



REBUILDING LIVES

Longer-Term Outcomes For Homeless People who are Resettled

Summary of findings and Implications for practice

Pre-review version

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Photographs are courtesy of Centrepoin and St Mungo's Broadway

Rebuilding Lives: Longer-Term Outcomes for Homeless People who are Resettled
Summary of Findings and Implications for Practice

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Summary of findings

Background

- Since the early 1990s, the government has invested hugely in tackling homelessness and its prevention and alleviation, and programmes and support for people who are homeless or at risk have expanded. There was little evidence for service-commissioners and practitioners, however, about the outcomes for homeless people who were resettled and their support needs over time. Resettlement is a more intense process than rehousing, and involves preparation for moving, assisting with the move, and arranging support if needed once rehoused.
- The FOR-HOME study was undertaken in 2007-10 to investigate the outcomes of the resettlement of single homeless people. It was funded by the Economic and Social Research Council and carried out at the University of Sheffield. It was designed and implemented in partnership with six homelessness organisations: Centrepoin, Thames Reach, Broadway and St Mungo's (now St Mungo's Broadway) in London; Framework Housing Association in Nottinghamshire; and St Anne's Community Services in Yorkshire). The study involved 400 of their clients who were resettled into independent accommodation. People were interviewed at the time of being rehoused and after 6 and 15/18 months.
- This study found that resettlement was generally successful. By 15/18 months, 80% of the participants were still housed, 7.5% had become homeless again, contact had been lost with 8.5%, and 4% had died or were in prison, hospital or a rehabilitation unit.

The Rebuilding Lives Study

- The Rebuilding Lives study (RL) built on the FOR-HOME study. Its aims were to examine: (i) the longer-term outcomes for formerly homeless people who were resettled; (ii) the characteristics of those who continued to receive or need longer-term support; and (iii) the roles of different practitioners in providing this support.
- The RL study was funded by the NIHR (National Institute for Health Research) School for Social Care Research, and was undertaken by researchers in the Social Care Workforce Research Unit, at King's College London. The same homelessness organisations that were partners in FOR-HOME collaborated in RL.
- This study was carried out in 2013-14, and involved 297 FOR-HOME participants who were still housed at 15/18 months. Attempts were made to interview the participants *five years* after they had been rehoused. Several tracking methods were used to trace people who had moved, including approaching relatives and friends that they had nominated, door knocking at last known address, and searches of the internet, electoral roll, death registers, and social media sites.

- Interviews were conducted with 237 (80%) of the potential RL participants, 6% were contacted but declined an interview, 5% had died or were in prison, and 10% could not be contacted. Interviews were also conducted with 46 tenancy support workers and other practitioners providing housing-related support to the participants.

Housing outcomes over five years

- **Resettlement for the majority of the RL participants has been successful.** Information was available about the housing circumstances of 265 people after five years: 89% were housed, 6% were homeless, 4% had died, and 1% was in prison.
- Many had settled and were still living in their original resettlement accommodation after five years (55%), while some had moved to another tenancy. Around one-fifth, however, showed signs of marked housing instability, in that they had had 4+ tenancies (5%) since being resettled and / or had become homeless at some time (16%).
- Young people aged 20-24 years were more likely (37%) than other age groups to have become homeless at some time over the five years.
- There were no significant differences in housing outcomes according to whether or not people had mental health, alcohol or drug problems. However, slightly higher percentages of people with long histories of homelessness (10+ years) died or became homeless again after being resettled (12% and 25% respectively).

Reasons for leaving the resettlement accommodation

- Among those who were no longer in their resettlement accommodation, 45% left of their own accord, 26% were evicted, and 29% left for reasons beyond their control (*e.g.* property to be demolished). Their main reasons for leaving were: the poor condition of the property; moving to accommodation that was larger or had better facilities; problems with neighbours or with local people; and the need for more accessible or supported housing because of physical ill-health or difficulties coping.
- The main reasons for eviction were rent arrears, sometimes linked to problems with Housing Benefit payments; the ending of fixed-term tenancy agreements; and antisocial behaviour on the part of the participant and / or their associates.

Private-rented sector

- **People who were resettled in the private-rented sector (PRS) had poorer housing outcomes than those who moved to social housing, in that they were more likely to have moved several times and / or become homeless again.** Over the five years, 13% in the PRS had moved 4+ times, and 36% had become homeless at least once.
- The main problems faced by those in the PRS were the poor condition of the accommodation, conflicts with landlords regarding getting repairs done, difficulties meeting high rents when working, conflicts with other tenants if in housing with shared facilities, and

the ending of fixed-term tenancy agreements. Some became homeless when five-year tenancy agreements ended.

The Rebuilding Lives participants who were housed

- Of the 224 RL participants who were housed and interviewed, 159 were men and 65 were women. One-fifth (22%) were aged 20-29 years, 51% were aged in their thirties or forties, and 26% were 50 or above. Three-fifths were White British or Irish, and the rest were from other ethnic groups.
- **Health and substance misuse problems were common.** At 60 months, 63% reported physical health problems, 60% mental health problems, 32% had alcohol problems, and 47% used illegal drugs or were recovering from a drug problem.
- One-third (34%) had been homeless intermittently or continuously for more than five years before being resettled, including 15% for more than ten years.

Current housing circumstances

- Nearly three-fifths (58.5%) of participants in the RL study were living in London, and 41.5% were living elsewhere in England (mainly in Nottinghamshire or South Yorkshire).
- Almost one-half (45%) were living in local authority housing, 42% in housing association tenancies, and 12% in the PRS. Three-quarters were living alone, and the rest were in households with other people, mainly partners and / or children.

Coping at home

- **Three-quarters of participants had decorated and personalised their accommodation, made it comfortable, and were looking after the property and its upkeep.** They thought of their accommodation as ‘home’, and described it as a place where they had control, privacy and independence, and in which they felt safe and relaxed.
- **One-quarter were struggling to cope at home.** A few were living in very dirty conditions, and 13 people had become hoarders and parts of their accommodation had become inaccessible. Most who were struggling to cope were men aged over 40 years.
- People with long histories of homelessness, and those with mental health or alcohol or drug problems found it more difficult to cope, and were more likely to be poorly motivated and worried about how things were going. The associations were exceptionally strong for people with mental health problems.

Maintenance and repair problems

- More than one-half (57%) of the participants reported one or more problems with the condition of their accommodation. This included **35% who had relatively serious problems** with its condition, *i.e.* dampness and mould, faulty heating, damage caused by

floods and leaks, or electrical wiring problems. For some the problems were longstanding and had led to health problems and had impacted on their life in general.

- Young people, and those living in London, were most likely to report poor living conditions and disrepair. People in both social housing and the private-rented sector were affected. More participants in social housing reported difficulties getting repair work done at 60 months than they did at 15/18 months. This suggests that social housing providers might be less responsive to maintenance and repairs in some cases than they were a few years ago.
- **Compared to the general population in England, three times as many RL participants in social housing and twice as many in the PRS were in accommodation that was damp.**

Income and management of finances

- Having an adequate income and managing finances were major issues for the participants. At the time of interview, 26% had earnings, 77% were in receipt of social security benefits (including a few on low earnings), while 5% had *no* income. **Overall, 65% had an income below the UK poverty threshold.**
- People aged 60+ had the highest weekly income and were managing their finances relatively well. Many others, however, were struggling to meet everyday living expenses: 56% of people said that they ran short of money for food at times, and 44% sometimes did not have enough money to heat their home.
- The financial struggles of some were exacerbated by the **suspension or stopping of their personal social security benefits**, due either to their non-compliance with the benefit requirements, such as not attending appointments, or to their lack of understanding of what to do when time-limited benefits such as the Employment & Support Allowance ended. **Among those who had received social security benefits, 24% (45 people) had had their benefits suspended or stopped at some time during the last 12 months. This included 36% of those aged 20-24 years.**
- People who had had their personal social security benefits stopped were more likely to also have had their Housing Benefit payments stopped, to have accrued rent arrears, and to have been threatened with eviction.
- Some people obtained jobs but were employed **casually or on ‘zero-hours’ contract**, and they experienced the greatest financial difficulties. Their working hours and income were irregular, and most would have preferred to work more hours but were not given the opportunity. Their median income was lower than that of those unemployed, and many had accrued large debts. One-fifth of those aged 25-29 years were so employed.

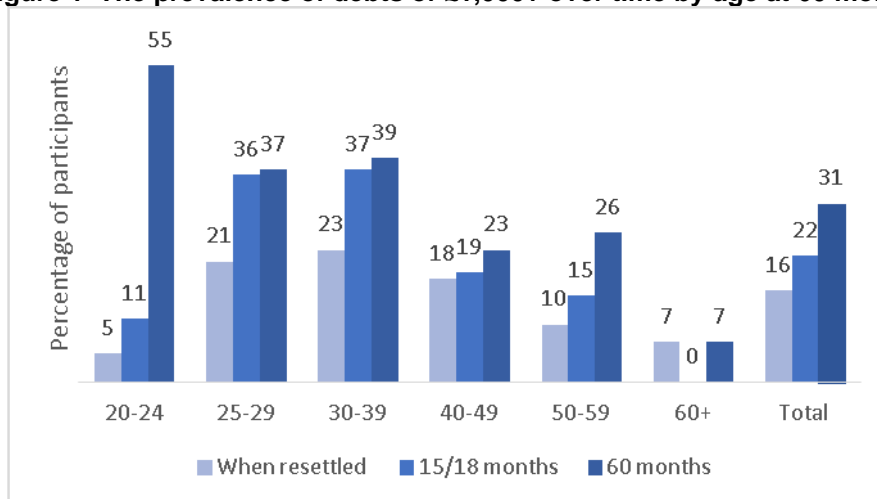
Bills and debts

- At 60 months, 39% had had rent arrears during the previous 12 months, and 26% still had arrears. In most cases, the current arrears were less than £500. However, **14% aged 20-24**

years had arrears of £1,000 or more, and 9% of this age group were under threat of eviction.

- More than two-fifths (44%) were experiencing problems with utility payments. Some were confused about the payments or were in dispute with their suppliers, but many were experiencing difficulties because of shortages of money. One-in-ten had paid *no* water charges since moving in although they should have done so.
- There has been a steady increase in the prevalence of debts (excluding student loans) among the participants since their resettlement: **45% had debts at the time of resettlement, increasing to 68% at 15/18 months, and 75% at 60 months.** Among those aged 20-24 years, just 33% had debts when resettled rising to 86% by 60 months.
- The percentage of people with debts of £1,000 or more (excluding student loans) has doubled, from 16% at the time of resettlement to 31% at 60 months. Once again, those most affected were aged 20-24 years (see Figure 1). Although some young people were working, their earnings were low and they were having to pay an increased contribution towards their rent and council tax, and travel costs to work.

Figure 1 The prevalence of debts of £1,000+ over time by age at 60 months



Notes: Excludes student loans. For all time periods, details only refer to the participants that were housed and interviewed at 60 months.

Participation in education, training and employment

- **There has been a steady increase over time in the participants' involvement in education, training programmes or employment (ETE).** When resettled, 28% were involved in ETE activities, increasing to 43% by 60 months.
- The rise in ETE involvement has mainly been among young people in their twenties. Since being interviewed at 15/18 months, there has been little change in rates of participation among people above this age. One of the reasons is the high prevalence of mental health, alcohol and drug problems among those aged 30-59 years.

Educational and vocational courses and volunteering

- Since being resettled, 11 people obtained or were studying for degrees, and 26 people have participated in vocational courses, leading in many cases to a NVQ or other qualification. Several others have undertaken basic education or computer courses.
- Thirty-one people (14%) had participated in a volunteering programme in the last 12 months, and 7% were still volunteering at 60 months. The types of activities undertaken varied greatly, and included mentoring or assisting at youth centres, and working at gardening projects or in shops.
- Most people who participated in courses or volunteering were proud of what they had achieved and believed that they had benefited immensely. The former had gained knowledge, skills and qualifications. Three-quarters who were involved in volunteering said that it had enabled them to build confidence and self-worth. For two people, volunteering had led to employment.

Welfare-to-work programmes

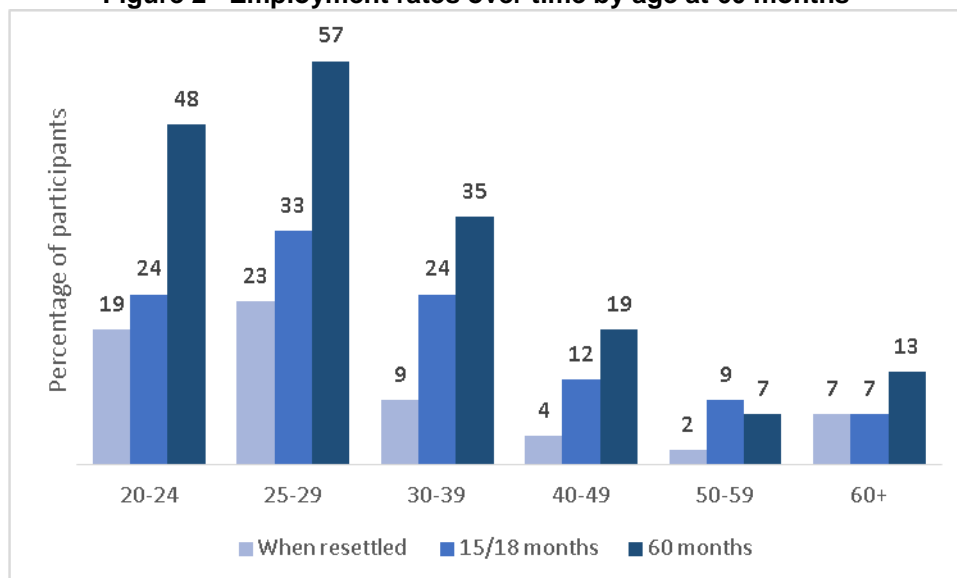
- During the last 12 months, 41 people had attended a welfare-to-work training programme run by various agencies on behalf of the Department for Work and Pensions (DWP), including 29 people who had participated in the Work Programme. **Only eight (19%) of the 41 people were in employment at 60 months, and only three of these had full-time jobs.** The remaining five were employed casually or under ‘zero-hours’ contracts.
- Fifteen people were still involved in the Work Programme when interviewed. Most were men aged in their late forties or fifties or early sixties, and many had mental health and substance misuse problems, long histories of unemployment and homelessness, and no qualifications.
- According to the participants, their experiences of the Work Programme and what was required of them varied greatly. Some attended at least once a week, but others attended just once or twice a month, and a few claimed that they went less often. Some had been sent on various training courses, but others said that they did very little but were required to attend or their social security benefits would be stopped.

Employment

- **There has been a steady increase over the last five years in the percentage of participants in employment.** Just 9% were in work when resettled, increasing to 27% at 60 months. Of those who were currently working, 14% had full-time jobs, 5% were working part-time but had regular hours, and 8% were in casual work or in jobs under ‘zero-hours contracts’ which meant that their hours were irregular.
- The largest increase in employment rates has been among people aged in their twenties (see Figure 2). There has been little change among those aged in their forties and fifties.

- Apart from those who were working irregular hours and struggling financially, most people who were employed said that it had given them confidence, self-respect and a purpose in life, and that they had also benefited financially and socially.
- Among the 154 participants who were of working age but unemployed, 35% were keen to work and believed that it would improve their quality of life. Others were not looking for work mainly because of health or substance misuse problems, or because they were caring for a young child.

Figure 2 Employment rates over time by age at 60 months



Notes: For all time periods, details only refer to the participants that were housed and interviewed at 60 months.

Family and social relationships

- Most people were in touch with one or more family members or relatives at 60 months, and they generally regarded these relationships as important. People both received help from, and gave help to, their relatives.
- Many participants had renewed or strengthened relations with family members since they were resettled. For example, 43% of young people aged 20-24 years described improvements in their relationship with their mother.
- Nineteen women and eight men had started a family since being resettled, and were successfully raising one or more young children. For another six people, dependent children born before they were resettled had moved in with them.
- Since being resettled, several people proactively ended relationships with partners or friends that were negative, destructive or abusive. Some women terminated longstanding relationships with violent partners, and some participants deliberately broke ties with drug users, heavy drinkers and other people who they regarded were a bad influence. They said

that having a settled base and feeling secure gave them the confidence to do this. They also perceived it as an important next step in rebuilding their life.

Support from services

- After five years, 32% of the RL participants were in receipt of housing-related support services, and 40% had had such support during the preceding 12 months. Some had received support regularly since they were first rehoused, and some had required intermittent support when they ran into difficulties.
- This support was mainly provided by tenancy support or housing support workers, but was also provided by housing wardens, drugs workers, advice workers, and staff at day centres for homeless people. It included help with budgeting, bills and social security benefit claims, rent arrears and eviction threats, personal and family problems, and difficulties with the accommodation or with neighbours.
- People living in London were more likely to have been in receipt of support at 60 months than those living elsewhere (49% v. 28%). People who received longer-term support were predominantly those who had longer histories of homelessness, and physical health, mental health and substance misuse problems.
- **Young people were least likely to have received support from services, yet they were least likely to have had previous experience of living alone and managing a tenancy.** Among those aged 20-24 years, 29% expressed a wish for help with sorting out their finances and debts, and 19% with getting into training or employment. **People living in the PRS were also less likely than those in social housing to have received support.**

Implications for practice

1. For many RL participants, their resettlement has led to positive, longer-term outcomes. They have settled in their accommodation, created a home, and have made considerable progress in rebuilding their lives. Some have become involved in education or work-training programmes or attained employment. For many, family and social relationships have improved, and several young people have started their own family.

The evidence strongly suggests that:

- ❖ **Planned resettlement for homeless people should continue to be encouraged by individual practitioners and multi-agency teams, with active tenancy support commissioned by local authorities and their partners where required.**
2. Although some homeless people are able to cope well after they are resettled with little or no help from formal services, many remain vulnerable and require intermittent or regular long-term support in order for them to sustain a tenancy and avoid further homelessness. In many areas, there have been cuts to tenancy support services, and pressures to restrict the length of support provided. The study's findings suggest that current tenancy support services are effectively targeting people with more complex histories, but are less likely to be helping those with lower support needs who lack experience of managing a tenancy, and those in private-rented accommodation.

Implications for practice:

- ❖ **Practitioners should be in a position to offer longer-term tenancy support to formerly homeless people with complex problems and needs. These workers or volunteers should be available on a regular basis if required, or easily accessible at times of difficulties and crises.**
- ❖ **Practitioners should be in a position to offer specific tenancy support to young people and other formerly homeless people who have little experience of independent living. Such support could be provided by paid workers, or where appropriate, by trained volunteers.**
- ❖ **Workers should be aware of the distinct problems faced by homeless people who are resettled in the PRS. Support with their tenancies should be more readily accessible and available.**
- ❖ **Local authorities, in consultation with homelessness sector organisations, should consider developing practice standards for helping formerly homeless people who have been resettled in the PRS and whose fixed-term tenancy agreement is ending.**

3. Despite the government's Decent Homes Standard (for social housing), around one-third of participants in both social housing and the PRS were living in accommodation that had serious problems with its condition. All housing providers have a responsibility to their tenants to carry out maintenance and repair work on their properties, and ensure that the accommodation which they let is 'fit-for-purpose' and well-maintained. Public health leads also have a role in preventing poor health outcomes related to housing problems, such as dampness.

Implications for practice:

- ❖ **Workers supporting formerly homeless people should develop or improve links with practitioners in local housing advice services who can advocate on the behalf of tenants who are living in housing in disrepair to help enforce their rights.**
 - ❖ **Public health practitioners should work within local authorities and partner agencies to develop strategies and targets that tackle poor housing conditions.**
4. A small number of participants were living in squalid conditions or were hoarders. Such situations pose public health and safety risks, and may encourage insect and rodent infestations, and affect neighbouring properties and neighbours. Hoarding is often linked to depression or anxiety, and in some cases to obsessive compulsive disorder. Some local authorities are working with other agencies to develop strategies and provide personalised support for people who are neglecting themselves and/or their living conditions.

Implications for practice:

- ❖ **Workers supporting formerly homeless people who are living in squalid conditions or are hoarders, or self-neglecting, should consult with staff in the local authority, such as safeguarding teams, and collaboratively draw up personalised support plans to address the problem and support the individual.**
 - ❖ **Workers supporting formerly homeless people who are hoarders or self-neglecting should discuss the situation with their person's GP, or request an assessment of their clients' mental health or needs for care and support.**
5. Managing finances and avoiding or overcoming debts are major problems for homeless people once they are resettled, particularly for young people.

Implications for practice

- ❖ **Practitioners should develop skills in advice and coaching on day-to-day budgeting, the management of personal finances, and the avoidance of debts; the support of practitioners with such skills should be available to homeless people both before and after they are resettled.**

- ❖ **Tenancy support workers and other workers or volunteers should offer encouragement and assistance to formerly homeless people who have large debts to help them access specialist debt advice services.**
6. In the RL study, sanctions and the suspension of social security benefits exacerbated financial problems, and in some cases put tenancies at risk.

Implications for practice:

- ❖ **Homelessness sector staff, tenancy support workers, DWP advisers and others in touch with homeless and formerly homeless people should emphasise to them the importance of complying with social security benefit rules to avoid putting tenancies at risk.**
 - ❖ **Timely communication and assistance should be given by DWP advisers and other practitioners to people when benefits, such as the Employment and Support Allowance, change or stop. Practitioners should not assume that everyone has the understanding and skills to complete complicated, online renewal forms.**
 - ❖ **Practitioners and managers should assess and manage the risks of suspending social security benefits in the case of formerly homeless people who are highly vulnerable and whose tenancies could be put at risk by such actions (similar to the easement rules introduced in July 2014 for homeless people claiming Jobseekers Allowance).**
7. For many homeless people who have been resettled for a few years, employment or work training is likely to be the next step in their transition to settled and independent living. Entering regular employment might also help to curb the problem of steadily increasing debts experienced by the RL participants. Working casually or under ‘zero-hours’ contracts proved counter-productive in many cases. Such contracts may suit the circumstances of some people, but such insecure hours can be problematic for those who have no other source of income and are trying to re-establish themselves and live independently after a period of homelessness.

Implications for practice:

- ❖ **Practitioners need to develop effective ways of encouraging formerly homeless people to take part in ETE activities once they have been resettled. Effective practice among workers in regular contact with such clients, e.g. tenancy support workers, substance misuse workers and mental health workers, should be highlighted.**
- ❖ **Assistance and employment support should be given to formerly homeless people by Jobcentre staff and other employment resources to help them access**

regular and secure jobs, rather than being reliant on casual employment or ‘zero-hours’ contracts for anything but the short-term.

8. Many participants, who were of working age but unemployed, had long histories of homelessness and unemployment, few qualifications and job skills, and mental health or substance misuse problems. Some are likely to need specialist job-skills training and support before they are ready to move into mainstream employment. A few aged in their late fifties attended the Work Programme, but their attendance was sporadic and it is unlikely that much could be achieved in terms of training and preparing them for work.

Implications for practice:

- ❖ **The effectiveness of specialist job-skills training and job placement services should be explored to see if they are able to better prepare vulnerable people for entry into mainstream employment than non-specialist practice roles.**
- ❖ **Staff in the DWP and its partner agencies should consider reviewing the situation of people aged in their mid-late fifties, who attend the Work Programme, but have enduring and complex needs and little realistic prospect of gaining employment. Debate should be held about whether DWP advisers in collaboration with tenancy support workers and others should channel their efforts into trying to engage this group in more appropriate, enhancing, and potentially less stressful activities, rather than in trying to prepare them for work.**

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The Homelessness Research Programme

The Homelessness Research Programme (HRP) is based in the Social Care Workforce Research Unit at King's College London. Its aims are:

- To contribute to theory development, by exploring the causes of homelessness, and transitions into, through and out of homelessness.
- To understand better the problems and needs of homeless and formerly homeless people, and the effectiveness of services for disadvantaged and socially excluded people.
- To influence policy and practice development regarding the prevention and alleviation of homelessness, and the improvement of services for homeless and formerly homeless people.

HRP brings together leading researchers in the field. **Maureen Crane** has been conducting research on homelessness since 1989, formerly at the Sheffield Institute of Studies on Ageing at the University of Sheffield. **Louise Joly** was a nurse in a primary health care team working with single homeless people for six years, and since 2000 has been conducting studies on homelessness. Since 2009, **Jill Manthorpe** has been carrying out research on homelessness, and **Michelle Cornes** has focused on people who have complex and multiple needs. Other team members are **Kritika Samsi**, **Sarah Coward**, **Ruby Fernandez-Fu** and **John Miles**. For further details:

www.kcl.ac.uk/scwru/res/hrp/index.aspx

