

# The H<sup>✓</sup>OME Study

Comparing the priorities of multiply excluded  
homeless people and support agencies

**A research report authored by**

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## EXECUTIVE SUMMARY

### BACKGROUND

Homelessness is increasingly recognised as one facet of a wider experience of social exclusion. The term 'multiple exclusion homelessness' (MEH) has emerged as a shorthand term to describe homeless people who suffer deep social exclusion often due to a combination of on-going issues in their lives and non-engagement with, or exclusion from, effective contact with support services. Single, multiply excluded homeless adults are the particular focus of this study. People experiencing multiple exclusion homelessness characteristically combine a current, or recent (i.e. within the last 12 months), experience of homelessness (broadly defined to include rough sleeping, living in emergency or insecure accommodation), with one or more indicators of deep social exclusion, for example, chronic ill health (mental or physical), problematic substance use (drugs or alcohol), long-term unemployment, or an institutional background (prison, armed forces or time spent in local authority care in childhood). They routinely live in poverty and regularly lack supportive close or familial relationships.

Multiply excluded homeless people (MEHP) have become the focus of policies that attempt to tackle the causes of their social exclusion. From 2003, a range of agencies involved in supporting MEHP received significant government funding provided by the Supporting People Programme. Agencies in receipt of this funding are expected to endorse an interventionist approach to tackling homelessness and deliver on a series of targets (beyond providing food and basic accommodation) intended to tackle the more complex needs of many homeless people and promote and sustain long-term independent living and social inclusion. In line with the wider shift to a more conditional welfare state, where rights are linked to responsibilities (Dwyer, 2008), MEHP who use services are also expected to play an active role in overcoming their difficulties by accepting offers of support and addressing problematic individual behaviour, and/or a lack of life skills, that may be sustaining their exclusion. Against this backdrop, this study explores the priorities, agendas and aspirations of MEHP alongside those of the varied statutory and voluntary sector agencies which routinely come into contact with them. The research aims to contribute to understandings about the causes of, and solutions to, multiple exclusion homelessness. By comparing the priorities and aspirations of homeless people with those of support agencies, it considers the extent to which they have similar or contrasting agendas, and the role these may play in alleviating or sustaining social exclusion.

This report is based on analysis of data generated in semi-structured interviews conducted with 108 single people with experience of MEH and 44 key informants (i.e. managers or frontline service providers), working in statutory and voluntary sector agencies which support, or routinely come into contact with, MEHP. Purposive non-random sampling was used to recruit participants. The fieldwork took place in the London Boroughs of Southwark, Lambeth and Lewisham and the City of Nottingham, mainly between November 2009 and January 2010. Over 85% of homeless participants had current or previous experience of rough sleeping. 74 were men and 34 were women. Interviews were audio recorded, transcribed and analysed.

### KEY FINDINGS

- Multiply excluded homeless people's (MEHP) priorities are not fixed but evolve with changing circumstances and experiences. Very few want to remain homeless, but for many the priority of securing accommodation is, initially, superseded by meeting survival needs – safety, food and personal hygiene – and the demands of drug or alcohol dependency.



- Agencies that work with MEHP identify a range of disparate priorities. Agencies may either serve to resolve or re-enforce multiple exclusion homelessness according to their specific priority and the ways in which they operate.
- A tension between support and intervention agendas is apparent in the work of many agencies who work with multiply excluded homeless people.
- A significant number of MEHP view agencies, rightly or wrongly, as prioritising their own agendas above meeting the needs and concerns of MEHP.
- While many support agencies share the priorities of multiply excluded homeless people to an extent, most are constrained to varying degrees by other agendas. This is especially true of mainstream statutory services that do not specialise in the needs of this user group. The help given by these services is frequently fixed by statutory priorities, centrally driven targets or constraints on the use of resources. It is also true where agencies are equally driven by the interests of public protection, street enforcement or migration control. Policy and practice sustains multiple exclusion homelessness in a number of key circumstances, most significantly:
  - where MEHP are unable or unwilling to meet the conditions attached to accommodation or support services and are consequently excluded by agencies from provision due to a lack of engagement or irresponsible behaviour;
  - where people are deterred from using services for fear of intimidation, exposure to temptation, or subjection to some form of control or criminal investigation;
  - when individuals are deemed by accommodation providers to be ineligible for homelessness support due to a lack of 'priority need', 'local connection', or outstanding rent arrears;
  - where migrants face a specific form of exclusion from publicly funded accommodation and support because of their immigration status.
- MEHP consistently report that where agencies and their staff are not circumscribed by external agendas, the most effective help is offered. This is most often found in soup runs, day centres, outreach teams and key working in specialist hostels, where a personal commitment to homeless people can be exercised. Personalised help from support workers who go beyond their brief to provide commitment and friendship to people at times of great need was the most common feature of effective support identified by MEHP.
- Motives for seeking help are complex. Factors that influence the pursuit of accommodation can be divided between changing circumstances and altered priorities. Circumstances change, for instance, when institutional barriers are overcome, when people become aware of services or when they are contacted and encouraged by significant others, who may be outreach workers, friends or even complete strangers. Priorities are altered by negative experiences such as a health crisis, the death of a friend, or the risks and discomforts of street life. Positive motives are also important, such as a regained sense of self-worth, or the desire for reconciliation with children or other family members.
- Men and women experience multiple exclusion homelessness differently, but not to the degree suggested in some previous research. Women without care of dependent children are as likely to encounter obstacles in securing help as multiply excluded homeless men.

## RECOMMENDATIONS

- The statutory rights of single homeless people should be extended. Strengthening local authorities' duties to provide advice and assistance to non-priority groups of homeless people under the Housing Act 1996 would be a positive step in the short term. In the longer term, the approach being adopted in Scotland under the Homelessness etc. (Scotland) Act 2003 and the eventual abolition of priority need groups should be implemented by the UK government.
- The means of accessing emergency hostel accommodation through local homelessness prevention gateways should be more widely disseminated among at risk groups.

# THE HOME STUDY

## Comparing the priorities of multiply excluded homeless people and support agencies

- Models of good practice in the management of hostels and supported accommodation services, such as those advocated and developed by Homeless Link, should be more widely disseminated and adopted, in order to restrict evictions to the bare requirements of safety and legality, and to avoid leaving people to sleep rough as a result.
- Accommodation providers need to address the issues that make certain hostels and supported housing an intimidating and less attractive alternative to the streets for some MEHP.
- The government should give serious consideration to extending the use of flexible, personalised support packages for MEHP such as those introduced under the 'No-one Left Out' (DCLG, 2008) initiative. Flexible alternatives to hostels need to be available. Initiatives that combine the support of a dedicated outreach worker and a 'housing first' approach appear to be successful in reaching out to long-term rough sleepers.
- Rights to access basic social welfare benefits and homelessness support services should be extended to prevent destitution among migrants who remain in the UK and are unable to return to their country of origin.
- Every effort should be made to limit the impact of public spending cuts on services that support single homeless people and assist them in addressing the causes of their multiple exclusion homelessness.
- The problem of individuals not being able to access accommodation and support due to a lack of local connection is strongly evidenced in the study. Although it runs counter to the Government's preference to devolve power to local communities, neighbouring councils should give serious consideration to the possibility of adopting shared duties under homelessness legislation. A pan-London approach may be most suitable for the Capital and consortia of neighbouring councils appropriate elsewhere.





## I. INTRODUCTION

This report details findings from one of four studies commissioned in 2009 under the Economic and Social Research Council's (ESRC) 'Multiple Exclusion Homelessness' programme. The particular focus of the HOME Study (HOMelessness and Multiple Exclusion) was to consider the priorities, agendas and aspirations of homeless people alongside those of the varied statutory and voluntary sector agencies which routinely come into contact with them. The overall objective was to contribute to understandings about the causes of, and solutions to, multiple exclusion homelessness (MEH) by comparing the priorities and aspirations of multiply excluded homeless people (MEHP) with those of support agencies. It was believed that a consideration of the extent to which service users and service providers may have similar or contrasting agendas will allow for a meaningful exploration of the role these may play in alleviating or sustaining MEH. More specifically the project aimed to:

- explore the relationship between homelessness and other factors in generating 'deep' social exclusion;
- investigate the priorities and aspirations of multiply excluded homeless people in addressing the problems they face;
- compare and contrast the priorities of multiply excluded homeless people with those of agencies that provide support services;
- examine the role of these potentially incompatible priorities in explaining multiple exclusion homelessness;
- explore the ways in which place and gender may mediate these priorities;
- validate the accounts of homeless people and their priorities by fully involving a team of formerly homeless volunteers in the design, conduct and outputs of this study;
- disseminate findings among support agencies and policy makers so that policy and practice accords more closely with the priorities of multiply excluded homeless people.

The study focuses on single people (i.e. without current care of dependent children), who combine a current or recent experience of homelessness (rough sleeping, or living in emergency or insecure accommodation) with one or more indicators of deep social exclusion.

### I.1 DEFINING MULTIPLE EXCLUSION HOMELESSNESS

Social exclusion is a much debated and highly contested concept within social science (see e.g. Room, 1995). It is concerned with how limited material resources may impact negatively on people's lives, but moves beyond a financial focus to consider the ways in which "discrimination, chronic ill health, geographical location or cultural identification" (Hills et al 2002: 6) may constrain individuals from effective participation in society. A recent comprehensive review defines social exclusion as,

A complex and multi-dimensional process. It involves the lack or denial of resources, rights, goods and services, and the inability to participate in the normal relationships and activities, available to the majority of people in a society, whether in economic, social, cultural or political arenas (Levitas et al. 2007 :9).

People who experience "exclusion across more than one domain or dimension of disadvantage, resulting in severe negative consequences for quality of life, well-being and future life chances" (Levitas et al. 2007: 9) are seen as suffering deep or severe exclusion. Lack of involvement in four key areas, i.e. democratic and legal systems, the labour market, the welfare state and familial and (local) community networks, has long been identified as symptomatic of deep exclusion (Commins, 1993). The role of housing and homelessness vis-à-vis social exclusion has been subject to debate (Pleace, 1998; Somerville, 1998). In this study our aim was to develop understanding of a particular type of 'deep' or 'multiple' social exclusion, namely, multiple exclusion homelessness.

A key starting point for the study is that homelessness very rarely comes alone. Much previous research has shown that many homeless people carry with them lots of other issues and experiences, which often reinforce the negative effects of homelessness. Homelessness amongst single people is bound up with a range of complex needs (House of Commons/ODPM, 2005), including substance use (Fountain et al. 2003), mental ill-health (Sims and Victor, 1999), malnutrition (Lewis, 2002), criminal victimisation (Newham and Rock, 2004) and, mainly in the case of women, issues associated with sex work (Harding and Hamilton, 2008). This situation was recognised by Carter (2007) who, noting a lack of resources, rights, and opportunities, adopts the phrase 'multiple exclusion homelessness' (MEH). Building on this approach the Making Every Adult Matter (ref. MEAM, 2009; 2011) coalition of four national charities (Clinks, DrugScope, Homeless Link and Mind), whose work routinely brings them into contact with homeless people and other vulnerable adults, published a manifesto calling for effective intervention for individuals facing multiple needs and exclusions who,

- experience a combination of issues that impact adversely on their lives;
- are routinely excluded from effective contact with services they need;
- tend to lead 'chaotic' lives that are costly to society. (MEAM, 2009: 8).

In this report the phrase 'multiple exclusion homelessness' is used as a shorthand term to describe homeless people who suffer deep social exclusion, often due to a combination of ongoing issues in their lives and non-engagement with, or exclusion from, effective contact with support services. Our definition is as follows:

People experiencing multiple exclusion homelessness characteristically combine a current, or recent (i.e. within the last 12 months), experience of homelessness (broadly defined to include rough sleeping, living in emergency or insecure accommodation), with one or more indicators of deep social exclusion, for example, chronic ill health (mental or physical), problematic substance use (drugs or alcohol), long-term unemployment, or an institutional background (prison, armed forces or time spent in local authority care in childhood). They routinely live in poverty and regularly lack, supportive close or familial relationships.

## 1.2 RATIONALE FOR THE RESEARCH

Structural factors such as the availability of affordable housing are still recognised as important causes of homelessness, but for those who combine homelessness with other problems, a more sophisticated understanding is needed (DTLR, 2002; NAO, 2005). Many studies have mapped the range of homeless people's complex needs, but only a few have explored people's journeys into and experiences of homelessness to illuminate the relationship between background factors, personal circumstances and agency practices in people's homelessness stories. May (2000) constructed biographies of male hostel residents to distinguish patterns of homelessness and to show how structural factors, such as long-term unemployment, insecure private tenancies and family deprivation, limited permanent solutions, with services doing little more than interrupting a homeless career. Baker (2001) conducted a similar study with a mixed sample of London hostel residents, distinguishing a list of homelessness 'triggers' from background factors. Around a fifth of his sample were identified as 'trigger heavy', combining running away from home, an early experience of street homelessness, partnership breakdown, bereavement and trouble with the law as a particularly potent cocktail in precipitating long-term homelessness.

Such studies have helped in describing common features and episodes in homelessness stories, but explanation requires us to untangle the excluding impact of structural disadvantages from life events and personal motivations to show how solutions to homelessness are frequently elusive. Reeve et al. (2007) have gone some way in doing this through a biographical study of homeless women. They found that negative encounters with agencies often sustained homelessness, such as service denial, inappropriate service provision, obstructive referral routes, a male-oriented culture, ignorance of services and lack of personal motivation. Other studies

have also highlighted barriers to service engagement for particular groups or services. For example, Neale (2001) reported that homeless drug users have a negative view of emergency accommodation because it reminds them of prison and exposes them to continuous temptation and harassment. Likewise, single homeless people are particularly susceptible to violent crime, but are often unwilling to report their experiences to the police (Newham and Rock, 2004). Homeless people are also well-known for their struggle to access health services, with rough sleepers making heavy use of hospital accident and emergency facilities due to problems in registering with GPs (Riley et al. 2003) and service providers have found people with chronic mental health conditions particularly hard to engage (SCMH, 1998; Stephens, 2002).

More recently, Ravenhill (2008) acknowledged the array of institutional barriers facing homeless people, but argued that resettlement is primarily a battle for the mind to overcome, for instance, fear of failure, mistrust, inappropriate help, lack of awareness, social isolation, embarrassment about seeking help and institutional rules. McNaughton (2008a, b) also offered a sophisticated analysis of 'transitions through homelessness', exploring the impact of low levels of human, social and economic capital on the success or failure of resettlement. In her analysis of transitions, she distinguished between 'divestment passages' characterised by repeated negative encounters with services that generate a downward spiral, 'integrative passages' in which repeated positive engagement with services have an integrating effect, and the 'flip-flopping effect of integration diverging' where superficially successful transitions confront unchanged structural situations, resulting in relapses.

Two further factors have been found to mediate the relationship between multiple exclusion and service engagement for homeless people: place and gender. Cloke et al. (2001, 2005) have shown how the level and type of support for homeless people varies geographically according to historical, political and organisational circumstances, with a marked distinction between London and the rest of England. Regarding gender, evidence has accumulated over a number of years to suggest that women without dependent children might experience homelessness in ways that differ sharply both from men and from women with children. This derives not only from the possible impact of homelessness legislation, but also because women have distinct reasons for homelessness, and particular ways of surviving it, that derive from the inaccessibility or inappropriateness of mainstream homelessness services to women (Garner et al. 2003; Reeve et al. 2006; Harding and Hamilton, 2008). However, this noted variation by gender in the causes and experiences of homelessness, and the appropriateness of solutions, is something which this present study subjects to critical examination.

Previous work has highlighted the importance that homeless people attach to relationships and their potential to make the difference between success and failure in resettlement (Lemos, 2000; Lemos and Durkacz, 2002; Bowpitt and Harding, 2009, 2009). The potential benefits of prioritising housing above other needs for people with complex needs is acknowledged (McNaughton, 2008b), particularly when appropriate accommodation is combined with on-going support (Home Office, 2009; Johnsen and Teixeira, 2010). Moreover, much is now known about the range of services available to homeless people (Homeless Link, 2011), but little about the role that a dissonance between the priorities and aspirations of service users and the programme logic of support agencies in the poor or ineffective service engagement of the most excluded individuals. This report focuses on the relationship between homeless people and the service providers which support, or routinely come into contact with, MEHP and the potentially different priorities and agendas that each brings to their encounters with the other. It explores the factors that shape homeless people's priorities and the way in which these may influence their capacity and willingness to engage with services and the effectiveness of any encounters.

### 1.3. POLICY OUTLINE

Over the past two decades, governments of differing political persuasions have instigated a range of policies aimed at tackling homelessness and rough sleeping e.g. the Rough Sleepers Initiative (1990-98) and the Rough Sleepers Unit (1998-2002). The reduction of social exclusion was a stated goal of successive New Labour administrations (1997-2010) and combating street homelessness was an early (SEU, 1998), and enduring, focus of policy. For example, The *No-one Left Out* initiative (DCLG, 2008) contained a commitment to abolish rough sleeping by 2012. The early success of the Rough Sleepers Unit in reducing rough sleeping by two thirds saw government turn its attention to those homeless people with the most complex needs and from 2003 a range of agencies involved in supporting MEHP received significant government funding from the Supporting People Programme' (House of Commons/programme (ODPM, 2004). Agencies in receipt of this funding were expected to endorse an interventionist approach to tackling homelessness and deliver on a series of targets (beyond providing food and basic accommodation) intended to tackle the more complex needs of many homeless people and promote and sustain long-term independent living and social inclusion.

Under New Labour, MEHP became the focus of particular policies (e.g. the Adults Facing Chronic Exclusion (ACE) pilots), which attempted to tackle the causes of their social exclusion (SET, 2007a). Likewise, the 'Respect Action Plan' (RTF, 2006) contained an abundance of initiatives, many aimed at addressing the lifestyle problems of the most excluded individuals. New Labour recognised that a range of issues (e.g. a lack of basic skills, mental health problems, substance misuse, debt,) can all play a part in exacerbating the deep exclusion endemic in many homeless peoples' lives and promised a range of personalised packages, delivered by an array of agencies, to support individuals. The 'personalisation' of rights and responsibilities was also one of the five guiding principles underpinning support for multiply excluded adults (SET, 2007b). This was consistent with the Government's preferred notion of social citizenship where a principle of conditionality overrides otherwise universalist policies when defining an individual's right to access social provisions (Dwyer, 2000; 2008). Housing support agencies were, therefore, being asked to demand more from their clients in return for the opportunities and support they provide, and arguably, homeless people are being increasingly deemed responsible for their situation (Whiteford, 2008).

Following the recent global financial crisis and the election of the Coalition Government in May 2010, this report is launched into a different political and economic environment from the one in which the original research was conceived and undertaken. Substantial cuts in public spending announced in the Government's Comprehensive Spending Review in October 2010 have dramatically affected the budgets available to local authorities in the discharge of their statutory duties, and even more in the services they are able to offer homeless households to whom a duty is not owed. For instance, in the context of an overall cut of 12% over four years in the Supporting People budget, New Labour's removal in 2009 of the 'ring fence' around this budget has enabled some local authorities to dampen the effect of cuts elsewhere by dipping into an already diminished Supporting People budget. This has resulted in the substantial decommissioning by some local authorities of the housing support services that our study identified as instrumental in supporting homeless people away from the streets, notably street outreach teams, day centres, hostels and supported housing projects. Any recommendations emerging from our study must be seen in the context of this dramatically reduced capacity in both the statutory and voluntary housing sectors to respond to the needs of multiply excluded homeless people.

Despite the harsher fiscal environment, the Coalition Government has sought to sustain the previous government's commitment to end rough sleeping. The DCLG's Ministerial Working Group on Homelessness has produced its *No Second Night Out* initiative (DCLG, 2011), which includes a £20m Homelessness Transition Fund to deliver a mechanism for ensuring that all new rough sleepers are identified and helped off the streets immediately, with quick assessment, emergency accommodation and reconnection with their place of origin.

Nonetheless, some enduring concerns and issues about the ways in which policy and practice may help or hinder the most excluded homeless people to overcome the barriers they face remain.

These enduring concerns arise from the broader policy context in which any specific initiative for rough sleepers should be seen. Recent research (Fitzpatrick et al. 2011a) has shown how the combined effects of rising unemployment, diminished public services and welfare benefit cuts are likely to exert themselves most harshly on precisely those groups most at risk of homelessness. Examples of relevant welfare benefit policies include a range of cuts in housing benefit entitlement and the increased conditionality and sanctions associated with the Work Programme for people claiming out-of-work benefits. In combination, these reforms are likely to put housing at risk for many single people already experiencing multiple exclusion in other areas. Further concerns arise from wider reforms of housing policy associated with the 'localism' agenda, which seeks to give local authorities greater flexibility in the discharge of statutory duties. These reforms include the removal of security of tenure for social housing tenants, the discharge of statutory homelessness duties through the use of fixed term tenancies in the private sector and the more general replacement of national minimum standards in favour of locally determined priorities. The abiding relevance of our research therefore arises from its focus on a group – multiply excluded homeless people – on whom the effects of these economic and policy trends are likely to be concentrated and magnified.

### 1.4 STRUCTURE OF THE REPORT

The report is divided into six subsequent chapters. Chapter 2 outlines and explains the methodological approach that underpinned the project and details the methods employed in the fieldwork. Chapter 3 focuses on the relationship between homelessness and other factors in generating multiple exclusion. It explores the background factors and triggers to homelessness that are prevalent among the wider population of homeless people with multiple needs and details how these played out in the lives of homeless respondents interviewed for this study. In Chapter 4 the priorities and agendas of MEHP and service providers are considered. The survival strategies of homeless people and the ways in which the priorities of many change over time are discussed. Allied to this is a parallel discussion of the disparate motivations and policy agendas among agencies working with homeless clients with complex needs and the ways in which these influence everyday encounters between homeless service users and service providers. Chapter 5 focuses on issues related to homeless people's attempts to secure accommodation. It highlights the ways in which established policy and practice, specifically in relation to homelessness legislation and immigration status, may, in certain instances, prevent some MEHP from accessing accommodation. Chapter 6 explores MEHPs encounters with non-housing related services. It includes discussions of more specialised services for homeless people (i.e. day centres and street level services), as well as more mainstream agencies that serve a broader range of clients but which routinely interact with MEHP in their day-to-day work. Issues related to accessing welfare benefits, specialised drug and alcohol clinics, mental health services and criminal justice agencies, i.e. the Police, Prison and Probation services, are considered. More positively, Chapter 7 offers insights into homeless respondents' views on the kinds of approaches and support that works most effectively when tackling multiple exclusion homelessness. The conclusion, chapter 8, reiterates the recommendations that emerge from the study.





## 2. RESEARCHING MULTIPLE EXCLUSION HOMELESSNESS

### 2.1 INTRODUCTION

This chapter outlines the methodological approach which underpinned the research and the techniques used in the fieldwork. The research team were committed to giving equal status to the perceptions, experiences and expertise of both homeless people and key informants (i.e. managers or frontline service providers) who support or routinely come into contact with MEHP. An abductive, user-participatory approach was used to underpin the project and answer the following research questions:

- How do homeless people account for their social exclusion in its various dimensions?
- How far do homeless people prioritise homelessness over other needs, how are their priorities shaped by past events and experiences, and how in turn do these affect attitudes towards seeking help?
- What are the agendas and priorities of a range of support agencies in responding to requests for help from multiply excluded homeless people, and how compatible are these priorities with those of homeless people?
- How do answers to these questions vary according to location and the gender of the homeless people being studied?
- How can a better understanding of respective priorities be used to improve the way that support agencies respond to the needs of multiply excluded homeless people?

### 2.2 RESEARCH DESIGN: AN ABDUCTIVE, USER PARTICIPATORY APPROACH

When utilising an abductive approach, researchers begin by seeking to discover and describe the way the social world is experienced and perceived from the 'inside' by developing an understanding of 'insider' views (in this particular case, people with experience of MEH ), before moving across to consider the accounts of key informants from agencies who work with MEHP. Abduction is applied in moving backwards from lay explanations to more technical descriptions of social phenomena. It is "the process used to produce social scientific accounts of social life by drawing on the concepts and meanings used by social actors and the activities in which they engage" (Blaikie, 1993: 176). This offers the possibility of taking seriously the various understandings of both service users and providers and moving backwards and forwards between their accounts to develop a more comprehensive understanding of relevant issues. The overall objective of using an abductive approach was to allow perceptions and experiences of MEHP to combine with those of key informants to provide grounded evidence to improve future policy and practice. An important aim of the research was to penetrate the perceptions and experiences of homeless people and those of service providers that routinely interact with them in order to allow their aspirations and priorities to become an integral part of ongoing theoretical and policy debates about the causes of, and solutions to, multiple exclusion homelessness.

The increasing interest in user-participatory approaches in social research is part of a wider shift which emphasises that service users should not be seen as merely passive recipients of services, but actively involved in shaping research, policy and practice. User-participatory research is "research in which users are active participants in the process of commissioning, designing and/or carrying out individual research projects or programmes" (Becker and Bryman, 2004: 409). An innovative, abductive, user-participatory research strategy, which built on earlier work/research interests (see e.g. Dwyer, 2000), drew on the wider literature on user-participatory research (e.g. Edwards, Oakley and Popay, 1999; Barnes, 2004), and involved working with peer researchers, was, therefore, developed for this study.

### 2.3 GENERATING THE DATA

#### The sample

Purposive non-random sampling was used to identify and select suitable fieldwork participants. Homeless respondents were recruited from a range of organisations. They included people who used (or had recently used) an assortment of services provided by Framework and Thames Reach and also users of various services offered by a number of other statutory and voluntary agencies.

The qualitative data presented in this report was generated in two parallel sets of semi-structured interviews conducted with 108 multiply excluded homeless people (MEHP) and 44 key informants (i.e. representatives of 40 statutory and voluntary sector agencies which support, or routinely come into contact with, MEHP). In order to maintain distance between the accounts of service users and providers, one member of the team undertook the interviews with key informants whilst the interviews with MEHP were conducted jointly by a peer researcher and another academic member of research team (see below). The fieldwork took place in the London Boroughs of Southwark, Lambeth and Lewisham and the City of Nottingham mainly between November 2009 and January 2010. Over 85% of the homeless participants had previous experience of rough sleeping. There were 74 men and 34 women. See Tables 1-4 in annex 1 for a more detailed overview of the sample.

#### Handling/analysis of data and ethical considerations

All interviews were audio-recorded and transcribed. An abductive approach to analysis was adopted. Between-group comparisons to explore commonality and differences between the priorities and aspirations of multiply excluded homeless people and key informants were undertaken. Data were analysed using grid analysis (Knodel, 1993) and thematic code-and-retrieve methods (Mason, 2002; Ritchie et al. 2003). A QSR NVivo software package used to assist this process.

Two ethical principles - informed consent and anonymity - underpinned the fieldwork. The project received ethical approval from the Research Ethics Committee, College of Business, Law and Social Sciences, Nottingham Trent University. All homeless participants received a £20 store voucher of their choice on completion of an interview. Peer researchers were paid £50 per day for undertaking training and research tasks.

### 2.4 WORKING WITH PEER RESEARCHERS

The study's value lies not just in its substantive findings, but also in the approach used, in particular, the involvement of peer researchers. With the help of Framework and Thames Reach, ten people were recruited (six in London and four in Nottingham) from among those who were currently volunteers with these agencies, but who also had recent experience of homelessness and the use of homelessness services. The aim was to involve them in all the main stages in the research, as:

- Co-designers of the interview schedules by taking part in focus groups at which key issues were identified, and by giving their opinions of early drafts;
- Co-interviewers with an academic team member in all the interviews with homeless people, with the intention that they took the lead, working through the schedule and following up with supplementary questions (for which they received training);
- Co-analysers of the data through further focus groups at which they were presented with preliminary findings and asked to comment;

- Co-disseminators of the findings, principally through their involvement in the production of a DVD based on the research findings;
- Members of the project advisory panel.

By working with peer researchers who had recent experience of MEH the project was strengthened in a number of ways. First, peer researchers also brought their cultural knowledge of multiple exclusion homelessness and the world of MEHP and their own knowledge and experiences of the support services available to the project. Second, they enabled the research to get closer to the world of our homeless respondents by ensuring that the right questions were asked and that they were addressed in an appropriately sensitive way. Third, they helped ensure that the accounts outlined by MEHP were properly understood and interpreted by the research team. Fourth, the presence of a peer researcher engendered an atmosphere of trust in the interview process and the rationale for the project. There were several instances where respondents told us that this was the case.

As had been anticipated, the task of interviewing homeless people with often complex needs threw up a number of challenges. Circumstantial factors meant that homeless respondents were at times unreliable by conventional standards. It was not uncommon to arrive at an interview location to discover that the individual with whom an interview had been arranged was not present. Drug and alcohol usage and/or mental illness also affected the concentration levels of some during the interviews. Additionally, on occasions some homeless respondents became charged during their interviews, with a small minority exhibiting visible anger and aggression. To deal with these issues a series of protocols were agreed before the field work commenced and support and advice was made available to homeless respondents who requested help or became distressed during the interviews as required. Similarly, arrangements were put in place for debriefing sessions for both the academic and peer researchers following interviews as necessary.

## 2.5. CONCLUSIONS

This chapter has briefly outlined the abductive, user-participatory approach that underpinned the research. The processes and practices described above represent an attempt to promote an inclusive piece of research that generates an understanding of multiple exclusion homelessness grounded in the insights and experiences of homeless people and the service providers that support or routinely come into contact with them. The chapters that follow draw directly on data generated in the field to provide new empirical evidence about the causes of, and solutions to, multiple exclusion homelessness, alongside insights into the challenges faced by service providers who work with MEHP on a daily basis. It is hoped that this report will inform future service development and planning and, ultimately, improve the lives of homeless people who face multiple social exclusion.





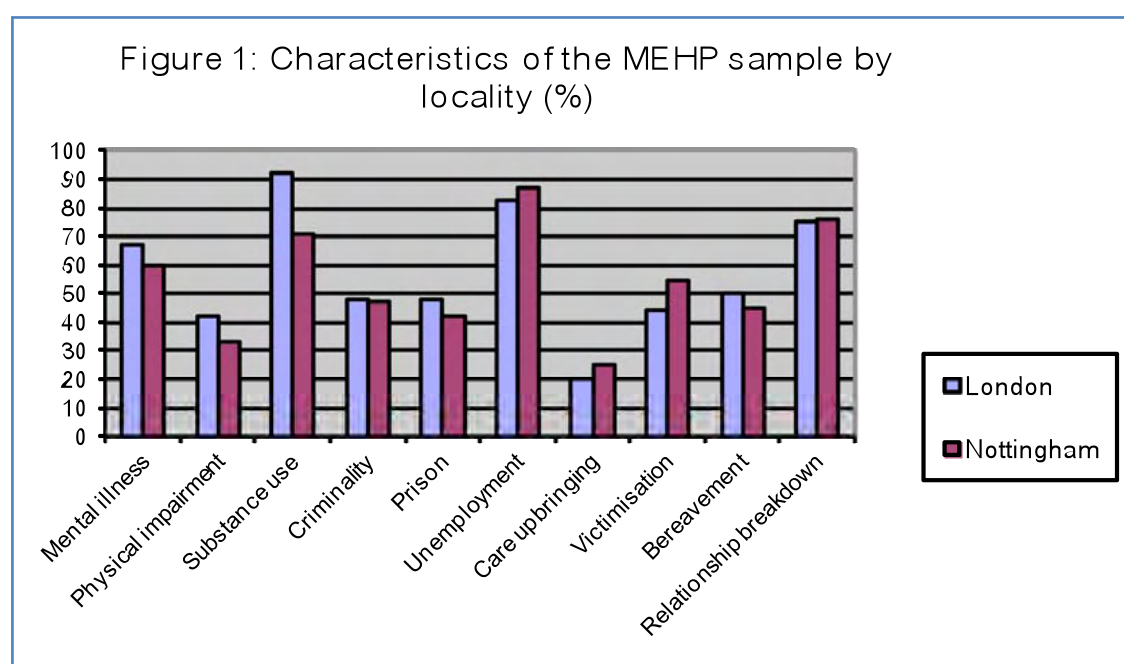
## 3. BECOMING HOMELESS AND MULTIPLY EXCLUDED

### 3.1 INTRODUCTION

This chapter consider the reasons why MEHP who took part in the study became homeless in the first instance. Section 3.2 highlights a range of background characteristics and triggers to homelessness that were common among the homeless respondents. This section then moves on to consider the particular events that routinely caused people to lose their accommodation and triggered periods on the streets. Following on from this, Section 3.3 briefly considers the extent to which gender mediates individuals' experiences of multiple exclusion homelessness and interactions with service providers. In section 3.4 a short discussion of whether or not place was a significant factor in structuring the daily lives of MEHP is outlined.

### 3.2 BACKGROUND FACTORS AND TRIGGERS TO HOMELESSNESS

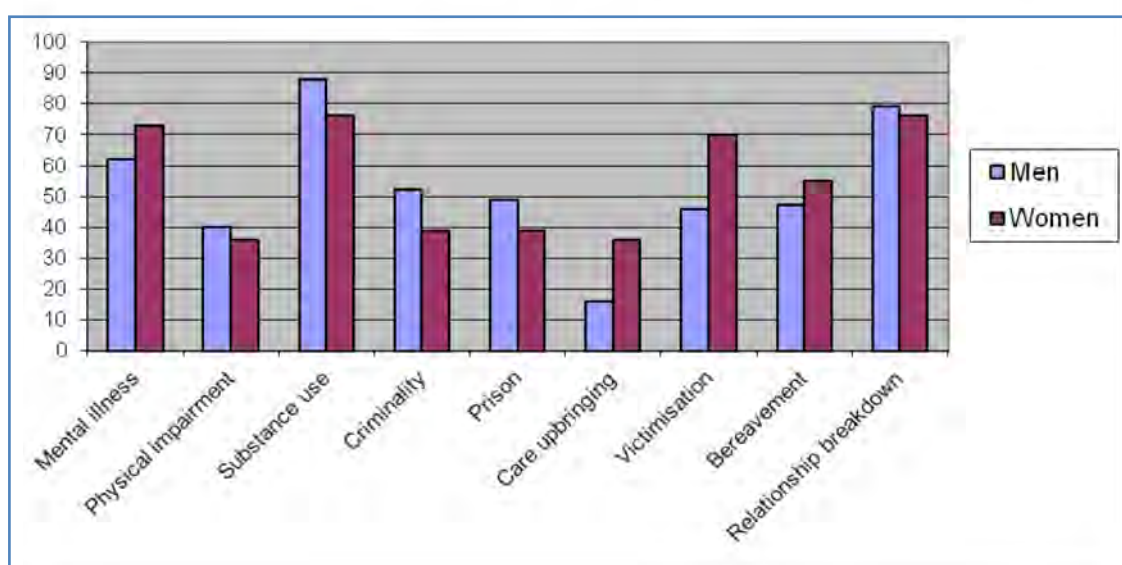
The semi-structured interviews conducted with homeless respondents identified a diversity of life experiences that had preceded their time on the streets. In one sense, therefore, it is over simplistic to identify a stereotypical 'multiply excluded homeless person'. That said, an analysis of the data generated in discussions with both homeless people and key informants working in support agencies highlights a range of shared issues and life experiences that were common across the sample, regardless of differences in gender and location. Figures 1 and 2 below profile the background experiences and current life issues discussed by homeless respondents in interviews, differentiated by location (i.e. Nottingham and London) and gender. Within a purposively sampled population of 'multiply excluded homeless people', the common incidence of the highlighted issues is broadly in line with other recent research (see e.g. Fitzpatrick et al. 2011b; McDonagh, 2011).





# THE HOME STUDY

Comparing the priorities of multiply excluded homeless people and support agencies



It needs to be stressed that the project was underpinned by a qualitative methodology and that sampling was not intended to represent statistically the incidence of selected features in the multiply excluded homeless population. Respondents were instead selected with profiles that illustrated combinations of social exclusion indicators that previous research had shown to be typical. Figures 1 and 2 are included here in order both to describe the overall profile of our sample and to highlight in general terms the limited differences in the background characteristics of our sample of homeless people when location and gender are compared (see further discussions below).

## Triggers to homelessness

Within the general population, not everyone dealing with the issues highlighted in figures Tables 1 and 2 becomes homeless, but evidence from the study suggest that they make homelessness more likely. Most homeless people interviewed reported more than one homelessness episode. The triggers to homelessness among our MEH respondents (i.e. events that precipitated the loss of housing and a period on the streets and/or living in insecure accommodation), largely confirm the findings of previous research (Baker, 2001; McNaughton, 2008a, ch. 3; Ravenhill, 2008, ch. 6). The first and most common trigger, was relationship breakdown with other householders/family members. This need not, necessarily, be violent but took two main forms: being thrown out by other family members, or leaving their home because of an intolerable situation. A large number of homeless respondents outlined a variety of personal and family problems that could only be resolved by leaving their homes. Violent or abusive relationships, with either partners or parents, figured prominently for both men and women. Some spoke of specific crisis points of unexpected and unprovoked violence, while others told of persistent and long-term abuse or neglect.

When I was 12, my mum had married a few years earlier and she married a guy that was abusing me sexually and physically. When I was 12 she threw me out and I had nowhere to go. (N51, female)

It all started when I was about 15. My other brother was playing up ... I thought, I've had enough ... My mum and dad had a massive row one day. I said, 'Any more of this and I'm walking out'. Next thing my father got tanked up. Me and him had a barny ... Next thing, F off and what have you. Took me a couple of weeks to get there. I was at work, get on the bus, go to Victoria, just get out of it... Enough is enough. I'm walking. I forced myself to do it ... Just go, don't look back. (L16, male)



It does seem to stem from their childhood. Domestic violence as well, drink to comfort themselves. Sometimes they've been with a violent partner that introduces them to drugs. They are sent out on the streets to sex work, to bring money back to fund both of their habits.  
(LKI 5, Senior project worker, women's hostel)

A second significant set of triggers to homelessness revolved around eviction from housing or accommodation for not fulfilling the expectations of a landlord or hostel manager (see Chapters 4 and 5 for more developed discussions). A failure to manage substance dependency often rendered people susceptible to eviction from their accommodation because of the behavioural and financial implications alcohol and/or drug addiction has on people's lives. These include an inability to meet housing costs, an increased likelihood of participation in anti-social behaviour which offends the expectations of landlords, and a higher probability of offending and involvement in the criminal justice system. Such circumstances, alongside the high levels of poverty and unemployment limited supportive social networks and a high incidence of mental health problems, all made multiple exclusion homelessness more likely among our respondents and, importantly, routinely impeded homeless peoples' and support agencies' attempts to effectively tackle the problems they faced.

I drink alcohol my problems will go. Block things out, make things easier at the time. (L35, female)

Basically I got a Council house; there had been a house fire in it, an electrical fault. The Council charged me with it, not for setting the fire necessarily, but for all the damage.... It weren't my fault. It came to about £6000 and I couldn't afford to pay that, so they revoked my tenancy. (N49, male)

I first became homeless about a year and a half ago... At the time I was actually doing a lot of drugs to block something out I couldn't deal with... my work got affected I was already in so much debt because I'd been spending so much money on drugs that when I lost my job I had no money to pay for the place I was staying at. I got shunted out of there really quickly. I had to walk away and leave half my possessions there. (L14, male)

There are a few individuals that have come and gone in this service that have problems accessing support or housing amongst other services because they have been so anti-social, repeatedly made threats of violence.... There are only so many services local to this borough and then you'll start burning bridges with outreach teams who know they just won't be able to place you anywhere. (LKI 20, hostel manager)

The third group of homelessness triggers arose from individuals having personal histories that featured a period, or periods, of prior institutional care, e.g. experience of local authority care in childhood, time spent in prison or serving in the armed forces. When terminations in institutional duties of care occur, such as discharge from prison or hospital, or the ending of public care, it appears that significant numbers of potentially vulnerable people with often complex needs are at serious risk of "falling through the cracks in service provision" (McDonagh, 2011: 1). As one agency's responsibility ends, the diverse agendas of support agencies (rf. Section 4.2) and an overall lack of integrated, joined-up working can further exacerbate multiple exclusion homelessness (see also Cornes et al. 2011).

For example, as shown in Figures 1 and 2, the prevalence of a previous experience of local authority care in our sample far exceeds what might be expected in the general population. Many who had experienced public care in childhood described placements ending at the age of 16 with little preparation for independent living, from which homelessness quickly followed. In addition, about a fifth of our sample – mainly men – told of how prison sentences ended at the prison gate with no more than a discharge grant and no guarantee of accommodation (see further discussions in section 6.5).

# THE HOME STUDY

## Comparing the priorities of multiply excluded homeless people and support agencies

I was 11 when my mum died and I was put in a home...For 9 years. Then I got thrown out. I had my first child at 16. I was living with his parents and got kicked out. It's an on-going thing really. (L27, female)

The theory is that various government bodies, probation service etc picks them [ex- prisoners] up... For various reasons, some good, some not so good, that doesn't always happen. Inevitably sooner or later we see them here. Hopefully we get them in time. Sometimes if we don't see them soon enough or they don't turn up here quickly enough the next thing we hear about them, because they are usually known to us, is that they've been found dead somewhere. Possibly because they have fallen back in with an old drug using crowd, they've started using drugs and their system is not used to it, overdosed, died before somebody has got to them. (NKI 4, Operations manager, independent day centre)

The factors noted above commonly featured in many MEHPs' personal biographies. The three short case studies presented in Boxes 3.1-3.3 below illustrate how background factors and particular traumatic events combine and regularly result in lives blighted by multiple exclusion homelessness.

*Sharon was 34 and living in shared accommodation with support when interviewed. She was kicked out when she was 12 after the man her mother had married sexually and physically abused her. She stayed with a street sex worker for a while, before being taken into local authority care. By the time she was 14, Sharon was a sex worker herself and on drugs, moving between squats, punters' flats and rough sleeping, with brief periods in hostels. She started sniffing gas and glue, but she was groomed by a pimp who got her on to crack cocaine. Other drugs quickly followed.*

*Sharon had four children by various men, all of them taken into care and three now adopted. Relationships were brief affairs, normally ending in her being subjected to violence and needing to leave for her own safety. There might then be a period in accommodation before she was drawn back into her street lifestyle of drink and drugs, maintained by sex work. There were periods of imprisonment when, for instance, she was violent to a social worker trying to take one of her children into care. It was the prospect of getting custody of her fourth child that eventually led Sharon to seek help to stabilise her life and get a place in supported accommodation.*

### Box 3.1 Sharon's story (N51)

*John was 24 when interviewed at a hostel. He attributes the start of his extreme temper fits, anxiety and depression to a time when he was a teenager and his father was arrested under suspicion of sexually abusing his older sister. He regularly attended a specialist mental health facility for about a year. The allegations against his father were not upheld, as a result of which his sister was ostracised by the family, with the exception of John, who left home at 16 to be with his sister. He became homeless when she threw him out. After some time in hostels, he managed to get his own accommodation, but lost it through non-payment of rent and became homeless again. After various attempts to stay with his sister and his parents, during which he was hospitalised following one violent altercation, he finally ended up in his current hostel.*

### Box 3.2 John's story (N26)

*Billy was 57 when interviewed, living in supported accommodation for older people. He was from Northern Ireland, and spent most of his childhood in a children's home after his parents split up. He then spent over a decade in the Navy. He attributes his drinking to the period after he came out of the Navy, when he could not settle, moving between seamen's missions and subsisting on casual employment. He settled with his wife in the Midlands for a while, but she was unable to tolerate his drinking and left him. His drinking then became heavy and chronic. He came to Nottingham with a friend who told him there were places to stay, but he ended up sleeping rough for a long time, with occasional nights in a night shelter. He was taken to hospital with hypothermia and got a place in a Salvation Army hostel, but the regime reminded him too much of his childhood, he swore at staff and was asked to leave, after which he returned to rough sleeping. He eventually got his current accommodation through help from a day centre.*

### Box 3.2 Billy's story (N23)

## 3.3 THE IMPORTANCE OF GENDER?

This section briefly explores the importance of gender in mediating men and women's experiences of MEH. Purposive sampling deliberately over-selected women to generate a sample of which roughly a third were women, which is twice the proportion found in the MEH population more generally (Broadway, 2009), but the methods of securing the sample were the same for both genders. As Figure 3.1 illustrates, there are some notable similarities between multiply excluded homeless men and women in respect of shared background experiences. Around half of both men and women had suffered the bereavement of a close relative or other a major trauma in their lives. Three quarters of both genders attributed their homelessness at least in part to family or relationship breakdown. Other background factors were more likely to occur among men than women, but only marginally so. Nearly all the men had abused drugs and/or alcohol, compared with three quarters of the women. Half the men reported criminal behaviour and/or experience of prison, compared with just over a third of the women. Two thirds of both genders had a mental illness, while a quarter of the women and slightly fewer men had been in local authority care. Half the men and nearly two thirds of the women reported using avoidant coping to deal with stressful or traumatic events, suggesting that some background factors were a response to others.

However, when considering the process by which background factors and experiences conspired to trigger homelessness, some significant differences by gender emerge. Although men and women abandoned their accommodation in roughly equal proportions, the factors lying behind these decisions varied. While women spoke of relationship breakdown, domestic violence and the pressing need to escape abusive relationships, men who left their homes were far more likely to be motivated by emotional events connected to their families that they felt were out of their control. In this sense, men were often walking away from what they saw as intolerable or complex family problems, while women were actually fleeing abuse in and seeking safety.

*He hit me I was in a coma... He hit me one day and I thought, look the next time I might die. [] ended up in hospital. They said if I had taken another blow to the head it could kill me. So I had to. I waited until he was sleeping in the night and took the kids and left ... in my night clothes.  
(L13, female)*

*You'll find a 50 year old man, worked on the site, he's a builder and he is a pint drinker. He's in a pub and he's got kicked out by his wife. His children have left home and the wife has had enough now, fuck off... Faced with homelessness you go round and stay at your mates... what I think we end up with is individuals who have burnt every bridge and said fuck off to the world -'I can't, there*

is nowhere to stay. I'm going to start sleeping out'. And then they get into that cycle. They may actually say it's better to be out. I can dictate where I sleep. Not dependent on someone letting me in. (LKI 1, Manager, street outreach team)

In line with recent research (Reeve et al. 2006, 2007) our evidence points to an experience of rough sleeping among women that is almost as extensive as men's. Nearly all the men in our sample had slept rough, compared with about three quarters of the women. Both men and women gave graphic accounts of the hardships of street homelessness, including cold, hunger and an inability to attend to personal hygiene. Moreover, both men and women were equally familiar with the perils of street homelessness

It's very dangerous being homeless, very, very dangerous. People home in on vulnerable people and then they let out their frustrations on them, because they think no-one's gonna say anything. I've seen that loads of times. People have been sleeping and then got beaten up purely because they're homeless and because that other person has got bad things going on in their head. (LI6, male)

I was on the streets with other people. I was too scared to sleep on my own on the streets. I was lucky to have people round me ... Not everyone who is homeless is friendly. They kick your head in. Get drunk. You have to be careful. It's dangerous. (L25, female)

The link between homelessness and sex working is well recognised (Davis, 2001), and there is some evidence that homeless women may resort to unwanted sexual activity in order to put a roof over their heads (Reeve et al. 2006). A number of our female respondents reported turning to sex work as a way of surviving, but this carried its own risks.

Some of the guys were clients and others were with you for your money. They will smoke with you and they'll be like right it's your turn, you need to make a raise now coz I've paid for this so it's your turn now. A lot of them are dangerous you know, like they batter you and I mean really batter you. I was sat in a guy's [client's] car ... He [pimp] put the guy's window through and dragged me out through the front of the car to get me out of the car coz he had gone off on one. (N51, female)

Whilst recognising that our study was unable to penetrate the world of hidden homelessness, with regard to street homelessness, our data suggest that women sleep rough in numbers far in excess of those routinely indicated by street head counts and other surveys. Yet there was some evidence of variation in the way men and women manage the homeless experience, especially where homelessness is compounded by the need to maintain substance use.

Subsequent chapters of this report detail MEHPs' encounters with various agencies as they attempt to access accommodation (Chapter 5) and other support (Chapter 6). The overall picture emerging from an analysis of our data on the basis of our respondents' gender is that while there are many similarities in the way men and women experience or address multiple exclusion homelessness, they do so in the context of a society in which people's opportunities and vulnerabilities are governed by gender relations and associated expectations. A background of violence in the home was a common experience in the lives of many of our sample. Men and women were evicted by other householders in roughly equal numbers, but women were more likely to be driven to flee their abusers than men. Periods of squatting and rough sleeping were only slightly less likely among women than men who were equally exposed to risks of violence and harassment in the process. However, gendered differences in approaches to street survival were apparent. Homelessness was more likely to be associated with criminal activity among men and street sex work among women. Moreover, we found little evidence that homelessness legislation and the availability of women's refuges give single women fleeing violence any substantial advantage over

their male counterparts in avoiding street homelessness. Multiply excluded homeless women without dependent children are likely to face similar problems to their male counterparts when trying to secure help.

### 3.4 THE SIGNIFICANCE OF PLACE?

A comparison of the London and Nottingham homeless respondents shows similar levels of multiple exclusion indicators among MEHP (see Figure 1 above). Background factors and particular issues that were perceived by homeless adults to trigger homelessness were very similar in both cities. Approximately two thirds of the homeless respondents in both London and Nottingham reported that severe family or friendship conflicts had contributed to them being homeless. More than half the homeless people interviewed in both London and Nottingham had experienced traumatic or trauma-like events prior to becoming homeless, for example, physical or sexual abuse and/or the loss of a family member or partner. In many cases, this had occurred in parallel with criminality, imprisonment or mental or physical health issues. Two background characteristics common across the sample of homeless people interviewed in both of the chosen locations are striking. Almost all participants in the London sample and more than two thirds of the Nottingham sample reported that they had abused alcohol and/or drugs. Additionally, an overwhelming proportion of participants in both London and Nottingham had a mental illness (67%, 60 % respectively). Noteworthy differences within the sample by location were, age (median age London 42 years, Nottingham 32 years) and ethnicity (66% of the London sample was white compared to 89% in Nottingham).

Previous work has shown how the level and type of support for homeless people varies geographically according to historical, political and organisational circumstances, with a marked distinction between London and the rest of England (Cloke et al. 2001; 2005). In light of such work, the project sought to consider the extent to which being homeless in two different settings, i.e. London and Nottingham, may affect the experiences, expectations and priorities of multiply excluded homeless people. Samples of homeless people and key informants were recruited in the City of Nottingham and the London Boroughs of Southwark, Lambeth and Lewisham. Nottingham was chosen to be typical of provincial cities which have a sizeable MEH population, and which have developed a range of support services in response. These London Boroughs were likewise felt to be broadly typical of inner London boroughs in terms of their MEH population and relevant support services. Moreover, each is serviced by a major homelessness charity that was able to assist access to the MEH sample.

When considering and comparing the two different settings for our fieldwork in many ways the experiences, problems and issues highlighted by MEHP and the agencies that work with them are strikingly similar. As noted above, routes into MEH were found to be similar across the sample of homeless people interviewed in both each place. The subsequent chapters of this report detail how the problems and priorities of MEHP in London and Nottingham are broadly comparable (see Chapter 4). Given that the parameters of service delivery within which the diverse array of agencies tasked with supporting single homeless people are obliged to operate are largely set out in national legislation and policy, it should not be too surprising to report that many service providers operate to similar agendas in both London and Nottingham. For example, agendas concerned with the control of street homeless populations and the management of anti-social behaviour were strongly evident in both locations.

Two key national policy frameworks which negatively impact on certain MEHPs' ability to access support regardless of whether they are in London or Nottingham are highlighted in Chapter 5. The first is asylum and immigration policy. Many key informants in London and Nottingham reported that migrants (particularly failed asylum seekers and Accession 8 country migrants) were a significant proportion of



the street homeless population. Despite this, many agencies were effectively barred from supporting them due to the 'no recourse to public funds' rules that apply to certain individuals because of their immigration status. The second is statutory homelessness policy. Regardless of the original intentions behind current homelessness legislation, many MEHP and key informants detailed how the interpretation of local connection and priority need rules frequently combined with limited availability of social housing to exacerbate the social exclusion of MEHP. We also found that agencies' particular agendas vary depending upon, for instance, whether they specialise in homelessness support or the needs of the wider population (rf. discussions in Chapter 6). Our overall conclusion is that agencies often have limited room to manoeuvre in respect of service delivery, which is frequently governed by statutory priorities, centrally driven targets or constraints on the use of resources, and this is true regardless of locality.

So how then might place matter if, as argued, the differences between the needs and priorities of MEHP and the agendas of support agencies appear to be similar in both London and Nottingham? One answer is that place is routinely significant at a more local level, i.e. that of the local authority, for two main reasons. First, evidence from key informants suggests the availability and quality of services varies considerably at the local authority level and also that some local authorities effectively devolve their responsibilities leaving third sector agencies which historically have provided services to homeless people to meet demand, as vulnerable people gravitate towards areas where service provision exists. Second, as noted above (and discussed in more detail in Chapter 5), establishing a local connection to a particular local authority area is often a vital prerequisite if homeless people are to access accommodation or other support services. However many MEHP are unable to, or do not recognise, local authority boundaries. In London it is possible for a homeless person to cross several local authority boundaries in a matter of hours on foot. However, the issue of local connection is just as significant in Nottingham, even if the distances between boroughs and the time required to cross boundaries, is greater.

One of the interesting things when we talk about boundaries at the beginning is how different boroughs do different things...It's about how homeless services are provided as well. We have had people come from [Borough A] and they seem to have very little in the way of hostels or provision for homeless people. And then [Borough B] actually has quite a lot. Places like [hostel names], it has got some drop in day centres...If you are homeless where are you going to go? You're not going to go to [Borough A]. There are no services. You're going to end up in [Borough B]. So when teams like us pick them up and they get referred for alcohol services or admitted to hospital or they come under Supporting People, [Borough B] end up taking responsibility. And [Borough A], a rich Tory borough, they say we don't know who is dealing with our homeless problems...It seems unfair that certain boroughs because they are providing a service end up having to provide it [for everyone]. (LK19, Street population officer, local authority)

This is a compact city. There are lots of other authorities in the surrounding areas. There are another six or seven in the county. People do find their way into the city for service. They may not ultimately be our responsibility. (NK1 9, Local authority housing manager)

Different boroughs working together and the different bits of Government working together. I don't want that process to be a post code lottery, I don't want it to be that if I go into a project, if I go homeless in such and such a borough I get a brilliant service from my Local Authority who offer me a private rented sector deposit and I get my own flat and I never end up on the streets whereas I go to another borough and the Local authority say you are not in priority need, you go onto the streets and then you get put into a hostel that's already rubbish service (LK1 12, Street population coordinator, local authority).



The importance of local connection rules particularly for itinerant homeless people has perhaps intensified in recent years with the introduction of Homelessness Prevention Gateways. These have become a key instrument through which local authorities discharge their homelessness prevention duties towards people in crisis who may not be in priority need or have a local connection. Consequently, it is no longer routinely possible for a homeless person to present themselves on a first come first served basis and secure a bed for the night at a particular hostel. For instance, in Nottingham, the Gateway was introduced in 2007 to fulfil an assessment and referral function for all non-statutory homeless households seeking to secure access to temporary accommodation in the City (Nottingham City Council, 2009). An evaluation of the Nottingham Gateway reported the more efficient prioritisation of services, but also identified a number of weaknesses. Service users were sometimes ill-informed about the service in general, how the waiting list operated, or how to check for accommodation availability. Treatment of people with low priority or without a local connection was also noted as inconsistent. Among key informants, opinion was split as to whether or not Gateway schemes were a positive measure.

Every single accommodation service is referred through Gateway, it's the central point of access. Which started 3 or 4 years ago. If somebody goes to the Gateway they will send them to us... Piloted in Nottingham. More and more local authorities are taking it on. It's all to do with taking responsibility for those that they feel they have responsibility for... If they get a Gateway form they can't say no... What they do is they put it in the back of the folder in the no local connection, no priority. And never get housed. (NKI 10, Worker day centre)

When authorities set up these, what they call gateway schemes, they will say actually there are efficiencies in this scheme that didn't previously exist... The theory is ok but the practice, time and time again there are barriers in there that perhaps shouldn't be... If we still are able to make direct contact with individual supported housing projects we can build up the relationship, you can get information about when lets are coming up. You can talk to a worker at that particular project about your particular client and come to a good negotiating agreement about whether the referral would work. At the local authority it's much more process based. There do seem to be an awful lot of delays built in as well even where they are prepared to deal with somebody... We do have some good experiences, there are councils that are willing to work with us or deal sympathetically with a particular case.... Overall the barriers that I have mentioned we come across very frequently. It is the lack of stock that's behind that and there is a lot of gate keeping that goes on. (LKI 14, Housing support manager, ex offenders project).

I think Nottingham compared to a lot of other cities has brilliant services but with the advent of Gateway, basically that is a local connection and they have to establish a local connection. Which is very difficult. People have come here from other areas of the country and they don't have local connections then Gateway won't house them. (NKI 1, Team leader, substance misuse clinic).

The majority of those who discussed Gateway schemes were critical of them. Some resented the fact that they were no longer able to manage access to their own beds, while others saw such mechanisms as erecting a further barrier to securing housing for vulnerable individuals, particularly those lacking 'local connection'. A minority were more positive about Gateways and the way they operated.

It works fine for me. Very positive, yes. I think it's a very good system. We used to have self referrals. You would turn up at the front door and try and get a bed at 5 o'clock at night. So then it was almost survival of the fittest. They'd be fights at the door. You couldn't open the front door for fear of people charging in... Then the Gateway said, or the local authority said, we will take, as you

say a central access point, everyone refers into there, we know all the bed lists everywhere and we can then distribute people to the hostels. (NKI 15, Manager, hostel)

### 3.5 CONCLUSIONS

MEHP in London and Nottingham outlined similar background factors when detailing their personal stories. Homelessness is triggered by a number of commonly occurring circumstances. These include: breakdown of close/familial relationships; transitions in specific institutional duties of care (e.g. leaving local authority care, or leaving prison, hospital or the armed forces) or eviction for not fulfilling the financial and/or behavioural expectations of a landlord or hostel manager. Men and women experience multiple exclusion homelessness differently, but perhaps not to the degree implied in some earlier research. Multiply excluded homeless women are more likely to be victims of domestic violence than MEH en, but both men and women have roughly equal levels of substance use, trauma and mental health problems. Moreover, homeless women without care of dependent children are every bit as likely to encounter obstacles in securing help as homeless men. The problems and priorities of multiply excluded homeless people in London and Nottingham are similar. It is not so much the differences between the two localities that structure the experiences of MEHP, but the ways in which specific local authorities interpret and implement 'local connection' and other key aspects of their homelessness duties as laid out in national legislation and policy.

## 4. THE PRIORITIES AND AGENDAS OF MULTIPLY EXCLUDED HOMELESS PEOPLE AND SERVICE PROVIDERS

### 4.1 INTRODUCTION

A central aim of the project was to compare and contrast the priorities and aspirations of homeless people with those of support agencies in order to understand the role these may play in alleviating or sustaining homelessness and social exclusion. Initial discussions below highlight the ways in which many homeless peoples' priorities change over time, and stress the importance of combining suitable, stable accommodation with flexible packages of support to successfully tackle MEH. Section 4.3 notes the diverse priorities and policy agendas at play within the wide ranging services with which MEHP are likely to interact, and considers the impact that these agendas may have in relation to meeting the needs of service users. In Section 4.4 a tension between supporting homeless people with complex needs and requirements to manage the problematic behaviour of a section of the street population is noted and discussed. This leads on to a consideration of the appropriateness of conditional service provision (that makes access to accommodation and support dependant on recipients agreeing to behave responsibly) in overcoming MEH.

### 4.2 THE CHANGING PRIORITIES OF MEHP AND THE IMPORTANCE OF ACCOMMODATION

On becoming homeless, many people initially prioritised street survival needs - safety, food, personal hygiene - above securing accommodation or seeking help with other problems. Once they had managed to acclimatise to the extent that they were able to cope with their new-found conditions, the great majority of respondents described themselves as living very much in the present, and focusing on day-to-day survival.

You don't know where your next meal's coming from... you're cold all the time. You don't know where you'll get blankets from. It's horrible. I'd never recommend it for anyone. I hate it. (N03, female)

Homeless participants recounted graphic accounts of the hardships of street homelessness and the challenges that confronted them, including struggles to maintain personal hygiene and their dignity, coping with harsh winter weather, and being constantly tired through a lack of sleep and excessive walking,

I hated being homeless when you've got nowhere to go to toilet at night. That was the worst part ... I used to get really pissed off. I used to get really filthy. My clothes would be really manky. When you are on your period and you are a girl on the streets, that's the worst time. (L25, female)

You can't change trainers ... same underpants for weeks on end. It's a killer. You can't get washed anywhere. (L10, male)

I kept myself to myself. Didn't interfere in anybody else's life. I just never stayed in one place too long. I walked about. I didn't interact with anyone. If I did go to sleep I would make sure that I was safe. (L1, male)

Maintaining personal safety was a constant worry for many. A fear of being abused by members of the general public or other homeless people was never far away.

It's very dangerous being homeless, very, very dangerous. People home in on vulnerable people and then they let out their frustrations on them, because they think no-one's gonna say anything. I've seen that

loads of times. People have been sleeping and then got beaten up purely because they're homeless and because that other person has got bad things going on in their head. (L16, male)

I was on the streets with other people. I was too scared to sleep on my own on the streets. I was lucky to have people round me ... Not everyone who is homeless is friendly. They kick your head in. Get drunk. You have to be careful. It's dangerous. (L25, female)

For some, if life became unbearable, a spell in prison represented a better alternative to the chaos of the streets. Others escaped the reality of their situation by other means and many related how they got drawn into situations whereby they would do whatever was necessary to get money to buy the drugs and/or alcohol that they were using as a way of coping with their situation.

I was fortunate. I was in prison a lot. If it got too bad on the streets, I'd get nicked, £20 for drugs. It was a safety net, prison. There was always a structure there. Even though I was locked up... It was a relief. That pressure was off. Don't have to find money to buy food... I used to get anxious when I left prison. (L47, male)

It just numbs the thoughts in your head, you know... I know drink is a depressant anyway, but when you get to a certain level. Certain amount of alcohol in your body you don't think about the problems you've got. (L13, female)

Surviving day by day. Getting accommodation wasn't on top of my list. Top of my list was getting my money for my fix, getting my food and getting warm and stuff... I was so out of my face. I was high 24/7. (L11, male)

Just to get a drink... That was my biggest priority to get a drink and then to find somewhere safe that was dry. That's what I thought about, my next drink. That's the truth. If I didn't get that drink, there was no way I would sleep. (L1, male)

Indeed, for a significant number of homeless participants meeting the demands of drug or alcohol dependency took precedence over everything else.

However, multiply excluded homeless people's priorities are not fixed but evolve with changing circumstances and experiences and securing appropriate accommodation was highlighted as a key first step in tackling MEH. Respondents outlined the overarching importance of getting accommodation as a vital for "stabilising" (N51, female) their situations and allowing them the personal and physical space to tackle the issues they faced. For example, one woman spoke of accommodation as giving her the opportunity to "get my life back together" (L46, female) and a male respondent stated it was "imperative that I found accommodation, absolutely. Because on the streets you can't think". (L10, male).

Securing accommodation often becomes a priority when individuals encounter a serious, sometimes life threatening crisis. More positively it is also linked to recovering a sense of self-worth or the possibility of renewing valued past relationships (see Section 5.4 for fuller discussions).

The outreach team nurse people, they were the ones that finally said, 'Come on, we'll help you out. You're in a mess.' I was in mess; I'd cut my arm open; I was like filthy; I was on drugs. I didn't like it. (N04, male).

Around and around. The outcomes are sometimes it sticks. Sometimes it just works. If you get them to the right hostel at the right time and the right state of mind with the right worker in the hostel supporting them. (LKI 1, Outreach manager)

Many working in support agencies also endorsed the view that the provision of stable, appropriate accommodation is key to tackling MEH. As noted above, they recognise that persistence and flexibility of approach is required to ensure that, as and when the time is right, suitable accommodation and support is available for each individual. This shared recognition by many service users and providers of the primary importance of meeting housing needs suggests that 'housing first' approaches are worthy of consideration. 'Housing first' initiatives offer a radical alternative to the traditional linear 'treatment first' models of resettlement of homeless people that currently predominate. Housing first, in effect, reverses the conditionality that is at the heart of more orthodox treatment first approaches. Rather than making independent accommodation conditional upon individuals dealing with or accepting treatment for mental health, substance dependency or other issues, advocates of housing first argue that directly offering homeless individuals with complex needs secure tenancies, coupled with access to individually tailored, and largely unconditional support/treatment packages, is the most effective way to challenge MEH (see Johnsen and Teixeira, 2010, for more details). Pioneered in the USA, this approach is gaining provenance in the UK, and might be an appropriate response to the changing priorities that we found among many of our homeless respondents.

### 4.3 THE DIVERSE AGENDAS OF SUPPORT AGENCIES

Key informants working in agencies that routinely interact with MEHP identified a diversity of priorities in their work. Although this is an obvious statement, it is an important one, as these varied priorities reflect the contrasting remits and policy agendas which establish the limits of an agency's role, and influence the ways in which it works with users. Some agencies are very much focused on helping homeless people with complex needs rebuild their lives; others have more specific responsibilities related to addressing particular problems (e.g. substance misuse, mental health issues). Certain agencies (e.g. NKI 7) see their primary role as protecting the general public, and other homeless people, from criminal or anti-social behaviour.

Getting people housed really...it's so difficult working with somebody who is street sleeping- how can they address other issues when they are living in total chaos. (NKI 12, Worker, street outreach team)

To communicate the gospel of Jesus Christ...the main priority. But with that also we want to help people to move on in their lives. We want to provide a place where people can access services... will enable them to make choices (LKI 8, Manager, faith based day centre)

We work with people to increase their independence to give them a sound start again. (LKI , Manager, supported housing)

You have to focus on the next potential victim...if we can prevent this happening...those potential victims may not become victims...It's offender management. (NKI 7, Probation officer)

All key informants spoke of helping MEHP but many agencies are constrained to varying degrees by other agendas. This is especially true of mainstream statutory services that do not specialise in the needs of this user group, and will only help them if key conditions are met. Such conditions are frequently fixed by statutory priorities, centrally driven targets or constraints on the use of resources. For example, a manager at Jobcentre Plus unsurprisingly prioritised "getting people jobs" (NKI 18) and highlighted the requirement for users to be actively seeking work to retain rights to certain benefits. Similarly, a key informant in charge of emergency mental health services was clear that the priority was to ensure that people "don't remain homeless if they've

got mental health problems” but also stated that whether or not someone was homeless was immaterial because “we’re mental health” (NKI 16). There are an array of services which interact with, and support, MEHP in a variety of ways. However, some MEHPs’ needs may remain unmet due to the varying priorities and specialised agendas of different support agencies (cf. Cornes et al 2011; McDonagh, 2011).

The commissioners of that [substance use services] will say that drug treatment is at the centre and everything else, accommodation, benefits, education wraps around that. I’m an accommodation provider. I say, no accommodation is at the centre, everything else wraps around that. If they are an offender probation would say, no they are an offender, everything else wraps around that, in terms of the interventions coming in...It’s conflicting priorities and we need to say, get all the agencies together for each individual person and say, what are their needs, who is going to do what, when - Rather than the commissioners determining the priorities.  
(NKI 8, Area manager, supported housing provider for ex-offenders)

There is a need for a more joined up approach to service provision centred on an individual homeless person’s particular needs rather than the diverse responsibilities of service providers.

#### 4.4 SUPPORTING MEHP: A TENSION BETWEEN MEETING BASIC NEEDS AND INTERVENING IN ‘CHAOTIC LIVES’?

A tension between support and intervention agendas is apparent in the work of many agencies who work with MEHP. Some specialist homelessness support agencies have been expected to subscribe to an interventionist agenda in order to secure statutory funding for their services. Similar agendas are also apparent where agencies are driven by the interests of public protection, street enforcement or migration control. Several key informants noted that, whereas in the past, their focus was on meeting basic needs i.e. getting “people off the streets and into settled accommodation” (LKI 18 tenancy support worker), in recent times much more emphasis has been placed on service providers intervening in MEHPs’ lives to challenge problematic behaviour.

A lot of homeless people, a lot of vulnerable people, will get involved in these street-like activities. We have a responsibility to engage with all of the agencies involved and challenge those behaviours. We are funded from a significant source, Supporting People, to prepare people for independent living. Unless you actually start dealing with some of those core problems those people cannot live independently or sustain that independence. (NKI 20, Manager homelessness support organisation)

The ways in which those engaging with MEHP may be pulled in two directions (i.e. getting people off the streets and meeting the basic human need for accommodation/shelter and intervening to challenge problematic behaviour) as they work with their clients, is perhaps best illustrated by the example below.

So CLG are only interested really in the rough sleeping population... But [the Local Authority] have said, because you are out there and you’re dealing with the street population, which has an association to rough sleeping, we want you to work with the street population as well. So we have two parts. One is focusing and getting the numbers down to zero. ...The other part, the street population, so anti-social behaviour and it’s very clear, I define it as, individuals who are partaking in anti-social street activity.  
(LKI 1, Manager, street outreach team)

The two different sources of funding that support this outreach service effectively conflate the two different policy agendas of the different funders, i.e. a desire to end rough sleeping and the management of anti-social behaviour in public spaces. The twin priorities of supporting homeless people with complex needs and managing the problematic behaviour of some of the wider street population are not necessarily incompatible



and the same key informant spoke of using the threat of Anti-Social Behaviour Orders (ASBOs) to ‘help’ people engage with services. The same respondent (LKI 1) also spoke of potentially using the breach of an ASBO to involve the Police to remove from the streets a “scarily dangerous” individual who was preying on other more vulnerable people. Similarly, another person involved with managing the street population spoke of bringing an “enforcement element” to particular individuals involved in anti-social behaviour such as street drinking, begging and harassing people. However, they were also uneasy about the potential for what are, effectively, criminal justice interventions to dominate more supportive approaches whilst simultaneously criminalising the homeless population

What worries me about the enforcement element is that they are going to bring that to people who are just literally just sleeping rough, that sleeping rough itself will become a crime. (LKI 11, Manager, supported housing scheme for people with mental health issues)

Evidence suggests that the impact of criminal justice interventions such as ASBOs can have a significant negative impact on the lives of MEHP and that their welfare is seen as of secondary importance to wider initiatives which look to manage problematic populations in public spaces.

We’ve got a chap with ASBO-ed out of the city centre. Homeless and other direct access hostels are all in the city centre. (NKI 13 Street outreach worker)

[On the Respect agenda] I think the strategy has been around displacement. To some extent you can understand the strategy. Displacement might be easier to deal with. Smaller displaced problems than a concentration of people who are in the city centre. Clearly there are other agendas that play. Nottingham’s a commercial centre, it attracts a lot of tourists, a lot come for shopping. (NKI 20, Manager, homelessness support organisation)

In Nottingham the ‘Respect for Nottingham’ initiative has been praised for delivering significant reductions in crime (We are Nottingham, 2010). However, such reductions have not been without consequences for homeless people. A range of enforcement measures are now routinely used by many local authorities across England in attempts to control problematic street populations. Other research also suggests that the outcomes of enforcement measures are difficult to predict and that they can have “potentially very negative effects for some street users” (Johnsen and Fitzpatrick, 2007: 1).

### 4.5 RULES OF ENGAGEMENT: A PLACE FOR CONDITIONALITY?

The emergence of policy and practice that seeks to intervene in homeless people’s lives is arguably part of a wider move towards a more overtly conditional welfare state where eligibility to certain basic, publicly provided, welfare entitlements becomes dependent on a person first agreeing to meet particular compulsory duties or patterns of behaviour (Dwyer, 2008). Although largely unconditional homelessness support remains a feature of contemporary provision, conditionality, and the extent to which different agencies use it to structure access to support, has been described as a “key axis in differentiating homelessness projects” (Johnsen and Fitzpatrick, 2009 :6).

The practical importance of certain support agencies attaching conditions to receipt of their services relates to the impact that it may have on certain MEHPs’ willingness to engage with the services available. Evidence in our study suggests that individuals with the most challenging behaviour either avoid support agencies that they perceive to be challenging their behaviour or enforcing conditions of engagement, or they are likely to be excluded from services because of contravention of particular rules and regulations. Some homeless respondents were deemed too great a risk by providers of, for example, hostel or supported

housing accommodation, because of their failure to meet conditions and expectations. People were evicted for breaking rules about drinking or taking drugs, bullying, violence or intimidation towards staff or other residents, failure to pay rent, failure to take part in agreed activities or support plans and damage or theft of property. Eviction was normally for a limited period, but could become ever-increasing or permanent for offences that were deemed to render the person a risk to staff or other service users. Some respondents also described being unable to sustain the exacting regimes of abstinence that frequently operated at drug rehabilitation hostels. The result of eviction was often once again a period of rough sleeping.

The first time I became homeless, I slept at someone's house for a couple of nights, got into the (hostel) and then the (hostel) kicked me out because I was drunk and disorderly. I had a fight with someone. The second night I was there I had a fight with this guy. I chucked some boots at the wall and smashed a mirror. That was a bad mistake. They kicked me out of there and that's when I was homeless again. (N4, male)

These boys know you need to have a beer to get the edge off things. This woman threw me and (name) out, banned us for life because we smelt of alcohol. How can you put somebody into the cold and you are a Christian? I can't work that out. They put you on the streets for five days me and (name), wrapped up in cardboard, bad place. (L48, male)

The appropriateness of conditional approaches to service provision that link access to accommodation to responsible behaviour depends very much on the context and manner in which they are applied. The dilemmas that conditionality brings are perhaps most acutely visible in difficult decisions taken by providers to evict users from accommodation. When such steps are taken as a last resort in response to the intimidation of others or violent conduct, exclusion is perhaps inevitable and justifiable as providers look to prioritise the protection of other users and staff.

He seriously injured another resident... I thought I've got to draw a line. I felt he was somebody I was going to ring another hostel and say he's not working here you have a go. He's got to make up his mind if he wants to be off the streets enough that he will toe the line a bit. (LKI 2, Hostel manager)

The overwhelming majority of homeless respondents interviewed had some experience of hostels or supported housing, even those who were street homeless at the time of the study. Just over a quarter of those interviewed described their stay in positive terms and for some entering a hostel and being able to access the accompanying support services that then became available was critical in enabling them to confront their multiple exclusion homelessness.

[The hostel] resolved my problems and changed me life. When I came in here I sat on my bed and I was crying. I didn't want to be in here with all these girls. I looked round the room and thought about it, the bed, it all seemed quite nice. It was like heaven sent... This place is great. The doctor comes. You've got nurses here. The staff are always friendly. (L26, female)

When I came into here and I found I had support networks around me, like substance abuse workers, mental health team, agencies that want you to engage with outside. It wasn't until I got here that I realised there was a support network for me, that I could stabilise my life and think of the priorities that I need to build on. (LI 1, male)

Having noted the vital role that hostels can play in facilitating change in MEHPs' lives, it is also important to report that a number of homeless respondents and key informants painted a picture of hostels as challenging, hostile and competitive environments, where stronger individuals and groups preyed on the weak by bullying

people or stealing their money and possessions. The positive comments of L11 (above) need to be balanced against his experiences in a previous hostel which was characterised by fear and intimidation.

Even though I was in a hostel people still come round to take your giro off you. The staff didn't do much about it. They said, 'If you say anything we'll kick your head in. Because I was off my face all the time and paranoid and things like that, I was paranoid about getting knifed. I was vulnerable. (L11, male)

A minority of homeless people reported that they avoided hostels because of fears that residents would put them in a situation where they were likely to return to drug or alcohol dependency. Others had abandoned hostel accommodation because of negative experiences.

I could be totally wrong, but I just don't want to go into a hostel to find out I'm right. A lot of people in these hostels are either drunk or have drug problems and if I went into one of these places I would end up drinking or taking drugs and getting back into that and I don't want that. (N28, male)

They are not the sort I want to associate with. I don't want to be in a room with an alcoholic. I want to keep away from those people. (L41, male)

A considerable number of key informants (13) were critical of hostel accommodation. Their major concerns mirrored those of the homeless people who looked to avoid them. Whilst it was recognised that they offered a place of shelter from the streets, hostels were seen by some as regularly being far too big to offer any form of meaningful personalised support, places in which bullying and intimidation were common and environments that routinely made it difficult for people to abstain from or challenge substance misuse.

They are far too big. They are full of very vulnerable chaotic people with lots of different needs. You get people that will end up rough sleeping that don't have support needs, they will go into a hostel and [develop] those support needs. (LKI 12 Local authority street population co-ordinator )

Hostels are quite chaotic. There is drug abuse, alcohol abuse, violence, you know bullying, intimidation. (NKI 10, Worker day centre)

The hostels don't work. One guy has been in a hostel for years at the same hostels just in and out going round in circles and is now barred from them. Another guy won't go in the hostels, he'll gladly rough sleep. A few of them would rather do that. (NKI 22, Outreach worker)

Others spoke of hostels as being passive environments that provided shelter but did little to challenge the underlying problems and dependencies of many of their residents. One key informant even spoke of the 'unintended consequences' of the 'excellent homelessness' provision that was available and the way in which it may prevent some long-term hostel residents from moving on in their lives.

[The] excluded, that's one group of people... Then we have another group of people who are not. I hesitate to say homeless by choice, but they have been absorbed into this, as it were kind of sub-culture of homelessness... [Their view is] I live here, I get this and I get that. I've got a bed here. There's a games room, tele room. I don't have to pay for this, I don't have to pay for that. £17 eligible rent, the rest of the benefits is mine. If I get a flat I've got to pay rent, got to do this and that'. (NKI 7, Probation officer)

This brief discussion of positive and more problematic opinions on hostels is relevant here because it highlights the quandary that accommodation providers face vis-à-vis conditionality. Regimes that are too demanding of residents are likely to lead to avoidance or abandonment by homeless service users who cannot comply with the rules. Conversely, hostels which fail to adequately intervene to challenge the problematic behaviour of

some of their residents risk creating a situation whereby the most vulnerable would rather take their chances on the street than lay themselves open to victimisation and/or the temptation of drug and alcohol abuse that appears prevalent in some hostels.

The use of acceptable behaviour contracts, ASBOs, reciprocal contracts and other conditional approaches to service delivery are now more generally embedded in many agencies' rules and practices for ensuring user engagement. However, evidence that conditionality can effectively tackle the causes of MEH is limited and the usefulness of interventionist approaches that make specific demands on users needs to be reassessed for several reasons. First, highly conditional approaches to service engagement are likely to discourage some of the most excluded from effective contact with support services. Second, conditionality is likely to be counterproductive. Where users are unable or unwilling to meet the conditions attached to accommodation, exclusion rather than inclusion is the most likely outcome. Third, (in spite of the fears voiced by NKI 7) homeless service users in this study consistently reported that the most effective help was offered when agencies and their staff were not constrained by enforcement or conditionality agendas. Many key informants and homeless service users reported that unconditional encouragement and support is key to homeless individuals with complex needs committing to meaningful change and successfully overcoming the often formidable barriers they face.

*If you impose loads of conditions on people then they are not going to engage with you. (LKI 13, Manager, homeless organisation)*

## 4.6 CONCLUSIONS

Debates about the ways in which MEHP might be supported and the appropriateness of conditional and more overtly interventionist methods are important. Research on the use of 'enforcement', including ASBOs, with street homeless people has demonstrated that, when accompanied by appropriate support, such measures can lead to beneficial outcomes for individuals living in desperate, even life-threatening, circumstances. These outcomes are, however, highly unpredictable (Johnsen and Fitzpatrick, 2007, 2009), but may be viewed in a positive light as "coercive care for the vulnerable Other" (Johnsen and Fitzpatrick, 2010: 1703). Conversely, as Tosi notes a new approach may be at play in policy directed at homeless people and certain destitute migrant groups whereby a "new paradigm subtracts the question of homelessness from integration policies: [and] reduced to a principle of order, it is no longer a welfare policy issue" (2007: 233). On a more practical level the MEHP who took part in this study consistently reported that the most effective help is offered where agencies and their staff are not circumscribed by other agendas (see Chapter 7 for fuller discussions). Policy and practice sustains multiple exclusion homelessness in a number of key circumstances: first where MEHP are unable or unwilling to meet the conditions attached to accommodation or support services and are consequently excluded by agencies from provision due to a lack of engagement or irresponsible behaviour; second, where people are deterred from using services for fear of intimidation, exposure to temptation, or subjection to some form of control or criminal investigation; third, when individuals are deemed by accommodation providers to be ineligible for homelessness support due to a lack of 'priority need', 'local connection', or outstanding rent arrears; and fourth, where migrants face a specific form of exclusion from publicly funded accommodation and support because of their immigration status. Discussions in respect of these last two issues are developed in the next chapter.

## 5. SECURING ACCOMMODATION: THE ROLE OF POLICY IN PERPETUATING EXCLUSION

### 5.1 INTRODUCTION

This chapter details the ways in which certain established policy frameworks may effectively prolong and exacerbate the social exclusion of some homeless people with complex needs. It highlights the part played by particular aspects of current homelessness legislation and immigration policy in denying a substantial minority of MEHP access to accommodation and support services. Many homeless participants in the study and a substantial number of service providers were concerned that the operation of policy in these two areas served to sustain MEH regardless of homeless individuals' motivations to improve their situation.

### 5.2 HOMELESSNESS LEGISLATION: INCLUSIVE INTENTIONS, EXCLUSIVE OUTCOMES?

Under various statutes (chiefly in England and Wales, the Housing Act 1996, Part 7) local authorities have several duties in respect of those who become homeless. These include: first, providing advice and assistance to all homeless households; second, making temporary accommodation available to those judged to be to be 'in priority need' usually because they have responsibility for children or are deemed to be 'vulnerable' in some way; third, providing permanent accommodation to unintentionally homeless people who are deemed to be in 'priority need' and can prove a 'local connection'. For the majority of single homeless people not deemed to be in priority need, policy responses in England since 1990 have largely operated outside the legislation through a range of initiatives that have sought either to prevent homelessness occurring or to co-ordinate statutory and non-statutory provision where it does occur.

In response to requirements in new homelessness legislation (i.e. Homelessness Act 2002, Homelessness etc. (Scotland) Act 2003), local authorities have developed homelessness strategies that focus on prevention by targeting the key factors that often trigger homelessness (Jones and Pleace, 2010). The Department for Communities and Local Government (DCLG) has issued guidelines on the provision, for instance, of family mediation and domestic violence support, pre-release housing advice for prisoners, rent deposit and tenancy sustainment schemes (Pawson, 2007). These guidelines were based on a cost effectiveness evaluation of existing practice in English local authorities. Despite an important legal judgement which established that prevention measures cannot be used as a means of circumventing statutory homelessness duties, there is evidence that local authorities are interpreting these duties more strictly since the introduction of prevention services.

However, there have been attempts to make the legislation more inclusive, for instance, by expanding the groups deemed to be in priority need, albeit with different emphases in England and Scotland (Anderson, 2007; Pawson and Davidson, 2008). In Scotland, legislation committed the Scottish Government to abolish priority need groups altogether by 2012. In England a more limited approach has been taken and priority need has been extended to cover a number of new vulnerable groups including 16-17 year olds, 18-20 year old care leavers, people at risk of violence or harassment, and people who can show that time spent in care, prison or the armed forces has rendered them vulnerable. These have been added to the pre-existing 'priority need' groups, i.e. households with dependent children, pregnant women and vulnerable adults with mental illness or mental or physical disability.

*The Homelessness Code of Guidance for Local Authorities* (DCLG, 2006) has been revised to take account of the Homelessness Act 2002 and the Homelessness (Priority Need for Accommodation) (England) Order 2002 and provides the main document to guide housing officers in the discharge of their statutory duties towards homeless households in England. In addition to specifying priority need groups (see above), the Code

defines other key classificatory terms that are crucial to households' entitlements, such as 'homelessness', 'threatened with homelessness', 'intentional homelessness' and 'local connection'. The Code also specifies those circumstances when local authorities have the power to accommodate unintentionally homeless households who are not in priority need. Guidance on intentional homelessness has been up-dated, principally to cover the issue of mortgage default (DCLG, 2009); nonetheless, the underpinning principles differ little from previous editions. Many of the MEHP in our study meet the 'priority need' criteria noted above due to mental or physical illness, risk of violence, or experience of long-term institutionalisation through having spent time in local authority care, prison or the armed forces. However, a significant minority (35 out of 108, or approximately one third ) of our homeless respondents encountered problems when approaching local authorities for accommodation (see box 5.1 below).

**35** MEHP reported declaring themselves homeless to a local authority at least once under the legislation. Of these:

**9** were accommodated. This normally involved a place in a hostel. (7 were judged to be owed a duty, 2 were housed even though they did not appear to be owed a duty)

**5** were deemed not to be homeless

**7** were seen as not being in priority need

**12** were viewed as having no local connection

**5** were judged to have made themselves intentionally homeless

Box 5.1 Overview of outcomes of homeless respondents who requested help from local authorities

In all five cases where our respondents' claims for accommodation were rejected because they were not considered homeless due to still having an existing tenancy, people reported that their evidence to officials was often deemed inadequate and disregarded. For example, one woman explained how her abusive partner had changed the locks on a house that she owned, but she received no help.

They (the Council) turned me away because I'd got my own house. [I said] 'I can't get in!', and she said, 'Well you'll have to get your keys off your ex-husband.' I said, 'I can't because I don't know where he lives'. 'Sorry but you've got your own house there's nothing we can do.' (N45, female)

Similarly, a man who was unable to prove he'd been evicted by his family was turned away.

You go to them (the Council), explain the situation and they are like, 'We can't do anything without proof. You need to go back to your family and get a letter from them saying you have got kicked out.' They don't want anything to do with me so how am I expected to get a letter? (L40, male).

These kinds of decision run counter to the Housing Act (1996) which acknowledges that homelessness may occur where continued use of existing accommodation is unreasonable due to, for example, physical violence or insecurity. The experiences reported by homeless respondents were reinforced in interviews with service providers. On more than one occasion those supporting women fleeing domestic violence noted problems for their service users who were looking to be rehoused.



Women flee and the Housing Associations or the Local Authority look at them as having abandoned the property rather than getting rid of him because he's the perpetrator of violence and of course a lot of women don't want to go to court. So it then becomes an issue about whether the woman has left because of violence or because of other reasons. (LKI 10, Chief executive, women's housing organisation)

Other key informants reported a more general reluctance on the part of housing providers to believe people's claims in respect of a lack of accommodation.

I'm sure their scepticism is born out of the fact that they simply don't have a plague [sic] of council houses to hand the keys out to people. They do have a very limited resource and a lot of people asking for that resource. They've got to find some kind of method to discriminate between the very needy and not so needy ... That seems to have kind of mutated into an attitude of 'we don't believe anybody'. (LKI 17, Advice worker benefit/support project)

As previously noted above by LKI 17, decisions about who has priority need are played out against a backdrop where the demand for social housing routinely outstrips supply. Balancing one vulnerable person's needs against another's is never an easy process. Although the relevant legislation and codes of practice may list priority need groups and set out certain parameters for housing officers to consider what makes a homeless person vulnerable, the reality is that seven of our sample of MEHP were refused accommodation because they were judged not to be in priority need. These decisions appear to have been based on the fact that individuals were single and unable to prove vulnerability. This is in spite of them experiencing a range of individual problems, including, mental illness, alcohol dependency and being a victim of domestic violence, that would suggest otherwise,

Because I wasn't pregnant, I wasn't priority. That's what they (the Council) came out with. If I was pregnant, obviously I would have been a priority and I would have had a bed for the night. Unfortunately, I was on the streets ... They don't consider you've had mental health problems. (N3, female)

They (the Council) don't look at it that way (treating people as 'vulnerable'), because you can always get help for a drink problem. For a physical or a mental issue, you can't. Theoretically you can't really get a lot of help because it's something that's already happened. But alcoholism you can change, you can change it. (N33, male)

I left my sister's place because of the problems I had. They (the Council) said I need to book an appointment and I need to speak to someone on the phone ... I tried to explain to the person that I am homeless at that time, right now. But they didn't really care ... They said 'You are not pregnant, you don't have any issues, like mental issues so we can't help you.' (L35, female)

It must be recognised that given the scarce and often inadequate supply of social housing available, housing officers and local authorities often face stark choices. The extended quotation below illustrates how these difficult decisions are often further complicated by the interplay of priority need and local connection rules, which also need to be taken into account.

People do find their way into the city for service. They may not ultimately be our responsibility. We have a system of prioritisation. The prioritisation works very simplistically. If somebody comes and they present and they have urgent need for accommodation they will be considered for that accommodation. However, there is a limited availability of accommodation... Obviously we wouldn't want to see people who were vulnerable and at risk just placed on the streets. But it is a fact that we cannot commit to providing resources to meet the needs of all and sundry from everywhere... And be able to run the

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services that we need to run effectively, that are meeting the needs of the people from this city. It is impossible. It's something which always has to be balanced out in the final analysis. So what we do is we have a system which says first, we prioritise some groups... rough sleepers, people with histories of criminal behaviour or who are immediately about to exit prison and young people...[moving on to discuss weighing up need against local connection issues]...

We would prioritise our own rough sleepers first. Beyond that, if we had two people and they were both rough sleeping but the guy who came from [elsewhere] was significantly in a position of additional disadvantage - let's say he had deep vein thrombosis and other medical problems - that the other rough sleeper did not have - we would prioritise by need first. (NKI 9, Local authority housing manager)

In this hypothetical account, need is seen to take precedence over local connection in decisions about who has priority in accessing accommodation and support. Another key informant was also keen to emphasise that this was how local authorities should apply the law and stressed that local connection rules were intended to make sure that ultimately the correct authority assumed a duty of care for homeless individuals.

You can't be turned down for accommodation because you don't have a local connection. What they [a local authority] have to do is assess you, make a definition of whether you are in priority need, provide you with a resource while they connect you back to the borough where your local connection is. They can't just say even though you are in priority need ... this isn't your local connection area, so clear off. (LKI 13, Homelessness organisation)

A key problem for many MEHP is that the ways in which housing legislation is commonly interpreted and implemented are often at odds with the more optimistic and perhaps technically correct ways of how it *should* be applied. It has already been noted that the particular needs of a number of our sample of single, multiply excluded homeless respondents were insufficient for accessing accommodation because they did not meet tests of priority need and/or vulnerability (see Crisis, 2009, for further discussions). Evidence from our study suggests that local connection rules are, on occasions, being used to effectively deter homeless people from accessing support. Establishing a local connection is often the key to unlocking which local authority has a duty to provide an individual with advice and accommodation. Decisions about local connection are based on factors such as previous voluntary residence in an area, ongoing employment, family ties and certain other special circumstances. No duty is owed to those who are not deemed to be in priority need or are unable to establish a local connection to the locality in which the application has been made. Twelve MEHP in our study were denied help because of a lack of local connection.

I don't know anybody in the borough. I ain't got a doctor. Not on the electoral roll. Until I get a doctor I'm not good to no-one. I don't want a flat in [northern city] ... You have to be on the electoral roll before you get a flat. You can't get any accommodation unless you've got a doctor. (L48, male)

I came back down here and the City Council tried to tell me I had no local connection. I was born here but because I'd been away for more than five years, even though some of that was in jail and other things, I was back down here in the same situation as I was up there [northern city]. (N41, male)

I went to the (local authority) here. I couldn't fit their criteria, coz although it was about 3 in the morning and very cold and they said they would open at 6 and then told me for some reason I didn't fit their criteria for local connections so they wouldn't help. I didn't have anywhere else to go. (N50, male)

Homeless respondents' assertions that local connection rules were being used to push them away were strongly supported by 13 other key informants who spoke of various ways in which local connection was being

used to exclude people from services.

Local connections is another big issue. The local authorities are closing ranks. Their largesse is shrinking with their budgets. That is effectively what's happening. They are employing statutes to limit the availability of housing to people outside their locality. So we frequently challenge that decision  
(NKI 7 Probation officer)

If you haven't got a local connection they won't take responsibility for you. Obviously you can fight that, you can argue that. It's very difficult to prove some points of local connection.  
(NKI 10, Day centre worker)

Many workers in support agencies in London and Nottingham were clear about the problems that negative local connection decisions caused and highlighted the need to constantly challenge local authorities in order to (sometimes) successfully secure housing or other services for their clients which had initially been refused.

The final aspect of homelessness legislation that requires comment is 'intentionality'. As Watts (2007: 51) notes "the test of intentionality is the clause in English homelessness legislation which removes a homeless person's entitlement to long-term re-housing where that individual is considered culpable for their homelessness". The potential for women fleeing domestic violence to be viewed as making themselves intentionally homeless has already been noted. However, the problem of abandonment leading to MEHP becoming regarded as making themselves intentionally homeless had a wider resonance beyond long-term tenancies: it also impacted on people who had been allocated hostel accommodation

I can see [the Council's] point of view that they've found them a bed. But it's just not appropriate and they make themselves voluntarily homeless because they can't stay there and obviously [the Council] won't look at them because they've made themselves voluntarily homeless."  
(NKI 24, Worker, drug interventions team)

Five MEHPs in our sample reported being denied accommodation because they had been judged to have made themselves intentionally homeless. One young man spoke of abandoning his tenancy in fear for his life and subsequently being refused housing

I had my own flat and because I was dealing for the wrong type of people and I got into a lot of debt over it and it was either leave my flat or get shot. It was really that steep. So like when I moved out of there, because I came out of it myself, instead of getting kicked out or getting moved, they (the Council) wouldn't actually move me straight away. They turned round and said, 'Look there's nothing we can do because nothing has happened'. My windows had been through and everything and there had been a couple of bullets going through them as well, but there was nothing they could have done. (N39, male)

Another disabled man relayed how he and his wife were illegally evicted and consequently treated as making themselves intentionally homeless on the word of a private landlord who wanted them out of a property in order to sell it.

She [private landlady] actually went to the Council herself and said we voluntarily made ourselves homeless. Covered her back. That's why the Council wouldn't give us a flat. They wouldn't even put us up in a halfway house. Nothing. For seven and a half years I lived under a bush in a graveyard. (L3, male)

The profoundly negative outcome of the Council's refusal to re-house the couple - an extended period of rough sleeping for the man - offers an extreme example of the impact that deeming someone to be personally

responsible for their homelessness can bring. Managing the consequences of, and sometimes challenging, intentionality decisions was a regular part of the work of agencies that help house and support ex-offenders.

You have committed an offence, you have gone to prison, that's lost you your home so you are homeless intentionally because you committed an offence so it's a legitimate finding under homelessness law but we would often question those decisions (LKI 14, Housing support manager, ex-offenders project)

The issue of intentionality and homelessness is closely related to the wider debated about conditionality (rf. Chapter 4) where basic entitlements are linked to responsible behaviour.

If you look at a lot of this group drug users why they have difficulty getting housing is because they are considered to have made themselves at some stage in the past intentionally homeless because they have been given money to spend on rent and have spent it on something else.  
(LKI 3, clinical lead drugs/alcohol team)

When individuals are seen as behaving in an irresponsible manner, the subsequent withdrawal of basic housing rights in the future can be a very real consequence of current housing legislation. That said, as one local authority housing manager (NKI 9) was keen to point out, finding someone intentionally homeless under the terms of the prevailing legislation

Doesn't stop you from re-housing... So we can say, 'You are intentionally homeless and you are very wanton and wasteful individual for doing that and we are not going to let you get away with it, so we're going to find you intentionally homeless. However, if you engage with support and if you behave in the way that we are recommending you behave etc. we will allow you to be re-housed.'  
(NKI 9, Local authority housing manager)

This last quotation brings home one of the key problems in relation to housing legislation and the role that it can play in prolonging and reinforcing the social exclusion of homeless people with complex needs. Judgements about whether someone is homeless or not, whether they are to be regarded as sufficiently vulnerable and/or in priority need, whether they have a local connection or whether or not they are intentionally homeless, are routinely discretionary decisions made by 'street level bureaucrats' (Lipsky, 1980) who are engaged in an administrative process of prioritising the needs of some above others. Evidence from our study suggests that homelessness legislation and its code of guidance continues to be implemented in ways that are inherently problematic for many MEHP. Where claims for accommodation and support by homeless respondents were rejected, the outcome in many cases was rough sleeping for periods of anything up to six months, though repeated applications often yielded positive results sooner.

### 5.3 EXCLUDING MIGRANTS: IMMIGRATION STATUS AND 'NO RECOURSE TO PUBLIC FUNDS'

Current immigration policy promotes and structures a complex 'tiering of entitlement' within the general population of migrants resident in the UK. Consequently, varied rights to live, work and access welfare benefits and services accrue to different migrants, depending upon their particular immigration status. This seriously limits the options of many migrants looking to meet their basic needs (see Dwyer et al. 2011 for detailed discussions). Where migrants are denied access to accommodation and support because of their immigration status, policy effectively promotes multiple exclusion and homelessness. The difficulties of two groups (i.e. failed asylum seekers and Central and Eastern European (CEE) migrants) unable to access publicly funded welfare provisions because of 'no recourse to public funds' rules, were strongly evidenced within our study. Previous research in London and Nottingham shows that these groups are consigned to a highly vulnerable and marginal

life of rough sleeping and sofa surfing, reliant on hand-outs and brief spells of casual labour (see e.g. Homeless Link, 2006; Broadway, 2007; Scullion et al. 2009).

Failed asylum seekers' rights to UKBA accommodation and support routinely end on receipt of a negative asylum decision; however, considerable numbers remain in the UK and 'disappear' into the margins of society. Lacking rights to work and welfare, many become homeless or destitute and are reliant on charities and other migrants for meeting basic needs (Dwyer and Brown, 2005).

They refused my case... 'We cannot help you financially or accommodation', so they took everything from me... For a while I stayed with a friend on a couch, actually on the floor. (N55, male, failed asylum seeker)

It's hard for somebody who is eligible for housing [i.e. someone granted refugee status] but we can't get any because there's no priority need, but we know that it will happen at some point... People who are destitute and there's no entitlement there is nothing we can do... The forgotten people.  
(NKI 2, Manager, refugee support centre)

As noted by NKI 2 above, a successful asylum claim and the granting of refugee status gives access to homelessness support and social housing on the same basis as UK citizens. However, those who receive a positive asylum decision and are granted refugee status (or other leave to remain) must wait alongside homeless British nationals for accommodation to become available. Failed asylum seekers are generally reliant on the availability of localised charitable support, but little evidence exists to suggest that such services are able to adequately meet the volume of need. The impact of the lack of basic welfare rights for failed asylum seekers is graphically illustrated by the brief case study in Box 5.2. Mr 'A' declined to be interviewed for the study but was happy for a trusted support agency worker to relay details of his situation in the UK.

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Mr A is a failed asylum seeker. He has been in the UK for 8 years and was initially supported by UKBA (NASS) Asylum Support whilst his asylum claim was considered but this was terminated 6 years ago when his claim was refused. Since then he has been without any support. He has spent some periods staying with friends but mostly he sleeps rough preferring his independence. For several years he would sleep under a bridge. He would keep his few personal items hidden there in the day, return late evening and sleep until early morning. He describes sleeping in wheelie bins when it is particularly cold.

Earlier this year Mr A came to us to say goodbye. He said he had reached the end, he'd given up all hope, all the doors were closed to him and he had decided to end his life, having planned the date and method. We managed to persuade Mr A to see his GP who contacted the crisis team and Mr A agreed to attend an assessment at the hospital the following day. At the assessment Mr A voluntarily agreed to go onto the ward. The crisis team identified a high risk that Mr A would take his own life. Mr A was later sectioned under s.2 of the Mental Health Act after trying to leave the ward.

Mr A stayed in hospital for approximately 6 weeks. His social worker applied for some funding for him for support and accommodation but this was refused. Following their assessment the hospital said that Mr A did not have any mental health problems but instead his mood was down to his circumstances. At the discharge meeting the consultant said he felt very uneasy discharging Mr A into the streets but that he had no choice and unfortunately Mr A had fallen through the gap between Home Office and Health policy. Mr A was very distressed at this meeting.

Mr A now lives in a shed in the bottom of a friend's garden. He ordered it flat pack and put it together himself. He describes it as his castle. Mr A is now registered with a GP who listens to him and is carrying out a series of medical tests. Mr A has received immigration advice but has been told that he cannot submit a fresh claim unless he can get new evidence. He says he has no way of getting evidence so where does that leave him. Mr A gets very distressed and frustrated when talking about this.

## Box 5.2 Case study of Mr 'A' a failed asylum seeker

Central and Eastern European workers from Accession 8 countries are now a significant minority within the MEH populations of both Nottingham and London. Following the economic downturn, many CEE migrants who originally entered the UK to work are now unemployed. At the time of our study, many were unable to claim income related benefits as they did not satisfy conditions set out in the Home Office Worker Registration Scheme (WRS) established as part of the UK government's transitional rules for migrant worker entering from the Accession 8 countries following the expansion of the European Union in 2004. This routinely limited their ability to access hostel provision when they became homeless.

Because I don't have benefits I cannot go to a hostel, this is the problem. (N12, male, Polish migrant)

I am working here and every time they say 'Polish no benefits. Polish people not legal so no benefits'. (N42, male, Polish migrant)

[CEE migrants] have fallen very badly by the wayside. They are on the street, destitute, this clumsy term 'no recourse to public funds', means they can't book into hostels." (LKI 10, CEO, support organisation)



Both CEE migrant respondents and the agencies working with them reported that high levels of alcohol abuse were prevalent among those who had become homeless.

I'm working, maybe [for] three weeks maybe after one month I've no money. I must sleep on the street... too much free time, I'm alcoholic. I must drink. When I'm working, no drink."  
(L53, male, Polish migrant)

Vodka flows quite freely. I know in Poland anyway. I think it probably is a cultural thing... over here the drink tends to sort of allow them to escape from the reality of how they have ended up.  
(LKI 16 Worker, Homeless migrants project)

I am alcoholic. Every day when I drink I do not shake but when I don't drink I have shakes. I also have epilepsy and a big problem that I'm alcoholic, I am every day drink. (N42, male, Polish migrant)

Homeless A8 migrants have been able to access day centres, soup runs and other voluntary sector, street level services, and some have survived by selling the *Big Issue*, but these services are entirely dependent on local availability. Nonetheless, the role of faith based and other drop-in day centres in supporting CEE migrants who were unable to access more mainstream support should not be under-estimated. Such services play a vital role in supporting those who are unable to access statutory provision due to immigration status,

In the winter the church hostel... but only for three months (L52, male, Polish migrant)

Most of them (CEE migrants) end up in day centres like ourselves because they don't have access to public funds, they are destitute. (LKI 8, Manager faith based day centre)

They have no recourse to benefit making it very difficult for us to actually accommodate them. And also to work with them. (NKI 20, Manager support organisation)

At the end of April 2011, transitional arrangements ended, removing Accession 8 nationals' requirement to register with the WRS (though the requirement remains for A2 nationals from Romania and Bulgaria). In theory, benefits should now be available to all A8 migrants who meet the 'habitual residence' test by providing evidence of a settled intention to remain in the UK, and are able to satisfy the job-seeking conditions for claiming Job Seekers Allowance. It is unlikely that rough sleepers will be able to satisfy these tests, especially if they are not fit to work, for instance due to alcohol dependency. Failure to exercise their 'right to reside' by being self-supporting renders them liable to removal by the UK Border Agency after three months from their time of arrival. It also remains to be seen if statutorily funded support organisations will have the capacity to meet this new demand against the on-going backdrop of shrinking public expenditure.

There is a third group of migrants, usually women, who fall foul of limitations linked to their particular immigration status. Third country national (TCN) spouse visa holders (i.e. those from countries beyond the European Economic Area ) who have entered the UK for marriage purposes routinely have no access to public funds or housing and are dependent upon a family sponsor to meet their welfare needs. Spouses must complete a probationary two-year period before being eligible for leave to remain in the UK, during which time their status is tied to that of their partner. This creates particular problems for such women who subsequently experience domestic violence or whose relationships break up for any other reason.

Women who have come in on a marriage visa then for those women actually leaving is a nightmare because of the issue of recourse to public funds. It's very problematic...We do have a fund we have developed as a charity and we do bring in two families at any one time. So two of our seventy-six families are always women with no recourse to public funds. (LKI 10, CEO women's housing organisation)

For those fleeing domestic violence, policy linked directly to immigration status once again renders TCN migrant women vulnerable to homelessness. In common with the other two migrant groups discussed (failed asylum seekers and CEE migrants), the only support available to meet their housing needs is likely to be delivered by charitable organisations.

### 5.4 CONCLUSIONS

Evidence from our study suggests that the current homelessness legislation fails to meet the needs of a significant minority of MEHP. Approximately 75% of the homeless respondents in our study who declared themselves as homeless to the LA were refused homelessness support by local housing providers in spite of exhibiting a range of vulnerabilities and needs. Refusal was routine due to MEHP falling foul of the local connection, intentionality or priority need criteria that are integral to the present system of allocating available resources to support homeless people. Additionally, migrants whose rights to residence, work and welfare in the UK are non-existent or compromised due to their particular immigration status are particularly susceptible to MEH due to the on-going operation of rules which deny them access to publicly funded benefits and services. Regardless of the individual motivations of MEHP, these two areas of existing policy therefore sustain and exacerbate the homelessness of some.

## 6 BEYOND ACCOMMODATION: ENCOUNTERS WITH NON-HOUSING RELATED SUPPORT SERVICES

### 6.1 INTRODUCTION

Given the breadth and complexity of their support needs, many MEHP inevitably encounter a wide range of statutory and voluntary sector services in their daily lives. Having looked at the issues faced by MEHP and service providers in relation to housing and accommodation services (see previous discussions in Chapters 4 and 5), this chapter considers the issues that may arise from homeless peoples' encounters with non-housing related services. An important distinction is made between services whose attention is focused entirely upon homeless people – typically day centres and other street level services – and those that seek to address the support needs of a wider population that are nonetheless frequently found among multiply excluded homeless people. As previously noted (Chapter 4) these services operate according to diverse agendas many of which reflect particular services' differing priorities and their wider roles in delivering services beyond the homeless population. Encounters with four types of non-accommodation services are discussed. Section 6.2 explores the world of homeless people's services. The remainder of the chapter is then devoted to homeless people's experiences of services not specifically intended for them, but whose complex support needs make encounters highly likely, such as welfare benefits (6.3) health based services such as drug and alcohol clinics and mental health services (6.4) and the criminal justice agencies (6.5).

### 6.2 DAY CENTRES AND OTHER STREET LEVEL SERVICES

Findings on experiences of day centres have been more extensively reported elsewhere (Bowpitt and Dwyer, 2011) and readers are encouraged to access that fuller account. More than two thirds of the sample reported using day centres, and for the most part their services were highly valued, albeit with some important exceptions which will be noted. Day centres were found to serve three broad functions. First, they are places of sustainment and acceptance, especially valued by users who are often excluded from most other services and can thereby meet their basic needs in an environment of acceptance. Day centres provide a source of hot food, washing facilities, clean clothes, medical care and friendship. Others value them as places of safety and shelter, where they receive understanding and real care. These features make day centres among the most acceptable services on offer, and frequently the only ones which homeless people feel able to use, or from which they have not been excluded.

There is a drop-in centre ... In the morning there'd be sandwiches, in the afternoon they do soup and bread and at 1 o'clock they do dinner. You can go upstairs to the clothes store and get full change of clothes and a shower, every Monday, Tuesday and Friday. Without that, I would have been dirty, hungry ... I could point out quite a few people that actually 100% rely on these places. (N11, male)

Even going to them was a sense of belonging because you had somebody around you and ... that was the biggest thing, having somebody to talk to, you know, because the loneliness ... when I was on my own - and the suicide tendencies ... were worse when I was on my own - I couldn't contain it. (L31, male)

Second, day centres are places of change and rehabilitation, providing gateways to a holistic range of support services under a single roof that enable life issues to be addressed at service users' own pace. They are a route of access to housing, substance misuse or mental health services, and a source of advice and advocacy, enabling homeless people to overcome obstacles in their route to resettlement.

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I went to the (day centre) and (name) at the (day centre) gave me a sleeping bag. She phoned up a few places and she said, 'Make sure you go there'. I asked her where it was as I didn't have a clue. So she told me ... So on the Saturday morning when I woke up I went to (another day centre) and the lady in (the other day centre) phoned up (hostel) and she got me in there straightaway. (N18, female)

Third, they are places of resource and empowerment. Day centres offer precious opportunities for the restoration of self-esteem among homeless people by providing avenues of re-entry into mainstream society through skill development, volunteering and employability. It is the friendliness and dedication of staff that ensures the effectiveness of this goal by leaving service users feeling valued, in contrast to many statutory services.

Looking back I got quite a bit of help from (day centre). They used to do day activities like veg allotments or going to play football or like pool competitions and things like that. I used to spend most of my time in there. (N26, male)

However, day centres are still contested places and for similar reasons to hostels. Staff in day centres struggle with the implications of being the place of last resort for homeless people with often conflicting support needs. Meanwhile, a minority of our respondents would not use them, either because they found them to be intimidating or threatening places, where other service users were likely to be intoxicated and/or prone to violence and therefore to be avoided, or because they were felt to be unreasonable in making access to services dependent upon certain rules or conditions, such as having to pay for food or not being intoxicated. How day centre staff resolve this dilemma revolves around securing the personal consent of service users to certain restrictions on behaviour, and the periodic reviewing of evictions, and will be discussed in more detail in Chapter 7.

They are not the sort I want to associate with. I don't want to be in a room with an alcoholic. I want to keep away from those people. The last thing I want is to be in an environment with them. I consciously make an effort to keep out of their way. (L41, male)

N11 (male): I've been banned from here before. I was trying to use drugs in the toilet and I got caught, and then they banned me from here. Again, you've got certain limits, y' know. Know what the limits are and not to push them.

Interviewer: Would you say 8 months is a bit harsh?

N11: Very harsh, yes. I mean, fair enough, I was using drugs when you're not supposed to, and drugs are illegal, but I think it was a bit harsh.

Other street level services were also well thought of, such as outreach services, soup kitchens and soup runs. Over half our respondents gave evidence on their use of these services, most of whom described them in very positive terms as a lifeline in the absence of all other sources of help. People's experience very much mirrors that with day centres, but with two significant advantages: outreach workers come to look for you, which is particularly significant if you feel intimidated by day centres; and you cannot be evicted or excluded from a soup run.

Oh a Godsend, a life saver really. You had churches where you could go to on a Sunday and get a jacket potato. Certain nights of the week, you had people walking round with cups of tea, biscuits, sandwiches. If it weren't for them half the time people out there wouldn't eat. (N37, male)

However, outreach teams are especially valued as a route to other services, not least of which is accommodation. Several respondents described a 'street rescue' event in which an unsolicited approach from an outreach worker secured a place in a hostel.

They found me in some doorway one day and they go out at night time. We call them the body snatchers. They are out looking for bodies. Could be a dead body, you know, lying in doorways. Bumped into me and I said there's a car I normally sleep in down such a place ... They said, we'll be along here tomorrow night ... They went and checked that night. I seen them the next day. They said they'd been down and checked. They said, we didn't know it was you, we seen the shape. It was me. They got me in here. (L4, male)

Where specific prostitutes outreach teams operate, then homeless women have a chance to escape the male dominated environments that still prevail in many street homelessness services.

I used to go to Prostitute Outreach Workers and the Outreach Team. They was dead good. Y'know, if you ever needed anything, they was always brilliant ... They used to come and see me all the time. If you were sleeping rough they'd bring coffee round in the morning. Then POW, I just used to go there and get a shower in the morning and they'd give you clean clothes and stuff. (N15, female)

Many of the accounts of outreach workers and soup run volunteers provide evidence of good practice that will be further examined in Chapter 7. However, these services did have several important drawbacks in the eyes of some of our homeless respondents. One was that, being mobile, they have to be found, if they don't first find you, and there is only so much that can be done for people on the streets.

You go to [soup kitchen], they will help you and they feed you and they give you some clothes and bits and bobs, but [day centres] do help a lot more with filling forms out and support, if you know what I mean. Without that I'm lost. (N49, male)

There is also resentment that soup runs especially have no way of prioritising the genuinely homeless, so that they frequently give free food to people with the facilities to cook for themselves. However, for some, soup runs and outreach workers were to be avoided for two main reasons. One reflects a factor found among day centre non-users, namely fears of 'contamination'.

I tend to avoid places like ... the soup runs because of how many users go down there. It's a case of I don't want to get back into that. (N38, male)

The other reason seems peculiar to London, namely the more coercive approach to outreach sometimes found in the Capital, with outreach workers accompanied by police officers in certain neighbourhoods to 'encourage' take-up of services.

From now if you've got a care worker going round looking for homeless they now have a police officer go with them to make sure that the homeless person accepts help. Its either accept the help or get arrested. They've got no choice. I think that is outrageous. You shouldn't do that. Obviously people want help but not help from people with batons. It's not fair. It's too harsh. (L30, female)

Others were unpopular for waking people in the middle of the night.

They come and wake you up at 2 o'clock in the morning. They tell you about their [day centre] place. I know all about it. They wake you at 2 in the morning to tell you about it. What's the point? We all know where [day centre] is. (L41, male)

It would be wrong to identify isolated examples of unpopular practices and present them as typical, but if the kind of assertive approaches illustrated here lead to rough sleepers becoming more hidden, then the very great value of outreach services in reaching out to people in their hour of crisis will be lost. This issue relates to wider discussions about the potential conflict of purpose for outreach workers who are attempting to meet the basic needs of homeless people against a backdrop where agendas relating to the management of 'problematic' street populations set the wider context in which services operate (see Section 4.4 for fuller discussions).

NKI 11: The street sleeping vagrancy stuff became more of a criminal justice issue for the city, definitely. So really from 6 years ago they spent the next 3 or 4 years really criminalising rough sleeping as street behaviour. We kind of made our job difficult... It definitely became more difficult to find people. There was still an expectation that we engage with anyone who sleeps rough in Nottingham city. But I think what it's also done is push people out, rough people out of the city. They are a lot more hidden. They are in a lot more dangerous squatting environments-buildings.

NKI 12: They are a lot more cagey about how they act towards us. Takes a lot longer to build a relationship with people.

Q: This is on the back of Respect for Nottingham?

NKI 12: Yes.

The predominance of more assertive agendas potentially makes outreach work with rough sleepers more difficult and can displace the problem of street homelessness rather than reducing it.

### 6.3 WELFARE BENEFITS

The remaining three sections of this chapter focus on participants' encounters with services not specifically relevant to their homelessness, but to the other main support needs that contribute to the experience of multiple exclusion in relation to which they have a critical role to play. For instance, the Department for Work and Pensions provides a vital service for the majority of homeless people looking to meet their basic needs, escape the streets and/or access and maintain accommodation. The overwhelming majority of homeless respondents had experienced the benefit system and for most the availability of welfare benefits was crucial to their survival on the streets and also when looking to secure accommodation. The most commonly claimed benefits were Job Seekers Allowance (JSA), or Income Support (IS) for those unable to work because of illness often associated with substance use. This has become Income-related Employment and Support Allowance (ESA) for more recent claimants. Few respondents had an adequate National Insurance contribution record to entitle them to Incapacity Benefit (IB, or Contribution-based ESA). Other benefits that homeless respondents relied on included Disability Living Allowance (DLA), and the Social Fund was often used by IS/JSA claimants to secure both Crisis Loans and Community Care Grants. Hardly anybody mentioned Housing Benefit, even though most of our respondents would have been claimants. This is possibly because routinely claims are handled automatically by key workers on securing a hostel place.

Respondents highlighted significant crisis points in their claim histories, which reflected the incompatibility of the current benefits system with the reality of many MEHP's lives, which are typified by rapidly changing



circumstances and the struggle to maintain the documentary evidence required to support benefit claims. Benefit claims were therefore jeopardised by features characteristic of homelessness, such as frequent relocation, missed appointments, requirements associated with 'actively seeking work' conditions, past debts, short-term prison sentences and hospital stays, and immigration status. For instance, JSA requires a fixed locality at which to 'sign on' and meet job seeking conditions, whereas homeless people frequently move in pursuit of accommodation.

You can't claim dole money if you're homeless; it means staying in one place all the time and you can't move around. You have to be forever in Nottingham or Edinburgh; you can't get up one morning and decide, 'I'm away to Spain, Glasgow or Leeds, whatever' (N28, male)

I applied for a loan from [City A] and then this church woman said to me, I'll put you up for the night. At that point I tried to get my JSA. They said you need to transfer your JSA to [City A]. This lady, who have me shelter for one night, lives in [suburb of City A]. ... It was a 6 hour hike to sign on... I'd got no connection whatsoever there... this lady put me up for 1 night. Terrible. In the end when I came here, that lady's address kept sticking on my Job Centre, whatever records they've got. (N50, male)

Another source of tension for homeless JSA claimants is the active job-seeking requirement, and the need to keep appointments associated with regular 'signing on' and providing evidence.

I had no fixed abode. The other problem was I was in receipt of JSA. You had to fill in a form and sign to say that you were looking for work. And I went to an interview after 13 weeks and they said, why aren't you applying for these jobs? ... They are doing their job, 9-5, they see so many people a day and when they go home they don't think about the people they've seen that day... You look at the benefits agency they don't care. (L12, male)

Benefits are all right. Never really found it that hard getting them, just maintaining them. It comes down to a point of me using drugs, just missing appointments and messing my benefits up. They are very important to me because without that I didn't have any money really. Without any money, you're most probably gonna end up needing to shop lift or something like that. (N11, male)

The alternative of sickness related benefits frequently met with the apparent reluctance of benefit officers to transfer claimants to IS/ESA for substance dependency and other medical conditions commonly found in the MEH population.

They were always saying to me, what jobs have you gone for? I'm a heroin and crack addict. I'm not going to any jobs. Oh, we'll sign you off then. I'd have to bullshit them into giving me my giro. I got sick of doing it. I tell you what: stick your giro. I'll sell the Issue. (N14, male)

If you go to benefits it's harder to get on Income Support now ... You used to be able to use the fact that you are on methadone, you are on medication. Now you can't pull that stroke. You have to go through a full medical. You have to have something physically wrong with you. You have liver problems, or Hep C. I don't know if you can use Hep C as an excuse to get Income Support. It still doesn't stop you from working. Before you could say, I've got Hep C, I can't work. But you're standing up and talking, you must be able to do something. (L11, male)

Moving in and out of prison or hospital provided further crisis points in people's benefit claims. For instance, it often involved making a new claim on release. What the second quotation also portrays quite graphically is the sheer mutual incomprehension between claimants with rapidly fluctuating circumstances and a benefit system

that operates by its own sometimes impenetrable logic.

I was signed off the sick for a period of time, then I went to prison, then I had to start all over again and then they sent me for a job which I found very hard to get, so they put me on the sick. Well when I lost my finger, they put me on the sick and I come off the sick then back on the sick. I'm finding it hard with benefits again. (N32, female)

I phoned ESA again and this time a woman answered on ESA and she said, 'Yeah, you have a claim up and running, but we need proof of your discharge papers from prison and also we need a sick note as well.' But I thought I'd already done the sick notes up to date and everything. So they're messing me about really, big time. It was my giro day yesterday or today, according to when they changed it, 'cos it used to be Tuesday for 8 years and now they have changed it to Thursday or Friday. The last couple of giros have been Thursday and the last one was Friday. The other one I didn't get, 'cos I got sent down on the actual pay day. I've already claimed that money and I've claimed a Crisis Loan. Now, I'm waiting for my normal payment for actually being out of prison for 3 weeks already. There should be a payment today. But like I say they are messing me about. It's impossible. I can't get through to anyone on the phone. I can't get a word of sense out of anyone at the minute about what's going off with my giro. (N4, male)

For migrants, the prospects are even bleaker. Due to their status (see Section 5.3) none of the failed asylum seekers interviewed had even attempted to claim benefits, but the EU migrants fared little better. At the time of the research, without a Workers Registration Certificate, the most that was available was a Crisis Loan, which has to be repaid before further help can be given. It should also be noted that the inability to access welfare benefits affects many migrants not just those from Central and Eastern Europe or failed asylum seekers. For example, an Irish homeless respondent eventually secured benefits from his homeland on accessing a hostel, but not before a period where he had to resort to shop-lifting to survive.

I was in Job Centre, I have one Crisis Loan. One time. One month before. £90. Job Centre give me Crisis Loan. This money I must go back to pay back. (N12, Polish migrant)

Well I ended up shop lifting, which wasn't a great idea. But there were no benefits, nothing like that. Then when I did get into the hostel [they] did help me out; they got me benefits sent out from Ireland. Got a claim there. But because of the waiting period and you still have to eat I was still shoplifting. (L7, Irish migrant)

Key informant NKI 19 (Manager, JobCentrePlus) was aware of particular issues faced by homeless people and emphasised that the benefits service had forged links with local authorities and a range of homelessness organisations in order to try to tackle some of them. He also spoke of a "person centred approach" to service provision and some flexibility in the way in which conditions that attached to benefits such as JSA could be applied if a person had to meet the requirement of, for example, the terms of their probation. Benefit sanctions were always viewed as the last resort, and such decisions had to be taken in the "context of what is right for that individual". However, he was clear that, homeless or not, ultimately those who did not adhere to the rules would face loss of benefit.

There are rights and responsibilities on both sides. If we feel it's appropriate to sanction we will do. We won't shy away from it. But you've got to get it in the context of what is right for that individual... There are certain cases you just can't get round it. It's got to be done. It's part of the process if somebody really bucks against the rules and regulations then our hands are tied and we would have to go with sanctions..... You are signing on, you've signed a declaration to receive benefits. You're signing a legal document to say what you are doing. If you can't adhere to that then we have to have the rules. (NKI 19, Manager, JobCentrePlus)

The negative impact of such sanctions should not be underestimated. An inability to receive benefits not only removes many homeless peoples' access to money to purchase food and other day-to-day necessities, but also, where homeless recipients rely on Housing Benefit to pay the rent for their accommodation, rent arrears often quickly result in eviction from a hostel or other accommodation and a further period of repeat homelessness is the most likely outcome. Several welfare advisors were clear in asserting that the increasing demands placed on benefit recipients within the benefits system and the application of sanctions for non-attendance were important factors that needed to be addressed, not least because, as one benefit advice worker (LKI 17) noted, it may lead to local authorities saying "well we can't work with you; you're voluntarily homeless" under intentionality rules (see section 5.2 for further discussions).

I had one young guy come in and he got into arrears. He was on Job Seekers' Allowance. He'd been in care.... Essentially he just didn't sign on. Then couldn't understand why housing benefit then stopped. (LKI 4, Advice/welfare worker, faith based day centre)

If people don't attend... their medical assessment or something like that then [clicks fingers] their Employment and Support Allowance [ESA] stops and then that affects the housing benefit and they get arrears... Or someone doesn't attend the Jobcentre appointment... then that has a knock-on on their housing benefit and they get arrears. (LKI 18, Tenancy support worker, tenancy support team)

The reference to Employment and Support Allowance (ESA) by LKI 18 requires further comment. As previously noted (rf. Sections 1.3 and 4.5), the UK Labour Governments (1997-2010) placed conditionality, i.e. "the principle that aspects of state support, usually financial or practical, are dependent on citizens meeting certain conditions which are invariably behavioural" (DWP, 2008: 1), at the heart of its reform of the welfare system. ESA was introduced by the New Labour Administration in 2008 to apply the more rigorous requirements of the JSA system to the majority of Incapacity Benefit recipients. The current Coalition Government remains committed to this approach and under changes set out in the Welfare Reform Bill 2011 aims to further extend the use of conditionality to previously exempted groups such as lone parents and disabled people (Wright, 2011). It is envisaged that following 'work capability assessments', some individuals previously in receipt of Incapacity Benefit will be moved on to JSA. For the majority of people who are allowed to remain on ESA, receipt of benefit will be conditional on clients drawing up individual return to work action plans, attending regular work focused interviews, routinely undertaking 'reasonable steps' to manage their condition and/or accepting specified training or basic skills support, to facilitate their return to paid work. Refusal carries the threat of benefit sanctions. Research elsewhere has indicated that many MEHP rely on Incapacity Benefit rather than JSA to meet their needs (McNeill, 2011). The new approach is, therefore, likely to have serious implications for those homeless people with complex needs who previously relied on the largely unconditional incapacity benefits.

The criteria for acceptance, for retaining entitlement, is much higher under ESA rules than it was under the Incapacity Benefit rules and therefore we are getting more and more refused... Last week I went to a tribunal with a woman who had paranoid schizophrenia and was being told she was capable of work. That's only one example but this is increasingly a problem of people who I think the ordinary person on the Clapham omnibus would say, they're not capable of work but they are being judged as capable of work by the DWP... People need more than just a stick to push them back to work, they need a great deal of support before they take the job and once they've got the job to keep them in employment... When ESA was first launched in 2008 there was a great fanfare made about the support that clients would get, that applicants would get in finding work in making themselves more employable at getting from ill health to healthiness. That doesn't seem to have been borne out in reality. (LKI 17, Advice worker, benefit/support project)

The evidence generated in our study, from interviews with homeless respondents and key informants suggests that, in the absence of proper support (as noted by LK1 17), there is a danger that the increased conditionality at work within the benefits system will increase multiple exclusion homelessness in the future.

### 6.4 SPECIALISED SUPPORT SERVICES: DRUG AND ALCOHOL CLINICS AND MENTAL HEALTH SERVICES

Other more specialised services were rather more critical in people resolving complex needs. Just over half of our sample had experienced substance use services, such as drug and alcohol support work, rehabilitation hostels and detox programmes. The majority of service users were highly complementary, regarding the services of their drug or alcohol support worker as some of the most valued and effective services on offer. We will return to the reasons for this in Chapter 7. However, a small minority either refused to use them, preferring to 'do it myself', or had rather less productive encounters for various reasons.

But you know yourself, you know that you can manage it, you can handle it yourself. So it's better to do it yourself. I've done it myself. A lot of people can do it. (L9, male)

Others reported a variety of barriers to their effective use of services. One woman, herself a victim of domestic violence, had a particular aversion to Alcoholics Anonymous because it involved listening to men who had abused their wives.

When the men start talking about theirs, it sets me off and I want to kick them, because they talk about how they mistreated their wives and how they've done nasty things to them. So I can't stand it. I can't bear it. I can't listen to that. (N18, female)

Sometimes, encounters with drug services had the perverse effect of encouraging further use by association with other users.

I tried to stay away ... I didn't want to go into a room talking about drug issues and everyone around me using drugs. When I've got money I'd be out of my head. I don't want to know. I ... don't want to give myself the opportunity to get something. I mean I ended up being more or less on my own. For me, I have to block things out of my head. That's why I started taking drugs. I've had to deal with that to stop taking drugs. (L14, male)

Other respondents were critical of services that seem more interested in harm minimisation than effective rehabilitation. In this case, it was GP services that came in for some harsh criticism.

GPs are crap ... They're not crap; it's just the way they go about it, it's wrong ... I think they're too soft. They want to push methadone on you. You go there and they say, 'Do you want a bit more methadone?' You're already on 100 mls. 100mls can sink an elephant. Why are they asking you if you want another 20ml? I've been on like 170 mls of meth and I've only had a £10 habit a day. It was so easy to do it. They can't wait to give you more methadone, and that's wrong coz you never get off it. (N14, male)

Moreover, access to the best support services is often conditional. For instance, you are sometimes expected to be clean of drugs before support can be offered.

I couldn't really access anything. You had to be two years clean and not on a methadone programme and I had just started methadone. ... It was all right for support and someone to talk to and that, but I couldn't really access any of the services. (N05, male)

Due to the limited availability of services those who work to support MEHP with drug and alcohol problems routinely found themselves in the position of having to make decisions about how to prioritise access to detox programmes. Perhaps unsurprisingly, key informants spoke of targeting scarce resources at individuals whom they considered to be showing, at the very least a desire, to tackle their addictions. For example, one clinician was clear that whilst he was not in the business of making moral judgements, drug detoxification places should only be allocated to those who were considered to have a better chance of success.

LKI 3: I'm not going to make a moral judgement and say, I'm not going to treat and support you if you continue to smoke crack or inject heroin or drink too much. We endeavour to help them.

Q: So you pick those with the best chance of success?

LKI 3: Not so much the best chance specially, people who show a little bit of motivation.... Make a bit of engagement and say, 'I want to change'. And even then some people who make very little effort we'll offer them detox if they keep asking. But what we won't do is, somebody won't be able to turn up at the door here tomorrow morning and say, I want to detox as an inpatient. That won't happen.

One woman attributed her rehabilitation to the commitment of a CJIT worker who was able to circumvent the usual waiting lists by which access to drug services is usually secured, but that was only after being arrested for shoplifting to support her drink and drug use.

She will go out of her way. She will come, she will see how I'm feeling and she sees I'm down or something and she says well go and speak to such and such or she'll make a phone call. I just feel at ease there ... It's stealing for drink or drugs which most people are doing these days and that's where 'Rapid' comes into it coz you was waiting for so long at [drug clinic] for an appointment and then if you missed the appointment, you would be waiting another three months and then you think well is it worth it you know what I mean. (N32, female)

The general consensus was that services are of little value unless homelessness itself is addressed. Key informants who worked to support those with substance misuse issues were clear that people "aren't going to make any changes to their drug use whilst they are homeless". (NKI 1, Team leader, substance misuse clinic)

Similarly a homeless respondent reflected on the ineffectiveness of programmes for street drinkers who remained on the street.

Remember I'm on the streets and I want to be drinking, selling the Big Issue to buy drink and food. They wanted us to go on day programmes, you know. Why are you asking a homeless person to come here 5 days a week ... and get paid £4 for the privilege at the end of the week. I can be out there selling the Big Issue earning £60 a day. (L12, male)

Key informants involved in trying to get MEHP to address their addictions in the longer term (e.g. NKI1 above; LKI 3, Clinical lead, drug alcohol team; NKI 24, Team member on a drug intervention scheme) routinely spoke of the need to initially focus on stabilising an individual's substance use and then working quickly with other agencies to try to get people into appropriate second stage accommodation where they could gain access to rehabilitation programmes to help them maintain abstinence and tackle the issues underpinning their multiple exclusion homelessness.

If somebody does stabilise a bit then we'll get them into a detox somewhere and then the supported substance misuse team at [location] Social Services will look at pushing them onto residential



rehabilitation unit, usually. Then we would do our damndest not to detox for someone who is going to go back to [name of first stage hostel]. Because they go straight into that chaotic environment again. So a prerequisite almost of detoxification will be some [kind of] moving on plan. (LKI 3 Clinical lead, drugs and alcohol team).

Returning people who had completed detox to direct access hostels was seen as more than likely to lead to renewed substance abuse due to the readily available supply of drugs and the close proximity of others with substance misuse issues.

With regard to rehabilitation hostels, reports from homeless people were mixed. The key ingredient to success was a will to overcome addiction. Thereafter, the best model appears to have been one with a rehabilitative structure of regular drug testing and activity programmes, staffed by people who have 'been there themselves'.

They are good. Some of them were drug takers in the past. They know exactly how you feel, they've been there before. They know all the help you need because they can give it to you. (LI3, female)

However, there were several stories of people failing to cope with total abstinence regimes. For one respondent, rehabilitation did not work because ...

Probably deep down I didn't want it to. It was very hard work and it felt like a brick had fell on my head. It's very hard work there. I gave up I suppose and just walked out. (N31, female)

In another case, surviving the early gruelling effects of total abstinence gave a premature sense of success, which later proved to be ill-founded.

What I've done is, I went to a detox, a Christian detox, and I left there ... I shouldn't have left there, because I was on 60 mls of methadone when I went there and I just done that raw, just done that bit raw. No medication, no anything, coz that isn't the way they do it. They just stop all medication, including smoking. So I stopped smoking. I stopped taking methadone, stopped taking drugs. I was there for three weeks. But when I physically got better I thought to myself, I'm OK now ... I'll go and do my own thing. I realised I left too early. Kind of like, my heart lied to me, but I was convinced when I left there. (N14, male)

As well as drug and alcohol services, about a third of our respondents had experience of a mental health support worker, and reports were about the most consistently positive of any category of support services. They were valued for the sincerity of their care and their unique capacity to understand the complexity of people's backgrounds and experiences.

The amount of support I've had from her, I can't explain how grateful I am that she's been there, especially when I got attacked, she just dropped everything and came straight to the hospital. Because the police took my clothes she went and got me some track suit bottoms. She's just been there for me. She does more than her job as well. She does genuinely care. (N31, female)

We will return to these positive features in Chapter 7. However, not everyone had such rewarding encounters. What was often criticised was the partial nature of the help received.

I stopped all contact. I just didn't want it. I didn't trust no-one. I still don't. They all stab you in the back. They don't give you nothing. They give you a bit of help and then send you straight back to the way you are. That's all they do. (N7, male)

For others, it was the problem of ‘dual diagnosis’ that impeded access, where prevailing drink or drug problems undermined the effectiveness of mental health support.

Well I’ve seen counsellors and stuff yeah ... For some reason, they can’t cope with me all the time especially when I’m drunk. They turn around and say, ‘Look, there’s not a lot we can do for you while you keep drinking’, so I’m slightly fucked then. It’s like balancing it all the time isn’t it? I’ve tried to calm down my drinking ... because they won’t give me my treatment while I’m still caning the ale. (N49, male)

Key informants also noted the ways in which mental health issues were often further compounded for many MEHP by on-going drink and drug use. It was recognised that underlying mental health issues could not easily be diagnosed whilst people were continuing with heavy substance use. One consequence of this is that serious conditions may remain undiagnosed for years. A further difficulty in supporting homeless people with serious mental health issues, which highlights the way that limited resources may influence agencies’ working practices, was noted by a London based key respondent. Although he acknowledged that mental illness could well be a factor in service users missing appointments he was candid about how such homeless people were likely to be missing out on the support they needed, due to on-going demand for services.

The mental health team are so busy, so they might offer appointments and expect them to turn up. They don’t turn up. That happens and they discharge them. Sometimes they will make more of an effort to go and see them but sometimes, particularly when someone is street homeless, they don’t know where they are, they haven’t got resources to go and chase people up. (LKI 9, Mental health practitioner, homelessness mental health team).

In this way homelessness, mental illness and limited resources may combine to further exclude vulnerable MEHP from receiving the care that they need.

## 6.5 CRIMINAL JUSTICE SERVICES: THE POLICE, PROBATION AND PRISON SERVICES

No account of service provision would be complete without a consideration of agencies linked to the criminal justice system. Homeless respondents described a mixture of experiences when interacting with the police, the probation service or the prison system. Around a third of homeless respondents described encounters with the police, mostly in negative terms, though at least one respondent thought otherwise. “If anything in my experience I found the police to be always helpful.” (L3, male). In many respects, there was an inevitability about these generally negative encounters as many MEHPs’ daily lives positioned them on the margins of criminality, engaged in what McNaughton (2008a) calls ‘edge work’. However, lot of homeless respondents described experiences that went beyond routine arrest and processing through the criminal justice system. People talked about being moved on, even when they were waiting to meet their outreach worker, having their tent slashed, having drink poured down drains and being vulnerable to arrest for petty crimes, whether or not they had actually committed them.

Them people that wear the red jackets [outreach workers]. You’d go up to them and ask the outreach team to see us. Sometimes they wouldn’t come. You had to sit in the same spot. Then you’d get moved on by the police. (L25, female)

I don’t know if they still do it now, but they used to come round and slash your tents when you were staying there, the police did ... so you try and hide yourself away from the tourist part [of a seaside town] but they’d still come round and slash your tent. (N19, male)

# THE HOME STUDY

## Comparing the priorities of multiply excluded homeless people and support agencies

There is an element of homeless people finding themselves being arrested more than any other people in society. Not just the drinking side ... They get to know you as a homeless person. They target you. Oh he's a drinker. We caught him shop lifting. It's they stigmatise you. They used to know you by name. (L12, male)

The police have got in the way if anything. ... If they know you're homeless sometimes they will not give you bail, because they think he needs an address, and they think the best thing we can do for him is to get him locked away for a bit so we can get him re-housed from probation or whatever. ... Also they won't let you drink in the streets. If they see you drink, I was walking the streets with bottles of alcohol and they always tip it away. They've tipped 3 or 4 bottles of cider away on me already. (N4, male)

It has previously been noted that some MEHP reported how the police would accompany outreach workers to 'encourage' people to accept their services. However, police also arrest people for past offences, thereby interfering with a rehabilitation programme. The problem is less with the police than with the courts when they impose a custodial sentence that thereby precipitates loss of employment and accommodation.

When I got that place I'd stopped doing crime more or less, I'd got myself a job. I was working at an electrical outlet. I'd been doing that more or less 6 or 7 months and I got arrested. They come to my house and arrested me for something I did when I was 16 ... They gave me 2 months. I was 16. I got sentenced. I'd actually done the sentences in between, loads of them. They never come and arrested me. This was probably one of the earliest offences they could ever have got me for. Very unfair. It was like a kick in the teeth. (L14, male)

When homeless people were themselves the victims of crime, as for instance in cases of women being assaulted by male partners, the police response was reported as inconsistent, sometimes supportive, but sometimes worsening the risk of further harm.

When I first started with domestic violence and the homeless, well - how can I put it - it's the first person I went to was the Police, and basically turned round and told them what my partner was doing. The Police had actually done everything for me, got me introduced to [refuge] and then I went through [refuge]. I told them and they turned round and said, 'Right, you're extremely high risk, we want you to go into a safe house, we'll look after everything else for you'. (N45, female)

They phoned the police for me to report him for assaulting me, which I daren't do because I knew he would find me and it would make things worse. The police said he would still get bail and we'd have to wait until he comes and hits you again and he won't get bail the second time. They were like saying, we'll bail him now he's hit you this time, but if he hits you again then we won't bail him. I didn't want to press charges because then I've got to wait for him to hit me again before they're gonna keep him away from me. (N15, female)

Approximately one third of our sample of MEHP spoke of spending time in prison at some point in their lives. A majority of these respondents (around 20% of our overall sample), also described being discharged from prison back on to the streets with little support on completion of their sentence for example,

They should have found me somewhere before I got out. They shouldn't really let me out to be on the streets. I think they could have helped quite a lot more than what they actually did. (N05, male)

I was never homeless again except after I got out of prison, coz prison don't find you nowhere to live when you first leave. You fall straight back out into the open. Just got out of prison the other week after

doing a bit of license recall, and they didn't even give me a discharge grant because I'd already had it from the sentence I'd just finished. (N4, male)

Key informants involved in the resettlement of homeless people were well aware of the problems this caused.

Many people are released from prison and they literally come out with what they went in with. They've got a bag. They have nowhere to go. Housing is not provided on release from prison. That is a huge problem.... So they come out, they've got nowhere to go, nowhere to live, they may have lost accommodation before they went in prison or certainly while they've been in prison. So they come out, they are homeless, so of course they are going to use. (NKI 1, Team leader, substance misuse clinic)

Although in some areas specialised services do exist to try to support the housing related needs of those within the prison system, the requirements of the criminal justice system, and varying levels of housing advice and support in different locations, often undermines attempts to effectively secure accommodation for those who are expecting to be discharged.

Prisoners being transferred from place to place frequently is actually the source of various problems. Where we have clients in prison who we have been giving housing advice to and they are suddenly shifted out for their last three weeks of their sentence, to another establishment, you can't carry through your advice work and you don't know what's going to happen at the prison that they have just gone to... The capacity to help is much reduced and this is a frequent problem.. Particularly since the overcrowding has been such a problem, prisons have been shifting people around very, very frequently to free up a space that is needed for a particular kind of prisoner (LKI 14 Housing support manager, ex-offenders project)

It isn't just that many people are discharged into homelessness; they also frequently lose accommodation that they had before sentencing due to complex housing benefit and tenancy rules as explained below.

First, if somebody is in private rented accommodation and they are going to prison, the chances are they have got merely an assured short hold tenancy, which is a tenancy without a great deal of security attached to it, which can be wound up pretty easily by the landlord. Second, there are housing benefit rules that apply to people who are away in prison ...on remand, in which case you can get housing benefit paid for fifty two weeks. If they are a sentence prisoner then they can normally only get housing benefit paid for thirteen weeks. It will quickly become apparent whether there is going to be any entitlement to housing benefit. If there is not going to be any chance of that we will usually advise that the tenant brings the tenancy to an end because there is no point in trying to hang onto a property when you are weekly running up more and more rent arrears... But we will look at whether or not there is a way of hanging on to it otherwise there are rules in the housing benefit regulations about other relations taking over the housing benefit claim... We have had quite a few instances where both local authority and housing associations have been either misunderstood the rules in these situations or are just unhappy with that kind of arrangement. (LKI 14, Housing support manager, ex-offenders project)

We're not with them 24/7.. and they'll go and nick a car or go and do something and then they may be re-arrested. What we do, we can get housing benefits for people on remand for up to a year so if we know one of our tenants has been remanded we still claim the housing benefit, keep the house open for them... get the housing benefit.... If They go to prison, we get it for another 13 weeks. If they don't, they get say a probation order or something, then they can come straight back to the accommodation. We have managed it. I have a tenancy sustainment officer who does that work. Then we will work with them on their offending. Work with them on managing money. (NKI 8, Area manager, supported housing provider for ex-offenders)

Both the above key informants were involved in agencies that proactively helped to secure or maintain accommodation for prisoners and ex-offenders in order to prevent them from becoming trapped in a self-perpetuating offending-prison-discharge-homelessness, reoffending-prison-homelessness cycle. One key problem appears to be that such services are not widely available. Another is that evidence from our study suggests that people in hostel accommodation remain particularly vulnerable to repeat periods of homelessness following conviction even if they only receive a short sentence.

I got arrested and I went down for a couple of things ... It was 3 weeks. All my benefits had stopped by this time as well. So I lost out on my flat. They'd taken all my stuff for payments I hadn't made. (L5, male)

A couple of year ago I were in court, I were on remand, I got into shoplifting and that, and my solicitor ... put in to get me into a hostel and they'd accepted me in this hostel and all the judge had to do was let me go to it and he sent me down and I got out two week later on to a probation order ... They put me out on to the street. If they'd put me out two week earlier I'd have got into a hostel, a proper hostel where they help you ... I couldn't believe it, they let me out two week after on a probation order and they knew I were going out on to streets; it didn't make no sense to me. (N49, male)

It has previously been noted (see Section 4.2) that a minority of respondents saw prison in more positive terms, as a relief to the risks associated with life on the streets. For example,

There was actually a stage where I was praying that I would get locked up ... I got £80,000 and I spent it in about two and a half months ... on gear. That's when I started to realise that I was praying to God, please lock me up. I was lucky I got locked up. I was that bad. The judge ... said I have to put you in custody. I said, I want you to put me in custody. He looked at me and I said, thank you very much. He said you know you might get a custodial sentence. I said, I'm hoping to get a custodial sentence. (L7, male)

Additionally, for some, prison also offered a lasting route to rehabilitation. The following two respondents bucked the experience of many others by stating that, for them, prison actually facilitated access to services that were not otherwise available.

The prison helped along the way with me getting into accommodation. I went to a hostel after the prison. If it wasn't for the prison I'd still, you see, maybe doing what I was doing. (L1, male)

If I manage to get into jail then I get out to be released at least I know I'm entitled to some practical help. A house, a job, support and all that stuff which I'm not entitled to have now. Why do I have to do a crime to receive help? (L08, male)

The quarter of respondents who had used probation services reported more mixed experiences. For some, they provided an effective route to tackling homelessness and other issues, and also offered access to good all-round counselling.

Probation has helped me since I've had it. I've had it for nearly two years now. It does help me, because I can at least talk to him about all my problems and he's not there to judge me like a lot of people have done in the past. He's there to listen to me and guide me down the right road, instead of going back to where I came from, which was drugs and then back to the same thing again. (N3, female)

However, others reported probation officers who were only interested in meeting statutory requirements, and



at least two respondents lost a hostel place after they were breached for failing to attend an appointment.

Probation, the only reason they are helping you is because they have to. They are not caring at all. Yes, they've got a big workload, they've got a lot of people to see, but they are not caring at all. I don't like them. They don't make you feel comfortable. My probation worker[name]he's all right, but the rest are just there to do their job. I don't really like probation service. (N11, male)

That's why I went to prison the last time. They put me on probation order and I breached it all and ... what it were they put too much on me. It were like every week I got three appointments a week to get to and I've got to get the train or walk and three appointments a week were too much for me because I've got enough on me keeping one appointment, never mind three, so it didn't take long for me to get breached. (N49, male)

In one sense probation services are in place to support ex-offenders, but, as noted in Chapter 4, some within the service see their primary role as "offender management" (NKI 7 Probation officer). Where MEHP breach the conditions of their bail, then once again the statutory priorities of the criminal justice system prevail above and beyond other concerns.

## 6.6 CONCLUSIONS

The picture that emerges from this consideration of the experiences of multiply excluded homeless people encounters with non-housing services and the views of the key informants who ran them suggests a division between services clearly targeted at the MEH population and those oriented towards the needs of a wider population. Multiple exclusion homelessness inevitably generates a preoccupation among homeless service users with their own immediate needs (rf. Chapter 4). Many MEHP are, therefore, more favourably disposed towards services such as day centres and street outreach services that appear to share their own priorities. The somewhat bleaker picture of encounters with generic services presented above needs to be balanced against the examples of good practice noted in Chapter 7. Nonetheless, the evidence suggests current provision fails to meet the needs of good numbers of MEHP and may in certain circumstances compound the multiple exclusion experiences by homeless respondents. All the key informants interviewed spoke of helping MEHP but many agencies are constrained to varying degrees by other agendas. This is especially true of mainstream statutory services that do not specialise in attempting to meet the needs of this user group. The help given by these services is frequently fixed by statutory priorities, centrally driven targets or constraints on the use of resources. Mainstream services set up to provide for particular needs in the general population are often ill-equipped to help homeless people whose multiple support needs may compound one another and render them unable to take advantage of the help on offer.







## 7 OVERCOMING BARRIERS: WHAT WORKS IN TACKLING MEH

### 7.1 INTRODUCTION

Our overall finding was that people start to give priority to addressing their homelessness and other support needs in three kinds of circumstances: when they encounter a crisis that may be life-threatening; when they recover a sense of self-worth; and when the recovery of a valued relationship becomes possible. We also found that three conditions are generally necessary in order to realise these altered priorities: help needs to be offered by others; the new priorities have to be recognised by welfare agencies; and institutional obstacles need to be overcome. Moreover, for homeless people who are multiply excluded, addressing homelessness is a necessary condition for meeting other support needs, but accommodation is rarely sustained unless these support needs are also addressed. A number of key factors are critical, either in moving people away from multiple exclusion homelessness, or in keeping them there. The impact of the following factors varies, not only between individuals, but also between different stages in the lives of the same individuals.

### 7.2 ACTIVELY SEEKING HELP

Awareness of available help was a crucial precursor in about a third of our sample. Most commonly, it was other homeless people or day centres that were the key to this familiarisation.

I was out the flat and I thought, what do I do now? ... I didn't know anywhere to go. You tag along where your friends go. I thought to myself, I just want to get out of the area. I was on the bendy bus and there were a load of homeless people jumped on, shouting. I did have an Oyster. I got talking to the woman and she really stank. I said to her, how do you look after yourself? Have you got a job? She said, there's a place in [neighbourhood] called [day centre] and they provide us with a meal and clothes. I said, what else do they help you with? They've got outreach workers and stuff like that. I got off the bus. I went to the end of ... Street and walked back to ... put my stuff in storage. Then I got back on the bus and went to [day centre]. (L20, male)

Conversely, a similar proportion stressed how completely clueless they had been at critical junctures in their homelessness journeys, a factor that kept them on the streets longer than they might have wanted. Others pointed out how little help they had received on discharge from hospital or prison, or eviction from their previous accommodation, and several stressed the need for street level services to advertise themselves more effectively.

At the time of going through the eviction I thought what am I going to do now? I've nowhere to go, nowhere to put my belongings and no one turned round and say, oh yes you can put your stuff here. I had to find out all these phone numbers. I even had to find a map for this place myself. Even at [housing services], 'Oh, you have to be on a waiting list', but 'I've got nowhere to sleep. What do you want me to do, sleep on the street?' (N44, female)

There is nothing available that advertises things. What about putting things up on advertising boards saying if you are homeless? On a bus stop or something. What about putting something down the road saying if you are a homeless person please contact this number? Advertise at a bus stop. Something there so people can see there is help. (L18, male)

Aware or not, about half the sample discussed times when they had considered seeking the support of helping services. In a quarter of cases, an active search enabled them successfully to address complex needs. No single

agency stands out as providing most help: people mentioned outreach services, day centres, hostels, drug rehabilitation services, probation and local authority housing services.

The day with my leg, the fourth day I thought, right, I had some money, so I thought, 'I'm going to sort myself out, ring an ambulance and go into hospital'. And that's what I did. (N21, male)

I finally went there [night shelter] one night and in the morning I went down [housing services] and they told me there was a bed come available and was I interested and I thought oh yeah I am definitely interested. That's when I got my bed at [hostel] and ended up going there and had my support worker, who got me a support plan in place, got my housing situation sorted out, got my name on the housing list. (N26, male)

At various points in time, another quarter of the sample reported not seeking help because they were not ready to address their complex needs, they felt they could tackle their needs themselves, they were reluctant to approach agencies that had let them down in the past, or they believed that seeking help was futile.

No, not at this moment in time ... The way I think about it, it's like being, you know what I'm trying to say, patronising. I don't like someone from a middle class background - and this is not social prejudice - I don't like some middle class person who is on £100K a year telling me what I should think and how I should feel when they haven't experienced it. (L02, male)

### 7.3 THE ROLE OF FRIENDS AND STRANGERS

The above relates to seeking help from formal agencies, but friends were important for three quarters of our sample. For about a third of our sample, friends – often but not necessarily other homeless people – were in some way instrumental in resolving complex needs, albeit indirectly in some cases. Thus, they provided somewhere to shelter; they directed people to sources of help and they just stood alongside them in their homelessness journey. They even provided a negative benchmark that people sought to avoid. For others, friends were still important in sustaining people during times on the streets, but sometimes in ways that impeded routes to recovery.

They helped me to stop taking drugs and be more confident and look after myself a bit more, just helped me when I'm down, somebody to talk to, someone to hang around with, stop me being bored. Friends are quite important ... (N05, male)

It was a friend who got me on the streets and it was a friend who got me into somewhere what made me change my mind that I want to stay somewhere instead of staying anywhere else (N06, male)

I had my friends. Everyone's dead close on the streets. Everyone scraps all the time. ... Everyone stays close all the time. If you're staying with someone, you look out for each other; that's all. (N30, female)

There were also cases where friends proved untrustworthy or disloyal, where friends were lost because of homelessness, or where they were responsible for promoting or sustaining problematic substance use.

Let me tell you something, what I mean about being cynical, when a lot of so called friends realised I was sleeping on the streets, they were anxious for me to leave because they think I was going to be crashing on their floor. (L2, male)

Whilst only a minority actively sought help, just over half received unsolicited help from formal sources which enabled them to address complex needs in most cases. A very wide range of agencies were mentioned by our sample, but the most common feature was personalised help from support workers who went beyond their brief in providing commitment and friendship to people at a time of great need. Such people could be found among outreach workers, day centre staff, hostel key workers, and mental health, drug and alcohol support workers; they could also be found among volunteers and complete strangers.

I never knew about the Outreach until I was in the (day centre) on Thursday and got talking to a lady and she goes, have you got anywhere to stay and I said no. I showed her the letter and she said, that's out of order coming from (the Council). I showed her the doctor's letter. She went, 'they should have made you priority'. So it's down to Outreach that got us somewhere to stay that night. I was really grateful. Just to get a good night sleep in a warm bed and a good meal. (N9, female)

When (a homelessness charity) picked me up I was delighted, absolutely delighted. I never knew there were places like this. If I had have thought there were places like this I would have found a way to (the charity) on my own. (L10, male)

However, a few respondents complained about unhelpful, ineffective or inappropriate interventions, typically from those whose help was merely to fulfil bureaucratic obligations, or whose help was in some way coercive, like the outreach workers who were accompanied by police officers offering the alternative of a police cell to those reluctant to take up a hostel place.

No-one has ever sat down or offered. No-one has ever said anything like, do you want to talk or anything like that. (N13, female)

### 7.4 RESPONSIBILITY TO SELF AND OTHERS

For about two fifths of the sample, street life was worsened by a crisis that proved critical in overcoming any residual attractions that homelessness might have had. Most often, this turning point involved a near death experience or a health crisis, but it might be something more subjective like a deteriorating self-image or the effect of a witnessed event on the streets, often involving a friend.

I came off heroin and crack, because I used to inject. I started injecting into my groin and then I got a blood clot. I was lucky enough not to get it amputated. But that's what stopped me, coz then I put my thinking cap on ... But yeah so that basically is what told me to say, right you're gonna lose your limbs or you can stop. (N21, male)

Some of the things I used to see, people jacking up. I wasn't around people jacking up. When I was homeless that's what I'd see. That's when I started getting repulsed by it. That's when I started asking for help. I didn't want to end up sticking needles in my arm. (L10, male)

I just didn't want anybody to see me the way I was. As I said, I've worked all my life. I had my own houses. I've always been well dressed. At that time I was like a tramp. You see me like this, you should have seen me then. I was disgusting. I didn't want anyone to see me like that. That's why I didn't have friends either. I felt too embarrassed. (L1, male)



However, not everybody was spurred by such negative considerations. For about a third of cases, there was a growing awareness that their recovery mattered to other people. Most commonly, they had children with whom they wished to restore contact or for whom they sought to set a better example, but others became aware of sick or dying parents with whom they longed for reconciliation.

I'm passing my knowledge on to my boy now when I have him, coz I tell him, 'Look at me son, don't turn out how I was ...' I didn't go to school ... I got locked up. I did all these things. Look at me. Learn from my mistakes. That's what I'm passing on to him. I don't want him to be in this place or start off like that. (N08, male)

My biggest fear - I told this to my mum the other day - my biggest fear is me hitting the drugs hard and not seeing my parents or my family and then getting caught one day and my mum or dad is dead and I've not spent enough time with them. It would rip me apart. (N11, male)

About three quarters of the sample talked about regaining self-respect, but this was more likely to sustain a process of resettlement already started than to initiate one. Frequently, people talked about a personal desire for change that upheld their struggle to address complex needs.

(I) just didn't want to be on the streets. I wanted to change myself and sort things out. Maintain myself from the drugs. Just mainly makes you feel better when you are clean and you've got clean clothes, nice things. Makes you feel better about yourself, more confident ... It was me wanting to change myself. I didn't really like the way I was, how I was and how I felt and what other people felt towards me. That's why I had to sort myself out. (N5, male)

For one young man, a deep spiritual awakening is what triggered the change.

I was speaking to a friend. A year before I blew him over he was saying you should come to church and I was like no, not my kind of people, then I went straight, because my street friends init yeah, and then I was like I'll come, I'll come. I'll be honest, if I didn't go to church, I think when I found God that was when my life started to change. (L36, male)

Many were aware of the role of a key worker in the process of triggering change.

It was [day centre manager] who got me all my furniture, my electrical stuff like cooker, fridge, TV, hi-fi, carpet, everything you need for a flat. It was [she] who got me all that. Really since then I've never looked back on that woman. She's always been there if I've need a chat about anything. She does with other people; it's not just me; it's the whole homeless society. Even people who's not homeless and they've got a problem can ring her for an appointment, she's so good at what she does. And she does take time out to listen. She's a brilliant woman. I think she was the biggest inspiration to get me motivated if that's the word, to give me a kick up the backside and say right sort it out. (N33, male)

## 7.5 THE ROLE OF KEY WORKERS AND PERSONALISED FLEXIBLE SUPPORT

Knowing something about the factors that encourage homeless people with complex needs to seek help and to address their issues has important implications for policy and practice. The last quotation gives a good example of the approach that works, and our respondents repeatedly gave testimony to similar encounters that made a critical difference. It is an approach frequently found in street level services, but not exclusively so; key workers in hostels and day centres, and support workers in mental health, drug and alcohol services, could all be found to exemplify its core elements. It is therefore worth spelling these out in more detail. The

following guidelines are not listed in any particular order of priority. They are what our multiply excluded homeless respondents valued most about the services they had received. They focus on issues of good practice, but with profound implications for policy-makers to create the structures in which such practice can thrive, unimpeded by lack of resources.

Help is most likely to be effective if ...

- It meets people at their point of need, is responsive to their changing priorities, and is available in times of crisis.

There is a drop-in centre ... In the morning there'd be sandwiches, in the afternoon they do soup and bread and at one o'clock they do dinner. You can go upstairs to the clothes store and get full change of clothes and a shower, every Monday, Tuesday and Friday. Without that, I would have been dirty, hungry ... I could point out quite a few people that actually 100% rely on these places. (N11, male)

- It advocates on people's behalf, enabling them to negotiate the institutional and personal barriers to overcoming complex needs.

I've been arrested a few times. They are good for court, homeless women. If you get arrested for prostitution they do a detour where you don't have to pay a fine. You have to do two sessions with them; they visit you. Don't pay a fine; just go through (women's day centre). (L26, female)

- It operates through trusting and dependable relationships, and provides a vehicle for people to restore broken relationships with significant others, or otherwise expand social networks.

Definitely, these guys [hostel workers] are most helpful I've ever come across, ever. It's not just the helpfulness, it's the friendliness of it. You can talk to them on a level. It's like they are your friends. Not just here to help you, they are almost like your friends. I feel these guys are my friends. (N11, male)

- It is comprehensive in scope, not bounded by restrictive practices, but able to co-ordinate and value help from all quarters, formal or informal.

When I got pneumonia, I phoned up [day centre], they were great. I phoned them and said, I need some help, I'm desperate, I'm in hospital. No one to contact. They came up and bought me clothes, toiletries. Gave me bits of tobacco. (L26, female)

- It respects people's dignity, empowering them to take ownership and responsibility for their own support needs, and their likely effect on the needs of others.

They do a lot of good things in here. I love it, it's a brilliant place. Always help you. They actually give you something to look forward to. They sit down with you and do action plans, like what do you want to do this month ... It keeps my mind occupied. Gives me something to do. Instead of sitting in my room all day stressing out. (L37, male)

- It reaches out to where people are, never cuts people adrift from all sources of help, despite what they may have done, and always offers the possibility of redemption.

The first thing you do really is get up, look for something to smoke, brush yourself down a bit if you've got muddy or whatever, go and get a wash ... I was filthy. That's when [homeless project], they stuck up for me. [Project worker] who works there, for some reason, I turned up one day and she said, 'Oh, we've got you a bed if you want it.' I had broken my licence; I was worried about probation. The day I got out of prison I was supposed to turn up at loads of places to register myself outside again and I never went. I was supposed to be going to my mum's and get a tag put on. I never went. They said we've got you a bed space at the [name of organisation]. (N4, male)

- It is available, accessible and acceptable, as far as possible avoiding barriers of conditionality that interfere with inclusivity.

Everywhere [else] you go they say they will support you but then nothing. They say it is an unusual case ... I was quite shocked to see a place like this where they just take you in and you can have your drink in there. And you can have food. (N50, male)

- It is flexible and imaginative, not restricted to one-size-fits-all services, but cognisant of the complexity of people's needs.

Yes we've made some positive steps ... It's having an unlimited timescale to work with the individual, to have a focused client group of 6 or 7 individuals. Having access to opportunities within housing for proposals there, so I can make proposals to the Council for different things. Having a good network of support services through the task group, and having access to the budget. (NKI 22, Outreach worker)

- It gives people time, avoiding the constraints imposed by targets and alien agendas.

[Day centre staff] talk to you. They don't do it in the way of being nosy. They don't force themselves on you ... I used to come at first and go in the corner and sleep. After a while she'll come to me and say, 'I've seen you over the last couple of days'. That was nice. She made me comfortable to talk to her. I was honest and able to talk to her, build up a relationship slowly ... But at the same time I'm not getting too comfortable. (L50, male)

- It restores people's self-belief, recognising that everyone has the capacity to contribute, to rise above their adversities and to meet the needs of others.

I can't push it too quick coz it's like mental health worker who says just do one thing at a time otherwise your head will start to go again. Coz I'm no good at multi-tasking or anything like that I'm crap honestly I'm crap coz they try to push to get you to do allotments and ... stuff like that. It's not me but I'm at college now, I never thought I'd be this time last year ... bricklaying. I'm halfway through Dip One. I've already passed my first one ... They gave me a bit more confidence, like belief in myself. They just turned round and said take one thing at a time and there's no rush; take one thing at a time achieve one thing. (N19, male)

Part of being an advocate has helped me deal with my inner most secrets, inner most thoughts. Things that make you feel ashamed. I confront those things. Realise the only way I'll be a better person is by helping people like myself. (L47, male)

### 7.6 CONCLUDING COMMENT

Personalised help from support workers who went beyond their brief to provide commitment and friendship to people at times of great need was the most common feature of effective support identified by MEHP. Importantly, support workers were able to negotiate their way round institutional barriers, or find alternatives for people where standard sources of help had become objects of fear.

Dedicated people to motivate you: There are certain staff that you can tell are just doing their job. The staff there (daycentre), you can tell they're so dedicated, so patient with you. They're funny, they laugh, we have jokes, we have events where we try to go ways for homeless people, they feed you, they try their hardest, that place, wow, I've never met people like them in my life. (L39, male)

Innovative programmes such as the London Rough Sleepers '205' initiative and the Nottingham personalisation pilot further illustrate the value of more flexible approaches to overcoming barriers to tackling the MEH of the most entrenched rough sleepers.

With this particular [205] group we are able to be a bit more flexible and put people in accommodation like B&B or a hotel, wherever they would go to get in we would support... Our biggest success is, a guy who - this is where the flexibility comes in - someone who has been sleeping on the streets for about ten years and they have no recourse to public funds. (LKI 12, Street population coordinator)

One guy for example has been rough sleeping for about 6 years now, doesn't engage with any services other than the churches... We've now got him into a B&B.... 4 months probably of regular intervention with me building a relationship with him to get him to go and visit the B&B. Then get him to stay for a couple of nights and then he left again and then he came back and left again. Now he's been there about a month and a half probably two months full time which is a fantastic step for that individual... My focus has been purely with individuals. (NKI 22, Outreach worker )

An evaluation of these initiatives lies beyond the remit of this research. However, data from key informants (and evidence elsewhere) supports the view that such schemes which allow for the relaxation of local connection rules etc. and the creative use of personalised budgets (on terms negotiated between individual rough sleepers and their personal support worker), can be highly effective ways of successfully reaching out to the most excluded homeless individuals.





## 8 CONCLUSIONS: A REITERATION OF OUR RECOMMENDATIONS

In addition to the practice guidelines summarised in Section 7.5, a number of broader policy recommendations emerge from this study.

- The statutory rights of single homeless people should be extended. Strengthening local authorities' duties to provide advice and assistance to non-priority groups of homeless people under the Housing Act 1996 would be a positive step in the short term. In the longer term, the approach being adopted in Scotland under the Homelessness etc. (Scotland) Act 2003 and the eventual abolition of priority need groups should be implemented by the UK government.
- The means of accessing emergency hostel accommodation through local homelessness prevention gateways should be more widely disseminated among at risk groups.
- Models of good practice in the management of hostels and supported accommodation services, such as those advocated and developed by Homeless Link, should be more widely disseminated and adopted, in order to restrict evictions to the bare requirements of safety and legality, and to avoid leaving people to sleep rough as a result.
- Accommodation providers need to address the issues that make certain hostels and supported housing an intimidating and less attractive alternative to the streets for some MEHP.
- The government should give serious consideration to extending the use of flexible, personalised support packages for MEHP. Flexible alternatives to hostels need to be available. Initiatives that combine the support of a dedicated outreach worker and a 'housing first' approach appear to be successful in reaching out to long-term rough sleepers.
- Rights to access basic social welfare benefits and homelessness support services should be extended to prevent destitution among migrants who remain in the UK and are unable to return to their country of origin.
- Every effort should be made to limit the impact of public spending cuts on services that support single homeless people and assist them in addressing the causes of their multiple exclusion homelessness.
- The problem of individuals not being able to access accommodation and support due to a lack of local connection is strongly evidenced in the study. Although it runs counter to the Government's preference to devolve power to local communities, neighbouring councils should give serious consideration to the possibility of adopting shared duties under homelessness legislation. A Pan-London approach may be most suitable for the Capital and consortia of neighbouring councils appropriate elsewhere.

## ENDNOTES

- i The 'O' in HOME is taken from the Homeless City Guide symbol for 'good place'. We are grateful to Emily Read and the Pavement for use of this symbol (<http://www.thepavement.org.uk>).
- ii Framework Housing Association, Nottingham and Thames Reach, London are two leading third sector organisations that work with, and provide a range of accommodation and support services, for homeless people.
- iii See Bowpitt et al. 2011 for fuller discussions.
- iv Robinson v Hammersmith & Fulham LBC 2006 EWCA Civ 1122.
- v Accession 8 (A8) nationals are nationals of 8 Member States who joined the EU in 2004 i.e. Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia and Slovenia
- vi See <http://www.ukba.homeoffice.gov.uk/workingintheuk/eea/wrs>
- vii See <http://www.homeless.org.uk/sites/default/files/EndingOfA8TransitionalArrangementBriefing.pdf>
- viii European Economic Area Nationals are nationals of the following countries; Austria, Belgium, Cyprus, Denmark, Finland, France, Greece, Ireland, Iceland, Italy, Liechtenstein, Luxembourg, Malta, Netherlands, Norway, Portugal, Spain, Sweden, Switzerland.

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## ANNEX 1: OVERVIEW OF THE SAMPLE

Table 1: Homeless People Nottingham

| NUMBER | GENDER | ETHNICITY     | NATIONALITY  |
|--------|--------|---------------|--------------|
| N01    | Male   | Asian Other   | Kurdish      |
| N02    | Female | White Irish   | Irish        |
| N03    | Female | White British | English      |
| N04    | Male   | White British | English      |
| N05    | Male   | White British | English      |
| N06    | Male   | White British | English      |
| N07    | Couple | White British | English      |
| N08    | Male   | White British | English      |
| N09    | Female | White British | English      |
| N10    | Female | White British | English      |
| N11    | Male   | White British | English      |
| N12    | Male   | White Other   | Polish       |
| N13    | Female | White British | English      |
| N14    | Male   | White British | English      |
| N15    | Female | White British | English      |
| N16    | Male   | White Other   | Albanian     |
| N17    | Male   | White British | English      |
| N18    | Female | White British | English      |
| N19    | Male   | White British | English      |
| N20    | Male   | White British | English      |
| N21    | Male   | White British | English      |
| N22    | Female | White British | English      |
| N23    | Male   | White Irish   | Irish        |
| N24    | Male   | White British | English      |
| N25    | Male   | White British | English      |
| N26    | Male   | White British | English      |
| N27    | Male   | Asian Other   | Afghan       |
| N28    | Male   | White British | English      |
| N29    | Male   | White British | English      |
| N30    | Female | White British | English      |
| N31    | Female | White British | English      |
| N32    | Female | White British | English      |
| N33    | Male   | White British | English      |
| N34    | Female | White British | English      |
| N35    | Male   | White British | English      |
| N36    | Male   | White British | English      |
| N37    | Male   | White British | English      |
| N38    | Male   | White Irish   | Irish        |
| N39    | Male   | White British | English      |
| N40    | Male   | White British | English      |
| N41    | Male   | White British | English      |
| N42    | Male   | White Other   | Polish       |
| N43    | Male   | White Other   | Polish       |
| N44    | Female | White British | English      |
| N45    | Female | White British | English      |
| N46    | Female | White British | English      |
| N47    | Female | White British | English      |
| N48    | Female | White British | English      |
| N49    | Male   | White British | English      |
| N50    | Male   | Black Other   | African, unk |
| N51    | Female | White British | English      |
| N52    | Male   | Black Other   | Zimbabwean   |
| N53    | Male   | Asian Other   | Syrian       |
| N54    | Male   | Black Other   | Zimbabwean   |
| N55    | Male   | Asian Other   | Iranian      |

Table 2: Homeless People London

| NUMBER | GENDER | ETHNICITY     | NATIONALITY    |
|--------|--------|---------------|----------------|
| L01    | Male   | White British | English        |
| L02    | Male   | Black Other   | South African  |
| L03    | Male   | White British | English        |
| L04    | Male   | White Irish   | Irish          |
| L05    | Male   | White Other   | South African  |
| L06    | Male   | Black Other   | Caribbean, unk |
| L07    | Male   | White Irish   | Irish          |
| L08    | Male   | White Other   | Italian        |
| L09    | Male   | Asian British | English        |
| L10    | Male   | Black British | English        |
| L11    | Male   | White British | English        |
| L12    | Male   | White British | English        |
| L13    | Female | Black British | English        |
| L14    | Male   | White British | English        |
| L15    | Male   | White British | English        |
| L16    | Male   | White British | English        |
| L17    | Female | White British | English        |
| L18    | Male   | White British | English        |
| L19    | Male   | White British | English        |
| L20    | Male   | Asian British | English        |
| L21    | Male   | White Irish   | Irish          |
| L22    | Female | White British | English        |
| L23    | Female | White British | English        |
| L24    | Male   | White British | English        |
| L25    | Female | White British | English        |
| L26    | Female | White British | English        |
| L27    | Female | White British | English        |
| L28    | Female | Black British | English        |
| L29    | Female | White British | English        |
| L30    | Female | White British | English        |
| L31    | Male   | White British | English        |
| L32    | Male   | White British | English        |
| L33    | Male   | White British | English        |
| L34    | Female | Black British | English        |
| L35    | Female | Black Other   | Eritrean       |
| L36    | Male   | Black British | English        |
| L37    | Male   | White British | English        |
| L38    | Female | Asian Other   | English        |
| L39    | Male   | White British | English        |
| L40    | Male   | White British | English        |
| L41    | Male   | White British | English        |
| L42    | Male   | White Other   | Canadian       |
| L43    | Male   | Black Other   | Zimbabwean     |
| L44    | Male   | Black British | English        |
| L45    | Male   | White British | English        |
| L46    | Female | Black British | English        |
| L47    | Male   | Black British | English        |
| L48    | Male   | White British | English        |
| L49    | Male   | White British | Scottish       |
| L50    | Male   | Black British | English        |
| L51    | Male   | White Other   | Polish         |
| L52    | Male   | White Other   | Polish         |
| L53    | Male   | White Other   | Polish         |

Table 3 Key informants, London

| NUMBER       | NAME                           | ORGANISATION                             |
|--------------|--------------------------------|--|
| LKI 1        | Manager                        | Street outreach team                     |
| LKI 2        | Manager                        | Homeless hostel                          |
| LKI 3 (PS)   | Clinical lead                  | Drugs/alcohol team                       |
| LKI 4        | Advice /welfare worker         | Faith based day centre                   |
| LKI 5        | Senior project worker          | Women's hostel                           |
| LKI 6*       | Chief executive                | Homelessness organisation                |
| LKI 7        | Manager                        | Supported housing scheme                 |
| LKI 8        | Manager                        | Faith based day centre                   |
| LKI 9 (PS)   | Mental health practitioner     | Homelessness mental health team          |
| LKI 10*      | Chief executive                | Women's housing organisation             |
| LKI 11*      | Manager                        | Supported housing scheme (mental health) |
| LKI 12* (PS) | Street population co-ordinator | Local authority                          |
| LKI 13*      | Manager                        | Homelessness organisation                |
| LKI 14*      | Housing support manager        | Ex-offenders project                     |
| LKI 15 (PS)  | Doctor                         | In hostel service                        |
| LKI 16       | Worker                         | Homeless migrants project                |
| LKI 17       | Advice worker                  | Benefits/support project                 |
| LKI 18       | Tenancy support worker         | Tenancy support team                     |
| LKI 19 (PS)  | Street population officer      | Local authority                          |
| LKI 20       | Manager                        | Hostel                                   |

Table 4 Key informants, Nottingham

| NUMBER      | NAME   | ORGANISATION                                |
|-------------|--|---|
| NKI 1 (PS)  | Team leader  | Substance misuse clinic                     |
| NKI 2       | Manager  | Refugee support centre                      |
| NKI 3       | Worker   | Faith based 'soup kitchen'                  |
| NKI 4       | Operations manager                                     | Independent day centre                      |
| NKI 5* (PS) | Senior services manager<br>(joint interview with NKI6) | Homelessness support services provider      |
| NKI 6 (PS)  | MHST leader (joint interview with NKI5)                | Homelessness support services provider      |
| NKI 7 (PS)  | Probation officer                                      | Probation service                           |
| NKI 8*      | Area manager   | Supported housing provider for ex offenders |
| NKI 9* (PS) | Housing manager  | Local authority                             |
| NKI 10      | Worker   | Day centre                                  |
| NKI 11      | Housing worker (field notes only)                      | Accommodation services                      |

# THE HOME STUDY

Comparing the priorities of multiply excluded homeless people and support agencies

| NUMBER       | NAME   | ORGANISATION   |
|--------------|--|--|
| NKI 12       | Worker<br>(joint interview with NKI 13 and NKI 14) | Street outreach team   |
| NKI 13       | Worker   | Street outreach team   |
| NKI 14       | Worker   | Street outreach team   |
| NKI 15       | Manager  | Hostel   |
| NKI 16* (PS) | PCT manager  | Emergency mental health services<br>Supported housing for people with<br>substance misuse issues |
| NKI 17       | Manager  | Homelessness support organisation  |
| NKI 18*      | Chief executive                                    | Jobcentre plus   |
| NKI 19* (PS) | Manager  | Homelessness support organisation  |
| NKI 20       | Manager  | Women's Aid Integrated Services  |
| NKI 21*      | Manager  | Outreach service   |
| NKI 22       | Worker   | Drug interventions team (criminal justice)   |
| NKI 23 (PS)  | Manager  | Drug interventions team (criminal justice)   |
| NKI 24 (PS)  | Team member  | Women's Aid Integrated Services<br>(joint with NKI 21)   |
| NKI 25       | Worker   |  |

\* Denotes the KIs classified as 'Executive/managerial' i.e. being involved in a strategic role within the organisations that took part in the study. All others were classified as frontline i.e. having contact with service users on a routine basis.

(PS) denotes public sector organisations. All others were classified as voluntary sector organisations.





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