likely to cause harassment, alarm or distress to one or more persons not of the same household as himself". Either the police or the local authority can apply for an order that an individual desists from a specified activity for a minimum of two years. According to the official guidance, "persistent anti-social behaviour as a result of drugs or alcohol misuse might be appropriate for an order": this has criminalised street drinking.¹⁹ These dimensions of 'social exclusion' policies are being elaborated at the time of writing (for further discussion, see Chapter 14).

Enabling homeless people to rebuild their lives

The mission statements of homelessness sector organisations indicate their disparate principles and goals. Some providers believe that homeless people should be encouraged directly towards resettlement and independent living, while others, notably the *Emmaus* movement and *The Simon Community*, promote self-supporting communities as a positive option. In *Emmaus* communities, the 'companions' do not claim benefits but work 40 hours a week and get an allowance. *Emmaus Brighton and Hove* are alleged by local service providers to believe that "it is important that those who wish to remain rough sleepers, or live in tents and not access council housing, should be allowed to do so, and should be allowed to access day centre and other services should they choose to

continue to live this lifestyle. To disallow this is to restrict freedom of choice".²⁰

Most organisations however adopt the operative principle that homeless people should be encouraged to return to conventional lives. The government has made it a priority to provide services that equip homeless people with the skills to become active and productive members of society. The idea has both housing and occupational dimensions. During the 1990s, there was an increasing emphasis on resettling homeless people in conventional accommodation, but this was not always successful. It was assumed that homeless people had the ability to reintegrate with society and rebuild their lives once they were rehoused. But many who were resettled returned to the streets because they were unsettled, lonely and bored. As described in the previous chapter, several homeless sector organisations have now developed training and work programmes for their clients.

The government strongly believes that one remedy for homeless people is to support their return or entry to employment. The DETR's *Annual Report on Rough Sleeping* in 1999 stated that, "we recognise that the problems of rough sleeping and social exclusion will not be solved until rough sleepers are brought back into the mainstream of society and equipped for independent living. This includes supporting them to move into sustainable employment, and to break out of the 'no home – no job' cycle".²¹ It is also recognised that many homeless people, particularly young people and those who have been homeless for years, have few educational qualifications and limited work skills. The RSU and the successor *Homelessness Directorate* believe that "it is vital that we never give up on routing [homeless] people into education, training and employment as a way of ensuring they are full and equal members of society ... it is important that all projects for homeless people both provide and promote meaningful occupation activities".²²

Preventing homelessness

Many homeless people's services, particularly soup kitchens and day centres, have always been a source of housing advice and a safety net for vulnerable or destitute housed people. In the 1980s and the 1990s, day centres for homeless people multiplied quickly and supported a rising number of homeless and housed vulnerable people.²³ The government attaches great importance to prevention services, and the 'safety net' role of the homelessness sector has extended since the late 1990s. Prevention schemes have been developed in partnership with the *Ministry of Defence*, the *Prison Service*, and the *Department for Work and Pensions*. Homeless sector staff now work in prisons and with people being discharged from the armed forces, and provide a 'tenancy support' service to vulnerable people at home (discussed fully in Chapter 13).

There are also concerted efforts to offer young people who become estranged from their families alternatives to street homelessness. 'Nightstop' schemes rely on volunteers to offer accommodation in their homes as an alternative to homelessness. The RSU has commended the schemes as having "a crucial role to play in giving young people an opportunity to take stock without gaining the label 'homeless'".²⁴

OVERVIEW

Current policies towards homelessness and present practices by homeless service providers have been informed by a multitude of ideological, intellectual, moral and practical welfare service delivery positions, and there are equally diverse recommendations for their future development. There is a broad consensus 'to provide help' to homeless people and 'to prevent' homelessness. Beyond these basic aims, many differences in policy goals and practice priorities are found.

More concern, energy and public funds have been dedicated to helping homeless people in Britain over the last 15 years than ever before, and the pace of policy and practice change has been fast. Partly with hindsight, it can be seen that two principles have been dominant. The starting point of the RSI, made explicit by the RSU, was to reduce the public nuisance (and political profile) of rough sleeping and associated forms of anti-social street behaviour. That is why the initial efforts concentrated in central London, where the problem was most visible, especially to parliamentarians. To achieve these aims, a second principle was brought into play, to institute interventions and services that worked.

The accumulated result of the four three-year funding programmes has been not only success in the immediate performance target of reducing rough sleeping, but also substantial benefits to homeless people. That is why in 2002 there are signs of not only the further development of more specialist and tenacious forms of help, but also of significant changes in direction. The ambition to 'roll out' the interventions to all parts of the country has been apparent for many years, and implementing the new legislation that requires all local authorities to develop homelessness strategies is now a high priority. It is as if the tactic of targeting on the most visible problems has done its job but now needs reinforcement.

The other important change is the increasing tendency to adopt assertive and coercive approaches towards street homeless people, as with the experimental and emblematic restraining bye-law being introduced by *Westminster City Council*, and the broadly aimed measures to tackle anti-social behaviour. A concern is that the construction of homeless people will shift from association with the disadvantaged and needy to

association with the disruptive and irresponsible. The *Homelessness Directorate* and the government know of course that coercive approaches will stir up controversy and resistance, particularly among the voluntary and religious organisations, advocacy bodies and service providers in the field. But perhaps also they know that many others, in the welfare professions and the electorate, will not dissent and indeed approve. Policy and practice development during the 2000s are likely to be even more rapid and radical than during the 1990s. The government's current policy initiatives and proposals and their likely effect are discussed in more detail in Chapter 14.

Notes

1. See, for example, Layton, 2000 and Murphy, 2000.
2. A short history of concepts and theories forms Chapter 2 of Crane, 1999. Among the specialist histories are Anderson, 1998; Barak 1991; Beard, 1987; Humphreys, 1999; Kusmer, 2002; Rose, 1998; Turner, 1887 and Whitlock, Lubin and Sailors, 1994. Interesting recent monographs on the representation of homelessness in literature are Baumgarten and Daleski, 1998 and Benis, 2000. Reviews of homelessness and social policy include: Burrows, Pleace and Quilgars, 1997; Duncan and Evans, 1988; Duguid, 1990; Niner, 1989, and Hutson and Clapham, 1999. The authors have reviewed all statements about homelessness in the Houses of Parliament during 1998-2000: see Crane and Warnes, 2001a, Chapter 8, 'The public debate about homelessness'.
3. Cited from *Encyclopaedia Judaica* (Keter, Jerusalem, 1971/2), v.343 by Valins, 2002, p. 20.
4. See *The Salvation Army's* UK website: <http://www.salvationarmy.org.uk>
5. Available online at <http://www.stmartin-in-the-fields.org/jserv/home/index.jsp>
6. Available online at <http://www.users.globalnet.co.uk/~edges/frames.htm>
7. Al-Nasr, 2002. *The Dilemma of Homeless Muslim Men and Women and Children in the USA*. Available online at <http://www.renaissance.com.pk/aprnevi201.htm>
8. The quotations are from Hattersley, 1999, pp. 184, 357 and 423, and the embedded citation from *The Times*, 29 July 1895. The complexity of the Army's motivations in helping homeless people in New York City were explored by Bernard Shaw in his play of 1935, *Major Barbara*.
9. For details of their work and their 'policy stance', see <http://www.simoncommunity.com/pages/aboutus/approach.htm>
10. Social Exclusion Unit, 1998, p. 1.
11. Rough Sleepers Unit, 1999, p. 9.
12. Woodward, 1996; Crane and Warnes, 2001a.
13. Randall and Brown, 2002a.
14. Cambridge Homeless Partnership, 2002, p. 22.
15. Sainsbury Centre for Mental Health, 1998.
16. Randall and Brown, 2002a, p. 37.
17. Fooks and Pantazis, 1999, p. 126.
18. Shelter, 2001, p. 4.
19. Alcohol Concern, 2001b. Factsheet on street drinking. Can be downloaded at <http://www.alcoholconcern.org.uk/Information/Factsheets>.
20. Cambridge Homeless Partnership, 2002, p. 21.
21. Department of the Environment, Transport and the Regions 1999, p. 17.
22. Department of Transport, Local Government and the Regions, 2002, p. 24.
23. Llewellyn and Murdoch, 1996.
24. RSU, 1999, p. 19.

8. The local authority duty to assist homeless people

This chapter concentrates on the statutory duty of local authorities to provide housing for people who are accepted as unintentionally homeless and in priority need, and to provide advice, assistance and temporary accommodation for a broader group with acute housing need. When the duty was introduced, 'provide' had literal meaning. Local authority housing departments would generally meet the duty to find permanent accommodation in the housing stock that they owned and managed. Their role has however been transformed since the 1980s, and 'to provide' increasingly means to assess housing needs and find a vacancy in the social housing stock operated by registered social landlords.

Other changes have been that local authorities directly manage progressively fewer hostels and other forms of temporary accommodation, and that their 'advice' function has become more sophisticated and meaningful. In many places it has been devolved to *Citizens Advice Bureaux* and to housing advice centres operated by *Shelter* and local voluntary organisations. Other details of local authority initiatives and enterprise will be described in the later chapters on services for single homeless people and prevention. This chapter focuses on the duty to rehouse. The United Kingdom (UK) government's aims and priorities are explained, and the divergent debates, policies and services in Scotland, Wales and Northern Ireland are discussed.

THE DUTY TO HOUSE

The duties of local authorities in all parts of the UK towards people who apply to them as homeless were introduced in Chapter 2, with particular reference to the priority needs categories that have applied for some time. Here other details and recent changes are examined. In 2002, the main features of the administration of the homeless legislation are similar throughout the UK, but the details and the organisations responsible for them differ, most of all in Northern Ireland. The specifics of the responsibilities and the criteria of eligibility are in general clearly stated in the legislation. Those that apply in England and Wales can be reviewed using the edited contents lists in Tables 8.1 and 8.2, and more details are readily available on the *Hansard* website.¹ Later sections describe the legislation in Scotland and Northern Ireland.

Eligibility for assistance

The local authority duty generally applies only to British citizens. As Section 185 of the *Housing Act 1996*

states, 'a person is not eligible for assistance ... if he [or she implied] is a person from abroad who is ineligible for housing assistance'. Further, 'a person who is subject to immigration control within the meaning of the *Asylum and Immigration Act 1996* is not eligible for housing assistance unless he is of a class prescribed by regulations made by the Secretary of State'.

Definitions of homelessness and threatened homelessness

The 1996 Act begins by defining a homeless person and a person threatened with homelessness. Section 175 states that 'a person is homeless if he [or she]:

1. Has no accommodation available for his occupation, in the UK or elsewhere, which he:
 - (a) is entitled to occupy by virtue of an interest in it or by virtue of an order of a court,
 - (b) has an express or implied licence to occupy, or
 - (c) occupies as a residence by virtue of any ... law giving him the right to remain in occupation or restricting the right of another person to recover possession.
2. A person is also homeless if he has accommodation but: (a) he cannot secure entry to it, or (b) it consists of a moveable structure, vehicle or vessel designed or adapted for human habitation and there is no place where he is entitled or permitted both to place it and to reside in it.
3. A person shall not be treated as having accommodation unless it is accommodation which it would be reasonable for him to continue to occupy.
4. A person is threatened with homelessness if it is likely that he will become homeless within 28 days.

Over time the rules and procedures have changed, most importantly with the grounds that create a 'housing priority', with the definition of intentionality, and to the exact duty of the local authority, most importantly whether it is to provide temporary or permanent accommodation.² The definitions of eligibility are a major influence on the number of households that apply and are accepted.

Duty to provide information

Section 179 of the 1996 Act specifies an important general duty: "Every local housing authority

Table 8.1 Key sections of the *Housing Act 1996*, part VII, Homelessness**175. Homelessness and threatened homelessness**

- 176-7. Meaning of accommodation available for occupation/reasonableness of continued occupation
 178. Meaning of associated person

General functions in relation to homelessness or threatened homelessness

179. Duty of local housing authority to provide advisory services
 180-1. Assistance for voluntary organisations/Terms and conditions

Application for assistance in case of homelessness or threatened homelessness

- 183-4. Application for assistance/Inquiry into cases
 185-6. Persons from abroad not eligible for housing assistance/Asylum-seekers

Interim duty to accommodate and priority need

188. Interim duty to accommodate in case of apparent priority need

189. Priority need for accommodation*Duties to persons found to be homeless or threatened with homelessness*

- 190-1. Duties to persons becoming homeless intentionally
 192. Duty to persons not in priority need who are not homeless intentionally

193. Duty to persons with priority need who are not homeless intentionally

194. Power exercisable after minimum period of duty under section 193 (now revised)
 195/6. Duties in case of threatened homelessness/threatened with homelessness intentionally
 197. Duty where other suitable accommodation available

Referral to another local housing authority

- 198-9. Referral of case to another local housing authority/Local connection
 200-1. Duties to applicant whose case is considered for referral or referred/such in Scotland

Right to request review of decision

- 202-4. Right to request review of decision/Procedure/Right of appeal

Supplementary and general provisions

- 205-9. Discharge of functions: introductory; by local housing authorities; provision of accommodation by the authority; out-of-area placements; arrangements with private landlord
 210. Suitability of accommodation
 211-2. Protection of property of homeless persons and persons threatened with homelessness
 213. Co-operation between relevant housing authorities and bodies
 214-8. False statements, withholding information and failure to disclose change circumstances; regulations and orders; transitional and consequential matters; minor definitions: Part VII; index of defined expressions: Part VII

Source: Hansard. Available online at <http://www.hmsa.gov.uk/acts/acts1996/1996052.htm#aofs>

Notes: This edited contents list is a guide to both the eligibility criteria for priority rehousing and the specifics of the local authority duty. The three key sections that regulate the acceptance of applicants for rehousing are 175, 189 and 193 (in bold). See also endnote 1.

Table 8.2 Key sections of the *Homelessness Act 2002**Homelessness reviews and strategies*

1. Duty of local housing authority to formulate a homelessness strategy
- 2-4. Homelessness reviews/strategies/interpretation

Other functions relating to homelessness

5. Provision of accommodation for persons not in priority need who are not homeless intentionally
6. Abolition of minimum period for which an authority is subject to main homelessness duty
7. Events which cause the main homelessness duty to cease
8. Review of decisions as to suitability of accommodation
9. Abolition of duty under section 197
10. Persons claiming to be homeless who are at risk of violence
11. Section 204(4): appeals
12. Co-operation in certain cases involving children

Allocations under Part 6 of the Housing Act 1996

13. Application of Part 6 to existing tenants
14. Abolition of duty to maintain housing register
15. Applications for housing accommodation
16. Allocation schemes

Supplementary

- 17-21. Wales; Minor and consequential amendments and repeals; financial provision; Commencement, transitional provision and general saving; application to Isles of Scilly

Source: Hansard. Available online at <http://www.hmso.gov.uk/acts/acts2002/20020007.htm#aofs>

Notes: For further information about the current legislation, see endnote 1.

shall secure that advice and information about homelessness, and the prevention of homelessness, is available free of charge to any person in their district".

Assessment and decision categories

Local authorities are required to investigate whether an applicant for housing or housing assistance is homeless or threatened with homelessness. (The application is by an individual on behalf of his or her household.) If so, they should establish whether the household is in priority need, whether they are intentionally homeless and, if the authority thinks fit, whether they have a local connection. If the authority finds the person to be homeless, they must secure accommodation for the applicant, regardless of local connection, pending further investigation. When the inquiries are complete, the authority is required to notify the applicant whether they are accepted as homeless, regarded as intentionally or unintentionally homeless, and deemed to be in priority need; and must give the reasons for the decisions.

The duty upon local authorities to rehouse a homeless person 'as a priority' only applies if the authority deems

that they are unintentionally homeless. This restriction is specified by cross references between the 1996 Act and Section 5 of the *Homelessness Act 2002* about the local authority's responsibility to people who are not in priority need and not homeless intentionally (Table 8.2). The dilution of the duty in the *Housing Act 1996*, to provide 'temporary' rather than 'permanent' accommodation, has been reversed by Section 6 of the *Homelessness Act 2002* which removes the 'minimum period for which an authority is subject to the main homelessness duty'.

Provision of temporary accommodation

The legislation specifies the circumstances under which a local authority has a duty to 'secure', that is make available, interim accommodation to an applicant for priority housing. This duty precedes the 'main duty' of securing permanent accommodation. Under Section 188 of the 1996 Act, if a local housing authority believes that an applicant 'may be homeless, eligible for assistance and have a priority need', it shall secure temporary accommodation for his occupation pending a decision on the application. This duty is irrespective of

a possible referral to another local housing authority, and ceases when the authority's decision is notified to the applicant, even if the applicant requests a review of the decision. The authority may however continue to secure temporary accommodation pending a decision on a review.

Under Section 190 of the 1996 Act, when the local housing authority is satisfied that an applicant is homeless and eligible for assistance but became homeless intentionally, it shall secure temporary accommodation if it also finds that there is a priority need. For those without a priority need, the local authority is only required to provide advice and assistance.

There are other less common circumstances in which the local authority has a duty to secure temporary accommodation, particularly in cases when an application is or may be referred to another local authority and the outcome is awaited. Practicalities associated with either a local shortage of social housing or of current vacancies dictate that some successful applicants for priority housing have to wait in temporary accommodation before an appropriate vacancy in permanent housing becomes available. The prevalence and problems of households that live in temporary accommodation were discussed in Chapter 2.

Scotland

Scottish housing traditions, styles and law are markedly different in several respects from those of England and Wales. In the opinion of *Shelter Scotland*, the nation 'has some of the worst housing in northern Europe'.³ Scotland's local government system and the character of its homelessness services also have long standing differences from England and, with the reinstatement of the Scottish Parliament, wider departures are beginning. The distinctive local government structure arose partly in response to the immense diversity of the nation's environments – from Glasgow and its 'big city' problems, to rural and island areas with the lowest densities of population in the British Isles. The most recent local government reforms have however created a uniform net of unitary local government authorities.⁴

Another relevant difference is that there has been a national public housing provider alongside the local authorities. In April 1989, *Scottish Homes* was set up as the national housing agency for Scotland. Its main purpose was to help provide good housing and contribute to the regeneration of local communities. Many of its functions were equivalent to those of *The Housing Corporation* in England (see Chapter 12). Initially it was a major public housing provider, responsible for over 75,000 homes, but unlike the partly equivalent *Northern Ireland Housing Executive* it was not responsible for priority

rehousing under the homeless legislation. Through 'right to buy' sales and transfers to housing associations, by 2001 its stock had been reduced to around 5,000 homes. Until recently, it continued to invest in social housing, amounting to 'a £215 million housing development programme for 2001/2002' supplemented by private finance to £335 million. This funded 'the provision of around 5,360 new and improved homes by housing associations and private developers'. On 1 November 2001, however, most of *Scottish Homes* functions transferred to *Communities Scotland*, a new executive agency of the Scottish Parliament. The successor body will cease to be a housing provider.⁵

The Scotland Act 1998 provided for the establishment of the Parliament of Scotland, and on 1 July 1999 it assumed its full powers and duties. Many powers in the fields of housing, health and social services were devolved, and responsibilities previously held at Westminster were divided between the newly formed Scottish Executive and The Scotland Office (of the UK government).

The homeless legislation in Scotland

While the *Housing (Homeless Persons) Act 1977* applied to Scotland, there have been detailed differences in the responsibility of Scottish local authorities towards homeless people since the *Housing (Scotland) Act 1986* (Section 21) and its consolidation in Part II of the *Housing (Scotland) Act 1987*. The growing level of homelessness in Scotland during the 1990s led to proposals for a thorough review, first by the Scottish Office in a Housing Green Paper of February 1999, and in the following August by the Scottish Executive which established a *Homelessness Taskforce* "to review the causes and nature of homelessness in Scotland, to examine current practice in dealing with cases of homelessness, and to make recommendations on how homelessness in Scotland can best be prevented and, where it does occur, tackled effectively".⁶ For its first six months, the Taskforce concentrated on specifying and acting upon urgent issues, but then it formulated a rolling programme of legislation and policy changes for the second term of the Scottish Parliament.

The Task Force completed the first phase of its work in 2000 with the publication of *Helping Homeless People: Legislative Proposals on Homelessness*.⁶ This recommended the introduction of:

- Local authority homelessness strategies
- The mandatory provision of housing information and advice on homelessness
- The monitoring and regulation of local authority homelessness functions

- A statutory right for everyone to register on a housing list
- Clarification that permanent accommodation had to be provided for those unintentionally homeless and in priority need
- Minimum rights for hostel residents
- A statutory duty on Registered Social Landlords (RSLs) to accept homelessness nominations from local authorities within a 'reasonable period' unless they have 'good reason' for not doing so
- Appointment of an Arbiter to resolve disputes between local authorities and RSLs on homelessness nominations
- *Communities Scotland* to be given the power to appoint a special manager where a local authority or RSL fails to accommodate a homeless person despite an adverse finding from the Arbiter.

These recommendations apply to both 'statutory' and 'single' homeless people, but here we concentrate on their influence upon the homelessness provisions of Part 1 of the *Housing (Scotland) Act 2001*.⁷ This introduced the same measures as had been proposed in the aborted *England and Wales Housing Bill 2000/1* and which were enacted in the *Homelessness Act 2002*, namely the elaboration of the priority housing categories and the duty upon local authorities to produce and revise homelessness strategies. It was recognised, however, that there were additional legislative requirements. The Scottish Executive accepted all the recommendations, and in June 2002 issued a consultation paper on the *Homelessness (Scotland) Bill* [SP Bill 63] which was introduced to the parliament in September 2002.⁸ The Bill envisages substantial changes to several of the concepts which have governed the operation of the local authority duty for 25 years. It proposes to:

- Expand the definition of those in priority need, by 2012, until it is widened to include everyone, effectively abolishing priority need categories.
- Replace the duty of local authorities to investigate whether a homeless applicant is intentionally homeless with a power to do so. The Bill, if passed, will require that local authorities offer a short Scottish secure tenancy to those who have been found to be intentionally homeless.
- Suspend the local connection criteria enabling Scottish Ministers to re-activate the local connection criteria as required.

- Change provisions relating to repossession to ensure that courts, when deciding whether to grant an eviction order to a private landlord, take into account that rent may be in arrears due to a delay or failure in the payment of Housing Benefit.

A *Scottish Parliament Information Centre* briefing paper of October 2002 reviews the current homelessness legislation in Scotland, and details the new proposals and the key issues that arise.⁹ It includes critical discussions of 'priority groups', 'intentionality' and 'a local connection', and argues the case for change. It also examines the financial implications of the proposed changes.

Wales

The *Government of Wales Act 1998* established the *National Assembly for Wales*, and the *National Assembly for Wales (Transfer of Functions) Order 1999*, enabled the transfer of the devolved powers and responsibilities from the Secretary of State for Wales. The Assembly determines the priorities 'that reflect the particular needs of the people of Wales' and allocates the funds made available by The Treasury at Westminster. Decisions about local issues are made by politicians accountable to voters in Wales. Laws passed by the United Kingdom parliament in Westminster still apply to Wales.

Since 1 July 1999, the Assembly has had the power and responsibility to develop and implement policy and make vital decisions about public health, health services, social housing, and social services. In January 2001 it established a *Homeless Commission*, and in February 2001 secured the *Homeless Persons (Priority Need) (Wales) Order 2001*.¹⁰ This elaborated the definitions and descriptions of priority need and echoed the equivalent Westminster Statutory Order for England. It has also commissioned a review of rough sleeping in the principality, and recently issued a *Draft Homelessness Strategy*.¹¹ Its purpose is to lead policy formation that will tackle homelessness locally, and to ensure that the Assembly's objectives and targets to reduce the level and impact of homelessness and eliminate the need for rough sleeping are met. The strategy will:

- Provide a framework for the continuing developing of national guidance and policy on homelessness
- Help to identify the need for funding and how it should be prioritised
- Set a clearer context for the development of local homelessness strategies
- Ensure that homelessness is addressed appropriately in the development of other assembly policies and strategies.

The Assembly has provided funding for work on homelessness strategies in seven local authority areas. Funding will be made available to all local authorities in 2002/3 to help them to carry out their homelessness reviews and formulate their local strategies. It increased its funding for projects tackling homelessness from £650,000 in 1999 to £4.8m in 2002/3, thereby showing its commitment to reducing this problem. The Assembly cannot itself legislate in this field, but it has resolved to:

- Review the implementation of homelessness legislation by local authorities
- Liaise with and support local authorities and other agencies to ensure that they are working towards implementing the strategy and its objectives
- Establish internal arrangements to secure effective joined-up agreement to implement the strategy across departmental lines.

Northern Ireland

The housing market of Northern Ireland differs from that of the remainder of the United Kingdom, particularly in the provision of social (or subsidised) housing, for reasons bound up with the province's political and social history. Sectarian 'clientism', or discrimination in local authority housing allocation, was one of the complaints of the 1960s civil rights movement. In 1963, for example, a *Homeless Citizens' League* was established in Dungannon, County Tyrone, to challenge the housing policy of the local Urban District Council. It was the forerunner of the *Campaign for Social Justice*. Even before direct rule from Westminster was introduced in 1974, the *1971 Housing Executive Act (Northern Ireland)* transferred housing responsibilities from the local authorities to the *Northern Ireland Housing Executive* (NIHE). From the outset, the NIHE acted as both a regional strategic planning agency and a housing management organisation. Its role has changed over time in response to alterations in both the political environment, UK housing policy, and local housing markets.

The goals of improving housing standards in the province and ensuring non-discriminatory allocations have dominated the province's housing policy, and perhaps account for the low priority that homelessness as constructed in Great Britain has received. Prior to 1988, responsibility for providing accommodation for homeless households in Northern Ireland lay with the four *Health and Social Services Boards*, and provision was scant. *Shelter Northern Ireland* was established in 1980 to work on behalf of the homeless and badly housed, and an early campaign objective was that homeless people should become a statutory responsibility of the NIHE.

The *Housing (Northern Ireland) Order 1988* gave the NIHE a similar responsibility to that of local authorities in Great Britain. The NIHE is however a regional strategic housing authority, and it has a broader responsibility, to provide social housing to those it classifies as being 'Full Duty Applicants' (FDA). Of those presenting that are not accepted as FDA, nearly 50% are homeless. "In practice, the single homeless (and other needs groups) fall outside the current definition of FDA and turn to the network of voluntary sector providers. This is far from ideal, particularly in those areas where voluntary sector provision is weak, or in the case of County Fermanagh where there is no voluntary sector provision for this group".¹²

Provision of temporary accommodation

Since 1988, the range and type of temporary accommodation for housing applicants, and the associated NIHE expenditure, have increased considerably. As in the rest of the UK, the cost is met mainly through the payment of social security Housing Benefit, which is administered by NIHE on behalf of the *Department for Social Development* (DSD), and through the 'Special Needs Management Allowance' (for support costs), which is administered and funded by DSD. Where Housing Benefit does not meet the full cost of temporary accommodation, NIHE pays a top-up subsidy.

NIHE states that it 'seeks to provide the most suitable available temporary accommodation'. Generally a placement is sought in one of its own hostels, but if there is no vacancy individuals may be accommodated in a voluntary or private sector hostel. Placement in the private sector (which tends to be bed and breakfast accommodation) is described as a 'last resort'. According to the NIHE, B&Bs are used primarily for those who are awaiting the outcome of further enquiries into their homeless status. A recent report has criticised the very high use made of private-sector accommodation, its poor quality, and the management of these placements (Table 8.3).¹³

Towards new legislation

The inception of the *Northern Ireland Assembly* was described in Chapter 2. Its DSD has responsibilities for housing and homelessness, and during 2001 they instituted a *Housing Inquiry (Homelessness)*. The terms of reference state that:

Current and potential responses to the problem of homelessness should be looked at against the backdrop of the structure of the Northern Ireland housing market. The current structure is actually driving the increases in the level of homelessness and is of strategic importance. ... Fundamentally there is simply insufficient accessible and affordable accommodation for everyone in Northern Ireland. ...

Table 8.3 Temporary accommodation in Northern Ireland 2000/2001

NIHE accommodation	173 units	483 placements (20%)
Voluntary sector	1,482 bed spaces	585 placements (24%)
Private sector (bed bureau)	725 bed spaces	1,387 placements (56%)
Total		2,455 placements (100%)

Social rented housing is in high demand as evinced by the number of households (10,366) on the NIHE housing stress waiting list. In addition, the continued growth of single person households (now 25%) adds to pressure on available stock, as does the dwindling of the social rented sector via the ongoing sale of on average 5,000 and the demolition of some 1,000 NIHE dwellings per year. The current new build of 1,500 social rented dwellings per year does not replace the loss. This structural problem is a major driver of homelessness in Northern Ireland ... there are other complex reasons why people become homeless and stay homeless'.¹⁴

Acting in the role of the *Rough Sleepers Unit* (now the *Homelessness Directorate*) in England, the NIHE in 2001 set up a 'Homeless Strategy and Services Review' and issued a consultation report. "Having considered all the responses, and the recommendations of the *NI Audit Office* and the *Assembly's Social Development Committee*", it "finalised a range of recommendations ... which will form the basis of an Implementation Plan". These are set out in The Homelessness Strategy published in September 2002.¹⁵ A multi-disciplinary team of representatives from the *Health and Social Services Boards/Trusts*, the *Probation Board*, the voluntary sector and the NIHE will oversee the implementation of the Strategy's recommendations.¹⁶

No less than 64 actions are listed and they cover all fields of housing management and housing welfare administration. They include housing investment proposals, e.g. provide an additional 250 temporary accommodation units; Westminster-conceived policy proposals, e.g. develop area 'Homeless Action Plans' to assess all needs and service requirements; and improved financial management proposals, referring broadly to 'best practice'. Several of the proposals refer to improved housing assessment procedures and to the development of services for single homeless people and those with special needs. It is planned to "develop and evaluate a multi-disciplinary homeless needs assessment team (in Belfast initially) which will include an assessment service for direct-access hostels". There is no proposal about priority groups.

Mirroring the roles and actions of the Office of the Deputy Prime Minister, the *Homelessness Directorate*

and local housing authorities in England, the Strategy reflects NIHE's straddling role. Its nominated 'key' points are telling:

- [There will be] a new definition of homelessness in line with Great Britain, *i.e.* having no accommodation anywhere in the United Kingdom
- Changes to who may be considered 'intentionally' homeless, *i.e.* if a person has contrived to become homeless
- Certain persons will not be eligible for assistance for housing if they are from abroad and subject to immigration control
- Certain persons who the NIHE decide are to be treated as ineligible for homelessness assistance because of previous anti-social behaviour.

A draft *Housing Bill Northern Ireland* was released for consultation ending on 30th April 2002. Although no homeless legislation had been introduced to the *Northern Ireland Assembly* before it was suspended, from midnight on 14th October 2002, the minutes of the *Social Development Committee* through the early months of 2002 note (but do not detail) the oral and written evidence it was receiving for its homelessness inquiry. Seminars on a prospective *Housing Bill* are mentioned.¹⁷ Ample written evidence is however available from the researchers supporting the Committee.¹⁰

OVERVIEW

The duty upon local authorities to house people who are unintentionally homeless and have a priority need has operated since 1977 throughout Great Britain, and over the same period has survived the massive and simultaneous demotion of the local authorities' role as direct social housing providers. It has generated substantial case law, and been refined and modernised to take account of the high risk of becoming homeless among, for example, those who are leaving local authority care, prisons and the armed services. Further substantial changes are expected during the coming decade, as local authorities adjust to their revised duties, of being responsible both for homelessness strategies, and for assessing vulnerable people's housing need and commissioning housing placements.

The current government has prepared for more frequent changes to the duty. The latest instruments for the detailed application of the housing duty have been 'demoted' from the primary legislation, the Acts, to Statutory Instruments that are proposed to the respective parliaments and assemblies by the responsible ministers. The stalled Northern Ireland Assembly was just beginning to realise that the arrangements for responding to people who were homeless or threatened with homelessness were far from satisfactory. The Scottish Parliament is actively considering scrapping the notion of 'priority groups'. There is a campaign in Wales for more autonomy in the application of the homelessness duties.

But behind the legislative advances, there lies an unresolved political contradiction. The Homelessness Act 2002 and its equivalents in Scotland and Northern Ireland set a requirement for local authorities to install a more pro-active, interventionist and individualised response to those undergoing housing stress and homelessness. For this to succeed, significant increases in social service assessments, social housing investment, and voluntary organisation funding are required. Measures to increase the qualifications and regulation of voluntary sector social welfare staff (Chapter 14), and the ambition to raise the quality and range of the work done in hostels (Chapter 11), will add further financial pressures. Given the many (and more popular) competing claims of state-funded welfare services, it will require exceptional political resolve in all parts of the United Kingdom to translate the good intent of the latest policy thinking and legislation into services on the ground.

Notes

1. Available online at <http://www.parliament/hansard>
2. The full text of the *Homelessness Act 2002* is available online at <http://www.hmso.gov.uk/acts/acts2002/20020007.htm> The Act also clarified the priority need related to 'violence', which is defined as (a) violence from another person; or (b) threats of violence from another person which are likely to be carried out; and violence is 'domestic violence' if it is from a person who is associated with the victim (Section 10). For further details on the priority need categories, see Chapter 2.
3. Available online at <http://www.shelterscotland.org.uk/>
4. All Scottish local government authorities have websites which can be accessed from <http://www.scotland.gov.uk/links.asp>. For an account of the old system see McCrone, Brown and Paterson, 1992.
5. The former *Scottish Homes* website address is <http://www.scot-homes.gov.uk/archive/> (and was live in late 2002) and that for *Communities Scotland* is <http://www.communitiesscotland.gov.uk/>
6. Scottish Executive, 2001, para.1.
7. The Act is available online at <http://www.hmso.gov.uk/legislation/scotland/acts2001/20010010.htm#aofs>
8. The text of the Bill and information about its progress is available at http://www.scottish.parliament.uk/parl_bus/bills/b63s1.pdf
9. Berry and Herbert, 2002. Available online at http://www.scottish.parliament.uk/whats_happening/research/pdf_res_brief/sb02-115.pdf
10. The *National Assembly of Wales* published a *Draft National Homelessness Strategy* in April 2002. Welsh Assembly documents are available at <http://www.wales.gov.uk/subihousing/topics-e.htm#homelessness>
11. Documents on the development of the nation's homelessness strategy are available on the *National Assembly of Wales* website: <http://www.wales.gov.uk/subihousing/topics-e.htm#homelessness>
12. *Northern Ireland Assembly Social Development Committee: Terms of Reference of the Housing Inquiry (Homeless)*. See http://www.ni-assembly.gov.uk/social/reports/report3-01r_vol2_main.htm. See page 80.
13. Comptroller and Auditor General for Northern Ireland (2002). The figures in Table 8 are on p. 38
14. Available online at http://www.ni-assembly.gov.uk/social/reports/report3-01r_vol2_main.htm. See page 79.
15. Northern Ireland Housing Executive 2002. *The Homelessness Strategy*, NIHE, Belfast.
16. Press release accompanying publication of the strategy: see <http://www.nihe.gov.uk/news/>
17. Available online at <http://www.ni-assembly.gov.uk/social/minutes/>

9. State welfare benefits: entitlements and access

This chapter describes homeless people's access to state welfare or social security benefits. It summarises their eligibility to different benefits, their difficulties with claiming benefits, and recent initiatives and services to assist them make claims, overcome benefit problems, and access hostels. Particular attention is given to Housing Benefit, which meets the rent payments of those with low income who live in rented housing and hostels. It is funded by *The Treasury* through the *Department for Work and Pensions* (DWP), but administered in Great Britain by local authorities. The final section describes two common problems associated with the level of benefit entitlement, that constitute 'perverse disincentives' to take up employment and to be rehoused. One affects hostel residents who are in paid work, and the other is the 'single room rent restriction' that applies to young homeless people. All references to payment amounts apply in October 2002.

ELIGIBILITY FOR BENEFITS

Most homeless people who are not working are entitled to state welfare benefits, although the amount varies according to their age and circumstances (Table 9.1). Additional 'premiums' are available for people on low income – the pensioner premium for people over 60 years of age, and the disability premium for those aged under 60 years who have a disability or long-term illness.

The DWP differentiates between homeless people in hostels and other temporary accommodation from those living on the streets. Those in temporary housing are recognised to be without a permanent home and of 'no fixed address' (NFA), while rough sleepers are 'persons without [any] accommodation' (PWA). The guidance suggests that accommodation is: "an effective shelter from the elements which is capable of being heated; and in which occupants can sit, lie, cook and eat; and which is reasonably suitable for continuous occupation".¹ NFA claimants are entitled to additional personal allowances, *i.e.* 'premiums', if they meet the relevant requirements. PWA claimants are ineligible to premiums, as these are intended to help meet the costs of living in accommodation.

The habitual residence test

The 'habitual residence test' was introduced into the income support regulations in 1994. It determines whether a claimant has a 'settled intention' to reside in the United Kingdom, and has been 'habitually resident'

for 'an appreciable time' in the 'common travel area', *i.e.* the United Kingdom, Channel Islands, Isle of Man and Republic of Ireland.² The terms clearly require interpretation and allow discretion in the assessment process. The residence test applies to most of the benefits for low income, retired, dependent and disabled people – even a visit abroad can compromise a person's eligibility.

A UK citizen who has lived abroad for many years, whether for work, retirement or other reason, is generally ineligible for state benefits, including Housing Benefit, until they have been resident in this country for six months. Moreover, each returnee's entitlement has to be assessed. For those who have been paying taxes or social insurance contributions overseas, the entitlement is determined in collaboration with the social security agency of the country from which they have returned, an inevitably intricate procedure which often takes many months.³ For a minority of returnees with no resources, relatives or friends in this country, the residence test means that a returned migrant receives no income support and either has to seek charitable help or sleep rough.

Payments to people who are destitute

Local authority social services departments have a duty under the *National Assistance Act 1948* to provide 'sums for personal requirements' to homeless people who are destitute. This includes people who fail the habitual residence test. The weekly amount is £15.45 in Wales, £16.80 in Scotland, and £20 in England.⁴

CLAIMING BENEFITS

Most homeless people in hostels and other temporary accommodation receive benefits. Around one-fifth of rough sleepers, however, have no social security income (see Chapter 6). Some are illiterate, or have learning difficulties or mental health problems and do not understand how to make claims, while some fear being traced by an ex-partner or the police, move from place to place, or do not want to face the difficulties of making a claim. A few are ineligible for benefits. In addition, some homeless people do not claim all their benefit entitlements. Among 171 rough sleepers admitted to a hostel in London for people aged 50 years and over, 10% were not receiving any welfare benefits on arrival, and 30-40% were not receiving their full entitlement.⁵ Several who were eligible for Disability Living Allowance were not claiming. Some

Table 9.1 Principal state welfare benefits for single homeless people, October 2002

Benefit	Weekly payment (£)	Eligibility criteria, restrictions and notes
Main personal benefits		
Jobseeker's Allowance	32.50 (aged 16-17)	Men aged under 65 and women aged under 60.
	42.70 (aged 18-24)	Must be capable of working, available for work, and actively seeking work.
	53.95 (aged 25+)	Ineligible if savings over £8,000.
Income Support	32.50 (aged 16-17)	Aged 16+ years; on a low income; not working or working less than 16 hours per week.
	42.70 (aged 18-24; some aged 16-17)	Ineligible if savings over £8,000.
	53.95 (aged 25+)	Known as Minimum Income Support for 60+ year olds.
Incapacity Benefit	53.50-70.95	Incapable of work because of sickness or disability. Has paid National Insurance contributions.
Retirement Pension	75.50 (NI contributions)	Men aged 65+ years; women aged 60+ years.
	45.20 (non-contributory)	Entitlement dependent on National Insurance contribution.
Additional personal allowances		
Disability Living Allowance	14.90-56.25	Needs help for 9+ months because of a severe mental or physical illness or disability. Must claim before age 65 years.
Premiums	23.00 (disability)	Receiving Income Support or income-based Jobseekers' Allowance (low income).
	41.55 (severe disability)	
	44.20 (pensioner)	
Other benefits/entitlements		
Housing Benefit	Variable rate	On a low income and paying rent. Ineligible if savings over £16,000. Not usually paid to students and to people living with close relatives. Administered by local authorities in connection with their housing role.
Social Fund Crisis Loan	Variable rate	Interest-free loan for help in an emergency. Debts to Social Fund may jeopardise claim.
Budgeting Loan	Variable rate	Interest-free loan to help spread the cost of things other than regular expenses, e.g. clothing, travel expenses. Receiving Income Support or income-based Jobseeker's Allowance (low income) for at least 26 weeks.
Community Care Grant	Variable rate	Discretionary payments that do not have to be repaid. Receiving Income Support or income-based Jobseeker's Allowance (low income). Help to cover personal expenses, e.g. resettling into own tenancy. Savings of £500+ will affect amount given.

Source: Department for Work and Pensions website: <http://www.dwp.gov.uk>

had not claimed benefit entitlements for years, while others had allowed their claims to lapse.

Without benefits, homeless people’s access to temporary accommodation is restricted. A few shelters provide free accommodation, but these tend to be for only short stays and have no more than basic amenities. The cost of a single room in a first stage or direct-access hostel ranges from around £122 to £198 per week, most of which is met by Housing Benefit. The amount that residents have to pay per week ranges from around £3 to £22.⁶

Initiating claims and benefits advice

The London Homeless Services Team

Several ways of helping homeless people access benefits have been introduced since 2000. The *Rough Sleepers Unit* (RSU) has negotiated with the DWP to target benefits advice in areas with rough sleepers. Recommendations for such a service date back to the Benefits Agency Homeless Project in the mid-1990s, which was set up because the Benefit Agency office for homeless people in north London was to close (there were two others, in south London and Glasgow).¹ The Benefits Agency Homeless Project examined the provision of welfare benefit services to homeless people and found:

1. Homeless customers did not receive equal access to the benefit system as a result of: a lack of awareness amongst Benefit Agency staff of homelessness issues and the problems faced by homeless people; inconsistent policies about the benefit entitlements of homeless people; and

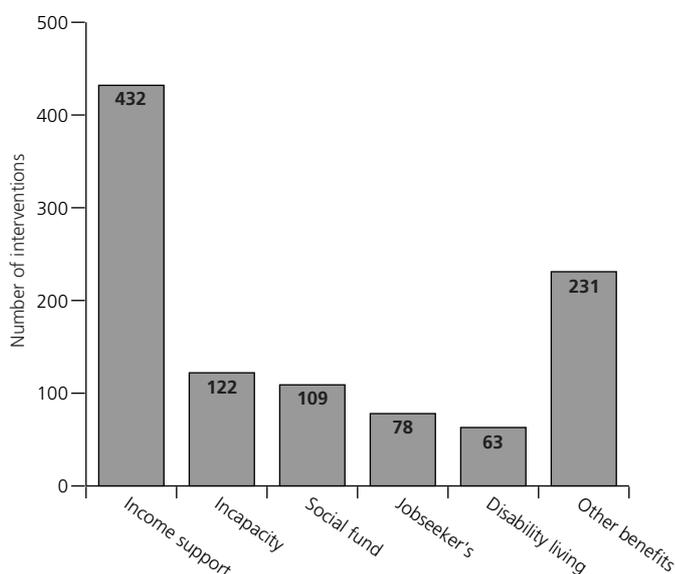
negative stereotyping and discrimination by the staff.

2. There was a low level of benefit take-up among homeless people.
3. Little training and information was made available to staff.

In October 2000, a new speciality group of benefit advisors, Homeless Person’s Liaison Officers (HPLO), were detailed to visit hostels, shelters and day centres, and expedite homeless people’s claims. Initially eight HPLOs provided a service in four shelters, seven hostels, eight day centres and one prison in London, and made *ad hoc* visits to other hostels and day centres.⁷ Following their success, The London Homeless Services Team was set up in July 2001, with 10 outreach workers, eight HPLOs, and two administrators. The team now provides a weekly service at 13 hostels, 13 day centres, a medical centre for homeless people, prisons, and at Guy’s and St Thomas’s Hospitals.⁸

The team works with Benefits Agency, Employment Services and Housing Benefit staff to raise awareness of the impact of homelessness on clients, and offers benefits awareness training to voluntary sector organisations. The team also assists people with claiming benefits and carries out ‘evidence identity interviews’ – they collect information about a person and assemble proof of identity so that benefits can be claimed. The intention is to extend the team’s work throughout Greater London. In the 12 months ending July 2002, it made 1,035 interventions to help people claim various benefits (Figure 9.1).⁹

Figure 9.1 Help given with benefits claims by the London Homeless Services Team



Source: August 01-July 02; Information from The London Homeless Services Team.

Notes: Types of benefits: Income Support; Incapacity Benefit; Social Fund; Jobseeker’s Allowance; and Disability Living Allowance.

Other benefits advice services

Some homeless sector staff receive training on welfare benefit issues and provide advice to homeless people at day centres and in hostels. National organisations, such as *Shelter* and *Homeless Link*, organise training courses on benefits and welfare rights. *Shelter* offers two courses on Housing Benefit – one updates Housing Benefit issues, while the other covers claims and entitlements, rent restrictions, and the appeal system. *Homeless Link* has courses on: benefits for drug and alcohol users; benefits for young people; benefits and mental health; benefits and resettlement; Housing Benefit in supported housing; and welfare benefits overview.

Some local authorities provide welfare benefits advice to homeless people. For example, the London Borough of Bexley's Homeless and Advice Team provides general advice about eligibility for benefits, help with the completion of claim forms, and it contacts the *Benefits Agency* and *Housing Benefit Agency* on behalf of homeless people to resolve difficulties when applying for benefits.¹⁰ Many *Citizens Advice Bureaux* and other advice centres throughout the UK also offer benefits advice (Chapter 13). The RSU and the DWP have produced a guide for housing and homeless advice staff on social security benefits for homeless people. Other useful resources include: (i) *St Mungo's* website which provides an easily accessible Housing Benefit calculator for homeless people and staff; (ii) information pages about benefits and a benefits calculator for staff developed by Lisson Grove Benefits Programme; and (iii) a welfare benefits CD-ROM produced by the *Child Poverty Action Group*.¹¹

Relaxing benefit rules to ease access into hostels

It has been estimated that one in seven households in England and Wales depend on Housing Benefit (HB) to meet their basic housing costs. According to a 2002 *Audit Commission* report, processing HB claims has slowed since the mid-1990s, and there are now protracted difficulties with its administration. In 2002, the time taken to process new claims in some authorities exceeded 100 days. Homeless people who book into hostels have also experienced problems when claiming HB. Until recently, before a claim could be processed, they had to produce proof of identity, such as a birth certificate, passport, driving licence, utilities bill, or pension book. These are all items which many rough sleepers do not possess, and many hostels and shelters refused to accept people who had no proof of identity and were not receiving benefits.

Initiatives to improve rough sleepers' access to hostels have been piloted and are now spreading. Since 1999, hostel residents do not have to provide a National Insurance number in order to claim HB. Secondly, the *Verification Framework*, a set of standards

recommended by the *Department of Social Security* (now DWP) in 1998 for establishing the identity and the income of people claiming HB and Council Tax Benefit, has been relaxed for hostel residents. After a pilot in Westminster, the scheme now allows 13 weeks' grace for rough sleepers who move into hostels to obtain proof of identity and verify their HB claim. The *Department of Social Security* also requested local authorities to adopt a shortened HB claim form for vulnerable rough sleepers when they enter a hostel.¹²

Other RSU measures to encourage rough sleepers off the streets include funding for free shelters and night centres, as in London, Bristol and Manchester, and subsidies to reduce the cost of hostel beds. Staff reports suggest that these initiatives have been successful, although some persistent and chaotic drug misusers are unwilling or unable to pay any hostel charge because their income is spent on drugs.¹³ Staff also believe that the provision of cheaper or free accommodation should be for only a short time, while a rough sleeper is engaged. In the long term, a person needs to take responsibility for budgeting and housing costs if they are to be effectively resettled.

MOVING ON AND BENEFIT RESTRICTIONS

Chapters 5 and 6 describe the many opportunities that have been developed to enable homeless people to rebuild their lives, to be rehoused and to return to work. This section describes two common problems linked to welfare benefit entitlements that restrict homeless people's opportunities to progress. The first concerns employment while a hostel resident, and the second is the 'Single Room Rent' restriction for people aged under 25 years, which affects the resettlement of young homeless people.

Employment while in hostels

At present, if homeless people work while in hostels, their HB subsidy is greatly reduced. Unless in a well-paid job, the result is that they are financially worse off, an obvious disincentive to paid work. To circumvent the 'trap', the RSU has supported two 'jobs-led' hostels in London, managed by *St Mungo's* and *First Fruit*.⁷ The residents are helped by the staff to return to work, and are charged a lower rent (£72-80 a week) than is customary even when in work. In April 2001, the DWP also introduced a system whereby HB is paid for an additional four weeks after hostel residents start work.

The Single Room Rent restriction

The 'Single Room Rent' (SRR) rule was introduced in October 1996, and restricts the maximum HB entitlement for single people under the age of 25 years who live in privately rented accommodation (not council or registered social landlords' property). The HB payable is restricted to the average local rent for a

single furnished room with shared facilities. Changes that came into effect in July 2001 broadened the definition of a single room, and SRR now covers accommodation where the tenant has exclusive use of a bedroom, but shares a kitchen, bathroom and toilet. Young people leaving care are exempt from SRR restrictions until they are 22 years old, as are young lone parents.

Since the introduction of the SRR restriction, *Centrepoint* has lobbied for its abolition or the broadening of the definition of 'single room'.¹⁴ The *Catholic Housing Aid Society* and the *Scottish Council for Single Homeless* also believe that it should be abolished.¹⁵ Evidence collected by *Centrepoint* and research carried out by the *Scottish Council for Single Homeless* in May 2002 showed that:¹⁶

- SRR acts as a disincentive for private landlords to rent to people under the age of 25 years
- Young people are having to make up shortfalls between the rent and their Housing Benefit, which is often over £20 per week, and as a result are getting into debt
- Finding accommodation at the SRR rent level is difficult right across the country, and very difficult in London
- Young people who rent in the private sector are often trapped in inappropriate accommodation and unable to move because of their Housing Benefit restriction.

OVERVIEW

The majority of homeless people receive state welfare benefits, although many need advice on their entitlements and help to prepare and pursue a claim. Since the late 1990s, several initiatives have reached out to the minority who do not claim and to assist the many who experience 'benefit difficulties'. The impact of the recently-established London Homeless Service Team on reducing the prevalence of non-claimants is unknown, although a substantial number of people have already been helped.

The more intractable problems are those surrounding the benefit restrictions that hamper homeless people's progress into work and young homeless people's access to privately rented accommodation. In some areas where social housing is scarce, private-rented housing is the only option for single homeless people. The effect is not yet known of *Supporting People*, introduced in April 2003, on the situation of hostel residents who wish to work as part of their resettlement preparation or while waiting for a housing allocation. By splitting the rent and support charge,

Supporting People should allow rents to become more affordable and allow people to move into employment. It could mean, however, that it will be harder for homeless people with low support needs to access hostels.

Notes

1. Pugh, undated, p. 3.
2. www.dwp.gov.uk/publications/dwp/dmg/memletrs/m02-01-2.htm
3. Crane, 1999.
4. www.hmso.gov.uk/si/si2002/20022531.htm
www.hmso.gov.uk/legislation/scotland/ssi2002/20020085.htm www.hmso.gov.uk/legislation/wales/wsi2000/20001145e.htm
5. Crane and Warnes, 2000c.
6. Information from Hostels Online, managed by the *Resource Information Service*. See <http://www.hostels.org.uk>
7. RSU, 2001a.
8. [ttp://www.osw.org.uk/links/benefitsagency.html](http://www.osw.org.uk/links/benefitsagency.html)
9. Information from The London Homeless Services Team.
10. <http://www.bexley.gov.uk/service/housing/advice/services.html>
11. <http://www.lissongrovebenefits.co.uk>
<http://www.mungos.org>
12. Housing Benefit and Council Tax Benefit Circulars: HB/CTB A20/2000 and HB/CTB A38/2000
13. Randall and Brown, 2002a.
14. <http://www.centrepoin.org.uk/SpexSelfManageVariables/clientpdfs/4/changetosingleroomrent.pdfs>
15. <http://www.chasnational.org.uk/pr010703.htm> http://www.scsch.co.uk/News/news2002_15.htm
16. Smith J., 2002.

10. Access to health care and substance misuse services

This chapter focuses on health care and substance abuse services and their utilisation by homeless people. Radical organisational and administrative changes in primary health care, mental health, and drug and alcohol services have been instituted in the last few years, and their implementation continues. New and innovative services are being developed, and some concentrate on marginalised groups such as homeless people. This chapter summarises the policy developments since the late 1990s, the services that are in place for homeless people, and outstanding delivery issues. It draws heavily on information about individual projects gathered from numerous *National Health Service* (NHS) trust and agency internet sites. No single national website collates the details of all primary health and mental health services for homeless people.

PRIMARY HEALTH CARE SERVICES

Policy developments since the late 1990s

For more than a decade there have been repeated changes to the organisation and delivery of NHS primary health care services. The prevalence of single-handed general medical practitioner (GP) practices has decreased, and purpose-built health centres staffed by multi-professional primary care teams now dominate. Fund-holding practices have come and gone, while shortages of GPs in inner city and rural areas are an increasing problem. The *NHS (Primary Care) Act 1997* led to the establishment of *Primary Care Groups* (PCGs) in 1999 and of *Primary Care Trusts* (PCTs) in 2000. All PCGs in England were obliged to become PCTs by 2004, but this had been achieved by April 2002.¹

The PCTs have replaced the Health Authorities as the commissioners of NHS primary health care for the local population. They are required to draw up *Health Improvement and Modernisation Plans* in collaboration with the main statutory and non-statutory bodies in each health authority, including primary health care trusts, local authority housing, social services, environmental health and education departments, and the police. PCTs will commission responsibility for at least 75% of the NHS budget.¹

Health care for marginal groups

In April 1998, *Personal Medical Services* (PMS) pilot schemes and *Local Development Schemes* (LDS) were introduced by the *Department of Health* (DoH). Through flexible contractual arrangements, PMSs

encourage health care professionals to deliver accessible primary health care services to people in deprived communities, and to under-served and disadvantaged groups, including mentally ill and homeless people. By April 2002, there were 1,750 PMS pilots and they involved 6,750 GPs.² Through LDSs, additional payments are available for GPs and allied staff to provide services in deprived areas with high morbidity populations and practice workloads. The extra funding enables, for example, GPs to register homeless people in hostels and to provide comprehensive medical care.

Other recent initiatives to improve the delivery of health services to the general public include 'walk-in centres' (established in 1999 as drop-in medical centres staffed by nurses), and *NHS Direct* (a telephone helpline established in England and Wales in 2000 to provide health information and advice, and a companion website service launched in 1999). By late 2002, there were eight 'walk-in centres' in London, including several in its outer suburbs (in Croydon, Edmonton, Newham, Tooting and Edgware), and 31 spread across England (e.g. Bath, Blackpool, Coventry, Exeter, Newcastle, Norwich, Southampton and York).³

Bath and Bristol's 'walk-in centres' are in the city centres, and both proclaim that homeless people are a target patient group.⁴ But the usage by homeless people of NHS Direct and the 'walk-in centres' is not reported. The *National Audit Office* evaluation of *NHS Direct* in England in 2002 noted that the scheme was insufficiently used by young and older people, black and minority ethnic groups, and those from less advantaged groups.⁵ Homeless people's utilisation was not mentioned.

Developments since August 2002

In August 2002, the DoH published *Addressing Inequalities: Reaching the Hard-to-Reach Groups* as a practical aid to the implementation of the primary care reforms. The document noted that, "improved access, improved prevention and early intervention in primary care are central to reducing inequalities in health" (p. 1).⁶ One of the recommendations is that PCTs "encourage GPs and nurses to focus on hard-to-reach groups by developing PMS or investing in LDS and, where appropriate, general medical services". A little later, the *Royal College of General Practitioners* produced a revised statement on homelessness and primary care. It recommends that:

- Primary care practitioners provide a welcoming and sensitive service to homeless people and enable them to access the full range of health and social services required to meet their needs
- Homeless people should be registered permanently [with the NHS and a specific practice] wherever possible and integrated into all health prevention and promotion activity in a practice
- In view of the impact of homelessness on health, homelessness issues should be recognised as part of the core PCT agenda
- PCTs should acquire a good understanding of the number of homeless people in their area and the problems they face, as well as the range of local agencies equipped to meet their needs
- PCTs should provide resources for ongoing and substantive [sic] support for homelessness services and develop diverse, well-resourced and locally appropriate services
- Resource allocation methods should reflect the real costs of providing primary care for homeless people
- The new GP contract negotiations should address structural barriers that may affect the permanent registration of homeless people, including the removal of perverse incentives such as deprivation and target payment anomalies
- A collaboration should be developed with the *National Treatment Agency* to explore ways of improving services for homeless people with drug dependency.⁷

Health care for homeless people in Scotland

Early in 2001 the *Department of Health* in Scotland appointed a 'Health and Homelessness Co-ordinator', and in September 2001 it published *Health and Homelessness Guidance* for NHS Scotland.⁸ This requires NHS Boards to:

- Develop a *Health and Homelessness Action Plan* as an integral part of the Local Health Plan, in partnership with local authorities, the voluntary sector and homeless people. The Action Plan was to be agreed with *The Scottish Executive* and effective from April 2002.
- Central to the development of the Action Plan will be clear links with the *Local Authority Homelessness Strategy* to be determined in 2003, and with its *Community Plan*. This will require engagement with each local authority in a NHS Board area (Section 1.3).

Dedicated health care services

The particular problems of delivering health care to homeless people have been recognised since at least the early 1980s. Following the *Acheson Report* recommendation in 1981 for additional funds to meet the health care needs of homeless people in Inner London, specialist primary health care projects for homeless people were developed in several towns and cities. These took various forms including: specialist 'walk-in' medical clinics for homeless people; designated GP practices (with supplementary funding); and peripatetic teams of nurses and allied workers. An independent inquiry into *Inequalities in Health* in 1998 documented the high levels of health care need among the homeless population, and recommended 'policies which improve housing provision and access to health care for both statutory and single homeless people'.⁹

Specialist walk-in medical clinics

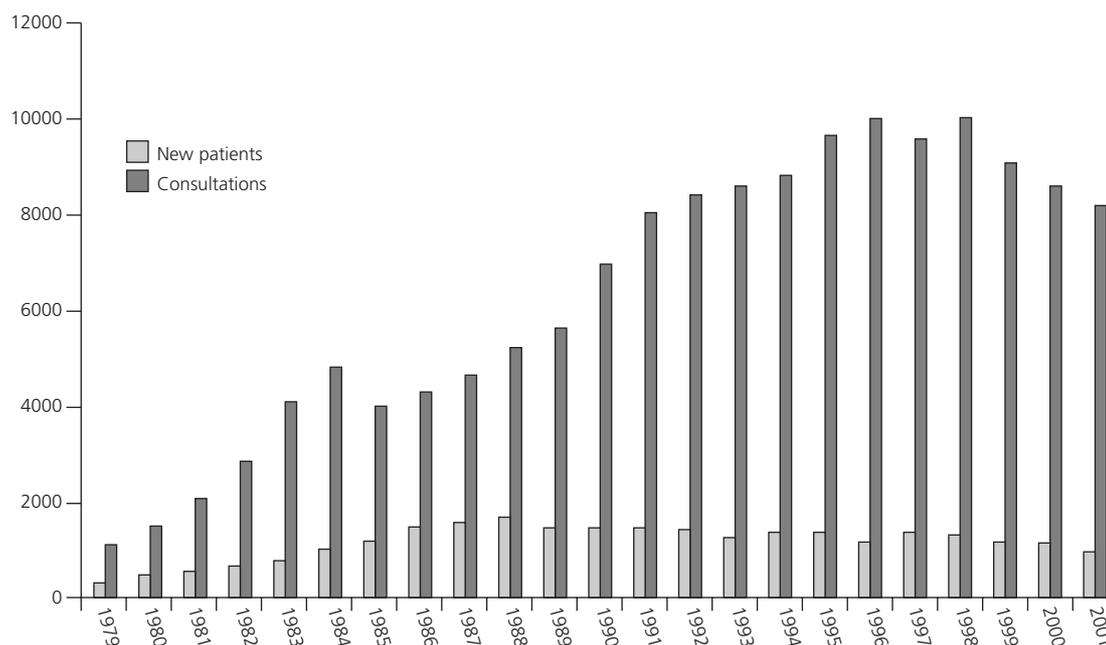
Medical clinics specifically for homeless people provide medical, nursing and allied professional services (Table 10.1). Some are multi-agency centres or 'one-stop shops' with housing, social security benefits and social services advisers. Examples include The Hub in Bristol, the Single Access Point in Edinburgh, and the Y Advice and Support Centre in Leicester. Appointments are unnecessary, and any person who presents will be seen. Their popularity among homeless people is apparent from London's Great Chapel Street Medical Centre (Figures 10.1 and 10.2). The level of utilisation grew strongly for a decade from the mid-1980s. In 2000/01, it handled 8,206 consultations and 985 new clients, one-third of whom had learnt about the service through 'the grapevine', i.e. from other homeless people. Utilisation had fallen since 1998 but in 2001 was similar to the level in the early 1990s.¹⁰ The Centre presently seeks PMS status. Another example, the Primary Care Centre for Homeless People in Leeds, became a PMS pilot site in April 1998.

Designated GP practices

In some GP practices, nominated staff are funded to work with homeless people. The Hanover Medical Centre in central Sheffield has practised in this way for many years. It offers treatment and support to homeless people and families as well as the local general population. Among the PMS pilots developed after 1998, 25 have a special interest in primary care for homeless people.¹¹ One such scheme, The Edith Cavell Practice in south London, started in October 1998 and now has over 4,000 registered patients. It serves refugees, homeless people and substance misusers.¹² Another, the Morley Street Surgery in Brighton and Hove, is a resource for homeless and insecurely housed people. By late 2000, it had 850 registered patients.¹³

Table 10.1 Examples of specialist medical clinics for homeless people in Great Britain

Clinic	Services provided at the clinic	Services provided outside the clinic
Great Chapel Street Medical Centre, central London	Medical and nursing; mental health; substance misuse; dentistry; chiropody; benefits advice; occupational/social care.	Outreach service on the streets and at day centres. Residential care-home sick bay.
Luther Street Medical Centre, Oxford	Medical and nursing; mental health; substance misuse; needle exchange; drug and alcohol detoxification (with other projects); dentistry; chiropody; acupuncture.	Outreach service on the streets, in hostels, day centres, and at night shelter. Nursing support to detoxification unit.
Joseph Cowen Healthcare Centre, Newcastle-upon-Tyne	Medical and nursing; mental health; sexual health promotion; needle exchange; bathing and de-infestation services; clothes' store; social services.	Health-based outreach service on the streets and at drop-in centres. Includes information on injection-based injuries and pregnancy advice and support.
Healthcare & Advice for Single Homeless (H&ASH), Bristol	Medical and nursing; mental health; support services. Clinic attached to hostel for homeless people.	Outreach service on the streets, in hostels, and at day centres.
Primary Care Centre for Homeless People, Leeds	Medical and nursing; mental health; substance misuse; dentistry; chiropody; condom distribution; volunteer befriending scheme; hepatitis B immunisation.	Outreach service on the streets, in hostels, at day centres. Volunteers escort people to court.

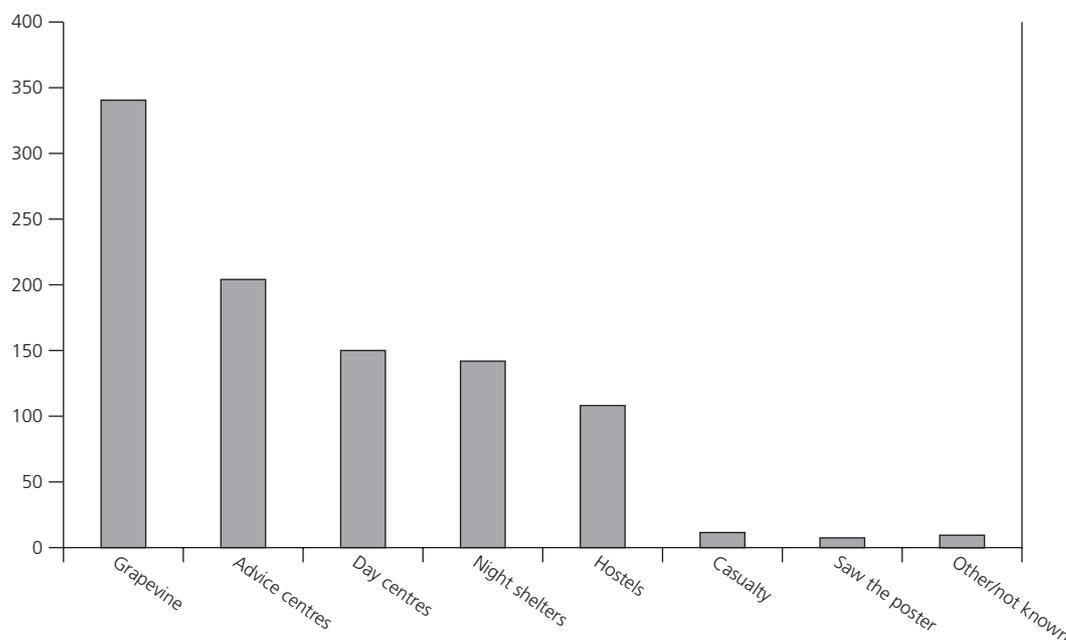
Figure 10.1 Use of Great Chapel Street Medical Centre, London, 2000/01

Source: Great Chapel Street Medical Centre, London: Annual Report 2000/01.

The Manchester Primary Care Team for homeless people was established in 1997 at a GP surgery, and provides primary health care, mental health and substance misuse services. The team also work on the streets, at day centres and in hostels. The

surgery became a PMS pilot site in April 2000. The Accident and Emergency (A&E) departments of local hospitals report a marked reduction in presentations by homeless people since the project opened.¹⁴

Figure 10.2 Source of new referrals to Great Chapel Street Medical Centre, London, 2000/01



Source: Great Chapel Street Medical Centre, London: Annual Report 2000/01.

Table 10.2 Examples of peripatetic primary health care teams for homeless people

Location	Name of team	Staff on the team	Where the team operates
Birmingham	Homeless Primary Care Team	General nurses; alcohol nurses; GP.	Hostels; day centres; rehabilitation and detoxification units; vulnerable people at home.
Blackpool	Health Team for the Homeless	Specialist health visitors; general nurse; mental health nurse; family support worker; health care assistants.	Streets; day centres; hostels; vulnerable people at home.
London (south)	Three Boroughs' Primary Health Care Team	Nurses; health visitors; GP facilitator.	Day centres; hostels.
Southampton	Homeless Health Care Team	GPs; nurses; mental health worker; health visitors; support workers.	Based in day centre for homeless people. Also works in hostels and at other day centres.

Peripatetic primary health care teams

Several towns and cities now have peripatetic teams of nurses and allied workers that provide health care to homeless people at hostels, shelters, bed and breakfast hotels, and drop-in and day centres (Table 10.2). Some focus on single homeless people, while others work with homeless families. In Glasgow, for example, a Physical Health Team was established in 2001 to provide health screening, chronic disease management and support to homeless people in hostels and at day centres.¹⁵ The main function of the team is to help homeless people register with a GP (or re-establish contact with a GP) in mainstream medical practices.

The team is led by a nurse practitioner and has nurses with district or practice-nurse qualifications and five nursing assistants.

Other health schemes for homeless people

Some hostels have made arrangements with a local health centre or general practice to provide medical care to the residents, while others have a visiting GP or a nurse practitioner based at the hostel. In London, *St Mungo's* employs a clinical nurse specialist to work in two hostels, while a nurse is available at the Oxford night shelter every evening.¹⁶ In Brighton, a mobile health unit staffed by trained nurses and *St John*

Ambulance volunteers was set up in September 2000 to provide first-aid and health-care assessments to isolated and entrenched rough sleepers. By April 2002 it had seen 450 clients.¹⁷ In south Manchester, a midwife works with homeless families and women in three hostels for homeless families and in a supported-housing project for single young women. In Doncaster, there is a specialist health visitor for homeless people; and in Glasgow, a 'Healthy Living Centre' is being developed by Craigbank YMCA for young homeless people.¹⁸

Homeless people's contact with primary health care services

Several studies over more than a decade have found that many homeless people, particularly rough sleepers, are either not registered with a GP or do not use the service. High levels of unmet health care needs have been reported among rough sleepers in Glasgow and London, particularly among those with mental health and substance misuse problems.^{19, 20} During 1997-98, among 61 older rough sleepers admitted to the Lancefield Street Centre in London, 59% were registered with a GP (54% with a London practitioner). Only 32% had seen a GP in the previous six months, and 59% had had no GP contact for over five years (some for more than 20 years).¹⁹ Similarly, a 1995-97 study of five night shelters found that 68% of the residents had a GP, but for only 37% was the practice within 10 miles. The likelihood of being registered reduced with the duration of homelessness.²¹ In contrast, at least 97% of the UK general population is registered with a GP.^{22, 23}

Some homeless people do not seek medical care and suffer from conditions 'which remain untreated until the disease has reached an advanced state'.²⁴ Many do not register with a GP because they are depressed, have low self-esteem, and attach low priority to their health. Some have mental health or literacy problems, chaotic

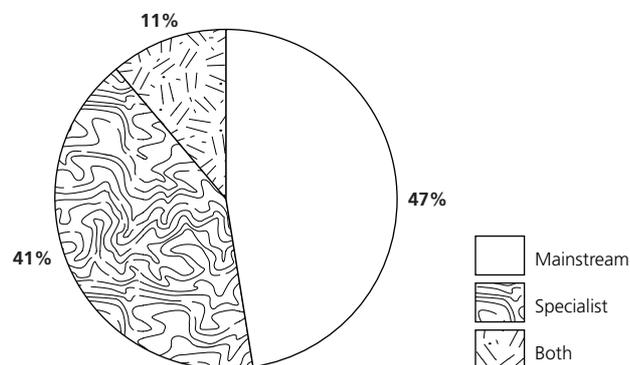
lifestyles or lack social skills, and cannot cope with registration forms, appointment systems, busy waiting rooms and long waits. Others do not recognise the severity or seriousness of their ill-health, or mistrust doctors. Some report being embarrassed about seeking help because they are dirty or unkempt, and fear being stigmatised by staff and other patients. Some use specialist medical services for homeless people, which are more accessible and where they find the staff more sympathetic and understanding. Among 70 users at London's Great Chapel Street Medical Centre in 2000, there were mixed evaluations of the respective merits of mainstream and specialised medical services (Figure 10.3).¹⁰

There is little up-to-date information about homeless people's contacts with primary health care services and the extent to which they benefit from the new initiatives, although access difficulties are still reported in some areas.^{25,26} In Brighton, despite the existence of the Morley Street Surgery PMS pilot, many local homeless people still do not present for medical care.¹⁷ A 2002 survey for *Crisis* of 100 homeless people living in hostels, bed and breakfast hotels, squats and with friends or relatives, found that homeless people were almost 40 times more likely than the general population not to be registered with a GP²². Among 537 homeless people admitted to the night shelter in Southend, Essex, during 2001/02, 31% were not registered with a GP.²⁷

Use of hospital Accident & Emergency

Some homeless people use hospital accident and emergency (A&E) departments for medical care, even though many are registered with GPs. A 1992 survey estimated that 57% of 3,525 presentations by homeless people to A&E at London's University College Hospital could have been managed by general practice services.²⁸ More than two-thirds (69%) of the visits were by people registered with a GP, and 4% were registered at

Figure 10.3 Preferred primary health care services, users of Great Chapel Street Medical Centre, central London, 2000



Source: Great Chapel Street Medical Centre 2001, *Annual Report 2000/01*.

Notes: Specialist refers to primary health care services for homeless people. Sample size: 70 patients.

a homeless medical centre (there were registration details for 2,040 visits). It was shown, however, that few hostel residents with access to a GP used the service inappropriately. In comparison, 20-25% of visits to A&E by the general population are deemed unnecessary.²⁹ The cost of an 'inappropriate' A&E visit was estimated as £44, compared with £15.49 for a GP consultation. Comparable figures for 1999 were £70 for an A&E visit, and £18 per hour for a GP consultation.³⁰

Another study of people presenting to A&E at the Royal London Hospital over 12 weeks in 1994, found that approximately three per cent were single homeless people. There were 337 attendances by 248 homeless people.³¹ Of these, registration information was available for 239 people, of whom 68% were registered with a GP. 42 homeless people had used A&E at least four times during the previous six months. The frequent users tended to be men in their fifties with physical health and alcohol problems, and men and women in their thirties with mental health and alcohol problems.

Outstanding issues

GP registration

There is a consensus among health workers and homeless service providers that homeless people should be integrated into mainstream health care services. According to a 1996 Expert Working Group of the *Health Education Authority*, specialist health care services for homeless people: (i) reinforce rather than challenge stereotypes; (ii) absolve mainstream providers from their duty to provide a service, which can lead to greater discrimination; (iii) restrict access to some services, e.g. homeless patients do not have out-of-hours cover, and GP registration is essential for referral to hospital or other secondary health care; and (iv) are a disincentive for homeless people to register with a GP.³² Specialist provision is sometimes necessary for isolated and disengaged homeless people, particularly as a first step to normal service use, but the long-term aim should be integration into mainstream health services.

A 1998 survey of homelessness projects across England found that rough sleepers' access to GP services was poor in several places.²⁵ Of 1,019 projects, 46% reported that permanent registration with a GP was available for their clients, 40% that temporary registration was available, and 14% that GP registration was usually unavailable. Registration problems were least likely in North Yorkshire, Shropshire, Hampshire and Dorset, and most likely in Berkshire, East Sussex, Kent, Lincolnshire, Lancashire, Bath, northeast Somerset, York, Hull, Derby, Milton Keynes, Southampton and Portsmouth. In London, access to GPs was generally good, although in Waltham Forest there were severe problems. The findings should be interpreted carefully because few

projects outside London participated in the survey, and the overall response rate was just 57%.

Some GPs are reluctant to register homeless people, for fear that they will be disruptive or aggressive and will upset other patients. Some are concerned about their ability to provide intensive health care to a high needs group alongside a 'normal' caseload. Homeless people tend to have multiple health problems that are complicated through chronicity and poor management, and are difficult to treat. Many fail to keep appointments and to comply with treatment, and do not co-operate with health promotion and screening targets. Some do not stay in the area. These characteristics are a financial disincentive for GPs to register permanently homeless people. The alternative of 'temporary registration' is inappropriate, for it is designed for visitors to an area including those working temporarily away from home – medical records are not transferred from the previous GP, and it is hard to provide continuity of care.

Another concern among some GPs is that they lack the skills to manage the addiction problems of some homeless people.^{25, 33} As noted by the *Audit Commission* (2002a, p.51), "most GPs still receive very little training in drug misuse ... and few feel confident about meeting drug misusers' needs". In October 2001, the *Royal College of General Practitioners* launched the Certificate in the Management of Drug Misuse. Almost 400 GPs and prison doctors successfully completed the course in its first year. The programme that began in November 2002 was expected to have an intake of 150 GPs, 50 nurses, 50 pharmacists, 50 psychiatrists and 30 prison doctors.³⁴

The effectiveness of PMS sites

The evaluation of the first wave of 82 PMS pilots found that access by disadvantaged groups had improved, and that there had been a shift from a medical towards a social and public health model of health care. New alliances were being forged across health and social care agencies.³⁵ One advantage was that nurse practitioners worked flexibly and holistically with marginalised individuals. Difficulties with the recruitment and retention of GPs were noted, but this has been a long-standing problem of specialist health care services for homeless people.³⁶

The National Tracker Survey of 68 PCGs and PCTs in 2001/02 found that 56 (82%) had PMS pilots but only four of these targeted homeless people. One in eight (13%) reported a major problem of service access for homeless people, and 57% a minor problem.³⁷ Of those that reported a problem, one half had no plans to rectify the situation. The findings have to be interpreted cautiously because the survey did not ask specifically whether homeless people were targeted.

According to the *Association of Independent Specialist Medical Accountants*, the PMS pilots have not met the clinical agenda for which they were intended – to provide services to socially excluded groups.³⁸ The evaluation of the ‘first wave’ pilots doubted that they reached vulnerable populations, partly because those developed from 1999 to 2001 were scattered and there were few in deprived areas.³⁵ Late in 2002, the difficult and delayed negotiations over the new contract for GPs raises further doubts about the future of PMS schemes. The contract will allow GPs and other members of the practice team to work more flexibly, and will create additional earning opportunities.³⁹ With these incentives, GPs may no longer be enticed by the flexible working arrangements of a PMS.

Health promotion

Little health promotion work is undertaken with homeless people, even though many have poor diets, misuse substances, and neglect their general and dental health. In 1996, the *Health Education Authority* proposed flexible health promotion programmes to fill this gap, and that they should be delivered by mainstream services because many homelessness agencies lack the required time, resources and skills.³² A 2001 study by *Crisis* in over 70 residential projects for single homeless people in London found that most admitted that their health promotion activity was ‘marginal’, ad hoc and a function of staff interests.⁴⁰

MENTAL HEALTH SERVICES

Policy developments since the late 1990s

The modernisation of mental health services is a government priority, as reflected in new legislation, investment and service reform. The 1999 *National Service Framework for Mental Health* set out national standards to meet the mental health needs of adults up to the age of 65 years, while the 2000 White Paper, *Reforming the Mental Health Act*, outlined a framework for legislative change. A draft *Mental Health Bill*,

published in June 2002, sought opinions (through a ‘roadshow’ and Powerpoint presentation) about the treatment of those with mental health and substance misuse problems, and of prisoners with mental health problems.⁴¹ The consultation period ended in September 2002, although a Bill was not announced in the Queen’s Speech of November 2002.

Mental health services for homeless people

Mental health services for homeless people have developed rapidly since 1990 when the *Mental Health Foundation* and the DoH launched the *Homeless Mentally Ill Initiative* to fund services for homeless mentally ill people in London. From 1996 the scheme was extended to other cities and towns. Local authority social services departments receive funding for support services for the mentally ill from the DoH through the ‘Mental Health Grant’. Since 2000, the DoH has required those with a rough sleeping problem to target funds on specialist services for rough sleepers.⁴² In many towns and cities, including Birmingham, Brighton, London, Glasgow, Manchester, Oxford, and Sheffield, specialist community mental health teams for homeless people now provide services on the streets, at day centres and in hostels (Table 10.3). Brighton’s Homeless Mental Health Team, for example, is a joint venture by *Brighton and Hove Council*, *South Downs Health NHS Trust* and *Brighton Housing Trust*.⁴³

The *Rough Sleepers Unit (RSU)* has funded specialist hostels and permanent accommodation for rough sleepers with mental health problems, and around 40 specialist mental health posts in Contact and Assessment Teams, Tenancy Sustainment Teams, hostels and day centres across London (Chapter 11). It has also funded a Homelessness Training Unit to deliver a national training programme to front-line staff working with mentally ill homeless people. The Unit is managed by the *South Thames Assessment, Resource and Training Team (START)* at the *South London and*

Table 10.3 Examples of specialist mental health teams for homeless people

Location	Name	Staff complement	Practice locations
Birmingham	Community Mental Health Team for the Homeless	Psychiatrist; psychologist; CPN; drugs worker; resettlement worker.	Streets; hostels and B&Bs; with clients in tenancies.
Brighton	Homeless Mental Health Team	Psychiatrist; CPN; substance misuse, social and community support workers; occupational therapist.	Streets; hostels and B&Bs; day centres.
Camden and Islington, London	Focus	Psychiatrist; CPN; social worker;	Streets; hostels and B&Bs; day centres; Homeless Persons Unit.
Nottingham	Mental Health Support Team for Homeless People	GP; drug and alcohol workers; CPN; mental health workers.	Streets; hostels; day centres.

Note: CPN Community Psychiatric Nurse.

Maudsley NHS Trust. During 12 months to August 2001, it provided 22 courses to 272 attenders from 49 agencies, and 34 in-house training sessions to 22 agencies.⁴⁴

Since 2000, *Westminster City's Social Services Department* has received £1 million each year from the DoH and the RSU to provide services for the high numbers of rough sleepers with substance misuse and mental health problems in central London.⁴⁴ This has equipped the local Joint Homelessness Team with qualified social workers to undertake intensive street work and to arrange mental health assessments for entrenched rough sleepers. They help many rough sleepers who previously had proved impossible to engage. Between October 2000 and September 2001, 33 were referred to hospitals, some under the *Mental Health Act*. Four-in-five (79%) had been sleeping rough for more than one year, and a majority for more than three years.²⁶ The team is similar to those that operate in Madrid and several US cities.⁴⁵

In partnership with other voluntary organisations, since 1997 *Crisis* has run a 'Reachout' programme, which enables specialist staff to work on the streets with rough sleepers and to refer them to homelessness organisations and mental health services. The project operates in Basingstoke, Cornwall, Great Yarmouth, Hatfield, Liverpool, London and Worthing, and from July 2001 to June 2002 it contacted 1,531 people.⁴⁶

Outstanding issues

Access to mental health services

Many homeless sector agencies in both towns and rural areas report that homeless people need better access to mental health services, and that dedicated

services should be more widely available.²⁵ Among 155 homeless sector organisations surveyed by *Homeless Link* in early 2002, 72% relied on external agencies to provide mental health assessments for their clients. The average wait for an assessment was 5½ weeks.⁴⁷ Similarly, among 119 front-line managers of homeless services in London surveyed in 2000, 79% reported difficulties in getting a mental health assessment for their clients (Table 10.4).⁴⁸

Helping homeless people with dual diagnosis or severe personality disorder

Homeless sector staff report that they have many problems in working with homeless people with either dual mental health and substance abuse problems or personality disorders. They say that they are untrained to manage the difficult and sometimes aggressive behaviour of these clients, and believe that the client group needs specialist help which is not generally available.^{18, 45} Problems often occur in general-needs hostels.

Among the patients at London's Great Chapel Street Medical Centre during two years ending March 2001, 62 were diagnosed with a personality disorder.¹⁰ Their average age was 37 years, and all but three were men. Figure 10.4 shows the high prevalence of serious mental health and behaviour problems among the group. They had attended the medical centre for on average eight years, during which time they had had 2,832 consultations (46 per person), indicating the high service load.

Homeless (and housed) people with dual diagnosis face special difficulties in accessing mental health and substance abuse services, as commonly they fall

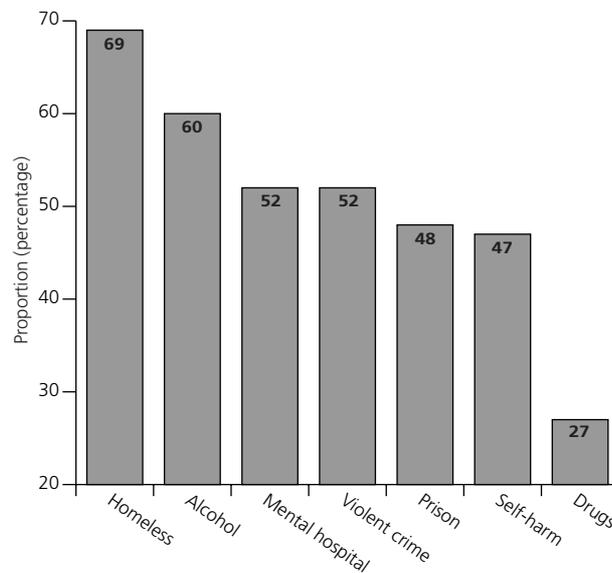
Table 10.4 Difficulties with access to health and substance misuse services, London 2000

Specialised service requirement	Usually	Sometimes	Rarely	Never	Don't know	UMI
A client wanting help with alcohol problems has a long wait for admission to detox	55.3	36.2	2.1	0	6.4	0.80
A client wanting help with drug addiction has a long wait to get specialist help	48.9	40.4	4.3	0	6.4	0.77
It's difficult to get a mental health assessment for a client	45.7	33.0	13.8	3.2	4.3	0.69
Apart from sending a client to hospital, it is difficult to get medical care for those with physical illnesses	29.8	40.4	21.3	3.2	5.3	0.61
It is difficult to get a client assigned to a GP	17.4	38.3	35.1	4.3	5.3	0.50

Source: Crane and Warnes, 2001a, extract from Table 7.2.

Notes: UMI Unmet Needs Index, which has a possible range from +1 (everyone usually has difficulty getting the service) to -1 (no one ever has a difficulty getting the service). Calculated from the given percentages as $(3 \times \text{'usually'} + 2 \times \text{'sometimes'} + \text{'rarely'} - 3 \times \text{'never'}) \div 300$. Sample size: 119 front-line managers of homeless sector services in London.

Figure 10.4 Backgrounds of 62 patients with a personality disorder, Great Chapel Street Medical Centre, London



Source: Great Chapel Street Medical Centre 2001, Annual Report 2000/01. Sample size: 62 people.

between the specialist services. The *Audit Commission* reported in 2002 that in England and Wales some mental health services would not offer a diagnosis until a client was drug-free.⁴⁹ Many patients with a substance misuse problem were diagnosed as having a personality disorder which could not be treated. Conversely, some mental health service teams reported difficulties in securing support from substance misuse services for their clients, as drug treatment services were reluctant to treat people who were 'poorly motivated' and had 'a chaotic lifestyle'.

A *Dual Diagnosis Good Practice Guide*, published in May 2002, encapsulates the deficiency of current services and the form of good practice in mental health services for people with coincident severe mental health and substance misuse problems:

"Substance misuse is usual rather than exceptional amongst people with severe mental health problems and the relationship between the two is complex. Individuals with these dual problems deserve high quality, patient-focused and integrated care. This should be delivered [by] *mental health services* ... Patients should not be shunted between different sets of services or put at risk of dropping out of care completely."⁵⁰

Attempts to tackle the problem of obtaining treatment for 'dual diagnosis' patients are being made in a few places. As part of its homelessness strategy, *Brighton and Hove Council* is to appoint a specialist dual diagnosis community psychiatric nurse (CPN) to the Homeless Mental Health Team. The CPN will work with agencies to address: (i) the provision of specialist

services for clients with a dual-diagnosis; (ii) the co-ordination of fragmented services; (iii) the development of joint assessment tools; (iv) awareness and training issues; and (v) the implementation of supported housing solutions.¹⁷

SUBSTANCE MISUSE SERVICES

Substances misuse policy and service initiatives

Policies relating to drug misuse

Since the late 1990s, the policy and service development agenda to address the increasing drug misuse problem has developed rapidly. In April 1998, the government launched a ten year anti-drugs strategy, *Tackling Drugs to Build a Better Britain*, which aims to provide treatment and support for people with drug problems, and to reduce the availability of illegal drugs.⁵¹ It was updated in December 2002.⁵² Scotland, Wales and Northern Ireland have similar drug strategies.⁵³ The *Drugs Strategy Directorate*, created in June 2001, has responsibility for policy on drugs, and replaces the UK *Anti-Drugs Coordination Unit*. The *Drugs Prevention Advisory Service*, created in 2000, has the responsibility to promote effective community-based drugs prevention. The government's *National Treatment Agency for Substance Misuse* was established in April 2001 as a 'Special NHS Health Authority' to increase the availability, capacity and effectiveness of drug treatment in England.⁵⁴

The 1998 Green Paper, *Our Healthier Nation*, announced a national strategic approach to the treatment of alcohol abuse. A *Strategy Unit* in the Home

Office was formed in July 2002 which with the DoH will implement a national alcohol strategy for England by summer 2003. A consultation paper on the *National Alcohol Harm Reduction Strategy* was circulated in October 2002.⁵⁵

Several drugs and alcohol policy and information voluntary agencies work on effective responses to substance misuse. These include: *DrugScope* and *Release*, two leading drugs charities in the UK; the *Scottish Drugs Forum*; *Alcohol Concern*, the national agency on alcohol misuse; and the *Clwyd and Gwynedd Council on Alcoholism* (CAIS), the leading drug and alcohol agency in Wales.⁵⁶ The RSU has funded *DrugScope* to develop a Homelessness and Drugs Unit and to provide a help-line for agencies working with addicted rough sleepers.

Substance misuse services for homeless people

Drug Action Teams (DATs) throughout Britain tackle drug misuse and involve education, youth, probation, health and social services, the police and treatment centres.⁵⁷ DATs plan and commission services, including those for homeless people, and some work with people who have alcohol problems. Drug and alcohol treatment services include community-based open access services that have an important role in engaging misusers, such as advice centres and needle-exchange services, as well as controlled drug prescribing, residential and inpatient services such as detoxification, and after-care.

Homeless people receive help from both mainstream and *Drug and Alcohol Specific Grant* funded substance misuse services. The RSU and the former *Anti-Drugs Co-ordination Unit* also funded drug and alcohol services in London for rough sleepers, including more than 50 specialist substance misuse workers, substance misuse units in three hostels, extra treatment places, and part-funding of a 'rapid access to treatment' clinic in central London that opened in October 2000. Areas outside London also received funding from the DoH and RSU for substance misuse treatment services for rough sleepers.⁴⁴

Specialist substance misuse service-providers include *Equinox*, which operates in London and south England, *Turning Point*, which has projects across England and Wales, and *Phoenix House*, with services in London, Glasgow, Tyneside, Sheffield, the Wirral, Bexhill-on-Sea (East Sussex) and Hampshire. Local service-providers also operate in some areas, e.g. *Freshfield Service* provides counselling, needle-exchange services and support to families and friends of drug users in Cornwall and on the Isles of Scilly. In the year ending March 2002, the organisation helped 968 street drug users, 266 needle-exchange users, 27 prescribed-drug users, and 190 relatives or friends.⁵⁸

National statistics are not collated on the number of homeless people that are helped each year by drug and alcohol services. The Brook Drive Crisis and Assessment Centre in south London that is run by *Equinox* has 14 beds for detoxification and 13 for assessment. During the year ending March 2001, 170 rough sleepers used its alcohol and drug detoxification services.⁴⁴ Among 155 homeless people in London who were dependent on heroin, 71% had used at least one drug service in the month before interview, mostly a needle-exchange service. Just 3% had been in a residential detoxification unit.⁵⁹ In contrast, just 36% of the interviewees with alcohol problems had used an alcohol service.

Outstanding issues

Access to substance misuse services

According to homeless sector staff, accessing drug and alcohol services for their clients is often difficult: services are few and there is often a long wait (Table 10.4).^{25, 48} Rapid access to treatment is believed to be crucial. A wait of several weeks or months means that people continue to use drugs or alcohol, often mixing with peers, and may lose the motivation to accept help. Some staff believe that it has been beneficial having specialist substance misuse workers working on the streets and in hostels, as by comparison with non-specialists, they are more able to negotiate access to services and to treatment programmes.²⁶ Among 155 homeless sector organisations surveyed by *Homeless Link* in early 2002, more than three-quarters of the drug and alcohol rehabilitation and detoxification services available for their clients were provided by external agencies. The typical wait for these services was 2-3 months.⁴⁷

The problem of accessing alcohol and particularly drug services is not confined to the homeless sector. According to the DATs, for more than two-thirds of their clients the waiting times for inpatient detoxification or specialist prescribing services exceeded four months, and in one-third of the cases the wait was more than 12 months (Table 10.5). In October 2002 the drug and alcohol centres in the South Wales valleys stopped accepting patients because of insufficient funds to cope with local heroin users. The waiting time for treatment was 18 months, and cases had to be prioritised (pregnant women coming first).⁶⁰

In February 2002, the *Audit Commission* noted that the availability of drug treatment services and waiting times were variable across England and Wales, and that, "limited treatment options, lengthy delays and under-developed care management allow too many people to 'fall through the net'. Some of the problems stem from constrained resources, but poor service planning, different views about 'what works' and poor collaboration between treatment services, GPs, mental

Table 10.5 Waiting time for treatment by clients of Drug Action Teams, England, 2001

Waiting time (weeks)	Inpatient detoxification	Specialist prescribing	GP prescribing	Residential rehabilitation
4 or fewer	31%	28%	65%	41%
5-12	39%	39%	25%	42%
13 or more	30%	33%	10%	16%
Average	12.0	14.1	5.7	9.1
Number of teams	128	90	115	123

Source: http://www.nta.nhs.uk/factsandfigures/dat_analysis.htm

health services and prisons do not help".⁶¹ Similar problems were noted in Scotland, with drug services being concentrated in the urban centres, and more constrained choice and accessibility in rural areas.⁶²

In late November 2002, *DrugScope* reported that since 1997 drug treatment services in England had increased by 37%. Those targeting young people had grown by 69%, and those targeting black and minority ethnic groups by 64%. The survey revealed, however, large regional differences in service provision, and that treatment for the growing number who use stimulants (such as crack and cocaine) is provided by just one-fifth of drug misuse services.⁶³

The expertise of staff

Concern has been raised by specialist substance misuse agencies about the expertise of some drug and alcohol workers in the homelessness sector, and of the ability of homeless organisations to provide effective substance misuse services.²⁶ Some of the sector's substance misuse workers are seen by specialists as 'generic hostel staff [with] a few months' experience, but little or no specialist training or qualifications'.⁶⁴ Such deficiencies were also identified in a recent report by *Homeless Link*: "very little is known of the required and actual skills levels of staff in homelessness agencies, or of the availability of appropriate training programmes ... this highlights the need for a comprehensive review of skills, professional development and training in the homelessness sector."⁶⁵

The problem is not however confined to the homelessness sector. A survey in 2001 of drug and alcohol services by *Healthworks UK* found that while many staff had qualifications, often they were irrelevant to their specialised substance misuse work. Several agencies did not employ accredited counsellors and their service was closer to 'advice and support'.⁶⁶ In the future, the commissioning and funding of drug services for homeless people will be co-ordinated through the DATs. The *Homelessness Directorate*, the *Drugs Strategy Directorate*, and the *National Treatment Agency* will issue guidance to DATs on commissioning appropriate services for homeless people.

The appropriateness of services

Some substance misuse services for rough sleepers have been criticised by both specialist drug services and homelessness agencies as inappropriate. There have been high drop-out rates from detoxification and residential rehabilitation programmes, which suggests that some clients have not been ready for treatment. Specialists argue that 'pushing people into treatment who are not ready to see it through can be counter-productive and even dangerous'. Among 42 clients referred by CATs to the London Borough of Camden's Substance Misuse Team, just four progressed to long-term treatment.²⁶ Many homelessness and drug agencies argue that for rough sleepers who are unmotivated to stop using drugs and alcohol, more long-term accommodation which promotes harm minimisation is needed. A *Home Affairs Committee Inquiry on Drugs* recommended in May 2002 that harm reduction and public health targets should be added to the national drugs strategy (Section 245).⁶⁷

Legal implications of helping drug misusers

Helping very needy and drug-dependent homeless people raises difficult moral and legal issues around the tolerance of their habit. In 1999 the director and manager of the *Wintercomfort* drop-in centre in Cambridge were jailed for allowing heroin to be traded on the premises. Ever since, drug use in homeless projects has been highly controversial.¹⁶ The dilemma at *Wintercomfort* was that the drop-in centre's confidentiality policy prevented the staff from giving information to the police, and the staff were thus seen to be colluding with drug dealing.

In September 2002, the *Home Office* issued guidance concerning the *Misuse of Drugs Act 1971*, which makes it an offence for the occupier or persons concerned in the management of premises knowingly to permit or suffer specified controlled-drug misuse at the site.⁶⁸ Clause 6 of the guidance states that occupiers and managers of premises should be vigilant, "to ensure that drugs are not misused on their premises. If [they] suspect drug misuse, they should contact their local police at an early stage to prevent it. If the drug misuse continues, the failure to inform and

co-operate with the police exposes individuals to prosecution". Clause 8 refers specifically to rough sleepers:

It is known that a high percentage of rough sleepers are chaotic drug misusers. Care workers provide shelter to stabilise the lifestyle so the causes of rough sleeping (such as drug misuse) can be tackled. In cases where drug misuse is an underlying cause there will be an interim stage when the person is in shelter and continuing to use drugs illegally. In these circumstances harm reduction considerations should be a significant factor when deciding whether to bring a charge under Section 8(d).

Release, an organisation that works with drug users, expressed concern that the guidance does not offer sufficient protection to housing providers that knowingly allow users to take drugs on their premises, and that as a consequence they may be wary of supporting drug users and exclude them.⁶⁹ *Shelter* believes that any guidance should be sufficiently flexible to allow those who address drug users' housing needs to do so without fear of prosecution.⁶⁹ In November 2002, *Newcastle City Council* developed a new drugs policy and issued operational guidelines for the police, accommodation providers and hostel staff.⁷⁰

OVERVIEW

Since the late 1990s, primary health care, mental health care and drugs addiction services have undergone rapid reorganisation, reform and expansion. Many of the changes seek solutions to the growing problem of drug misuse. Service and practice innovations have been introduced by statutory and non-statutory providers, and several reach out to marginal groups, including homeless people, who previously had been inadequately helped.

Little is known about the extent to which the new arrangements will improve access for homeless people. Early reports from individual projects suggest that a large number of homeless people have benefited from the reforms, but describe continuing difficulties in linking clients to mental health, alcohol and drugs services. It is clear, however, that this is a general problem, not one particular to homeless people. It is to be regretted that since the mid-1990s there have been few substantial studies of homeless people's utilisation of health care and substance misuse services (not even hospital A&E). No national or city-region studies are known. As yet there is insufficient evidence by which to evaluate the impact of the radical changes in community-based health care and substance abuse services on the quantity and quality of the health care advice and care received by homeless people.

Notes

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3. <http://www.nhs.uk/localnhservices/wicentres/default.asp>
4. <http://www.nhs.uk/localnhservices/wicentres/return.asp?id=4> and <http://www.banes-pct.nhs.uk/WIC/wic.htm>
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7. Royal College of General Practitioners, 2002.
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9. Acheson, 1998, recommendation 11.
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12. <http://www.kingsfund.org.uk/ePrimaryCare/html/pms.htm>
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15. <http://show.scot.nhs.ukggpct/annual/primary.htm>
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18. <http://ymcaglasgow.org/hlc.html> and <http://society.guardian.co.uk/homelessness/story/0,8150,443808,00.html>
19. Crane and Warnes, 2000c.
20. www.gcsh.org.uk/health_support.html
21. Pleave, 1998.
22. Crisis, 2002.
23. Anderson, 1992.
24. Fisher and Collins, 1993, p. 41.
25. Pleave *et al.*, 2000.
26. Randall and Brown, 2002a.
27. Information provided by the organisation. See <http://www.services4homeless.org.uk/index.htm>
28. North *et al.*, 1996.
29. Lowy *et al.*, 1994
30. Cited in Finn *et al.*, 2000.
31. Hinton, 1995. If a patient attended more than once over a 2-3 week period the visit was recorded on the same casualty card under the same incident number.
32. Power *et al.*, 1999, p. 19.
33. Deehan *et al.*, 1998.
34. www.rcgp.org.uk/rcgp/press/2002/9316.asp
35. Carter *et al.*, 2002.
36. Williams, 1995.
37. Wilkin *et al.*, 2002.
38. <http://society.guardian.co.uk/primarycare/story/0,8150,728569,00.html>

39. www.nhsconfed.org/gmscontract
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42. DETR, 1999.
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48. Crane and Warnes, 2001a.
49. Audit Commission, 2002a.
50. Department of Health, 2002c, p. 4.
51. Great Britain Cabinet Office, 1998. See <http://www.drugs.gov.uk/NationalStrategy>
52. Home Office *et al.*, 2002. *Updated Drug Strategy* can be downloaded at <http://www.drugs.gov.uk/NationalStrategy>
53. Scottish Executive 1999: *Tackling Drugs in Scotland: Action in Partnership*; National Assembly for Wales 2000b: *Tackling Substance Misuse in Wales: A Partnership Approach* (2000); and Northern Ireland Drugs Campaign 1999: *Northern Ireland Drugs Strategy*.
54. <http://www.nta.nhs.uk/home/main.htm>
55. Department of Health and Strategy Unit, 2002.
56. <http://www.drugscope.org.uk> <http://www.release.org.uk>
<http://www.sdf.org.uk> <http://www.alcoholconcern.org.uk>
<http://www.cais.co.uk>
57. In Wales they are known as Drug and Alcohol Action Teams (DAATS) and in Northern Ireland as Drug and Alcohol Coordination Teams (DCTs). Scotland has DATs and DAATs, while some DATs in England also address alcohol issues: see Aujean *et al.*, 2001. There are 149 drug DATs in England; from April 2001, their boundaries became coterminous with those of local authorities: see Audit Commission, 2002a.
58. Freshfield Service, 2002.
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11. Government responses to single homelessness

It is generally agreed in Britain, as elsewhere, that homelessness has taken new forms and demanded new and more interventionist responses since the 1960s. This chapter reviews the elaboration during this period of British government policies and service development programmes for single homeless people. The frequency of initiatives was slow until the 1990s but has since accelerated. By historical and by international standards, the concerted political effort and the public funding that British governments have given to this specialist area of welfare provision in the last decade have been remarkable. The chapter summarises developments to the present day, while the latest proposals and how they might turn out are considered in Chapter 14. The new manifestations of homelessness, its growing prevalence, and the deployment of substantial public and charitable funds have changed the landscape of society's response. All of the involved organisations have had to adapt to the changing social and political world around them, and many new specialist providers have emerged. The next chapter will review the development, roles, aims and activities of the main non-statutory bodies in the field.

Policies and programmes: 1948-1991

The seeds of today's elaborate central government policies and programmes for single homeless people were created in the 1940s welfare reforms, and specifically the *National Assistance Act 1948*. This allocated the responsibility to provide "temporary accommodation for persons who are in urgent need thereof" to the welfare (not the housing) departments of local authorities, and empowered them to fund and manage temporary hostels. In practice, 'urgent need' actually meant 'roofless' as a result of acute emergencies, and 'the plight of the homeless was forgotten and subsumed in the desperate shortage of housing after the war'.¹

The Act also created the *National Assistance Board* (NAB), which took over responsibility for the 'casual wards' of the abolished Poor Law institutions, and gave it the duty 'to make provision whereby persons without a settled way of living may be influenced to lead more settled lives'.² Initially 17 NAB 'Reception Centres' were created, some from large Poor Law institutions and others from defunct RAF and miners' camps, and most were on the fringes of large cities. The execution of the duty to help resettle was minimalist. By the 1960s, just 1,200 people used the Reception Centres nightly. In 1976, they became the responsibility of the *Department of Health and Social Security* (DHSS) and

were renamed 'Resettlement Units'. By 1985, the DHSS was responsible for 23 units, of which eight were in London. In that year, it announced a plan to replace the units with smaller hostels managed by non-profit housing associations.³

From the 1960s, the number of both statutory and single homeless people grew rapidly. "Observers began to identify the characteristics of a national problem that was emerging from what had hitherto been perceived by many – not least in government circles – as local, transient, marginal and mainly affecting 'problem families'".⁴ Public and professional concern cohered after Jeremy Sandford's 1966 television documentary *Cathy Come Home*, which depicted the squalid conditions of local authority hostels. The number of residents in such hostels had risen substantially, demand outstripped supply, and local authorities were making increasing use of poor quality bed-and-breakfast accommodation. There was also concern about the rising prevalence of mental health and alcohol problems among single homeless people. All these concerns prompted a national survey of single homeless people in 1965, and the establishment of several working parties in the early 1970s.⁵

The debate continued until the *Housing (Homeless Persons) Act 1977* which, as Chapter 8 explained, specified the local authority duty that in its essence remains to the present day. The Act thereby made sharper the distinction between those who are assessed as homeless by a local authority under the homelessness legislation (and so by statute must be offered help), who have come to be known inelegantly as 'the statutory homeless', from other, mainly single, homeless people. Although through the 1970s, there were several commissioned reports and some voluntary sector homeless organisations were formed, it was another decade before central government developed a concerted response to the increase of rough sleeping.

The Rough Sleepers Initiative

In 1990 the Conservative government launched the *Rough Sleepers Initiative* (RSI), "[to make] it unnecessary to have to sleep rough in central London".⁶ This heralded progressive policy and practice development in the field of single homelessness that has continued to this day. Over three 3-year phases, more than £255 million was allocated through the RSI for temporary and permanent accommodation for single homeless people, for outreach and resettlement workers, and for a

winter shelter programme which provides free accommodation and support from December to March each year. In its third phase, from 1996, the RSI was extended to 28 other towns and cities, including Bristol, Brighton, Southampton and Nottingham. By 1997, 36 areas of England had RSI-funded projects.⁷

The RSI initiated radical changes in the roles of central government, local government, other statutory agencies and voluntary organisations in homeless service provision. It placed the control of funds for specific local projects with central government. The procedure was that the responsible government department or agency invited non-statutory organisations to submit competitive project bids that had been approved by a local authority.⁸ As the RSI's programme evolved through three rounds of funding to 1999, it became evident that the dominant institutional effect was to support the growth of the most competent non-statutory organisations into the principal providers of services for homeless people. Each phase of the RSI has been evaluated, and the reports form a useful summary of the programme's work.⁹

The RSI funding programmes were complemented by the *Homeless Mentally Ill Initiative*, and the DoH's *Drug and Alcohol Specific Grant* (described in the last chapter). The DETR also allocated £8 million a year to voluntary sector organisations through *Housing Act 1996 Section 180* grants for the prevention of homelessness among single people. Through a resettlement programme, the *Department of Social Security* funded approximately 4,300 beds in hostels and move-on accommodation, costing about £18 million a year.

The Rough Sleepers Unit

Despite the substantial RSI investment and the complementary programmes, the problem of homelessness had not been curtailed when the Labour government were elected in May 1997. With its name proclaiming a major social policy concern of 'New Labour', the *Social Exclusion Unit* (SEU) was set up in December 1997, and the following summer the Prime Minister announced its strategy for tackling rough sleeping and a specific target – to reduce the number of people sleeping rough by two-thirds.¹⁰ The strategy was to co-ordinate the work of central government departments, local authorities and voluntary organisations (the 'joined-up' approach), and to give more attention to prevention and resettlement.

The RSI was reconfigured in April 1999 as the *Homelessness Action Programme* and the *Rough Sleepers Unit* (RSU) was created within the DETR with a policy and programme direction role for all England (homeless policies are a devolved responsibility in Scotland, as is their implementation in Wales). The RSU

was set the task of implementing the recommendations of the SEU. The first steps were: (i) the appointment of Louise Casey as Head of the RSU (she had been Deputy Director of *Shelter*), (ii) the consolidation into a single budget of the various programme funds provided by different central government initiatives, and (iii) the allocation of £39 million in grants to 26 housing associations for new and improved hostel facilities and support services in London.

Outside London, the first steps were: (i) the allocation of £27 million to voluntary organisations for 156 new and 98 continuing projects to tackle and prevent homelessness; (ii) an administrative order to the local authorities which have a significant rough sleeping problem to appoint a co-ordinator of local action; and (iii) the issue to local authorities of guidance on effective strategies for preventing rough sleeping.¹¹

Coming in From the Cold

In December 1999, the RSU strategy document *Coming in From the Cold* was published with a foreword by the Prime Minister.¹² Its most striking feature was not so much the revision of policy as a detailed set of practice development recommendations, informed by six key principles (see Chapter 7).¹³ The document can be read as both a distillation of all that the DETR homelessness unit had learnt during the nine years of the RSI, and what ministers, the SEU, and the RSU saw to be the next steps. The key practice development proposals were:

- To make more bed-spaces available for rough sleepers in London, with the right sort of help for those who need it most, especially the most challenging individuals who have found it very difficult to get help through previous initiatives. ... Three types of accommodation will be provided: direct-access hostels and shelters; specialist hostels and supported schemes; and permanent move-on accommodation.
- To develop a focused, more targeted approach to street work that gives priority to helping people off the streets; to ensure clear lines of responsibility and accountability for those working with rough sleepers; and to ensure that we are not, in seeking to help, reinforcing street lifestyles rather than providing opportunities for ending them.
- To provide services when rough sleepers need them most.
- To help those most in need, such as those with mental illnesses or who misuse drugs and alcohol.
- To ensure a continuum of care, so that there is a clear route from the streets to a settled lifestyle,

with the right number of organisations and individuals involved.

- To provide opportunities for meaningful occupation, to help people gain self-esteem and the life-skills needed to sustain a lifestyle away from the streets.
- To improve the incentives to 'come inside', both by offering provision which meets people's specific needs and by refocusing services away from those that sustain a street lifestyle.
- To put in place measures to prevent rough sleeping, so that people do not see the streets as the only option. Prevention is the only means of ensuring a lasting and sustainable end to the problem of rough sleeping.

Several complementary goals can be identified in the programme: the reduction of rough sleeping, the provision of a sufficient quantity of appropriate services, and the development of services that are effective in helping people leave homeless lifestyles – even those with intractable problems. Also discernible are the importance attached to prevention and an understated but clear view that the reduction of rough sleeping and associated street behaviour will require restraining measures. The package of measures was rapidly introduced and successfully created a supportive pathway for rough sleepers from the streets to long-term accommodation.

The evaluation of the first three years of the programme was published in June 2002 and is a valuable digest of the intent and performance of the interventions (although the inventory of what actually was funded is strangely thin). Some of the assessments and particularly the recommendations about desirable next steps provide valuable insights into the *Homelessness Directorate's* policy thinking.¹⁴

More assertive help for rough sleepers

The starting point for the strengthened pathway was the formation of 22 multi-disciplinary 'Contact and Assessment Teams' (CATs), seven in London and 15

elsewhere in England. These partly replaced existing outreach teams but carried out more assertive outreach work (see Chapter 12). The teams were backed up by new night centres in London, Bristol and Manchester, to provide support for rough sleepers who were not yet ready to accept a hostel bed or who had been excluded from hostels.

A controversial feature of the RSU pathway was that several of the augmented facilities, including hostel places, were reserved for 'registered' rough sleepers. This was seen as a key to achieving the target reduction of rough sleeping, but excluded other homeless people with high needs. Some organisations and some London Boroughs made complementary provision, e.g. *Bondway* worked on the streets in areas not covered by the CATs, and Camden LB set up an outreach team to work with street people who were not sleeping rough.

The progress with the creation of new direct-access and temporary accommodation places was reported in 2001 (Table 11.1). An innovative feature was the recasting of London's 'cold-weather' shelters into a 'rolling shelters' programme (see Chapter 12 for details). Along with RSU-promoted changes in hostel admissions and eviction criteria, e.g. to increase the accommodation available for drug users, it was claimed in the RSU evaluation that by late 2001 in London "there was generally no longer an absolute shortage of [hostel] beds".¹⁵ The evaluation of the work done by hostels focused on their contribution to the reduction of rough sleeping and was unexpectedly critical. Their high rates of exclusion and evictions were seen as inimical to achieving further reductions in rough sleeping, and there was a recommendation for 'a fundamental review of hostel standards [because] without radical improvements ... it is likely that large numbers of former rough sleepers will continue to return to the streets'.¹⁶

The programme also sought to improve the success rate of resettlement, firstly by providing new social housing specifically for former rough sleepers, secondly by the creation of 'Tenancy Sustainment Teams' (TSTs) to ensure that resettled clients did not lose their tenancies, and thirdly by encouraging participation in

Table 11.1 Hostel and other beds directly funded by the RSU in London, 1999-2002

Accommodation	Existing: 1999	Current: 2001	Total: 2002	Target
Shelters	0	184	120	120
Hostels	270	686	1,201	820
Specialist beds	250	757	855	690
Permanent beds	3,500	4,207	4,503	4,500
Totals	4,020	5,834	6,679	6,130

Source: RSU 2001a, p. 9.

meaningful activities and training and work schemes. Like the CATs, the TSTs replaced and strengthened existing community support services for resettled clients. They were also multi-disciplinary and organised by zones of London, but 'in some areas outside London there appears to have been some confusion in the organisation of pre-tenancy and TST work'.¹⁷ The number or location of the TSTs are not reported in the RSU evaluation.

Reduced tolerance of rough sleeping

The *Coming in from the Cold* innovations introduced more measures of restraint and sanction than had accompanied the RSI. Along with its more assertive services came less tolerance of those who refused assistance and continued to cause a nuisance by sleeping rough, begging or street drinking. It was argued that the new measures were in the best interests of the target group, but they added an element of 'normative social engineering' to the 'responsive social service development' of the previous nine years. This affected both rough sleepers and homeless providers. While nothing new, it became clearer that public funding for the organisations that wished to provide services on the streets was conditional on following the RSU policies.

The RSU evaluation reports increasingly active police involvement in "town centre management and rough sleeping programmes [and] closer co-operation between them and homelessness agencies. ... The police know many of the rough sleepers in their areas and joint work with CATs has enabled [them] to take a more active approach to dealing with begging, street drinking and drug use. They are able to use the *Criminal Justice Act* and the *Police Act 2001* to introduce controlled drinking areas where police can confiscate alcohol and break up drinking schools. ... The police in some areas also encouraged people on the streets to make use of the homelessness services available. Manchester police have produced a guide for all officers who are in contact with homeless people."¹⁸ Local authorities, CATs and the police worked together to close large rough sleeping sites in central London.

Progress in reforming day centres, many of which were alleged to support street lifestyles, was also noted in the RSU evaluation. *St Giles Trust* in London identified up to 150 individuals who regularly used its day centre 'to support a chaotic existence'. The organisation remodelled its provision, and allocated a care manager to assess the needs of users and to help them access necessary services. Elsewhere, 'wet' day centres have helped to tackle street drinking without simply displacing the problem to a neighbouring area, and have also facilitated contact with some long-term rough sleepers. In Oxford, for example, it was reported

that a wet facility had made a noticeable difference to street drinking.

Not all the RSU initiatives were successful. In November 2000, it launched a campaign, 'Change A Life', with the support of *Crisis*, *Centrepoint*, *National Homeless Alliance*, *The Salvation Army* and *In Kind Direct*. This encouraged individuals and businesses to pledge time, gifts or money to projects aimed at long-term solutions for homeless people. It also sought to raise awareness of the high levels of drug misuse amongst beggars and the likelihood that giving them money reinforced the street-homeless lifestyle and bolstered addiction. The campaign generated considerable publicity, some of which was less a reasoned critique than vilification of the RSU. It also generated few donations, and was discontinued after 16 months.¹⁹ Nonetheless, the government's search for more effective controls on anti-social street behaviour has intensified, as will be seen in Chapter 14.

The Homelessness Directorate

By 2002, thinking in the government, the SEU and the RSU had moved on, for the first evaluations of the new approaches were becoming available, and there had been concerted debate in the Westminster and Edinburgh parliaments and beyond about the homelessness provisions of the *Housing Bill 2001* (which was aborted when the election was called). These were retrieved in the *Homelessness Act 2002* and the accompanying statutory instruments, and in equivalent measures in Edinburgh and Belfast (see Chapters 2 and 8). During the winter of 2001/02, several policy and administrative changes were announced for England and Wales. In December 2001, the RSU was reconstituted as the *Homelessness Directorate* (HD), by incorporating the 'Bed & Breakfast Unit' from the *Government Office for London*, and the creation of a new unit to assist local authorities develop their strategies and tackle homelessness.

More than a Roof

In March 2002, the HD published *More Than a Roof: A New Approach to Tackling Homelessness*, and a good practice handbook for local authorities and local agencies, *Homelessness Strategies*.²⁰ This included the announcement of a new *Ministerial Committee on Homelessness* 'to join-up policy at a national level'. Six reformulated objectives were published in *More Than a Roof*:

- To strengthen help to people who are homeless, or at risk of homelessness
- To develop more strategic approaches to tackling homelessness
- To encourage new responses to tackling homelessness

- To reduce the use of B&B hotels for homeless families with children
- To sustain the two-thirds reduction in rough sleeping
- To ensure the opportunity of a decent home for all.

These initiatives were accompanied in March 2002 by a consolidated and unusually informative policy statement from Stephen Byers MP, Secretary of State for Transport, Local Government and the Regions (Box 11.1). The shift in the government's attention towards the development of local authority homelessness strategies and the cessation of the use of bed and breakfast hotels was encapsulated in his statement. He also referred to a linked Department for Work and Pensions initiative, to provide £10 million to change the Housing Benefit regulations [and to] encourage councils to use alternatives to the hotels, including privately-rented, self-contained accommodation. The implementation of the local authority strategies is only just beginning (and is considered further in Chapter 14).

The Byers statement provided further evidence that central government policy had shifted strongly towards the role that local authorities and, one may infer, the statutory housing, social and health care services, will play in reducing homelessness and helping homeless people. Did the invitation to 'come in from the cold' allude as much to the statutory services as to rough sleepers? The new policy emphases express a clear

intention to achieve both a more integrated service response and common standards and practice across the 'mixed economy' of providers. Given the accelerating reduction of the local authorities' role as direct providers of housing, and given that the larger specialist social housing and homeless service providers are on the threshold of becoming providers of both 'low intensity mental health care' and 'high intensity social care' to highly disadvantaged groups, these steps have become imperative. If a local authority owns no housing, its role is necessarily 'assessment and commissioning', and not to provide accommodation.

As some of the latest developments in primary care and the mental health services that were reviewed in Chapter 10 imply, another short-term prospect is for elements of 'community mental health' and 'primary health care rehabilitation and counselling' services to be integrated with the 'housing welfare' and rehabilitation services operated by the homelessness sector. Incidentally, as recently as the 1960s, community mental health services hardly existed even in London and, although they have developed quickly, are still widely regarded as grossly inadequate.²² It is likely that rehabilitation and counselling services will be commissioned by the statutory agencies and provided increasingly by salaried primary care teams and non-statutory 'social housing plus' organisations, not independent general practitioner led teams. As with long-term residential care for older people, the government is orchestrating the replacement of sectorised provision and a large direct local authority

Box 11.1 Extracts from the homelessness policy statement in March 2002 by the Rt. Hon. Stephen Byers MP, Secretary of State for Transport, Local Government and the Regions²¹

The new *Homelessness Act* will bring about radical change in the way that central and local government, and all other partners, work together to tackle homelessness. For the first time ever, local authorities will be required to carry out a review and develop a strategy for their area that prevents homelessness and provides solutions for people who are, or who may become, homeless. ... a range of measures are being established to help local authorities respond to this new duty. ... *Homelessness Strategies* provides a framework for local authorities, and all key local agencies, to work together.

We are determined to ensure that vulnerable people leaving institutions, young people including those coming out of care, and people fleeing domestic, racial and other forms of violence, are helped effectively. Although this may mean that the number of people who local authorities accept as homeless increases, I am more concerned to ensure vulnerable people get the help they need. Therefore we will be issuing a revised statutory *Code of Guidance on Allocations and Homelessness*. ... I will allocate additional resources in order to help local authorities deliver the new *Priority Needs Order*.

We also need to understand more about the most effective ways to tackle homelessness. The HD will investigate the underlying causes and trends of homelessness, collect information more effectively and test new and innovative approaches which can be taken to reduce and prevent homelessness. ... An important part of the Directorate's work will be to encourage best practice. ... The use of local targets and protocols, such as reducing the number of tenancy breakdowns or ensuring appropriate numbers of lettings to homeless households, will be important ... many people live in different sorts of hostels across the country, and with the onset of *Supporting People*, it will be important to ensure that best practice is established across all publicly-funded hostels. I am keen, therefore, to ensure that hostels are inspected in a structured way by either the voluntary or statutory sector. ... we will allocate over £30 million during 2002/03, the same level of revenue investment that delivered the two-thirds reduction in rough sleeping.

No one in this country wants their fellow citizens to have to sleep in a cardboard box at night because they have nowhere else to go. In the same way, we should not tolerate children being forced to stay in over-crowded and expensive B&B hotels for weeks, months, and sometimes years, on end. Today, I am making a commitment that by March 2004 local authorities will ensure that no homeless family with children has to live in a B&B hotel, except in an emergency.

role with a mixed economy of housing and care services.

The Bed and Breakfast Unit

The new *Bed and Breakfast Unit* became fully operational in October 2001. As its website states, the aim "is to reduce the number of homeless households placed in B&B accommodation. The Unit will work with local authorities, registered social landlords, the voluntary sector and others to implement a £35 million programme to ensure that by March 2004 no homeless family with children has to live in a B&B hotel except in an emergency, and even then for no more than six weeks". It is rapidly developing guidance notes and issues in a two-monthly newsletter.²³

OVERVIEW

Alongside many elements of continuity, there have been unprecedented and radical changes in Britain's response to homeless people over the last thirty years. Two features are particularly notable, one the concerted attention of central government to the development of appropriate policies and effective service responses to rough sleeping and single homelessness, the other the considerable expansion of a structure of support services and organisations *outside* the statutory agencies. The achievement has been the development of a more comprehensive network of preventive, responsive, ameliorative and rehabilitative services.

Although it was shown in Chapter 2 that the reported 'counts' of rough sleepers reduced least between 1999 and 2002 in the areas in which RSU-interventions have been most intense, the *Coming in from the Cold* programme was not only undoubtedly successful in its own specific terms, but also demonstrated the value of concerted, focused and determined intervention work with single homeless people. Less happily, perhaps, the focus on the performance indicator of a two-thirds reduction in rough sleeping has accentuated the rough sleeping bias in policy formation, was insensitive to the broader role of hostels and the funding constraints in which they operate, and raised the potential of sanction and coercion as a policy instrument.

By 2002, the process of setting policy and funding priorities had changed from that which applied to the early rounds of the RSI, and two distinct approaches to homelessness were beginning to compete. On the one hand, service development priorities continue to be identified through the recognition of unmet needs and gaps in service provision. On the other hand, there are rising funding claims for measures to prevent homelessness, and to develop effective ways of restraining people from sleeping and begging on the streets.

Notes

1. Lowe, 1997, p. 23.
2. National Assistance Board, 1966, p. 263. For a fuller account see Clapham, Kemp and Smith, 1990, p. 116. Among the Reception Centres were Alvaston, Derby; Camberwell, south London; Fazarkerley, Liverpool; Walkden, Manchester; Winterbourne, Bristol; Bishopbriggs, Glasgow; and Woodhouse, Sheffield.
3. There were several detailed studies of the replacement scheme: see Duncan and Downey, 1985; Dant and Deacon, 1989; Deacon, Vincent and Walker, 1993; Deacon, 1999.
4. Greve, 1997, p. xii. See also Glastonbury 1971.
5. See National Assistance Board, 1966; Home Office, 1974.
6. Department of the Environment (DoE) *et al.*, 1995, p. 5. See also DoE *et al.*, 1996.
7. Randall and Brown, 2002a, p. 9.
8. The responsible agency, and more its name, has changed several times since 1990. Then the *Department of the Environment*, it changed in 1997 to the *Department of the Environment, Transport and the Regions* (DETR). In 1999 the *Rough Sleepers Unit* was created within the DETR, which then changed to the *Department for Transport, Local Government and the Regions* (DTLR). Most recently, the RSU has changed to the *Homelessness Directorate* within the *Office of the Deputy Prime Minister*. Incidentally, more than once through these changes, there have been announcements that the responsibility for housing rough sleepers will be returned to local authorities, and more than once that rescinded.
9. Randall and Brown, 1993, 1995, 1996, 1999.
10. Social Exclusion Unit, 1998.
11. DETR, 1999.
12. RSU, 1999.
13. The underlying principles were presented in Chapter 7.
14. Randall and Brown, 2002.
15. Randall and Brown, 2002, p. 28.
16. Randall and Brown, 2002, p. 38.
17. Randall and Brown, 2002, p. 45.
18. Randall and Brown, 2002, pp. 23-24.
19. RSU, 2001a.
20. DTLR, 2002; Randall and Brown, 2002b. Copies are available online at <http://www.housing.odpm.gov.uk/information/homelessness/handbook/pdf/handbook.pdf>
21. See <http://www.housing.odpm.gov.uk/information/homelessness/response/>
22. See several chapters of Johnson *et al.*, 1997. Their comparative neglect is in part because this branch of mental health care is least involved in the 'protection of the public' from the dangerously disordered.
23. See <http://www.housing.odpm.gov.uk/bbu/news/index.htm>

12. Service provision for single homeless people

This chapter describes the nature, availability and locations of services for single homeless people and the organisations that provide them. The services covered include outreach work on the streets, temporary shelters and hostels, resettlement programmes, and supported permanent housing. Most are provided by voluntary and charitable organisations, and the chapter illustrates the diversity and range of service provision, with examples from large and small organisations in all parts of the country. There are hundreds of facilities and organisations, and it is impossible in this *Factfile* to give attention to all. Furthermore, inventories and directories of providers and their outlets are few, and apart from the *UK Advice Finder*,¹ most are city-specific rather than national collations. A new website, Street UK, is at an early stage of development and intends to redress the information gap.²

Altruistic and humane concern for homeless, destitute and poor people has produced various philanthropic forms of help for millennia, as resonate in the age-old terms 'alms', 'almshouses' and 'almoner'.³ It was mentioned in Chapter 7 that, until the mid-twentieth century throughout Europe, many such initiatives were instigated and run by institutionalised religious organisations (and they remain the dominant providers of community-based welfare in southern Europe). The development from the 1940s of the modern welfare state in Britain, as elsewhere in northern Europe, has however changed the role of charitable and voluntary efforts, but far from replacing them, they have expanded.

In Britain, the growth of nationwide and professional voluntary sector homeless organisations during the last quarter of the twentieth century began with the closure from the 1970s of the government's Resettlement Units, the former Reception Centres, which provided temporary accommodation for single homeless people, and the inception in 1964 of *The Housing Corporation* and its finance for social housing. Other important influences have been new forms of private and corporate philanthropy and, during the 1990s, funding for services 'to tackle rough sleeping' through the government's *Rough Sleepers Initiative* (RSI), *Rough Sleepers Unit* (RSU) and the *Homelessness Action Programme*. Through the initiatives and energy of individuals and like-minded associations, and through the progressively more concerted attention of central government, new voluntary organisations have developed and others have changed and grown to meet previously unmet needs. Supported by new

specialist health care teams, a more interventionist, pro-active network of responses to those who become homeless has evolved.

The majority of voluntary sector homelessness organisations are now either specialist charities that provide services through one or several projects in a town or city, or non-profit housing associations that manage a housing portfolio which has been substantially funded by *The Housing Corporation*. The early sections of the chapter describe current services for single homeless people, and the later sections review the organisations that are delivering and supporting these services, service consortia and partnerships, and the provision of help in rural areas.

TYPES OF SERVICES

Hostel accommodation

For more than a century, hostels have been the principal form of accommodation for single homeless people. Their main contemporary function is to provide temporary accommodation until a resident's problems and needs are assessed and addressed, and move-on or permanent housing obtained. Some service providers and researchers also argue that hostels are an appropriate form of long-term accommodation for a minority of homeless people who cannot or do not want to live alone.⁴ The few substantial reports and evaluations include a 1985/87 *Department of the Environment* study of hostels in Birmingham, Bristol, Manchester and London,⁵ a 2001 study of hostels in Scotland,⁶ a good practice guide by *Homeless Link* on emergency accommodation,⁷ and studies of hostels in London and Birmingham.⁸

The numbers of hostels and hostel beds in the United Kingdom are unknown and there is no comprehensive national directory, although an inventory of provision in Scotland has recently been compiled.⁵ Hostels Online, set up by *Resource Information Service* (RIS) in 1997, has details of emergency and longer term hostels and specialist accommodation in London, Nottingham, Birmingham, Edinburgh, Bradford and Dublin, and of emergency hostels in the rest of the country.⁹ Some towns and counties have hostel directories, including Bradford, Glasgow, Hull, Leicester, London, Lincolnshire and Nottinghamshire. The survey in Scotland identified 126 hostels with an estimated 3,707 beds in 2001.⁵ Nearly one-half of the beds (1,733) were in Glasgow. In London in 2001, there were 19,600 hostel beds for single homeless people.¹⁰

Classifying hostels for homeless people is not straightforward. Some accept both single homeless people and other vulnerable groups such as working people on low incomes, single people in 'housing need', and refugees. Some have no maximum length of stay and offer assured short-hold tenancies, suggesting that they can be used as long-term housing. Some provide temporary accommodation and are listed in hostel directories, but are clusters of bedsits or self-contained flats rather than communal-living arrangements. A 2001 Scottish study adopted the following definition of a hostel for homeless people:⁵

- temporary or transitional accommodation primarily for *single homeless people*
- provides either or both board or shared facilities for the preparation of food
- accommodation for a minimum of six residents
- staff services range from supervision to housing advice and support services
- service users do not have a tenancy agreement but another form of licence to occupy, such as an 'occupancy contract' (or possibly no contract at all).

The two main types of hostel accommodation for single homeless people are: (i) direct-access or 'first stage' hostels that accept people with various problems and needs, rough sleepers, and sometimes self-referrals; and (ii) 'second stage' or specialist hostels that focus on rehabilitation, treatment and resettlement, and accept people from first stage hostels or with particular problems, such as a mental illness or substance dependency (but rarely self-referrals). Some hostels are exclusively for men or women, while others are mixed. There are many hostels throughout the country for young homeless people, but very few specifically for older people. Only a few accommodate homeless couples or people with dogs.

Hostel facilities and programmes

Until the 1980s, most hostels were large, had dormitories or cubicles, and few facilities.¹¹ The 1972 national survey of 679 hostels and lodging houses found that 85% had been built before 1914, and that establishments with 100 or more places provided 56% of the total 31,253 beds.¹² Most were owned and run by *The Salvation Army* and local authorities. Only one-quarter of the beds were in single rooms, and two-thirds failed to meet the *Department of the Environment's* standards for washing and toilet facilities. Over the next 20 years, and prompted by the government's *Hostels Initiative* of 1980, many were closed and replaced by smaller hostels with improved facilities and by special-needs housing.

Contemporary hostels are more diverse. Some are in converted houses and accommodate just six to twelve residents, while many others have 20-30 beds. Among 65 first stage hostels in London in 2000, 63% had fewer than 50 beds.¹³ In contrast, some hostels with more than 100 beds are still open, including nine in London, five in Glasgow (four owned by the local authority), two in Coventry, and one in Manchester. The largest are Arlington House in London, which has 382 beds, and Chase and Manor Guildhouses in Coventry, which have 201 and 280 beds respectively. Some large hostels are divided into accommodation clusters. In Glasgow a 're-provision programme' has been underway since the 1990s, which involves the closure of the city's large hostels.⁵

The facilities and regimes of hostels vary greatly (Table 12.1). Most now have single bedrooms, although several still possess shared rooms. Most provide breakfast and an evening meal at subsidised rates or are self-catering. Some allow residents to drink alcohol in communal areas or their bedrooms, while others ban drinking on the premises. Most first stage hostels have staff on duty 24 hours, while some second stage hostels are staffed only during the day with emergency cover at night.

Table 12.1. Facilities in London's first stage hostels, 2000

Hostel facilities	Per cent²	Hostel facilities	Per cent²
All single bedrooms	57	Provides two meals	71
Men only	28	Self-catering facilities	51
Women only	17	Allows alcohol drinking on premises	49
Young people only (under 26 years)	23	24 hour staff	75
Older people only (aged 50+ years)	0	Stay restricted to less than six months	31
Accepts self-referrals	54	No restriction on length of stay	26
Accepts referrals from any agency	61	Number of hostels ¹	65

Source: Crane and Warnes, 2001a.

Notes: 1. Excludes night shelters and projects consisting of self-contained flats for rough sleepers. 2. Percentage of hostels with each attribute.

Some hostels take self-referrals, but several only accept referrals from street outreach or other homeless sector staff, or from voluntary and statutory agencies. Some refuse to admit known arsonists, drug users and people with a history of violence, while some have low staffing levels and are unable to accommodate people with high support needs or behaviour problems. In London's hostels in 2001, 30% of the beds for single homeless people were funded by the RSU.¹⁰ These beds are intended for rough sleepers, and priority is therefore given to referrals from Contact and Assessment Teams (RSU-funded street outreach teams: see below). Some hostels have a restricted length of stay, while others provide 'unlimited time' housing and a small minority of residents stay for years (see Chapter 5).

The services provided and the roles of the support staff also vary, from providing simple advice on benefits and housing, to individual case work and in-depth help with tackling problems, rebuilding daily living skills, and resettlement. In some hostels, residents are allocated a 'key worker' who is responsible for developing a care plan (action plan) with the person and for co-ordinating their care. The value of a 'key worker' approach has been recognised in clinical psychiatry for many years.¹⁴ Some hostels have regular visits from primary health care staff, mental health workers and substance misuse teams, as well as dedicated resettlement workers.

Some hostels have few recreational facilities and activity programmes apart from a television lounge. Others have input from life-skills workers and professional educators who provide training schemes, literacy classes, rehabilitation programmes, computer classes, gardening schemes, and art and music workshops. According to some hostel staff, providing activities in a hostel reduces the number of disputes and incidents among residents.¹⁵ The RSU programme evaluation suggested that there are weaknesses and gaps in pre-tenancy support services in hostels: "the degree of pre-tenancy support, if any, received by former rough sleepers seems to depend on which hostel they are in. In many cases it appears to be inadequate and in some non-existent ... there appear to be no common assessment methods or work practices".¹⁶ It also recommended a comprehensive review of the role and management of hostels, and that collectively they should provide:¹⁶

- A wide diversity of provision to meet different needs, including those who want an alcohol and drug free environment and special provision for people who have been banned from other accommodation
- A focus on people who need the relatively expensive care provided by hostels, with ready

access to more independent accommodation for others in housing need who do not need support

- Support needs assessments and care plans, which are put in place within the first week of residence, in conjunction with pre-tenancy support staff
- The provision of professional support to those with mental health, alcohol and drug problems
- Support to sustain residents in the hostel and to ensure a positive move to longer-term housing
- Professional hostel management with adequate training, qualifications and salaries
- Detailed good practice standards, including targets and performance monitoring
- A system of independent inspection and registration to encourage and enforce best practice

Among the recommendations in a 2001 Scottish study, the way forward for hostels was seen to require encouragement of:¹⁷

- A trend towards meeting good practice through developing smaller hostels and hostels that are targeted to meet the needs of particular groups such as women and young people
- Attempts to avoid the stigma of homelessness and hostel living by meeting the support and health needs of vulnerable homeless people through various forms of housing and support and of supported accommodation – which are unlikely to be termed 'hostels' in the future. Increasingly, supported accommodation [that seeks] to resolve and prevent homelessness will include smaller accommodation units, small group homes and shared houses and ordinary integrated housing coupled with support arrangements.

Shelters and night centres

During the nineteenth century, a few charitable night-shelters were provided for homeless people in London, Liverpool and Manchester.¹² The Houseless Poor Asylum in Cripplegate, founded in 1819, was the first in the capital. During the first half of the twentieth century, churches such as St Martin-in-the-Fields in central London and St George's in Leeds allowed homeless men to spend the night on benches in the church crypts.

Nowadays, there are night centres and shelters for homeless people in several British cities. They provide free and easily accessible overnight shelter with more 'relaxed regimes' than hostels: they make

few demands on their users. Some have been established to complement existing hostel provision and to attract rough sleepers who are wary of hostels or intolerant of their rules and protocol. They therefore serve as a stepping stone to hostels or other help and support. Shelters and night centres have also been developed in some areas where hostel provision for homeless people is insufficient or non-existent.

Some shelters operate all year, while others function only in the winter. The first 'cold-weather shelter' for rough sleepers was opened in London by *Crisis* and *Shelter* in 1987. From the early 1990s, RSI-funded cold-weather shelters opened each year between December and March in London, Cambridge and Bristol. Building from their success in attracting people with long histories of rough sleeping, mental illness and heavy drinking, in 2000 the RSU introduced a programme of 'rolling shelters' in London. The programme operates throughout the year, with each shelter remaining open for approximately 24 weeks, and each client staying for up to three weeks. The programme is co-ordinated by *St Mungo's* and seven different providers have run 12 shelters.¹⁸

Since 2000, RSU-supported night centres have been set up in London, Bristol and Manchester.¹⁰ These generally have no beds but people can sleep in chairs or on the floor. Interestingly, the London centre is once again in the crypt of St Martin-in-the-Fields church. The Cowgate Night Service, established in Edinburgh by the *Edinburgh Campaign and Services for Homeless People*, opens from 10.15 pm to 7 am and is used by about 40 people each night. It provides cheap food, showers and laundry facilities, housing and benefits advice, and has lockers where people can store possessions.

Through its WinterWatch project, *Crisis* runs shelters from December to March each year in places with little temporary accommodation for homeless people, as in Farnham, Scarborough and Woking. In 2001, *Crisis* piloted SummerWatch to provide solutions to seasonal homelessness from June to September in coastal and historic towns affected by high rents and summer housing demand from tourists, such as Barrow-in-Furness, Canterbury and Scarborough. Some homeless and itinerant people are attracted to these areas by seasonal work.¹⁹

The effectiveness of shelters and night centres depends on the services that they provide, the skills and experience of staff, and the availability of local support and move-on services. The rolling shelters in London, for example, had links with health and substance misuse services, welfare benefit agencies and local hostels. They attracted entrenched and isolated rough sleepers with high support needs,

and were able to refer them to other services. An innovative 24-hour drop-in centre adjacent to a hostel was established in 1997 by *St Mungo's* at the Lancefield Street Centre in London. The project operated for two years, targeted older rough sleepers, and provided a pathway of services from the streets to the hostel. The drop-in centre acted as a stepping stone to the hostel for several long-term rough sleepers, and the project has now been replaced.²⁰

Some shelters are open only at night, provide minimal services, have low staff levels, and rely heavily on volunteers. In both the outer London Boroughs of Newham and Waltham Forest, seven churches operate a rotating 'shelter system' between 8 pm and 8 am during the winter. This means that rough sleepers have shelter only at night and have to move every day to a different church, which is unlikely to encourage a person to 'settle'. An evaluation of five 'open house' projects, developed by *Crisis* in the mid-1990s in towns such as Crawley, found that they were under-staffed, under-resourced, and had little success in referring clients to housing, social and health services. Nearly two-thirds of the residents left with no known destination.²¹

Street outreach teams

Since the beginning of the twentieth century, *The Salvation Army* and other religious groups and charitable organisations have voluntarily provided soup and clothing to needy people on the streets, especially in Britain's larger cities. The employment of street outreach workers to work with rough sleepers dates back to the 1980s, when the number of street homeless people in London increased, and organisations such as *Thames Reach* in London (now *Thames Reach Bondway*) were established. Outreach teams multiplied during the 1990s through funding from the RSI, and spread to other cities including Birmingham, Manchester, Plymouth and Portsmouth. In London and possibly other very large cities, the result was that outreach teams from more than one organisation covered the same rough sleeping sites and town centre areas.

The RSU introduced a more strategic approach to street outreach work, with the setting up of 22 multi-disciplinary Contact and Assessment Teams (CATs) around the country. Seven teams were assigned to central London, and each is responsible for a defined geographical zone. The CATs include generic street workers, mental health and substance misuse workers, and youth and resettlement workers. The teams now work in many cities where rough sleeping is known to be a problem, including Guildford, Liverpool, Leeds, Reading and Edinburgh. In small towns and cities, some operate from day centres.

The aims of street outreach work are: (i) to identify people who begin to sleep rough as quickly as possible and to link them to services; (ii) to find, engage and persuade long-term rough sleepers to accept help and move into accommodation; and (iii) to meet some of the most pressing needs of long-term rough sleepers on the streets until they can be persuaded to move into accommodation. The teams work on the streets in the evening and early morning, and visit soup runs, day centres and other facilities which rough sleepers use. Building relationships and gaining the trust of clients is a vital first step towards persuading the person to accept help, and consistent and persistent contact is sometimes required.

Drop-in and day centres

Day centres for homeless people have multiplied rapidly throughout Britain: only seven existed before 1970 but by the mid-1990s there were more than 200.²² Their evolution has been “subject to individual whims, quirks and funding availability”, and generally has paid little attention to supply and need.²³ As a result, while there are many in London and they exist in small towns like Boston in Lincolnshire, there are none in some places with homeless people such as Lowestoft.

Some day centres began and continue as soup kitchens or drop-in centres and provide only food, clothing and showers. They open a few times a week, many in church crypts, depend heavily on volunteers, and rely on donations and funding from small charitable trusts. Others open most days, have salaried and experienced staff, and offer regular sessions by resettlement workers, health professionals, social security benefit advisors, and substance misuse workers. Some have remodelled their services to become ‘learning zones’ or ‘healthy living centres’, and a few have formal links with further education colleges, and provide skills and employment training.

Around 10,000 homeless and housed people are reported to use drop-in and day centres each day.²² For homeless people, they provide help with immediate needs, typically for food, washing, health care and advice about welfare benefits, and are contact points for onward referral to hostels. For housed attenders, the day centres provide advice and help with housing difficulties and sustaining tenancies. Daily attendance varies from around 30 at the smaller centres to more than 200 people at the larger ones. Some centres are exclusively for young people, while a few target women or heavy drinkers (seven ‘wet’ day centres are known, and another is to be established in Camden Town, London: see Chapter 6). The majority welcome all ages and people with any problem or need. There is no known centre specifically for older homeless people (aged 50+ years), although a few have sessions for the age group.

Resettlement services

Resettlement services for homeless people have a short history, and some of the earliest were prompted by the closure of the Resettlement Units during the 1970s. In the North West, hostel residents were rehoused by a ‘special accommodation section’ of the City of Manchester Housing Department and by a Housing Aid Centre in Liverpool.²⁴ One of the first in London, the Joint Assessment and Resettlement Team (JART), was formed in 1979 by two *Greater London Council* housing staff and two social services staff funded by the *Department of Health and Social Security*.²⁵ The team was based at the then London County Hall and responsible for rehousing homeless people across London who were affected by the closure of the Resettlement Units and large hostels.

Among voluntary sector homeless organisations, *St Mungo’s* was the first in London (in 1981) to introduce planned resettlement by a dedicated team. As recently as the late 1980s, most hostels for homeless people provided little or no resettlement support.⁷ Resettlement services developed rapidly from the mid-1990s through RSI-funded resettlement and community support workers and additional permanent move-on accommodation. At the time, it was common for organisations to resettle and support their clients at home for the first six or twelve months. Many clients experienced problems with adjusting to settled living, sorting out finances and bills, and with loneliness and boredom. There was a high rate of tenancy failure during the first two years, particularly in the first six months.²⁶ The RSU therefore introduced Tenancy Sustainment Teams to provide support to resettled rough sleepers for as long as help is needed.

Resettlement services for homeless people have multiplied, but there remains much local variation in their content and availability, in the types of long-term housing and support that are offered, and in the experience and training of the staff that undertake resettlement. Many organisations have dedicated resettlement workers, but some expect generalist hostel and day centre staff to undertake the work or do not promote resettlement. Some large providers have their own training programmes, while organisations such as *Homeless Link* and *Broadway* in London run resettlement training. In several organisations, however, staff learn about the work from colleagues while ‘on the job’. Randall and Brown argued in 1999 that, “resettlement is a specialist skill and should be undertaken by agencies and expert staff. There is a need to develop recognised professional standards and qualifications”.²⁷

There have been very few evaluations of the effectiveness of resettlement programmes or of resettled homeless people’s success in sustaining tenancies. As a result, there are few guidelines for

workers about the factors that increase the likelihood of success, and the particular concerns of resettling people with different needs, such as heavy drinkers and those with a history of transience. The *National Homeless Alliance* (now *Homeless Link*) has produced a detailed handbook which describes 14 stages to resettlement.²⁸ Further information about resettlement programmes and tenancy support teams is provided in Chapters 5 and 13.

Shared and supported housing

During the 1990s, several types of supported housing for homeless people have been developed, including shared houses and grouped or 'clustered' self-contained accommodation. They offer variously temporary or permanent accommodation and different levels of support, independence and companionship. There have been few evaluations and comparisons of the different models of shared and supported housing, or of the benefits and problems of the different types.

Shared houses

Shared houses generally accommodate between four and ten people. Each person has their own furnished bedroom but shares a kitchen, sitting-room and bathroom. Tenants are responsible for preparing meals but not for paying bills. In a few houses, the tenants are provided with a meal each day. The houses are a 'half-way step' to an independent tenancy, and also provide long-term housing for those unable or unwilling to live alone. Many of the houses are managed by homelessness sector agencies or housing providers that work with special needs groups, and hence the co-tenants tend to be formerly homeless or vulnerable people. Support workers visit the houses a few times each week and collect rent, ensure that the

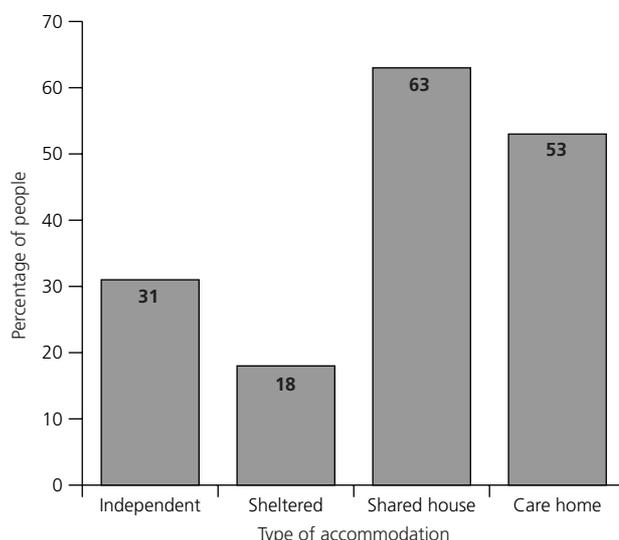
tenants are alright, but generally do not help with daily living tasks.

Shared housing therefore offers support and social contacts, and enables some tenants to develop skills and confidence before moving to independent accommodation, but has nonetheless attracted criticism. Difficulties sometimes occur because people with various mental health, substance misuse and behaviour problems are housed together but receive little supervision or support from staff, particularly during the evenings and at weekends.^{29, 30} Particular problems have been noted with shared flats where just two tenants live together, especially if one tenant has been resident for some time.^{29, 31}

Studies in Britain and the United States have found that shared housing is unpopular among many homeless people.³² One of resettled older homeless people found that after six months those who moved to shared living arrangements (shared houses and residential homes) were more likely to be unsettled and wanted to move than those in self-contained flats (Figure 12.1).²⁹

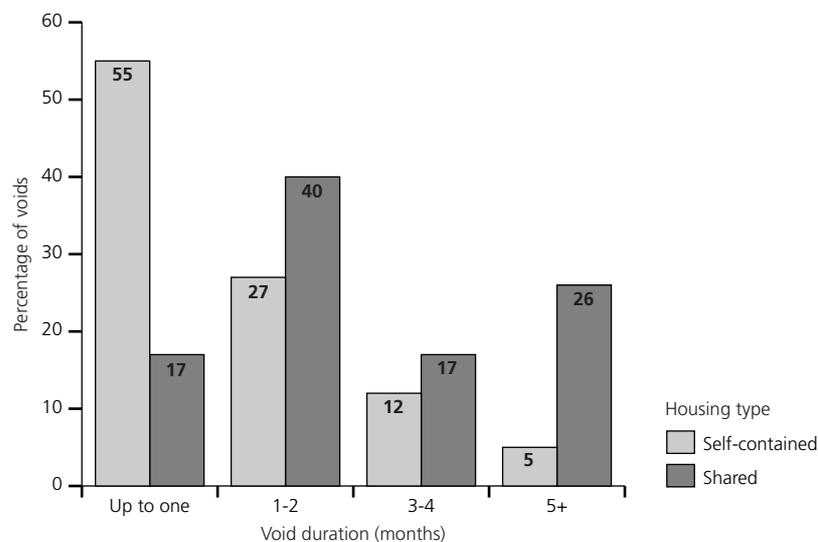
A recent evaluation of shared housing created through RSI funding found that: (i) it was unpopular and hard to let; (ii) the rate of tenancy failure was 26%, nearly twice as high as for RSI-funded self-contained accommodation; (iii) tenancy support was often inadequate; and (iv) there was a shortage of move-on options from shared tenancies. Of the available self-contained places, 82% were void (or unoccupied) for two months or less, compared with only 57% of shared housing places (Figure 12.2). Seven per cent of voids in shared housing lasted for more than a year.³¹

Figure 12.1 Unsettledness among rehoused homeless people, six months post-resettlement



Source: Crane and Warnes, 2002.

Sample: 64 older homeless people (50+ years) resettled by organisations in London, Sheffield and Leeds.

Figure 12.2 Void durations in RSI housing for rough sleepers, London 1991-2000

Source: Edwards, Woodward and Fearn, 2001.

Grouped self-contained flats

Various models of clustered and supported self-contained flats have been developed for homeless people who need support but either prefer to live alone or cannot adjust to communal living. Most of this accommodation is 'second stage' or permanent housing for people moving from hostels. Some is adjacent to a hostel or a group home, with the tenants in the flats receiving support from the attached project. There are also clustered self-contained units, with staff either based at the site or visiting regularly. In London, problems occurred when homeless people were resettled in a housing block exclusively for ex-rough sleepers without on-site staff.^{29, 33}

There are several instances of this type of accommodation successfully housing rough sleepers. In London, *Thames Reach Bondway* has two schemes with on-site staff for rough sleepers with mental health problems. Each comprises 10 self-contained units – a bed-sitting room, kitchen and bathroom – and a communal lounge, kitchen and laundry. In 2001 *Focus Housing* in Birmingham established a 'Multiple Needs Unit' for rough sleepers who had been excluded from the city's hostels and had mental health and alcohol problems or challenging behaviour.³⁴ It has 15 furnished apartments, each with a bedroom, sitting room, kitchen, shower room, toilet and communal areas. One flat has no party walls with any other and was designed for a noisy client, while some ground floor apartments lead off the communal lounge and reception area, and are intended for clients who need close supervision.

Foyers

The origins of the foyer movement lie in nineteenth century France and the establishment by its early trade unions of *Bourses du Travail* – job centres which

provided havens for travelling workers together with education and training. The voluntary organisation, *Foyers de Jeunes Travailleurs*, developed after the Second World War to provide hostel accommodation for young workers, as a response to their large scale migration from the country's rural to urban areas (in Great Britain the equivalent phenomenon peaked more than a century before). The new generation of foyers provided basic accommodation, canteen and recreational facilities.³⁵

The concept of foyers was introduced into Britain by *Shelter* in 1991, and in 1992 *The Foyer Federation* was established with five pilot schemes in existing *Young Men's Christian Association* (YMCA) hostels. Foyers have since expanded rapidly, and there are now 115 in the United Kingdom, with five in Wales, four in Northern Ireland and two in Scotland. They provide housing, a stable community, and employment and training opportunities for young people aged 16-25 years. The original foyers tended to be large hostels with little other support, but the most recent offer much more. In Wales there are small foyers of four beds, while in the largest cities some have more than 200 beds. Foyers have also spread to Spain, Denmark, Romania, Australia and New York City.³⁵

A 1998 government-commissioned evaluation of foyers noted their uneven distribution across the country.³⁶ They had grown up in the areas in which YMCAs or Registered Social Landlords had a strong regeneration role, or where 'Single Regeneration Budget' funding was available. Their establishment was however rarely preceded by a thorough analysis of local needs, and there had been a consistent failure to map existing training, education and job search facilities, prompting a concern that they duplicated services.

Foyers accepted clients with diverse needs, but sought a balance between those with higher and lower needs to create a manageable community. Some of the larger schemes experienced housing management problems. The evaluation also noted that data collection in foyers was often poor, and that there was inadequate recording of outputs and outcomes. As a result, foyers had difficulty demonstrating the effectiveness of their work.³⁶

NATIONAL SERVICE PROVIDER ORGANISATIONS

This section briefly describes several national organisations that engage in advocacy, training, information dissemination, service innovation and routine service provision in the field of homelessness. Given that there are so few, they are remarkably heterogeneous in both origin and in their current functions and profiles. Some are major 'front-line' service providers, while others concentrate on the 'second tier' functions of lobbying and policy advocacy, training and management initiatives, and research and good practice dissemination.

Partly reflecting their very different origins, the organisations rely for their income differentially on dividends from accumulated assets, members' subscriptions and bequests, government funding, and public and corporate donations. They also rely differentially on volunteers and waged or salaried employees. According to the combination of activities pursued and their revenue needs, the organisations (like others in the sector) have contrasting 'external relations' policies. Some strive for a prominent media profile while others operate with as little publicity as possible. Some maintain their independence from central government homelessness agencies and eschew contracts from statutory agencies, while others cultivate close working relationships.

Crisis

Crisis was founded in 1967 following the television documentary, *Cathy Come Home*, which highlighted the plight of homeless families in London. Its pamphlet *What We Do*, available on its website, begins: "[*Crisis*] works year-round to help vulnerable and marginalised people through the crisis of homelessness, fulfil their potential and transform their lives. It develops innovative services which help homeless people rebuild their social and practical skills, join the world of work and reintegrate into society. *Crisis* enables homeless people to overcome acute problems such as addictions and mental health problems [and it] runs services directly or in partnership with organisations across the UK, building on their grass-roots knowledge, local enthusiasm and sense of community". Many of its services were developed in response to the identification of unmet needs, often in locations with a problem of homelessness but few or no services. It is

well known for its Open Christmas, a programme which every year since 1972 has provided accommodation, health and welfare services, and companionship to homeless and isolated housed people for seven days over Christmas. Other innovative projects include WinterWatch, Changing Lives, Skylight, SmartMove and FareShare.¹⁹

Crisis commissions and publishes research to raise awareness about the causes and nature of homelessness, to find solutions to the problem, and to share good practice. It has a lobbying and policy advocacy function, and relies on volunteers and almost entirely on donations from non-government organisations and the public. In 2001/02, it raised £5.7 million and with the help of over 3,000 volunteers provided services to more than 16,000 people.¹⁹

Shelter

Shelter: The National Campaign for Homeless People defines one of its roles in its subsidiary name. *Shelter* pursues a broader campaign than most other homeless organisations, one that extends widely across housing conditions and management, and housing benefit reforms and initiatives to tackle social exclusion. It was launched in 1966 in the crypt of St Martin-in-the-Fields Church in London.³⁷ In its early days, 'security of tenure' in the private-rented sector was a flagship issue, and it has recently run a sustained call for government initiatives to increase the availability of low-cost (affordable) housing, particularly in London. *Shelter Scotland*, *Shelter Cymru* and *Shelter Northern Ireland* operate in the historic nations of Great Britain and in Northern Ireland.

Shelter has more than 50 Housing Aid Centres in England that provide expert information, advice and advocacy, and one of its priorities is to help local authorities develop homelessness strategies (see Chapter 14). It sustains the National Homelessness Advice Service and runs Shelterline and a Homework Project. These activities constitute a major 'homeless prevention' service (see Chapter 13). *Shelter* also provides practical training for housing and homeless sector workers, and runs more than 60 courses covering topics such as housing law; tenure and court proceedings; arrears, benefits and welfare rights; communication and interpersonal skills; and management and supervision.

Centrepoint

Centrepoint was established in 1969 after volunteers from *The Simon Community* and a curate, Ken Leech, opened a temporary night shelter for young street homeless people in a church basement in Soho, central London. They borrowed beds from Guy's Hospital and scrounged food from local pubs. *Centrepoint* now houses over 600 young people (mainly 16-25 year olds) each night in emergency shelters, hostels, foyers and

flats throughout London, and provides employment and training support services.³⁸

In response to a growing demand for advice from agencies outside London, in 1989 *Centrepoint* established a National Development Unit to help prevent youth homelessness. The Unit provides consultancy, training and information to organisations that work with young people. Local projects have been developed in more than 15 English counties, from Devon to Lancashire. Centrepoint carries out research, publishes information about the causes and effects of youth homelessness, and performs a lobbying and policy advocacy role. It has been actively involved in helping local authorities to develop strategies for young care leavers. In partnership with *The Peabody Trust*, it developed a project in London, 'Safe in the City', to prevent youth homelessness (see next chapter).

The Salvation Army

The Salvation Army is the largest national provider of hostel accommodation for homeless people throughout the United Kingdom. Some details of its pioneering service developments for the destitute and homeless were mentioned in Chapter 7. It has a 'Social Services' department (SASS), and the needs of homeless people are one of its five 'main areas of operation'.³⁹ Specialist services relevant to homeless people include the 'Family tracing service', prison ministries, emergency services, and an AIDS support unit. SASS runs 50 hostels and accommodation projects for single homeless people, with nearly 5,000 beds, and has in recent years invested large sums in the rebuilding and upgrading of its hostels. In addition, it has specialist centres with around 500 beds for families, adolescents, men on bail awaiting trial or sentence, and people participating in alcohol detoxification and rehabilitation programmes. It also accommodates more than 100 children in four children's homes, and 1,200 elderly men and women in 36 'eventide homes' and sheltered housing complexes.

English Churches Housing Group

English Churches Housing Group (ECHG) is one of the country's largest housing associations.⁴⁰ Founded in 1924 with the building of homes in north London for families who were unable to afford market rents, it now provides general needs, sheltered and supported housing for more than 26,000 people in 168 local authorities. Partly with funding from the RSU, it has played a key role in developing services for rough sleepers and other single homeless people, including hostels, outreach and resettlement teams, night shelters, supported housing, a rent-guarantee scheme, and a project to prevent homelessness among people leaving the armed forces (see next chapter).

ECHG has several direct-access hostels in London, Leeds, Middlesbrough, Cambridge, Bristol and Gloucester, and in March 2001 had 1,726 beds in

hostels and shared housing nationwide.⁴¹ It has also managed cold-weather shelters in London, Manchester and Rochester (Kent). Together with *Cambridge City Council* and the *Cambridge Cyrenians*, it provides street outreach work and resettlement services to rough sleepers in the town. It also manages a resettlement team for rough sleepers in Brighton.

The Carr-Gomm Society

Richard Carr-Gomm established this organisation in 1965 in south London. It aims "to tackle social exclusion, not only by providing a roof over people's head but also by taking care of people's emotional and personal development needs", and now supports almost 2,500 people a year. It has nearly 900 hostel and shared-house places in over 350 schemes in 48 towns as far apart as Taunton, Maidstone, Barrow-in-Furness and South Tyneside.⁴² Most clients have a learning disability, mental ill health or a physical disability, and many were homeless or in a highly vulnerable housing situation. Specialist services include homeless projects, resettlement, self-contained and shared housing, tenancy support, skills and work training, and creative activities. Its 'quick-access' hostels for rough sleepers in Manchester, Birmingham and Hastings are supported by funding from the RSU and *Crisis*, and combine training and short-stay accommodation. *Carr-Gomm* also runs Tenancy Sustainment Teams in Brighton.

The Simon Community

The origins and distinctive aims and ethos of the *Simon Community* were described in Chapter 7. While now based in Dublin, it has offices in Belfast, Glasgow, Leeds and London.⁴³ The Glasgow community was established in 1966 and has five supported accommodation projects with 42 residents in the Maryhill, Dennistoun, Castlemilk, Tollcross and Govanhill districts.⁴⁴ They provide housing in a safe environment, with as much support as is required, and also street work, training and resettlement.

Young Men's Christian Association

The YMCA was founded in 1844 in London and quickly spread to many countries. Its Sixth World Council declared that the YMCA is a "world-wide fellowship uniting Christians of all confessions. It is consistent with an open membership policy, involving people irrespective of faith as well as age, sex, race and social condition".⁴⁵ Its aim is to promote the spiritual, intellectual and physical self-improvement of young people, and it is a substantial provider of low cost accommodation and life skills training to homeless, low income and young people.

The *YMCA England* has 160 local associations and is the largest provider of safe, secure, affordable supported housing for young people, offering close to 7,000 bed spaces every night, ranging from hostel

rooms to self-contained flats. It is also the largest provider of foyer places.⁴⁶ *YMCA Scotland* has 37 local associations, several of which offer housing support to young people including emergency housing, supported accommodation units, independent living skills training, counselling and support services, and information and advice. One of the local associations also provides emergency accommodation for asylum seekers and refugees.⁴⁷

YMCA Wales broke away from the British Isles federation in 1981, has 30 local associations, and seeks to develop five more. Its objectives include "to keep in the forefront of the needs of young people and families", "to drive forward youth opportunities, youth entitlement, job training", and "to continue to work with those most marginalised in our society".⁴⁸ *YMCA Ireland*, which also became independent in 1981, is an all-Ireland federation and during the 1990s greatly expanded in the Republic of Ireland. The number of local projects increased from 10 in 1985 to 22 in 1999. Its vocational training and community relations activities have grown rapidly throughout Ireland, and it runs a 23-week learning skills programme, STEP, for young people who have no qualifications.⁴⁹

By providing low cost, direct-access accommodation for young people in the country's major cities, the YMCA has an important if unmeasured role in preventing homelessness and rough sleeping. Some of its hostels explicitly offer accommodation to homeless people (as opposed to young tourists or visiting students and workers). For example, three of London's YMCA hostels, in Earls Court, Croydon and Waltham Forest met the inclusion criteria for first stage hostels in a survey of single homeless people during the summer of 2000.⁵⁰ In north London, Hornsey YMCA runs a 158-bed direct-access, special needs hostel for young adults aged 16-30 years, and it has recently launched a foyer.⁵¹ Since 1999 the YMCA has run the RSU-funded 'Y Contact Scheme' in Brighton and Hove, which relocates young rough sleepers with no prospects of housing in the area into supported and social housing, mainly through the YMCA network.⁵²

REGIONAL AND LOCAL SERVICE PROVIDER ORGANISATIONS

To recap, most of the advice and support services for homeless or potentially homeless people in a town or a county are provided by local government housing and social service departments, *Citizens Advice Bureaux*, and local (or in a few cases regional) voluntary organisations. It is the latter, however, that provide most of the accommodation and direct support for single homeless people. They vary from small, single-purpose, religious mission-based or community-based associations, some with no formal (or legal) incorporation, to highly professional, 'social housing plus' associations

with multi-million pound turnovers. Some operate from a single site and rely on volunteers and charitable donations, some have grown through specialisation, while others offer multiple services over a wide area and employ hundreds of staff. This section provides an overview of this rich complex of organisations. It is not a complete inventory, both for reasons of space and because there are no comprehensive lists or directories, but the following paragraphs illustrate the development and roles of a selected few. Brief details of others are presented in Table 12.3.

There was some new local authority provision of temporary accommodation for single homeless people during the 1980s, in connection with the DHSS scheme to replace the Resettlement Units, e.g. four south London authorities provided 130 new direct-access beds to accommodate residents displaced from Camberwell.⁵³ Nonetheless, only a few local authorities still own and manage such accommodation. *Manchester City Council*, for example, has separate direct-access hostels for men and for women. *Glasgow City Council* has several large hostels which are being refurbished, and in 1990 developed the innovative *Hamish Allan Centre*. It is the central homelessness advice service in the city, and also has emergency access bed-sit accommodation.⁵

The origins and development of service providers

The principles and aims of many different types of homelessness organisations were examined in Chapter 7, including the tendency for those with roots in religious communities to become secular. As the early experiences of *The Salvation Army* and the following examples illustrate, organisations that successfully increase their support for homeless people necessarily undergo many changes. Whatever their origins, and however individual their growth and development, some convergence and standardisation tends to occur. Since the late 1990s, there have been several mergers among homeless sector service-providers to increase capacity, effectiveness and potential.

Some organisations started as a single hostel or day centre to meet overt local needs, and incrementally developed a wider range of services as new needs were identified. The pattern is exemplified by the origin and growth of **St Anne's Shelter and Housing Action** in Leeds. It began in 1971 as a day centre for homeless people at St Anne's Roman Catholic Cathedral. The users included many who used the city's five night shelters, all of which compelled the residents to leave during the day. Even before the day centre relocated in 1973, "the secularisation of the organisation had begun".⁵⁴ In 1976 it founded the first community-based detoxification centre in the UK, and it is now a major provider of specialist housing and support through much of Yorkshire for people who are

Table 12.3 Examples of homeless sector service providers

Organisation	Founded	Location	Services provided
Birmingham City Mission	1966	Birmingham	Direct-access short and medium stay housing in cluster flats (43 beds), with detox. unit; supported house (15 beds); evening drop-in centre; street outreach work; life skills training and resettlement; resource centre, furniture recycling and repair projects; woodwork shop. http://www.users.globalnet.co.uk/~mission/
Broadway¹	1981	London (11 boroughs)	Hostels, supported flats and bedsits (500 people); rehabilitation training flats; day centre; healthy living centre; CATs providing outreach and support services; employment and training unit. http://www.broadwaylondon.org/services.html
Centrepoint Outreach	1992	Boston, Lincolnshire	Drop-in centre; temporary supported housing (6 beds); move-on accommodation; furniture recycling scheme; charity shop.
Glasgow Simon Community	1966	Glasgow	Short and medium stay housing projects (42 beds); street outreach work; nightly soup kitchen; resettlement and tenancy support services; resettlement training service and 'Building up and developing skills' (BUDS) project for homeless people. http://www.glasgowsimon.org
Homeless in Blackpool	1983	Blackpool, Lancashire	Soup kitchen; temporary accommodation (19 beds); life skills training; help with housing and employment; 2 charity shops. http://www.homelessinblackpool.co.uk
Hull Homeless and Rootless Project	1982	Kingston-upon-Hull	Night shelter for 21 residents; day centre; referrals to housing associations and landlords. http://www.doorstep.demon.co.uk/hspi/hspiPage8.html
Newport Action for the Single Homeless (NASH)	1983	Newport and Abergavenny, Wales	2 night shelters, each for 6 people; direct-access hostel (24 beds) and second stage hostel (7 beds); hostel for mentally ill homeless people (26 beds); 4 shared houses for 16 people; life skills training and resettlement services; bond guarantee scheme; floating support worker; purpose-built centre with art, workshop and training facilities. http://www.nash01.org.uk
Providence Row Charity	1860	East London	Hostels, clustered flats and bed-sits (around 170 beds); foyer (42 beds); street drinkers' hostel (31 beds); day centre; community café; counselling service; life-skills training and resettlement services; project for sex workers. http://www.providencerow.org.uk
Wallich Clifford Community	1978	Cardiff, Swansea and Bridgend	Hostel; night shelter; supported housing; street outreach work (breakfast runs); accommodation and support services to heavy street drinkers; education and training programme; tenancy support. http://www.wallichclifford.f9.co.uk

Notes: 1. Housing Services Agency (started in 1981) and Riverpoint merged to become Broadway in April 2002.

homeless, or have mental health or substance misuse problems or learning disabilities.⁵⁵ Two further contrasting examples of the rapid development of homelessness organisations are summarised in Box 12.1.

Some organisations have idiosyncratic roots. After the collapse of Lowestoft's fishing fleet in the early 1970s, many men were unemployed. A few drank heavily, could not afford to stay at the seamen's mission, and slept on the streets and the beach. A count undertaken

Box 12.1 Developmental 'milestones' of two homeless sector organisations

St Mungo's, London (<http://www.mungos.org>)

- 1969 Began by volunteers who opened a south London house to rough sleepers, and operated a soup run from the kitchen.
- 1970s Opened large hostels in disused buildings and smaller supported houses.
- 1981 Introduced a resettlement team to work with residents.
- 1984 Developed a residential care home for frail elderly men.
- 1986 Developed a programme of work and training for homeless people ('Skills, Training, Employment and Placement Service').
- 1992 Opened a specialist hostel specifically for mentally ill rough sleepers, funded by the government.
- 1995 Opened the first specialist hostel in London specifically for rough sleepers who drink heavily. Developed 'Make-it-Work' Scheme to provide activities for hostel residents.
- 1997 Developed the first specialist hostel for older rough sleepers.
- 1998 Developed a day centre for homeless people who are resettled.
- 2000 Developed street outreach services, tenancy support service, and a prison scheme to prevent homelessness, funded by RSU.

Watford New Hope Trust, Hertfordshire (<http://www.watfordnewhope.org.uk>)

- 1990 Started with 'outreach' from two old buses.
- 1991 Organised a winter night shelter in church halls.
- 1993 Developed emergency shelter accommodation for 10 residents.
- 1994 Opened a charity shop run by volunteers, now trading on two floors.
- 1997 Purpose-built day centre opened: by 2002 about 60 attenders daily. Opened home for five residents with drug or alcohol problems.
- 1998 Resettlement team formed.
- 1999 Opened an all-year night shelter for 15 residents.
- 2000 Developed street outreach and tenancy support services, funded by RSU. Started market gardening and furniture recycling projects.

by local postmen while conducting their morning round found 60 rough sleepers.⁵⁶ As a result, a night shelter staffed by volunteers opened in 1975, and subsequently the **St John's Housing Trust** was formed. Another example is from Boston, Lincolnshire, where in 1992 the town's Methodist Church recognised that some local people were lonely and arranged a weekly coffee evening. It soon became apparent that some attenders had social and housing problems and were sleeping rough. With other local churches, **Centrepont Outreach** was formed as a drop-in and advice centre for homeless and vulnerably housed people.⁵⁷

The **Talbot Association** in Glasgow was founded in 1971 by a local man, Vincent Buchanan, and a few friends, and started as a night shelter in the Gorbals with men sleeping on newspapers on the floor.⁵⁸ Presently it runs six housing projects in the city.⁵⁹ It aims "to provide care and solace for all destitute men and women in the form of accommodation, including rehabilitation homes, to help individuals gain a useful place in society", and currently has a turnover of nearly £4 million and 162 employees.

Examples of services offered by provider organisations

Aberdeen Cyrenians, founded in 1968, has developed innovative services for single homeless people.⁶⁰ Its Clifton Road Project comprises five self-

contained furnished flats and five bed-sits for young homeless people, with 24-hour support. It runs a day centre, and has supported accommodation for homeless women and for people with chronic alcohol, drugs and mental health problems. Started in 1996, its Cygnet Project includes training and work placement programmes for homeless people, and preparatory education on leaving home and housing for 4,500 secondary pupils each year in local schools, community education centres and youth work projects.

The **DePaul Trust** works specifically with young homeless and disadvantaged people.⁶¹ It runs ten small night shelters and hostels, five in Greater London, and others in Gravesend, Manchester (2), Newcastle-upon-Tyne and Birmingham. It has employment training and personal development programmes for young people in London, schemes that work with young offenders while in prison and when discharged, and a community development project in Newcastle for marginalised young people.

Framework Housing Association in Nottingham was formed in July 2001 from the merger of two homeless charities, *Macedon* and *Nottingham Help the Homeless Association*.⁶² It is the largest homeless service-provider in Nottinghamshire, and accommodates around 300 vulnerable homeless people in 18 projects. These include short and medium stay hostels, and specialist housing for women and older people. It runs two

unique projects. Handel Street Day Centre was established in 1991 as the first 'wet' day centre in the UK, and provides nutritious food to heavy drinkers, access to medical and alcohol services, and a nurse-run injuries clinic. Sneinton Hermitage, a small hostel managed by a trained nurse, is a treatment centre for people with alcohol problems. Users participate in an alcohol treatment programme, from 'total abstinence' to 'medication' or 'controlled drinking'.

St Mungo's is the largest provider of hostel accommodation for homeless people in London and operates an unusually wide range of specialist support services. An outline of its development is presented in Box 12.1. Its first hostel opened in the 1970s, and it now has more than 60 housing projects, from hostels to registered care homes, in which over 1,200 people are accommodated each night.¹⁸ It provides specialist accommodation for drinkers, people with mental health problems, and older rough sleepers, and it has places for homeless people with dogs. Partly through funding from the RSU, it provides street outreach, resettlement and tenancy support services. Over the last 15 years it has also developed a comprehensive programme of work and training for homeless people (see Chapter 6). *St Mungo's* also co-ordinates the RSU-funded 'rolling shelter programme' of short-term shelters in central London for the clients of the CATs.

Thames Reach Bondway (TRB) in London was formed by the merger in October 2001 of *Thames Reach Housing Association* and *Bondway Housing Association*.⁶³ Thames Reach was established in 1984 and provided one of the first street outreach services in central London. Its first hostel near Waterloo railway station opened in 1985. Bondway was set up in 1978, and provided accommodation for long-term rough sleepers and an outreach service to those who were isolated on the streets. Through the 1980s and 1990s, both organisations worked intensively with vulnerable rough sleepers. TRB provides outreach, accommodation, resettlement and tenancy support services, and has developed an innovative self-help group for users, 'Huge Move', and a peer education project (see Chapter 6). Since the merger, it has become one of the largest organisations working with street homeless people in London, and has over 600 beds in hostels and specialist and supported housing.

'SECOND TIER' ORGANISATIONS

There are several 'second tier' organisations that provide support to the front-line service providers. These organisations only exceptionally provide services to homeless people, and their principal function is to offer training, advice and financial, fundraising or other management assistance. Some also have a lobbying and policy advocacy role.

The *National Council for Voluntary Organisations* (NCVO) is the umbrella body for the voluntary sector in England, with sister councils in Wales (*Wales Council for Voluntary Action*), Scotland (*Scottish Council for Voluntary Organisations*), and Northern Ireland (*Northern Ireland Council for Voluntary Action*).⁶⁴ NCVO has a growing membership of over 2,000 voluntary organisations, from large national bodies to community groups, local volunteer bureaux and development agencies. NCVO represents the views of its members and the wider voluntary sector to government, The Charity Commission, the European Union and other bodies. It also carries out research into the voluntary sector and provides information and advice to voluntary organisations.

Homeless Link is a national 'trade association' of more than 700 organisations, agencies and individuals that work with homeless people in England and Wales.⁶⁵ It was formed in 2001 by the merger of *National Homeless Alliance* and *Homeless Network*. It has a twofold mission: (a) to provide homelessness agencies with a single strong voice to influence policy and public opinion on issues affecting homeless people, and (b) to enable the sharing of good practice and ensure that appropriate quality services are delivered to homeless people at local, regional and national levels. Its website provides up-to-date information about policy briefings and reports on service delivery, and the organisation runs courses on working with different client groups, interviewing and key working, resettlement and welfare benefits, and delivering and evaluating services.

Homeless Link's National Day Centres Project, of around 300 homeless people's day centres, holds regional meetings and an annual conference. Its Multiple Needs Project gathers information about homeless people with multiple needs, campaigns for improved services for this group, and has produced a good practice briefing. Supported by the *Community Fund*, *Homeless Link* launched *Homelessdirect* in September 2001 to unite local, frontline homelessness charities to help them tackle their funding problems. *Homelessdirect* acts as a resource through which the general public can donate directly to their local homelessness organisation, and has 50 member agencies and its own website.⁵⁵

Resource Information Service (RIS) is "a registered charity that collects, analyses and publishes information to enable voluntary and statutory services to deliver better services to people in need [and] provides information systems that help people who are in need due to homelessness, poverty, unemployment, disability or disadvantage".⁶⁶ As described above, it maintains the *Hostels Online* website which connects hostels and housing projects with agencies that work with homeless people.⁹ By visiting the website, day

centres, advice services and hostel staff can access up-to-date information about hostel vacancies and waiting lists in the participating towns and cities (London, Nottingham, Birmingham, Edinburgh, Bradford and Dublin). RIS's other information sources are:

- The 'Homeless Pages' website, which provides plentiful information and resources, including reports, directories, websites and training courses about homelessness.⁶⁷
- The 'UK Advice Finder', which is the largest database of advice and helping agencies in the UK. Available on CD, it has details of more than 13,000 local, regional and national organisations. Searches can be undertaken by service type, client group, subject, and area.
- 'On the Right Track' is a touch-screen computer information system for use by young homeless people that enables them to find out about local services. It is available in London at King's Cross and Victoria railway stations, and plans are underway for it to be installed at Euston and Waterloo stations.
- The 'Homeless, Employment, Advice and Training' (HEAT) website and directory contains details of 573 agencies throughout London that provide training, employment and support services for homeless people.⁶⁸ It has been produced by RIS and Off the Streets and into Work.
- 'Link' is a secure web-based client monitoring system that allows organisations to track details of clients and the help that they receive. It is used by The DePaul Trust, Off the Streets and into Work, The London Connection and Centrepoint to monitor work in over 100 projects.
- The 'Homeless London' public-access website provides details of services for homeless people in London.⁶⁹ It covers around 500 hostels and housing projects, and 1,070 non-residential services. It also has details and maps of advice services; alcohol, drug and mental health projects; local authority housing departments; the Jobcentre Plus Network and Citizens Advice Bureaux.

The *Construction and Property Industry Charity for the Homeless* (CRASH), founded in 1991, brings together professionals and companies from the British construction and property industry to help homelessness charities improve their premises.⁷⁰ This involves diverse practical support, from supplying free paint, through helping to find buildings and supplying low cost or free building materials, to major renovation works or a complete redesign. In 2001/02, CRASH was involved with 50 projects, including the conversion of a

church hall in Grantham, Lincolnshire, to a day centre, the refurbishment of a Birmingham drop-in centre, and the conversion of a house in Chelmsford, Essex, into direct-access accommodation for 11 rough sleepers. CRASH also promotes research and disseminates findings. Since 2000, it has annually awarded the 'Tony Denison Research Award' to the report or publication deemed to have made the greatest contribution to the understanding of homelessness. In conjunction with the University of Glasgow, it has created a website which summarises the British single homelessness research literature since 1990.⁷¹

Glasgow Homelessness Network (formerly Glasgow Council for Single Homeless) is a multi-agency forum that raises awareness of the interests and needs of single homeless people in Glasgow, and promotes good practice and inter-agency co-operation.⁷² It has produced two directories on services for homeless people, one covering statutory, voluntary and private sector housing opportunities and social service and housing agencies, and the other concentrating on the provision by housing associations that work with homeless people and special needs groups. Its website lists all homelessness projects in Glasgow, including accommodation, information, support and outreach services.

The *UK Coalition on Older Homelessness* is a lobby group of housing and homelessness agencies concerned with raising the profile of older homeless people.⁷³ Its website contains information about policy briefings and current debates on service delivery to older people, and has facts and figures about older homelessness, a research bibliography, and publications that can be downloaded. The Coalition promotes specialist services for older homeless people, and two of its members, *Help the Aged* and the *Housing Associations Charitable Trust* (HACT), fund a programme of specialist older homeless people's services. These services range from outreach, resettlement and tenancy sustainment work to preventive services, specialist projects for older people with alcohol and mental health problems, and training for homeless sector staff.

LOCAL LIAISON AND SERVICE CO-ORDINATION

The review of pathways through homelessness in Chapter 5 made it clear that effective help and support for homeless people requires liaison and onward referrals among many provider organisations and services. The requirement is challenging in its demand for joint working between statutory and non-statutory agencies, across several social and health care services or disciplines, and among sometimes proudly independent associations. Two levels of desirable co-ordination are apparent: in the strategic development

of a local service system, and in operational matters including case management. In general, the level of local co-ordination has been one of the most inadequate aspects of British society's response to the problem of homelessness, although there are laudable exceptions.

Homeless service providers *cannot* operate in isolation from the 'law of the land', the institutions and 'funding streams' of state welfare, and local authority regulations. Buildings require planning permission, and to provide a service to others any organisation must comply with the building, sanitation, fire, health and safety, and employment regulations. Any hostel for homeless people creates a concentration of health care treatment needs, and necessarily engages the NHS (see Chapter 10), while the ambition to place people with low income in long-term accommodation necessarily involves the principal providers of 'social housing', the local authorities and registered social landlords.

In practice, a higher level of liaison, with a focus on the exchange of information, has existed in all parts of the country for many decades. Since 1977, the duty to provide advice to homeless people and to rehouse those with priority needs has prompted most local authorities to convene some form of 'homelessness forum' to which all the agencies and organisations that provide help and support to homeless people are invited. It appears, however, that until recently few of these forums had an active planning role (understandably without resources to allocate), and that many have met infrequently. Anecdotally one hears that a perceived lack of reciprocity led some providers not to participate.

More active and influential local consortia and partnerships of homeless sector service provider organisations have however been operating for two decades and recently have multiplied quickly. One of the most effective *strategic* local partnerships (putting aside the RSU's equivalent role for London) is the *Nottingham Hostels Liaison Group* (HLG) which was set up in 1981 with funding from the city and county councils to support voluntary sector agencies working with homeless people.⁷⁴ Since its inception, it has:

- Fostered close links among the local authority housing and social services departments, health services and the probation service.
- Co-ordinated responses to issues affecting homeless people, such as social security benefit changes and community care initiatives.
- In 1986, developed a 'resource team' to research local needs, provide a welfare rights advice service to hostel staff and homeless people, organise training courses for homeless sector staff, and

provide a peripatetic project worker to cover when a service is short staffed.

- In 1988, instituted a 'resettlement scheme' to provide practical and emotional support to homeless people who are rehoused, maintain contact with housing providers, and promote access to available provision. It has instigated a course for homeless people who are to be rehoused which is run at the local college and covers the practicalities of setting up a flat.
- In 1989, developed a 'mental health support team' to provide care to homeless people in hostels, at day centres and on the streets.
- In 1994, commissioned research into a local appraisal of the extent of single homelessness, the accommodation needs of single homeless people, and service-provision. This resulted in an instructive report which describes the extent to which the needs of homeless people in Nottingham were being met.⁷⁵
- Is running a Crisis SmartMove scheme under licence from *Crisis* (see Chapter 5).

In October 2001, the HLG produced the first *Nottingham Inter-Agency Homelessness Strategy*, which has collated statistics on service provision in the county and detailed analysis and recommendations. It also maintains an informative website with lists of all homeless projects in Nottinghamshire, including several down-loadable good practice guides.⁷³ The group continues to receive financial assistance from *Nottingham City Council and Nottinghamshire County Council*.

A review of service consortia, partnerships and strategy groups that address homelessness was undertaken in 1997 by the *Campaign for the Homeless and Rootless* (later known as the *National Homeless Alliance*).⁷⁶ Among 202 authorities surveyed in England, 109 (54%) had established or were developing a single homelessness forum or 'strategy group', including Manchester, Cardiff, Mendip and Lancaster. Leicester had developed the Leicester and Leicestershire Hostel Group, while voluntary and statutory agencies in Ogwr, south Wales, in 1990 formed the Ogwr Single Housing Forum. Other examples of forums and strategy groups are shown in Box 12.2. With the new requirement for local authorities to develop homelessness strategies, discussed fully in Chapter 14, it is expected that local homelessness forums will have increasingly important strategic and operational functions.

An effective *operational* co-ordination has been in the establishment of multi-agency centres, sometimes known as 'one-stop shops', to provide a range of

Box 12.2 Examples of homelessness forums and strategy groups

The **Cambridge Homeless Partnership** (CHP) was formed in 1991 by homelessness service providers, and now involves more than 30 voluntary and statutory organisations in Cambridge and Cambridgeshire. CHP organises training, conducts research, collects and disseminates information, and establishes various working groups to address specific areas of provision.⁷⁸

The **Oxford Homeless Network** involves statutory and voluntary sector agencies who work with vulnerable single people in Oxford. It meets monthly to share information and discuss current issues. Its *Oxford Homeless Network Directory* provides brief details of local services, including accommodation and emergency overnight-shelter; day centres and resources; community resources; and network meetings.⁷⁹

Developed in 1994, the **Cumbria Homelessness Forum** involves 40 agencies, including six district councils, local Registered Social Landlords, *Shelter*, *Centrepoin*, Social Services and the Probation Service, and voluntary sector providers. It is chaired by the Director of Housing from *Carlisle District Council*. Its twin goals are to be the county 'expert' on homelessness through research, policy development and best practice exchange, and to ensure that homelessness is on the local and regional strategic planning agenda through lobbying and partnership working.⁸⁰

services in one place. For example, The Hub in Bristol was established in 1995 as a multi-agency project and involves workers from many services, including housing, training and employment, health care, welfare benefits, social services, and from homeless organisations such as *Shelter* and the *Bristol Cyrenians*.⁷⁷ Funding was initially made available by the *Department of Social Security* (now DWP) following the closure of the local Resettlement Unit. Additional support also came from Bristol Chamber of Commerce, which had become concerned about the growing number of homeless people begging and public disorder in the city centre. The Hub has led to greater case co-ordination, improved communication between staff and service users, and the development of a holistic service approach that allows agencies to learn from one another.

Other examples of multi-agency centres or 'one-stop shops' include the *Single Access Point* in Edinburgh, and the *Y Advice and Support Centre* in Leicester. There is also collaboration in training and work programmes for homeless people, as in London with *Off the Streets and Into Work*, and co-ordination of outreach and hostel services among (some) providers in the largest cities, most evidently in London, Birmingham, Manchester and Glasgow.

The *Novas-Ouvertures Group* is a federation of organisations that work with disadvantaged and excluded people.⁸¹ Established in 1998, the member 'social businesses' (their phrase) sign up to the central vision and core values, which include a belief in social justice, community, equality and diversity, and self-determination based on individual rights. In 2002 there were 14 member organisations in Great Britain, Northern Ireland and the Republic of Ireland, including *Bridge Housing Association* and *Arlington Care Association* in London, the *Bristol Cyrenians*, *Azadeh Community Network* (formerly *Petrus*) in northwest England, *Rowan Alba Association* in Scotland, *Lee Hestia Association* in Northern Ireland, and *Tir an Droichead Teoranta* in the Republic of Ireland.

Novas-Ouvertures has more than 800 employees and 200 volunteers, an annual turnover of £35 million, and

over 1,900 units of specialist accommodation. Its members provide direct-access hostels, wet and dry hostels, registered care homes, foyers, women's refugees, supported housing, day centres for homeless people, employment and training schemes, mental health and substance misuse services, and street outreach work. As a parent body, *Novas-Ouvertures* provides strategic and operational direction, as well as central services such as finance, training, human resources, information technology support, audit and quality control, and policy and research.

The Service Audit Partnership, an initiative in 1999 of five leading London homelessness agencies, *Broadway*, *Thames Reach Bondway*, *Eaves*, and *Single Homeless Project*, aims to improve the quality and safety of projects for homeless people through mutual exchange peer audit. Other organisations that house homeless people have now joined the scheme, namely *Stopover*, the *Peter Bedford Housing Association* and *Croydon Association for Young Single Homeless*. An evaluation of the pilot phase found that the partnership has been effective in improving standards and sharing knowledge.⁸²

A review of homeless services in Scotland in 2001 found poor multi-agency working among homeless service providers, and believed that the situation should be corrected.⁸³ It suggested that the stimulus to work together depended upon the identification of unmet needs and gaps in service provision, and funding opportunities. The impediments to joint working included organisational and professional boundaries, poor understanding of other organisations' remits, duties and limitations, inadequate staffing, and the time required to develop and sustain relationships.

PROVIDING SERVICES IN RURAL AREAS

By contrast with towns and cities, there are few services for homeless people in rural areas, and access to them can be costly and difficult because of distance and restricted public transport. A *Centrepoin* survey found that nearly 40% of rural districts in England had

no emergency accommodation for young homeless people, and in 30% the nearest emergency accommodation was over 20 miles away.⁶⁵ According to a 2002 report by *The Countryside Agency*, the development of services in rural areas faces the following difficulties:⁸⁴

- It is hard to demonstrate the need for a service because rural homelessness is hidden.
- In small communities more stigma is attached to homeless people and services, and this fuels opposition to new service proposals.
- The demand for services is not as great as in towns and cities but is dispersed, which means that small, local projects are needed rather than large hostels.
- Providing accessible services often means that staff and volunteers work in isolated conditions. Besides raising safety and security issues, there is less opportunity to develop and share good practice through partnership working or team work, and supervision and training are less readily provided. *Centrepoint* established a Rural Youth Homelessness Network that now has nearly 2,000 members. The network disseminates good practice advice and information about current policy.
- Little attention is paid to the rural dimensions of multi-agency working in the social policy literature, and there are few examples or models of collaborative working in rural areas.
- It is impossible to provide for every specialist need in a small settlement, which means either that the clients have to move away from their informal support network, or that staff and volunteers have to respond to a wider range of client needs than in urban areas.
- Rural services are more expensive to deliver. Housing support workers, for example, have to travel long distances to see fewer clients than their urban counterparts. Workers' caseloads in rural areas need to be about 15% lower than in urban areas.
- Rates of voluntary sector pay in rural areas are exceptionally low, and many services rely on volunteers with little professional support. There may also be less expertise on management committees.

According to *The Countryside Agency* report, the development of effective rural housing and homelessness strategies requires local authorities and their partners to design needs-assessment tools that are applicable to rural areas, and to agree ways of

working with other agencies that are appropriate for extensive and variegated areas. In the past, most strategies prepared by rural authorities have not taken account of the challenges specific to their geography.⁷² It was further argued that voluntary organisations are particularly well-placed to deliver services to homeless people in rural areas, as they operate flexibly, respond to local needs, and develop new services quickly and creatively. They may also engender greater trust and cooperation from the local community than statutory agencies.

OVERVIEW

There have been unprecedented and radical changes in Britain's response to homeless people over the last thirty years. Partly as a consequence of the concerted attention of central government, the structure of support services and organisations outside state welfare has developed considerably. The organisations involved have grown up from diverse roots, some from humanitarian, moral and religious motives through both individual and institutional enterprise, while many in the latest generation as specialist social housing providers. The net achievement has been significant progress in the development of a network of preventive, responsive, ameliorative and rehabilitative services. Although the spectrum of currently available services has significant gaps, overall the service system is more comprehensive and effective than a generation or even ten years ago.

Perhaps the greatest achievement has been the consolidation and modernisation of the pathway of services that guide homeless people through temporary accommodation and into long-term housing. Advice, outreach and day centre services have grown substantially, both in the number of facilities and in the quality and individualised delivery of their advice and support. Temporary or 'first stage' hostel accommodation has expanded and been rapidly modernised, and is now normally accompanied by individual advice, 'key working' and 'care or rehabilitative' planning. Similarly, the combination of public funding and voluntary sector enterprise has hugely expanded the available range of transitional, supported and move-on accommodation. Substantial if less widespread progress has been made in improving the availability of basic income support and primary and mental health care services to homeless people.

Many who work in the sector would however accept that three continuing weaknesses require attention, which, put bluntly, are the 'insecurity', 'lack of performance and outcome monitoring', and 'poor co-ordination' of many current services. The expansion of the sector has been dependent upon philanthropy and short-term contracts from central and local government, often through service innovation and 'community regeneration' programmes, and these

sources of revenue are parsimonious and fickle. With the ethos of voluntary help, the result is not only that the sector pays poorly and finds it difficult to secure experienced, well-trained professional help, many services and projects have constantly uncertain futures. The 'unprofessional' character of much of the homeless sector is one factor in its continuing marginalisation from the principal agencies of state welfare, and perpetuates the pervasive local problems of low recognition and poor joint working.

One handicap faced by many projects is that they find it difficult to measure and report their achievement or performance. Many aspects of support and help to homeless people deserve more extensive monitoring and evaluation, so that lessons can be learned and good practice disseminated. These include identifying gaps in service provision through appraisals of local needs and services; developing minimal standards for services such as temporary accommodation; and improving routine data collection so that the performance and outcomes of services can be easily demonstrated.

The continuing weaknesses are however well recognised by many homeless sector organisations as well as the *Homelessness Directorate*, and there are several signs of a determination to tackle the most avoidable. There is now a strong consensus among the leading voluntary sector organisations that more can and should be done in the fields of training, the dissemination of good practice, and operational collaboration; and the Internet revolution is increasingly being explored as the technological means. An awareness of deficient local planning and operational collaboration surely lies behind the new duty upon local authorities to develop and implement local homelessness strategies. As will be discussed further in Chapter 14, if the progress in service development of the last decade is to be continued in the next, one key will be the extent to which local authorities and local organisations grasp the opportunities created by the new statutory requirement.

Notes

1. Available from the Resource Information Service, London.
2. See <http://www.streetuk.org/>
3. The Oxford English Dictionary defines 'alms' as charitable relief of the poor; charity; originally and especially as a religious duty, or good work, and dates the earliest recorded written use in circa 1000. OED defines 'almoner' as an official distributor of the alms of another, or the name of a functionary in a religious house or in the household of a bishop, prince or other person of rank. The first recorded use was in c.1300.
4. See Fitzpatrick *et al.*, 2000a.
5. Garside *et al.*, 1990.
6. Rosengard Associates with Scottish Health Feedback, 2001.
7. Van Doorn and Williamson, 2001.
8. Carter, 2000; Ham, 1996; Harrison, 1996.
9. See <http://www.hostels.org.uk>
10. Rough Sleepers Unit, 2001a.
11. For a comprehensive description of services for homeless people until the late 1970s, see Rose, 1988.
12. Digby, 1976.
13. Crane and Warnes, 2001a.
14. Watts and Bennett, 1991.
15. Randall and Brown, 2002a.
16. Randall and Brown, 2002a, pp. 38-41.
17. Rosengard Associates with Scottish Health Feedback, 2001, p. 8.
18. St Mungo's 2001, Policy Briefing on Rolling Shelters. Available at <http://www.mungos.org>
19. See <http://www.crisis.org.uk>
20. Crane and Warnes, 2000c.
21. Pleace, 1998.
22. Llewellyn and Murdoch, 1996.
23. Waters, 1992, p. 7.
24. Duncan *et al.*, 1983.
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29. Crane and Warnes, 2002a.
30. Cooper *et al.*, 1994; Dant and Deacon, 1989.
31. Edwards, Woodward and Fearn, 2001.
32. O'Leary, 1997; Randall and Brown, 1999; Schutt *et al.*, 1997; Wolf *et al.*, 2001.
33. Alexander and Ruggieri, 1998; Dane, 1998.
34. Homeless Link, 2002
35. See <http://www.foyer.net>
36. The evaluation was commissioned by the Department of the Environment, Transport and the Regions and the Department for Education and Employment. See Maginn *et al.*, 2000.

37. See <http://www.shelter.org.uk>
38. See <http://www.centrepoin.org.uk>
39. See <http://www.salvationarmy.org.uk/SocialServices/index.html>
40. See <http://www.echg.org.uk>
41. See <http://www.housingcorp.gov.uk/resources/register/rsldata/lh0724.htm>
42. See <http://www.housingcorp.gov.uk/resources/register/rsldata/lh2172.htm>
43. The London and Leeds offices do not maintain websites. A few details are available at <http://www.simoncommunity.com/>
44. See <http://www.glasgowsimon.org/>
45. See http://www.ymca.int/mission/parisbasis_en.htm
46. See http://www.ymca.int/ymcas_country/national_profile/England.htm#Section_5 and <http://www.ymca.org.uk/content/nonet4.htm>
47. See http://www.ymca.int/ymcas_country/national_profile/Scotland.htm#Section_1
48. See http://www.ymca.int/ymcas_country/national_profile/Wales.htm#Section_1
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51. See <http://www.ymcahornsey.org.uk/>
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64. See <http://www.ncvo-vol.org.uk>
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67. See <http://www.homelesspages.org.uk>
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69. See <http://www.homelesslondon.org.uk>
70. See <http://www.crash.org.uk>
71. See <http://www.crashindex.org.uk>
72. See <http://www.gcsh.org.uk>
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76. McCluskey, 1997.
77. http://www.eurofound.eu.int/living/socpub_cstudies/uk4.htm
78. See <http://www.cambridgehomelesspartnership.org.uk>
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13. Preventing homelessness

The final two chapters of the *Factfile* are reflective, forward-looking discussions of current policy and practice development priorities and stances. This penultimate chapter examines long-established and novel approaches to the prevention of homelessness, while the final chapter focuses on the most innovative aspects of current policy proposals and debates. Preventing homelessness has been an important issue for the government, for policy makers and for service providers since the late 1990s. It was one of the key goals of *Coming In From the Cold*, the *Rough Sleepers Unit* strategy to tackle rough sleeping. It allocated more than £18 million to projects and programmes in urban and rural areas to help people at risk of becoming homeless,¹ and in 2001 published *Preventing Tomorrow's Rough Sleepers: A Good Practice Guide*. The Welsh Assembly has allocated around £340,000 in 2002/03 for housing advice and homelessness prevention programmes,² while the *Scottish Homelessness Task Force* in 2002 published *Helping Homeless People: An Action Plan for Prevention and Effective Response*. In its 2002 report, *More Than A Roof*, the government stressed the need for new approaches to homelessness and to prevention, including more support for people who are at risk. This theme is echoed in the *Homelessness Act 2002*, which places a duty on local authorities to develop homelessness strategies with prevention in mind.

In the social and health services, prevention programmes are normally associated with public health medicine and have three main types.³ 'Universal' programmes are made available to the entire population, although some target particular age groups or genders, e.g. childhood immunisation against measles. 'Selective' prevention programmes aim at those at high risk through membership of a specified group, but no individual screening is required. 'Indicated' prevention programmes are directed towards people at risk because they present a risk characteristic or combination of characteristics, and involve screening. With regard to homelessness, prevention programmes can focus on thwarting new cases (primary prevention), or on shortening or ending current cases (secondary prevention). Successful secondary prevention reduces the prevalence of homelessness, but not its incidence.

Developing homelessness prevention programmes is not straightforward. To ensure that programmes are cost-effective, information is needed which identifies people at risk. At present, not enough is known about

the factors that select those people who are vulnerable to becoming homeless. Homelessness is often associated with crises such as a relationship breakdown or the loss of a job, or with problems such as heavy drinking, mental illness, or being in local authority care as a child (see Chapter 4). Yet the majority of people with these experiences do not become homeless. As noted in an American study, 'only a small portion of the persons targeted by many prevention programs are actually at risk of repeat or prolonged homelessness'.⁴

The second problem concerns the difficulties of demonstrating the effectiveness of prevention programmes. It is intrinsically complicated to define and identify a non-event, for example that a person has *not* abandoned a tenancy or been evicted, and that homelessness has been prevented. Verification of a 'prevention' event requires clear evidence of: (i) an actual (not just perceived or declared) risk of homelessness; and that (ii) the intervention given was instrumental in forestalling homelessness. Without sensitive and reliable performance and outcome measures, it is hard for policy makers and service providers to argue the extent to which prevention programmes are effective. This chapter describes many of the homelessness prevention strategies and programmes that are in place.

HOUSING AND TENANCY SUPPORT SERVICES

Strengthening the duty of local authorities

Extending groups of people in priority need

Chapters 2 and 8 describe the duty of local authorities to rehouse people defined as homeless and in priority need. With the aim of preventing homelessness, the categories of groups in priority need have been extended to include other vulnerable people. Through *The Homelessness (Priority Need for Accommodation) (England) Order 2002*, new regulations came into force in England from 31 July 2002. Additional priority categories are: (i) 16 and 17 year olds; (ii) care-leavers aged 18-20 years; (iii) people fleeing violence who are vulnerable; and (iv) people who are vulnerable as a result of having spent time in local authority care, the armed forces, prison or custody (see Chapter 2). Not every person who has an institutional background or is fleeing violence is considered to be vulnerable. Care-leavers aged 21 years or older, and those leaving the armed forces or prison, have to demonstrate

vulnerability (e.g. poor health) to establish a priority need.

The regulations differ in Wales and Scotland. In Wales, *The Homeless Persons (Priority Need) (Wales) Order 2001* recognised the same new priority needs groups as England, but also included people aged 18-20 years old at risk of sexual or financial exploitation. Moreover, in Wales there is no requirement for an applicant to demonstrate that they are *vulnerable* as a result of fleeing violence, leaving the armed forces, or being released from custody. People leaving custody will only be accepted as in priority need if they have a local connection with the local housing authority that they have approached.

In Scotland, the *Homelessness (Scotland) Bill* that was introduced in September 2002 proposes the expansion of the priority needs groups to include 16 and 17 year olds, people leaving institutions, and those fleeing violence or abuse. The intention is subsequently to add people aged less than 25 and over 55 years of age, and by 2012 to abolish the priority need categories.⁵

The response of local authorities

The capacity and willingness of local authorities to respond to the priority need extensions has been questioned, not least because they are required to phase out the use of bed and breakfast hotels as temporary accommodation by 2004. Moreover, some housing providers are reluctant to deal with ex-offenders. According to a 2001 review of prisons and the probation service, plans to improve the housing of ex-prisoners 'cut across other programmes designed to enhance community safety, and many local authorities were reluctant to house tenants who were perceived as potentially problematic'.⁶

In June 2002, the *Association of London Government* estimated that the new priority groups will increase homelessness acceptances by 22%, and that councils in London will have a duty each year to house an extra 6,500 people at an extra cost of £15-20 million (based on the previous years' statistics).⁷ In the first four months of the extension in England, the London Borough of Brent accepted 30 applications from 16 and 17 year olds. Most (23) were placed in bed and breakfast hotels because there was no alternative.⁸ In Wales, in the first year of the new priority groups (2001/02), councils accepted as homeless an additional 1,900 people in these categories, representing a 10% increase to the total.⁹

Providing advice and assistance

By the terms of the *Homelessness Act 2002*, local authorities (through their housing departments) are required to provide housing advice to anyone who is homeless or likely to become homeless. For a person or household that is likely to become homeless

within 28 days, the authority has to accept a homelessness application and give advice and assistance to help the person either avoid losing their home or find somewhere else to live. This may include helping to negotiate with a landlord, mortgage lender or another local authority. Contact addresses and telephone numbers of local authorities are provided at local public libraries and town halls, or can be identified on the pages of the government's local information website.¹⁰

Innovative schemes developed by local authorities include the London Borough of Bexley Homeless and Advice Team, which provides advice on preventing homelessness and other housing matters. The service has several elements including: (i) a tenancy relation service to deal with landlord and tenant disputes; (ii) financial advice to help owner occupiers and tenants in financial difficulties; (iii) housing-rights advice for people who experience relationship breakdown; and (iv) welfare benefits advice.¹¹ The *City of Dundee Housing and Social Services* departments, in partnership with *NCH Action for Children Scotland*, developed the Dundee Families Project to assist families who are homeless or at risk of homelessness as a result of anti-social behaviour. Intensive support is given to four families who reside in special clustered accommodation, and to families in the local community through outreach work.¹²

Housing advice centres

Housing advice centres have grown throughout the country since the 1980s, particularly in the voluntary sector, and have a key role in assisting people with housing problems and at risk of losing their tenancy. *The Federation of Information and Advice Centres* (FIAC) is a co-ordinating body for independent advice centres, and has a membership of around 900 agencies. It provides training, information, publications, consultancy and recruitment services for the members.¹³ According to FIAC, "most independent advice centres have developed in response to particular local, regional or national needs and the differences between them reflect this".

Some advice centres target a particular age or ethnic group. *Frontline Housing Advice*, in London, each year assists approximately 1,500 black and minority ethnic people with housing problems. The *Action Group for Irish Youth* and the *Federation of Irish Societies* promote the welfare of Irish people in Great Britain. Among 2,272 people who presented to 16 Irish advice and welfare centres in London, Manchester, Merseyside and Leeds during 1999, 41% were aged 25-44 years, and most sought advice on housing or welfare benefits.¹⁴

The best known and most comprehensive network of advice centres are the *Citizens Advice Bureaux* (CABx).

They provide a truly local service with over 2,000 outlets across the country. There are more than 40 in both Kent and Staffordshire. The 25,000 CAB volunteers and paid staff respond to about 540,000 housing related enquiries each year.¹⁵ The *National Association of CABx* (NACABx) maintains a website detailing every branch.¹⁶ In 2002, it produced a report outlining the problems of the changes in Housing Benefit administration, which they argue are putting many vulnerable people at risk of homelessness.¹⁷ *Citizens Advice Scotland*, the umbrella organisation for Scotland's network of 70 CABx, forms Scotland's largest independent advice network. In 2001/02, it received 2,363 enquiries from homeless people and 3,397 relating to threatened homelessness.¹⁸

The *Catholic Housing Aid Society* (CHAS), established in 1956, assists people who are threatened with homelessness or living in poor housing, and works with churches and other groups to raise awareness of homelessness and influence housing policy at national and local levels. Its centres: (i) provide advice on housing, debt and welfare benefit problems; (ii) draw up budgeting plans with clients and advocate on their behalf with housing departments, landlords and benefits agencies; and (iii) make referrals to legal and specialist agencies. It works in two county courts to defend people against repossessions; and co-ordinates the *All-Party Parliamentary Group on Homelessness and Housing Need*, which was founded in 1989 and has over 200 members from both Houses. In 2001/02, CHAS helped more than 2,000 people, mostly with problems concerning council tax and housing benefit, debt recovery, court proceedings and repossessions (29% of cases), disrepair, and help with finding accommodation.¹⁹

Shelter is active in the field of homelessness prevention with: (i) more than 50 housing aid centres; (ii) Shelterline, a freephone 24-hour national helpline that provides housing information 365 days a year; and (iii) the Shelternet website which was launched in May 2002 and has practical information about housing and people's rights.²⁰ During its first three years, Shelterline took over 250,000 calls. At present, Shelternet has information only for England, but it is to be extended to the rest of the UK. In Scotland, *Shelter's* Housing Action with Rural Communities works in Dumfries and Galloway to identify and address housing needs. In Wales, *Shelter Cymru* receives funding from *The Welsh Assembly* for housing advice and homelessness prevention programmes, mainly to support housing law case-workers and case-work assistants.²

The 'National Homelessness Advice Service' (NHAS) was founded in 1990 through a partnership between *Shelter* and the NACABx, and is funded by the ODPM (it received the single largest grant from the RSU through the *Homelessness Action Programme*).¹ *Shelter*

delivers the service, through NHAS fieldworkers based at its housing aid centres. NHAS aims "to ensure that people have the information and advice they need to avoid or escape from homelessness", and its fieldworkers provide a telephone consultancy service on homelessness and housing issues to 88% of the CABx, to the *Federation of Information and Advice Centres*, and to other voluntary agencies in London.^{15, 21} They accept complex cases, and work with some local authorities (e.g. Cornwall and Cumbria) on the homelessness strategies. They also provide training to housing advice workers, including a two-day 'Housing Foundation Course'. In 2001/02, the NHAS dealt with 11,400 cases, and provided 716 training courses to 8,091 advisers around the country.¹⁵ Scotland's CABx work in partnership with *Shelter Scotland* through the 'Scottish Homelessness Advisory Service'.¹⁸

Tenancy support teams

Since the 1970s there has been a shift from the custodial care of people in institutions to care in the community, and this has been followed since the late 1980s by an increasing emphasis on the closure of large, traditional hostels and on the resettlement of homeless people. One consequence is that many vulnerable people are now accommodated in general needs social housing. To maintain their tenancy, some require help with budgeting, paying bills and claiming benefits, but have no family or informal support network. Moreover, health services and social services departments tend to help people with acute or high level needs, but are less able to help those who require low level, repetitive support.²² The result is that some people who cannot manage independent living are evicted for rent arrears (see Chapter 4), and some homeless people who are resettled later abandon their tenancy or are evicted.²³

The availability and quality of support for social housing tenants varies greatly.²⁴ Some housing providers employ dedicated tenancy (or 'floating') support workers to assist tenants with tasks such as paying bills, while in some cases help is given by housing officers who have become *de facto* tenancy support workers.²⁵ In Scotland, *Penumbra and West Lothian Council* established in 2000 a 'Tenancy Support Service' for local council and housing association tenants.²⁶ *Manchester City Council's* tenancy support service involves a partnership between the housing department, social services and the (then) health authority. It works closely with the 'Anti-Social Behaviour Unit' and 'Neighbour Nuisance Department', and identifies and targets people whose tenancy is beginning to break down.²⁷

Tenancy support by homeless sector organisations

Homeless sector organisations involved in resettlement have tended to support their clients for six or twelve

months after being rehoused, but some tenancy breakdowns occur after the support is withdrawn.²⁸ In 1999, the RSU introduced Tenancy Sustainment Teams (TSTs) to provide support to rough sleepers who are resettled for as long as the help is needed. Six TSTs were set up in London, and there are 17 in other towns and cities, including Leicester and Brighton. In addition to generalist support workers, TSTs include mental health and substance misuse specialists, youth and employment workers, and meaningful activity workers.

At times, homeless sector organisations undertake tenancy support for social housing providers. In London, *Westminster City's Housing Department* contracted *Thames Reach Bondway* (a homeless sector organisation) to provide support through the 'Westminster Support Scheme' to vulnerable tenants at risk of losing their tenancy. The expectation was that cases would close after six months, but some clients had long-standing mental health or substance misuse problems or literacy difficulties and required extended support.²⁹

Shelter's 'Homeless to Home' scheme operates in Birmingham, Bristol and Sheffield, and assists homeless families who move into permanent accommodation. In the 30 months up to October 2001, more than 300 families had been helped. Most were lone parents (73%), or had children aged under 10 years (78%), and 46% were from a black or minority ethnic group. Many had few personal and financial resources with which to manage a home. They received assistance with moving, financial advice, help with accessing services, and emotional support. The average duration of contact was nine months, although this ranged from just a few days to 28 months. There was evidence that tenancy sustainment continued once support ceased – 82% of 130 families were still housed nine months after the support stopped.³⁰ A similar scheme developed by *Shelter Scotland*, 'The Families Project', originated in Edinburgh and now operates in South Lanarkshire and Glasgow. Child support staff help children cope with the impact of homelessness on their self-esteem, schooling and relationships with friends and family.³¹

The effectiveness of tenancy support

Tenancy support teams have multiplied since the late 1990s, but there are no clear guidelines for or boundaries to their activities. Contracts specify diverse tasks, from helping clients to decorate and furnish their tenancies, through assistance with budgeting and paying bills, to assessing psychological and social needs and linking clients to specialist agencies and community facilities.^{24,29} Some teams target a specific client group, e.g. the *Alcohol Recovery Project* in London supports tenants with alcohol problems. But many teams work with 'vulnerable' people regardless

of their problems and needs, including older people, physically and mentally ill people, those with a substance dependency or learning disabilities, and formerly homeless people. Their problems range from poor daily living and household management skills to domestic violence, disputes with neighbours, and disturbed behaviour. These tasks require the worker to be 'multi-skilled'.

Some tenancy support teams are charged primarily with housing management objectives, others with social welfare goals, while the RSU-funded TSTs emphasise the reduction of rough sleeping. In some schemes, the housing provider identifies potential clients, and specifies the content and duration of support, while in others it is left to the tenancy support team. There are difficulties in monitoring the performance and effectiveness of the teams (as described earlier), and no standards for best practice have been developed. Housing providers are familiar with indicators of their performance as landlords, e.g. voids and rent arrears, but find the social support dimension is more difficult to assess.²² A few evaluations of tenancy support schemes for homeless people and other vulnerable groups have recently been undertaken.^{26, 29, 30, 32}

Homeless people's day centres

Day centres for homeless people have multiplied throughout the UK (Chapter 12). Besides being used by homeless people, many attenders, particularly in the older age groups, were once homeless and have been rehoused. Housed attenders use the centres for several reasons: some are unable to manage at home and rely on the centres for meals; some need help to sort out bills and benefit claims; and some are lonely, bored and seek company. A survey of 23 London centres found that 37% of 1,157 users were in permanent housing, including 65% of those aged 60+ years (see Figure 6.4).³³ Another study found that 43% of attenders were housed, including 95% of those aged 65 or more years.³⁴ Likewise, a third study recorded that 63% of users at a day centre were housed.³⁵ In London, *St Mungo's Lancaster Road Day Centre* targets homeless people who have been resettled.

The role and potential of homeless people's day centres in preventing homelessness has not been studied, but it is likely that some centres make a strong contribution to tenancy sustainment. Some provide housing advice and have regular sessions by health professionals, social security benefit advisors, and substance misuse workers. Some have formal links with further education colleges and provide skills and employment training. In *More Than A Roof*, the government noted that day centres should be "part of an overall strategy to prevent or alleviate homelessness within local authority areas", and targets should "measure how effective local services are at sustaining tenancies".³⁶

RECONNECTING WITH MISSING PERSONS AND RUNAWAYS

Tracing missing persons

Some people who become homeless do so following an exceptionally stressful episode in their families or households, and they leave precipitately and without forethought. Lines of communication are broken and many 'go missing'. The *Home Office* estimates that about 210,000 people are reported missing in the UK each year.³⁷ The vast majority return safe and sound within 72 hours, but thousands do not. People may go missing because of family conflict, debt, abuse, depression or stress, mental illness, substance misuse, or abduction. Evidence from the case records of nearly 2,000 adults and young people reported as missing, and from a sample of 114 formerly missing people, indicated that: (i) men aged 24-30 years are the group most likely to disappear; (ii) young women are more likely than young men to go missing (the peak ages are 13-17 years); (iii) the most common reason why people over the age of 60 years go missing is dementia or other mental illness; and (iv) 28% of the adult sample who went missing had slept rough, as had two-fifths of the young runaways.³⁷

State agencies, including the police, post notices about missing persons but actively search for them only in cases of vulnerability or crime. There is no central source of general or statistical information on missing persons, although a website launched in May 2001 (<http://www.look4them.org>) provides links to eight organisations that trace people. They include *The Salvation Army*, *The Red Cross*, the *National Missing Persons Helpline*, *Reunite*, and *International Social Service*. New communications technologies, particularly local radio stations and the Internet, have stimulated new approaches and organisations that seek to 'reconnect' wanderers with their relatives and friends.

The Salvation Army's 'Family Tracing Service' concentrates on reconnecting relatives who for various reasons have lost touch.³⁸ The average interval over which a relative has been out of touch is 16 years, although cases range from just a few days to 83 years. The service began in 1885 following recognition by William Booth, the founder of *The Salvation Army*, that families were becoming fragmented as a result of social and economic pressures. Currently more than 4,000 new enquiries are initiated each year, and 86% were successful in 2001. Nearly 38% of requests are to trace a person aged 40-60 years, and 35% someone older. Around 40% of enquiries are to trace a brother or father, followed by sons, sisters, daughters and mothers.³⁹

The *National Missing Persons Helpline* helps missing people and supports their families while they wait for

news. Founded in 1992 by two sisters, Mary Asprey and Janet Newman, it has over 100 unpaid volunteers and 57 salaried employees, and receives over 100,000 calls each year. Its purpose is "to advise and support missing people and those who are left behind". It gives priority to the vulnerable: the very young, the old, the sick and distressed. The Helpline has the most detailed 'missing' database in the country, and registers both vulnerable and non-vulnerable missing people. The charity also offers its services to the police, social workers, hospitals, care homes, foster homes and international organisations.³⁷

Hungry and Homeless is a specialised missing persons tracing website established by a formerly homeless man. He explains, 'My name is Steve. I was hungry and homeless. ... I believe that I can use the Internet to help others ... If you know someone who is missing and believe them to be sleeping rough, email a picture to me with the location you believe they are staying. Along with other viewers to this site, [we] will do [our] best to get a message to them and establish communication'.⁴⁰ Steve's initiative won the *New Statesman* and *BT 'New Media Awards'* in 2001.

Young runaways

The problem of young people running away from home was mentioned in Chapter 4, and has been the focus of a recent SEU report.⁴¹ An estimated 100,000 children under the age of 16 years run away from home or care each year, and approximately 20,000 are under 11 years old. Most remain in their local area and go to extended family or friends, but as many as one-in-fourteen (around 5,000 a year) survive through stealing, begging, drug dealing and prostitution. Those who are most likely to experience serious problems are younger children, repeat runaways, and young people absconding from care. Studies suggest that running away so young is a strong predictor of later homelessness.⁴¹

Telephone helplines are widely used by young runaways and those contemplating a dash. There are two freephone services for young people: 'Childline' and the 'Message Home Helpline' (part of the *National Missing Persons Helpline*). Some organisations have developed helpline-style advice and information over the Internet. Youth Link in Birmingham, for example, is an interactive site run by *The Children's Society* with an on-line adviser.⁴¹ Similarly, an internet site run by the *National Society for the Prevention of Cruelty to Children* is available to 12-16 year olds. In January 2002, it conducted an average of 596 user sessions each week.⁴¹

Under the *Children Act 1989*, designated refuges can provide emergency accommodation for young people under the age of 16 years who are at risk, without the consent of their parents. They may stay for

up to 14 days, and for no more than 21 days in any three months. Since 1991, there have been five refuges in England, although only one still operates. Based in London, it has eight beds and is managed by the *St Christopher's Fellowship*.⁴¹ During the six months ending September 2002, 112 young people were admitted to the London refuge. Just over one-half (52%) were from London, and 67% were female, 68% from black and minority ethnic groups, and 66% were known to social services.⁴¹

The Children's Society's 'Safe on the Streets' programme operates in Birmingham, Bournemouth, Leeds, London, Manchester, Torquay and Weymouth.⁴² Staff work on the streets with young runaways, run drop-in centres where children can go for help, and act as a link between the children and their parents. Other options are explored when it is impossible or inadvisable for a child to return home. A similar scheme, 'Base 51 Outreach and Streetwork Project', operates in Nottingham and is funded by *Nottingham City Council* and the local NHS Health Action Zone. Besides work on the streets, it runs a drop-in centre five days a week for people under 16 years of age.⁴¹ Since the project started in 1997, more than 80 youngsters have been helped. In a few areas, projects are available to support young runaways once they return home and to reduce the incidence of persistent running away. One such is the 'Alternative Solutions to Running Away' (ASTRA) project in Gloucester, and there is a similar scheme in Coventry.⁴¹

YOUTH HOMELESSNESS PREVENTION PROGRAMMES

Support for care-leavers

The association between young people leaving care and homelessness has been acknowledged by the government, policy makers and service providers since the 1990s, and has resulted in several legal, policy and service responses. As described in Chapter 4, nationally around 8,000-9,000 youngsters leave care each year, and 5,000 are aged 16-17 years. Compared to other young people, they have fewer educational qualifications and higher rates of unemployment and mental health problems, yet until recently have been expected to live independently at a very young age.⁴³

The *Department of Health* issued a consultation paper in July 1999 on new arrangements for young people living in and leaving care, and together with the RSU and the *National Children's Bureau* commissioned an audit and assessment of care-leaving services by London Boroughs.⁴⁴ The latter found that most London social services departments (85%) had a leaving-care policy, but in many departments young people ceased to be looked after when they were 16 or 17 years old, and some drifted away without any formal discharge.

Most departments reported recent changes in practices to prevent inappropriately early discharges.

New legislation

The *Children (Leaving Care) Act 2000* came into force in October 2001. It amends the leaving care provisions of the *Children Act 1989*, and extends the responsibilities of local authorities towards care-leavers and other vulnerable youngsters. The key points are:

- The expected age of leaving care is raised from 16 to 18 years.
- New categories of care-leavers are introduced. 'Eligible children' are 16 and 17 year olds who have been in care for at least 13 weeks since the age of 14. 'Relevant children' are 16 and 17 year olds who have been in care for at least 13 weeks since the age of 14 and have left care.
- All 16 and 17 year olds who are in care or have left care are to be provided with the personal and financial support that they need.
- Local authorities have a responsibility to continue to provide advice and support for young people who have left care until they reach the age of 21 years, or 24 years if they are in education or training.
- The local authority that last looked after the young person remains responsible for their after-care support, wherever they may be living in England or Wales. (Previously, responsibility fell to the authority in whose area they had lived.) English and Welsh local authorities are responsible for children who had been looked after by a Scottish local authority if they come to England or Wales.
- All young people in care and care-leavers must have a 'Pathway Plan' which will replace existing care plans and continue until the young person is 21 years old. It should cover health and development needs, education and vocational guidance needs, financial support needs, an assessment of independent living skills, and care and accommodation needs.
- All young people in care and care-leavers must have a 'Young Person's Adviser' until they reach the age of 21 years. The Adviser is responsible for developing the 'Pathway Plan' with the young person, and for keeping in touch once a person has left care.
- Local authorities have a new duty to assist care-leavers in further education to access suitable accommodation during vacations.

- Local authorities have the primary income maintenance role for care-leavers who are no longer entitled to Income Support, Jobseeker's Allowance and Housing Benefit. They are required to ensure that minimum income levels are equivalent to the appropriate benefit rates. The new income should cover accommodation, maintenance and other expenses.
- Each local authority is required to establish a procedure for considering representation (including complaints) made to them by a relevant child or person qualifying for advice and assistance.
- Local authorities also have a responsibility to provide advice and assistance to people aged 16-20 years who have been privately fostered or accommodated for at least three months consecutively by a Health Authority, Special Health Authority, Primary Care Trust, Local Education Authority, or in a care home, independent hospital, or accommodation provided by a NHS Trust.

Arrangements in Wales, Scotland and Northern Ireland

Similar arrangements to improve the support for care-leavers have been implemented in Wales and Scotland, and are being debated in Northern Ireland. The *Children (Leaving Care) Act 2000* applies to Wales, together with *The Children (Leaving Care) (Wales) Regulations 2001* which came into operation in October 2001, with an amendment in August 2002. In addition, local authorities in Wales have a duty towards young people 'detained in a remand centre, a young offender institution or a secure training centre, or any other institution pursuant to an order of the court' (Section 4.3).

A comprehensive two-year review in 2000/01 of 31 local authority care and after-care services for young people in Scotland identified much variation in their arrangements.⁴⁵ Through the *Children (Scotland) Act 1995*, local authorities have a responsibility to advise, guide and assist (i) young people aged under 19 years who have formerly been in care and require help, and (ii) young people aged 19-20 years who have formerly been in care and request help (Section 29). Section 73 of the *Regulation of Care (Scotland) Act 2001* introduces new duties for local authorities: to carry out an assessment of need among these two groups of care-leavers; to establish a procedure for considering representation (including complaints); and to change the definition of eligibility to include those previously looked after in England and Wales.

In Northern Ireland, the *Social Services Inspectorate* of the *Department of Health, Social Services and Public Safety* published a report in 2000 on services for care-leavers. The main findings were that young people

leaving care experience many disadvantages in relation to education, employment and housing, and require greater support. *The Children (Leaving Care) Bill* was introduced into the *Northern Ireland Assembly* in March 2002.

New funding and support programmes

In September 1998 the DoH launched the *Quality Protects* programme for the reform of children's services, and £375 million was allocated over three years for *Children's Services Special Grants* to local authorities. Priorities include increasing the support offered to care-leavers, and preventing the inappropriate discharge from care of 16-17 year olds.⁴⁶ The programme has been extended until 2004, and the funding increased to £885 million.¹ Supported by the *Social Services Inspectorate*, in 2001 the RSU funded *Centrepoint* to provide a 'Careleaving Support Service' to seven London Boroughs, to help them improve their care-leaving services and procedures. A good practice handbook published in 2002, *Care Leaving Strategies*, outlines the procedures for developing a strategy, and gives numerous examples of housing, education and support initiatives for care-leavers.⁴⁷

In Edinburgh and London, peer-education and mentoring schemes have been developed by which former care-leavers work with young people who are about to leave care. The Edinburgh scheme 'Moving Out', set up by the *Edinburgh Youth Social Inclusion Partnership*, has produced a video and resource pack for social workers and other staff working with care-leavers.⁴⁸ The 'Westminster Accommodation and Leaving Care' scheme was established by the City's Social Services Department. Mentors provide help with practical tasks such as decorating, homework and reading, and they run craft and fitness groups.⁴⁹

Established in 2000, the *Care Leavers Association* is a member-based organisation run by former care-leavers. It aims to represent and support care-leavers of all ages across the country. It works with government departments, local authorities and voluntary organisations on policy and legislation, and provides forums through which care-leavers can contribute to decisions about service planning and delivery.⁵⁰

Young people's support programmes

The *Children and Young People's Unit* is the government's co-ordinating body for policy and practice for young people aged up to 19 years, and the *Connexions Service* will provide integrated information, guidance, support and personal development opportunities to all 13-19 year olds in England by 2003.⁴¹ To complement the central government initiatives to prevent youth homelessness, local support schemes have been established, including advice centres and family mediation projects (see Chapter 6).

In Liverpool City Centre, *Shelter* runs the Merseyside Young Person's Housing Resource Centre which focuses on housing and homelessness among young people. *Safe in the City*, set up in 1998 by *The Peabody Trust* and *Centrepoint*, works in the London Boroughs of Brent, Greenwich, Hackney, Islington, Lambeth, Newham, Tower Hamlets and Waltham Forest. It has formed in each borough a strong multi-agency partnership to create a 'cluster' of seamless services for young people who are at risk of homelessness. These include family mediation and support, skills and employment training, and personal development. In the first three years, the projects worked intensively with 1,200 young people.⁵¹

Education in schools

Some believe that education at school can play an important role in preventing homelessness among young people. It increases their understanding of homelessness as a social problem, and helps them to prepare for leaving home in a way that minimises the risk of homelessness. Some agencies, including *Centrepoint*, *Crisis* and *Shelter*, have produced teaching materials for schools and *Leaving Home Guides* for young people. *Shelter's* Homework Project provides school children with information about housing and homelessness, through an activity-based resource pack for teachers of 12-16 year olds, and a website for primary and secondary school children.⁵²

Centrepoint and *The Depaul Trust* have developed peer-education projects, whereby formerly homeless young people are trained as peer educators to go into schools and talk to young people about their experiences and the dangers of sleeping rough. The schemes operate in London, Brighton, Oxford and

Newcastle. *Centrepoint's* peer educators have produced an interactive website, 'StreetLevel', which is designed for 14-25 year olds who are facing or studying homelessness or have friends in a housing crisis.⁵³

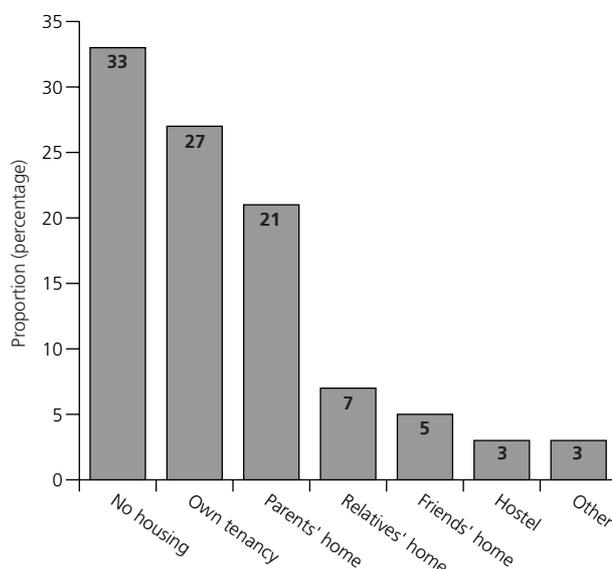
PROGRAMMES FOR PEOPLE LEAVING INSTITUTIONAL SETTINGS

People leaving prison and ex-offenders

The prison population increased from 44,600 in 1992/93 to 68,400 in 2001, and there are strong associations between discharge from prison, homelessness and re-offending (Chapter 4).⁵⁴ Some people lose their tenancy or have no home when they are imprisoned, and one-third of prisoners about to be released have nowhere to stay. Among 2,011 prisoners interviewed in late 2001 during the last three weeks of their sentence, just 30% had a job or training place on release and 67% had accommodation, mostly with family or friends (Figure 13.1).⁵⁵ Of the 33% without accommodation, 71% reported having received no help with finding housing. Similarly, in 2001, around 1,100 prisoners at Pentonville Prison in London were of 'no fixed abode' on release.⁵⁶

Weaknesses in the resettlement of prisoners are well-documented. A 2001 review of prisons and the probation service by the *Prisons' Inspectorate* concluded that the resettlement needs of many prisoners were severely neglected, that insufficient priority was given by the prison service to resettlement work and outcomes, and that the prison and probation services were weakest when dealing with prisoners serving sentences of 12 months or less.⁶ The report recommended that the *Home Office* should implement

Figure 13.1 Accommodation for prisoners about to be released, 2001



Source: Niven and Olagundoye, 2002. Sample size: 2,011 prisoners in last three weeks of sentence, November-December 2001.

a resettlement strategy in the prison and probation services that stipulates: (i) ways in which resettlement work will be delivered to different types of offenders; (ii) performance measures and outcome targets; (iii) the monitoring and evaluation of resettlement activity; and (iv) the use of local prisons where appropriate for prisoners nearing the end of their sentence.

Inspections in 2002 at Askham Grange women's prison near York, and at Ranby Prison for men in Retford, Nottinghamshire, noted that there was insufficient resettlement help.⁵⁷ A study of four Suffolk prisons found that none had a policy about the provision of housing advice, and that its delivery was patchy, *ad hoc* and unmonitored.⁵⁸ A SEU report on the continuing problems with rehabilitating prisoners and reducing re-offending stated that, "the majority of prisoners, particularly those serving short sentences, receive little practical support, before release or afterwards".⁵⁹ In September 2002 the *Public Accounts Committee* called for more to be done to resettle released prisoners, and it was supported by the *National Association for the Care and Rehabilitation of Offenders* (NACRO).⁶⁰

Resettlement work in prisons

Systematic resettlement preparation in prisons dates back to 1946 when it was introduced by psychologists at Wormwood Scrubs in west London.⁶ The 1991 *Woolf Report* presaged its more widespread adoption, by recommending that sentence planning and management should incorporate a framework for the release. Among Britain's 134 prisons, two were designated 'resettlement prisons' for offenders towards the end of their sentence. Latchmere House in Richmond, southwest London, became a resettlement prison for 193 men in 1992, and has an education programme, computer workshop and work-training department. Blantyre House on the Isle of Sheppey, in Kent, accommodates 120 men who work in the community while finishing their sentence.

Since the late 1990s, several initiatives have been introduced by the Home Office and the Prison Service to improve the circumstances of prisoners on release. These include: (i) a Prison Directorate of Resettlement; (ii) a Custody- to-Work Unit to help prisoners gain employment; (iii) a Prisoners' Learning and Skills Unit, which is closely linked to the *Learning and Skills Council*; and (iv) a new *Prison Service Order* which makes Resettlement Policy Committees responsible for resettlement work in individual prisons. This is to include joint planning with the Probation Service, and closer links with education and training agencies and other outside partners.⁶¹ In December 2001, a strategic framework was produced by the prison service to enhance its work with the voluntary and community sectors.⁶²

'Resettlement pathfinders' were established in 1999 to explore effective arrangements for the resettlement of prisoners who serve less than a year. They involve partnerships of the prisons, the probation service and voluntary organisations. Programmes before and after release are being piloted. An example is the NACRO 'Pathfinder Project' at Birmingham Prison. A resettlement worker is based at the prison and provides pre-release assessments and a resettlement plan for each participant. Following release, help is given with housing, benefits, and training or employment. More than 200 prisoners have used the project.⁵⁹

Support from housing and voluntary sector organisations

For many years voluntary sector organisations have been helping ex-offenders and prisoners due for release. Started in 1966, NACRO accommodates 1,400 people in self-contained and supported housing, and has employment training centres.⁶³ Its Resettlement Plus telephone helpline deals with over 7,000 enquiries each year from prisoners, ex-offenders and their families; while its resettlement database, Easily Accessible Services Information (EASI), has information for probation officers about over 16,000 projects for ex-offenders. They range from help with drug problems to housing and employment services. NACRO's Prisons Link Unit provides resettlement training for prison officers, and runs advice surgeries in several prisons, including three for women.⁶⁴

Women's Link, started in 1922, provides advice services to women, including prisoners and ex-offenders. It deals with the problems of rent arrears, housing benefit, retaining tenancies, life skills and planning for the future, and has produced several self-help booklets for older women, lone parents, domestic violence victims, and women in prison and ex-offenders. It conducts advice surgeries at three women's prisons, and is a referral agent to many specialist ex-offender housing projects. It accepts referrals from women in prison and from prison staff throughout England. During 2001/02, it received 1,908 referrals, including 206 to the prisoners and ex-offenders services.⁶⁵

One of the largest national providers of housing for ex-offenders is *Stonham Housing With Care*, which has accommodation for its clients in many towns and cities including Leeds, Wolverhampton, Leicester, Cambridge, Hereford, Shrewsbury and Exeter.⁶⁶ Recent initiatives by the organisation include, from 2000, the provision of bail support accommodation for young people in partnership with Plymouth's Youth Offending Team; and a contract from the *Hampshire Probation Service* to provide accommodation and support services in north Hampshire and on the Isle of Wight.

Among its 4,048 new tenants in 2000/01, one-quarter were referred by the probation and prison services.⁶⁷

The *Revolving Doors Agency*, established in 1993, operates a 'Link Worker Scheme' to help people with mental health problems and multiple needs who come into contact with the criminal justice system.⁶⁸ The cycle followed by some mentally ill people through rough sleeping, crime and prison was attributed to gaps in services, and to frequent onward referrals without the person ever being stabilised or their needs met. According to the *Revolving Doors Agency*, "[there is] a group of mentally ill people with multiple needs who are seen more by the police than by social services, psychiatric out-patient clinics or community health services. More money is spent arresting them than supporting them in the community".⁶⁹ Around 6,000 people are believed to fall into this category each year in London.⁶⁹

The Link Worker Scheme provides support and advice at police stations, courts and prisons, links individuals with mainstream services, and works long-term with people who have complex needs. Three London teams have been established: in Tower Hamlets and Islington (from 1997), and in Ealing (from 2000). Their work covers Wormwood Scrubs, Pentonville and Holloway Prisons. The fourth team, in south Buckinghamshire covers Wycombe, Marlow, Chesham, Amersham and Beaconsfield. Started in 1997, it works with those released from Woodhill Prison. The Link Worker Scheme has improved clients' access to community health services, halved their use of temporary accommodation, and doubled GP registrations (from around 30 to 61%).⁶⁹

Involvement of the homeless sector

In collaboration with the *Home Office* and the *Prison Service*, the RSU introduced schemes run by homeless sector organisations to prevent prisoners becoming homeless and sleeping rough on release. £270,000 of the RSU's 'Special Innovation Fund' was allocated for pilot schemes in five prisons and two young offenders' institutions.¹ From April 2002, the *Prison Service* jointly funded each scheme.

In December 2000, *St Mungo's* in London developed a 'Housing Advice Centre' in Pentonville Prison for prisoners serving sentences of less than 12 months, and for those on remand who receive no assistance from the *Probation Service*. Its aims are twofold: to ensure that people who have accommodation on entering prison do not lose it, and that those who were homeless have somewhere to stay when released. Referrals are made to the Benefits Agency Homeless Project, to local authority homeless persons' units, to social housing providers, and to *St Mungo's* community support team. On release, those who have no housing placement are found hostel accommodation. In the

first 18 months, more than 250 clients were helped, many of whom were very needy – 40% had mental health problems, 35% literacy problems, 85% drug problems, 50% alcohol problems. One-half had a serious debt problem and were homeless on entering prison.⁵⁶

The *Depaul Trust* runs a mentoring programme, the 'One-to-One Project', in Feltham (Middlesex) and Deerbolt (Newcastle) Young Offenders' Institutions. Volunteers befriend young people while in custody and support them on release. The organisation also runs an 'Outside-Link' project in Feltham, which helps young prisoners find accommodation on release. Similarly, the *St Giles Trust* in Camberwell, south London, works with offenders in Wandsworth Prison, and *Shelter Scotland* provides advice and training at six prisons in central and north Scotland.

In November 2002, *The Welsh Assembly* announced its intention to fund projects that provide accommodation for ex-offenders. It has provided £400,000 to refurbish the upper floor of Swansea's YMCA hostel as a 10-bed residential unit for former prisoners who have undergone rehabilitation while in custody for drugs or alcohol misuse. They will stay in the unit for six months while building their independent living skills. The project involves *YMCA Swansea*, *The Salvation Army*, Swansea Prison, the *Probation Service*, and the local authority.⁷⁰

People leaving the armed forces

More than 20,000 personnel leave the armed services each year.⁷¹ Studies in the early 1990s observed that many homeless people had been in the armed forces. Some had become homeless immediately on discharge, and many others within a few years. In response, there have been significant improvements in the availability of resettlement help for people leaving the armed forces. The *Directorate of Resettlement* (formerly the *Directorate of Military Outplacement*) is responsible for the 'Tri-Service Resettlement Programme', whereby people leaving the armed forces receive resettlement assistance that is graduated by length of service. Since 1998, those who have served at least three years are eligible for help with job finding through the 'Career Transition Partnership'. It organises workshops, employment consultancy and training at Regional Resettlement Centres.⁷²

Service leavers are also given advice and assistance to find housing through the Joint Service Housing Advice Office. Through the Ministry of Defence Nomination Scheme, housing associations accept referrals for people leaving the armed forces. The scheme operates in approximately 100 locations across England and Scotland. For example, *North British Housing Association* allocates a proportion of their annual vacancies to service leavers, and Homebase in London

has some accommodation for single people leaving the armed forces.⁷³

Involvement of the homeless sector

An 'Ex-Service Action Group on Homelessness' (ESAG), comprising *The Sir Oswald Stoll Foundation*, the *Soldiers, Sailors, Airmen and Families Association Forces Help* (SSAFA), *The Army Benevolent Fund* and *The Royal British Legion*, was set up in 1997 and has a strategy to tackle homelessness amongst ex-service personnel.⁷⁴ Its objectives are: (i) to facilitate and support the development of initiatives that provide solutions to the multi-faceted problems of ex-service homelessness; and (ii) to provide a forum that brings together representatives from ex-service men and women's welfare organisations, the *Ministry of Defence*, other government departments, and other agencies involved in homelessness.

Sponsored by the RSU, ESAG has produced a resource guide for ex-service personnel in London.⁷⁵ The ESAG member organisations also provide welfare grants, retraining programmes, and housing and benefits advice to people who have left the armed forces (listed in the resource guide). The *Sir Oswald Stoll Foundation*, started in 1916 and based in Fulham in west London, manages supported housing for ex-service personnel who are disabled or have mental health and alcohol abuse problems.⁷⁶ The 'Ex-Service Resettlement Project', run jointly since 1999 by the Foundation and the *Alcohol Recovery Project*, provides a tenancy support service to former homeless ex-service people in London (see Chapter 5).

In partnership with the *Ministry of Defence*, the RSU has funded projects to prevent homelessness among armed services leavers. The 'Single Persons' Accommodation Centre for the Ex-Services' (SPACES) at Catterick, North Yorkshire, was set up in September 2000 to help single leavers find accommodation. Managed by the *English Churches Housing Group*, it targets those with less than six years' service and those who are discharged for administrative or medical reasons.⁷⁷ They are placed in temporary and permanent accommodation, including local authority and housing association tenancies, supported housing and foyers, and with private landlords through rent bond guarantee schemes. In its first year, it helped more than 270 personnel.¹

A similar scheme, the 'Armed Forces Project' set up in April 2001, is managed by *Shelter* at the Military Corrective Training Centre in Colchester, Essex. Detainees from all three forces are held at the detention centre. Some return to active service after completing their sentence, while others are discharged from the forces. In its first year, the project helped 90 people, of whom nearly 70% were to be discharged within a month.⁷¹ Of these, many had mental health or

alcohol or drug problems, or had been in care, and two-thirds were vulnerable and entitled to help from their local authority as a homeless person.

OVERVIEW

This chapter has described many homelessness prevention initiatives, both new and well-established. Some have been promoted by the government and rely heavily on public funds, but others have been initiated by voluntary organisations and charitable spending. There is a substantial demand for the services, and they work with hundreds of clients each year. Because of restricted resources, however, some initiatives are not widespread and their overall prevention role is small. For example, only a minority of prisoners due for release have access to specialist housing advice services. As a result, many still leave prison without accommodation. The effectiveness of prevention initiatives also depends on the capacity of services to respond to known unmet needs. The ability of local authorities to rehouse additional groups of vulnerable people in priority housing need has yet to be determined.

Many of the newly-developed prevention programmes target groups that have been recognised as at high risk of homelessness, such as young care-leavers and people leaving the armed forces. As described in Chapters 2 and 4, however, the most common reason for homelessness is relationship breakdown, and the most prevalent age-sex group among single homeless people is men aged 25-49 years. There is comparatively little evidence of prevention programmes for this group, who generally do not qualify for priority rehousing by local authorities. The problems and needs of this group and their pathways into homelessness are under-researched and little understood.

Large sums of money have been invested by the government into homelessness prevention programmes since the late 1990s, and the initiatives are reaching many people who may otherwise have become homeless. There is no sign, however, that the number of new cases of homelessness is falling. This can in part be explained by the fact that other changes in 'state welfare' and housing administration practice, such as the reduced tolerance of rent arrears with a subsequent rise in the number of evictions in both the social and private housing sectors, are increasing the generation of homelessness (see Chapter 4).

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14. The next decade

This concluding chapter turns from what is currently happening in the homelessness field to what might happen during the next ten years. It has four main themes, the first being the prospects for the recently legislated and published ambitions of the government. The *Homelessness Act 2002* sets out a radical plan for new administrative arrangements and welfare practices in response to homelessness. Legislation, however, does not guarantee change, and in the field of local government, to which many of the proposals apply, certainly not rapid change. The chapter therefore examines the prospects for an enthusiastic and creative implementation of the two main planks of the legislation, namely, the new priority grounds for rehousing alongside other changes to the local authorities' duty towards homeless people, and the command that local authorities (through their housing departments) produce local homelessness strategies.

The second theme concerns the prospects for improved local collaboration, both among the voluntary sector providers, and between them and the agencies that provide statutory welfare benefits, and housing, health care and social services. At least three drivers should encourage improved liaison and co-ordination. The first is the formulation by the local authorities of the local homelessness strategies, the second the spreading recognition of the need for both more transitional and long-term accommodation, and more assessment and treatment services for 'specialist' needs, and the third, a technological factor, the increasing ease of information exchange (and opportunities for move-on referrals) through computer and Internet technologies.

The final sections alter the focus once more, by drawing back from the front-line agencies to consider the broader economic and social environments in which homelessness and its policies and services evolve. The third theme is the extent to which the elaboration of homeless services will now be accompanied by increased persuasion or coercion to use them – and less and less tolerance of those who decline. The last theme is the long-term prospect for the 'generation' of homelessness in an evermore economically developed and aspirational society. As Chapter 13 has shown, there are many procedures and devices of social administration that could be deployed to anticipate and avert cases of homelessness, and many others that can shorten the average episode. More effective prevention is undoubtedly possible. But behind these largely responsive support measures lie more fundamental questions. What is the likely trend in

the prevalence of housing stress and homelessness in the next ten years?

IMPLEMENTING THE HOMELESSNESS ACT

Since the early years of the *Rough Sleepers Initiative*, it has been repeatedly stated by the government of the day that the responsibility for guiding the development of services for single homeless people would be returned to the local authorities. The ambition was restated in the housing White Paper of 2000, *Quality and Choice: A Decent Home for All*: "Outside London, we believe local authorities are in the best position to address the issues. Local authorities should be at the centre of local strategies to tackle rough sleeping and provide a clearly defined contact point to co-ordinate work with voluntary and other agencies".¹ With the reappraisal and extension of the statutory duty to house, the ambition is now that the social housing responsibilities of local authorities should have two arms, strategic planning and co-ordination, and assessment and placement rather than direct provision. This altered focus is not a radical departure: it has been the direction of change since the introduction of the 'right to buy' legislation in 1979. It does however imply that the *de facto* separation of the administration of the 'statutory duty' from the commissioning of accommodation and services for single homeless people, itself a legacy of the *Housing Act 1977*, has to be broken down.

The revised legislation was described in Chapters 2 and 8. The government has set a brisk timetable for the execution of the *Homelessness Act 2002*. Implementing local government reform is however much more complex than the process by which a central government agency sets up interventions that it directly funds or commands, as the *Rough Sleepers Unit* has done in recent years. While local authorities must comply with legislation, they are not wholly agencies of central government and retain an element of electorally-legitimated autonomy. Some have political differences with the government, their housing and social service departments are in the midst of a raft of major reforms, and their budgets and staff are over-stretched.

Local authority administrative reform requires their policy agreement, appropriate management structures and processes, staff time and knowledge, and resources. The *Factfile* cannot examine all these facets

in detail (and it is a quickly changing scene), but the next paragraphs set out some of the most important implementation measures, and attempt to appraise the prospects for the adoption and impact of the new policies.

Information and guidance

A commendably large effort has been dedicated to providing local authority staff and representatives with full and accessible information about the new policies and responsibilities. Three professionally produced *Codes of Guidance* have been issued. In July 2002, the Office of the Deputy Prime Minister (ODPM) and the Department for Health jointly published *Homelessness: Code of Guidance for Local Authorities*.² As the report explains, "The First Secretary of State issued [the Code] to local housing authorities in England under Section 182 of the Housing Act 1996 [because the] housing authorities are required to have regard to this guidance in exercising their functions under Part 7 of the 1996 Act and under the *Homelessness Act 2002*". The Code was "issued specifically for local authority members and staff. It is also of direct relevance to registered social landlords (RSLs) [for they] have a duty under the 1996 Act to co-operate with housing authorities ... Social services authorities in England are also required to have regard to the guidance when exercising their functions relating to homelessness and the prevention of homelessness". The Code has 134 pages and begins

with a valuable overview of the homeless legislation, and the information appendices will be found most useful.

Priority groups

The *Homelessness Act 2002* stipulates important revisions to the local authority duty to rehouse. One of the two key pillars of the new legislation is the specification of new priority needs groups, including adolescents who have been in local authority or foster care, and those being discharged from the armed services and correctional institutions. The changes have been widely welcomed – the stipulated groups reflect several years of concern, debate and inquiry, not least by the homeless service providers, national homelessness organisations, and members of the House of Lords. But now comes the crunch. It is local authority staff that have to implement the reforms. The questions are: do they have the staff, access to housing or budgets to carry it through?

The July 2002 *Homelessness Code of Guidance* explains well all the assessment criteria used to decide the category of housing need and the responsibility of the authority (Box 14.1). There is close attention to the eligibility of non-citizens, and its Chapter 8 deals with all categories of priority need. In November 2002, however, following a period of consultation, a revised *Allocation of Accommodation: Code of Guidance for*

Box 14.1 Key paragraphs of the Housing Allocation guidance

- 3.2 Housing authorities will need to develop working relationships with other organisations at a strategic and operational level to ensure that the housing, care and support needs of vulnerable people are appropriately met. These organisations will include *Supporting People* teams, *Connexions* partnerships, housing-related support providers, health authorities, social services authorities, the police and probation service.
- 3.3 There need to be effective mechanisms in place for developing an interface with other services and providers. The *Supporting People* process provides a useful model (see www.spkweb.org.uk). Housing authorities will also wish to take advantage of the partnership working arrangements which they develop in drawing up their homelessness strategies.
- 5.9 It is important that the priority for housing accommodation goes to those with greater housing need. In framing their allocation scheme to give effect to Section 167(2), housing authorities must have regard to the following considerations:
 - a) the scheme must include mechanisms for:
 - i) ensuring that the authority assess an applicant's housing need, and for
 - ii) identifying applicants in the greatest housing need

Paragraphs b to e not reproduced
- 5.13 Where it is necessary to take account of medical advice, housing authorities should contact the most appropriate health or social care professional who has direct knowledge of the applicant's condition, as well as the impact his condition has on his housing needs.
- 5.14 'Welfare grounds' is intended to encompass not only care or support needs, but also other social needs which do not require ongoing care and support, such as the need to provide a secure base from which a care leaver or other vulnerable person can build a stable life. It would include vulnerable people (with or without care and support needs) who could not be expected to find their own accommodation.
- 5.15 Where accommodation is allocated to a person who needs to move on medical or welfare grounds, it is essential to assess any support and care needs, and housing authorities will need to liaise with social services, the Supporting People team and other relevant agencies, as necessary, to ensure the allocation of appropriate accommodation. Housing authorities should also consider, together with the applicant, whether his needs would be better served by staying put in his current accommodation if appropriate aids and adaptations were put in place.

Source: ODPM, 2002a

Local Housing Authorities was published by the Housing Management Division of the ODPM. Issued under Section 169 of the *Housing Act 1996*, it comes into force on 31 January 2003 and supersedes all previous guidance.

Although the November guidance covers the entire range of a local authority's housing functions, it explicitly states that the publication has been prompted by the *Homelessness Act 2002* and accompanying orders. Indeed, its implications reach further, for as the introduction explains, "many of the activities discussed in the Code require joint planning and operational co-operation between housing authorities and social services departments, health authorities, other referral agencies, voluntary sector organisations and the private-rented sector. ... For a wide range of vulnerable people, housing, care and support are inextricably linked, and housing authorities will want to consider how their housing allocation policies interact with other programmes of care and support".³ In the accompanying letter to Housing Directors, it is added that "the guidance addresses the issue of how to offer applicants a choice of accommodation while continuing to give reasonable preference to those with the most urgent housing need ... We will be providing more detailed guidance on this issue towards the end of next year, once the ODPM choice-based lettings pilot scheme has been properly evaluated".⁴

The local authorities continue to be concerned with the new priority groups, as revealed by the *Local Government Association's* (LGA) response of October 2002 to the draft '*Code of Guidance for Local Authorities on Homelessness*'.⁵ The key points made include:

- On the priority need group, ex-offenders (paragraph 8.24), the current working could be interpreted as drawing back from the government's original intention to assist this group. Emphasis on length of sentence *etc* is unhelpful – emphasis should be better placed on pertinent issues such as drugs and health problems.
- On priority need group 16/17 year olds (para. 8.39), the LGA comments that there are several negative statements throughout the guidance to this group. In this paragraph, reference to 'collusion' could stigmatise this group and goes against the government's stated intention to extend priority need to this group. Negative wording should be replaced by more positive references.

In response to the guidance on applicants with children who are intentionally homeless or ineligible for assistance, the LGA response several times refers to the desirability of strengthening the specification of "the

ways in which social services can and should assist housing authorities [departments] ... there should be a stronger message given on the duty for social services and housing to co-operate". Two of the eight bulleted conclusions repeat the message, including the final sentence: "The LGA would like to see the guidance strengthened to ensure that Social Service Authorities are always involved in assessments of young and vulnerable groups, not merely recommended to be involved".

No one knows how many applicants there will be from the new priority need groups, and depending on one's criteria, nearly all applicants under the old and the new priority needs categories could be regarded as vulnerable. The plain fact, therefore, is that social services are faced with a substantial but unquantified additional workload in assessment. Most are already working below their complement of staff, overstretched, and struggling to implement multiple policy and practice innovations in child protection and older people's services. The grants made available to Housing Departments to implement the new legislation are naturally used to support their own functions and are unlikely to be made over to Social Services.

Prospects for local strategies

The third substantial guidance document deals specifically with the production of a local homelessness strategy.⁶ This 88-page manual is a comprehensive and accessible guide to the government's intentions and to the practicalities of developing a strategy. It was written by Randall and Brown (2002b), and reflects their experience as the research evaluators of RSU policies and actions. Not surprisingly, therefore, early sections of the report include well written accounts of the causes of homelessness, the complexity of the phenomenon, the challenges involved in developing effective service responses, and the case for local strategies. The tenor is apparent in this extract:

"If levels of homelessness are to be permanently reduced, there is a need for a wide range of support and other preventive services for homeless people. For these reasons many services, for example health, social and other community services, in addition to housing providers, must be involved in successful homelessness strategies. There are many examples of highly effective services provided by local authorities, other public bodies and voluntary organisations which help to prevent homelessness and to provide suitable and secure homes, along with any necessary support. In some areas, these services have been coordinated through local strategies, which help to reduce the level of homelessness more effectively than unco-ordinated action would have achieved. Some authorities with planned strategies have been able to move beyond crisis management and to help a wider range of

homeless people, even where there are high levels of homelessness and demand for social housing.”⁷

The key features of a local homelessness strategy are represented in Box 14.2 and Figure 14.1. The box summarises the target populations, aims, scope and mandatory contents of a strategy, while the figure lays out the recommended process for the initial compilation and its periodic review and revision. Both give a prominent place to the available resources and to consultation and liaison with “social services, other public authorities, voluntary organisations and other agencies for providing these services”.

Funding and resources

Resources to fund the new duties have been a concern of local government since the proposed new priority needs categories appeared in the aborted *Housing Bill 2001*. In its responses to the Bill, the Local Government Association (LGA) stated that whilst supporting the extensions, “the LGA urges the DLTR to recognise that ... local authorities will incur additional costs from an increased workload for homeless officers [for] making assessments and finding accommodation placements,

and providing more intensive housing management given the nature of the client groups. Ultimately local authorities may need [additional] supported housing, requiring capital as well as revenue resources. In addition, funding will be required to train housing staff to enable them to assess the needs and risks associated with the clients in the extended priority groups.”⁸

Another quickly raised funding concern was whether adequate resources would be available to assess and meet needs. “Such new duties should be accompanied by resources to enable Social Services to deliver on their new responsibilities. The LGA is concerned that reliance on the development of joint protocols alone will be insufficient to secure multi-agency working to deliver the necessary care and support that will enable vulnerable applicants to sustain tenancies.”⁷

Several disconnected announcements of additional funding have been made. In March 2002, the Secretary of State for Local Government, Transport and the Regions announced additional funding of £125 million to assist local authorities to meet their new duties in tackling homelessness. The DLTR set a

Box 14.2 Key aims and attributes of local homeless strategies

Effective local homelessness strategies can:

- provide information on the scale and nature of homelessness in the area;
- identify the additional accommodation and support required to meet those needs;
- identify the services needed to prevent homelessness occurring or recurring;
- identify the resources currently available to meet these needs;
- identify additional resources required;
- involve other public, voluntary and private agencies in partnership work;
- spread best practice among agencies.

Homelessness strategies must include plans:

- for the prevention of homelessness;
- to ensure there is sufficient accommodation available for people who are, or who may become homeless;
- to ensure there is satisfactory support for people who are, or who may become homeless, or who need support to prevent them from becoming homeless again.

Homelessness reviews must consider:

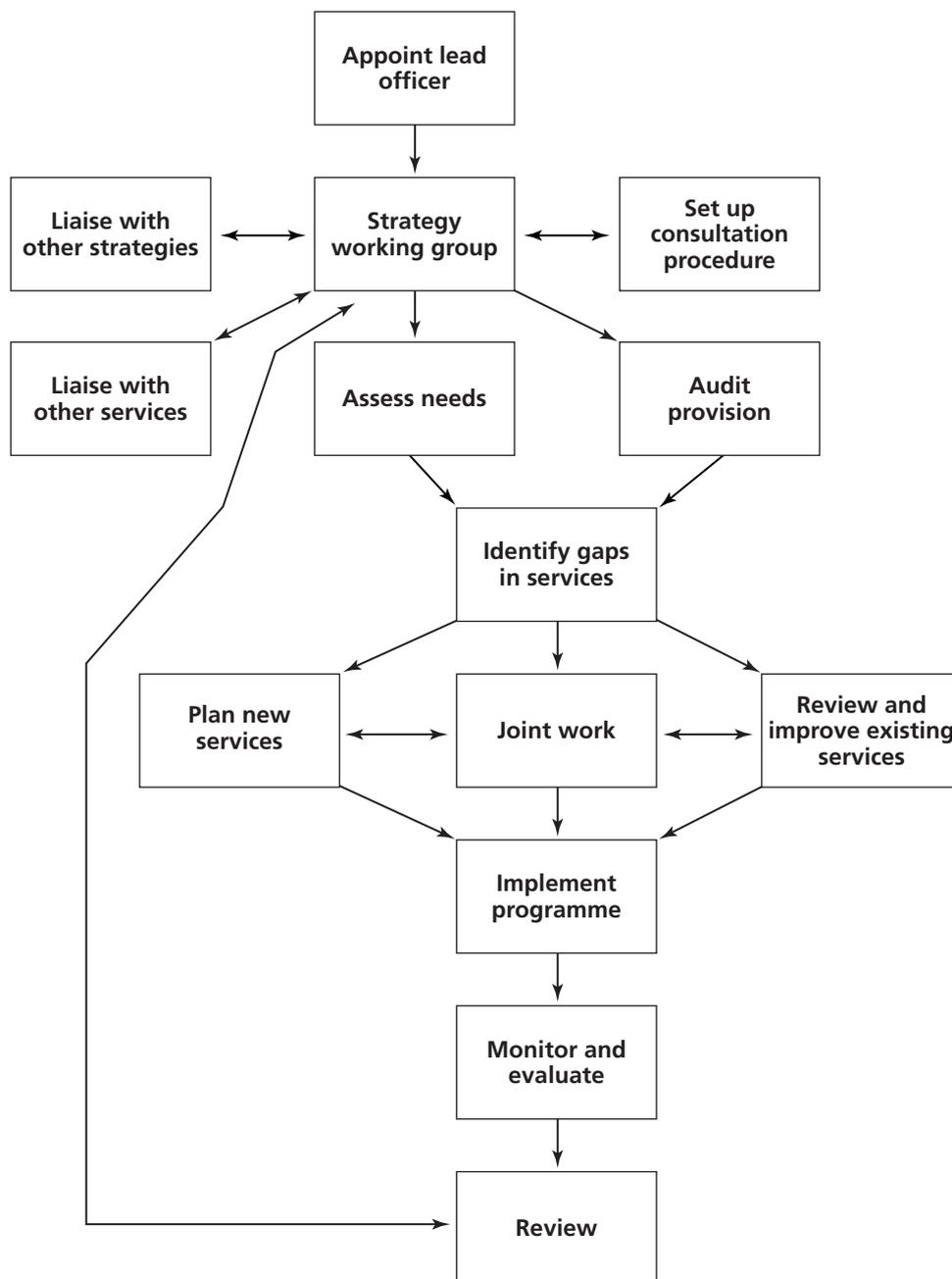
- the levels and likely future levels of homelessness in the district;
- the activities and services provided which help to prevent homelessness, help to find accommodation for homeless and potentially homeless people, or provide support for them, including support to prevent them from becoming homeless again;
- the resources available to the authority and to social services, other public authorities, voluntary organisations and other agencies for providing these services.

The strategy must therefore also include:

- all homeless people, including those who would not be considered to be in priority need for accommodation;
- all people at risk of becoming homeless, whether within 28 days or a longer period;
- people who might have become homeless intentionally;
- homeless people in the area who might not have a local connection.

Source: Randall and Brown, 2002b, para. 1.1.4 and Boxes 1.2, 1.3 and 1.4.

Figure 14.1 Key stages in developing a strategy



Source: Randall and Brown, 2002b, Chart 1, p. 18.

target that by March 2004 local authorities will ensure that no homeless family with children will live in B&B accommodation, except in an emergency, and the government has allocated £35 million during 2002/03 to help local authorities secure alternatives to B&B. The *Homelessness Directorate* allocated an additional £10 million to local authorities in 2002/03 to enable them to respond to their new responsibilities under the *Priority Need Order 2002*. A recent policy briefing claimed that local authorities are generally using the money imaginatively on homelessness prevention projects as well as meeting immediate need, and that among all authorities:

- 109 will increase the amount of suitable accommodation available to vulnerable groups
- 72 will improve the provision of advice and information on homelessness in their areas
- 84 will increase the resources for their homelessness teams to provide a better, quicker service
- 86 will provide further support specifically aimed at young people

- 68 will establish a rent deposit type scheme or build on an existing scheme to help people access the private-rented sector
- 54 will provide a higher level of tenancy sustainment and floating support
- 31 will establish or develop mediation schemes, aimed at young people and families.⁹

It remains unclear whether adequate funding has been provided for even the local authorities' own contributions to the new policies. There is no word yet on the likely funding arrangements for the voluntary sector contributions to the provision of services, and they are unlikely to appear before the completed local strategies provide a basis for predicting the requirement.

Preparedness of the local authorities

A valuable indicator of the importance that a local authority attaches to homelessness may be the quality of its existing 'homeless services', and this in turn may relate to its preparedness and enthusiasm to implement the new policies. Assessments of these

services have been carried out by the *Audit Commission's Housing Inspectorate*.¹⁰ Characteristically a small team carries out inspection visits over four days, and their reports are published on the Internet (Table 14.1). Two simple ratings are awarded, one for the quality of a council's existing services, the other of the prospects for improvement (in all likelihood meaning for the implementation of the new legislation). The assessments are candid and appreciative of the council's problems, and many informative plaudits, criticisms and recommendations are provided. The reports will usefully inform the responsible government departments about both the most widespread impediments to implementation, and which authorities are least well prepared to fulfil the new duties.

By November 2002, reports were available for 30 English authorities (the sample represents well the country's various settlement types and regions). The summary position is shown in Table 14.2. Only one of the authorities attracted an 'excellent' rating of its current homeless services, and more than two-thirds were described as 'fair' (below 'good'). The inspectors were however more positive about the

Table 14.1 Audit Commission's ratings of local authority homeless services

Local authority	Title	C	P	Local authority	Title	C	P
Bath and NE Somerset DC	HHA	*	**	Leicester CC	SHP	**	***
Bedford BC	HS	*	**	Macclesfield BC	HHAS	*	*
Blackburn with Darwin BC	HHA	**	**	Manchester CC	H	**	***
Bradford CC	HHAS	**	**	Redcar and Cleveland BC	HHA	*	*
Brent LB	HHRC	**	**	Sefton BC	H	*	***
Bromley LB	HHA	*	*	Shepway DC	HHAS	-	-
Broxbourne BC	H	*	**	South Bedfordshire DC	HHAS	*	*
Calderdale MBC	HHA	*	*	South Cambridgeshire DC	HHAS	*	***
Coventry CC	HHA	*	*	St Helens BC	HARS	*	*
East Hampshire DC	HS	**	***	Sunderland CC	HHA	*	**
Elmbridge C	HAHR	*	***	Surrey Heath C	HEAS	*	**
Epsom and Ewell C	HS	*	**	Tameside MBC	HHA	*	***
Herefordshire DC (County)	HHA	***	**	Telford and Wrekin C	HHA	**	**
Kennett DC, Wiltshire	HHAH	*	***	Vale of White Horse DC	HS	*	*
Lambeth LB	ACSH	*	**	Worthing BC	HHA	*	**

Scales: Current homeless services: * fair ** good *** excellent
Prospects for improvement: * uncertain ** promising *** yes

Source: Information for Local Government from Central Government, open access website www.info4local.gov.uk

Abbreviations: **Column headers:** C: current; P: Prospects. **Types of local authority:** BC Borough Council (second tier); C Council (unitary authority); CC City Council; DC District Council (second tier); LB London Borough; MBC Metropolitan Borough Council. **Titles of audit reports:** ACSH Assessment and Customer Services (Homelessness); H Homelessness Services; HAHR Homelessness, Housing Advice and Housing Register Services; HEAS Housing Enabling and In-House Service; HHA Homelessness and Housing Advice; HRB Homelessness, Right to Buy, New Applicants Procedures; SHP Services to Homeless People.

Table 14.2 Summary of Audit Commission's local authority ratings

Subject of assessment		Rating (number of stars)			
Subject of assessment	0	*	**	***	
Quality of current homeless services	1	21	7		1
Prospects for improvement	1	8	13		8
Scales:	Current homeless services: Prospects for improvement:	* fair * uncertain	** good ** promising	*** excellent *** yes	

prospects for improvement, with two-thirds scoring 'promising' or 'yes'.

Shelter's constructive role

The introduction of new priority need categories, reforms of housing allocations and other new duties under the *Homelessness Act 2002*, have meant that local authorities and voluntary organisations have had to implement new procedures and review the services that they provide to homeless people. *Shelter* campaigned for local authorities to take on a more strategic response to homelessness, and it has made support for the implementation a priority. It has committed considerable resources to providing advice, training and support, and has developed a dedicated website with a discussion facility that is already well patronised.¹¹ It has also established a research programme to monitor the implementation.

Three surveys at six months intervals are being conducted of 28 local housing authorities: results from the first survey in August-September 2002 are available.¹² The (edited) summary findings are:

- Most authorities [are positive about the] homelessness review and strategy, though lack of staff time and other resource [limitations make it difficult to] do it well.
- The majority (18) have made 'some' or 'considerable' progress with their review, nine were 'just starting out', and one believed sufficient progress had been made to meet the requirement.
- In most authorities, many agencies will be involved in the review and strategy process.
- 14 authorities have additional funds from the Homelessness Directorate for innovations.
- In 21 authorities, improvements were needed in the joint working arrangements with social services. The authorities specified the improvements and how they might be achieved.
- There were [inconsistent predictions of] the impact of the new priority need categories on the number of homelessness applications.

- The Act requires an applicant's housing needs to be assessed before advice and assistance is provided: 21 authorities [said] this is taking place, six planned specific improvements, and one authority intended to use the review process to assess its service.

The survey report also publishes *Shelter's* reflections on the results and its recommendations to the government and to local authorities, which as edited are:

- Local authorities need to be aware of the links between homelessness and ... other policies and activities, for many [are not] considering the impact of their housing benefit service.
- Homelessness strategies should [stipulate] regular updating of key information and [consequent revisions of] policies and activities.
- Local authorities that have transferred their [housing] stock may need [additional] support to carry out the reviews and strategies, [for they now] have few housing staff.
- Local authorities require more detailed guidance...on 'how to' carry out reviews and strategies, and more evidence on 'what works'.
- The government should give clear guidance to social services on how it expects them to work with local housing authorities in pursuance of the aims of this Act.
- Good practice in the provision of housing aid and advice should be made available, to ensure services are provided consistently. [This is a reference to *Shelter's* role.]

The survey collected details of the extent of consultation with users, other statutory agencies and voluntary organisations. The main points are summarised in Table 14.3, which shows clearly that to date the Housing Departments' emphasis has been upon liaison with Social Services, other housing providers and the local 'Homelessness Forum'. To date, at least, the level of direct consultation with voluntary organisations appears to have been low, particularly with those that are direct providers of accommodation and services to single homeless people.

Table 14.3 Involvement of statutory and voluntary sector agencies in homelessness review and strategy groups by local authority housing departments, Aug-Sept 2002

Strategy group and consultation	Consultation agency	No plans for formal involvement organisation	Sample size only	Percentage of responding authorities
Statutory agencies:				
Social Services	96	4	0	25
Registered Social Landlords	68	32	0	25
'Supporting People' Team	68	32	0	25
Health Authority (and Pr. Care Trusts)	56	44	0	25
Probation Service	40	60	0	25
Homelessness Forum	47	53	0	19
Education Authority	24	64	12	25
Other statutory agencies	32	26	42	19
Prison Service	0	60	40	25
Voluntary organisations:				
Shelter	32	0	68	25
Accommodation providers	28	0	72	25
Womens' Aid	16	0	84	25
Citizens Advice Bureaux	8	12	80	25
Others	40	28	32	25

Source: Shelter, 2002, Tables 4.7.1 and 4.7.2.

Box 14.3 Guidance on rough sleepers and vulnerable homeless people

5.50 Housing authorities' homelessness strategies have a key role in preventing homelessness and rough sleeping. Access to good quality, affordable housing will be vital for rough sleepers and people at risk of sleeping rough.

5.51 Housing authorities should ensure that allocation schemes make provision to enable access to housing authority and RSL accommodation for this client group. Where appropriate, schemes should also ensure that vulnerable people have access to the assistance they need to apply for housing. Often, people at risk of homelessness will require support, for example to address mental health, alcohol or drug problems, or simply to cope with bill paying and basic life skills. Allocation schemes should be developed with strong links to such support services provided under local homelessness strategies and *Supporting People*.

Source: ODPM, 2002a

The draft strategies have to be submitted to ODPM by July 2003. The first was published in November 2002 by *Trafford Metropolitan Borough*, Greater Manchester, and has impressive content and presentation.¹³ At the time of writing, no further steps in the implementation process have been set out, so crucially no announcement has been made about either the amount available or the process for funding services to single homeless people. Many local authorities are eager to discover if there will be penalties if a strategy is not submitted by the specified date – the implication being that, if the pressure to produce is not sustained, the priority that the task is given will slide.

From the holistic perspective adopted in the *Factfile*, a critical feature of the new approach to the provision

and development of homeless services will be the extent to which the local authority advice, assessment and allocation processes are co-ordinated with specialist single homeless provision. This has been explicitly if not prominently stated in the *Codes of Guidance* (Box 14.3). Given that many authorities deny that there is rough sleeping in their areas (a stance that is promoted by the misleadingly low 'official' counts of rough sleepers), and that many of the support services for vulnerable non-statutory homeless people have more contacts with Social, Mental Health, Prison and Probation services than Housing Departments, or operate undemonstratively, it is not surprising that 'whole system co-ordination' has featured little in the early discussion and preparation of the local reviews and strategies. But it is too early to judge, and the

government will be cautious about when and in what way it announces any decentralisation of the *Homelessness Directorate's* budget to the local authorities.

Local strategies in Wales and Scotland

The *Homelessness Act 2002* applies to England and Wales, so local authorities throughout are required to produce strategies. In Wales, however, a sense of frustration at the inability of *The Welsh Assembly* to influence homelessness policies and administration has arisen. It was expressed by *Shelter Cymru* in its manifesto for the 2003 Assembly elections. "The Assembly must step up its lobbying of the UK parliament for further powers to assist in improving the housing and homelessness situation in Wales, e.g. primary legislation that allows the development of secondary legislation, regulation and direction orders in Wales. It is essential that the Assembly is able to influence the UK agenda in order to maximise opportunities in Wales to make a difference".¹⁴

In Scotland, it will be remembered, local authorities were required to produce the local reviews and strategies by Part 1 of the *Housing (Scotland) Act 2001*. This came into full effect on 30 September 2002 (for the background, see Chapter 11). The first versions of these strategies were to be submitted to the Scottish Ministers by 31 March 2003. Interim guidance on the preparation of homelessness strategies, issued by *The Scottish Executive*, makes clear that local authorities must work closely with relevant partners in order to plan and deliver multi-agency provision to respond to the varied needs of people threatened by, or experiencing, homelessness. Local authorities will be required to take account of this strategic context in taking forward the new duties placed on them by the Bill.¹⁵

TOWARDS CO-ORDINATED STATUTORY AND VOLUNTARY SERVICES

This section addresses the prospects for enhanced local co-ordination more broadly. Recent government pronouncements and legislation have given much attention to the modernisation of the full range of health and social services, while Stephen Byers's statement on *Coming in From the Cold* anticipated the development of more integrated statutory and voluntary agency responses to homeless people (Box 11.1). Given these intents, one might expect homeless organisations' practice to have come under the umbrella of the government's all-embracing *Social Care Quality Programme (SCQP)*, which was initiated in Spring 2000 as the "main vehicle to deliver strategic and integrated outcomes for quality and performance improvement in social care".¹⁶ Although it has been driven most of all by the goal of improved 'public

protection', and is a response to the widespread disquiet about a spate of gross and vile instances of neglect and malignity among hospital consultants, GPs, nannies and even a school caretaker, the stated aims and scope are holistic. Better practice is sought in *all types and settings of social care*.

For a short time after the Byers statement, it was believed in the homeless sector that a 'Hostels Inspectorate' would be set up. But for two years the Department of Health had been creating the four new agencies that, alongside the pre-existing *Social Services Inspectorate*, are to 'deliver' the SCQP: 'joined up thinking' was required. All these agencies have roles that are relevant to homeless people's organisations and care. The *Care Standards Act 2000* set 'standards' across the whole range of social care but had been contentious, particularly its provisions on the physical standards of residential and nursing homes. In April 2002 the *National Care Standards Commission (NCSS)*, was established as "a new independent public body to regulate social care and private and voluntary health care services throughout England".¹⁷ Unaccountably, however, the wide remit of the NCSS omitted homeless people's hostels or supported accommodation. Boarding schools are included, partly because some have qualified health professionals, but so do homeless sector organisations.

The *General Social Care Council (GSCC)* was established in October 2001 as the "first regulatory body of the social care profession in England".¹⁸ The GSCC is "the guardian of standards for the social care workforce [and aims to] increase the protection of service users, their carers and the general public". As its website points out, the "delivery of social care involves around one million people in England with roughly half each in the public and private sectors, [and] there are some 23,000 employers in the public, private and voluntary sectors and in related professions such as health education and probation". It is not evident that homeless sector organisations and employees are included. Remarkably, a search for 'homeless' content on its website finds nothing.

The GSCC is creating a *Social Care Register* of 1.2 million "social workers and social care workers of any other description specified by the appropriate Minister by order".¹⁹ At the time of writing, however, it appears that those working for homeless sector organisations are not included. The GSCC also regulates the conduct of social care workers and social work education and training. The high profile policy of introducing 'police checks' on all new welfare staff, including teachers and volunteers, began inauspiciously. At the beginning of the new school year, inadequate administrative capacity prevented vacancies being filled and prompted adverse publicity. In September 2002, the GSCC published a *Code of Practice for Social Care Workers*

and a *Code of Practice for Employers of Social Care Workers*. These lay out general principles of the delivery of responsible and person-centred care and for the regulation and support of staff, and are entirely pertinent to the homeless sector.

The other new agencies are responsible respectively for training and the specification and dissemination of good practice. The *Training Organisation for Social Care* (TOPSS) was established in 2000 as an independent, employer-led, national training organisation for social care in England.²⁰ In Northern Ireland, Scotland and Wales, TOPSS functions are undertaken by equivalent Councils.²¹ The *Social Care Institute of Excellence* (SCIE) was created in October 2001 an 'independent organisation' (or arms-length statutory agency) created to improve quality in social care services across England and Wales.²² Its brief is equivalent to that of the better known *National Institute for Clinical Excellence* (NICE) for the NHS, that is to carry out evidence reviews to establish what works best in social care, and to publish and promote best practice guidance. It has set up an electronic library for social care that reassuringly has 'homelessness' as a category.²³

Despite the holistic fanfares, these new institutions show signs of an unmodernised and narrow 'professional social work' culture, and appear to have systematically excluded the homeless sector and its support and care of homeless people. Late in 2002, it was announced that the Chief Executive of SCIE is to be Bill Kilgallon, a founder of *St Anne's Shelter and Housing Action* in Leeds and recently its CEO (see Chapter 12). The marginalisation of specialist homeless service providers by the social work profession and by social welfare institutions is age-old: its continuation surprises only for the contradiction with recent policy thinking and pronouncements. Maybe Kilgallon's appointment will be corrective.

TOWARDS MORE COERCION?

This section stands back from the rush of government initiatives and attempts to understand the background social and political forces. The *Factfile* is no place for an extended exploration, but having been immersed in the welter of legislative and practice changes, our reckoning of the current situation may inform and stimulate debate.

Early reactions to the spate of rough sleeping were sometimes described as 'moral panic'. Today, similar reactions are produced by other social pathologies and societal dysfunctions. Several trends in contemporary society and in social policy thinking have interacted during and with the elaboration of homelessness policies and lie behind the current changes of direction.

The following events and states are among the most influential:

- The success of the managerialist approach to the problem of rough sleeping, which was introduced by the RSI and elaborated by the RSU and *Homelessness Directorate*, has focused attention on the ways in which the most vulnerable, damaged and unreceptive homeless people can be helped. The need to tackle intractable mental illness and substance misuse problems is promoting a public health approach and closer links among homelessness, mental health care and primary health care service providers.
- Likewise, the managerialist decade has increased awareness of the causes of homelessness and of the ways it can be prevented. Specific pathways into homelessness were first addressed, notably of those leaving congregate or institutional living arrangements, and now attention has shifted to the most prevalent reasons for homelessness among those who apply for priority housing, namely the break-up or dysfunction of households and specifically the contribution of domestic violence.
- At the beginning of the current episode of policy development, homelessness was equated with rough sleeping, but it is now seen that its symptoms include other forms of self-damaging and anti-social behaviour, and that they are demonstrated by both homeless and housed people on and off the streets. As discussed in Chapter 11, the RSU has begun to explore ways of restraining street begging, and the *Home Office* and the SEU are concerned with many forms of anti-social and criminal behaviour, from the mostly unpleasant such as graffiti posting, noisy neighbours, public drunkenness, squatting and disorderly football supporters or political protestors, through the pervasively damaging, such as drug trading, malicious neighbours and prostitution, to the venal, most especially paedophilia. For better or worse, responses to street homelessness have become intricately associated with responses to all forms of visible (and some hidden) anti-social behaviour.
- Finally, it is now acknowledged that sleeping rough is the tip of the iceberg, and that there is a large underlying problem of housing stress and hidden homelessness. Several structural changes in British housing markets have made it much more difficult than a generation ago to find low cost accommodation, most obviously the contraction of: cheap lodgings, low cost public housing, and low quality furnished rooms and flats. Yet the post-industrial economies of the nation and particularly the largest cities require considerable low-paid

service employment. The jobs inevitably attract young economic migrants with few resources. These structural trends underlie the growing number of applications for priority housing, and the use of bed and breakfast hostels and other makeshift arrangements. How to provide 'affordable housing' has become not only a welfare problem, but also a factor in 'sustainable development' and economic competitiveness, and it has therefore acquired higher political priority.

Three concrete policy outcomes have resulted from these interlaced social and policy trends. Two are in train: the policy and administrative focus on alternatives to B&B and on raising its quality and, as announced in the Queen's Speech on the legislative programme for 2002/03, "a Bill to tackle anti-social behaviour that damages communities". As the Prime Minister said in the Commons debate on the Speech, "we are putting a huge investment into communities up and down the country ... given the opportunities we are providing, we are entitled to demand responsibility in return. I think we are entitled to say that the things that make people's lives a misery – graffiti, vandalism, aggressive behaviour, fly tipping, abandoned cars, anti-social tenants, truancy and irresponsible use of airguns – should be dealt with comprehensively, and that a simple system of penalties should be introduced".

Measures against anti-social street behaviour

Constructions and definitions of unacceptable behaviour on the streets or in public places vary with time and place, but in many affluent countries of the world, from San Francisco to Singapore, graffiti, vandalism, begging, street drinking, sleeping rough and prostitution are seen as 'anti-social behaviour'. Some of these activities can be commercially damaging if, for example, a city centre becomes unattractive to tourists. Although no systematic or quantified British evidence of the public's objection to these practices is known, local media and anecdotal reports suggest that many people are discomfited or made fearful by the behaviour of a small minority of street people. Bye-laws and police interventions are multiplying to prevent or stop street activities by homeless, disadvantaged or 'alternative' people that are perceived to be a nuisance or anti-social.

Zero tolerance approaches

The OED defines zero tolerance as "resolute opposition or resistance to anti-social (especially criminal) behaviour, typically by strict and uncompromising application of the law; a stated policy of this kind, designed to eliminate unacceptable conduct, especially of a specified kind". The first recorded uses were in the 1970s in the United States, with military, policing, auditing and anti-smoking applications.

The term was widely adopted during the 1990s by American and Canadian city mayors and police chiefs for assertive action against subway fare evaders, beggars and street sleepers, and in 1996 became indelibly associated with Mayor Rudolph Giuliani of New York City and the banning of aggressive panhandling. Numerous newspaper, magazine and academic articles debated the merits and social meaning of these measures.²⁴ In 1999, Giuliani argued that the introduction of more coercive approaches "is happening in cities across the country because people understand that ... neglect is destructive all around. A civilised society tries to move people in the direction of self-sufficiency and independence rather than allowing them to deteriorate before our eyes. We're spending more money than ever before on homeless services, and more money than any city in the nation, but our focus now is on making that money work to create progress in people's lives, not to allow them to deteriorate. That requires us to think more seriously and more maturely about homelessness than we have as a city in the past".²⁵

The measures in New York City include laws against begging and panhandling near cash dispensing machines, the eviction of 'mole people' from railroad tunnels, and an order that any homeless person sleeping on the steps of the city's churches is arrested.²⁶ In January 2002, Mayor Michael Bloomberg and the Commissioner of the *New York Police Department* announced a quality of life initiative, *Operation Clean Sweep*. This aims to promote quality of life in neighbourhoods by aggressive targeting of squeegee persons, panhandlers, prostitutes, smoking marijuana in public, unlicensed peddlers, and homeless encampments.²⁷ By the end of 2002, the initiative had generated more than 10,600 arrests and 105,000 summonses throughout the city's five boroughs.²⁸ The scheme has prompted *Homeless Inc.*, a homeless people's organisation, to sue the NYPD. *New York Civil Liberties Union* have filed a lawsuit on their behalf which asks a federal judge to declare the policy of arresting homeless people unconstitutional. The underlying accusation is that the department has shifted its policy, from assisting the homeless by directing them to shelters and offering various social services, to singling them out for arrest.²⁹

British politicians, policy makers, police officers and city planning authorities have for generations occasionally advocated 'zero tolerance' approaches. In March 2000, Sir John Stevens, Commissioner of the *Metropolitan Police*, announced action against 'quality of life' infringements and to sweep homeless people and beggars off the streets of London.³⁰ Similar measures are spreading amongst local councils and police forces, and focus on the 'protection of public spaces' and making the streets 'safe and void of crime'.

Westminster's open spaces

A recent instance is on parliament's door (which is significant, for the multiplication of rough sleepers in Westminster had much to do with the high parliamentary profile of the problem and the RSI). The issue is the use by rough sleepers and street drinkers of the piazza in front of the Roman Catholic Westminster Cathedral, near Victoria station. This has been a problem for some time, and invoked Lord Patten in the House of Lords in February 2002 to inquire about the help that the government was giving to those involved, and their target for the number of rough sleepers in the piazza. The reply was that there are no targets for specific areas.³¹

Westminster City Council has proposed a bye-law that "between 9.30 pm and 7.00 am people will not be able to lie down and sleep in the Westminster Cathedral piazza or any of Westminster's newly-designated open spaces or parks. ... The plan is to encourage the homeless to use shelters rather than sleep rough".³² Those caught in banned areas would be reported by police or council officers and could be fined up to £500. The bye-law cannot come into effect without consultation and the approval of the Deputy Prime Minister. There have been mixed reactions to the proposal. Council leaders were generally supportive of the bye-law, believing that services have been provided and therefore homeless people should use them. Homeless sector organisations have been more cautious, arguing that the measure does not address deep-seated problems (Box 14.4).

John Bird's pamphlet, *Retreat from the Streets*

The momentum acquired by 'zero tolerance' ideas in Britain was confirmed late in December 2002 with the publication of *Retreat from the Streets*, a pamphlet by John Bird, founder of *The Big Issue*.³⁶ He was partly reacting to the mishandled RSU *Change a Life*

campaign, which allegedly sought to dissuade the public from giving money to beggars (Chapter 11). "Instead of bossing the public ... it would have been better to have led a campaign to educate the public about what was being done for homeless people" (pp. 3-4). While he praises the government's recent initiatives, he says that "its instincts are muddled" and that "it does not ask what it might do properly and with effect".

Bird focuses on one thing that the programmes of the last decade have not achieved, the end of rough sleeping, and demands and recommends a solution. "Why do schemes to help homeless people invariably flop? For one reason, and one reason only ... the laws we have to stop street living are not enforced" (pp. 4-5). "First, we should tackle the problem of the mentally ill on our streets ... the *Mental Health Act* provides for the protection of people who are a danger to themselves, and to the public. We do not see the enforcement of this legislation because there is little provision available ... More generally, we will have to be more radical in how we get people off the streets ... [this] will require us to provide adequately and makes spending on those dislocated on the streets inevitable ... A major investment in programmes for the care of people with addictive problems will have to undertaken" (pp. 12-13).

Leaving aside that most 'street people' are not a danger to themselves or to others under the terms of the legislation, Bird's principal argument is for more spending on specialised and assertive services, and that with these in place, the right humanitarian course is to force people to accept the help. Put this way, his prescriptions uphold the 'responsive welfare service development' approach of the last decade – and the headlined advice not to give to beggars while newsworthy is a conditional and peripheral recommendation. Bird's views are

Box 14.4 Responses to a proposed bye-law to ban rough sleeping in Westminster

Having put the necessary safety nets in place for vulnerable rough sleepers, it is legitimate for us to tackle head-on the problem of people who persist in sleeping on our streets and refusing offers of help. (Simon Milton, Westminster Council's leader)³²

Local residents feel threatened by "aggressive begging and loutish behaviour of drunken and chemically-intoxicated rough sleepers". (Julie Jones, Director of Social Services, Westminster City Council)³³

Westminster has the highest concentration in the UK of services for the homeless ... There is no need in the 21st century for people to be fed on the street. The homeless should be given a hand up in the form of access to services, accommodation and, where necessary, medical help, rather than a hand out which reinforces and perpetuates a way of living on the streets which victimises the vulnerable. (Kit Malthouse, Deputy Leader of the Council)³⁴

We know that many in the area have significant drug, alcohol, and mental health problems and need specialist accommodation and support, which is not usually available ... we do not see the criminalisation of such vulnerable people as the best solution to what is a very difficult problem ... The major problem appears to be caused by street drinkers during the day, and the proposed bye-law would not appear to resolve this. Existing legislation should be able to deal with anti-social behaviour where it exists' (*Homeless Link*)³⁵

Simply providing a bed in a crowded hostel does not constitute providing a home or solving the deeper underlying problems associated with social exclusion. (*The Simon Community*)³³

simultaneously idiosyncratic and swimming with the tide, and have produced various reactions from the directors of homeless sector organisations (Box 14.5). It is intriguing that they have been published by *Politeia*, a think-tank closely aligned to the Conservative Party.

Will 'zero tolerance' spread?

During the 1990s, British policy and practice development was motivated by a (rarely explicit) combination of the wish to deal with a public nuisance, to remove an embarrassing blight on an affluent and humane society, and genuine concern with people who were disadvantaged and powerless. The current ramification of intolerant, coercive and 'normalising' policies causes concern in both liberal and welfare circles. The next decade seems likely to see a struggle for supremacy between the development of ever more elaborate, specialised and effective services and impatient intolerance. At the beginning of the decade, measures are in place to elaborate procedures for housing the poor and dispossessed, and to provide advice, care, treatment and support to those with intractable problems. But alongside this 'welfare managerialist' approach, the seeds of an alternative approach are being sown.

Given the deterioration of the nation's short-term economic prospects, and the possibility that 'New Labour' will not hold power throughout the decade, it would not be surprising if the decade-long trend for increasing central government support for homeless projects and services is increasingly scrutinised. One can see an unfortunate policy scenario, that those who would give a higher priority to cuts in public expenditure than to improving the coverage and effectiveness of services for homeless people, will claim intellectual and professional support from those whose humanitarian reasoning recommends more restraint and coercion.

INEQUALITY, UNAFFORDABLE HOUSING AND HOMELESSNESS

As three national representative local government and housing bodies have agreed, 'the immediate cause of the rise in the numbers of homeless households in temporary accommodation in London is clearly the continuing rise in house prices, which have progressively reduced the opportunities for council and RSL tenants to move into home-ownership, while at the same time making it more difficult for all households with modest incomes to secure private accommodation in the capital. The economic upturn in London and the South East has also led many private sector landlords who, in the 1990s, had been happy to let to households on housing benefit, to withdraw [from that market and turn to] those with higher incomes. This has meant more households applying to local authorities for help who, in the past, might have been able to find their own accommodation.'⁴⁰

This analysis is a snapshot of a global process, the concentration of wealth creation and consumption in large cities, and of rising inequalities in life chances, learnt skills and advantages, standards of living and housing conditions. Many observers, in several continents and of many political persuasions, foresee a potent combination of ever more inequality along with increasing internal and international migration to the sources of income and wealth.

Inequalities are exceptionally great in the United States, and the association between low paid work and new forms of hidden homelessness is now a staple of social commentary. "Ending welfare as we know it has been followed by the 'working homeless', a post-welfare-reform category of strivers fighting to hold onto low-wage jobs the government shepherded them to, jobs that perversely afford them too little money to pay for shelter. ... Social workers are tracking these marginal breadwinners by the scores of thousands – most of them women with children, not the stereotypical

Box 14.5 Reactions to John Bird's *Retreat from the Streets*

We need to put more money into services [but] until homeless people have real choices the rights debate is nonsense. ... every time you use coercive measures you destroy trust and self-respect ... it would be nice to see him talking about people's huge potential rather than taking the attitude that they can't think for themselves. What he's saying is incredibly negative. (Shaks Ghosh, Chief Executive, *Crisis*)³⁷

Sometimes the use of the *Mental Health Act* is appropriate to compel an unwell person to receive necessary treatment. But the *Vagrancy Act*, making the right to roam a criminal offence, is an illiberal and unnecessary piece of legislation that should be removed from the statute book. The 1935 amendment requires that free accommodation be offered to the 'offender' as an alternative to arrest. To use the Act wholesale, the number of hostel vacancies would have to increase dramatically. (Jeremy Swain, Chief Executive, *Thames Reach Bondway*)³⁸

People living on the streets make up a tiny proportion of the total homeless population ... Homelessness is portrayed as a 'crisis' for the individual in the doorway, rather than something which could have been predicted and prevented ... homelessness is not just about rooflessness. Many people become homeless because they have too many other problems to enable them to hold down a tenancy or pay the mortgage. ... Ultimately it makes sense to put resources into stopping people becoming homeless. (Nicola Bacon, Director, *Safe in the City*)³⁹

grizzled street male. They can be found spiraling through desperate options when they come up short for rent money and are displaced. Many serially 'couch surf' with relatives and friends before patience wears thin. Some live as families in a car or a spare garage space. Chronically, they turn to the waiting lists for transient shelters that are always filled to capacity".⁴¹

As production and employment become more competitive, aspirational and demanding, it seems inevitable that there will always be those who fail to attain the required skill levels or aptitudes, and that others although in work will earn insufficient to secure a home in competitive housing markets. There will always be some among them who become homeless. In Britain over the last decade, an immense amount has been learnt and put into practice to deal with the presentation or symptoms of the underlying economic and housing stresses in our society. It would be foolish to conclude from this success that the underlying problem has been solved, or that the need for continued effort and development has reduced.

Notes

1. Office of the Deputy Prime Minister (ODPM), 2000, paragraph 12.6.
2. ODPM and Department of Health, 2002. Available at www.odpm.gov.uk Quotations in this paragraph from pp.i.
3. ODPM, 2002a., paras 1.4 and 1.6. Available at www.odpm.gov.uk
4. ODPM, 2002c. Letter to Local Authority Housing Directors accompanying OPDM 2002a (signed by Frances Walker, Housing Policy Advisor, OPDM). 11 November.
5. The circular is available from the Local Government Association (see <http://www.lga.gov.uk/> or tel: 020 7664 3317). For the draft Code, see ODPM, 2002b.
6. Randall and Brown, 2002b.
7. Randall and Brown, 2002b, p. 13.
8. Local Government Association (LGA), 2001.
9. ODPM, 2002b, *Homelessness Statistics: Policy Briefing*, 11 December.
10. The Audit Commission has carried out regular inspections since it was formed in 1998 into "how local authorities provide landlord services to communities; work with the private sector; respond to the problems of homelessness; and enable the provision of good quality housing services. ... The Inspectorate aims to recognise good performance and promote excellence, as well as to chastise bad performers". See Audit Commission 2002, *About Housing Inspection*, available at <http://www.audit-commission.gov.uk/>
11. <http://www.homelessnessact.org.uk/index.cfm>
12. Shelter, 2002. Available at <http://www.homelessnessact.org.uk/index.cfm>
13. Trafford Metropolitan Borough, 2002. Trafford's Homelessness Strategy 2001-2004. Trafford Metropolitan Borough, Urmston, Greater Manchester. Available at <http://www.trafford.gov.uk/portals/housing/>
14. Shelter Cymru, 2002.
15. Scottish Executive, 2002b.
16. Summary details of the programme and of the new bodies are available on <http://www.doh.gov.uk/scqp/leaflet.htm>
17. <http://www.carestandards.org.uk/>. The equivalent bodies in Wales are the Care Standards Inspectorate for Wales (CSIW), see www.wales.gov.uk/subisocialpolicycarestandards;
18. See <http://www.gsc.org.uk> The equivalent body north of the border is the Scottish Commission for the Regulation of Care, See www.carecommission.com
19. The specification of the Care Standards Act 2000, Part IV, section 56 [1].
20. See <http://www.topss.org.uk/>
21. Scottish Social Services Council (www.sssc.uk.com); The Care Council for Wales (www.ccwales.org.uk); and The Northern Ireland Social Care Council (www.niscc.info).
22. See <http://www.scie.org.uk/>. The Welsh language site is <http://www.scie.org.uk/CYMRU/cymruindex.htm>

23. The library is open access. See <http://www.elsc.org.uk/>. There is an equivalent electronic social care research library for Scotland: See <http://www.researchweb.org.uk/>
24. Atkinson, 2001; Bacon, 1996.
25. Giuliani, 1999, 'Addressing, not ignoring, homelessness', Mayor's WINS Address, December 5, available at <http://home.nyc.gov/html/rwg/html/99b/me991205.html>
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27. City of New York, Office of the Mayor, Press Release, 8 January 2002. See www.nyc.gov
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30. Boland T., 2002. 'London homeless sweeps planned by police commissioner', *The Guardian*, 12 March.
31. Hansard House of Lord, 11 February.
32. Parker S., 2002. 'Council plans to fine homeless £500'. *The Guardian*, 9 October.
33. *Independent Catholic News*, 7 October 2002. See www.indcatholicnews.com/piazz.html
34. Letter to the editor, *The Guardian*, December 27.
35. Homeless Link, 2002. Westminster piazza byelaw proposal, 28 October. <http://www.homeless.org.uk>
36. Bird, 2002a. See also Bird, 2002b; Branigan T., 2002: 'Big Issue founder says begging is bad'. *The Guardian*, December 23; Elliott J. 2002: Don't give money to beggars, urges Big Issue founder. *The Sunday Times*, December 22.
37. Cited in Branigan T., 2002, 'Big Issue founder says begging is bad'. *The Guardian*, December 23.
38. Letter to the editor, *The Guardian*, December 27.
39. Bacon N., 2002, 'Whose crisis at Christmas? The seasonal preoccupation with rough sleepers masks the central problems of homelessness', *The Guardian*, December 23.
40. National Housing Federation, Chartered Institute of Housing and the Local Government Association, 2001. [Local Government] Spending Review 2002: Submission by the NHF, CIH and LGA. November.
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Appendix: Data sources

RESIDENTS OF HOSTELS, SHELTERS AND HOUSING PROJECTS

Centrepoint: hostels and housing projects

Information about 837 young homeless people (528 men and 309 women) admitted between April 2001 and March 2002 to 17 hostels, foyers and supported housing projects in London managed by *Centrepoint*. Statistics were collected about: age; sex; place of origin and ethnic group; employment status and income; education, qualifications and literacy problems; time spent in London and reasons for moving to London; last home, its location, and reasons for leaving; experiences of being in institutions and temporary accommodation, and of sleeping rough; contact with probation and social services; health problems; and length of stay at Centrepoint, reasons for leaving, and destination on departure. For further details see Centrepoint, 2002.

Crisis: WinterWatch projects

Information about 2,544 homeless people admitted to Crisis WinterWatch projects between December 2001 and March 2002. 2,212 people were men, 328 were women, and the sex of four people was not specified. The residents were at 27 projects throughout the UK, including some projects in Belfast, Wales (Cardiff and Swansea) and Scotland (Aberdeen and Edinburgh). Statistics were collected about: age; sex; ethnic group; source of referral to project and previous accommodation; reasons for homelessness; experiences of sleeping rough; income; problems and needs as perceived by residents and by project staff; services received; and reasons for leaving the project, and destination on departure. For further details contact *Crisis*.

Glasgow's hostels

A survey conducted in 1999 by the *Office of National Statistics* of 225 hostel residents (192 men and 33 women) in Glasgow. The sample also included 14 rough sleepers who were interviewed at drop-in centres. Information was gathered about: age; sex; marital status; education and employment histories; experience of being in institutions; history of homelessness, including reasons and length of time homeless; mental health and substance misuse problems, and intellectual functioning; physical health problems; diet and eating patterns; use of services and treatment received; and informal social support and social functioning. For further details see Kershaw *et al.*, 2000.

London's hostels

A survey conducted on the 16th August 2000 of 3,295 residents in 67 direct-access and first stage hostels throughout London. 2,540 of the residents were men, and 753 were women (the sex of two people was not recorded). Information was collected about: age; sex; ethnic group; mental health, alcohol and drug problems; and duration of stay in the current hostel. The survey was part of a larger study of the profiles of single homeless people in London. For further details see Crane and Warnes, 2001a.

Newport Action for Single Homeless: Albert Street Hostel

Details about 106 homeless people (90 men and 16 women) admitted between April 2000 and March 2001 to Albert Street Hostel in Newport, Wales. The hostel is run by *Newport Action for Single Homeless*. Statistics were collected about: age; sex; ethnic group; marital status; source of referral to the hostel and previous accommodation; reasons for homelessness; history of being in care and in the armed forces; admission to hospital and prison in previous three years; problems as perceived by residents and by hostel staff; duration of stay in hostel and number of hours of support given; reasons for leaving the hostel, and destination on departure. Details on admissions to the hostel since 1998 are available at <http://www.nash01.org.uk>

Rolling shelters

Details about 1,251 homeless people of all ages admitted to rolling shelters in London between April 2000 and November 2001. 1,039 were men, 203 were women, and the sex of nine people was not recorded. Statistics were gathered about: age; sex; ethnic group; source of referral and previous accommodation; location prior to becoming homeless and time spent in London; experience of sleeping rough; past use of shelters; sources of income; problems and needs; reasons for leaving the shelter, and destination on departure. Comparisons are made with residents of winter shelters since 1996. For further information see CRASH, 2002.

St Mungo's: hostels and housing projects

Details of 1,462 admissions to *St Mungo's* hostels and supported housing projects in London between April 2001 and March 2002. Of those admitted, 1,304 were men and 158 were women. Statistics were collected about: age; sex; place of birth and ethnic group; length of time homeless; previous accommodation; problems

and needs; duration of stay in project; and reasons for leaving, and destination on departure. For further details contact *St Mungo's*.

The Salvation Army: hostels and centres

Details about 6,607 people admitted between April 2001 and March 2002 to *The Salvation Army's* direct access hostels and family centres throughout England and in Edinburgh. 5,699 were men and 908 were women. Information was gathered about: age; sex; ethnic group; employment and economic status; source of referral; last settled base; and mental health and substance misuse problems, learning difficulties, and other problems and needs. For further details contact *The Salvation Army*.

ROUGH SLEEPERS

Birmingham

Details about 381 rough sleepers (320 men and 61 women) in Birmingham between April 2001 and March 2002 who had contact with the RSU-funded street outreach workers (CATs). Most (331) were new rough sleepers. Statistics were collected about: age; sex; ethnic group; problems and needs; and help given, and the reasons for not accessing hostels. For further details see Focus Housing Group and DTLR, 2002.

Edinburgh

Statistics about 590 rough sleepers in Edinburgh who were contacted by street outreach workers between April 2001 and March 2002. 453 of the rough sleepers were men and 137 were women. Statistics were gathered about: age; sex; ethnic group; marital status; previous geographical location; history of running away and being in care, and recent criminal history; health and substance misuse problems and learning difficulties; and other problems and needs. Further details at <http://www.streetwork.org.uk>.

London (1999/00)

Information about 4,465 rough sleepers (3,844 men and 621 women) in London between April 1999 and March 2000. Details were compiled about rough sleepers in touch with (i) RSU-funded CATs; (ii) two outreach workers from *St Mungo's* who worked with older rough sleepers throughout London; and (iii) two outreach workers from *Bondway* (now *Thames Reach Bondway*) who worked with homeless people in areas that were not covered by the CATs. Information was compiled about: age; sex; ethnic group; and mental health, alcohol and drug problems. The survey was part of a larger study of the profiles of single homeless people in London. For further details see Crane and Warnes, 2001a.

London (2001/02)

Statistics of 3,179 rough sleepers (2,794 men and 385 women) contacted by London's CATs between April 2001 and March 2002. The statistics are collated by

Broadway (a homeless sector organisation in London) and entered in a database known as CHAIN (Combined Homelessness and Information Network). Information is compiled about: age; sex; ethnic group; time spent sleeping rough; health and substance misuse problems, and other support needs; referrals into accommodation, length of stay, and outcomes; and other assistance given. For further details contact *Broadway*.

St Mungo's: Survey of Street Dwellers

Survey commissioned by *St Mungo's* and undertaken by the *National Opinion Poll* in February 1999 of 137 rough sleepers in London. Information was collected about: age; time spent sleeping rough; reasons for first sleeping rough and for continuing to sleep rough; likes and dislikes about sleeping rough; attribution of blame for rough sleeping; and help required to come off the streets. The survey is at http://www.mungos.org/facts/reports/survey_split.pdf

St Mungo's: Survey of Street Dwellers and Work

Survey commissioned by *St Mungo's* and undertaken by the *National Opinion Poll* in September 1999 of 193 rough sleepers in London, Edinburgh and Manchester. Information was collected about: educational and vocational achievements; past and current employment histories, including types of work; time spent unemployed in the last five years; reasons for not currently working; difficulties in obtaining work, and help required; and income source. The survey can be downloaded at http://www.mungos.org/facts/reports/survey_work.pdf

VENDORS OF THE BIG ISSUE

The Big Issue in the North

Information from a survey in March 2000 of 362 *Big Issue* vendors (130 in Leeds, 76 in Liverpool and 156 in Manchester). 319 were men and 43 were women. Statistics were compiled about: age; sex; ethnic group; age became homeless and reasons; time spent homeless; employment history, including last job; history of sleeping rough and current accommodation; personal problems and self-perceptions; and experience of being a vendor. Comparisons are also made with a similar survey conducted in 1999. For further details see *The Big Issue in the North*, 2000.

The Big Issue South West

Information from a survey in January 2002 of 164 *Big Issue* vendors in south west England. 136 were men and 28 were women. Statistics were compiled about: age; sex; ethnic group; educational achievements; marital status; experiences of living in institutions; current accommodation; physical and mental health problems and use of health services; use of drugs; and reasons for homelessness. For further details see *The Big Issue South West*, 2002.

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There are 400,000 hidden homeless people in England living in emergency hostels, B&Bs, squats or on friends' floors. On 3 December 2001 Crisis launched its Hidden Homelessness campaign to highlight their plight. A series of publications have been commissioned to map out the experiences of hidden homeless people. For more information please go to www.crisis.org.uk/hidden.

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Samantha Howes
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Oswin Baker
ISBN 1 899257 49 7
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Gerard Lemos with Gill Goodby

ISBN 1 899257 35 7

1999

48pp

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This highly influential report states that homelessness is the symptom of a multitude of life problems rather than people not having anywhere to live. The author argues that, although homelessness is not a new phenomenon, its causes, characteristics and consequences change frequently and that work done by the Government, and voluntary agencies needs to reflect this changing landscape.

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Oswin Baker

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