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Rebuilding Lives

Formerly homeless people's experiences of independent living and their longer-term outcomes

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Rebuilding Lives: Formerly homeless people's experiences of independent living and their longer-term outcomes

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Foreword

Rebuilding Lives is ground breaking – it is the largest UK study to have examined the experiences of homeless people who have been rehoused through planned resettlement programmes, and the only study to have followed up formerly homeless people for five years after they were rehoused.

It clearly demonstrates that for many homeless people their resettlement has led to positive long-term outcomes, and they have made great strides in rebuilding their lives. Some have studied for a degree or been involved in vocational training, some have obtained employment, and some have started a family of their own.

However, it also clearly demonstrates that some homeless people are vulnerable after they are resettled, and require ongoing support from housing and social care services in order to prevent further homelessness. Some of the study participants were in need of help but were not receiving it, and some had become homeless again.

There have been several radical changes to housing and welfare policies in England since 2010. These have, and will continue to have, an effect on the lives of many vulnerable people. Among the study participants, living independently and establishing a home created several financial demands, and many were struggling after five years to pay bills and meet everyday living expenses. Several regularly ran short of money for necessities such as food and heating. For some, financial difficulties were exacerbated by their social security benefits being sanctioned and reduced or stopped, or by irregular income among those who were employed on a casual basis or on zero-hours contracts.

Over the last six or seven years, a growing shortage of social housing has also meant that homeless people are now more likely to be resettled into the private rented sector. Yet in this study, the participants who were rehoused in private rented accommodation had much poorer housing outcomes than those who had moved into social housing. They were more likely to have moved several times, and a third had become homeless again.

Importantly, the Rebuilding Lives study shows that young people are most likely to experience difficulties after being resettled, yet they were least likely to have received support. They were more likely than other age groups to have become homeless again, and many who were still housed at five years had accumulated large debts.

It is vital that the findings of the Rebuilding Lives study reaches the echelons of government, political parties and the private sector. Planned resettlement works and should be encouraged, but there are invaluable insights and lessons to be learnt in this report, that if addressed, will ensure that former homeless people are supported and their long-term needs are met - so they can rebuild their lives.

Jon Snow
Journalist

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Abbreviations

DCLG	Department for Communities and Local Government
DWP	Department for Work and Pensions
EHS	English Housing Survey
ETE	Education, Training and Employment
ESA	Employment and Support Allowance
HB	Housing Benefit
HCIP	Hostels Capital Improvement Programme
HF	Housing First
IAPT	Improving Access to Psychological Therapies
JSA	Jobseekers Allowance
LHA	Local Housing Allowance
NIHR	National Institute for Health Research
PRS	Private Rented Sector
RSI	Rough Sleepers Initiative
SAR	Shared Accommodation Rate
SP	Supporting People Programme
TST	Tenancy Sustainment Teams

Executive summary

Since the early 1990s, successive governments have invested hugely in services and programmes for people who are homeless or at risk of becoming homeless. There is little evidence, however, about the outcomes for homeless people who are resettled and their support needs over time.

This report presents the findings of the Rebuilding Lives study which examined the experiences and outcomes for formerly homeless people five years after they were resettled. The study is a sequel to the FOR-HOME study which examined the outcomes of resettlement over 15/18 months for 400 single homeless people who were rehoused in London, Nottinghamshire and South Yorkshire. The Rebuilding Lives study was funded by the National Institute for Health Research (NIHR) School for Social Care Research, and undertaken in collaboration with five homelessness sector organisations: Centrepoint, Thames Reach and St Mungo's in London; Framework Housing Association in Nottinghamshire; and St Anne's Community Services in Yorkshire.

The Rebuilding Lives participants

The Rebuilding Lives study involved 297 FOR-HOME participants who were housed and interviewed at 15/18 months. Interviews were conducted with 237 (80 per cent) of the potential participants, six per cent were contacted but declined an interview, five per cent had died or were in prison, and 10 per cent could not be traced. Interviews were also conducted with 46 tenancy support workers and other practitioners who had provided housing related support to the participants during the preceding 12 months.

Housing outcomes over five years

Resettlement for the majority of the Rebuilding Lives participants has been successful. At 60 months, information was available about the housing circumstances of 265 (89 per cent) of the 297 Rebuilding Lives participants: 89 per cent were housed; six per cent were homeless; and for five per cent of the sample, tenancies had terminated due to death (four per cent) and imprisonment (one per cent). Among the sample, 55 per cent were still living in their original resettlement accommodation.

Over the five years since being resettled, one-fifth of participants showed signs of marked housing instability, including 16 per cent who had become homeless at least once. Young people were more likely than other age groups to have become homeless again. This applied to 37 per cent of those aged 20-24 years.

There were no significant differences in housing outcomes according to whether or not people had mental health, alcohol or drug problems. Slightly higher percentages of people with long histories of homelessness (more than 10 years) had died or become homeless again (12 per cent and 25 per cent respectively).

People who were resettled in the private rented sector (PRS) had poorer housing outcomes than those who moved to social housing (local authority or housing association tenancies). Thirteen per cent in the PRS had moved at least four times during the five years, and 36 per cent had become homeless at least once.

Reasons for leaving the resettlement accommodation

Among the Rebuilding Lives participants who were no longer in their resettlement accommodation at 60 months, 45 per cent had left of their own accord, 26 per cent had been evicted, and 29 per cent left for reasons beyond their control (eg 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 ill health or difficulties coping.

The main reasons for evictions were rent arrears, sometimes linked to social security benefit sanctions or other problems with Housing Benefit (HB) payments; the ending of fixed-term tenancy agreements; and antisocial behaviour on the part of the participant and/or their associates.

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 sharing facilities, and the ending of fixed-term tenancy agreements. A few became homeless when five-year tenancy agreements ended.

Current housing circumstances

Among 224 Rebuilding Lives participants who were housed and interviewed at 60 months, three quarters had personalised their accommodation, were looking after the property, and thought of it as 'home'. They described it as a place where they had control and privacy, 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.

Just over one third (35 per cent) reported relatively serious problems with the condition of their accommodation. This included dampness and mould, faulty heating, damage caused by floods and leaks, or electrical wiring problems. For some these problems were longstanding and had contributed 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 PRS were affected. Compared to the general population in England, three times as many Rebuilding Lives participants in social housing and twice as many in the PRS were living in damp accommodation.

Income and management of finances

Living independently and establishing a home created several financial demands on the participants, and many were struggling financially five years after being resettled. The majority were reliant on social security benefits, had low incomes and found it hard to meet everyday living expenses. Fifty six per cent said that they ran short of money for food at times, and 44 per cent sometimes did not have enough money to heat their home. Overall, 65 per cent had an income below the UK poverty threshold.

The financial struggles of some were exacerbated by the suspension or stopping of social security benefits, due to their non-compliance with benefit requirements, or to their lack of understanding of what to do when time-limited benefits ended. In many instances, this had led to their HB payments being stopped, rent arrears and threats of eviction.

People who were employed casually or under 'zero-hours' contracts experienced the greatest financial difficulties. Their working hours and income were irregular. Most would have preferred to work more hours but were not given the opportunity.

Bills and debts

At 60 months, 39 per cent had had rent arrears during the previous 12 months, and 26 per cent still had arrears when interviewed. In most cases the current arrears were less than £500. However, 14 per cent of those aged 20-24 years had arrears of £1,000 or more, and one in 10 of this age group was under threat of eviction.

There had been a steady increase in the prevalence of debts (excluding student loans) among the participants since they were resettled. Forty five per cent had debts when first resettled, increasing to 75 per cent at 60 months. The percentage of people with debts of £1,000 or more doubled, from 16 per cent at the time of resettlement to 31 per cent at 60 months. Those most affected were aged 20-24 years. Fifty five per cent of this age group had debts of £1,000 or more at 60 months.

Participation in education, training and employment

There was a steady increase over time in the participants' involvement in education, training, volunteering or employment (ETE). The rise in ETE involvement was mainly among young people in their twenties. Since 15/18 months, there was little change in rates of participation among people above this age. One of the reasons was the high prevalence of mental health, alcohol and drug problems among those aged 30-59 years.

There were significant associations between involvement in ETE activities and morale. People involved in ETE at 60 months were more likely to feel that they were achieving positive things, were less likely to report being depressed and were more optimistic about the future.

Among the 154 participants who were of working age but unemployed at 60 months, 54 people (35 per cent) 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.

Welfare-to-work programmes

During the 12 months preceding their interview, 41 people had attended a welfare-to-work training programme run by agencies on behalf of the Department for Work and Pensions (DWP), such as the Work Programme. Only eight of the 41 people were in employment at 60 months, and only three of these had full-time jobs.

Fifteen people were still involved in the Work Programme at 60 months. Most were men aged in their late forties or above, and several had mental health and substance misuse problems, long histories of unemployment and homelessness, and no qualifications.

Family and social relationships

The majority of participants were in regular contact with relatives or friends or partners at 60 months. Those aged in their twenties had the largest social networks and saw their family and friends most often. In contrast, few people aged 60 and above were in touch with family members; their main social contacts were with neighbours.

For many participants, resettlement had led to improved relationships with relatives, partners and children. Having a place of their own and housing stability allowed them to invite people to their home and helped to strengthen these relationships. Some who had been separated from children when they became homeless were now able to have their children visit or live with them, and were thus able to fulfil their role as a parent. Nineteen women and eight men had started a family since being resettled.

Several participants re-established contact with family members or children, although this was often not easy or straightforward because of past events and painful memories. A few attempted to renew links but were unsuccessful as relatives or children did not feel ready, or were unwilling, to re-establish a relationship.

Several participants proactively ended relationships with partners or friends that were negative, destructive or abusive. Six women terminated longstanding relationships with violent partners, and 39 people broke ties with problem drinkers, drug misusers and other people who they regarded as a bad influence. They said that having a settled base and feeling secure gave them the confidence and motivation to do this.

Informal support

For many participants, family and social networks played an important role in helping them to cope with the practical and emotional aspects of living independently. This was commonly reported by all age groups except those aged 60 and over.

Besides receiving a great deal of help from family and social networks, nearly as many participants also provided practical help and emotional support to others. At 60 months, nine people had taken on a caring role and were helping to look after sick, elderly or disabled relatives. In addition, a few had cared for sick parents until they died.

Health and substance misuse

Physical health, mental health and substance misuse problems remained major problems for many participants. In some instances, underlying mental health or substance misuse problems resurfaced or were exacerbated when participants were faced with recurrent difficulties or stresses.

People with mental health or alcohol problems were more likely to report difficulties coping with independent living. Many found it hard to settle, and struggled with everyday tasks. They were also more likely than other participants to say that they lacked motivation and felt depressed and worried some or most of the time.

People aged in their fifties, and to a lesser extent those aged in their forties, were particularly affected by concurrent mental health and substance misuse problems. The interactions of these problems were complex, and in some cases the multiplicity of problems affected the help that the participants were offered.

Support from services

At 60 months, 32 per cent or participants were receiving housing related support from services. This 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.

The support was mainly provided by tenancy support or housing support workers, but was also provided by housing wardens, drugs workers and staff at advice centres or at day centres for homeless people. Tenancy support workers were more likely than the other support services to offer help across the spectrum of housing related problems and needs.

People who received longer term support were predominantly those who had longer histories of homelessness, and 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. People living in the PRS were also less likely than those living in social housing to have received support.

Conclusions and recommendations

For many Rebuilding Lives 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. Although some were able to cope after they were resettled with little or no help from services, many remained vulnerable and required intermittent or regular long-term support in order to sustain a tenancy and prevent further homelessness. From the study's findings we have formulated 33 recommendations across 11 areas.

Planned and timely resettlement

1. Planned resettlement for homeless people works and should continue to be encouraged. This should be informed, however, by further research into the effectiveness of current resettlement practices for different groups of homeless people, including the types of temporary housing, support services and other treatment and rehabilitation programmes that produce more favourable outcomes in both the short and long term.

Provision of tenancy support

2. Local authorities should work closely with homelessness sector and housing support providers to develop effective and cost effective ways of (i) providing housing related support to formerly homeless people, and (ii) reaching out to those who are vulnerable but do not seek help.
3. Regular, long-term tenancy support should be available to formerly homeless people with multiple problems and needs, for as long as this help is required. Flexible and easily-accessible tenancy support should be available to those with lower support needs at times of difficulties and crises, to prevent problems exacerbating and tenancies being put at risk.
4. More attention should be given to the support needs of young homeless people who are resettled and to other formerly homeless people who have little experience of independent living. Support should be available to them until they have become accustomed to managing a tenancy and living independently.
5. Tenancy support services for people with complex needs should be provided by designated tenancy support, housing support or floating support workers, who can address the spectrum of problems and needs. For people with lower support needs, tenancy support could be provided where appropriate by trained volunteers who receive regular supervision.

Accommodation in disrepair

6. Tenancy support workers and other practitioners providing assistance to formerly homeless people should work closely with local housing advice services to advocate on the behalf of tenants who are living in housing in disrepair to help enforce their rights.
7. Public health practitioners should work within local authorities and partner agencies to develop strategies and targets that tackle poor housing conditions.
8. Funders of care and repair schemes should explore their potential to help tenants who find it difficult to manage the upheaval and engagement with repair and modernisation.

Dirty living conditions and hoarding

9. Workers supporting formerly homeless people who are living in squalid or risky 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. They should also discuss the situation with the person's GP, or request an assessment of their client's mental health or need for care and support.

Resettlement into the PRS

10. Resettlement into the PRS for homeless people, particularly for those who are vulnerable, should be through well-managed schemes that provide a comprehensive service beyond simply finding accommodation and setting up the tenancy. Staff in such schemes should also: (i) ensure that the accommodation is of a decent standard before it is leased; (ii) assess the suitability of a person for the intended accommodation, taking into consideration its location and cost; (iii) provide or arrange appropriate levels of support for the tenant; and (iv) provide advice or help if a tenancy is in dispute or disrepair or coming to an end.
11. Tenancy support services should be more readily available to homeless people who are resettled in the PRS, with recognition by workers of the distinct problems faced by people in this type of housing.
12. Local authorities, in consultation with homelessness sector organisations, should develop procedures for identifying and helping formerly homeless people who have been resettled in the PRS and whose fixed-term tenancy agreement is coming to an end.
13. Rigorous evaluations are required of the effectiveness of different models and practices in relation to accessing and managing private rented schemes, and of their suitability as a housing option for vulnerable people.

Budgeting and money management

14. More advice and training should be available to homeless people both before and after they are resettled on day-to-day budgeting, and the management of personal finances including credit and debt. Homelessness sector organisations and tenancy support services without staff who have the skills to deliver financial advice should collaborate with external specialist agencies to deliver this service.
15. Tenancy support staff and homelessness sector workers should encourage homeless and formerly homeless people who have large debts to access specialist debt advice services. They should be aware of local debts advice services and assist vulnerable clients with accessing this help.
16. For people who had incurred debts before or while homeless, repayment plans should be in place wherever possible before they are resettled.
17. DWP staff should work collaboratively with homelessness sector organisations and housing support providers to identify and assist people who are vulnerable and require Alternative Payment Arrangements once they start claiming Universal Credit, in order to prevent their tenancies being put at risk.

Rent and utility payments

18. The importance of paying rent and utility bills, including water charges, should be emphasised to homeless people both before and after they are resettled. This should be built into workshops and training about money management.
19. Monitoring systems should be set up that alert housing managers at an early stage of rent arrears. The 'warning signs' include changes in the pattern of rent payments and uncharacteristic defaults, particularly if a person has recently moved into a tenancy, lives alone, or is known to be vulnerable. In instances where people have arrears but have not responded to a standard letter or appointment, home visits should be carried out by housing staff to assess the reasons for the arrears.
20. Tenancy support workers and housing staff should collaboratively work with formerly homeless people who have rent arrears to draw up a realistic repayment plan and ensure that the person adheres to this.
21. Tenancy support workers should explicitly ask people who have been resettled about whether they have been paying water charges. They should explore with water companies the options that are available, such as hardship schemes, to help people who have debts.

Suspension or stopping of social security benefits

22. Homelessness sector staff, tenancy support workers and DWP advisers should emphasise to homeless and formerly homeless people the importance of complying with social security benefit rules and Claimant Commitments to avoid having their benefits stopped and their tenancies being put at risk.
23. Assistance should be given by DWP advisers and support workers to people when benefits, such as the ESA, change or stop. It should not be assumed that all people have the understanding and skills to complete complicated, online renewal forms.
24. The consequences of suspending social security benefits should be assessed meticulously by DWP managers in the case of formerly homeless people who are highly vulnerable and whose tenancies, health and wellbeing could be put at risk by such actions.
25. Housing support workers should be aware that HB is not affected if a person receives a JSA sanction, and should advise the person accordingly or intervene on their behalf if this happens.

Involvement in education, training and employment

26. Wherever possible, homeless people should be involved in ETE activities before they are resettled. More effective ways also need to be developed by tenancy support workers in collaboration with specialist training and work preparation schemes to encourage formerly homeless people to take part in education, training, volunteering or employment once they have settled in independent accommodation.
27. More specialist job-skills training and job placement services with support should be available to prepare vulnerable people for entry into mainstream employment. Ongoing support should also be available to vulnerable people once they have started a job, training course or similar.

28. Assistance should be given to formerly homeless people by Jobcentre staff and other employment resources to help them access jobs with regular hours that meet their needs, rather than being reliant on casual employment or 'zero-hours' contracts.
29. Staff in the DWP and its partner agencies should consider reviewing the situation of people aged in their late fifties and early sixties who attend the Work Programme, but have enduring and complex needs and little realistic prospect of gaining employment. Discussions should take place about whether DWP advisers in collaboration with tenancy support workers should channel their efforts into trying to engage this group in purposeful but potentially less stressful activities, such as volunteering programmes, rather than in trying to prepare them for work.

Addressing mental health and psychological problems

30. Effective and accessible mental health services, including talking therapies, should be available to homeless and formerly homeless people who require such help. There should be greater recognition of the need for psychological support for formerly homeless people who are trying to rebuild their lives and come to terms with, or resolve, past traumas and difficulties.
31. Co-ordinated treatment and support should be available to formerly homeless people who are affected by concurrent mental health and substance misuse problems, in order to reduce their substance misuse, improve their mental health and ensure housing stability.

Need for increased understanding of resettlement and its outcomes

32. Further research should be conducted with the Rebuilding Lives participants to examine long-term outcomes of resettlement, and the ability of vulnerable people to cope when proposed new welfare reforms, such as Universal Credit, are introduced. The Rebuilding Lives participants should be traced and interviewed ten years post-resettlement (all have provisionally agreed to this).
33. Research should also be conducted with a new cohort of homeless people who are being resettled to examine the effectiveness of current housing moves and support services on resettlement outcomes and tenancy sustainment.

About the study collaborators

The following homelessness sector organisations collaborated in both the Rebuilding Lives and FOR-HOME studies:

Centrepoint

Centrepoint is the UK's leading charity for homeless young people, supporting 16-25 year olds across London, Yorkshire and the north east of England. It provides a range of accommodation services from short stay emergency accommodation to longer term independent housing. Its in-house learning and health teams provide young people with a holistic package of support to address their needs and build a brighter future. Centrepoint also partners with other organisations across the UK, gives homeless young people a voice through the Centrepoint Parliament, and works to influence government policy with the overall aim of ending youth homelessness.
For more information, please see www.centrepoint.org.uk.

Framework

Framework is a specialist housing and support provider based in Nottingham, and delivers services to more than 9,000 people annually across the east midlands. It provides street outreach work to support rough sleepers into accommodation, and specialist hostels and move-on accommodation that prepare homeless people for independent living. Other services include drug and alcohol treatment programmes; debt and welfare advice; specialist accommodation for young people, for older people and for those with mental health problems; and floating support to people in their own tenancies. Its training, education and volunteering programme prepares people for employment. There are also services for offenders, including prison in-reach and supported accommodation. For more information: www.frameworkha.org.

St Anne's Community Services

St Anne's Community Services is a major provider of services across Yorkshire and the north east. It works with people who have a learning disability, mental health problem or substance misuse issue, and people who are or have been homeless. Services include a variety of housing and accommodation based support and care, day services and community based support. It works in close partnership with both statutory and voluntary sector agencies. It is proud of its reputation for developing and providing high quality innovative services that effectively meet the needs of people. For more information: www.st-annes.org.uk.

St Mungo's

St Mungo's is a homelessness charity and a housing association with clients at its heart. Its vision is that everyone has a place to call home and can fulfil their hopes and ambitions. It provides a bed and support to about 2,500 people a night who are either homeless or at risk, and works to prevent homelessness. It supports men and women through 250 projects including outreach, housing, specialist health, advice, skills and work services. It influences and campaigns nationally to help people to rebuild their lives. It is committed to every individual's sustainable recovery. For more information: www.mungosbroadway.org.uk.

Thames Reach

Thames Reach provides a range of services to vulnerable and socially excluded people, many of whom have suffered homelessness. The organisation's roots lie in working with rough sleepers in London and it has, since inception in 1984, considerably diversified its services and increased the number of people it supports. Thames Reach's mission is to ensure that users of its services find and sustain a decent home, develop supportive relationships and lead fulfilling lives. Thames Reach's vision is of a society where street homelessness is ended and nobody need sleep rough on the streets. For more information: www.thamesreach.org.uk.

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Cover images courtesy of Thames Reach, Centrepoint and St Mungo's.

1 | Introduction

1 | Introduction

This report presents the findings of a study of the experiences and longer term outcomes of homeless people who were resettled. The study, Rebuilding Lives, traced and interviewed participants five years after they were rehoused. Rebuilding Lives was a sequel to and elaboration of the FOR-HOME study which examined the outcomes of resettlement over 18 months for single homeless people who were rehoused. This chapter summarises the policy and practice contexts that stimulated the conception of the study and describes briefly, the problem of homelessness in England and the numbers of people affected, and then summarises the development of resettlement policies and services for homeless people. It then discusses changes since 2010 to housing and welfare policies and practice in England that have impacted on resettlement and housing related support for homeless and formerly homeless people (discussed further in Chapter 11). The final sections of this chapter briefly summarise the research on resettlement outcomes and the factors that affect its success, the FOR-HOME study and its findings, and the rationale for developing the Rebuilding Lives study.

The problem of homelessness in England

Homelessness can have a devastating impact on a person's health and wellbeing, and since the early 1990s successive governments have made large investments in services to tackle the problem. However, since 2010, there has been an increase in the number of people who are homeless. Local authority housing departments collect data about households who apply for housing each year because they are homeless. The number of households assessed as homeless by local authorities in England has increased by 21 per cent, from almost 68,280 in 2010 to 82,830 in 2014.[1] A much higher number of homeless people stay in hostels, temporarily with relatives or friends, or sleep on the streets, and are not included in these statistics. For example, an estimated 63,976 homeless young people aged 16-24 years used homelessness services at some time during 2013-14.[2] According to official figures, the number of rough sleepers in England on a *single* night increased by 55 per cent, from 1,768 in 2010 to 2,744 in 2014.[3] An even greater number of people sleep rough at some time over the course of a year. In London, for example, 3,975 slept rough at some point during 2010-11, increasing by 91 per cent to 7,581 during 2014-15.[4,5] Some people are newly homeless, but others have experienced several episodes of homelessness. Many of the latter group are multiply disadvantaged, and have complex problems and needs which compound each other.

The development of resettlement policies and services for homeless people

Resettlement for homeless people is a more intense process than simply providing permanent accommodation. It includes ensuring that the person has the means and abilities to manage in the intended accommodation, finding a suitable housing vacancy, planning the move and supporting a person if needed once rehoused. As described by Seal and Stretch[6], it also involves the human dynamics in the transition or 'the individual process of adjustment and change which accompanies it'. In 1998, the National Homeless Alliance (now Homeless Link) produced a practice manual which described 14 stages to resettlement.[7] In 2012, Homeless Link launched new guidance on resettlement, and this was updated in 2013.[8]

Since the late 1970s, British government policies have encouraged the adoption and refinement of resettlement programmes for single homeless people. Some of the earliest resettlement services were prompted by the closure of many large Victorian hostels, common lodging houses and Resettlement Units (former Reception Centres). One of the first resettlement teams in London, the Joint Assessment and Resettlement Team (JART), was formed in 1979 and based at the then London County Hall. It consisted of two Greater London Council housing staff and two social services staff, who were responsible for rehousing homeless people affected by the closure of large hostels and Resettlement Units.[9] The 'decanting' programmes also led to evaluations of resettlement outcomes.[10-12] Aside from resettlement work associated with the decanting programmes, St Mungo's in London (now St Mungo's) was the first voluntary sector homelessness organisation to introduce in 1981 planned resettlement for homeless people by a dedicated team. Late into the 1980s, however, most hostels for single homeless people had no planned resettlement programmes.

Resettlement programmes for homeless people have developed rapidly from the mid-1990s, initially through the Rough Sleepers Initiative (RSI), which was launched by the Conservative government in 1990 and focused on London. By 1996, the RSI had been extended to 28 other towns and cities.[9] The RSI funded resettlement workers, permanent move-on accommodation and community support workers to assist former rough sleepers for the first 6-12 months after they were rehoused. After being rehoused, however, many formerly homeless people experienced problems with coping and there was a high rate of tenancy failure during the first two years, particularly during the first six months.[13-17] In 1997, the Labour government elaborated policies to reduce rough sleeping and to strengthen the spectrum of support from the streets to independent accommodation. The programme also sought to improve the success rate of resettlement, by providing new social housing specifically for former rough sleepers and creating Tenancy Sustainment Teams (TSTs) to support those rehoused for as long as help was needed. Participation in meaningful activities, training and work schemes was also encouraged. Although these measures reduced the number of rough sleepers on any one night, many homeless people continued to stay in hostels for extended periods because there was insufficient move-on accommodation and many others were evicted or left the hostels to return to rough sleeping.

In 1999, housing responsibilities were devolved from Westminster to Scotland, Wales and Northern Ireland. However, the pattern of provision of housing support services tended to follow a similar pattern across the UK.[18] In Glasgow, for example, a major hostel closure programme started in 2000, supported by the Scottish Executive. Its aims were to close large scale hostels for homeless people and replace them with small, specialist supported accommodation. A Hostels Assessment and Resettlement Team was established to support and rehouse homeless people affected by the decommissioning programme, and the last hostel was finally closed in 2008.[19] Similarly, in London, by 2003 most large old hostels had been closed or radically modernised, and those newly built tended to have self-contained clusters of flats to enable training for independent living.[20]

The Hostels Capital Improvements Programme (HCIP), introduced in England in 2005, provided £90 million of capital funds over three years to further modernise and change the functions of hostels. From April 2008, HCIP was succeeded by the three year Places of Change Programme with a budget of £80 million. The aims were to help hostel residents 'move more quickly, and on a more sustainable basis, to independent living...[hostels will be] centres of excellence and choice which positively change lives'. Better opportunities were created for homeless people to overcome problems, to move into education and employment and to become self-sufficient, with an assumption that they would be ready to move on from hostels within two years. These new emphases in resettlement practice were reinforced by the Supporting People (SP) programme that was introduced in 2003 as a consolidated grant to local authorities for housing related support services. Its overarching aim was to promote independent living, and it replaced various central government funding streams. Until 2009, the funds were ring-fenced.

Resettlement for young homeless people

The establishment of The Foyer Federation in Britain in 1992 encouraged resettlement for young homeless people. Foyers were seen to be a solution to tackling the dual problems of youth unemployment and homelessness, by providing 'a form of transitional accommodation for young people linked to training/employment and social support'.[21] As a pilot, five foyers were developed in existing Young Men's Christian Association (YMCA) hostels for 16-25 year olds, and two new foyers were purpose built in Camberwell (south London) and Salford. The latter were managed respectively by Centrepoint and the Young Women's Christian Association. An evaluation of the pilot found that the foyers provided employment and training support services, but recommended that training in life skills, education and help in finding more permanent housing should be further developed.[22] Since that time, the foyer movement in the UK has grown rapidly, the services that they provide have expanded, and several evaluations of their work have been carried out.[23, 24] By 2011, there were 140 foyers in the UK working with disadvantaged young people, with a focus on training, support and preparation for independent living.[25]

Policy and practice changes since 2010

The provision of hostels and temporary accommodation

Since 2010 there have been several changes to housing and welfare policies and practice in England that have impacted on resettlement and support for homeless and formerly homeless people. The Places of Change Programme was succeeded by the three year Homelessness Change Programme in 2012, with a budget of £30 million towards the development of new and refurbished hostel accommodation for homeless people, and the elimination of poor quality, unfit for purpose facilities. Partly as a result of funding reductions, however, there has been a gradual loss of accommodation projects and bedspaces for single homeless people. In 2010, there were 1,461 hostels and temporary accommodation projects, with a total of 43,655 beds.[26] By 2014, the number of schemes had reduced to 1,253 and the number of beds by almost one fifth to 36,540.[27]

At the same time the length of stay imposed by local authority contracts in some hostels has reduced substantially. Some hostels now have maximum durations of stay of three or six months. Among 188 accommodation projects surveyed in 2014-15, the majority of residents (63 per cent) stayed six months or less, including 23 per cent who stayed less than one month.[27] Only four per cent of people stayed for two years or more. While shorter stays in hostels may be regarded as a positive change, they also provide less opportunity for assessing people's needs, providing the necessary help to tackle problems and preparing people for independent living.

The Housing First model

Until recently, the prevailing approach to resettlement in England and several other countries used a 'Housing Readiness' model, whereby homeless people moved progressively through emergency accommodation and transitional housing to independent accommodation, as problems such as alcohol and drug misuse were addressed, and the skills to live independently were acquired.[28, 29] Over the last few years, however, there has been a great deal of advocacy for the 'Housing First' model. Its premise is that stable housing is the key factor in tackling homelessness, and needs to be secured before other problems such as substance misuse and mental illness can be addressed.[30, 31] Developed in 1992 by the Pathways to Housing organisation in New York, the Housing First model provided permanent housing with support for chronically homeless people who had serious mental health and substance misuse problems.[32] The model has since spread widely within the United States (US) and to other countries, including Denmark, Finland, France and Canada, and various configurations of the model and the associated case management or support services have emerged.[33-36] According to researchers in the US, significant modifications of the model and its implementation are problematic, however, as these make it difficult to assess the degree to which programme outcomes are related to the model itself.[37]

In the UK, the initial Housing First pilot was set up in Glasgow in 2010, followed by pilots in London and Newcastle in early 2012. A few others have more recently been established. An evaluation of nine schemes in England found that they were successful in the short-term in housing long-term homeless people with high support needs, but most had been operating for less than three years and hence their long-term impact is unknown.[38] In the US,

Watson and colleagues identified six essential ingredients of a Housing First model, including 'eviction prevention' which was deemed critical in order to assure service users that they would remain safe and securely housed.[37] The ways in which Housing First schemes have been set up in England, however, contradict this. Current commissioning practice has meant that the funding is often short-term and insecure, and therefore does not offer consistency and the security of tenure that the Housing First model requires. During the course of the evaluation in England, two of the nine projects were threatened with closure and another three were scheduled to close, due to funding difficulties.[38] The provision of Housing First is discussed further in Chapter 11.

Move on accommodation and its restrictions

Changes to the housing market in England over the last few years have had an influence on the resettlement of single homeless people. The social rented sector has declined while the PRS has grown. In 2012-13, the PRS accounted for four million households, exceeding the 3.7 million households in the social rented sector.[39] Until approximately 2008 when recruitment for the FOR-HOME study took place, it was common for single homeless people to be resettled into social housing, but its growing shortage has led increasingly to the use of the PRS for their resettlement. The suitability of this tenure for vulnerable people has, however, been questioned because of the short tenancy lettings, the poor condition and high rents of some properties, and exploitation by some landlords.[40] The availability of suitable rental properties is also problematic, and an estimated 25 per cent of single homeless people in hostels and other temporary accommodation projects are ready to move on yet have not been able to.[27] This also applied to an estimated 9,161 young people aged under 25 years who were in hostels and other temporary accommodation in 2012.[41] Many landlords refuse to let to HB claimants, and cuts to housing subsidies for PRS tenants since April 2011 have made it harder for low income people to afford accommodation as they are required to meet any shortfall in rent. Moreover, an extension in 2012 of the Local Housing Allowance (LHA)[i] 'Shared Accommodation Rate' (SAR) restriction to those aged under 35 years has increased the demand for shared housing.[42]

Fixed-term tenancy agreements are having an influence on resettlement and tenancy sustainment. They are common within the PRS, but have now been introduced into the social housing sector which is now no longer seen as 'a home for life'. At the time of recruitment to the FOR-HOME study, the participants in London who were resettled in Clearing House accommodation[ii] were given assured open-ended tenancy agreements. Since September 2008, however, homeless people resettled through this route receive only two year, renewable assured shorthold tenancies. Once they no longer need support they are expected to move on with assistance from tenancy support workers, mainly into the PRS. The Localism Act 2011 provides social housing providers with the power to offer new tenants a tenancy for a fixed-term of at least two years, although five years is recommended.

i The term used for Housing Benefit paid for people living in private rented accommodation.
ii Initiated in the early 1990s for former rough sleepers through the former Conservative government's Rough Sleepers Initiative.

Citizens Advice opposed the change to fixed-term tenancy agreements, believing that it will have a discouraging effect on tenants' willingness to look after their property, to undertake home improvements and minor repairs, and to invest their time in local community activities.[43] Fitzpatrick and Pawson argue that security of tenure is a crucial housing attribute, and a critical concept in understanding the role of the social rented sector as 'a safety net' rather than as 'an ambulance service' whereby the service can be withdrawn once the emergency is over.[44] The number of people accepted as homeless by local authorities in England because of the ending of an assured shorthold tenancy has increased by 150 per cent between 2010 and 2014, and is now the most common reason for loss of accommodation.[45]

Tenancy support services

Many homeless people require tenancy support when they are first resettled and some require it in the longer term. There have, however, been substantial reductions in funding for housing related support services. From April 2011, the SP funding, which was originally ring fenced, was aggregated into the local authority Block or Formula Grant with no specific allocation for SP services. The National Audit Office recently reported that government funding for local authorities has fallen by 28 per cent in real terms over the 2010 spending review period and the reduction will reach 37 per cent by 2015-16.[46] However, spending on housing related support services has fallen by 45.3 per cent between 2010-11 and 2014-15. This has resulted in cuts to tenancy support services in many areas, pressures to restrict how long support can be provided and the ending of some housing support services.

Outcomes of resettlement and factors affecting its success

Several rigorous US studies have examined the success of the rehousing of homeless people and the factors that predict housing sustainment and reintegration. Most of these studies, however, focus on homeless families, homeless people with mental illness or substance misuse problems, or homeless veterans rather than the generic population of homeless people. Some have reported high rates of returns to homelessness, for example, 31 per cent within six months and up to 50 per cent over five years.[47-49] Another study, of 278 homeless people in New York City's shelters who were rehoused and followed up for 18 months, found that 24 per cent became homeless again during this time.[50] Other studies report higher rates of tenancy sustainment.[30, 32, 51]

Findings suggest that positive housing outcomes are associated with rent subsidies and access to subsidised housing, enhanced support or case management services, treatment for substance misuse, and involvement in employment and training schemes.[48, 52-55] Predictors of housing instability and returns to homelessness include alcohol and drug use, particularly among people not engaged in treatment programmes, and prolonged histories of homelessness.[47, 51, 56-59] The study described previously of homeless people rehoused from shelters in New York City found that alcohol and other substance misuse problems were associated with recurrent homelessness only if they were linked to an underutilisation of substance treatment services during the 30 days prior to participation in the study.[50]

The few studies of the pathways out of homelessness for young people have found that positive outcomes are associated with returning to the family home, engagement in education, training and employment, and help from family and professionals.[60-66] A study in England of the resettlement of older homeless people found that settledness and tenancy sustainment were associated with previous stable accommodation histories, family contact, engagement in activities and contact with tenancy support services. Unsettledness and tenancy failure were associated with prolonged homelessness, worries about living independently and continuing contacts with homeless people.[67]

The relative merits of 'Housing Readiness' and 'Housing First' approaches have stimulated much debate and several studies.[68,69] Evaluations in Sweden and the US found the Housing Readiness approach to be ineffective for some chronically homeless people who were unable to comply with the strict regimes of transitional accommodation, such as achieving sobriety or being compliant with case management programmes, and that shortages of affordable permanent housing hindered the ability of programmes to move people on.[28, 70] Several studies have shown that Housing First projects achieve high housing retention rates during the first 12 to 24 months among homeless people with mental illness, particularly when combined with intensive support.[71-74] However, among 301 homeless people in a Housing First programme in Toronto, Canada, 40 per cent experienced difficulties during the first six months with integrating in the community and were isolated. In addition, 30 per cent reported that their mental health problems had worsened during this time and 28 per cent experienced increased problems due to substance misuse.[75]

A systematic review of Housing First projects found little evidence that the schemes were effective in reducing substance misuse and that people entering the projects tended not to have severe addiction problems.[33] Furthermore, only a few studies have monitored longer term outcomes for homeless people who move into Housing First projects and, apart from in the US and Canada, Housing First programmes have not been widely or rigorously evaluated.[75] According to Benston (2015), positive research outcomes helped build national support for the Housing First model in the US, but 'it also gained legitimacy because researchers and policy makers framed chronic homelessness as an economic problem with a market-based solution'.[76]

The FOR-HOME study

Although resettlement policies and practice in England have changed markedly since 1990, there were no rigorous studies in this country of the resettlement of homeless people, and very little understanding of the factors that associate with positive and unsuccessful outcomes. The FOR-HOME study was therefore designed to collect information about: (i) the experiences of homeless people who are rehoused, and (ii) the factors that influence tenancy sustainment, housing satisfaction, settledness, independent living and wellbeing. It was longitudinal in nature and was the largest and most ambitious UK study to date on the resettlement of homeless people.

The FOR-HOME study started in 2007 and was completed in 2010. It was conducted at the University of Sheffield, and was funded by the Economic and Social Research Council. It was designed and implemented in partnership with six homelessness sector organisations: Centrepoint, Thames Reach, Broadway

and St Mungo's (now St Mungo's) in London; Framework Housing Association in Nottinghamshire; and St Anne's Community Services in Yorkshire. The study involved 400 single homeless people aged 16 years and over who were resettled into independent accommodation in London, Nottinghamshire and South Yorkshire. They were all service users of the collaborating homelessness sector organisations. Immediately prior to being resettled, 61 per cent were living in a hostel or night shelter, 38 per cent were living in temporary supported accommodation projects such as foyers or shared houses, and one per cent were resettled directly from the streets. They were interviewed just before they moved, and after 6 and 18 months (23 per cent were last interviewed at 15 months because recruitment took 15 months instead of the planned 12 months). Their characteristics at the time of resettlement are summarised in Chapter 2 (Table 2.1). The study did not include: (i) people who moved into residential or group homes where personal and household tasks are carried out by paid staff; (ii) people who were resettled as 'couples'; and (iii) people with dependent children living with them at the time of resettlement.

There are no nationally collated statistics on the characteristics of single homeless people. To maximise the representativeness of the FOR-HOME sample, therefore, data on the clients resettled into independent accommodation during 2006 by the collaborating organisations were collated as a sample frame. The participants' age, sex and ethnic profiles in the achieved sample closely matched those of the clients resettled in 2006, except for a 20 per cent over representation of men aged 36 years or older and a 27 per cent under representation of men aged 16–25 years. A diligent tracking system was designed and implemented during the study to minimise attrition.

During the FOR-HOME study, there was a gradual increase over time in the percentage of participants who left or lost their tenancy and became homeless again. By 15/18 months, 80 per cent of the participants were still housed, 7.5 per cent were homeless, contact had been lost with 8.5 per cent, and four per cent had died or their tenancy had ended because they were in prison, hospital or a rehabilitation unit. Excluding those who had died and those with whom contact was lost, 78 per cent were still in the original accommodation, seven per cent had moved to another tenancy, and 15 per cent no longer had a tenancy. Managing finances was a common and serious problem among the participants, and the prevalence of debts increased over time.

Several factors influenced their resettlement outcomes. Tenancy sustainment was associated with having been in hostels or temporary supported housing longer than 12 months immediately before being resettled, having been in their last hostel or housing project more than six months, and frequent family contacts. Factors associated with tenancy failure included having been in the care of a local authority as a child for 24 months or more, having slept rough at some time during the 12 months preceding resettlement, being rehoused in the PRS, use of illegal drugs at the time of resettlement and being a victim of crime or harassment after being resettled.[77-81]

The rationale for the Rebuilding Lives study

The FOR-HOME study collected evidence about the experiences and outcomes over 18 months of homeless people who had been resettled. By the end of the study, many were still housed but were struggling to cope. There was a weak relationship between need for help and its receipt, and many who were vulnerable were without support. No UK studies had examined the longer-term outcomes for homeless people who were resettled, and no information was available about their care and support needs over time, and the characteristics of those who require longer term help. It was in this context that the Rebuilding Lives study was developed. Its design and implementation are described in Chapter 2.

2 | The Rebuilding Lives study

2 | The Rebuilding Lives study

As explained in the previous chapter, the Rebuilding Lives study built on the FOR-HOME study. It is the first longitudinal study in the UK to follow up formerly homeless people five years after their resettlement, and to examine their longer term outcomes and support needs. A few comparable studies have been conducted in the US of the rehousing of homeless people and their outcomes and support needs over two to five years, although most have included only people with mental health or substance misuse problems (see Chapter 1). This chapter describes the aims, design and implementation of the Rebuilding Lives study.

Aims and objectives

The overall aims of the Rebuilding Lives study were to increase understanding of the longer term support needs of homeless people who are rehoused, and of effective ways for practitioners to provide this support. Its objectives were:

1. To collect evidence of the circumstances of formerly homeless people five years after they were rehoused, and their ability to sustain a tenancy and live independently.
2. To examine the characteristics of those who continued to receive or need longer term support, how their support needs changed over time, and whether and how their support needs were currently met.
3. To identify the roles of different practitioners (social care, health and housing agencies) in providing longer term support to formerly homeless people, ways of working that proved effective, and the challenges and difficulties of delivering this support.
4. To contribute to policy, public health, commissioning and practice debates about the longer term support needed to enable formerly homeless people to cope with managing a tenancy, achieve independence and avoid repeat homelessness.

Study design and instruments

The Rebuilding Lives study was funded by the NIHR School for Social Care Research, and conducted at the Social Care Workforce Research Unit, within the Policy Institute at King's College London. It was designed and implemented in collaboration with the same homelessness sector organisations that were partners in the FOR-HOME study (Centrepoint, Thames Reach and St Mungo's in London; Framework Housing Association in Nottinghamshire; and St Anne's Community Services in Yorkshire). Ethical approval for the study was obtained from the Social Care Research Ethics Committee.

The study population

The Rebuilding Lives study involved interviewing the FOR-HOME participants five years after they were resettled. Only those who were still housed at 15/18 months (either living in the resettlement accommodation or a new tenancy), and consented for us to contact them again were included. A total of 297 people fitted this criteria, and it was estimated that 210-235 participants would be traced and interviewed. The characteristics of these 297 participants were very similar to those of the FOR-HOME study participants (Table 2.1).

Questionnaires and instruments

A semi-structured questionnaire was designed to collect information from the participants about: their housing arrangements, including housing satisfaction, moves and reasons; management of household tasks; income, expenditure and management of finances; family relationships and social networks, including support received and given; involvement in education, training, volunteering and employment; social activities and use of community facilities; smoking habits, and use of alcohol and drugs; health and substance misuse problems, and treatment or help received; help received from support services and other agencies during the previous 12 months; and morale, including settledness, quality of life, and future hopes and plans. A separate 'tenancy ending' questionnaire collected details from participants who had left or lost their accommodation, and were homeless at the time of interview. It focused on their circumstances prior to leaving or losing their accommodation, the reasons why their tenancy ended, and the support received, sought and needed prior to the tenancy ending.

For participants who were in receipt of housing related support from services (not treatment for health and substance misuse problems) at the time of interview, or had had such help during the previous 12 months, the aim was to interview the support workers or practitioners involved. An interview schedule was designed to collect information from workers about: (i) the nature and frequency of the support provided or offered, and why it was needed; (ii) outcomes of interventions, and whether they had made a difference; (iii) challenges and difficulties in providing the support; and (iv) recommendations for future practice and commissioning. Workers were only included if (i) the resettled participant gave written consent to this; and (ii) the workers were aware that the participant had been homeless. It was estimated that at least 60 people in the study would have received such support, and that interviews could be conducted with at least 40 workers.

Table 2.1: The characteristics of the Rebuilding Lives and FOR-HOME study samples

Characteristics	Rebuilding Lives	FOR-HOME
	Percentages	
Male	72.4	74.0
Female	27.6	26.0
Age (years) when resettled		
17-24	23.9	24.2
25-39	35.7	38.5
40-49	25.6	23.2
50+	14.8	14.0
Ethnic group		
White British/Irish	58.5	60.0
Black British	8.2	7.8
Black African	10.5	10.6
Other	22.8	21.6
Problems preceding resettlement		
Mental health[a]	63.5	62.6
Alcohol[a]	36.7	33.5
Drugs[a]	56.6	56.8
Homeless less than 12 months	24.0	25.3
Homeless more than 60 months	24.7	22.8
Location at time of resettlement		
London	58.2	55.8
Nottinghamshire/South Yorkshire	41.8	44.2
Housing tenure when resettled		
Local authority	45.5	47.5
Housing association	44.1	38.2
Private rented	10.4	14.2
Number of participants	297	400

Notes
[a]In the previous five years

Tracing and interviewing

Tracing the rehoused participants

The Rebuilding Lives study started in March 2013 and was due to last 16 months. The study was, however, extended by three months to September 2014 in order to maximise the number of participants who could be traced. Tracing them was very time consuming, mainly because a very high proportion had moved or left their accommodation since their last contact with the research team, and their mobile phone numbers had changed. During the FOR-HOME study a multi-faceted tracking system was implemented to minimise attrition. At each interview, information had been collected from the participants about relatives, friends and support workers whom we could approach if we had difficulty finding them. Participants were also encouraged to leave a phone message, text, email or return Freepost 'contact' cards if their details changed. Given a gap of 42 months between interviews for the FOR-HOME and Rebuilding Lives studies, Christmas cards had been sent each year to eligible participants and they were asked to return a form confirming their contact details.

The Rebuilding Lives study built on the tracking methods used in FOR-HOME and other innovative ways to trace the participants were developed as the study progressed. If they could not be contacted directly, relatives, friends and workers whom they had nominated were approached. Other strategies included: door-knocking at their last known address and speaking to current occupiers and neighbours; searches of the electoral roll (using 192.com), court hearings and death indexes; use of social media and job seeking sites; and general internet searches. We successfully found people who had moved to other areas of the UK, including Hastings, Hull, Scarborough, Leicester and Northampton. A telephone interview was conducted with one person who had moved abroad, and two people had changed their names (forename and surname) since they were last interviewed but were successfully traced. Interviews were completed with 80% of the sample (Table 2.2). Just 10% could not be traced and their circumstances are unknown.

Table 2.2: Outcomes of tracking potential participants for the Rebuilding Lives study

Outcome	Number	%
Interviewed	237	79.8
...housed	(224)	(75.4)
...homeless	(13)	(4.4)
Contacted but declined interview	17	5.7
Died	11	3.7
In prison	3	1.0
Unable to trace	28	9.8
Total sample	**297**	**100**

Interviews with the rehoused participants

All except one of the interviewers from the FOR-HOME study were available for Rebuilding Lives, and they interviewed the participants they had previously interviewed to enable continuity. A great deal of flexibility was required by the interviewers in terms of arranging and conducting the interviews in order to meet the participants' preferences and commitments. For example, interviews were conducted early morning or in the evening with some people who were working or studying. More than one home visit to some people was necessary before an interview was achieved. Participants were offered £20 for the interview as appreciation of their time and to encourage participation.

Most interviews with the participants lasted between one and a half and two and a half hours, and the majority were conducted in the participants' homes. A few took place in other settings, including cafes, pubs and our offices. Decisions about the safety of interviewing at home by a single researcher were based on the person's history, the collaborating homelessness organisations' original risk assessment, and concerns identified during the FOR-HOME study about the person, their behaviour or the neighbourhood. A 'Safety Procedures Code for Interviewers' was drawn up and adhered to at all times. Early on in the study, however, it became necessary to revise the Code because of difficulties with participants who had resumed drug taking since their 18 month interview. The new guidelines stated that two team members should attend interviews at home for people with histories of mental health or substance misuse problems if the researcher had not been able to speak to the participant prior to the interview and there was no indication of how they were coping. Two researchers were present at 16 per cent of the interviews in participants' homes.

Interviews with support workers

The rehoused participants named 92 workers from 59 organisations who had provided them with support in the preceding 12 months, and agreed that the research team could approach the workers for an interview. A few workers had, however, supported more than one participant. Identifying and contacting the workers proved time consuming. Some resettled participants were unaware of the full name of the worker, nor where the person was based or the name of their employing organisation. Moreover, some workers had changed organisations. It also took time for the workers to obtain the necessary consent to be interviewed. Some who had changed jobs had to secure agreement from their former employer.

Interviews were conducted with 46 support workers and other practitioners from 32 organisations. Most were either tenancy support or housing support workers (20), or drugs workers (10). Four were homelessness sector staff who worked at day centres or drop-in centres for homeless people, three were mental health workers and three were social workers or home care staff. The others included a housing warden and a worker from an advice centre. The interviews were primarily carried out at the worker's place of work, although a few were undertaken in our offices. Most interviews lasted 45 to 60 minutes and nearly all workers agreed for their interview to be digitally recorded.

Data analyses

Quantitative data from the rehoused participants' interviews were entered into an SPSS database, and variables from the original FOR-HOME database were imported into the new one. Their 'open ended' responses were entered into a NVivo database. Data from the support workers' interviews were also entered into a separate NVivo database. A coding frame incorporating themes revealed by the open ended data was developed by the research team through an iterative process. Bivariate and multivariate associations between various outcomes (including housing stability, management of household tasks and finances, participation in employment or training, and morale and wellbeing) and personal characteristics (including age, gender, history of homelessness, and mental health and substance misuse problems) were examined. The analyses also compared the characteristics of the participants who did and did not receive support.

Strengths and limitations of the study

The Rebuilding Lives study has both strengths and limitations. It is the first longitudinal study in the UK to monitor the progress of formerly homeless people for several years after their rehousing, and to collect comprehensive information from a relatively large sample about their experiences and outcomes over time. Great care was taken during the original FOR-HOME study to recruit a representative sample of homeless people being resettled by the collaborating homelessness organisations. As described earlier, the profiles of both the Rebuilding Lives and FOR-HOME participants are very similar, indicating that contact was successfully sustained with people who have complex and enduring problems and long histories of homelessness, as well as with those who have short histories of homelessness and fewer problems. In both studies, a low rate of attrition was achieved through assiduous tracking. Each participant was interviewed four times over the five years, mostly by the same interviewer. This enabled trust to be built with the participants, and over time they were willing to discuss both their achievements and difficulties. It also enabled details to be checked repeatedly with participants to increase the reliability of data collected.

Twenty eight Rebuilding Lives study participants could not be traced even though considerable effort continued throughout the duration of the study to find them. They were interviewed at 15/18 months and at that time were housed, but their circumstances at 60 months were unknown. During our enquiries, it was possible to determine that some had left the accommodation where they were last interviewed, but for others it was unclear whether or not they were still living in the property. A further 17 participants were contacted but declined an interview. Five of these were working and said that they were too busy. It was possible to find out where most were living, but no other details about their circumstances could be ascertained.

The study focused on homeless people who were resettled in 2007 and 2008. However, several aspects of resettlement practice are time specific. When the study started, it was still fairly common for single homeless people to be resettled into social housing, and to receive help from tenancy support services. Since that time, it has become more common for homeless people to be resettled into the PRS due to a growing shortage of available social housing, and tenancy support services are now less readily available. These changes are likely to have an influence on the resettlement experiences of contemporary

homeless people. The study also concentrated on homeless people who were originally resettled in London, Nottinghamshire and South Yorkshire. Resettlement practices, housing availability and tenancy support services are likely to vary in different areas of England.

This report

This report summarises the findings from the analyses of the rehoused participants' interviews. In a few places it includes information from support workers to illustrate reports of particular problems. A separate practice manual will draw on the findings from the workers' interviews.

In this report, Chapter 3 examines the housing outcomes of the participants over the five years since they were resettled. It mainly concentrates on the Rebuilding Lives sample, but the last section concerns both the FOR-HOME and Rebuilding Lives participants. Chapters 4 to 9 focus on the experiences of the Rebuilding Lives participants who were housed when interviewed at 60 months, and cover respectively: current accommodation and housing satisfaction; income and management of finances; participation in education, training and employment; family and social networks; health and substance misuse problems; and adjustment, morale and aspirations. Chapter 10 describes the housing related support received by the Rebuilding Lives participants, and the Chapter 11 concludes with policy and practice implications and recommendations arising from the study.

3 | Housing outcomes during the first five years

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This chapter examines the housing outcomes of the participants during the five years after they were resettled. Section 1 concentrates only on the Rebuilding Lives participants. It examines their housing situation at 60 months, their housing circumstances over the five years including episodes of homelessness and the reasons why some left or lost the accommodation in which they were resettled. Sections 2 relates to both the FOR-HOME and Rebuilding Lives participants and summarises the information that is available on their housing outcomes. A few people who could not be interviewed at 60 months but whose housing situation is known are included in the analyses.

Section 1: Rebuilding Lives participants

Housing situation at 60 months

At 60 months, information was available about the housing circumstances of 265 (89 per cent) of the 297 participants. Among the remaining 32 people, 18 had left or lost their last known accommodation and could not be traced, and it was unknown whether the remaining 14 people were still in their accommodation. Of the 265 people whose housing situation was known, 89 per cent were housed. Just over one half (55 per cent) were still in their original resettlement accommodation, 29 per cent had moved to another tenancy (in their name), and four per cent were in other housing arrangements (Table 3.1). A few of the latter group had moved in with a partner, relative or friend on a permanent arrangement although their name was not on the tenancy agreement, and a few into 'extra care' housing. In addition, six per cent of the participants were homeless and living on the streets, in hostels or they were 'sofa surfing' (staying temporarily with relatives or friends in makeshift arrangements). For five per cent of the sample, tenancies had terminated due to death (four per cent) and imprisonment (one per cent).

A high percentage of all age groups were housed at 60 months but there were age differences (Table 3.1). Many aged in their twenties at 60 months had changed their housing. Several of these were women who had had a child since being resettled, and had been rehoused in a larger property. Among those aged 60 and over, 40 per cent had moved to other housing, generally to accommodation with more support, and 15 per cent had died. Those aged in their fifties were most likely to be homeless at 60 months (10 per cent). There were no significant differences in housing outcomes according to whether or not people had mental health, alcohol or drug problems during the five years before being resettled. There was also no difference according to whether the participants were White British or from other ethnic groups. However, a slightly higher percentage (12 per cent) of people with long histories of homelessness (10 or more years) had died within the five years post-resettlement.

Table 3.1: Housing situation at 60 months of the Rebuilding Lives participants by age *at 60 months*

Housing situation at 60 months	Age groups (years)						Total	
	20–24	25–29	30–39	40–49	50–59	60+	Sample	
			Percentages				Number	%
Housed								
In original accommodation	41.7	44.1	55.6	60.5	65.4	45.0	147	55.5
In 2nd tenancy	33.3	23.5	25.9	19.8	9.6	15.0	54	20.4
In 3rd or more tenancy	12.5	14.7	9.3	3.7	9.6	10.0	23	8.7
Moved in with partner/ relatives[a]	4.2	11.8	1.9	2.5	0.0	0.0	8	3.0
Extra care housing/care home	0.0	0.0	0.0	0.0	1.9	15.0	4	1.5
Total housed	**91.7**	**94.1**	**92.7**	**86.5**	**86.5**	**85.0**	**236**	**89.1**
Tenancy ended								
Sofa surfing with relatives/ friends[b]	4.2	2.9	3.7	1.2	3.8	0.0	7	2.6
Homeless and on streets/in hostels	0.0	2.9	3.7	2.5	5.8	0.0	8	3.0
In prison	4.2	0.0	0.0	2.5	0.0	0.0	3	1.1
Died	0.0	0.0	0.0	7.4	3.8	15.0	11	4.2
Number of participants	24	34	54	81	52	20	265	100

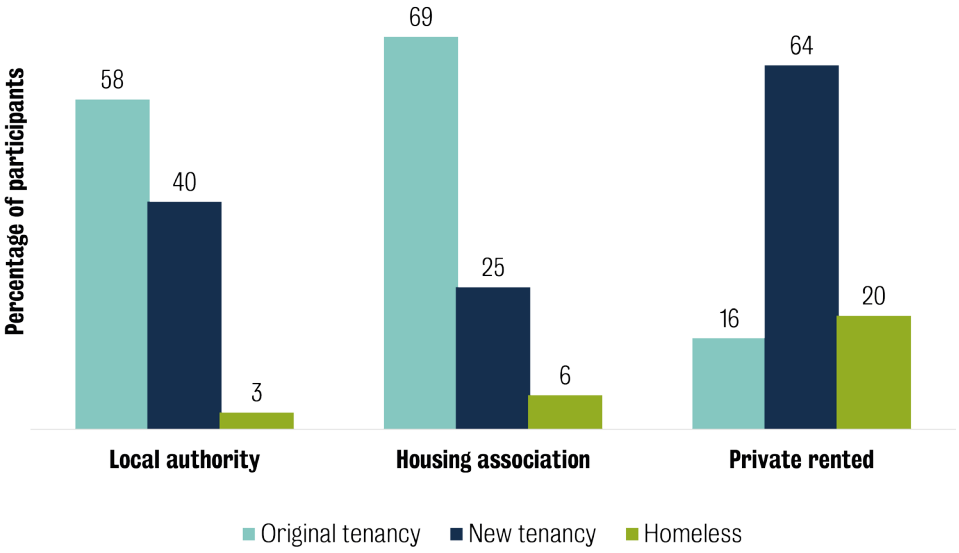
Notes
Excludes the following people whose housing circumstances were unknown at 60 months: six aged 20-24 years; five aged 25-29 years; 12 aged 30-39 years; four aged 40-49 years; and five aged 60 or older.
[a]Permanent arrangement, but participant not named on tenancy agreement
[b]Temporary, makeshift arrangement

Among the 265 participants, there was no significant difference in housing outcomes at 60 months by location at the time of resettlement. Seventy eight per cent of the London participants and 92 per cent in Nottinghamshire and South Yorkshire were housed at 60 months. The London participants were, however, more likely to still be in their original accommodation. Sixty five per cent were so housed and only 22 per cent had moved to another tenancy. In

contrast, only 41 per cent of the Nottinghamshire and South Yorkshire sample remained in their original tenancy, and 51 per cent had moved elsewhere. The difference in housing mobility partly reflects the scarcity of low cost housing in London. Several Nottinghamshire and South Yorkshire participants moved to housing that was of better quality or had more bedrooms, but there were fewer opportunities in London for people to do this.

There was a strong association between housing tenure when first resettled and housing outcomes at 60 months - 58 per cent who were resettled into local authority housing, 69 per cent into housing association tenancies, but only 16 per cent into the PRS were still in their original accommodation (Figure 3.1). In contrast, 20 per cent who had moved into the PRS were homeless, compared to just three per cent who had moved to local authority housing and six per cent to housing association accommodation.

Figure 3.1: Housing situation at 60 months of the Rebuilding Lives participants by housing tenure when *first* resettled



Notes
Information about 251 Rebuilding Lives participants. It excludes people who died, were in prison or whose housing circumstances were unknown.

Threats of eviction

Among the Rebuilding Lives participants who were housed at 60 months, 45 people (21 per cent) had been threatened with eviction during the previous 12 months, and a minority (five per cent) had been taken to court for repossession. In most cases the eviction threats were for rent arrears, but for nine people they concerned their antisocial behaviour or that of their visitors (noise, fighting, heavy drinking, drug taking). Ten people (five per cent) were still under threat of eviction when interviewed at 60 months (and at least one has since been evicted). Participants aged 25-29 years were most likely to have been threatened with eviction in the last 12 months (34 per cent). There was no difference in the rate of eviction threats between men and women.

Housing circumstances over the five years

Moves to other tenancies

During the five years post-resettlement, excluding those who died or went to prison, 37 per cent of the participants (from a total of 249) moved at least once to another tenancy (not including stays in hostels or other temporary settings). Thirteen people (five per cent) lived at four or more addresses during this time – the maximum was eight for one person. In some cases, their moves were interspersed with episodes of homelessness. Most moved locally but a few were traced to other parts of England, including the south coast and north east England. There was also movement within the study areas – a few originally resettled in Nottingham or Leeds moved to London. Two people had moved abroad. People initially rehoused in the PRS were three times more likely than those resettled in social housing (local authority or housing association tenancies) to have moved at least four times (Table 3.2).

Table 3.2: Number of tenancies during the first five years by housing tenure when *first* resettled

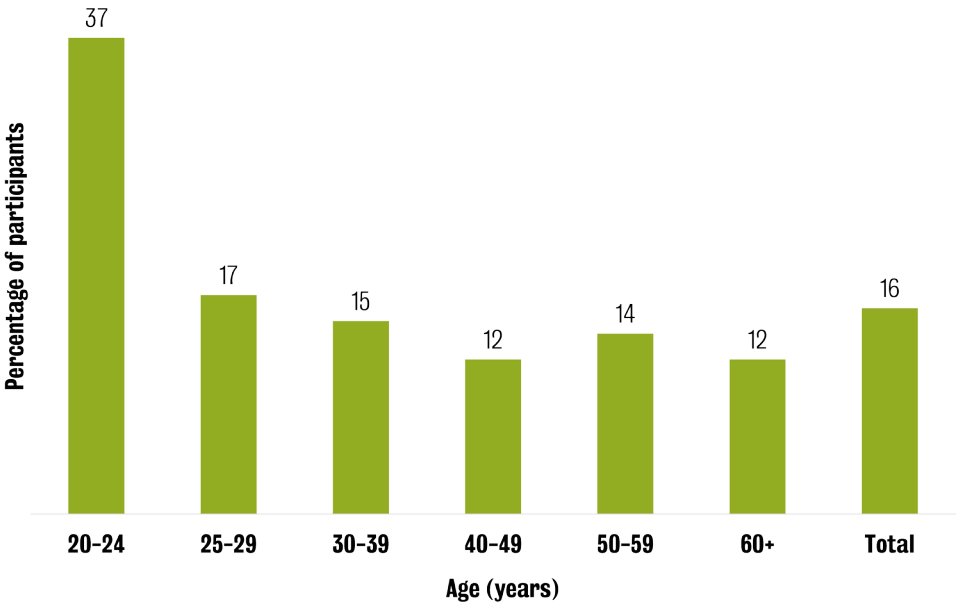
Number of tenancies[a]	Local authority	Housing association	Private rented	Total
		Percentages		
1	60.0	72.2	29.2	62.7
2	28.2	18.3	50.0	25.7
3	7.3	5.2	8.3	6.4
4+	4.5	4.3	12.5	5.2
Number of participants	110	115	24	249

Notes
Information about 249 Rebuilding Lives participants
[a]Does not include stays in hostels or other temporary settings

Episodes of homelessness

Details were collected for 252 Rebuilding Lives participants about whether they had become homeless at any time during the five years post-resettlement. Forty one people (16 per cent) had become homeless at least once, although by their 60 month interview some had been rehoused. Nine people had experienced at least two episodes of homelessness interspersed with periods of rehousing. Those aged 20-24 years were most likely to have become homeless (37 per cent; Figure 3.2). There was no difference in experiences of homelessness and whether a person suffered from mental health or alcohol problems during the five years before they were resettled, but people who had had drug problems were slightly more likely to have become homeless although the difference is not statistically significant (20 per cent compared to 11 per cent without drug problems). A slightly higher percentage (25 per cent) of people with long histories of homelessness (>10 years) had become homeless again after being resettled.

Figure 3.2: Experience of homelessness since resettlement by age (years) at 60 months: Rebuilding Lives participants



Notes
Information available about 252 Rebuilding Lives participants. It excludes people who died and those who were in prison at 60 months.

The Nottinghamshire and South Yorkshire participants were more likely than those originally resettled in London to have experienced one or more episodes of homelessness since being resettled (24% compared to 11%; χ^2 6.9; df 1; p 0.008). Likewise, there was a strong relationship between housing tenure at the time of resettlement and subsequent homelessness. Thirty six per cent who were rehoused in the PRS became homeless again, compared to just 15 per cent in local authority housing and 13 per cent in housing association accommodation (Figure 3.3).

The amount of time spent homeless by the participants during the five years varied, from just a few days to 22 months. This is the *minimum* amount of time, however, as some people were still homeless when interviewed and thus their episode of homelessness was incomplete. Young people who became homeless were more likely to stay temporarily with relatives or friends, whereas the majority of people over the age of 50 spent time on the streets. Hostels were used by all age groups.

Marked housing instability

Among the Rebuilding Lives participants, 47 people (19 per cent of 252 for whom details are available) showed signs of marked housing instability during the five years post-resettlement, in that they had had four or more tenancies and/or at least one episode of homelessness. As shown by the three cases in Box 3.1, they tended to stay just a few months in a tenancy before moving on, and to have short but intermittent spells of homelessness. There were various reasons for their chaotic housing patterns. One young man, for example, moved from his resettlement accommodation to two other tenancies (Case 1). He then became homeless after leaving the third tenancy, and subsequently

moved into a fourth and then a fifth tenancy. He became homeless for a second time after leaving the fifth tenancy, and had been homeless for one month when interviewed. His frequent moves were mainly linked to employment experiences, and his inability to afford rent when he was twice made redundant. Mental health problems were largely responsible for the housing instability of Case 2 who had been a housing association tenant. He was moved by social workers and housing providers from one setting to another as his support needs changed. Relationship difficulties and conflicts with partners and ex-partners triggered the moves experienced by the woman in Case 3.

Figure 3.3: Experience of homelessness since resettlement by housing tenure when first resettled.

Notes
Information available about 252 Rebuilding Lives participants. It excludes people who died and those who were in prison at 60 months.

Housing instability was more common among the participants who were initially resettled in the PRS, affecting 40 per cent of this group compared to just 18 per cent of people who moved to local authority and 15 per cent to housing association tenancies. Similar percentages of men and women were affected and it was most common among those aged in their twenties. There was no relationship between the duration of homelessness preceding resettlement and housing instability, but it was more common among people who had been homeless more than once before they were resettled.

Box 3.1: Housing instability during the five years post-resettlement: three cases

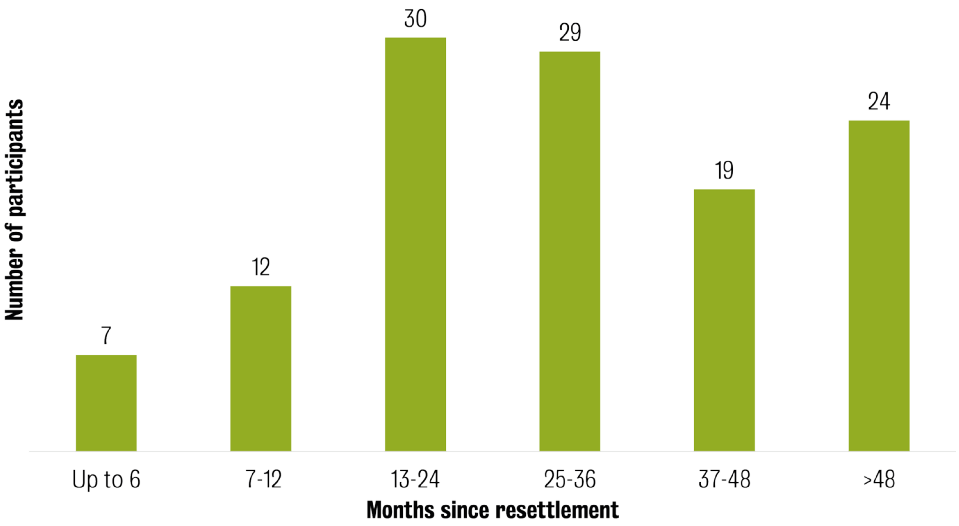
	Case 1	Case 2	Case 3
Gender	Male	Male	Female
Age when resettled (years)	17-19	50-59	20-24
Homeless history prior to resettlement	Less than 6 months 3 episodes of homelessness	3-4 years 2 episodes of homelessness	Less than 6 months 1 episode of homelessness
Housing history since resettlement and length of stay	Tenancy 1 PRS - 12 months Tenancy 2 PRS - 7 months Tenancy 3 PRS - 12 months Homeless With relative - 4 months Tenancy 4 PRS - 24 months Tenancy 5 PRS 7 months Homeless With relative - 1 month to present	Tenancy 1 HA - 4 months Hospital 2 months Tenancy 2 HA - 9 months Tenancy 3 HA - 9 months Tenancy 4 HA - 19 months Hospital 3 months Homeless Streets - 5 months Tenancy 5 HA - 2 months Tenancy 6 HA - 11 months to present	Tenancy 1 PRS - 27 months Homeless 2 hostels - 3 months Tenancy 2 PRS - 18 months Tenancy 3 PRS - 7 months Homeless With relative, friends and hostel - 7 months Tenancy 4 PRS - 3 months to present

Notes
PRS = Private rented sector
HA = Housing Association tenancy

Reasons for leaving or losing the resettlement accommodation

It is known that 136 Rebuilding Lives participants were no longer in their original resettlement accommodation after five years, and details are available about the reason why the tenancy ended for 121 of these people (termed 'movers'). As shown in Figure 3.4, the ending of the tenancy occurred throughout the five years. Although from the figure it appears that relatively few tenancies ended during the first 12 months, this is not the case. Several people in the FOR-HOME study left or lost their accommodation during the early months, were homeless at 15/18 months, and were therefore not eligible for the Rebuilding Lives study.

Figure 3.4: Number of months since resettlement when tenancy ended



Notes
Information about 121 Rebuilding Lives participants whose tenancy ended. Details are unavailable for 15 people.

Among those who were no longer in their resettlement accommodation, 45 per cent left of their own accord, 26 per cent were evicted, and 29 per cent left for reasons beyond their control (but they were not technically evicted). The latter included people who died, were admitted to hospital and required supported accommodation on discharge, and those in properties earmarked for demolition or that had become uninhabitable following a fire or flood. Those who were most likely to have been evicted were aged in their forties at the time of resettlement. This applied to 53 per cent of movers in this age group. There were differences by housing tenure. Among the movers, 47 per cent who had been rehoused in the PRS were evicted, compared to 24 per cent rehoused by the local authority and 17 per cent by housing associations. Most participants who were evicted (71 per cent) became homeless when they had to leave their accommodation.

In many instances, there was no single reason for a person leaving or losing their tenancy. Some moves were driven by positive factors, some by negative ones, and some by both. Contributory factors were the housing itself, financial difficulties, conflicts with neighbours or associates, health problems and coping difficulties, and antisocial behaviour. The reasons for leaving differed according to whether people were resettled in local authority, housing association or private rented tenancies (Table 3.3).

Housing factors

The most common reasons for leaving the resettlement accommodation were its poor condition and/or a move to housing with improved facilities. Seven people were in social housing that was due for demolition and therefore alternative accommodation was arranged by their housing provider. As mentioned earlier, several young women were rehoused in larger properties once they started a family. One woman, for example, was initially housed in a studio flat with a sitting room and bedroom combined. Following the birth of her son and then her daughter, she successfully applied to the local authority for a housing transfer. Movers who had been resettled in the PRS were more likely than those in social housing to identify the poor condition of the accommodation or problems with the landlord as reasons for their tenancy ending (Table 3.3). Landlord conflicts were often linked to difficulties getting essential maintenance and repair work done.

The ending of fixed-term tenancy agreements within the PRS resulted in eviction for some people. Some had agreements lasting just six or 12 months, after which they were required to leave the property. Three people, however, had been in their flat for five years, after which the landlord decided not to renew their lease and two of these participants became homeless again. They said that their landlord was unwilling to relet the accommodation to people claiming social security benefits, and believed that this was linked to the government's recent capping of the Local Housing Allowance (LHA). From April 2011, the LHA weekly rate in any area for a one-bedroom property could not exceed £250, and any shortfall in rent had to be met by the tenant. As one man described:

> 'I was sent a letter with a Section 21 notice requiring possession of the flat in two months...it came out of the blue. I'd been there five years. The letter said the landlord would no longer accept a lower rate of LHA. In [local authority], I can only claim £220 per week LHA...The landlord said he could give me a new tenancy agreement but was increasing the rent to £320 per week, and he wanted four weeks' rent in advance and six weeks' rent as a deposit. I had no money for a deposit on a flat, and I couldn't challenge the Section 21 notice and go to court as the court costs would have been down to me. Things were going OK until I suddenly got the notice to quit'.

According to this man, he tried to get help from the local authority who said it was the responsibility of the homelessness organisation that resettled him. The homelessness organisation said that he was no longer their responsibility and that the local authority should assist him.

Table 3.3: Main reasons for leaving the resettlement accommodation by housing tenure

Triggers and contributory factors	Local authority	Housing association	Private rented	Total
		Percentages[a]		
Housing				
Accommodation in disrepair/to be demolished	17.3	18.6	40.9	22.2
Moved to accommodation with improved facilities[b]	24.5	20.9	18.2	22.0
Problems with the landlord	0.0	2.3	22.7	5.1
Ending of short-term/fixed-term lease	3.8	4.7	22.7	7.6
Disliked the area	19.2	14.0	4.5	14.5
Financial				
Rent problems/rent arrears	17.6	16.3	27.3	19.0
Difficulties paying other bills (not rent)	9.6	9.3	13.6	10.3
Problems with social security benefit payments	11.5	9.3	22.7	12.8
Interpersonal conflicts				
Problems with neighbours/other tenants	13.5	20.9	31.8	19.7
Problems with associates/people in locality[c]	23.1	14.0	22.7	19.7
Personal problems and behaviour				
Participant's antisocial behaviour[d]	13.5	11.6	13.6	12.8
Physical health problems	17.0	23.3	13.6	18.6
Difficulty coping in a tenancy/loneliness	5.7	14.0	9.1	9.3
Mental health problems	3.9	18.6	0.0	8.6
Moved to be nearer family/partner/ friends[e]	17.0	7.0	4.5	11.0
Moved to more supported setting	5.7	11.6	4.5	7.6
Number of participants[f]	53	43	22	118

Notes
Information available about 118 people who moved
[a]Percentages who reported each problem; columns do not add up to 100 as many people reported more than one reason for moving
[b]For example, a larger property, or an extra bedroom, or accommodation that is more readily accessible
[c]Includes partners and ex-partners
[d]Noise, threatening behaviour, heavy drinking or drug use
[e]Includes moving in with a partner, family member or friend
[f]Includes only the participants who left their resettlement accommodation

Financial problems

Rent payment problems leading to rent arrears and eviction were common reasons for the resettlement tenancy ending, and in 54 per cent of these cases it resulted in homelessness. People who were in the PRS were most likely to be affected (Table 3.3).In several instances, problems with personal social security benefit payments and HB payments were contributory factors. Some participants experienced difficulty getting social security benefits reinstated when they stopped work, while some received 'sanctions' and their benefits were stopped when they failed to attend a medical assessment or an appointment at the Job Centre. One young man was evicted for rent arrears of £4,000 and became homeless after his Jobseeker's Allowance and HB were stopped as he failed 'to sign on'. He had suffered intermittently for years from depression and in the preceding months this had worsened. According to him, he was too depressed to leave the house and hence did not attend the Job Centre. At the same time, his tenancy support worker had left and was not replaced, although he had been told he would be allocated another worker. He eventually tried to resolve his benefit payment problems but said 'it all went wrong and the problems escalated'.

Interpersonal conflicts

Conflicts with neighbours, other tenants, ex-partners and associates were common reasons for people in both social housing and the PRS leaving or losing their accommodation. Some could no longer tolerate the noise, drug use and antisocial behaviour of neighbours and opted to leave. Several in the PRS were in housing with shared facilities and this led to conflicts with other tenants, mainly around utility payments, noise and inconsiderate behaviour, and the cleanliness of kitchens and communal areas. A few people 'fled' their accommodation to escape from violence and abuse by partners or ex-partners. Several participants were harassed by their associates or by local people involved in drug use or heavy drinking, and some were forced out of their accommodation by these people who took over the premises. One man described how this occurred:

> 'The druggies took over my flat. They were in the building for about one year. They started off by sleeping in the basement and slowly worked their way up the building to my flat. They only went to 'soft' people. They were dealing from my place, they gave me "brown" (illicit drug) to stop me talking, and I couldn't say "no" to them. People came to my flat to buy drugs from the dealers ... the police were going round to my flat every one to two days. The landlord took me to court to get me out. I left before the court hearing ... I couldn't handle it. I had a tenancy support worker at the time, but I never told him about the dealers ... the workers kept changing and I didn't know them well enough. I ended up homeless.'

Personal problems and antisocial behaviour

Physical and mental health problems, poor coping skills, and antisocial behaviour among the participants were also common reasons for the resettlement tenancy ending in both the social housing sector and the PRS. Over the five years, several older people moved to accommodation that provided more support or 'extra care' because of health problems and an increase in their support needs. A few were admitted to hospital which instigated the need for extra care and support. Most were aged late fifties or in their sixties at the time.

Mental health problems contributed in various ways to people leaving or losing their accommodation. As described earlier, depression led to one young man not going out and failing to keep an appointment at the Job Centre. This in turn led to the stopping of his HB and other social security benefits, rent arrears and eviction. For some people, mental health problems affected their ability to settle. One woman with a long standing history of mental health problems became paranoid about people of a particular ethnic group in the locality, and behaved in a threatening manner towards them. After receiving a caution from the police about her behaviour, she refused to leave her house for fear of causing a further disturbance. Her support worker helped her to move to another area.

For 13 per cent of movers, their own antisocial behaviour contributed to the ending of their tenancy – most were evicted and became homeless again. The problem was apparent across the housing tenures. The behaviour mainly involved drugs, but also included noise, heavy drinking, and in a few cases violence, and generally resulted in neighbours complaining to the housing officer or landlord. In some instances, their associates and visitors behaved in a similar manner and contributed to the problems. Two men were evicted for growing cannabis in their accommodation and another for drug dealing on the premises. Another man, who had been resettled in a shared house for ex-offenders, became increasingly irritated by the drug taking and noise of other tenants and became involved in a fight. This resulted in him being moved to alternative housing. Another person was evicted following a drugs raid on her accommodation and complaints from neighbours about noise, drug use, and the behaviour of the participant and her visitors. Three people were sent to prison for assaults at which time their tenancies were relinquished. Another man, who was a heavy drinker, became violent after another tenant refused to pay back money he had borrowed. He threw mud at his neighbour's window, threatened the housing officer and then left the premises before the police could arrest him. He said, 'when I'm drinking I don't see what's outside the bubble'.

Subsequent moves

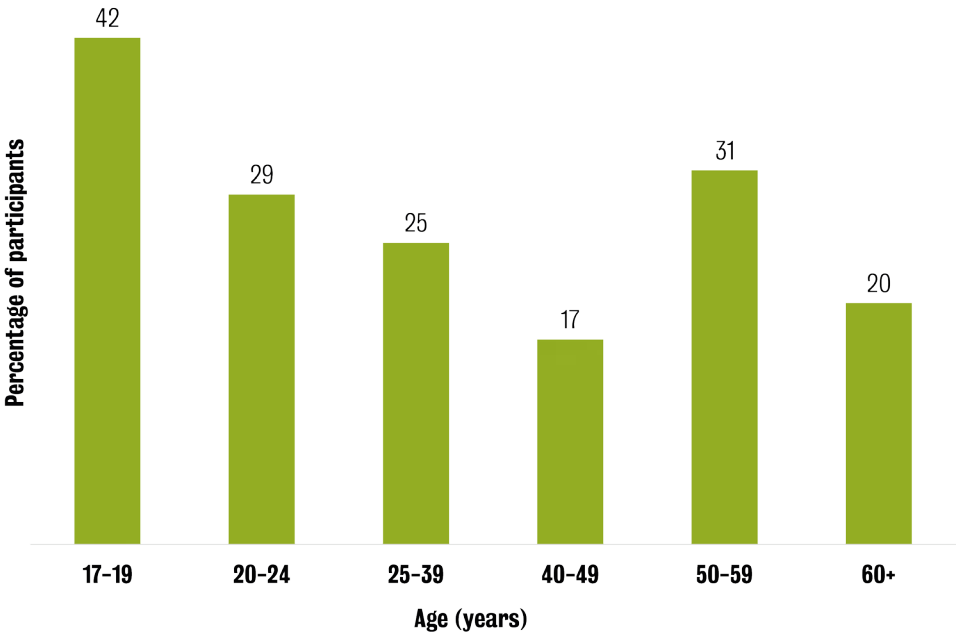
Information was also collected wherever possible as to why subsequent tenancies ended, and details are available for 58 of these tenancies. Of these, most (38) were in the PRS. Similar reasons as those for the ending of the resettlement tenancy were given – namely rent arrears, the accommodation's poor condition, the ending of fixed-term tenancy agreements, problems with neighbours or associates, changing support needs, mental health problems and the participants' antisocial behaviour.

Section 2: The FOR-HOME and Rebuilding Lives participants

This section summarises the information that is available on the housing outcomes over five years for 285 (71 per cent) of the original 400 participants who were in the FOR-HOME study. The analyses excludes 17 people who died during the five years, three who were in prison at 60 months and 95 people for whom information was unavailable.

Among the 285 participants, 74 per cent remained housed *throughout* the five years. Some moved during this time to another tenancy, but the move was directly from one tenancy to another and they did not become homeless at any time during this period. About one quarter (26 per cent) of the participants became homeless at least once during the five years, although some had subsequently been rehoused. Young people aged 17-19 at the time of resettlement were most likely (42 per cent) to have become homeless, and those aged in their forties least likely (Figure 3.5).

Figure 3.5: Experience of homelessness since resettlement by age (years) when *first* resettled: FOR-HOME and Rebuilding Lives participants



Notes
Information available about 285 FOR-HOME and Rebuilding Lives participants. It excludes people who had died or were in prison at 60 months.

Among the 285 participants, 81 per cent who were originally resettled in London and 66 per cent in Nottinghamshire and South Yorkshire remained housed throughout the five years. Nineteen per cent in London and 34 per cent in Nottinghamshire and South Yorkshire experienced at least one episode of homelessness.

There was a strong relationship between resettlement into the PRS and subsequent homelessness (χ^2 27.9; df 2; p 0.000). Fifty eight per cent who were rehoused in the PRS became homeless again, compared to just 22 per cent who moved to a local authority tenancy and 18 per cent to housing association accommodation (Figure 3.6).

Figure 3.6: Experience of homelessness since resettlement by housing tenure when *first* resettled: FOR-HOME and Rebuilding Lives participants

Notes
Information available about 285 FOR-HOME and Rebuilding Lives participants. It excludes people who died or were in prison at 60 months.

There was also a strong relationship between time spent in hostels or temporary supported housing immediately before being resettled and subsequent homelessness. Those who had been so housed for more than 12 months before they were resettled were less likely to have become homeless during the five years - just 16 per cent of this group became homeless, compared to 40 per cent who had stayed in hostels or supported housing 12 months or less (χ^2 21.3; df 1; p 0.000). A slightly lower percentage of people who had been in semi-independent housing projects prior to being resettled became homeless during the five years post-resettlement (22 per cent, compared to 32 per cent of others), but the findings were not statistically significant. There were, however, associations between recent histories of rough sleeping and subsequent homelessness. Forty four per cent who had slept rough at some time during the 12 months prior to being resettled, compared to only 22 per cent without this experience became homeless again during the five years post-resettlement (χ^2 8.4; df 1; p 0.004).

Seventeen people were known to have died during the five years. Apart from one person who was aged 71 at the time, all others were relatively young. One person was in their twenties, five in their early forties, seven in their fifties and three in their early sixties. Seventy one per cent of this group had long histories of alcohol problems.

Overview

This chapter shows the diverse housing histories of the participants since they were resettled. Many remained in their original resettlement accommodation, but others moved from place to place and experienced periods of homelessness. For the majority, their resettlement was successful and they were still housed five years later. Some had moved to alternative housing, but in many instances these moves were for positive reasons in that they acquired housing with better facilities, or moved to a larger property in order to accommodate the start of a family. Even the majority of people with long histories of homelessness (more than 10 years), and many of those with mental health or substance misuse problems were able to sustain a tenancy once they were resettled.

People resettled in the PRS had much poorer housing outcomes than those who moved to social housing. They were more likely to have changed tenancies several times, to have become homeless again and to show signs of marked housing instability. The problems they faced included the poor condition of their accommodation, conflicts with landlords regarding getting repairs done, difficulties with rent payments, and conflicts with other tenants if in housing with shared facilities. Given the mounting pressure to rehouse homeless people and the growing shortage of social housing, resettlement into the PRS is now unavoidable and will continue for the foreseeable future. This raises questions about how formerly homeless people can better be supported to manage in this type of accommodation, to negotiate with landlords about repairs, and to cope with conflicts that may arise with other tenants.

Fixed-term tenancy agreements also contributed to housing instability among the PRS participants and at times led to homelessness when these agreements ended. Even some who had relatively long-term tenancy agreements were affected. Little attention has been given to the subsequent rehousing of formerly homeless people who are vulnerable once fixed-term tenancy agreements come to an end. Many are no longer in contact with the homelessness organisation that resettled them nor with tenancy support workers. In some instances the projects that resettled them have closed and the tenancy support teams that initially helped them no longer exist. As explained by one man, the local authority said it was the responsibility of the homelessness organisation that resettled him to offer further assistance, and the homelessness organisation said he was the local authority's responsibility. The role of local authorities in such instances is discussed further in Chapter 11.

The reasons why some tenancies ended and why some people became homeless varied. In many instances it was due to housing or financial problems, but in some cases personal factors were instrumental. Some participants were vulnerable and allowed drug dealers and other associates to take over their accommodation, and they were either evicted or the situation became unbearable and they left. Some showed signs of marked housing instability and could not settle in one place, while some were evicted because of their own antisocial or non-compliant behaviour. The latter included people (and sometimes also their associates) who behaved in a manner that disturbed neighbours, and those whose social security benefits stopped because they failed to attend appointments or similar and hence accrued rent arrears. It may be relatively straightforward for tenancy support or housing workers to intervene and assist people who are at risk of losing or leaving their tenancy because of housing and financial problems, but is likely to be much harder and more complicated to assist people whose tenancies are at risk of ending because

of unsettledness or antisocial behaviour. This requires long-term support to persuade a person to change their behaviour, to encourage them to settle in one place, and to discourage them from associating with people whose behaviour could put their tenancy at risk.

Young people were exceptionally likely to have become homeless at some time over the five years. This suggests that they require more support than was available when they were resettled to help them cope with a tenancy. Many had never previously lived alone nor had responsibility for a tenancy, yet they were the age group least likely to have received tenancy support services after they were rehoused (see Chapter 10). For any young person, the transition to independent living is not easy, and it is extremely challenging for those who have been homeless and are without financial resources or strong family support. The findings also suggest that homeless people benefit from spending time in temporary accommodation before they take on the responsibilities of independent living. This is discussed further in Chapter 11.

4 | Current accommodation and housing satisfaction

4 | Current accommodation and housing satisfaction

This chapter describes the housing circumstances of the 223 participants who were housed and living independently at 60 months. It includes eight people who had moved in with partners or friends as a permanent arrangement, and 16 people who were living in sheltered or other supported accommodation with a warden or worker on the premises part of the day. Although they were in housing with support, they were nevertheless responsible for household tasks and the management of their finances. It does not include one man who had moved into a care home which offered 24 hour care and support, or study participants who were homeless at the time of interview and were either living on the streets or in hostels or other temporary settings.

As described in Chapter 3, many of the participants had moved at least once and a few several times since they were resettled. This chapter focuses on their *current* housing arrangements. It examines housing tenure and type, and the condition of the accommodation in terms of furnishings, cleanliness, and maintenance and repairs. Their views of the neighbourhood and any problems with neighbours are discussed. Lastly, the extent to which they were satisfied with their housing and perceived it as 'home' is described.

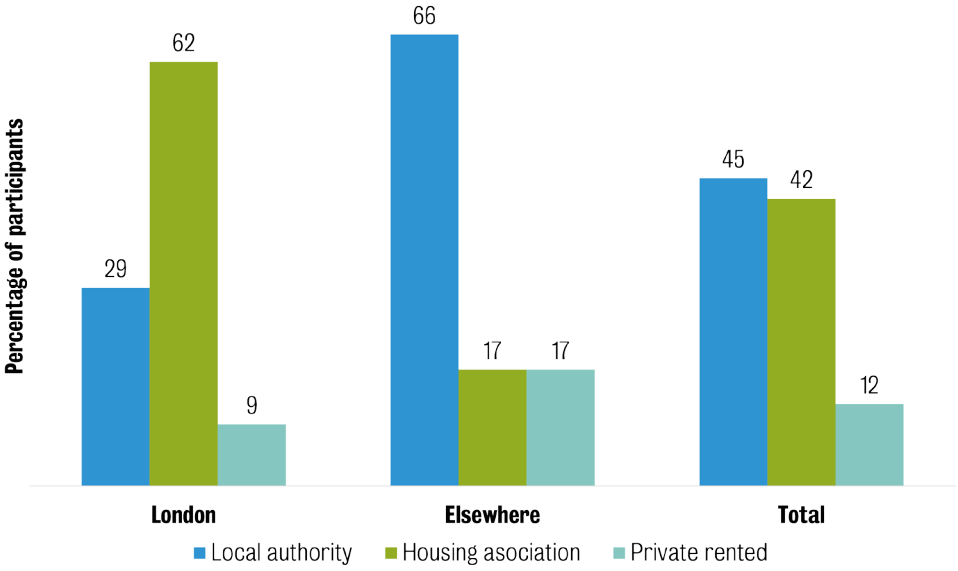
Housing tenure and type

At 60 months, most of the 223 participants (93 per cent) were living in independent accommodation. Sixteen people (7 per cent) were in supported accommodation with a warden or support worker on the premises at least part of the day. Most in supported accommodation were aged in their fifties or sixties. Overall, 45 per cent were in local authority housing, 42 per cent in housing association tenancies, and 12 per cent in the PRS. One person had moved in with a partner who was an owner-occupier. As shown in Figure 4.1, there were differences in housing tenure according to whether the participants were in London or elsewhere. People in the capital were significantly more likely to be in housing association tenancies, whereas those outside London were more likely to be in local authority accommodation and to a lesser extent in private rented housing. These differences reflect the distinctiveness of London's housing stock, particularly the severe shortage of available local authority housing and the high cost of renting privately.

The type of accommodation occupied by the participants varied greatly. About three quarters (73 per cent) had self-contained housing with a separate bedroom, living room and kitchen, 21 per cent were in a studio flat with a living room combined with either the bedroom or the kitchen, and five per cent were in a bedsit with just one room and either a kitchen area in the room or a kitchen shared with other tenants. Most people (86 per cent) living outside London, but only 64 per cent in the capital, had self-contained accommodation. Although at the time of resettlement young people were least likely to have self-contained housing, there were no significant age differences

by 60 months. This was because many of the young women now had children and had moved to more spacious accommodation. At 60 months, 74 per cent of participants were living alone, and the rest (26 per cent) were in households with other people, mainly partners and/or children. A few had friends living with them. Household composition is discussed further in Chapter 7.

Figure 4.1: Housing tenure at 60 months by location



Notes
Excludes one person who had moved in with a partner who was an owner-occupier.

The length of time that participants had been in their current accommodation varied. Sixty one per cent had been there five years and 10 per cent for 12 months or less. Most (92 per cent) had a written tenancy agreement that was in their name only. A few (three per cent) had a joint tenancy agreement with a partner and 11 people (five per cent) had no agreement. Among the latter, eight had moved into someone else's tenancy and three lived alone but said their landlord had not given them a written agreement or had failed to renew their previous one. There were marked differences in the length of tenancy agreements by tenure. Almost all (98 per cent) in local authority housing and 81 per cent in housing association accommodation had a secure or 'open ended' tenancy agreement, which meant they could remain in the property indefinitely provided they kept to the terms of the agreement. Private rented tenancies were, however, much less secure. Twenty four per cent of people in this type of housing had no written agreement and 52 per cent had an agreement lasting just 12 months or less. Although some of these short-term contracts could be renewed if both the landlord and tenant agreed, many participants felt apprehensive and unsettled about these insecure arrangements.

The condition of the accommodation

Furnishings and cleanliness

At 60 months, most participants had acquired possessions, personalised their accommodation and created a 'home'. Several had photographs and ornaments on display, and most with young children had toys around the home. Their accommodation was clean and had the appearance of being homely and lived in. When interviewed, 65 per cent said that they had all essential furniture and household equipment, while 35 per cent were missing one or more items. Eight per cent were without a cooker, although some of these had a microwave oven or electric hob. Only two per cent had no cooking facilities. Nine per cent were without a functioning fridge/freezer, six per cent a settee or armchair, five per cent a wardrobe or storage for clothes and three per cent a bed. Fourteen per cent said that they needed, but did not have, a washing machine. Several said that when they had first been resettled they had purchased second-hand furniture and equipment such as beds, settees, cookers and fridges, but these were now broken or worn out and they could not afford to replace them. A few were in accommodation that was sparsely furnished.

Nearly one fifth (18 per cent) of participants said that they had difficulty keeping their accommodation clean. One man said that he never dusted or hoovered, and his flat smelled very dusty. There was a letter on his coffee table that had been there when he was first interviewed at home (five years earlier), and it was covered in dust. One man who admitted to not cleaning his flat said 'most of the time I'm alone and you become tolerant; your standard of living goes down'. Another described his bedroom as 'a shit-hole' and said 'I'm not much kop at cleaning...[my worker] tells me to clean my flat; it's like being in a hostel'. The interviewers also rated whether the participants' accommodation was 'clean and tidy', 'dirty' or 'very dirty', and gave further comments to support their rating. Among the 201 people who were interviewed at home, the interviewers described 76 per cent as being in accommodation that was clean and tidy, while the property of 20 per cent was dirty and in another four per cent of cases was very dirty and squalid. Among the latter, for example, there was cigarette ash over the floor of one man's flat, mouse droppings in his bed covers, dead flies on the window ledges and the toilet did not appear to have been flushed or cleaned for a long time. People with mental health or alcohol problems and those who had been homeless longer than 10 years were more likely to be in accommodation that was dirty or very dirty. Most were also men aged in their 40s and 50s. Just over one third (37 per cent) of people in accommodation that was dirty admitted to having problems keeping it clean.

Thirteen participants (six per cent) were hoarders and had accumulated a huge amount of clutter in their accommodation which prevented them from using their rooms as they were intended. All except two were men aged over 40 years. One man hoarded things in every room, including books, CDs, cigarette lighters, sweets, ornaments, ovens and guitars. He was unable to access his bedroom or kitchen as they were too cluttered. He also had a pile of post on the hallway floor. In readiness for his interview, he had made a 'walkway' through the clutter in his sitting room from the door to his settee to enable the interviewer to have access. His flat had become increasingly cluttered and inaccessible over time. When interviewed at six and 18 months, it had been possible to enter all his rooms. He suffered from mental health and substance misuse problems, and said that he bought things from car boot sales to avoid spending money on alcohol. He described himself as a loner and said

'I've become a hoarder to keep the rest of the world out'. He denied having previously been a hoarder.

In some instances, support workers had intervened on behalf of those who were hoarders. One worker had made a referral to the Fire Safety Officer for an assessment as there was concern that 'we could hardly get through his [front] door ... I was concerned that if there was a fire and you've got clothes and rubbish everywhere, you are not going to get out'. There were infestations of weevils, fish and flies in the flat, and the worker helped the participant remove rubbish. According to the participant, '60 bags of rubbish were removed in one day'. A second worker explained that another participant's hoarding behaviour was putting his tenancy at risk:

> 'He has takeaway food every day and leaves the boxes on the floor...He hoards things and I've found maggots. He piles cans of coke around his toilet and shower which makes it impossible for him to get in the shower. [His flat] is a health and safety issue, and a fire hazard. The main thing is the food boxes and opened cans of coke. On my first clearance I counted 200+ pieces ... We are at the point of talking with management about getting environmental health involved as his flat is in such a state, and this might impact on his tenancy.'

Maintenance and repair problems

The condition of the accommodation in terms of maintenance and repairs was a problem for many participants throughout the FOR-HOME study. Since that time a few people in social housing have had new kitchens or bathrooms installed, but disrepair continued to be a concern for many people when interviewed at 60 months. Overall, 57 per cent of the Rebuilding Lives participants reported one or more problems with their accommodation at 60 months. As in FOR-HOME, the most common problems were dampness and mould, broken or faulty windows, damage caused by floods or leaks, the heating or boiler not working, cracks and damage to internal walls or ceilings, and poor insulation and draughts. Thirty five per cent of participants described relatively 'serious condition problems', ie dampness and mould, faulty heating, damage caused by floods and leaks, or electrical wiring problems. The participants living in London were more likely than those living elsewhere to be experiencing maintenance and repair problems (68% compared to 41%; χ^2 16.8; df 1; p 0.000), and to report serious condition problems as defined above (42% compared to 26%; χ^2 6.4; df 1; p <0.05). There was little overall difference in reports of problems across the housing tenures, but people in the PRS were more likely to report three or more problems (Table 4.1). Those in the PRS in London were most likely to be experiencing problems in getting repairs done (91 per cent).

Table 4.1: Problems with the condition of the accommodation at 60 months by housing tenure

Common problems	Local authority	Housing association	Private rented	Total
		Percentages		
Dampness/mould	20.2	10.6	18.5	15.9
Windows[a]	9.1	20.2	11.1	14.1
Bad insulation/ draughts	8.1	14.9	18.5	12.3
Flooding/leaks[b]	15.2	10.6	7.4	12.3
Heating/boiler[c]	10.1	13.8	7.4	11.4
Cracks/damage to ceilings/walls	13.1	9.6	14.8	11.8
Other plumbing problems[d]	9.1	7.4	14.8	9.1
Electrical wiring problems	4.0	5.3	11.1	5.5
Any problem	*54.5*	*58.5*	*63.0*	*57.3*
3+ problems	*15.2*	*19.2*	*25.9*	*18.3*
Serious condition problem[e]	*37.4*	*34.0*	*33.3*	*35.5*
Number of participants	99	94	27	220

Notes
Information available for 220 participants; does not include the person who moved in with her partner who was an owner-occupier
[a]Includes broken windows and faulty locks
[b]Floods or leaks in the participant's or neighbour's flat which had caused damage to the participant's accommodation
[c]Heater or boiler not working
[d]Includes toilets that are cracked or not flushing properly, blocked waste pipes, and taps not working
[e]Dampness and mould, faulty heating, damage caused by floods and leaks, or electrical wiring problems

Disrepair issues were common among all age groups except among the older participants. For example, 67 per cent aged 20-24 years compared to just 33 per cent aged 60 or more years reported having a maintenance or repair problem. One reason for the age difference is that many older people were in sheltered accommodation, and presumably the warden ensured the property was well maintained. An exception was an elderly woman in sheltered housing who noticed a leak from her bedroom ceiling. She reported it to the warden but it was not fixed, and eventually part of the ceiling collapsed leaving a two foot square hole. When interviewed at 60 months, her bedroom was very damp and there was black mould on the ceiling. There was also a leak in her bathroom and the ceiling was very bowed. The problems had been going on for four months and had still not been fixed.

Compared to the general population in England, a higher proportion of Rebuilding Lives participants were in accommodation that was in disrepair. For example, among the general population in 2012, the homes of five per cent in social housing and nine per cent in private rented accommodation had some form of damp.[39] In contrast, 15 per cent of Rebuilding Lives participants in social housing and 18 per cent in the PRS lived in accommodation that was damp. Almost one quarter (24 per cent) aged 20-24 years, and 27 per cent aged 25-29 years, were in accommodation that had dampness and mould. The following account at 60 months by one young man, who was living in a local authority flat in London, illustrates the appalling conditions of some tenancies:

> 'I've got serious problems with mould, dampness and leaks. There's lots of mould in my sitting room and bathroom. It's green and white and fluffy and it climbs the walls. The lady above me has "bucket baths" and throws water over herself. The water is leaking into my flat. I've had to turn the electricity off so I've had no electricity, hot water or heating for months. The flat's very damp and I can smell the mould in my carpet and settee ... it makes me literally sick. It's like living in squalor. I can't have a bath or cook or watch TV here. I don't stay here much. I've contacted the council many times but they've been no help – they tell me to hoover up the mould.'

For some people, maintenance and repair problems had recently occurred, but for others the problems were longstanding. Among the participants who reported dampness and mould at 60 months, one third had been experiencing similar problems when interviewed three to four years earlier during the FOR-HOME study. One young woman, for example, lived in private rented accommodation and at 18 months had mould and leaks throughout her flat. When the toilet in the flat above her was flushed it leaked through a hole in her ceiling and into her sitting room. At 60 months the problems had not been sorted out and the upstairs toilet still leaked into her sitting room. Her flat remained in very poor condition, her ceiling was wet and stained, and she had no heating or electricity (the electricity supply to her flat had been disconnected).

Damp living conditions encourage the growth of mould and mites and, if left untreated, can increase the risk of respiratory illnesses. Many Rebuilding Lives participants described how their accommodation's poor state of repair had impacted negatively on their physical and mental health, and life in general. Several spent a lot of money on heating to try and combat the dampness, cold and draughts in their property. One man had erected a tent in his bedroom and slept in this at night because 'it gets freezing in winter ... you can feel the cold air coming in on you at night ... the tent gives me extra insulation'. Other comments included:

> 'Lots of infestations of mice and cockroaches...it is a recurring problem. In my bathroom and kitchen there are holes between my flat and the flat below, and there is really bad mould in my bathroom. It's spread across my ceiling which is damp. It has made me depressed and I don't feel like getting out of bed. Instead of doing things, I'm staying in bed.'

> 'I got a leak from the roof. There was a big hole and bow in the ceiling in my sitting room and it was like that for one year. It made me very stressed as I was trying to do my university work as well. I couldn't use the sitting room as it was cold and damp. When I became pregnant, the smell of damp made me sick.'

> 'It's very damp in my flat and I can smell the mould in my settee, curtains and carpet. It makes me literally sick. I've been unwell several times. I get chesty coughs that won't go away. My GP said my coughs are due to the mould. I've not been able to use the electrics for a few months, so I can't use the boiler and so have no hot water...I can't have family or friends here at all.'

In many cases the poor state of the accommodation was due to the landlord's failure to ensure that the property was well maintained and that necessary repair work was undertaken. Thirty eight per cent of participants said that their landlord refused to sort out repair problems or it took ages for the work to be done. This applied to people across the various housing tenures (39 per cent in local authority housing, 38 per cent in housing association tenancies, and 30 per cent in the PRS). Interestingly, a similar percentage of participants in the PRS, but only 16 per cent in social housing, reported difficulties getting repair work done when interviewed at 15/18 months.

In a few cases, however, the poor state of the accommodation was mainly due to the participant's behaviour or inability to look after and maintain a property, rather than negligence by the landlord. One woman, for example, had moved to a PRS flat two years earlier. Her three teenage children had moved in with her and there were five dogs in the flat. The flat was damp and filthy, clothes and belongings were strewn everywhere, and the kitchen walls were covered in grease. There was black mould across the ceilings in all rooms, and the ceiling in the sitting room was bowed and appeared near to collapse. She acknowledged that the flat was in good condition when she moved in and there were no signs of dampness or mould. According to her, the landlord blamed her for the mould and dampness as wet clothes were left around the flat.

The neighbourhood

At 60 months, 77 per cent of people said that they liked the area where they were living, nine per cent disliked the neighbourhood, and 14 per cent were ambivalent. Most said that they were close to shops and a bank or post office, and that public transport links were good. Other reasons for liking the area were: they were close to amenities such as a GP surgery, gym, church, nursery or park; family or friends lived nearby; the area was peaceful and quiet; and the neighbours were friendly. The main reasons for disliking an area were linked to antisocial behaviour, such as noise, crime, youths loitering on the streets in gangs and drug dealing in the vicinity. In the 12 months prior to being interviewed, 28 per cent of participants had experienced harassment or been a victim of crime (32 per cent in London and 21 per cent elsewhere). Most of these incidents occurred in the locality and involved burglaries, muggings, assaults, or damage to property. Unsurprisingly, there was a significant relationship between having been a victim of crime or harassment in the previous 12 months and dislike of the neighbourhood (χ^2 9.0; df 2; p 0.01).

Many participants socialised with their neighbours, received help from them and gave help to them (see Chapter 7), but several others had problems with neighbours. Eighty people (36 per cent) reported difficulties with neighbours. Twenty seven per cent of participants blamed solely the neighbour(s) for the difficulties, a small proportion (four per cent) said that their own behaviour was responsible, and the rest (five per cent) said it was a combination of their own and their neighbour's behaviour. The main problems were noise, arguments and fights, often linked to drug taking, heavy drinking, or mental health problems. For some participants, the problems had been long standing. Thirty per cent who were still in their original resettlement accommodation at 60 months were experiencing problems with neighbours when interviewed at *both* 15/18 and 60 months. Several participants felt intimidated and vulnerable by their neighbour's behaviour:

> 'There was a stabbing next door to me about nine months ago. I came back and found a trail of blood in the corridor. The lady in the next flat stabbed the guy downstairs. She is schizophrenic and has alcohol problems...it was horrible.'

> 'The tenant next door is mentally ill and is noisy all day and night. He shouts a lot to the voices. The police have been called several times. He refuses to take his medication. There was some violence between him and another neighbour.'

In a few cases, neighbours had retaliated against the Rebuilding Lives participants' antisocial behaviour. One man was waiting to be rehoused as his neighbours were harassing him. He had relapsed and resumed drug taking, and drug users frequently visited his flat. They had disturbed the neighbours who, in turn, had collectively complained to the housing officer and were banging on his walls day and night and threatening him in order to get him removed from the building. The situation had deteriorated considerably and, when interviewed, he was sleeping on the streets as he feared returning home.

Housing satisfaction

Satisfaction with the accommodation

At 60 months, the participants rated their level of satisfaction with their accommodation. Thirty eight per cent said that they were 'very satisfied', 42 per cent 'fairly satisfied', 11 per cent 'not very satisfied', and nine per cent 'not at all satisfied'. People in social housing were more likely than private renters to report being 'very satisfied' (45 per cent in local authority, 33 per cent in housing association and 22 per cent in private rented tenancies). Young people were more likely to be dissatisfied and older people very satisfied. Twenty per cent aged in their twenties compared to 71 per cent aged 60 or older described being 'very satisfied'. There was a strong and significant association between outstanding repair problems and housing dissatisfaction (χ^2 32.1; df 3; p 0.000), which in part explains the age differences. As described earlier, young people were more likely to be in housing that was poorly maintained and in disrepair.

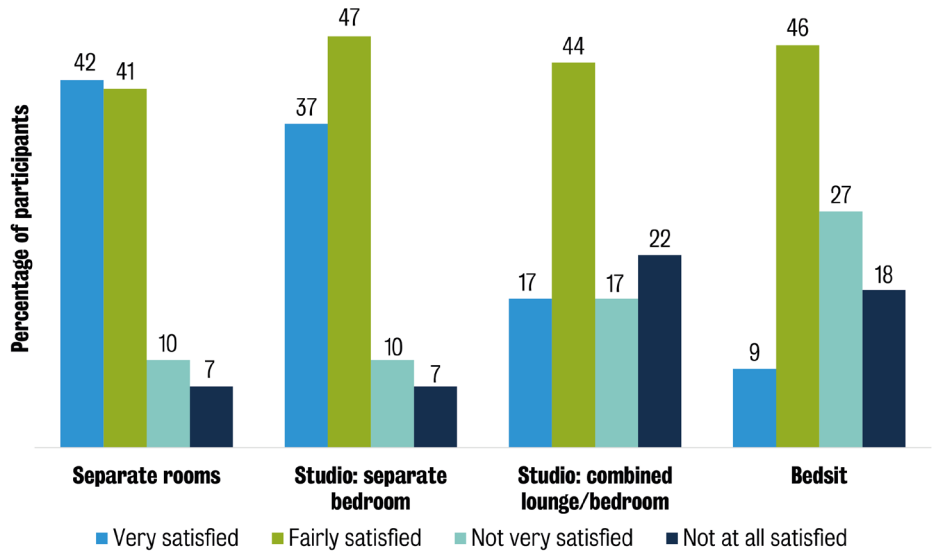
There was also a relationship between the type of accommodation and housing satisfaction (Figure 4.2). People in self-contained accommodation with a separate bedroom, living room and kitchen, and those in a studio flat with a combined lounge and kitchen but separate bedroom, were more likely to be satisfied with their housing than those in a bedsit or a studio flat

without a separate bedroom. People who did not have a separate bedroom were particularly concerned about the lack of privacy, particularly when they had visitors. The type of accommodation partly explains the reason for lower levels of housing satisfaction among housing association tenants and private renters. They were less likely than those in local authority housing to have self-contained accommodation (86 per cent in local authority housing, compared to 61 per cent in housing association accommodation and 64 per cent in private rented accommodation). In addition, some participants in housing association tenancies and in the PRS were worried about their fixed-term tenancy agreements. The comments of the participants illustrate their mixed housing experiences:

> 'I love the flat, the area and my daughter lives nearby... and the shops are across the road. Plenty of room for me in the flat, and for my kids and grandchildren when they visit. I have a nice patio outside. Have had a new disabled shower and seat put in. I'm loving it here.'

> 'I hate this flat. Problem still with the boiler there's a rusty element in it. If I put the heating on it makes a lot of noise. The toilet and bathroom sink are dirty and black. Tiles are broken, I can't put carpet down...I don't want anyone here.'

Figure 4.2: Housing satisfaction at 60 months by type of accommodation



In terms of the service received from their housing officer or landlord, 73 per cent of the participants said that they were 'very' or 'fairly' satisfied, while 14 per cent were 'not very' and 13 per cent 'not at all' satisfied. The main reasons for their satisfaction or dissatisfaction with the landlord concerned whether maintenance work and repairs were carried out promptly. A few who were dissatisfied also commented that their housing officer or landlord was hard to contact and did not return telephone calls or visit when complaints were made.

Compared to the general population in England, there was little difference in housing satisfaction among the Rebuilding Lives participants and the general population in local authority tenancies (Table 4.2). Among housing association and private rented tenants, however, a lower percentage of people in the Rebuilding Lives study were 'very satisfied' with their accommodation, and three times as many Rebuilding Lives participants in the PRS were 'not at all' satisfied.

Table 4.2: Satisfaction with the accommodation: participants in the Rebuilding Lives study and in the English Housing Survey 2012

Level of satisfaction	Local authority		Housing association		Private rented		Total	
	Rebuilding Lives	EHS	Rebuilding Lives	EHS	Rebuilding Lives	EHS	Rebuilding Lives	EHS
	Percentages							
Very	45.5	39.5	33.3	50.7	22.2	43.2	37.4	44.3
Fairly	32.3	37.1	49.5	33.2	59.3	41.2	42.9	38.1
Neither satisfied/dissatisfied	n.a.	6.8	n.a.	5.7	n.a.	5.6	n.a.	5.9
Not very	12.1	8.7	10.8	5.5	7.4	6.6	11.0	6.7
Not at all	10.1	7.9	6.5	4.9	11.1	3.5	8.7	4.8
Total number	99	1655	93	1984	27	3856	219	7495

Notes
EHS = English Housing Survey 2012 (please see Table 4.3 of reference 39)
n.a. = not applicable (was not an option in the Rebuilding Lives study)

Perceptions of the accommodation as 'home'

The Rebuilding Lives participants were asked whether they thought of their accommodation as 'home'. Seventy two per cent said 'yes', 12 per cent said 'no', and 16 per cent said 'yes and no'. Common reasons for regarding the accommodation as home were: having control over the property, privacy and independence; feeling safe, comfortable and relaxed; having essential furniture and furnishings, and having personalised the place; and satisfaction with the service provided by the landlord. The positive features are illustrated by their following comments:

> 'I like coming back to my flat – it is my home. Nice neighbours. Everything in the flat is mine. I have a collection of CDs and DVDs that I've built up over the last five years'.

> 'I was traumatised about being homeless - now I have a roof over my head I am so grateful. I love the flat and its layout, and want to improve it. I've bought things for it and paid to have the sitting room repainted and bookshelves put up. It's nice to be in the safety of four walls. It's my little sanctuary'.

> 'It's cosy, relaxing. I really feel comfortable here. I have my cats. I don't think I'll go anywhere else – this is my home for life'.

Factors linked to not regarding their accommodation as home were: its poor condition and disrepairs; lack of space and amenities; dislike of the neighbourhood; problems with neighbours; and the insecurity of fixed-term tenures. The participants with no written tenancy agreement or with a time-limited tenure were much less likely than those with a 'secure and open ended' tenancy agreement to regard their accommodation as home (55% compared to 77%; χ^2 8.2, df 1, p 0.004). A few people said that they found it hard to settle and regard any place as home. People with histories of mental health problems or homelessness lasting more than 10 years, and those who had moved several times since being resettled, were less likely to think of their accommodation as 'home'. Their comments illustrate the difficulties that some experienced:

> 'I have my stuff there but it's not a home for me. I can't cope there and hardly ever stay there. I'm too panicky because of all the harassment and homophobic abuse by the neighbours. I'm waiting to move'.

> 'I used to but not now. I think of it as a big problem and issue. I made my house nice but I have started neglecting it now because of the damp and mould problems. Even though I still have this place I feel like I've lost it'.

> 'Nowhere has been my home for a while now. I have not slept in the bedroom at all – I feel weird going in there. I sleep on a futon in the sitting room and use the bedroom as a storage room. I don't feel settled in the flat...I was used to being in one room when in the hostel'.

There were differences in perceptions of the accommodation by housing tenure. Just 52 per cent in the PRS, compared to 66 per cent in housing association tenancies and 82 per cent in local authority housing, thought of their accommodation as home. This was partly linked to the insecure tenancy agreements common within the PRS and the poor condition of some of these properties. Compared to participants in local authority housing, a lower percentage in housing association tenancies regarded their accommodation as home. This was also associated with fixed-term tenancy agreements and feelings of insecurity among some housing association tenants. Several of the latter said that they would have eventually liked to buy their flat but, unlike in local authority housing, this option was unavailable. As one man explained:

> 'I can't call this flat mine. At the back of my mind, I know one day I might have to give it up. It's not mine – I just pay the rent. If I lose my job and can't pay the rent, they will put me out. If I had the chance to buy this flat, I would. The money I pay on rent could go towards a mortgage'.

Thoughts of moving or giving up the tenancy

Just under one half (49 per cent) of participants had thought about moving or giving up their tenancy, although slightly fewer (38 per cent) were still considering it when interviewed. Seventeen per cent were actively seeking alternative housing, eg bidding for properties, looking for private rented accommodation, or they had advertised their accommodation on housing exchange sites. The main reasons for wanting to leave were the poor state of the place, to be nearer family, to get away from problems with neighbours or antisocial behaviour in the area, or wanting a larger place or somewhere with a garden. Several young women who had had children or were pregnant wanted a property with an additional bedroom. Most people said that they would not give up their accommodation until they found somewhere else. Three men,

however, believed that they would be better on the streets. One was very worried about letters he had received saying he had rent arrears. Another said he missed the 'hustle and bustle' of the streets as in his flat life 'stands still'. Likewise, the third referred to depression and the loneliness of being in a flat without anyone to talk to.

Overview

Many participants had turned their accommodation into a comfortable home, were looking after the property, and were satisfied with their housing. Some had been in their accommodation for at least five years, while others had moved to alternative housing during this period. Some in their original housing said that they would have preferred more space but nonetheless would not give up their accommodation unless a better option became available. Some participants were, however, struggling at 60 months to maintain their accommodation and make it comfortable and homely. Some lacked the skills or motivation to look after a home and keep it clean and habitable. A few were hoarders and parts of their accommodation had become inaccessible, and at least one person's tenancy was at risk because of this behaviour. Although relatively under-researched, hoarding and its impact on the individual and on their housing has recently received some attention (see Chapter 11).[82, 83]

Some people were experiencing difficulties keeping their accommodation well maintained due to factors beyond their control. This included a lack of money to replace worn out furniture and household goods, and the failure of housing providers across all tenures to carry out repairs and maintenance work. In some cases, their health was affected by their poor living conditions. The behaviour of neighbours and their ability to maintain a home also had an impact on some Rebuilding Lives participants who experienced floods and leaks from neighbours' properties. More participants in social housing reported difficulties getting repair work done at 60 months than they did when interviewed at 15/18 months. Although some had had new kitchens or bathrooms installed, the findings suggest that social housing providers might be less responsive to routine maintenance and repairs than they were a few years ago.

As in the FOR-HOME study, housing satisfaction remained strongly linked to housing characteristics, namely the type of accommodation and whether or not it had a separate bedroom, and the security of tenure and whether or not it was for a fixed-term. Recent policy changes mean, however, that people are now more likely to rent accommodation that is for a fixed-term, and young people are more likely to move to housing without a separate bedroom. Changes to welfare benefits in January 2012 means that single people aged under 35 years in the PRS who are reliant on rent subsidies are only entitled to HB at the 'Shared Accommodation Rate'. They can only claim HB for a single room in a shared house, and may not be able to afford accommodation with a separate bedroom and living room. As described in Chapter 1, fixed-term tenancy agreements are common within the PRS and were also introduced into the social housing sector through the Localism Act 2011. The participants' concerns about such agreements are understandable. Some people in the study had become homeless again when landlords refused to renew tenancy agreements, including a few who had been in their accommodation for five years (see Chapter 3).

5 | Income and management of finances

5 | Income and management of finances

This chapter examines how the 223 Rebuilding Lives participants who were housed and living independently at 60 months were managing financially. It does not include one man who had moved into a care home which provided 24 hour care and support. The chapter summarises the participants' income at the time of interview, changes in their income over time, and their expenditure on rent, utilities and other essentials. It also describes the strategies they developed for budgeting and managing finances, and the reasons why debts had gradually accrued for some people since they were resettled. Comparisons are made between their experiences of managing finances and that of the general population.

Income and social security benefits

Income sources and levels

Most participants (77 per cent) were in receipt of personal social security benefits (not including housing subsidies or child benefits) when interviewed at 60 months, 26 per cent were working full-time or part-time and had earnings, and five per cent had *no* income. A few people were working but also received social security or taxation-related benefits as their income was low. Young people aged in their twenties were more likely than other age groups to be working and less likely to be claiming personal social security benefits, although 10 per cent of this age group had *no* income at the time of interview (Table 5.1). People aged in their fifties were most reliant on social security benefits (91 per cent); just five per cent had earnings and seven per cent had *no* income. Among those without an income, the main reasons for this were that their social security benefits had been suspended or stopped.

The participants' average weekly income was £152, although this figure has to be treated cautiously as some were in work and had relatively high incomes (Table 5.2). Their median weekly income was £119. Variations in weekly income were linked to whether or not the person was in paid work and the type of social security benefit(s) that people received. Those with jobs had the highest incomes, and those receiving Jobseeker's Allowance had the lowest income. Overall, there had been an increase in the participants' weekly income since they were resettled. Their average weekly income was £84 at the time of resettlement, £113 at 15/18 months, and £152 at 60 months. Their median weekly income had also increased from £62 when resettled to £90 after 15/18 months, and £119 at 60 months.

People aged 60 and over had the highest average and median weekly incomes. Two thirds were receiving the state pension or pension credit and several were also in receipt of Disability Living Allowance and/or a private pension (Table 5.2). The average weekly income of those aged in their twenties was also relatively high although their median weekly income was considerably

lower. The high average income accounts for a few who had relatively well-paid jobs. People aged in their fifties, who were mainly reliant on social security benefits, had the lowest weekly income.

Table 5.1: The Rebuilding Lives participants' sources of personal income[a] by age at 60 months

Personal income	Age groups (years)						Total
	20–24	25–29	30–39	40–49	50–59	60+	
	Percentages						
Any social security benefits[a]	52.4	50.0	76.1	85.3	90.7	86.7	76.7
Jobseeker's Allowance	19.0	13.3	17.4	14.7	16.3	6.7	15.2
ESA[b]	4.8	10.0	34.8	51.5	44.2	6.7	33.5
Income Support	19.0	16.7	17.4	19.1	28.6	0.0	18.9
Disability Living Allowance	4.8	3.3	21.7	25.0	39.5	40.0	23.3
State pension[c]	0.0	0.0	0.0	0.0	0.0	60.0	4.0
Working Tax Credit	9.5	13.3	6.5	4.4	0.0	0.0	5.4
Wages, earnings	42.9	50.0	32.6	20.6	4.7	13.3	25.6
Occupational/ private pension[d]	0.0	0.0	0.0	0.0	4.7	53.3	4.5
Total participants	21	30	46	68	43	15	223

Notes
Percentages do not add up to 100 as some people had more than one source of income
[a]Does not include Child Benefit, Child Tax Credit, child maintenance, Carer's Allowance, Housing Benefit and Local Housing Allowance payments
[b]Employment and Support Allowance; includes a few people who said they were still on Incapacity Benefit
[c]Includes Pension Credit
[d]Not state pension

Despite a rise in income since resettlement, 65 per cent of participants at 60 months had an income below the UK poverty threshold (in 2011-12, the poverty threshold for a single adult without dependent children was £128 a week after deducting for rent, service charges and water rates). In comparison, just 21 per cent of the overall UK population in 2011-12 had an income below the poverty rate.[84] Only 33 per cent of the Rebuilding Lives participants aged 60 and over had an income below the poverty threshold compared to 70 per cent aged in their forties and fifties (Table 5.2).

Table 5.2: The Rebuilding Lives participants' level of weekly personal income[a] by age at 60 months

Level of income	Age groups (years)						Total
	20-24	25-29	30-39	40-49	50-59	60+	
				Percentages			
No income	9.5	10.3	2.3	1.6	7.1	0.0	4.7
Up to £60	23.8	10.3	9.3	3.2	14.3	0.0	9.5
> £60 - £100	14.3	27.6	27.9	32.2	28.5	7.1	26.5
> £100 - £150	9.5	10.3	18.6	37.1	16.7	28.6	22.3
> £150- £200	4.8	6.9	16.3	3.2	16.7	28.6	10.9
> £200	38.1	34.5	25.6	22.6	16.7	35.7	26.1
Income below UK poverty threshold[b]	57.1	67.9	62.8	70.5	70.7	33.3	65.0
				To nearest £			
Average weekly income	182	170	144	142	134	194	152
Median weekly income	125	103	113	119	100	160	119
Total participants[c]	21	29	43	62	42	14	211

Notes
[a]Income does not include Child Benefit, Child Tax Credit, child maintenance, Carer's Allowance, Housing Benefit and Local Housing Allowance payments
[b]In 2011-12, the poverty threshold for a single adult without dependent children was £128 a week after deducting for rent, service charges and water rates[78]
[c]Only includes the participants that were housed at 60 months; 12 people were unable to state their income

Social security benefit assessments

During the 12 months prior to being interviewed, 69 people (37 per cent who had received personal social security benefits) attended an assessment for their benefit entitlements. The outcomes of the assessments were as follows:

- Thirty one people had their benefits continued
- Thirty two people were assessed as fit for work
- One person required a further assessment
- Five people were unsure of the outcome.

Nineteen of the 32 people assessed as fit for work appealed against the decision. Nine won their appeal, one lost the appeal, and nine were still waiting for a decision. Some people had their benefits stopped or reduced while awaiting the appeal hearing.

There were mixed reactions from people about the ways in which their social security benefit assessments had been conducted and the outcomes. Some believed that their physical and mental health problems were not considered to the fullest extent. As one person described, 'I wasn't asked any questions about my mental health and depression when I was assessed – all they were interested in was whether I could push a supermarket trolley'. A second person, whose benefits were changed from Employment and Support Allowance to Jobseeker's Allowance, acknowledged that it was the prompt he needed to get back into work: 'I was happy to be signed off as I was not physically ill – it gave me a kick up the arse to do something'. In contrast, another person, who claimed to have no physical or mental health problems, was nonetheless angry at having been assessed as fit for work. As she described:

> 'You need 15 points for disability to get benefits and I scored zero at my assessment. They said there is nothing wrong with me and I should get a job. I went to the Citizens Advice Bureau for help but they said I didn't stand a chance if I appealed. I told my GP and he has given me 16 points for disability. I've appealed but they've cut my ESA payments in half and so I've had to get a job'.

Expenditure

Rent payments and arrears

The participants' average weekly rent at 60 months was £105, although this differed by housing tenure. The average weekly rent was £83 for local authority tenancies, £121 for housing association tenancies and £126 for private rented accommodation. The London average was nearly double that of other areas (£130 v £73), and was particularly high for people in private rented tenancies (£210). Some rent payments included a 'service charge' for heating, water and the cleaning of communal areas. About four fifths (79 per cent) of participants received HB towards all or part of their rent. Forty three per cent did not pay anything towards their rent, 37 per cent made a contribution (generally between £3 and £15), and 20 per cent paid all the rent. Young people were less likely than the other age groups to be in receipt of HB as several were in full-time work or education and not entitled to HB – only 52 per cent aged 20-24 and 60 per cent aged 25-29 received some HB (Table 5.3). Overall, the average weekly rent contribution paid by those aged 20-24 years was £48, compared to just £14 for people aged in their forties and £12 for those in their fifties.

At 60 months, 39 per cent of people reported rent arrears during the preceding 12 months. This applied to all ages except those aged 60 and over – just 13 per cent of this age group had had arrears (Table 5.4). At the time of interview, 26 per cent of all participants still had rent arrears, and seven per cent owed £500 or more. Participants in London were twice as likely as those living elsewhere to have rent arrears at 60 months (33% compared to 16%; χ^2 8.0; df 1; p 0.005). In contrast to the FOR-HOME findings at 15/18 months, those in private rented accommodation were less likely than those in social housing to have rent arrears (11 per cent in private rented, compared to 23 per cent in local authority and 34 per cent in housing association tenancies). Part of the reason for this difference is that several private renters had already been evicted because of rent arrears (see Chapter 3). Those aged 20-24 years were most likely to have rent arrears when interviewed and to owe large sums -

nearly one quarter owed £500 or more, including 14 per cent who had arrears of at least £1,000 (Table 5.4). One young person owed £3,225. As shown in Figure 5.1, this age group had experienced a substantial increase in rent arrears over the last three to four years, from an average of £171 at 15/18 months to £420 at 60 months.

Table 5.3: Rent charges for current accommodation by age at 60 months

Rent charges	Age groups (years)						Total
	20–24	25–29	30–39	40–49	50–59	60+	
	To nearest pound (£)						
Average weekly rent[a]	94	94	100	105	107	157	105
Average weekly rent[a] paid by participants	48	32	23	14	12	27	22
Median weekly rent[a] paid by participants	20	16	3	0	3	16	5
	Percentages						
In receipt of HB/LHA[b]	52.4	60.0	82.6	88.2	88.4	86.7	79.8
Number of participants	21	30	46	68	43	15	223

Notes
[a]Includes service charge.
[b]Housing Benefit or Local Housing Allowance

Participants described four main reasons why they had accumulated rent arrears in the 12 months prior to being interviewed. The most common reason (reported by 16 per cent) was a failure on their part to pay their contribution to the rent and service charge. Some said they spent the money on other things, some that they could not afford to pay and some that they forgot to pay. Other reasons for rent arrears were HB administration problems (eight per cent), suspensions of their personal social security benefits (sanctions) which led also to the suspension of HB (eight per cent), and the ending of HB or delays in sorting out payments when starting or stopping work (six per cent).

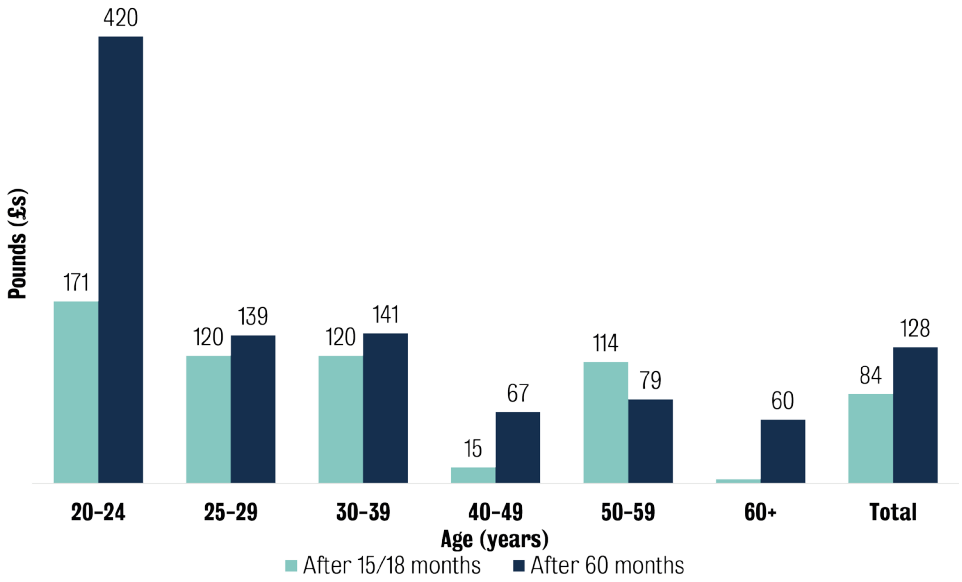
Eighteen per cent of people had been threatened with eviction because of rent arrears during the preceding 12 months, and four per cent were still under threat of eviction at 60 months (Table 5.4). Young people were most likely to have been affected. Twenty nine per cent aged 25-29 years had been threatened with eviction during the last 12 months, while almost 10 per cent aged 20-24 years were under threat of eviction when interviewed. In addition, 14 per cent aged 20-29 years had been taken to court by their housing provider during the previous 12 months because of rent arrears.

Table 5.4: Rent arrears and eviction threats by age at 60 months

Rent arrears and eviction threats	Age groups (years)						Total
	20-24	25-29	30-39	40-49	50-59	60+	
	Percentages						
Rent arrears in last 12 months	42.9	37.9	41.3	41.8	41.9	13.3	39.4
Rent arrears at 60 month interview	33.3	31.0	23.9	24.2	30.2	6.7	25.9
Level of rent arrears at 60 months							
£1-£499	9.5	18.5	13.3	21.2	23.8	0.0	17.1
£500-£999	9.5	3.7	4.4	1.5	2.4	6.7	3.7
£1000+	14.3	3.7	4.4	1.5	2.4	0.0	3.7
Threatened with eviction for rent arrears							
in last 12 months	19.0	28.9	24.4	13.8	14.3	0.0	17.6
at time of interview	9.5	6.9	6.7	0.0	4.8	0.0	3.7
Number of participants	21	29	46	67	43	15	221

Notes
Information available for 221 Rebuilding Lives participants.

Figure 5.1: Average rent arrears since being resettled by age at 60 months



Notes
Only refers to participants that were housed and interviewed at 60 months.

Council tax and utility payments

Many participants had been affected by changes to the Council Tax Benefit (CTB) scheme. This scheme was replaced in April 2013 by the Local Council Tax Reduction Scheme (LCTRS). Whereas the CTB scheme had been funded largely by central government, under the new scheme each local authority is required to set up its own LCTRS. The funding each local authority receives from central government for its LCTRS is less than the CTB funding previously received. Many people who were previously exempt from paying council tax are now required to pay a contribution.

At 15/18 months, just 12 per cent of participants were responsible for paying all or part of their council tax, but this proportion had increased to 70 per cent by 60 months. Thirty eight per cent were required to pay £20 or less each month and 32 per cent more than £20 a month. Those working full-time paid the most each month (on average £66, compared to £29 for those employed part-time or casually, and £9 for those unemployed). Most people paid their council tax weekly or monthly. However, 12 per cent of participants said that they should be paying council tax but had not made any payments.

Nearly two thirds of participants (65 per cent) paid for their electricity, and 61 per cent for their gas, through 'pay as you use' schemes. Many preferred this system as they had become accustomed to recharging their meter keys or cards when they received their social security benefits. Others made weekly, fortnightly or monthly payments to the suppliers or had set up direct debits, and 19 per cent relied on quarterly bills. In five per cent of cases, electricity and gas charges were included in the rent and service charge, or the money was taken directly from their social security benefits (the latter applied to a few people who had utility arrears). A minority of people said that they did not pay for gas or electricity, although they acknowledged that they should. For people who paid their own utility costs, the average weekly cost of the utilities were £9.12 for electricity, £10.68 for gas and £6.77 for water.

For just over one third (37 per cent), charges for water were included in the rent and service charge. Most others paid weekly or monthly. However, nine per cent of participants said that they had paid *no* water charges since moving in although they should have done so. This included 15 per cent aged 20-24 years. Some were unclear about whether they should be paying for water, but several said that they could not afford to pay and so had ignored bills and letters that had been sent to their address. This is of particular concern as, after five years, each person is likely to owe more than £1,000.

At 60 months, 44 per cent of people said that they 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. People in receipt of three-monthly utility bills tended to be most likely, and those using 'pay as you use' schemes were least likely, to report problems. In relation to electricity, for example, 62 per cent who had three-monthly bills had payment problems, compared to 47 per cent who paid weekly or monthly, and just 27 per cent who used the 'pay as you use' scheme. Several had been threatened with court or had been visited by debt collectors because of utility arrears. The struggles of some are apparent by their comments:

> 'I owe the electric £727 and the gas several hundred pounds – maybe £500 or £600. I was getting three-monthly bills for these but got into problems and did not pay them. The electric is now being taken straight from my benefits. The gas company got court entry and came into my flat about two years ago ... they changed the meter and have fitted me with a 'pay as you use' meter. Because I owe them so much money, every time I top up my gas key they take half of it back for the debts.'

> 'I pay £40 a month direct debit for my electricity and gas combined. I know it's not enough and that I owe them money. I don't let them in to check the meter as I can't afford to pay more'.

> 'The bills are going up. The water rates used to be £200 a year – now they're £360. I pay it when I can afford it. They sent me a letter threatening to take me to court. I owe the council tax £2,600. They agreed I could pay them back £75 a month, but they also expect me to pay the next bill on top of this. I had to leave my rent in arrears so I could pay the council tax.'

Budgeting and managing financially

Participants were asked about how they were managing financially, how they budgeted and prioritised their spending, and whether in the last 12 months they had run short of money for food, heating, personal needs and social activities. Applying the rating scale used in a longitudinal survey of households in Great Britain, Understanding Society: Innovation Panel[83], 10 per cent of Rebuilding Lives participants said that they were 'living comfortably', 29 per cent were 'doing alright', 34 per cent were 'just about getting by', 20 per cent were finding it 'quite difficult', and seven per cent 'very difficult'. The London participants were less likely than those living elsewhere to describe living comfortably or doing alright (31 per cent compared to 50 per cent). There were also age differences. Those aged 60 and over were most likely to say that they were living comfortably or doing alright; relatively few (seven per cent) said that they were having difficulties. In comparison, between one fifth and one third of all other age groups reported finding it 'quite' or 'very' difficult (Table 5.5). The main reasons given for experiencing difficulties were:

- low income coupled with the high cost of rent, utility bills and travel
- irregular wages among those working part-time, casually or on zero-hours contracts
- social security benefit payments being reduced or stopped through sanctions
- poor budgeting skills
- additional expenses associated with child-care, starting college or unforeseen circumstances such as the need for dental treatment.

Table 5.5: Self-ratings of how managing finances by age at 60 months

How managing finances	Age groups (years)						Total
	20–24	25–29	30–39	40–49	50–59	60+	
	Percentages						
Living comfortably	14.3	10.0	8.7	5.9	7.0	40.0	10.3
Doing alright	28.6	40.0	21.7	29.4	30.2	20.0	28.7
Just about getting by	23.8	23.3	47.8	33.8	34.9	33.3	34.5
Finding it quite difficult	28.6	16.7	15.2	26.5	16.3	6.7	19.7
Finding it very difficult	4.8	10.0	6.5	4.4	11.6	0.0	6.7
Number of participants	21	30	46	68	43	15	223

Compared to the general population in Great Britain[85], a much higher proportion of Rebuilding Lives participants were struggling financially. Three fifths (60 per cent) of the general population but only 39 per cent of Rebuilding Lives participants described 'living comfortably' or 'doing alright' (Table 5.6). At the same time, 26 per cent of Rebuilding Lives participants, compared to just 12 per cent of the general population, reported experiencing financial difficulties.

Table 5.6: Self-ratings of how managing finances: Rebuilding Lives participants and the general population in Great Britain

How managing financially	Rebuilding Lives[a]		General population (Great Britain) 2013[b]	
	Number	%	Number	%
Living comfortably	23	10.3	493	26.2
Doing alright	64	28.7	631	33.5
Just about getting by	77	34.5	530	28.1
Finding it quite difficult	44	19.7	160	8.5
Finding it very difficult	15	6.7	71	3.8
Number of participants	223	100.0	1885	100.0

Notes
[a]The Rebuilding Lives participants that were housed at 60 months
[b]Understanding Society: Innovation Panel is a longitudinal study involving a representative sample of households in Great Britain. It collects information about the social and economic circumstances of the general population. The figures reported here are from Wave 6. The dataset used is f_indresp_ip_sav and the variable is f_finnow. Accessed through the UK Data Service.[85]

Budgeting strategies

Over time, the Rebuilding Lives participants developed various strategies to help them budget and manage financially. Many prioritised their spending. On receipt of their social security benefits or wages, their first priority was to pay the rent and bills, then sort out travel costs, and then buy food. Several said that they never went out socially and could not afford to buy clothes. Most managed their own finances but eleven people (five per cent) relied on relatives, partners or friends to manage their money and pay the bills. A few methodically kept a record of their income and expenditure, and calculated each month what money was needed for bills and what was left. Some were unable to afford to pay all the bills when they received their income, and explained 'I tend to pay those who shout the loudest first' or 'I rob Peter to pay Paul' or 'I pay part of a bill'.

Eleven people said that they never put their heating on as they could not afford it, and instead dressed in several layers of clothing and sometimes slept in their clothes. As mentioned in Chapter 4, one man had erected a tent in his bedroom and slept in this for warmth. During the winter, some spent a great deal of time in cafes, libraries or community centres to avoid having to use their heating. A few people built up credit for their gas during the summer so that they could afford to put on the heating in winter. Four people regularly cycled to work to avoid travel costs.

In terms of food, some people kept a 'stock' of canned food such as soup, spaghetti and tomatoes, which they used when they were without money. A few meticulously wrote out shopping lists, and worked out the food prices and what they could afford before going shopping. Some shopped at market stalls or in 'pound' stores, and some visited supermarkets late in the day when products were reduced. When short of money, several went to relatives or friends for a meal, 17 people obtained food at soup kitchens, day centres or churches, and 14 people had used food banks in the previous 12 months. One person admitted to shoplifting, another to begging, but others said they simply went without food and 'slept off the hunger'. It was generally people aged in their forties or fifties who used day centres, churches or food banks.

A few worked overtime whenever possible to earn extra money, or did odd jobs for people such as cleaning. Other means to make money included selling items at car boot sales, and one person had set up a 'car parking business' in the forecourt of a nearby council block of flats. Several had cut down on their smoking, drinking or drug use as they could no longer afford the habit. One man described, 'I don't buy cigarettes any more. I go 'dog ending' [picking up cigarette butts] around the stations'. Other strategies they used included:

> 'I use one light or candles to save on electricity. I have an Argos [store] card and use this to buy large items for my flat. I buy one thing at a time. When I finish paying for one thing, I then buy the next'.

> 'I have a credit card I use as an emergency. I use it occasionally to show activity on it'.

> 'I avoid unnecessary expense such as broadband and Sky TV. I wait for people to ring me or I make 'dead calls' so people ring me back'.

> 'I have no TV licence or internet. I use my neighbours' Wi-Fi'.

> 'When I need cash, I only take out £10 at a time. So there is no temptation to spend'.

Financial struggles

When short of money, 63 per cent of participants said that relatives, friends, children or partners loaned or gave them money (see Chapter 7). This was most common among those aged 20-24 years (90 per cent) and least common among those aged 60 or over (19 per cent). As one young person explained, 'I borrow from one person and then another, so I'm rotating who I owe money to'. A few people obtained 'credit' from local shopkeepers or borrowed from credit unions or payday loan companies. Ten per cent said that they had taken out a payday loan in the last 12 months. This also was most common among those aged 20-24 years (24 per cent).

Just over one half (56 per cent) reported running short of money for food 'frequently' or 'occasionally' in the last 12 months. There was a significant correlation between the frequency of running short of money for food and the frequency of having meals ($r_s = +0.31$, $p < 0.01$). Nearly one half (48 per cent) of people who 'frequently' ran short of money for food had a meal (consisting of meat, fish or vegetarian option) just three days a week or less, compared to 28 per cent who 'occasionally' ran short of money and just 13 per cent without financial difficulties. This is discussed further in Chapter 8. Forty four per cent said that they frequently or occasionally ran short of money to heat their home, and 60 per cent that they had been without money for social activities or for their personal needs, such as clothing and toiletries. People aged 60 and over were less likely than other age groups to report financial struggles (Table 5.7).

Table 5.8 profiles five contrasting cases which show the great variation in the participants' weekly income after paying rent and household bills. Case 1 is a young person who was working but on a low wage. He received no personal social security benefits but HB paid part of his rent. However, after paying his contribution towards the rent, council tax, travel costs to and from work, and other regular expenses, he had just £33.25 per week for food, clothing, toiletries, furnishings and furniture for his flat, and other costs that might arise. He did not have money to go out with friends, and therefore spent most of his time watching television when he was not working. He had debts of more than £4,000 but could not afford to start repaying them. Case 2 was claiming Jobseeker's Allowance and his discretionary income each week for food and living expenses after regular bills were paid was only £14.62. His utility expenses were high as he was paying back debts. Following an assessment of his social security benefits six months earlier, his benefits had been changed from Incapacity Benefit to Jobseeker's Allowance. This meant a reduction in his income of £29 per week. According to him, 'When I was on Incapacity Benefit I was able to manage and have a meal daily. Now it's very hard.' Case 3 received Employment and Support Allowance – after paying rent and bills, he was left with £56 per week for food and other items.

Table 5.7: Financial struggles in the last 12 months by age at 60 months

Whether short of money in last 12 months	Age groups (years)						Total
	20-24	25-29	30-39	40-49	50-59	60+	
	Percentages						
For food							
yes, frequently	28.6	16.7	23.9	26.5	39.5	0.0	25.6
yes, occasionally	28.6	16.7	43.5	29.4	30.2	26.7	30.5
no	42.9	66.7	32.6	44.1	30.2	73.3	43.9
To heat home[a]							
yes, frequently	33.3	12.0	36.6	28.8	33.3	0.0	28.3
yes, occasionally	5.6	16.0	19.5	19.7	12.8	0.0	15.7
no	61.1	72.0	43.9	51.5	53.8	100.0	56.1
For social activities/ personal needs							
yes, frequently	57.1	40.0	52.2	33.8	41.9	0.0	39.9
yes, occasionally	9.5	16.7	19.6	25.0	20.9	26.7	20.6
no	33.3	43.3	28.3	41.2	37.2	73.3	39.5
Number of participants	21	30	46	68	43	15	223

Notes
[a]Does not include people whose heating is covered in their rent and service-charge.

In contrast, Case 4 had a relatively high discretionary income each week after her rent and household bills were paid (£144.50). She received Income Support and Disability Living Allowance (DLA)[iii] since she needed help with daily activities. The DLA element of her income allowed her to 'buy in' help or support at home if needed, and to occasionally pay for taxis if she needed to go out. Case 5 was an older man in receipt of state and occupational pensions, who also had a relatively high discretionary income (£118 per week). He frequently travelled around London but had a 'freedom pass' so did not have to pay fares. Financially he was coping well, had bought additional pieces of furniture and pictures for his flat, and went on holiday for the first time in many years. He had accrued no debts since being resettled.

The suspension or stopping of social security benefits

One of the key contributory factors leading to the participants' financial difficulties was the suspension or stopping of social security benefits. Forty five people (24 per cent of those who had received personal social security benefits) had had their benefits suspended or stopped during the 12 months prior to their interview at 60 months, although they were still reliant on benefits. This included 36 per cent of those aged 20-24 years who had received benefits.

iii DLA was in the process of being changed to Personal Independence Payment at the time of interviews.

Table 5.8: Weekly income and expenditure at 60 months: five contrasting cases

Weekly income and expenditure	Source of income				
	Case 1 Earnings	**Case 2 JSA**	**Case 3 ESA**	**Case 4 Income Support + DLA**	**Case 5 Pensions (state & occupational)**
	Weekly amount in pounds (£s)				
Income	125.00	71.00	105.00	172.50	156.77
Expenditure[a]					
Rent/service charge[b]	45.00	8.00	14.00	11.00	17.52
Electricity, gas, water[c]	7.50	37.50	6.63	6.50	5.00
Council tax	12.75	2.85	8.20	0.00	0.00
Travel	17.50	0.00	0.00	0.00	0.00
TV licence	0.00	3.03	0.00	3.00	3.00
Phone/TV/ internet	9.00	5.00	20.00	7.50	13.25
Total expenditure	91.75	56.38	48.83	28.00	38.77
Balance[d]	**33.25**	**14.62**	**56.17**	**144.50**	**118.00**
	Additional information				
Debts at 60 months (£s)	4384	457	2450	333	0
Age group (years)	21-24	40-49	30-39	50-59	60+

Notes
JSA = Jobseeker's Allowance
ESA = Employment and Support Allowance
DLA = Disability Living Allowance
[a]Regular household payments; does not include food or household products
[b]Paid by the participants; all received HB towards the rent
[c]Paid directly by the participant and not included in the rent
[d]Discretionary income for food, household cleaning equipment, clothing and footwear, toiletries, furniture and furnishings, social activities, and happenchance circumstances

There were two main reasons why their benefits were stopped: (i) sanctions, eg for missing appointments at the Job Centre or failing to apply for jobs; and (ii) the ending of ESA which was time-limited, and participants were unaware of or failed to complete new claims forms. In a few cases, benefits were stopped due to administration errors on the part of the Job Centre, or because people were waiting for claims to be renewed when they were released from prison. The length of time that benefits were stopped varied: less than one month for 17 people; one to three months for 21 people; and longer than three months for five people (a further two people could not state the length of time). A few participants had had their benefits stopped more than once because of sanctions.

The stopping of benefits led to great difficulties for many participants, as they had no family or friends to turn to for financial help. Besides being unable to pay bills or buy food, a few described how their health was negatively affected because they could not heat their home. Some went to soup kitchens and churches for food, and a few admitted to shoplifting. For 19 people, their HB also stopped when their personal benefits stopped which led to rent arrears and threats of eviction. Their struggles are apparent from their comments:

> 'I've been without money for seven weeks and have no food in the house. I can't ask my family for help. I'm trying to sleep the time away, but I can't sleep as I'm hungry. I don't even have any loo roll'.

> 'I had no money for food or heating. My neighbours gave me food. I got sick and had a bad chest as I couldn't afford to put the heating on...I was put on antibiotics. I think this scared them and so they started my benefits again'.

> 'Since I've been released from prison I've had no money. I have rent arrears and have been threatened with eviction...I go to churches for meals and to street handouts'.

During the 12 months prior to being interviewed, people who had their personal social security benefits suspended or stopped (when they were still needed) were significantly more likely than the other participants:

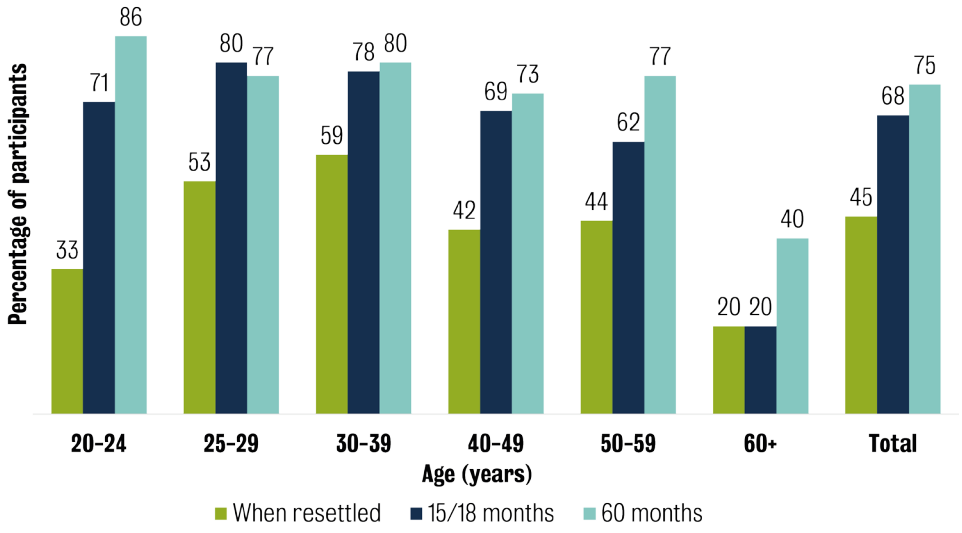
- to have experienced problems with HB during the last 12 months (64% compared to 31%; χ^2 15.5; df 1; p 0.000)[iv]
- to have had rent arrears during the 12 months preceding their interview (73% compared to 31%; χ^2 27.0; df 1; p 0.000)
- to have rent arrears at 60 months (50% compared to 20%; χ^2 16.4; df 1; p 0.000). Their average rent arrears were £298 compared to £86 for other participants.
- to have debts other than rent arrears at 60 months (84% compared to 64%; χ^2 6.7; df 1; p 0.01).
- to have been threatened with eviction (42% compared to 15%; χ^2 14.7; df 1; p 0.000).

iv Analysis includes only participants who had claimed HB.

Debts

One of the key findings from the FOR-HOME study was the high prevalence of debts among the participants, and that the percentage of people affected gradually increased over the 15/18 months following their resettlement. This overall trend has continued through to 60 months. The following analyses on debts at *all time periods* refer only to the 223 participants who were housed and interviewed at 60 months. Hence it provides a snapshot of changes in debt among a particular cohort. As shown in Figure 5.2, there had been a gradual increase over time in the prevalence of debts among the Rebuilding Lives participants. Forty five per cent had debts at the time of resettlement, increasing to 68 per cent at 15/18 months and 75 per cent at 60 months. Those now aged 20-24 years old were most likely to have debts at 60 months, and this age group experienced the most pronounced increase in debts over time. Just 33 per cent had debts when resettled, increasing to 86 per cent by 60 months. The calculation of debts excludes student loans so this does not account for the large increase in debts among young people. The oldest age group (now 60 years or older) were least likely to have debts throughout the five years post-resettlement. There were no significant differences in prevalence of debts according to whether the participants were living in London or elsewhere, nor by their current housing tenure.

Figure 5.2: The prevalence of debts over five years by age at 60 months

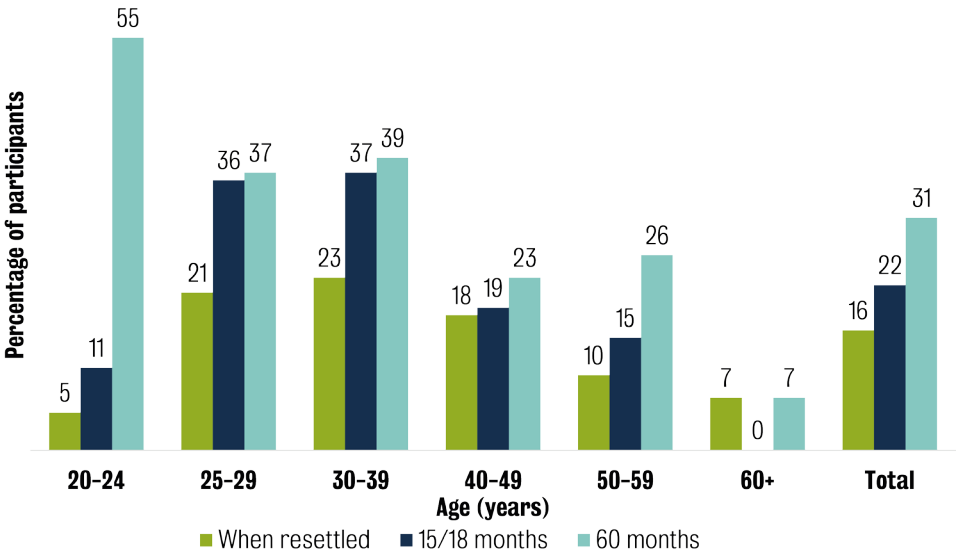


Notes
Excludes student loans. For all time periods displayed, details only refer to the participants that were housed and interviewed at 60 months.

The percentage of participants with debts of £1,000 or more (excluding student loans) doubled over time, from 16 per cent at the time of resettlement to 31 per cent at 60 months (Figure 5.3). Once again, those most affected were now aged 20-24 years. They were much more likely than the other age groups to have large debts. Just five per cent currently aged 20-24 years had debts of £1,000 or more when resettled, but this had increased to 55 per cent at 60 months. As shown in Table 5.9, the average amount owed by this age group had gradually increased since they were resettled, and by 60 months was £1,663 excluding student loans. In contrast, those aged in their thirties

and forties had experienced a marked decrease in their average debts over time. These figures have, however, to be treated cautiously as they cover the *minimum* amount of reported debts. Some people acknowledged that they had other debts, particularly to utility companies, but could not estimate the amount. These are not included in Table 5.9. Some participants had paid off debts that they acquired in the early months post-resettlement, and some negotiated with utility providers who reduced or wrote off their debts.

Figure 5.3: The prevalence of debts of £1,000+ over five years by age at 60 months



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

The main types of debts at 60 months are summarised in Table 5.10. The most common were rent arrears for current accommodation followed by money owed to water companies. The latter applied to 19 per cent of participants. Other common debts were for gas, council tax, telephone and/or the internet, and bank loans or overdrafts. There were differences by age. Those aged 20-24 years were more likely than other age groups to owe money for utilities, ie gas and electricity, and to have accrued rent arrears while in hostels or former accommodation. A very high proportion of this age group (38 per cent) also owed money to the DWP. Money was regularly being deducted from their social security benefits to cover Budgeting Loans that they had been granted. Debts for water charges were common among all age groups apart from among those aged 20-25 years and 60 years and over. Likewise, council tax arrears were reported by all groups below the age of 50. Among those with debts, 69 per cent were paying back some or all of their debts, but 31 per cent had no repayment plans.

Table 5.9: Average debts over time by age at 60 months[a]

Months since resettlement	Age groups (years)						Total[a]
	20–24	25–29	30–39	40–49	50–59	60+	
	Average amount owed (£s)						
Excluding student loans							
when resettled	159	1176	4313	1542	3465	287	2206
at 6 months	482	537	705	1140	4321	156	1422
at 15/18 months	608	1281	1916	1283	4112	23	1838
at 60 months	1663	940	1248	900	3192	392	1462
Including student loans							
when resettled	159	1176	4545	1542	3465	287	2254
at 6 months	927	537	1047	1140	4321	156	1531
at 15/18 months	1450	1281	2288	1283	4112	23	2002
at 60 months	7057	1496	1998	900	3192	392	2191
Number of participants	20	27	44	66	42	15	214

Notes
[a]All figures show the minimum amount of debts. Some people had several debts but were unclear about the amount of some – the minimum known amount for these people is therefore reported in this table. Nine participants are excluded as they were unable to provide any information about the amount of debts. For all time periods details only refer to the participants that were housed and interviewed at 60 months.

Table 5.10: Main types of debts by age at 60 months

Main types of debts	Age groups (years)						Total
	20–24	25–29	30–39	40–49	50–59	60+	
	Percentage with each debt						
Utilities and household bills							
Electricity	14.3	3.3	8.7	5.9	9.5	0.0	7.2
Gas	28.6	6.7	10.9	10.3	7.1	0.0	10.4
Water	28.6	6.7	21.7	23.5	19.0	6.7	19.4
Phone/internet	14.3	10.0	15.2	13.2	9.5	0.0	11.7
Housing							
Rent arrears: current housing	33.3	31.0	23.9	24.2	30.2	6.7	25.9
Rent arrears: former housing	23.8	3.3	4.3	4.4	2.4	6.7	5.9
Council tax	19.0	20.0	13.0	11.8	4.8	6.7	12.2
Banks/credit cards							
Bank loans/overdrafts (not student loans)	23.8	10.0	13.0	11.8	11.9	0.0	12.2
Student loans	19.0	6.7	4.3	0.0	0.0	0.0	4.6
Credit cards/store cards	4.8	10.0	4.3	5.9	9.5	6.7	6.8
Other debts							
DWP, eg loans	38.1	3.3	8.7	4.4	4.8	6.7	5.9
Court fines	0.0	10.0	4.3	5.9	11.9	0.0	6.3
Payday loans/credit union loans	14.3	6.7	13.0	7.4	2.4	6.7	8.1
Catalogue companies	9.5	3.3	8.7	4.4	4.8	6.7	5.9
Family/friends	4.8	6.7	13.0	7.4	2.4	6.7	8.1
Number of participants	21	30	46	68	42	15	222

Notes
DWP = Department for Work and Pensions

Overview

Income and the management of finances are major challenges for formerly homeless people, even after they have been resettled a few years. Living independently, establishing a home and rebuilding their life created several financial demands for the participants, and these were still apparent at 60 months. A relatively small number had incomes that enabled them to cope with independent living. They were able to have regular meals, use the heating when necessary, decorate and buy things to make their accommodation comfortable and homely, purchase clothes, and engage in social activities. The majority, however, remained on a low income, were still reliant on social security benefits, and were still struggling after five years to meet everyday living expenses. Some were keen to improve their circumstances and, for example, attend a gym or enrol on a course but could not afford to do so. Several had re-established contact with their children, were trying to rebuild this relationship, and took them out for a meal or to the cinema. As their children were not living with them, however, they did not receive child benefit payments.

The financial struggles of some participants were exacerbated by the suspension or stopping of their social security benefits. This was sometimes due to their non-compliance with the social security benefit rules and sometimes because of the complexity of the system and their lack of understanding about what actions needed to be taken when benefits such as ESA changed or stopped. Not only did the stopping of social security benefits impact on their immediate day-to-day existence, but it often led also to the stopping of HB and thus put their tenancies at risk (HB should not, however, have been stopped among those who were sanctioned – the topic is discussed further in Chapter 11). Welfare reform has meant that the benefits system 'is becoming tougher and tighter, with more sanctions, reclassifications, exclusions and suspensions of payments'.[86] A report in November 2014 on the use of food banks operated by the Trussell Trust in three locations (Tower Hamlets in London, Epsom and Ewell in Surrey, and County Durham) found that 50 to 55 per cent of clients had been referred because of social security benefit delays or sanctions or because their ESA had been stopped.[87]

A serious concern is the increasing prevalence of debts over time and a rising percentage who had debts of £1,000 or more. The debts mainly relate to 'cost of living' and involve rent arrears, and money owed for council tax or for utilities, which could put their tenancies at risk. Nearly one in five had been threatened with eviction during the last 12 months because of rent arrears and, as described in Chapter 3, several had become homeless again because of rent arrears. Another concern is that one tenth of participants had paid *no* water charges for five years, and presumably now owed a considerable sum. Unlike electricity and gas payments, several did not prioritise paying for water as they believed their supply could not be cut off if they accrued arrears.

Those now aged 20-24 years were most likely to be struggling financially and to have built up large debts. Although some were working, their earnings were low. They were also incurring travel costs to work, and were having to pay an increased contribution towards their rent and council tax. Nearly two fifths of the young people also had money regularly deducted from their benefits in order to pay back loans they had had from the DWP. For example, Budgeting Loans are available to people who have received income-related benefits for at least 26 weeks for essential items such as clothing, furniture,

household equipment and travel. The minimum amount a person can borrow is £100, and the maximum, £348 for a single person. A few young people regularly applied for these loans, with little consideration of the longer-term implications of having a reduced income for many months.

Debt is also a serious problem among the general population in Britain. An increasing number of low-income households are in debt with household bills, rent and council tax because of the rising cost of living. Those on low incomes are disproportionately affected because: (i) a greater percentage of their household income is spent on essentials such as rent, food and utilities; (ii) they are less likely to have savings to act as a buffer during a financial crisis; (iii) they experience higher levels of unemployment and underemployment; and (iv) they often have to rely on more expensive forms of credit such as payday loans as they are financially excluded.[88] According to the Centre for Social Justice, 'the lack of financial education and, as a consequence, financial capability in the UK can be both a driver of problem debt and can negatively impact on an individual's ability to recover from problem debt.'[v]

v Please see page 108 of reference 88

6 | Participation in education, training and employment

6 | Participation in education, training and employment

This chapter describes the involvement of the 223 participants who were housed and living independently at 60 months in education, training programmes, voluntary work and employment (ETE), and what they achieved over the months since being resettled. It first presents an overview of their participation in ETE activities when interviewed at 60 months and during the preceding 12 months, and compares how their level of participation changed over time. The chapter then provides a closer examination of their involvement in the various ETE activities, the benefits that they gained and the difficulties they faced, particularly with respect to employment.

Participation in education, training and employment

At 60 months, 43 per cent of the participants were involved in one or more ETE activities, although a slightly higher proportion (57 per cent) had been involved at some time during the preceding 12 months (Table 6.1). Women were more likely than men to be participating in ETE at 60 months (51 per cent compared to 39 per cent). There were also age differences. Two thirds of young people aged in their twenties were involved in an ETE activity, most of whom were working or at college or university. The percentage of participants engaged in ETE gradually reduced with increasing age. Only one third aged in their fifties were involved in any such activity, and most of these were attending the government-funded Work Programme. Just 19 per cent of this age group were involved in other ETE activities. There were no marked differences in involvement in ETE according to whether or not the participants were living in London or elsewhere at the time of their interview.

People who had been involved in ETE at the time of resettlement were significantly more likely to be engaged in ETE at 60 months (χ^2 11.3; df 1; p 0.001). People with mental health, alcohol or drug problems were significantly less likely than the others to be involved in ETE. For example, 31 per cent with mental health problems compared to 60 per cent with no such history were involved in ETE at 60 months (χ^2 17.8; df 1; p 0.000). The respective figures for those with drug problems were 31 per cent and 48 per cent (χ^2 6.0; df 1; p 0.014). Longer durations of homelessness were also negatively associated with engagement in ETE. Forty nine per cent whose last episode of homelessness lasted 24 months or less were involved in ETE, compared to 21 per cent who had been homeless longer than 10 years.

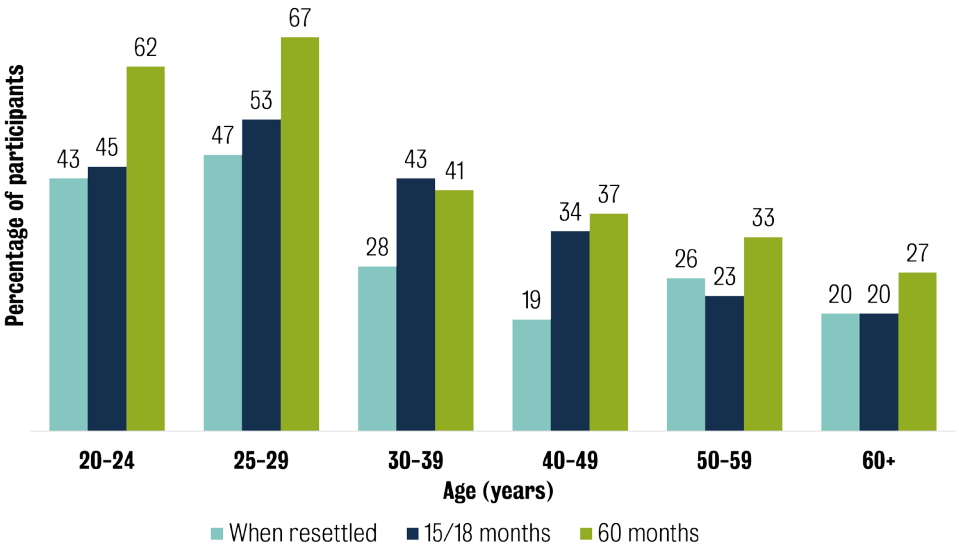
Table 6.1: Participation in education, training or employment by age at 60 months

Activities	Age groups (years)						
	20–24	25–29	30–39	40–49	50–59	60+	Total
	Percentages						
At 60 months							
Employed full-time	38.1	20.0	17.4	11.8	4.7	6.7	14.3
Employed part-time: regular hours	4.8	16.7	10.9	0.0	0.0	6.7	5.4
Employed casually/irregular hours[e]	4.8	20.0	8.7	7.4	2.3	0.0	7.6
Any employment	*(47.7)*	*(56.7)*	*(37.0)*	*(19.2)*	*(7.0)*	*(13.4)*	*(27.3)*
Educational/vocational course[a]	19.0	13.3	4.3	7.4	4.7	0.0	7.6
Volunteering programme	4.8	10.0	2.2	10.3	7.0	6.7	7.2
Work Programme[c]	4.8	3.3	4.3	5.9	14.3	6.7	6.8
Other welfare-to-work programmes[c]	0.0	3.3	2.2	4.4	0.0	0.0	2.3
Any ETE activity[d]	*61.9*	*66.7*	*41.3*	*36.8*	*32.6*	*26.7*	*42.6*
Any ETE activity other than welfare-to-work programmes	*57.1*	*63.3*	*34.8*	*30.9*	*18.6*	*20.0*	*35.4*
Within the preceding 12 months							
Employed	71.4	66.7	37.0	25.0	7.0	13.3	33.2
Educational/vocational course[a]	47.6	20.0	10.9	16.2	9.3	0.0	16.1
Skills training/work placement[b]	9.5	0.0	4.3	2.9	0.0	0.0	2.7
Volunteering programme	14.3	20.0	10.9	14.7	14.0	6.7	13.9
Work Programme[c]	28.6	3.3	6.5	13.2	21.4	6.7	13.1
Other welfare-to-work programmes[c]	0.0	6.7	6.5	7.4	4.8	6.7	5.9
Any ETE activity[d]	*85.7*	*80.0*	*56.5*	*51.5*	*46.5*	*26.7*	*57.0*
Any ETE activity other than welfare-to-work programmes	*81.0*	*76.7*	*52.2*	*42.6*	*27.9*	*20.0*	*48.4*
Number of participants	21	30	46	68	43	15	223

Notes
[a]At a university or college
[b]Run by an employer or charity
[c]Run by agencies on behalf of the DWP
[d]Any of the above activities
[e]Includes people on zero-hours contracts, and one person who was suspended at the time of interview.
No participants at 60 months were doing skills training or a work placement run by an employer or charity.

When rates of engagement in ETE over time are examined only for the 223 housed participants who were interviewed at 60 months, there had been a slow but steady increase in their involvement since being resettled, from 28 per cent to 43 per cent at 60 months. The largest increase was among those who are now aged in their twenties – 45 per cent aged 20-24 years were involved in ETE at 15/18 months, increasing to 62 per cent at 60 months (Figure 6.1). Several young people not involved in ETE were women who had recently given birth or had very young children. They said that they were going to wait until their child started school before they sought employment. The percentage of people aged in their thirties, forties and fifties who were involved in ETE had barely changed over the last three and a half years. Among these age groups, mental health, drug and alcohol problems accounted for a large part of the difference in participation in ETE at 60 months. For example, among those aged 50-59 years, 43 per cent with mental health problems compared to 86 per cent without the problems, were participating in ETE.

Figure 6.1: Participation over time in education, training and employment by age at 60 months



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

Educational and vocational courses and training

Since being resettled many participants had attended educational or vocational courses at colleges or universities. Among the 223 who were housed and interviewed at 60 months, eight had obtained degrees, and a further three were currently studying for a degree. One person had qualified in social work, another in nursing, another in youth and community work, and a fourth obtained an undergraduate degree in psychology before studying for a MA in Social Work. Others had undertaken undergraduate degrees in performing arts, fashion, drama, project management, and entrepreneurship management. Another person started a degree programme but left as they found it hard to cope.

Many others had undertaken basic education or computer courses at colleges to improve their English, Maths and IT skills. During the 12 months prior to their 60 month interview, 14 people had attended a basic education course, and six were still involved at the time of interview. Some attended to improve their knowledge, a few regarded the course as a prerequisite to gaining employment, and two people perceived it as a stepping-stone to a degree course.

Since being resettled, 26 people had participated in various vocational courses at colleges, leading in at least 15 cases to a Diploma, NVQ, City and Guilds, or other qualification. Three people studied for an NVQ in Health and Social Care, and two for an NVQ in Advice and Guidance. Others had studied for qualifications in hairdressing, accountancy, painting and decorating, carpentry and joinery, plastering, bricklaying, and electrical installation. One person completed the Personal Trainer Level 3 qualification in order to become a fitness instructor, and another spent time in the US to train as an 'Energy Medicine Practitioner'. Five people were still doing a course when interviewed at 60 months. A few others had participated in a skills training programme or work placement run by an employer or a charity, such as carpentry or painting and decorating. A few had work placements in shops which led to their employment. No one was involved in such training at 60 months.

People who had studied for degrees tended to be aged in their twenties. Those involved in basic education courses tended to be in their forties or fifties, except for a few young people who were eventually hoping to do a degree. Women were more likely than men to have studied for a degree – nine of the 11 people who studied or were studying for a degree were women. Similar proportions of men and women were involved in vocational courses, and they were across all age groups up to 49 years.

Voluntary work

Thirty one people (14 per cent) had participated in a volunteering programme in the 12 months prior to being interviewed, and seven per cent were still volunteering at 60 months. Both men and women and all age groups were involved. The types of volunteering activities undertaken and the duration of involvement varied greatly. For example, seven people had become mentors or assisted with activities at youth or children's centres, six were volunteers in hostels or day centres for homeless people, four were involved in gardening projects, and three had worked in shops. Some had been volunteering for just a short while, but others for a few years. A few said that the Job Centre required them to do voluntary work, but for most it was their own decision. The majority (72 per cent) believed that they had benefited 'a lot' from

volunteering, saying that it had enabled them to build confidence and self-worth. By interacting with other people, their communication skills had also improved. For two people it had led to employment, and another was about to start a horticultural course after volunteering at a gardening project. Their comments indicate the benefits that they achieved from volunteering:

> 'I wouldn't have had the confidence to get a job and talk to people without having done this [voluntary work]. I obtained work through doing this [volunteering].'

> 'Voluntary work helps me. If I wasn't doing voluntary work I'd go back drinking and overdosing ... [also] the Job Centre would stop my money'.

> 'I feel elated sometimes. Able to interact with people. Renewed my interest in [gardening], and now I've enrolled on a (specialist) gardening course.'

Welfare-to-work programmes

Forty one people had attended a welfare-to-work training programme in the preceding 12 months run by various agencies on behalf of the DWP, including Maximus, Seetec, Twining Enterprise, Prevista and Ingeus. Several had participated in the Work Programme (discussed below), and others had attended short courses covering the use of computers, CV writing, confidence building, health and safety, or security work. At the time of interview, just eight (19 per cent) of the 41 people who had participated in one of these training programmes were in employment. A few others had received help from their personal advisers at the Job Centre with writing a CV, searching for jobs on the internet, and with job applications.

Participation in the Work Programme

During the 12 months prior to being interviewed, 29 people attended the Work Programme, and 15 were still involved at 60 months. A further two were unsure whether they were still on the programme. Four fifths who attended were men, and most were aged 20-24 years or in their forties or fifties (Table 6.1). The older age groups were most likely to still be on the programme at 60 months, many of whom had mental health and substance misuse problems, long histories of homelessness and unemployment, and no educational or vocational qualifications. Many were neglecting themselves and drinking heavily.

According to the participants, their experiences of the Work Programme and what was required of them varied greatly. Nine people had attended at least once a week, but 11 people said that they had attended just once or twice a month. A few claimed that they went less often – one person said 'I've been four times in the last 18 months'. Some described how they 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. Just three of the 29 people who had attended the Work Programme in the last 12 months had subsequently gained employment. This included one young man who had attended for just two weeks when he found a job. Their comments illustrate their various experiences of the programme:

> 'I started 18 months ago and go there most days. I search for jobs and the staff there review me. They send me on training and pay my fares. They sent me on training last year for one month for the CSCE [Construction Skills Certificate Scheme], but I didn't pass. I'm trying to do it again. This month they sent me to pre-employment training for two weeks. But I've not got a job yet.'

> 'Started nearly two years ago. I attend fortnightly. Send me on bite-size courses such as wellbeing and feeling positive ... Not really benefited from it. I'm a bit too old for all that. Just sit there and the trainer prattles on – it's hard going sitting there for two hours.'

Employment

When interviewed at 60 months, 61 people (27 per cent) were employed. This included one man who had been suspended pending an inquiry but was still employed by the firm. Fourteen per cent had full-time jobs, five per cent were working part-time but had regular hours, and eight per cent were in casual work or in jobs under 'zero-hours contracts' which meant that their hours were irregular. Overall, 74 people (33 per cent) had worked at some time during the 12 months prior to being interviewed. Young people were most likely to be working at 60 months, although 20 per cent of those aged 25-29 years had jobs with irregular hours (Table 6.1). The percentage of people in work decreased with increasing age until the older age groups, when a slightly higher percentage of people aged 60+ years than those aged 50-59 years were in work. Among the 43 people aged 50-59 years, just three (seven per cent) were employed.

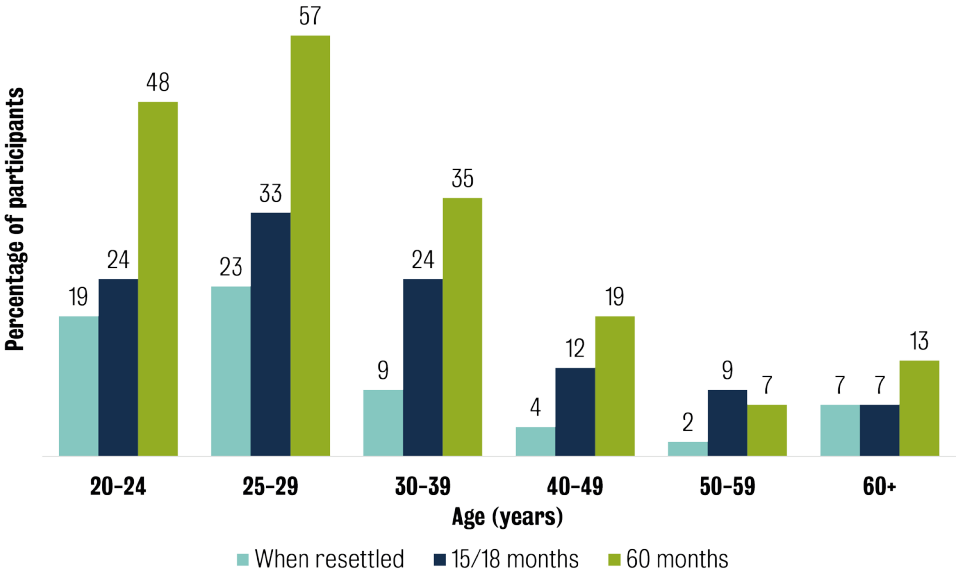
Despite several women having given birth since resettlement and remaining at home to look after their young children, women were significantly more likely than men to be in work at 60 months (38% compared to 23%; χ^2 5.7; df 1; p 0.02). Eighteen per cent of women but only 13 per cent of men were employed full-time, and 20 per cent of women and 10 per cent of men were working part-time or casually. People with alcohol, drug or mental health problems were significantly less likely than people without these problems to be working. For example, 46 per cent without mental health problems compared to only 15 per cent with the problems had a job (χ^2 26.4; df 1; p 0.000). There was also an association between duration of their last episode of homelessness and employment rates. Thirty four per cent who had been homeless two years or less were working at 60 months, compared to only 11 per cent who had been homeless more than five years.

Among those who were employed at 60 months, 39 per cent were in elementary occupations, working as security guards, labourers, kitchen porters, cleaners, or warehouse assistants, and 21 per cent were in sales and customer service occupations, mainly as shop assistants. Thirteen per cent were in skilled trades such as painting and decorating, or working as mechanics or electricians. The same percentage (13 per cent) was working in care and support services, ie in health and social care, housing or schools. A few people worked in the community as substance misuse workers or in hostels for homeless people as housing support workers. At the time of their interview, 39 per cent had been in their job for 12 months or less, while 34 per cent had been in the same job continuously for three years or more.

Changes over time in employment rates

When the employment rates of the 223 participants who were housed and interviewed at 60 months are examined, there has been an increase over the last five years in the percentage employed. Just nine per cent were in work at the time of resettlement, increasing to 17 per cent at 15/18 months and 27 per cent at 60 months. As shown in Figure 6.2, the largest increase has been among those now aged in their twenties, while there has been a slight decrease among people aged 50-59 years. Employment rates among both men and women have increased over time. Just four per cent of men were working full or part-time when resettled compared to 23 per cent at 60 months. The respective figures for women are 20 per cent and 38 per cent.

Figure 6.2: 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.

The benefits and difficulties associated with employment

Ninety two per cent of participants who had worked at some time during the previous 12 months said that they had benefited 'a lot' from this, and seven per cent said that they had benefited 'a little'. Just one person did not believe that he had gained from being employed. About two thirds (67 per cent) described how being in work had given them confidence, self-respect, and a purpose in life. Terms they used included 'having pride and energy', 'a direction in life', 'self-worth', 'self-esteem', 'living a normal life', 'being a productive member of society', and 'friends and family respect you more'. One half said that working provided them with a structure and routine as 'it gets me out of the house', and many (69 per cent) mentioned the importance of being financially independent and no longer reliant on social security benefits. They described how they had more money and were able to socialise, go on holiday, and buy things for their home, family and children.

Thirty seven per cent described how being in work provided an opportunity to interact with people and make new friends, and 31 per cent said it had enabled them to learn new things or was a stepping-stone to a career path. Some had had the opportunity to attend courses through their employer. One young woman, for example, worked as a care assistant and was being sponsored by her employer to do a NVQ Level 2 in Health and Social Care. Another worked in the courts and was sent on security training for three months. A few acknowledged that being in work 'kept them out of trouble' and enabled them to cut down on their smoking and use of alcohol and drugs. The benefits to them of working are well described:

> 'My work is interesting. I am learning new things. Have been trained to do clinical things such as venepunctures.'

> 'Keeps me out of trouble and stops me craving for alcohol – gets it out of my head. Have a routine when working – eating, bathing, working. More pride and energy. Feel better about self. After a hard day's work I feel satisfied.'

> 'Pays for the bills and holidays. Self-worth, able to do things socially. Helps me pay for further education, and for clothes and furniture. Gives structure in my life. It enables me to live a normal life – for the first time ever I'm not dependent on benefits. Able to do training through my job.'

> 'For me it's not just a job, it's a passion. Helps with my mental health and gets me into a routine – eat healthily and sleep well. Gets me out in the mornings. Reminds me of where I want to go and what I want to do. All part of my career path.'

The main difficulties experienced with employment were financial. Many said that their earnings were low, and those employed through agencies also had to pay agency fees. A few believed that they would have been financially more secure if they had remained on social security benefits rather than getting a job. Seven people experienced problems with their social security benefits and HB claims when they started a job or had difficulties getting these benefits reinstated when they stopped work. In four cases this led to rent arrears, and eviction threats in two instances.

The participants in casual work or under 'zero-hours' contracts experienced greatest difficulties. Their working hours and income were irregular, and they did not know how many hours each week they would be asked to work. They received the lowest median weekly income after deducting rent and council tax payments, and found it hard to budget and manage bills (Table 6.2). Their median income was lower than that of those unemployed. They also had considerably higher median debts at 60 months than other participants (£1,500, compared to £675 for those working full-time and £400 for those unemployed). They were more likely than other participants to say that they were finding it 'quite or very difficult' to manage financially (41 per cent, compared to 22 per cent working full-time and 26 per cent who were unemployed; Table 6.3). Twenty five people had been employed casually or under 'zero-hours' contracts during the last 12 months, and one-third of these were without jobs at 60 months. Two men described the difficulties of this type of working arrangement:

'I was on a zero-hours contract and only got a few hours work. I did not know when I was going to get called for work. I would wake at 6 am waiting for them to ring and offer me work for the day. I had to top up my Oyster (travel) Card in case of work as they expected me to come immediately they called. When the shop was busy I would get six or seven days' work, but when it was quiet I would get just two or three days. I had to leave as I was getting less and less work. I was only on the minimum wage and sometimes I would not work for a whole week.'

'Since I've started work I'm getting more and more into debt. I've never worked before so don't know about the financial side of things. I'm no better working than when I was on JSA as I now have to pay full council tax and more towards my rent. I'm left with just £280 a month after bills and then I have to pay travel from this...I have a zero-hours contract and only get paid for the hours I do. This week there is no work for me. My employer said he hoped to make up the hours next week but there is no guarantee. If I don't get work for a month what do I do? Do I sign on again and claim HB? I don't know. I'm new to this.'

Table 6.2: Income and debts at 60 months by employment status

Income and debts	Employment status				Total
	Full-time	Part-time (regular hours)	Casual/ irregular[a]	Unemployed	
			To nearest £		
Weekly income[b]					
average	311	185	148	117	152
median	277	184	124	100	119
Weekly income minus rent/council tax[c]					
average	218	120	107	105	125
median	202	91	82	95	100
Debts at 60 months[d]					
average	3,415	1,098	1,730	1,076	1,462
median	675	700	1,500	400	450
Number of participants	32	12	17	162	223

Notes
[a]Includes people on 'zero-hours' contracts
[b]Does not include Child Benefit, Child Tax Credit, child maintenance, Carer's Allowance, Housing Benefit and Local Housing Allowance payments
[c]The rent and council tax paid by the participants
[d]Does not include student loans

Table 6.3: Management of finances at 60 months by employment status

How managing financially	Employment status				Total
	Full-time	Part-time (regular hours)	Casual/ irregular[a]	Unemployed	
Self-reports			**Percentages**		
Living comfortably	6.2	8.3	0.0	12.3	10.3
Doing alright	40.6	16.7	17.6	28.4	28.7
Just about getting by	31.2	58.3	41.2	32.7	34.5
Finding it quite difficult	21.9	16.7	29.4	18.5	19.7
Finding it very difficult	0.0	0.0	11.8	8.0	6.7
Number of participants	32	12	17	162	223

Notes
[a]Includes people on 'zero-hours' contracts.

Seeking work and perceptions of work by those unemployed

Among the 154 participants who were of working age at 60 months (<65 years old) but unemployed, 54 people (35 per cent) had been looking for a job. The remaining 65 per cent had not been looking for work. Common reasons given for not looking for work were physical health problems (47 per cent), mental health problems (39 per cent), substance misuse problems (21 per cent), and caring for a baby or young child (11 per cent).

Among those who had been looking for jobs, many had searched on the internet, at the Job Centre, in newspapers, and had made enquiries at places of work. Eleven per cent had registered with an employment agency, and several had asked family and friends about job vacancies. When asked how many jobs they had applied for in the last three months, 37 per cent who had been looking for work said 'none', while 20 per cent said more than 20. Only 12 of the 54 people who had been looking for work had been called for a job interview during this period, and none had been successful. Their efforts to find work were varied, but many seemed to have been very active and enthusiastic:

> 'Do job searches. I cold call in person at local sites round here. I keep showing my face to show them I'm keen. I take them my CV. One place has told me to come back in two to three weeks. I send speculative emails to companies and cold call them.'

> 'I search everywhere – internet, JobPoint, papers, Job Centre. I ask family and friends. My CV and criminal record let me down.'

Many of the unemployed participants expressed concerns about getting a job. They were worried about whether they could cope with the demands of a job, and how they would manage financially with rent and bills once their social security benefits were stopped. Some believed that factors such as their age, lack of qualifications, poor work history and criminal record were deterrents to being offered employment. Some said that health problems prevented them from returning to their past occupation, such as labouring on building sites, yet they had no skills to do anything else and no knowledge of available alternatives. Their concerns are apparent in their comments:

> 'I left home when I was young and my whole adult life has revolved around homelessness, drinking and drugs. I've never had a normal life or a normal job. I get panic attacks and am worried about working and being around people. I avoid things that take me out of my comfort zone.'

> 'I'm 43 now and not young. I had an interview at [restaurant chain] but they said they could not take me as I've not done any customer service work. My CV is all about mechanical work – I did this in the army after I was injured. If I had the money to get a car I could do mini-cab work, but I don't have the money. I'm worried that if I got a job my benefits would stop and I wouldn't be able to afford the rent and council tax.'

> 'I'm worried about how well I would cope. When I was working at [supermarket], every time I left my flat I felt full of dread and woke up feeling sick. I was stressed and my hair fell out. I was on a three months trial but they sacked me after two months as I was off sick all the time.'

Overview

Since being resettled, the number of people involved in ETE activities had gradually increased, and most of these believed that they had benefited immensely from this. They had gained knowledge, skills and qualifications, and had benefited financially, socially and psychologically. For many, studying, training, volunteering or working had enabled them to build confidence and self-worth, renew or develop new interests, and had been a major factor in the rebuilding of their lives and in setting goals for the future. Most were proud of what they had achieved. One man who initially studied Maths and English, and then carpentry and joinery, had displayed his certificates on the wall in his flat when visited. Some with degrees had photos of their graduation on display in the sitting room, and during their interview showed additional photos of their family attending their ceremony.

Two main concerns arise from the findings. First, the percentage of people aged in their thirties, forties and fifties involved in ETE had not really changed over the last three and a half years. In addition, while there has been a substantial increase over time in the rate of employment among people aged in their twenties, there had been little change in the movement into work for those aged in their forties and fifties. Given the financial, social and psychological benefits that involvement in ETE activities can offer, it is concerning that after five years there had not been more of a move into ETE particularly among the middle aged participants. For some at least, it is likely to be the next step in their transition to settled and independent living. Entering employment might also help curb the problem of steadily increasing debts among the participants (discussed in Chapter 5). People who were not

working or engaged in other ETE activities tended to have complex problems – many had long histories of homelessness, few qualifications or job skills, long periods of unemployment, mental health or substance misuse problems, and a few had been very unsettled since being rehoused and had frequently moved. In addition, several lacked the confidence and self-belief that they could cope with ETE.

This raises practice questions as to how formerly homeless people aged in their thirties, forties and fifties with complex histories and problems can be helped to move into employment, volunteering or training, and who is best placed to help them? After five years, only a small proportion of participants were receiving support from tenancy support workers and even fewer said that their worker had helped them with training or employment. Moreover, there are limits as to what tenancy support workers can offer with regard to training and employment. Numerous government initiatives have been introduced over the last two decades to encourage unemployed people into work, but their effectiveness in helping vulnerable and disadvantaged people is less evident. This is discussed further in Chapter 11.

The second concern arising from this chapter relates to the particularly vulnerable situation of the participants employed casually or on 'zero-hours' contracts. They were attempting to settle after a period of homelessness and rebuild their lives, yet many were struggling financially. Their weekly disposable income was low and irregular, and many had accrued large debts. Most would have preferred to work more hours to boost their income. There is further discussion of zero-hours contracts in Chapter 11. Although these contracts may offer flexibility to both employers and workers and may suit the circumstances of some people, such as students and those with other forms of support, such insecure hours can be problematic for others, such as the Rebuilding Lives participants, who had no other source of income and were trying to re-establish themselves and live independently after a period of homelessness.

7 | Family and social relationships, and support

7 | Family and social relationships, and support

This chapter examines the participants' family and social networks, and changes in these relationships over time. It summarises their contacts with partners, children, family members and friends, their satisfaction with the amount of contact they had with these people, and their attempts to renew family contacts. It also describes the support they both received from, and provided to, members of their social network. The chapter focuses on the 224 participants who were housed and interviewed at 60 months.

There are difficulties in examining social networks, as terms such as 'partner' or 'friend' are ambiguous and applied to different associations. For example, a few participants were themselves unclear about whether a person they regularly associated with was 'a partner' or 'a friend'. Over the course of the five years since being resettled, they have used different terminology for the same person, although there was no indication that their relationship with that person had changed. Likewise, some people identified friends as people they knew well, were relatively close to, and socialised with. Others named associates in a pub or neighbours they talked to but otherwise had no other contact. A few people answered positively when asked if they had a partner, but they had never met the person and their only contact was through social networking sites. At one interview, a man claimed to have more than 100 friends but was unable to provide specific details about any of them.

Household composition

When interviewed at 60 months, 74 per cent of participants were living alone while the rest had other people in their household. Those aged 20-24 years were most likely to be in households with other people (52 per cent), and this reduced gradually with increasing age to just six per cent among those aged 60 and over (Table 7.1). Nineteen women and eight men had started a family since being resettled, and their babies or young children were living with them. Not surprisingly, this applied mainly to young women. Fifty per cent of women aged 20-24 years and 39 per cent aged 25-29 years had given birth since being resettled and had their child or children with them. For another six people, dependent children born before they were resettled had moved in with them. A few had siblings or friends living with them.

Pets were an important part of some people's household. One quarter (24 per cent) of participants had at least one pet. These were mainly dogs but a few had a cat or fish. A few had had their pets for several years but others had acquired the animals since being resettled. Young people were most likely to have pets – this applied to 38 per cent of those aged 20-24 years. People in households with others were also more likely to have pets (39%, compared to 19% living alone; χ^2 9.3, df 1, p 0.002), suggesting that the pets were part of the formation of a household rather than simply companionship for people who lived alone.

Table 7.1: Household composition at 60 months by age

Household composition	Age groups (years)						Total
	20–24	25–29	30–39	40–49	50–59	60+	
	Percentages						
Living alone	47.6	56.7	63.0	82.1	93.0	93.8	74.4
Household members							
Partner/spouse	19.0	20.0	23.9	7.5	4.7	0.0	12.6
Child(ren) born post-resettlement	28.5	30.0	21.8	3.0	0.0	0.0	12.0
Child(ren) born pre-resettlement	0.0	3.3	2.2	4.5	0.0	6.2	1.8
Sibling/other relative	0.0	6.7	2.2	0.0	4.7	0.0	2.2
Friend	9.5	3.3	6.5	7.5	0.0	0.0	4.9
Number of participants	21	30	46	68	43	16	224

Contact with partners and former partners

At 60 months, 83 participants (37 per cent) said that they had a partner, including 17 people who were married. Those aged in their twenties and thirties were most likely to report having a partner, and those aged 50 and over least likely to (Figure 7.1). At the time of interview, 29 participants were living with their partner. Most who were not living together saw their partner at least three times a week – just 16 people saw their partner less often. The latter included two people whose partners were in prison, and two whose only contact was through social networking sites (one partner lived abroad). The length of time that participants had been with their current partner varied. For the majority (60 people), the relationship had started after they were resettled, although 25 of these had been in the relationship at least three years. For the rest (23 people), the relationship preceded their resettlement, which meant that they had been with their partner more than five years.

There was an increase over time in the percentage of participants with a partner – 23 per cent had a partner at the time of resettlement and 37 per cent at 60 months. There are, however, more noticeable age differences. As shown in Figure 7.1, there was a substantial increase among those aged 25-29 years who had a partner – from 20 per cent when first rehoused to 65 per cent at 60 months. A different pattern is seen among those aged 50-59 years – the percentage with a partner increased during the early months from 12 per cent when resettled to 33 per cent at 15/18 months, and then reduced to 19 per cent by 60 months. The reasons for these changes are discussed below.

The participants' relationships with a partner since resettlement varied greatly. Several people appeared to have developed a steady and supportive relationship, and some had started a family. Fourteen people had married during this period, and three who were already married had their spouse living with them. One man aged in his twenties, for example, had met his girlfriend before he was resettled. They married 18 months after he was rehoused, had

two children, and his wife was expecting their third baby. Similarly, a woman aged in her twenties had been with her partner for a few years. He moved in with her four years earlier, they had two children and she described their relationship as "serious". Some participants acknowledged that having their own place and being settled had helped their relationship – they were now less stressed and also had the opportunity to live together and form a closer bond. Among 39 participants who had been with their partner for three years or more, 61 per cent said that their relationship had improved over the last couple of years. Their comments describe this:

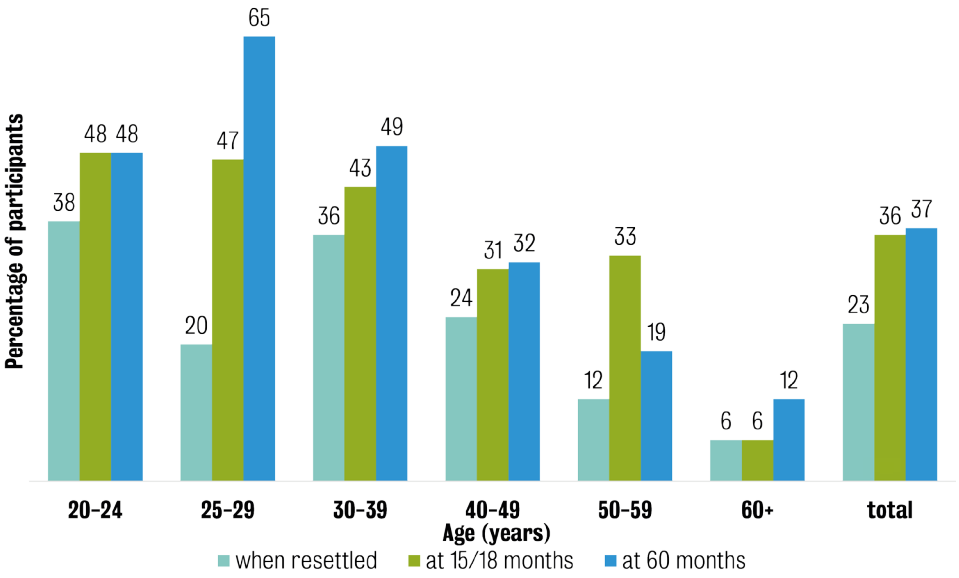
> 'Might as well be married. Have 3 kids and we get on better. We're stronger and happier. She is my future'.

> 'I have a new relationship and she moved in with me. We've been together two years. She has been a big help to me'.

> 'We're closer now. Came together and made a house for ourselves. This is what we want – security. Think of each other more now as we don't drink any more'.

> 'A lot closer and stronger now. Know each other inside out. Closer as we're now living together'.

Figure 7.1: Changes over time in whether has a partner by age at 60 months



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

Since being resettled, some participants had experienced numerous short-term relationships or they had experienced difficulties within their relationship. Some had proactively ended relationships that were negative, destructive or abusive. As one man described, 'I've had a few relationships and they've been problematic. My last girlfriend smashed my windows and the police were called'. In some cases, heavy drinking or drug use by the participant, or their partner or by both contributed to their relationship ending. As one man described, 'I split recently with my girlfriend of 12 years. She caused problems between me and my neighbours because of her drinking. She also assaulted her mother'. A few had complicated relationships involving more than one partner, or partners who were married to someone else. One woman, for example, had given birth to two children since being resettled. The father of the children was married and still lived with his wife. Since the birth of her second son, she had less contact with the children's father and received no financial support from him. Among the 39 participants who had been with their current partner for three years or more, 20 per cent said that their relationship had deteriorated in the last couple of years.

Seven people, including one man, had been in a violent or abusive relationship. The majority of these had since ended the relationship either of their own volition or because their former partner had been imprisoned. One woman aged in her fifties, for example, had been with her partner for more than 20 years. She suffered from physical health problems and her mobility was poor. Her partner was violent, used drugs and took her money. He was eventually arrested for assaulting her and imprisoned for eight years. She described how her life had changed since she was no longer with him:

> 'I have a great life now he is in prison. He has been beating me for years. He was in prison once before for assaulting me but after that I would not press charges as I was scared of him. I got pregnant many times by him but only two babies survived. I miscarried all the others as he beat me. Since he's gone I now see my children and grandchildren, I have money in the bank, and food in my fridge. He had kept me away from my children. They did not like him and when they tried to visit he would not answer the door and would not let me see them'.

A few participants who had experienced domestic violence had not, however, ended the relationship. The partner of one woman had been in prison for 12 months for assaulting her and he was soon to be released. She had not visited him in prison and was uncertain about their future, saying 'I do not know what to expect when he comes out of prison'. Another young woman was attempting to sustain a difficult relationship even though it had resulted in her fleeing from her resettlement accommodation and becoming homeless again for a few months:

> 'Our relationship has been up and down. We had a massive fall out after our daughter was born. He got violent and hit me. I could not go back to my flat as I was scared and did not feel safe. Got an injunction out on him and stayed at...until I got this flat. We're together again but on and off. At the moment we're on a break because of arguments. He's like a child – he wants my attention all the time...he's a good guy really.'

Nearly one quarter of participants (23 per cent) had some contact with a former partner. These tended to be young people aged 20-24 years, and those aged in their fifties (Table 7.2). The contact often involved children and in a few cases had resulted in custody battles. As one young woman explained, 'I only see my ex-boyfriend now because of our daughter. The agreement is he picks her up every weekend but he doesn't keep to that...I'm used to him not turning up as he's unreliable'.

Table 7.2: Contact with partners, family members and friends at 60 months by age

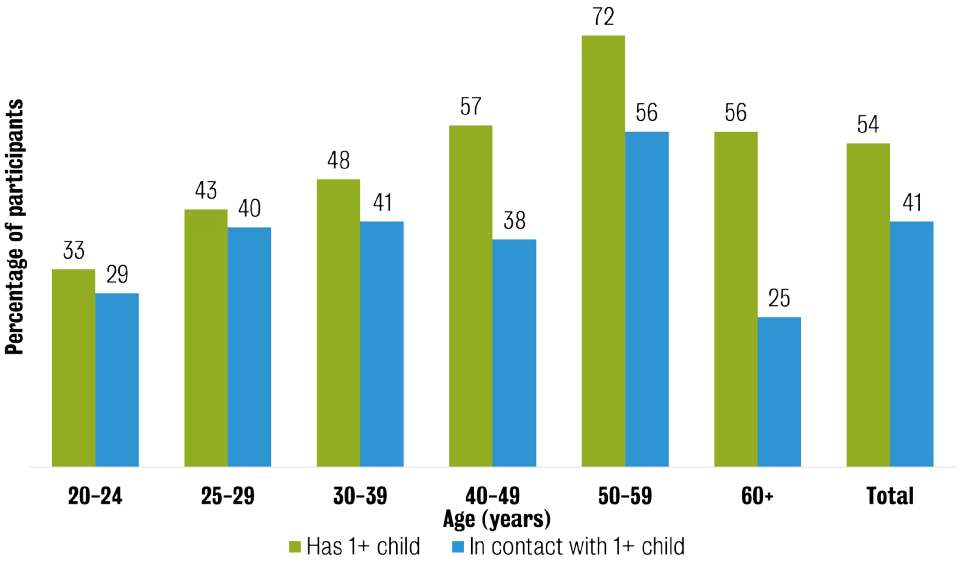
Contacts	Age groups (years)						Total
	20–24	25–29	30–39	40–49	50–59	60+	
	Percentages						
Any contact with							
partner	47.6	66.7	48.9	31.3	18.6	12.5	37.4
ex-partner	33.3	6.7	15.6	25.0	41.9	6.2	23.3
adult child[a]	0.0	0.0	9.8	28.8	46.5	18.8	22.1
relative[b]	100.0	93.3	93.5	89.6	79.1	18.8	84.8
friend	95.2	93.3	86.4	79.4	83.7	62.5	83.8
Sees at least weekly							
partner	37.6	56.6	40.0	29.4	16.4	12.5	33.0
ex-partner	14.3	6.7	2.3	4.6	16.3	0.0	7.3
adult child[a]	0.0	0.0	0.0	11.8	16.3	12.5	7.6
relative[b]	81.0	53.3	37.0	29.4	23.3	6.2	36.2
friend	76.2	70.0	56.5	52.9	72.1	50.0	61.6
any of above	*(95.2)*	*(100.0)*	*(82.2)*	*(84.8)*	*(86.0)*	*(56.2)*	*(85.5)*
Network size	Average number in monthly contact						
relatives[b]	5.5	3.9	2.8	3.1	1.8	1.2	3.0
friends	6.4	3.7	3.7	3.7	3.1	2.2	3.7
Number of participants	21	30	46	68	43	16	224

Notes
[a]Child aged 18+
[b]Not children

Contact with children

At 60 months, 54 per cent of participants had one or more children, including 17 per cent who had at least three children. Most people with children were in contact with at least one child, although this varied greatly by age. Those aged in their twenties or thirties were most likely to have contact with their children; many had young children who were living with them (described earlier in this Chapter). In contrast, those aged 40 and over were more likely to have children over the age of 18 years, and several of these had no contact with their children. This was particularly noticeable among those aged 60 and over – 56 per cent had at least one child yet only 25 per cent were in contact with a child (Figure 7.2).

Figure 7.2: Contact with children by age at 60 months



Notes
Information from 222 participants.

Among participants who had children, 61 per cent said that they were happy with the amount of contact they had with them. Several described how their relationship with their children had improved since they had their own home and their lives had become more stable. Some had managed to address problems such as substance misuse, and were able to have their children (and grandchildren) visit more frequently and even stay overnight. In a few instances, teenage children had moved in to live with their parent again. As two people described:

> 'Things have got better with my children. When I was taking drugs I wasn't there for them. Now we do normal things like have barbeques. Now I'm clean, we've got back close'.

> 'My kids and me are great – we are close again. My two younger sons have been living with me for the past three years. It's like we've never been apart'.

Two fifths (39 per cent) of participants said that they would like more contact with their children, including 67 per cent of those aged in their fifties. They gave various reasons for not having more contact. Some mentioned that their children were living far away and it would cost a lot to visit, and some that their children were busy with their own lives. Fifteen people mentioned that they were prevented from seeing their young children more by their ex-partner, or that they only had controlled and supervised access through the courts. Some acknowledged that their past problems and behaviour had affected the relationship they had with their children:

> 'My daughters were living with me until the time I got arrested and sent to prison. They were then taken into care. I want them back living with me'.

> 'I'd like more involvement in my daughter's life, but I've not been in her life for seven years. So I can't start calling the shots'.

> 'I'd like to have contact with my son and daughter that have been adopted. I last saw my daughter two months after she was injured, and I haven't seen my other daughter for 12 years. I'm not allowed to see them until they are 18'.

Since being resettled, 23 participants had tried to renew contact with their children or their children or ex-partners had initiated this. In some instances, contact was re-established although it was often not easy or straightforward because of past events and painful memories. As described in Chapter 8, one woman had recently spoken to her daughter for the first time in 25 years. Her daughter, who initiated the contact, was three years old when the participant last saw her. Although she was pleased to hear from her daughter, it also stirred up many painful memories. One man explained how his ex-partner had recently traced him and made contact. She was living abroad and sent him photos of their son. He had not seen his son since he was two months old, and the boy was now nine years old. The tensions and stresses experienced by some participants when renewing contact with their children are apparent from their descriptions:

> 'My daughter was taken away from me by her dad ... I was only young and he beat me daily. My daughter contacted me a few years ago but I flipped and we never met up. She then contacted me again a few months ago. She is adamant that she wants me to be part of her family but it's all fresh and raw. We have a lot to work through and it's going to be hard. I have grandchildren that I have never seen'.

> 'My two sons and daughter got in contact with me after I was rehoused. I had not seen them for eight years and they traced me. I was so down and messing with drugs I didn't bother to see them. I get emotional when I think of it. It's very painful. Slowly now we're building up a relationship. It's got a lot better since I got rid of my [violent] ex-partner'.

A few people had tried to renew contact with their children but it had not been successful. For some, continued problems such as mental illness or problematic drinking affected the relationship. For others, the children did not feel ready, or were unwilling, to re-establish contact. As three people described:

> 'I tried to make contact with my daughter but it was no good'.

> 'I phoned my daughter. She said that I had dumped her when she was younger, and so she doesn't want contact now. She's on crack and heroin'.

> 'It's up and down with them. The children don't like me drinking'.

Contact with family and relatives

At 60 months, 85 per cent of participants were in contact with one or more family members or relatives (not including partners or children). All those aged 20-24 years had contact with at least one person, as did most of those aged in their late twenties or in their thirties (Table 7.2). The only people not likely to be in contact with a family member were those aged 60 and over – 81 per cent had no contact with relatives. Some had never married and claimed to have no living relatives; others had lost contact many years ago. When participants were asked about their frequency of contact with relatives, 36 per cent saw at least one family member weekly or more often. This mainly applied to those aged 20-24 years (81 per cent), and the percentage decreased substantially with increasing age (Table 7.2). Twenty three per cent aged in their fifties, and six per cent who were older saw a relative each week. When asked about the relatives they had most contact with, 48 per cent aged 20-24 and 37 per cent aged 25-29 identified their mother, and 43 per cent and 33 per cent mentioned siblings, respectively. Not surprisingly, with increasing age, the relatives most frequently mentioned were siblings. Relatively few participants of any age had regular contact with their father. Their family network size also varied greatly, with young people having contact with the most relatives and older people the least. On average, those aged 20-24 years had contact with 5.5 relatives each month, compared to just 1.8 for those aged in their fifties and 1.2 for those above this age (Table 7.2).

Women were significantly more likely than men to see one or more relatives each week (48% compared to 31%; χ^2 5.3; df 1; p <0.05), as were those who were originally resettled in Nottinghamshire and South Yorkshire (48 per cent, compared to 28 per cent originally rehoused in London; χ^2 9.2; df 1; p 0.002). Part of the reason for the latter is that a higher proportion of London participants were born outside the UK and their family lived abroad. There was no difference in weekly contact with relatives among those with mental health or drug problems, but those who reported alcohol problems were less likely to see their relatives each week (42% compared to 23%; χ^2 7.4; df 1; p 0.006). This is partly because alcohol problems were more prevalent among those aged 50 and over, and this age group were less likely to have family contact. Likewise, those with long histories of homelessness were less likely to be in contact with their family.

Many participants said that their relationship with family members had changed since they were resettled. Twenty eight per cent reported that it had improved, and 15 per cent that it had worsened. One man aged in his forties, for example, initiated phone contact with his father in the Caribbean. They had not spoken for 15 years. Some participants believed that their use of drugs or heavy drinking or their homeless circumstances had affected family relationships in the past. Those aged 20-24 years were most likely to say that their relationship with their family had improved (67 per cent), particularly with their mother (43 per cent). Young people gave many examples of how family relationships had changed:

> 'We've got stronger and closer. I didn't see them [mum and aunts] for a long time but I see them now. They wanted me closer but in the past I moved further away. They came to my flat on New Year's Eve'.

> 'They [aunts and uncles] look up to me now. They looked down on me before as I was homeless and in my last place had charity stuff. I used to have to use their shower – now I have my own place. I am more confident and independent and not reliant on them now'.

> 'Was stealing from them [foster family] when I was taking drugs so they had no contact with me. If I remain clean and sober, we'll meet more. It's me – I have to build myself up. They're there waiting for me. Always have been there for me. I've done things to loved one – sold their jewellery and other things'.

Another significant change was the death of relatives, particularly of parents. Although the participants were not specifically asked about the death of family members since resettlement, 35 people mentioned this during their interviews. Fourteen people had experienced the death of their father, and nine that of their mother. Other deaths included that of grandparents, siblings, and aunts, uncles and cousins. Some people had experienced multiple deaths. Since being resettled, one person had experienced the deaths of both parents and of his ex-wife. Another had experienced the deaths of an uncle and aunt, ex-boyfriend and three friends. All age groups were affected but particularly those in their forties and fifties. One man stayed with his father and nursed him at home until he died. He explained, "it was my duty as the eldest son; it was not an easy thing to do. The nurse came to help and told me what to do". Similarly, one woman stayed with her parents and cared for her father for 12 months until he died. In a few instances, participants were left money following the deaths of relatives. One person, who had drug problems for years, inherited a considerable sum. There was a stipulation in the will, however, that it could only be used to purchase a property.

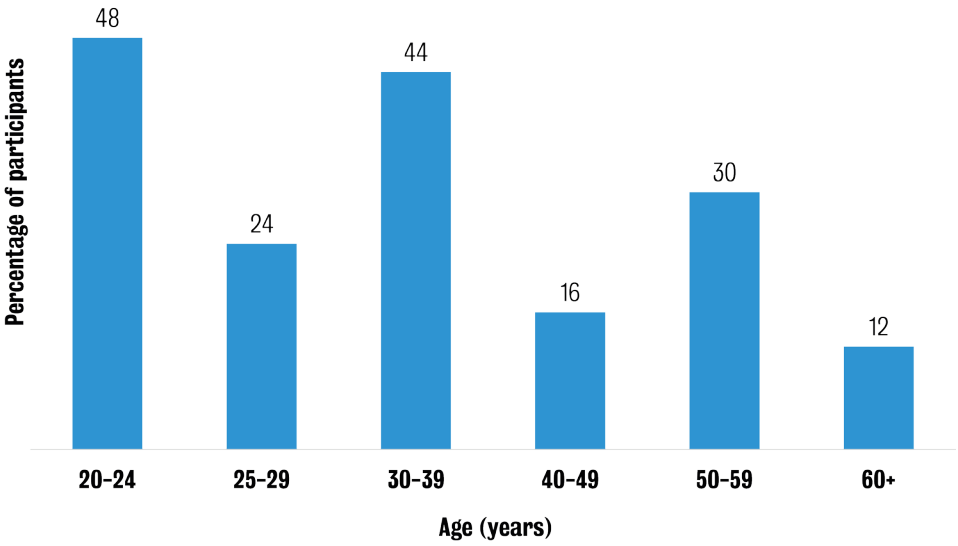
Thirty per cent of participants said they would like more contact with their relatives. Those aged in their thirties and forties were most likely to say this, as were those with long histories of homelessness. Since being resettled, 62 participants had tried to renew contact with one or more relatives, mainly with parents or siblings, and this varied greatly by age (Figure 7.3). Their efforts produced mixed results. Thirty one people successfully contacted family members and remained in touch. One man said, 'I renewed contact with my sister and we made up. I'm dependent on her now. Don't know what I'd do without her'. For 11 people, however, renewing contact was unsuccessful in that either their relatives refused to have anything to do with them or they had contact once but it did not continue. The rest were unable to make contact or had other experiences. For example, one person tried to make contact with his father only to find out that he had recently taken his own life. Another tried to make contact with his cousin only to find out that he had drug and alcohol problems and was in prison. The complexities of some participants' family relationships and the difficulties of re-establishing contact are evident from their accounts:

> 'I tried to make contact with my grandfather...I called him. He said he was busy and put the phone down. I think fuck it'.

> 'I got together again with my Dad though we were not close. I made the move and worked on our relationship. I started to see him again but my stepmother didn't like it. So we've stopped seeing each other again. I don't want to ruin his relationship with his wife in case she leaves him and he'll be on his own'.

> 'The year before last I got in touch with my parents and one brother. My other brother is estranged...I spent the weekend with my parents and brother. It was stressful – it was nice to see them but I'm used to being by myself...it is difficult. I try not to get emotionally involved with my family, as there is less chance of me getting hurt. I prefer to be emotionally detached".

Figure 7.3: Attempts to renew contact with 1+ relatives since being resettled by age at 60 months



Notes
Information from 217 participants.

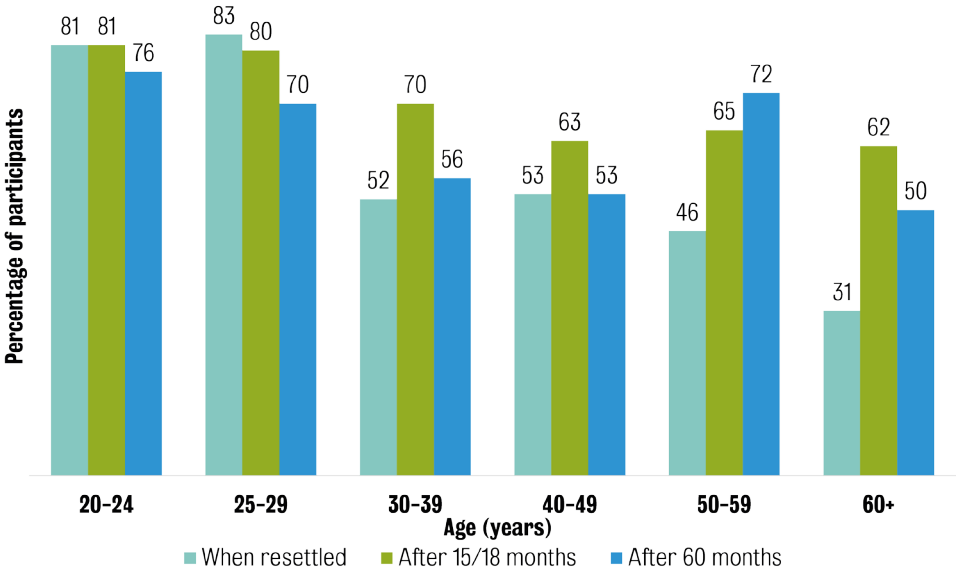
Contact with friends and neighbours

At 60 months, 84 per cent of participants were in touch with at least one friend, including 62 per cent who saw one or more friends at least weekly (Table 7.2). High percentages of all age groups reported weekly contact with friends. Apart from those aged 20-24 years, all other age groups were more likely to have weekly contact with friends than they were with relatives. Young people aged 20-24 years had the largest network of friends – they had contact with an average of 6.4 friends each month. All other age groups had monthly contact with around three to four friends, apart from those aged 60 and over who had contact with around two people. There was also an association between the length of time a person had been homeless and the number of friends. Those who had been homeless two years or less had contact with an average of 5.3

friends each month. This figure gradually reduced with increasing length of time homeless, to just two friends among those who had been homeless more than 10 years.

There have been changes over time in the percentage of participants in weekly contact with one or more friends. This applied to 57 per cent when first resettled, 69 per cent at 15/18 months, and 62 per cent at 60 months. As shown in Figure 7.4, however, this varied by age. There was a slight reduction in weekly contact with friends among those in their late twenties, but a substantial increase among those in the older age groups.

Figure 7.4: Changes over time in weekly contact with friends by age at 60 months



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

Three quarters of participants said that their friendships had changed since they were resettled. Many had made new friends with, for example, neighbours or people they had met at college or work. Some continued to socialise with people they had known for years from school or work, and often these friendships predated their homeless episode. Twenty one people said that they had become closer to friends and that their relationships were stronger. Some believed that this was because they were now more relaxed, had their own place, and were able to invite people over. Several also mentioned that trust between themselves and their friends had increased now that they were no longer using drugs or drinking heavily. Thirty nine people had purposefully distanced themselves from problem drinkers, drug users and other people they had known while homeless, as they were trying to overcome or control their own substance misuse problems and move away from that lifestyle. They also feared that the friends would cause problems when they visited and that their tenancies would be put at risk. Twenty two people said that they now saw friends less because their circumstances or those of their friends had changed.

For example, some were now working or busy at college, or had young children or had moved away. The following examples show ways in which their friendships had changed:

> 'Since I've had my daughter I'm no longer a party animal. I don't go out much and see friends'.

> 'I socialise with my friends more now since I've moved here. I have the space for them to come over. We cook and watch TV. I didn't like the shared house I was in before and hardly ever spent time there'.

> 'I'm now selective with my friends. Don't mix with people who drink or use drugs. It's hard when you've only lived one way all your life...I've always associated with drinkers and drug users since I was a kid. I'm not used to talking to normal people – it's a whole new learning experience'.

> 'I'm careful with friends because of my mistakes in the past. I have a few friends outside London I visit. I'm careful not to have people visit my flat unless I know them very well. Just have three people outside of my family. Used to have lots of people visit where I lived in the past'.

Some people had also experienced the death of one or more friends since they were resettled. As with family members, they were not asked specifically about this during the interview but 11 people made reference to this. In most cases the friends who died were relatively young and their deaths were linked to alcohol or drug misuse. The participants found this very upsetting as they described:

> 'A friend who helped me decorate my flat died two years ago of organ failure due to drink. He was only 46. He didn't eat anything, only drank alcohol. It broke my heart'.

> 'A lot of my friends have died – four or five. A good friend died after I moved here. It was a major loss to me. He was only 32, and had alcohol problems and died of a brain haemorrhage'.

Help and support that the participants both received and provided

This section examines the help and support that the participants received from, and provided to, relatives, partners, children, friends and neighbours. At 15/18 months, many participants were receiving a great deal of help from their informal support networks, and this continued over time. At 60 months, 79 per cent reported receiving practical help with tasks such as decorating, repair jobs, household chores, and sorting out bills and paperwork. This was mainly provided by relatives, partners or friends (Table 7.3). Several young people visited their parents regularly and were given meals. Three fifths of participants received financial assistance. This tended to be small amounts of money in an emergency when the participants were without food, electricity or cigarettes, and was mainly provided by relatives or friends. Very few received regular financial help. Several said that their family and friends were not in a position to help them financially. As one young woman explained, her mother was an alcoholic and at times she had to financially support her mother instead of vice versa. Four fifths of participants received emotional support, encouragement, and reassurance and advice from others when they were worried or had personal problems. This was mostly provided by friends. The importance of the help that some people received is apparent from their comments:

> 'Spoke to my foster mum a lot when I was going crazy with drugs. She's just there for me. Gives me emotional support. If I'm hungry and desperate she'd give me money for food or electricity'.

> 'I go to my sister's every evening and she gives me a meal. Also makes me food to take home. She helps me sort out my bills – I give her money and she pays the bills for me, as I would spend the money on drink. I talk to her about problems and how I'm feeling'.

Table 7.3: Help and support that participants *received from* partners, children, relatives and friends, by age at 60 months

Help and support received	Age groups (years)						Total
	20–24	25–29	30–39	40–49	50–59	60+	
	Percentages						
From partner/ex-partner							
practical[a]	38.1	44.8	37.8	26.9	27.9	0.0	30.8
financial	38.1	33.3	31.1	17.9	20.9	0.0	23.9
personal/emotional[b]	42.9	60.0	40.0	29.9	25.6	6.2	34.7
From children							
practical[a]	0.0	0.0	2.2	10.4	9.3	12.5	6.3
financial	0.0	0.0	2.2	4.5	9.3	6.2	4.1
personal/emotional[b]	0.0	0.0	2.2	10.4	9.3	12.5	6.3
From relatives							
practical[a]	61.9	46.7	32.6	33.8	32.6	12.5	36.2
financial	61.9	20.0	34.8	40.9	23.3	0.0	32.4
personal/emotional[b]	57.1	53.3	39.1	34.8	44.2	6.2	40.1
From friends/neighbours							
practical[a]	47.6	30.0	54.3	40.3	60.5	43.8	46.6
financial	42.9	36.7	41.3	34.3	39.5	12.5	36.3
personal/emotional[b]	85.7	76.7	63.0	49.3	46.5	31.2	57.4
From any of the above							
practical[a]	85.7	83.3	82.6	77.6	79.1	56.2	78.9
financial	90.5	53.3	71.1	63.2	62.8	18.8	62.8
personal/emotional[b]	95.2	90.0	84.8	81.5	74.4	37.5	80.1
Number of participants	21	30	46	67	43	16	223

Notes
[a]For example, provides meals, or help with repairs, DIY jobs, paperwork or household tasks
[b]For example, gives advice or helps with emotional or personal problems

There were differences by age in receipt of help (Table 7.3). Practical help and emotional support were common among all age groups except for those aged 60 and over. Those aged 20-24 were most likely to receive financial assistance and, as described in Chapter 5, they were the age group most likely to be struggling financially. Apart from practical assistance, those aged 60 and over were least likely to have received other help or support. Interestingly, very few people reported receiving any help from children, including those who were in contact with adult children. As one man described, 'the attitude of my daughter is very loud ... she has no respect for other people and only wants money off me'. There were, however, a few exceptions. One woman in her fifties who had physical disabilities and proactively ended a relationship with an abusive partner said, 'since he [partner] has gone, I have got much closer to my daughter. She helps me bathe and takes me shopping'.

Besides receiving a great deal of help from family and social networks, nearly as many participants also provided help to others. This included practical help, financial assistance and emotional support. This was common among all age groups except for those aged 60 and over (Table 7.4). Not surprisingly, fewer people aged 20-24 years provided financial help than received it, although several did assist relatives and friends with small amounts of money. Those aged 50 and over were much more likely to give financial assistance to adult children than to receive it. Some participants had dependent children and were responsible for their total care. Some young people did jobs around the house for their parents or grandparents, or helped with decorating and repairs. One older man, who had moved to sheltered accommodation, did maintenance work and decorating for other tenants, mainly women, in the sheltered complex. One man aged in his thirties allowed his father to temporarily stay with him as his father regularly used cannabis and had become homeless. As previously shown in Table 7.1, a small percentage had friends living with them.

At 60 months, nine people reported that they had taken on a caring role and were helping to look after sick, elderly or disabled relatives. As mentioned earlier, a few others had cared for sick parents until they died. Some looked after young siblings if their mother was ill or finding it hard to cope. Others helped to look after grandparents, or were caring for their own parents. As seen by the following descriptions, some were providing a great deal of help:

> 'I take my mum and nan out to bingo or to a restaurant. My nan has Alzheimer's disease and it's hard on my mum. I'm the 'social organiser'. I cook for my mum and nan regularly – they come to my flat. I get a film for them to watch. I took over all the legal things when dad died – he wanted me to be in charge. I organised the funeral, sorted out the will, and kept my brothers and sisters informed about what was happening'.

> 'My mum is suffering from anxiety and it's getting worse. I've been staying with her some nights for the last three months. I give her support and also help to look after my younger brother and sisters'.

Table 7.4: Help and support *given* by participants *to* partners, children, relatives and friends, by age at 60 months

Help and support given	Age groups (years)						Total
	20–24	25–29	30–39	40–49	50–59	60+	
	Percentages						
To partner/ex-partner							
practical[a]	19.0	36.7	26.7	27.3	16.3	12.5	24.4
financial	19.0	16.7	22.2	18.2	7.0	0.0	15.4
personal/emotional[b]	42.9	50.0	42.2	28.8	27.9	12.5	34.4
To children							
practical[a]	28.6	27.6	21.7	16.2	7.0	6.2	17.5
financial	19.0	27.6	23.9	25.0	30.2	12.5	24.7
personal/emotional[b]	28.6	31.0	21.7	20.6	20.9	6.2	22.0
To relatives							
practical[a]	52.4	33.3	29.5	25.8	11.6	6.2	25.9
financial	33.3	26.7	22.7	9.1	18.6	0.0	17.7
personal/emotional[b]	42.9	36.7	29.5	25.8	34.9	0.0	29.5
To friends/neighbours							
practical[a]	52.4	30.0	39.1	45.6	60.5	31.2	44.6
financial	33.3	26.7	39.1	32.4	27.9	31.2	32.1
personal/emotional[b]	85.7	70.0	58.7	47.1	44.2	31.2	54.5
To any of the above							
practical[a]	81.0	73.3	63.0	73.1	67.4	37.5	68.2
financial	61.9	65.5	65.2	63.6	48.8	37.5	59.3
personal/emotional[b]	95.2	86.7	76.1	72.3	69.8	37.5	74.2
Number of participants	21	30	46	67	43	16	223

Notes
[a]For example, provides meals, or help with repairs, DIY jobs, paperwork or household tasks
[b]For example, gives advice or helps with emotional or personal problems

Overview

Most participants were in regular contact with relatives or friends or partners, although the size of their networks and the frequency of contact reduced with increasing age. Young people in their twenties had the largest social networks and saw their family and friends most often. In contrast, those aged 60 and above were relatively isolated from their family and their main social contacts were with friends, particularly neighbours. Although the number of older people in the study at 60 months is relatively small, this is consistent with findings from other studies about the social networks of older homeless and formerly homeless people.[67, 89, 90] Overall, participants' networks played an important role in helping them to cope with the practical and emotional aspects of living independently and rebuilding their lives. The networks were less effective, however, in preventing or curtailing the increasing financial difficulties that many participants faced.

Being resettled had a positive impact for many participants in that having a place of their own and housing stability contributed to improved relationships with relatives, partners and children. They were able to invite people to their home and live with a partner. Some who had been separated from children when they became homeless were able to have children living with them again and renew their role as a parent. As noted above, some not only received a great deal of support from their social networks but also provided help to others. A few had even become carers to family members. For some young people, not only was it the first time that they had lived alone and had responsibility for a tenancy, but they had also started a family.

Several people renewed or strengthened relationships with family members or children after they were resettled, or attempted to do so. However, as described in this Chapter, this can be a complex and intricate process which may be fraught with inherent difficulties. Family estrangement and breakdown are common causes of homelessness, and repairing such relationships may be extremely difficult. Some of their family members suffered from mental health and substance misuse problems. In a few instances, according to the participants' accounts, they appeared to be coping better than their parent or sibling. Renewing family contact may also stir up painful memories of abuse, neglect or abandonment, and have repercussions not only for the person trying to make contact but also for the recipient. Any such attempts need to be handled sensitively and cautiously both by homeless and formerly homeless people, and also by workers and other people who may be encouraging them. Although some relationships can be mended, others are not easily repaired.

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 people deliberately broke ties with drug users, heavy drinkers and other people whom they regarded as bad influences. 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. In contrast, some formed or remained in relationships with partners or friends that were not constructive and positive. This had led to various problems for the participants and some remained in vulnerable situations when interviewed at 60 months.

8 | Health and substance use

8 | Health and substance use

This chapter examines health and substance use among all 224 participants who were housed and interviewed at 60 months. The first section examines their general health and lifestyle, and compares participants' ratings of their health with that of the general population. The chapter then focuses separately on physical health, mental health, alcohol consumption and the use of illegal drugs and novel psychoactive substances, and the impact of these on participants' daily activities and wellbeing. The extent to which they received treatment for health and substance misuse problems is also discussed.

The findings in this chapter on health and substance misuse problems have to be treated cautiously. They are the participants' self-reports and have not been verified by a health or substance misuse professional. Furthermore, some people had not recently consulted with a health professional. They claimed to have no physical illnesses but may have had undiagnosed health problems. Likewise, some people denied alcohol problems yet, when the amount of alcohol they consumed each week was calculated, they were clearly exceeding recommended guidelines for safe drinking.

General health and lifestyle

Participants were asked to rate how they perceived their general health, using the same rating scale used in surveys of the general population of Great Britain.[vi] Among the Rebuilding Lives participants, 13 per cent described their health as 'very good', 37 per cent as good', 31 per cent as 'fair', and 19 per cent as 'bad' or 'very bad'. Those aged in their twenties were more likely to describe their health as good or very good, while people aged in their fifties were most likely to report their health as bad or very bad (Table 8.1). People with alcohol problems and those who had been homeless more than 10 years were most likely to report their health was bad or very bad (33 per cent and 36 per cent respectively). Compared to the general population in Great Britain aged 16 and over, the Rebuilding Lives participants were much less likely to perceive their health as very good, and more likely to describe it as bad or very bad (Figure 8.1). Similarly, a survey in 2010 of 61 homeless people in South Yorkshire found that they were more likely than the general population to rate their health as bad or very bad (23 per cent compared to 5 per cent respectively).[91]

Smoking habits

A very high proportion of Rebuilding Lives participants (72 per cent) smoked cigarettes or tobacco, including 18 per cent who said that they smoked 20 or more cigarettes or roll ups each day. Smoking was most prevalent among those aged in their forties and fifties (84 per cent and 81 per cent respectively), and least common among those aged 25-29 years (47 per cent). In comparison, just

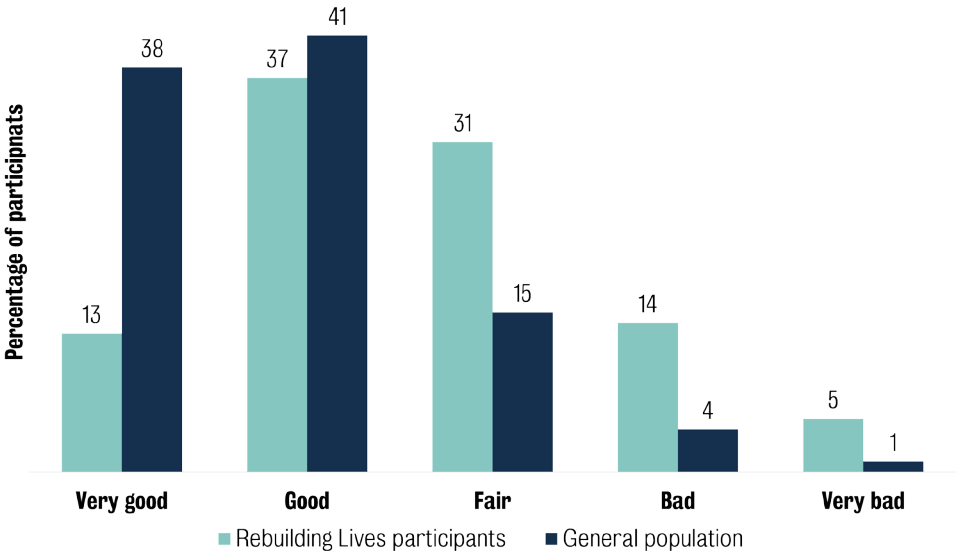
vi Opinions and Lifestyle Survey; General Lifestyle Survey; and General Household Survey.

20 per cent of the general population aged 16 and over in Great Britain in 2012 smoked cigarettes or tobacco.[92] Other UK and US studies of homeless and marginalised people also report high levels of smoking.[91, 93, 94] The figures for smoking are also likely to be under estimates – Kozlowski suggested that when asked how many cigarettes smoked each day, people tend to round down to the nearest multiple of 10.[95]

Table 8.1: Self-ratings of general health by age at 60 months

General health	Age groups (years)						Total
	20–24	25–29	30–39	40–49	50–59	60+	
	Percentages						
Very good	28.6	26.7	15.2	7.6	2.4	13.3	13.2
Good	42.9	46.7	37.0	36.4	26.2	46.7	37.3
Fair	23.8	23.3	26.1	37.9	33.3	33.3	30.9
Bad	4.8	3.3	15.2	13.6	28.6	6.7	14.1
Very bad	0.0	0.0	6.5	4.5	9.5	0.0	4.5
Number of participants	21	30	46	66	42	15	220

Figure 8.1: Self-ratings of general health: the Rebuilding Lives participants and the general population in Great Britain



Notes
Information about 220 Rebuilding Lives participants and the general population aged 16+ in 2013.[96]

Nutrition

The eating habits and nutritional intake of participants varied greatly. At 60 months, 57 per cent had a cooked meal most days, while 16 per cent had a meal just twice a week or less. One third regularly cooked for themselves, while some had meals prepared by relatives or friends, ate in cafes or pubs, or had takeaway meals. There was no overall difference by age in the frequency of having meals, but older people were less likely to cook a meal and were more likely to eat in a pub or cafe or buy takeaway food. People with mental health or alcohol problems were least likely to have regular meals. For example, only 50 per cent of those with a mental health problem had a meal most days, while 24 per cent had a meal twice a week or less. Just 41 per cent of participants had at least one portion of fruit or vegetables five or more days a week. Moreover, 13 per cent never had fruit or vegetables, and another 11 per cent had a portion just once a week.

As described in Chapter 5, financial problems contributed to poor eating habits among some participants. One young woman was 36 weeks' pregnant when interviewed, but could not afford to eat properly and was missing meals. She had anaemia and said that the hospital was worried about her condition as her baby was small. A few people said that physical disabilities affected their ability to cook. A few others were deterred from cooking and eating by the poor condition of their accommodation, or said that they did not know how to cook or lacked the motivation. According to one man, 'The smell of mould in my flat makes me physically sick ... I can't cook or eat here'.

Exercise

Just over one half (56 per cent) of participants exercised, although slightly fewer (35 per cent) exercised at least once a week. The main exercise undertaken was brisk walking, and 26 per cent were involved in activities such as swimming, cycling, yoga, weightlifting, or playing football or netball. Twelve people attended a gym and a few others said they would like to go to a gym but could not afford it. Similar percentages of men and women exercised and there was no difference according to whether the participants were living in London or elsewhere. There were, however, age differences. Just 35 per cent aged in their fifties did some exercise, compared to around 60 per cent of all other age groups. Not surprisingly older people were more likely to get their exercise through walking, whereas several in their twenties participated in sports. There was an association between exercise and wellbeing: those who exercised were less likely to report feeling depressed (see Chapter 9).

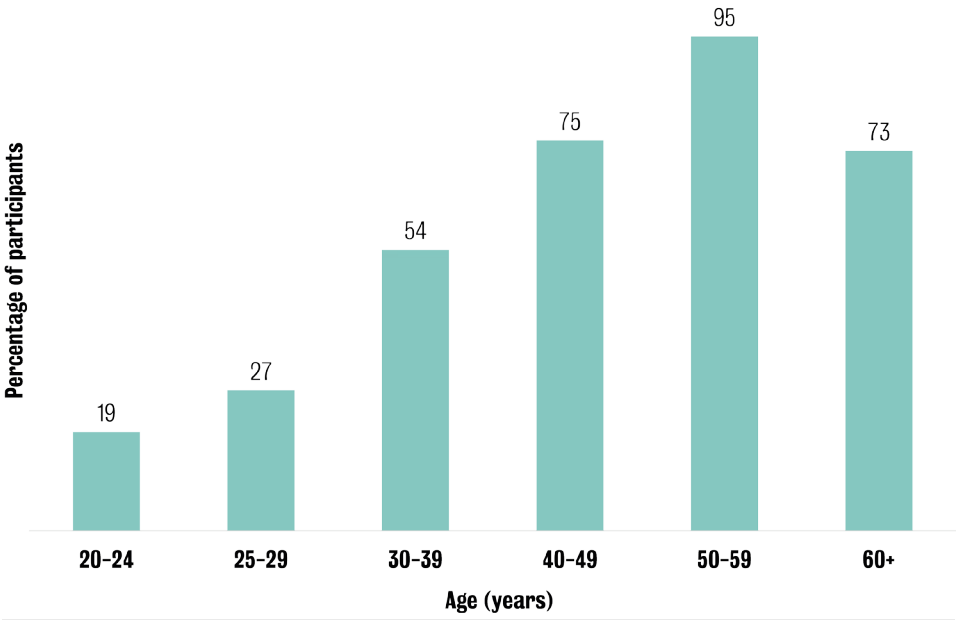
Physical health problems

Physical illnesses were common among participants, even among the younger age groups. At 60 months, 63 per cent reported at least one physical health problem. This is likely to be the minimum number, as some may have had problems of which they were unaware (15 per cent had not seen a GP in the preceding 12 months). One third reported musculoskeletal problems, such as rheumatoid arthritis or osteoarthritis, or neurological conditions such as multiple sclerosis or peripheral neuropathy. Several (16 per cent) described respiratory problems, most commonly asthma or chronic obstructive pulmonary disease. A few said that the dampness in their accommodation had contributed to or exacerbated their respiratory problems. One quarter aged in their fifties had high blood pressure, including some who also had

high cholesterol. Other less commonly reported problems included heart and circulatory conditions, gastric problems, anaemia, diabetes, epilepsy, HIV, Hepatitis B or C, cirrhosis of the liver and tumours.

Not surprisingly, the prevalence of physical health problems increased with age, although there was a slight reduction in reports of problems among those aged 60 and over (Figure 8.2). Part of the reason for this difference is likely to be that some of the oldest age group were not registered with a local GP and had not seen a doctor for some time. There were significant associations between physical illnesses and smoking, heavy drinking and drug problems. For example, 77 per cent with a drug problem compared to 56 per cent without a drug problem reported physical health problems (χ^2 9.5; df 1; p 0.002). One in 10 people with a drug problem had contracted Hepatitis B or C. There was also an association between duration of homelessness and physical illnesses. Just under one half (48 per cent) of those who had been homeless two years or less reported physical health problems, compared to 82 per cent who had been homeless longer than 10 years.

Figure 8.2: Prevalence of physical health problems by age at 60 months (self-reports)



Notes
Information provided by 223 participants.

Two fifths of participants said that physical health problems affected their mobility and ability to manage household tasks. They were mainly people aged in their forties and fifties. One person explained, 'since having a trapped nerve in my shoulder and hand, I find it hard to lift saucepans and cooking has become a problem'. Other comments included:

> 'I can't walk very far or work as I get breathless. Have to get up at night because I'm coughing a lot. The lift in my block of flats breaks regularly and I find it difficult to walk up the stairs'. (health problems: chronic obstructive pulmonary disease)

> 'My walking is affected and my balance and concentration is not good. Have difficulty bending and this affects my ability to do housework. The hernia does not hurt me but it's unsightly and embarrasses me. The doctors have said I only have about a year left to live'. (health problems: cirrhosis of liver, Hepatitis C, and a hernia).

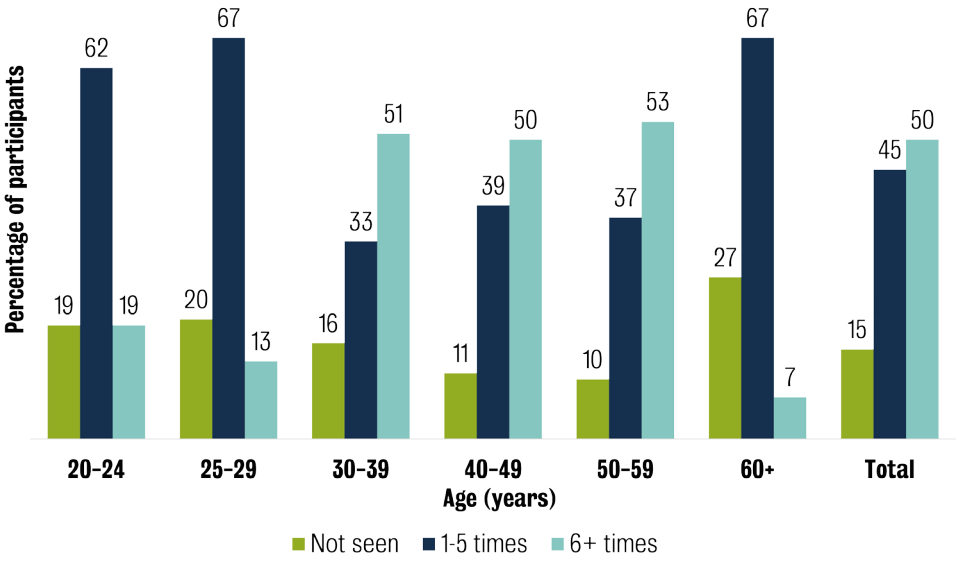
> 'Constant pain and discomfort in my back. Get skin rashes, spots and occasional incontinence of urine and bowels – effect of cirrhosis and cancer. Major effect of the cirrhosis is when I lift something or stretch too much I get a pain – it's like an electric shock'. (health problems: fractured spine, possible nerve damage, Hepatitis C, cirrhosis and cancer of the liver, and gallstones)

Most participants (90 per cent) were registered with a local GP, and 72 per cent who reported physical ill health were receiving treatment for their problems. One half had seen their GP at least six times during the last 12 months, including 31 per cent who had 10 or more consultations (Figure 8.3). Just over a third (36 per cent) had attended hospital Accident and Emergency departments (A&E) at least once during this period. However, those aged 60 and over were least likely to have had contact with medical services. Only 67 per cent were registered with a local GP, 27 per cent had *not* seen a GP within the last 12 months, while 19 per cent had used A&E in the last 12 months. The main reasons given by older people for not registering with a local GP were that they were registered with a GP service out of the local area for years and did not want to change, or that they avoided doctors and medical care. As two older people described:

> 'I've been with [name of practice] since I was 12. They know me and I know them. Was the doctor for all my family. I feel secure there.'

> 'I don't like doctors and hospitals – the smell. I had enough visiting my mum and dad years ago when they were in hospital.'

Figure 8.3: Number of GP consultations in last 12 months by age at 60 months



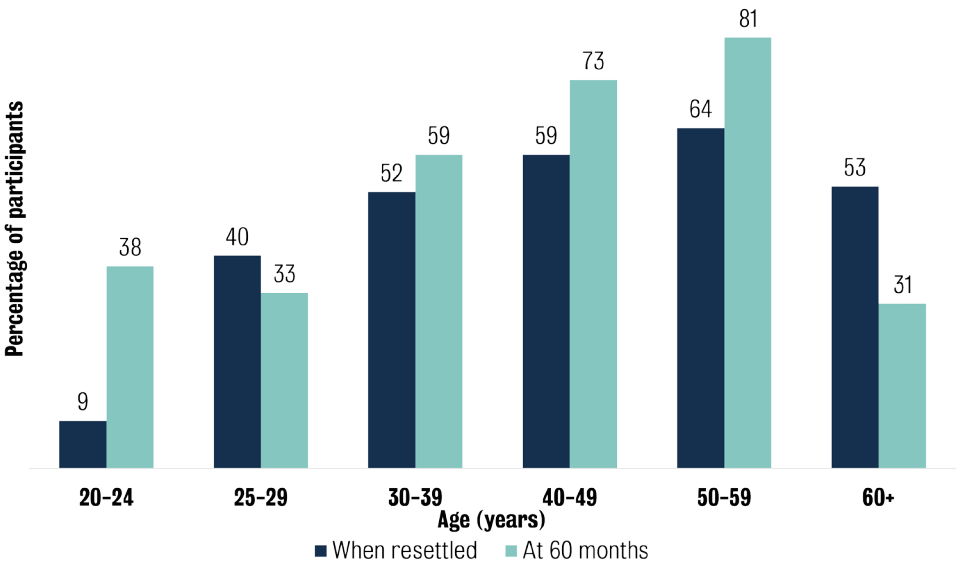
Notes
Information provided by 217 participants.

A few people said that being resettled had given them security and a base from which they could engage in a prolonged treatment programme for health problems. Two people, for example, were treated with Interferon over six months for Hepatitis C. They explained that they could not consider this while homeless as they felt the side effects of the drug, such as nausea and tiredness, would have been difficult to tolerate while unsettled and living in a hostel. One woman underwent the treatment during the third year after she was resettled and, according to her, 'the pain and nausea from my liver damage has gone'.

Mental health problems

Mental health problems were common among the participants. At 60 months, 60 per cent reported one or more problems, including 64 per cent of men and 51 per cent of women. Just over two fifths (42 per cent) suffered from depression, and 23 per cent had anxiety or panic attacks. One in ten described having schizophrenia or that they heard 'voices' or were paranoid. A few had been diagnosed with bipolar disorder or with post-traumatic stress disorder (PTSD). Mental health problems were most commonly reported by participants aged in their forties and fifties (73 per cent and 81 per cent respectively; Figure 8.4). Young people aged in their twenties and those aged 60 and above mainly reported depression or anxiety, while psychotic symptoms and PTSD were most commonly found in the middle aged groups (30-59 years).

Figure 8.4: The prevalence of mental health problems over time by age at 60 months (self-reports)



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

There was a slight increase over time in the prevalence of mental health problems among the participants. Fifty one per cent reported problems at the time of resettlement and 60 per cent at 60 months. As shown in Figure 8.4, the largest increase was among those aged 20-24 years. Nine per cent reported mental health problems when first resettled and 38 per cent five years later.

Among this age group, those who had debts of at least £1,000 were more likely than others to report mental health problems (54 per cent compared to 22 per cent). Prevalence rates also increased to a lesser extent among those aged in their forties and fifties. In contrast, there was a substantial decline over time in reports of mental health problems among those aged 60 and over (from 53 per cent at the time of resettlement to 31 per cent at 60 months).

Several people described how mental health problems had a negative impact on their lives. Seventeen per cent lacked motivation and interest, and felt down and tired most of the time. Several described feeling stressed, worried and unable to sleep properly, and a few said that they had become angry and bad tempered. One fifth found it hard to go out as they did not want to be around other people, and instead isolated themselves. Thirteen people had felt suicidal or made suicide attempts in the previous couple of years. People with mental health problems were more likely than the other participants to report difficulties coping with household tasks such as cooking and cleaning (54% compared to 19%; χ^2 26.7; df 1; p 0.000). They were also more likely to report difficulties budgeting, managing finances and paying bills, although they were not more likely to have accrued debts. Their struggles are apparent from their comments:

> 'I wake up feeling like shit. I lack motivation and feel exhausted physically. Don't want to eat or move or do anything. Everything turns to shit. My perception gets out of reality'. (Man, aged in his fifties).

> 'I get days when it's more controllable and other days when it feels like suicide missions. I'm still working on the depression. My GP wants me to talk to someone but I don't think there's any point. I have half a ton of anger 'upstairs' that I need to release'. (Woman, aged in her forties).

> 'I get paranoid and don't like going out as I don't like crowds. I often do not sleep. I don't want to be here...two years ago I tried to gas myself but woke up as the gas had run out. Last year I took drugs and alcohol and tried to kill myself'. (Man, aged in his fifties).

For some people, mental health problems were longstanding and had preceded their entry into homelessness and subsequent resettlement. However, their problems were exacerbated when they were faced with stresses and challenges after being resettled. One young woman, now aged in her twenties, had experienced depression intermittently since she was a teenager. She had initially coped well after being resettled and had found a job. She had become more depressed and isolated, however, after she had taken on a caring role for a family member. She felt a responsibility to take on this role but found the experience very stressful. Her depression worsened and resulted in her having to take sick leave from work. Another woman described how her panic attacks had become more frequent since the deaths of her dog and a close friend four years earlier. A third woman, with longstanding depression and anxiety, said that her symptoms had worsened after her daughter had made contact after 25 years. Although she was pleased to hear from her daughter again, it had also stirred up many painful memories. According to some participants, stressful events that occurred after their resettlement triggered the onset of mental health problems. One young man, for example, became depressed and paranoid following a burglary three years after he had moved into his flat, and another became paranoid after drug users took over his accommodation and he was

forced to leave. According to both men, they had never previously experienced mental health problems. Two people described the links between stresses post-resettlement and mental health problems:

> 'I avoid situations that take me out of my comfort zone, as they will trigger my panic attacks. I don't go to the shops during the day but go in the evenings when they're quieter. I take my dog out at night so as to avoid people. I had panic attacks years ago, but they have got worse since my friend died four years ago, my other dog died, and I stopped drinking'.

> 'The burglary [three years ago] took its toll on me and set me back a lot. I was doing an NVQ but became depressed, fell behind with the work, and was asked to quit the course. I don't want to go out or do things. I also drink more'.

Among those who reported mental health problems at 60 months, 56 per cent were in receipt of treatment, mainly medication from their GP. Fifteen per cent were under the care of a community mental health team, and eight people were attending counselling sessions or group therapy. During the previous two years, 11 people had been admitted into a mental health unit, including four who had been detained under the Mental Health Act 1983. There were differences by age in receipt of treatment for mental health problems, with young people being much less likely than other age groups to be receiving help (25 per cent aged 20-24, compared to 71 per cent aged 40-49). No participants aged in their twenties were in contact with mental health services.

One third of people with mental health problems identified help or treatment that they needed but were not receiving. This applied to 50 per cent of those aged 30-39 years, around one third aged in their forties and fifties, but very few young people. The most common help they would have liked was counselling or talking to someone about how they were feeling. Some who were prescribed medication by their GP believed that they needed more specialist help. Several referred to problems dating back to childhood that had not been resolved, and said they would have liked an opportunity to work through these difficulties. A few had been assessed for counselling or group therapy and their names were on a waiting list. They described the types of help that they would like:

> 'I want to be under the care of a psychiatrist who I can talk to, and who can tell me I am safe. I used to see a mental health worker for 20-25 minutes and could talk about how I'm feeling ... [now] I only have 5 minutes with my GP'.

> 'I want help with my depression, anxiety and panic attacks. I saw a counsellor for a while two years ago but the worker left and there was a mess up with my appointments. They forgot to give me a new worker; I got lost in the system'.

> 'I should be talking to someone about my childhood and what I went through. I should not be carrying it alone'.

Alcohol use

When asked at 60 months about alcohol consumption, 29 per cent of participants said that they did not drink, 15 per cent drank most days (six to seven days per week), two per cent had alcohol four to five days a week, and four per cent described themselves as binge drinkers and had episodes of heavy drinking followed by days or weeks when they had little or no alcohol (Table 8.2). The majority of drinkers consumed standard strength beer or lager, although 12 per cent regularly had Tennent's super strong lager (nine per cent alcohol by volume (ABV)) or extra strong beers or ciders such as White Ace (ABV 7.5 per cent). One fifth drank spirits or wine. People aged 25-29 were most likely to say that they did not drink alcohol and only three per cent described themselves as heavy drinkers. Those aged in their fifties were most likely to have alcohol most days or say that they were binge drinkers (Table 8.2). They were also the age group most likely to consume extra strong beers or lagers. Participants aged 20-24 years were most likely to drink spirits.

Table 8.2: Frequency and type of alcohol consumption at 60 months by age

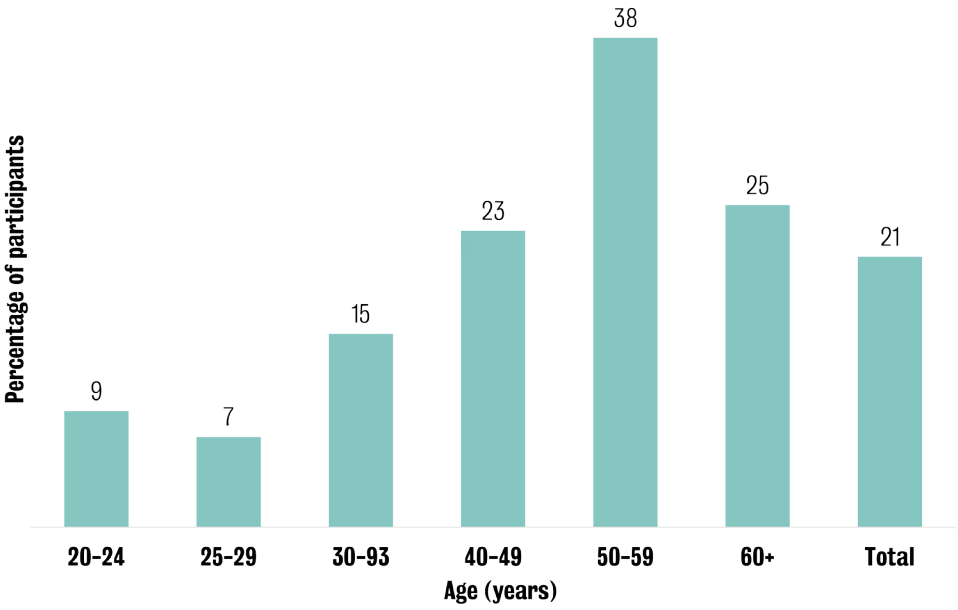
Alcohol consumption	Age groups (years)						Total
	20–24	25–29	30–39	40–49	50–59	60+	
	Percentages						
Frequency of drinking							
Not at all	19.0	41.4	35.6	26.9	23.3	31.2	29.4
Monthly or less	23.8	24.1	17.8	20.9	11.6	6.2	18.1
2-4 times a month	28.6	13.8	17.8	16.4	11.6	18.8	16.7
2-3 times a week	19.0	17.2	6.7	11.9	20.9	18.8	14.5
4-5 times a week	4.8	0.0	2.2	1.5	4.7	0.0	2.3
6-7 times a week	4.8	3.4	15.6	16.4	20.9	25.0	14.9
Binge drinks	0.0	0.0	4.4	6.0	7.0	0.0	4.1
Type of alcohol[a]							
Standard beers/lagers	28.6	33.3	43.2	52.4	48.8	50.0	44.7
Super strength beers/lagers	0.0	0.0	9.1	15.9	26.8	6.2	12.1
Spirits	38.1	13.3	9.1	3.2	4.9	12.5	10.2
Wine	28.6	20.0	13.6	9.5	4.9	6.2	12.6
Number of participants	21	29	45	67	43	16	221

Notes
Information provided by 221 participants
[a]Some people reported drinking more than one type of alcohol

It was difficult to calculate the number of units of alcohol per week consumed by some participants as their drinking patterns fluctuated. Some drank spirits when they had money but consumed cheap, extra strong beer or lager at other times. Some had a few days of heavy drinking when they received their social security benefits, followed by periods of light drinking or abstinence when they had no money. Some associated bouts of heavy drinking with stresses that they were experiencing, or said that they drank more when they took drugs or when they socialised with other people who drank heavily. As one man described, 'I was drinking heavily with neighbours until a few months ago ... I was drunk 24 hours a day'.

The average number of units of alcohol they consumed per week has been calculated as accurately as possible from the information they provided. According to the Department of Health (DH) guidelines, men should not exceed 21-28 units per week and women 14-21 units per week.[97] Using these guidelines, 23 per cent of men in the study and 18 per cent of women were regularly drinking in excess of the *maximum* recommended weekly guidelines. Moreover, 16 per cent of men and 11 per cent of women were having more than *50 units* each week. As shown in Figure 8.5, those aged 40 and over, and particularly those aged in their fifties, were most likely to be drinking excessively. Twenty six per cent aged 50-59 years were drinking more than 50 units each week. Caution has to be taken, however, when interpreting the DH guidelines for alcohol consumption. Weekly guidelines were first introduced in the UK in 1987 based on evidence submitted by the Royal College of Physicians, and were changed in 1995 to daily guidelines.[98]

Figure 8.5: Weekly alcohol intake of *more than 28 units* by age at 60 months



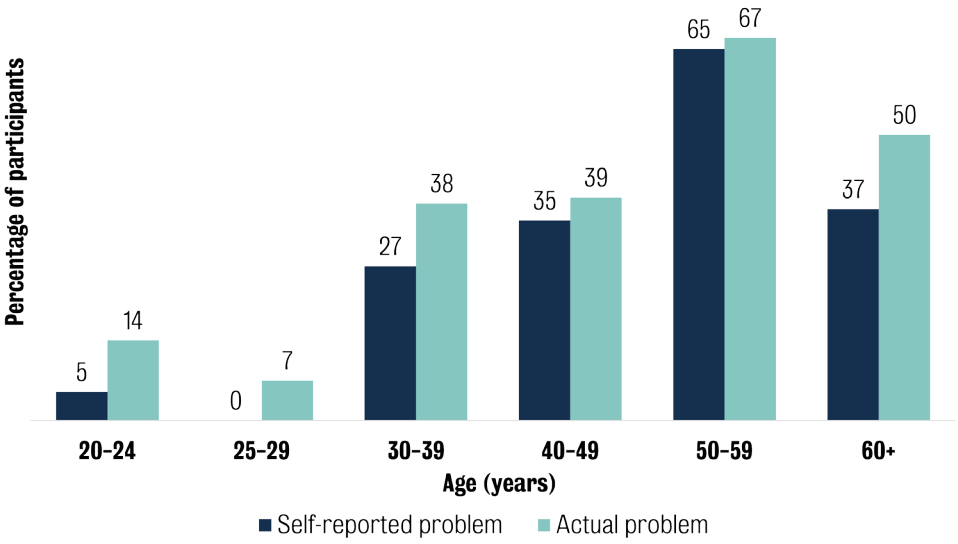
Notes
Information provided by 203 participants.

In late 2011, the House of Commons Science and Technology Committee launched an inquiry into UK drinking guidelines. It reported that alcohol consumption guidelines for the general adult population had not been formally reviewed since 1995, and called for a review of the evidence.[99] The Government has since tasked the Chief Medical Officer with overseeing a review of drinking guidelines.[98]

Overall, there was little change in the frequency of alcohol consumption over time among the participants. Among those who were still housed at 60 months, 14 per cent drank alcohol most days (six to seven days per week) at the time of resettlement, 17 per cent at 15/18 months, and 15 per cent at 60 months. There were, however, changes among some individuals. Seven people who were drinking five or more days a week when resettled, were drinking monthly or less by 60 months. Nine people were not drinking when first interviewed but were drinking most days or were binge drinking at 60 months. The figures have to be treated cautiously, however, as some people may have been reluctant to disclose their alcohol use when first interviewed, but were more willing to discuss this as trust with the interviewer developed.

When asked if they had an alcohol problem, 32 per cent of participants confirmed that they were either currently drinking heavily or binge drinking, or were receiving help to overcome past heavy drinking. This included 37 per cent of men and 18 per cent of women. However, a few people denied having an alcohol problem but were drinking most days and clearly exceeding the recommended maximum weekly guidelines of 28 units per week for men and 21 for women. When this group is added to those who admitted to having an alcohol problem, 38 per cent of participants (44 per cent of men and 26 per cent of women) had a drink problem. Alcohol problems were least prevalent among young people and most common among older age groups, affecting 67 per cent aged in their fifties and 50 per cent aged 60 and over. The youngest and oldest age groups (20-24 years and 60 years or older) who were drinking excessively were less likely than other age groups to recognise or admit to having an alcohol problem (Figure 8.6).

Figure 8.6: Alcohol problems (self-reported and actual) by age at 60 months



Notes
Information provided by 203 participants.

Many people who were drinking heavily or binge drinking acknowledged that their alcohol use was having an adverse effect on their health. They were significantly more likely than the other participants to have physical health problems (80% compared to 51%; χ^2 17.7; df 1; p 0.000). They experienced various health problems which they believed had resulted from years of heavy drinking, including fits, blackouts, peripheral neuropathy, stomach ulcers, cirrhosis of the liver, insomnia, depression and memory problems. Some also acknowledged that heavy drinking affected their ability to function and cope at home. They were more likely than those without alcohol problems to describe difficulties managing basic household tasks (52 per cent compared to 31 per cent) and to be in accommodation that was dirty or very dirty (38 per cent compared to 16 per cent). One man, aged in his late fifties, had short-term memory problems and consumed alcohol most days. In the last year, the fire service had been called to his home on four occasions to extinguish fires. Each time, he had been intoxicated and fell asleep while cooking. He said, 'I leave things on the cooker and fall asleep – last time it was boiled eggs'. Another man who was employed casually as a labourer admitted that sometimes he was unable to work because he was intoxicated. The effects of alcohol misuse on their everyday activities are apparent from their descriptions:

> 'I struggle to come off booze once I start drinking. I've not gone into work some days because I've been drinking, and I have to make excuses to my boss. He doesn't know I drink heavily ... I always have to make sure I've got enough drink for the next morning else I suffer terribly and get blackouts. Mood wise, I go into my own shell. I enjoy drinking for a few hours and then I have to keep topping up to get the euphoria back, but it never comes back. When I'm drinking I don't eat, and then I feel weak. It's a vicious circle'. (Man, aged in his forties).

> 'I've been drinking alcohol since I was 15. I can't stop drinking. I drink throughout the day. I need three cans when I wake up in the morning. I can't sleep and it's freaky as my eyes are closed but I feel I can see things – it's due to the drink'. (Man, aged in his fifties).

> 'I binge drink. I look forward to drinking. I fall down when I'm drunk – I stagger about and lose my balance. But I don't hurt myself – I'm like rubber. I only eat fish fingers so I can spend my money on alcohol. I get unpleasant hangovers'. (Man, aged in his fifties).

Despite the many difficulties faced by people who had an alcohol problem, only 16 per cent were receiving treatment or help to address their drinking. Just eight per cent were under the care of specialist alcohol services, and a few were attending Alcoholics Anonymous meetings. The majority who were drinking excessively did not want or did not believe that they needed help. Just 10 per cent said that they needed help or treatment but were not in receipt of it.

Use of illegal drugs and novel psychoactive substances

At 60 months, 34 per cent of participants said that they used illegal drugs, legal highs or novel psychoactive substances (NPS). When asked about the types of drugs they had taken during the previous three months, 26 per cent said cannabis, including a small percentage (six per cent) who had taken it daily or almost every day. Nearly one in ten (eight per cent) had taken crack cocaine, and a few had used heroin, amphetamines, NPS or had misused

over-the-counter medicines such as analgesics. Those aged in their forties and fifties were most likely to be using drugs at 60 months, and to have used crack cocaine and/or heroin in the last three months (Table 8.3). Those aged in their twenties tended only to have used cannabis. No participants aged 60 or over reported drug misuse.

Table 8.3: Drug problems and use of illegal drugs and novel psychoactive substances by age at 60 months

Drug use at 60 months	Age groups (years)						Total
	20–24	25–29	30–39	40–49	50–59	60+	
	Percentages						
Has drug problem[a]	38.1	26.7	45.7	57.4	69.8	0.0	47.3
Currently using drugs	33.3	23.3	34.8	38.2	46.5	0.0	33.9
Drugs used in last 3 months[b]							
Cannabis	28.6	20.0	21.7	29.4	34.9	0.0	25.4
Crack cocaine	0.0	3.3	10.9	11.8	11.6	0.0	8.5
Heroin	0.0	3.3	4.3	8.8	7.0	0.0	5.4
Number of participants	21	30	46	68	43	16	224

Notes
[a]Uses drugs or is recovering from a drug problem
[b]Illegal drugs, legal highs or novel psychoactive substances (NPS). Does not include methadone and other drugs prescribed for the treatment of drug problems

There was little difference over time in the prevalence of drug use among the Rebuilding Lives participants. Thirty per cent were using drugs at the time of resettlement, 41 per cent at 15/18 months and 34 per cent at 60 months. When examined further, however, different patterns of drug use over time emerge (Table 8.4). Just 39 per cent of participants had *no* history of drug use both in the five years preceding and five years post-resettlement. A further 21 per cent had used drugs during the five years before being resettled, but had stopped taking drugs either by the time they were resettled or by their 60 month interview. A similar percentage (21 per cent) were using drugs at the time of resettlement, continued the habit after they were resettled and were still using drugs at 60 months. Another 19 per cent were *not* using drugs at the time of resettlement yet started or resumed drug taking *after* they were rehoused. The figures relating to changes in drug use have to be treated cautiously. As noted above, some participants may have been wary about reporting drug use when they were first interviewed, but may have been more willing to discuss usage as they gained trust in the interviewer.

Some people who resumed drug taking after being resettled associated this with stresses and problems that they experienced after being rehoused. In some instances it was a short-term setback. One woman, for example, who had stopped taking drugs by the time she was resettled, had been coping well in her flat. She obtained full-time employment and had an active social life. Problems

started when a particular family and several of their associates moved into the flat above her. The occupants were very noisy, argued a great deal and their children ran around late at night. She became depressed, was unable to sleep, took time off work, and resumed cocaine use. According to her, 'the cocaine helps you to forget things and what is going on'. She eventually moved to another flat to escape these neighbours, stopped taking cocaine, and returned to work. Another participant described having 'a full blown relapse' three years after being resettled and associated this with unresolved problems dating back to his early life rather than to problems with his current situation. He resumed crack cocaine use and also started taking novel psychoactive substances. His life became chaotic, and he was dismissed from his job. The neighbours complained to the housing department about his behaviour and that of other drug users who frequented his flat, and he was threatened with eviction and given a probationary tenancy agreement for one year.

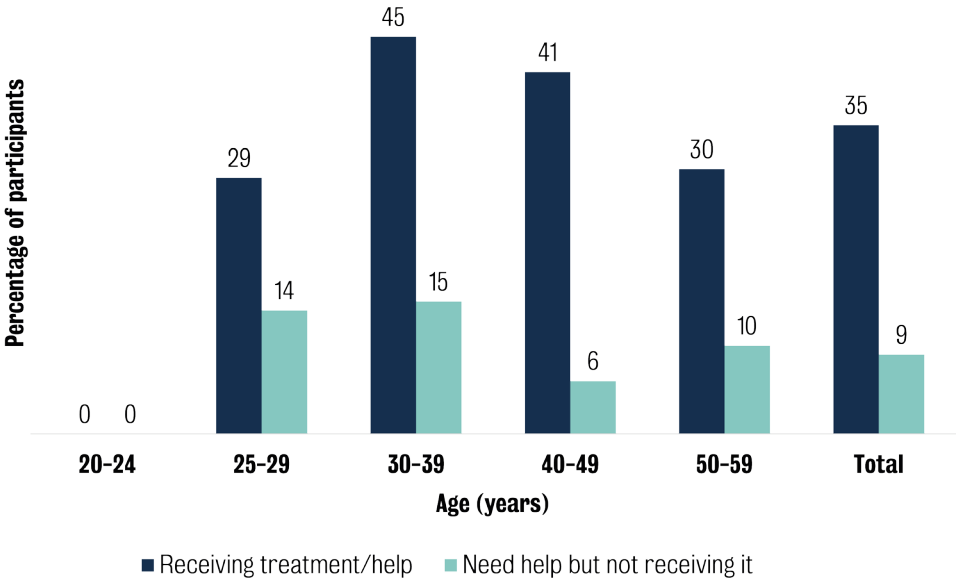
Table 8.4: Patterns of drug use during the five years before and after resettlement by age at 60 months

Use of drugs	Age groups (years)						Total
	20–24	25–29	30–39	40–49	50–59	60+	
	Percentages						
Not used drugs in five years pre-resettlement[a]							
No drug use since being resettled	38.1	60.0	30.4	27.9	30.2	93.3	38.6
Started using drugs after being resettled	0.0	0.0	6.5	2.9	4.7	0.0	3.1
Used drugs in five years pre-resettlement but *not* at time resettled[a]							
No drug use since being resettled	23.8	13.3	10.9	11.8	11.6	6.7	12.6
Intermittent drug use after being resettled	9.5	10.0	17.4	20.6	18.6	0.0	15.7
Using drugs at time resettled[a]							
Constant drug use after being resettled[b]	19.0	16.7	21.7	23.5	27.9	0.0	21.1
Intermittent drug use after being resettled	4.8	0.0	0.0	1.5	0.0	0.0	0.9
Stopped using drugs by 60 months	4.8	0.0	13.0	11.8	7.0	0.0	8.1
Number of participants	21	30	46	68	43	15	223

Notes
[a]Illegal drugs, legal highs or novel psychoactive substances (NPS). Does not include methadone and other drugs prescribed for the treatment of drug problems
[b]Reported drug use at each time period: 6, 15/18 and 60 months post-resettlement

Among the 106 participants who were using drugs or recovering from a drug problem at 60 months, 47 per cent were receiving treatment or help for the problem. Those aged in their thirties or forties were most likely to be receiving help, and around two fifths of these were under the care of specialist drug services (Figure 8.7). Among the 106 participants, 13 per cent were on a methadone or similar programme, including around one third aged in their thirties, forties and fifties. For some, their methadone had gradually been reduced over the months since they were resettled.

Figure 8.7: Treatment or help for a drug problem by age at 60 months



Notes
Information from 106 participants who used drugs/were recovering from a drug problem.

Nine per cent with a drug problem identified help that they would have liked but were not receiving. Some had not asked for it, while a few had been discharged from drug services because of their behaviour. One such man had his methadone programme stopped because he continued to also use heroin which was detected in urine tests. Another man was on a methadone programme but attacked his drugs worker and therefore his GP was asked to take over his care. Although affecting only a small number, those aged in their early twenties who were using cannabis were not receiving help and did not believe they needed it.

Comorbid mental health and substance misuse problems

Just over two fifths (44 per cent) of participants had comorbid mental health and substance misuse problems (either alcohol or drugs). This applied to 50 per cent of men and 29 per cent of women, and affected 57 per cent of those aged in their forties and 74 per cent of those in their fifties (Table 8.5). Two fifths of people aged in their fifties experienced *all three* problems – mental health, alcohol *and* drugs.

Table 8.5: Comorbid mental health and substance misuse problems by age at 60 months

Problems at 60 months	Age groups (years)						Total
	20–24	25–29	30–39	40–49	50–59	60+	
	Percentages						
Mental health & alcohol	9.5	3.3	24.4	33.3	58.1	12.5	28.5
Mental health & drugs	9.5	13.3	32.6	42.6	58.1	0.0	33.5
Alcohol & drugs	4.8	3.3	23.9	25.4	48.8	0.0	22.9
Mental health & alcohol *or* drugs	19.0	13.3	37.8	56.7	74.4	12.5	43.7
Mental health, alcohol & drugs	0.0	3.3	19.6	19.4	41.9	0.0	18.4
Number of participants	21	29	45	66	43	16	220

The interactions of the various problems are complex. A few people claimed that their mental health problems had worsened since they had reduced their alcohol intake. As one woman explained, 'since I've almost stopped drinking, my panic attacks have got worse'. A few others associated the start of heavy drinking with depression. As one man described:

> 'I detoxed and came off alcohol through my GP. But I've started drinking heavily again as there has been a few deaths in my family and my father is now ill. My uncle died...and my aunt died and her body was not found for a week. It was very distressing. Also had four friends that have died. I don't think things can get worse. The GP that helped me detox has left the practice – that's also made a massive difference'.

Some people replaced alcohol with drugs or vice versa, or replaced the misuse of one drug with that of another. One man started to use cannabis after reducing his alcohol consumption. Another was under the care of drug services and received methadone to overcome a heroin addiction. After being resettled, his methadone was gradually reduced and he was then admitted into a detoxification unit. After completing the detox programme, he started to take over-the-counter pain killers. Within a few months, he had become addicted to these and was taking more than 40 tablets a day. When interviewed at 60 months, he was about to start treatment for his latest addiction. In some cases, the multiplicity of problems affected the help that the participants were offered. Some people, for example, were depressed but could not be prescribed medication as they were drinking heavily.

Although they were not asked specifically about convictions and whether or not they had received a custodial sentence, nine people reported they had spent time in prison, and a further six had received a criminal conviction and were given community service or placed on probation. Most of the offences were drug or alcohol related.

Overview

Physical health, mental health and substance misuse problems remain major problems for many formerly homeless people, even after they have been resettled a few years. Although for many Rebuilding Lives participants, these problems were controlled or minimised by the time they were resettled, they nonetheless remained vulnerable. They successfully managed to sustain a tenancy for five years although some struggled to cope with everyday tasks. However, underlying mental health or substance misuse problems resurfaced or were exacerbated when they were faced with repeated difficulties or a stressful event, such as a burglary or the death of a friend or relative. Of concern is the increase in reported mental health problems by young people, and the failure of some in this age group to recognise or admit to drinking excessively.

People aged in their fifties, and to a lesser extent those aged in their forties, were particularly affected by comorbid mental health and substance misuse problems. Many were still drinking heavily and/or taking drugs at 60 months, and their reports of mental health problems had increased over time. These problems were having a negative effect on their ability to rebuild their lives. As described in Chapter 6, only a minority in these age groups had managed to obtain employment after five years, just one third were engaged in any ETE activity, and most were still reliant on social security benefits. This is of particular concern bearing in mind that the baby boom generation (people born between 1945 and 1964) is ageing, the number of rough sleepers in London aged 46 and over increased by 144 per cent between 2005-06 and 2014-15, and alcohol and drug problems among those aged 46-65 years in England has increased substantially.[90, 100] For example, 65,339 people aged 40 and over received treatment for drug problems in 2012-13, an increase of 102 per cent since 2005-06. They comprised 34 per cent of all drug users in treatment in 2012-13, compared with just 18 per cent in 2005-06.[101]

This chapter has also highlighted the challenges of helping vulnerable people with multiple and comorbid health and substance misuse problems. Mental health problems such as depression or panic attacks can be exacerbated when a person tries to address their substance misuse and one addiction can be replaced by another. Being declined access to mental health care due to continuing substance misuse has also been identified in a 2015 report by DrugScope.[102] A further concern is the lack of contact with health services by the older participants (aged 60 years or older). As mentioned in Chapter 7, many were isolated and were not in contact with family or friends who might have encouraged them to access health care. Although several were living in sheltered accommodation, the extent to which their health and social care needs are being assessed and met is unclear.

9 | Adjustment, morale and aspirations

9 | Adjustment, morale and aspirations

This chapter examines the ways in which the 223 participants who were housed and living independently at 60 months had adjusted to being resettled, and their morale and aspirations at the time of interview. They were asked to reflect on their experiences over the five years since they were resettled. The first part of this chapter describes their adjustment to being rehoused, the extent to which they believed they were coping, and whether they felt settled at 60 months. The second part focuses on their morale during the month preceding their interview, the factors that associated with high and low morale, and their quality of life and the things that were important in relation to this. The last part describes their perceptions of the future, and their hopes and plans over the next few years.

Adjustment to being rehoused

At 60 months, 31 per cent of participants said that they were coping 'very well', 56 per cent 'fairly well', nine per cent not 'very well', and four per cent 'not at all'. Those aged in their fifties were most likely to say that they were not coping well (17 per cent). Among those who referred to coping very or fairly well, several associated this with their ability to manage everyday tasks and finances. As one person summarised, 'I'm managing everything and have no debts'. Some also gave examples of finding and sustaining employment, or of raising a family, as indicators that they were coping well. One mother described, 'I'm looking after my daughter well. Holding down a job and been promoted. Managing my money and managing to save a little.'

Forty people (18 per cent) described their life since being resettled as 'up and down', and they had periods when they coped well and periods when they struggled. These fluctuations were sometimes related to changes in their mental health or in their use of alcohol or drugs (see Chapter 8). Several said that they were not coping well because of financial difficulties. As one man described, 'I'm struggling because of financial problems – not getting much money and not able to find work'. People aged in their fifties, those with physical or mental health problems or alcohol problems, and current drug users were more likely to report not coping well (Figure 9.1). Likewise, those who had been homeless longer than 10 years were also more likely to say they were not coping well (25 per cent, compared to just 5 per cent who had been homeless two years or less).

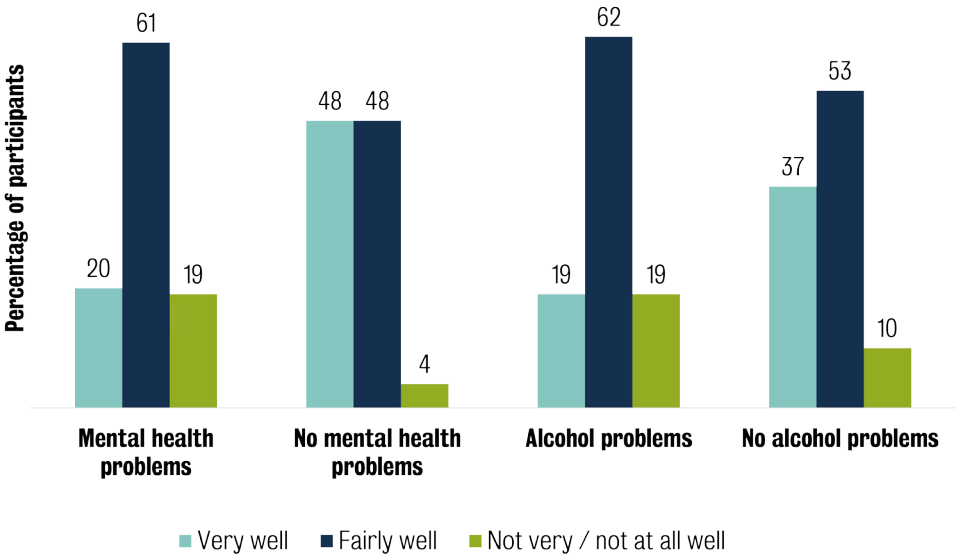
Most participants (84 per cent) believed that they had changed since being rehoused and, for the majority, it was a positive change. Forty four per cent said that they had matured and become more responsible, including 76 per cent of those aged 20-24 years and 53 per cent aged in their late twenties. Several mentioned that they now felt happier and that their confidence had increased. Sixteen per cent referred to a reduction in their alcohol or drug usage, and eight per cent said that they were now managing their social networks better

and stayed away from people who might be a bad influence, such as drug users. Many also referred to improved relationships with children, relatives, current partners and friends, or to the ending of a long-standing difficult relationship with a partner which they saw as positive. Six people said that since being rehoused they had become more lonely and reclusive. Other comments about the ways they had changed included:

> 'More responsible. A lot more independent. I face up to responsibilities now. When in the hostel things were handed to me on a plate and I didn't have any responsibilities. It has made me open my eyes having my own place.'

> 'I'm getting my life back. It has changed for the better. I'm happier and so relaxed now. I am like a wild animal let loose. I can see clearly now I'm off the drugs. Before I used to 'duck and dive' and never pay bills. Now I panic about making sure the bills are paid.'

Figure 9.1: Participants' rating of coping at 60 months by mental health and alcohol problems



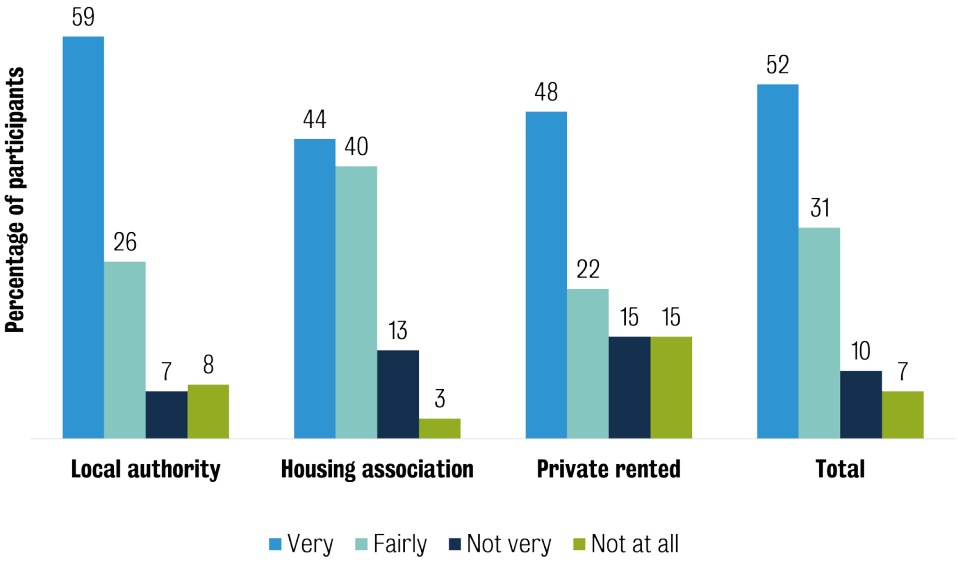
Notes
Information from 217 participants.

Settledness

At the time of interview, the participants were asked to rate how settled they were feeling. One half (52 per cent) said that they were 'very' settled, 31 per cent 'fairly', 10 per cent 'not very' and seven per cent 'not at all'. There was little difference between men and women. Slightly higher percentages of those aged 20-24 years and 50-59 years said that they were 'not at all' settled (14 per cent and 12 per cent respectively). There was an association between mental health problems and settledness – people who reported mental health problems were significantly more likely to describe being 'not very' or 'not at all' settled (22 per cent, compared to 10 per cent without mental health problems; χ^2 12.6, df 3, p 0.006). As described in Chapter 3, mental health problems were one of the contributory factors to people moving frequently. There was no

relationship between settledness and alcohol or drug problems. Unsettledness was, however, more commonly reported by those who had been homeless more than 10 years, and by those who were currently in the PRS (33 per cent and 30 per cent respectively; Figure 9.2).

Figure 9.2: Participants' rating of settledness at 60 months by housing tenure



Notes
Information from 221 participants

Participants were asked the reasons for feeling settled or unsettled. Settledness was linked to satisfaction with the accommodation and the neighbourhood, sufficient income to manage everyday expenses, and positive personal and family relationships. This is illustrated by their comments:

> 'My life situation has changed – marriage, right guy, baby. I'm going to be responsible for someone else now [was eight months' pregnant when interviewed]. I'm still struggling financially but my housing situation is good.'

> 'I feel settled – this is it now for me. I've just been happy since I've been here. I feel stable. My life is together and not all over the place. I'm happier than I've been in a long time.'

Some acknowledged that they were 'fairly' but not yet completely settled. For them, settledness involved sorting out their life and the attainment of goals. As two people described:

> 'I'm getting there but I'm not there yet. "Very settled" is a level of completion and I have not reached that yet. I still need a new fridge and sofa, and still need a job. I'm not going downhill – I'm walking patiently uphill. I'm confident and in a good frame of mind.'

> 'On the one hand I'm settled, but on the other hand I'm bursting to get onto the next stage and get work and a mortgage. I'm settled but not static. I'm settled in myself but my situation is changing.'

Unsettledness tended to be linked to problems with either the accommodation or neighbours. A few people also referred to long-standing personal problems and unsettledness during childhood. As they described:

> 'Harassment from neighbours – don't feel safe to go home. Don't have a home base. I can't cope being at home at the moment.'

> 'I'm anxious to move all the time. I'm totally unsettled in life. I have been since the day I set foot back in England in 2001. I feel I don't have any life in this country...I don't live in my flat or spend time in it – it's just a place where I sleep. I'm surprised I'm still here ... the problem is I don't have a passport. Usually when things have got too much I've taken off to another country.'

For several people, settledness was a precarious situation because of pending changes or threats of change which could affect their housing situation. This was mainly linked to rent arrears and threats of eviction, fears of losing their job and subsequent financial difficulties, the uncertainty of fixed-term tenancy agreements, and the prospect of having to be rehoused as their accommodation was due to be demolished. As two participants explained:

> 'I was settled but now I've got to move. I worry about where I'll be rehoused. Before I moved into this flat I saw some flats that were awful. I'm happy here and annoyed I've got to move as I was settled. The housing [officer] asked whether I want to move back here when the flats have been rebuilt but that would be three years away. I don't want to have to keep moving – it's unsettling.'

> 'I was settled but now I don't know where the next pound note is coming from. I have rent concerns as my job does not have secure hours.'

Morale and quality of life

Participants were asked various questions about morale and how they had been feeling in the last month, including whether they: (i) had felt motivated to do things, (ii) believed they were achieving positive things, (iii) were worried or anxious about how things were going, and (iv) felt unhappy or depressed. Four fifths said that they felt motivated to do things most or some of the time (45 per cent and 36 per cent respectively), while 19 per cent had not felt at all motivated. The main reasons given for poor motivation were depression, lethargy, physical health problems and feelings of hopelessness due to an inability to find a job. The majority (85 per cent) also felt that they were achieving positive things – just 15 per cent said no. Many people reported being worried or anxious in the last month about how things were going (35 per cent 'most' and 31 per cent 'some' of the time), and 21 per cent reported feeling unhappy or depressed most of the time and 41 per cent sometimes. Their main worries concerned finances and their ability to pay bills, how proposed changes to the social security benefit system might affect them, the difficulties of finding a job, fears of losing their housing, their family and children, and their health. Three people described their worries:

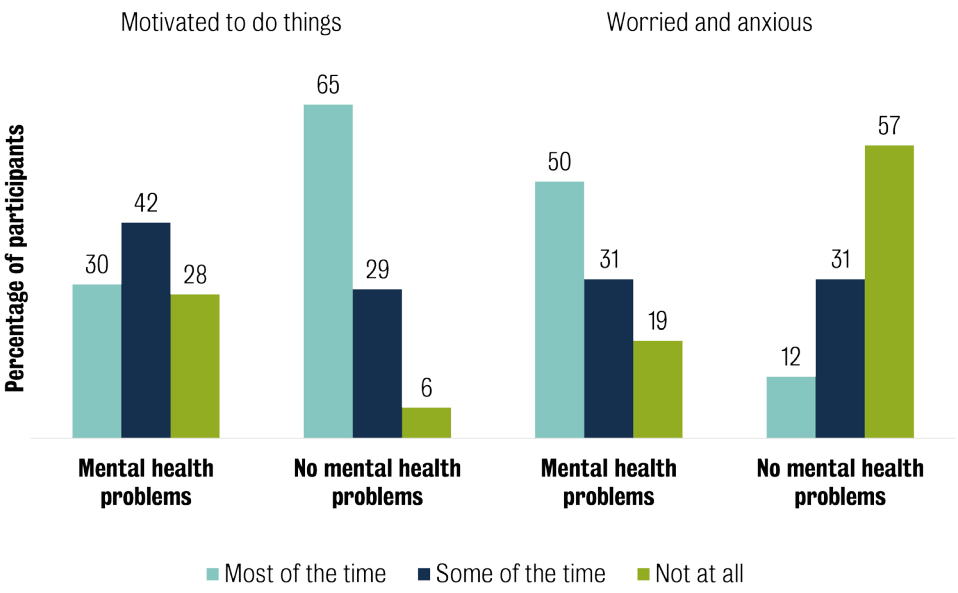
> 'I'm worried about what is going to happen with my finances, housing, children and getting a job. I need an income. I don't have qualifications or a CV so it's hard to get a job. If I lose my flat, my daughters can't come and stay and I'll be homeless again.'

> 'I'm worried about the job situation, my daughter, depression. Getting a job when you're in your fifties is difficult. I do a lot of thinking. I don't know what's going to happen next.'

> '[I'm worried about] being evicted – not having enough money to pay rent and electricity. I'm preoccupied about finances and where the next day's work will come from' [this man was employed on a casual basis].

There was little difference in morale between men and women, while those aged in their fifties were most likely to report poor motivation (32 per cent). There were strong associations between poor motivation, depression and being worried, and mental health, alcohol and drug problems. People with these problems were much more likely to report being depressed and worried, and lacking motivation. The associations were exceptionally strong in relation to mental health problems (Figure 9.3).

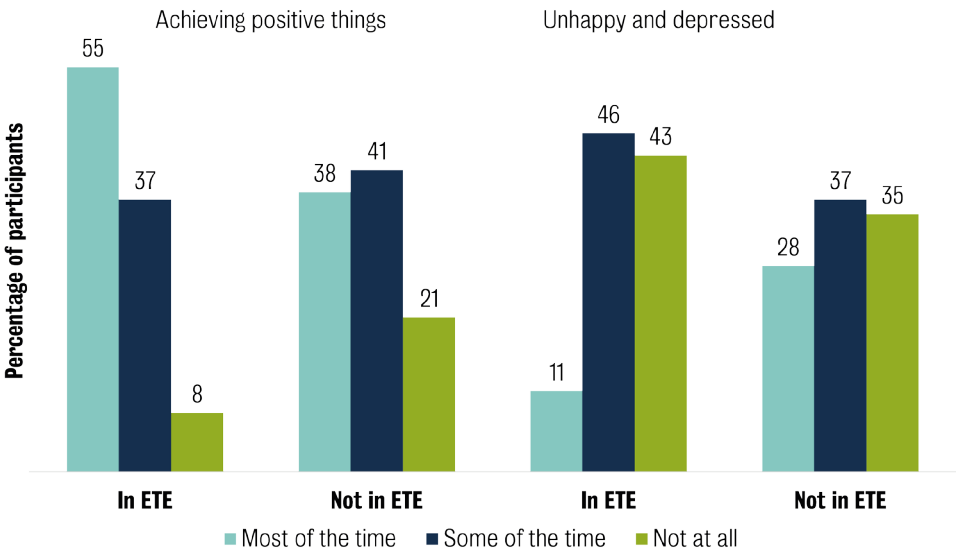
Figure 9.3: Associations between mental health problems and morale at 60 months



Notes
Information from 223 participants.

People with longer histories of homelessness (>10 years) were also significantly more likely to report poor motivation, and less likely to believe that they were achieving positive things. Participation in education, training or employment (ETE) at 60 months had a positive influence on morale – people involved in ETE were more likely to feel that they were achieving positive things, and were less likely to report being depressed or unhappy (Figure 9.4).

Figure 9.4: Associations between participation in education, training or employment and morale at 60 months



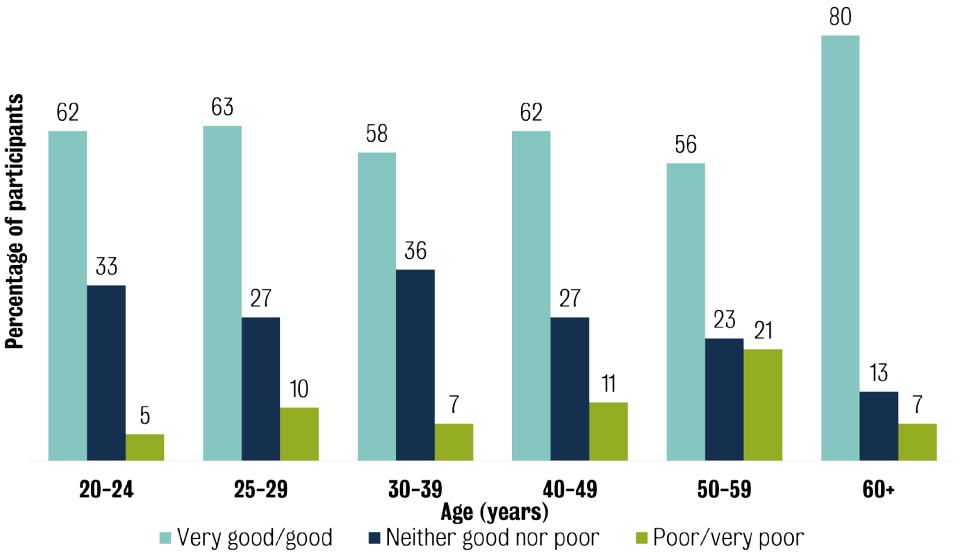
Notes
Information from 217 participants
ETE = Education, training or employment

Quality of life

Participants were asked to rate their quality of life, using a question from the World Health Organization Quality of Life (WHOQOL) – BREF assessment scale. This allows for five possible answers: very good; good; neither good nor poor; poor; or very poor. Among the 220 participants who responded, 13 per cent described their life as very good, 49 per cent as good, 28 per cent as neither good nor poor, eight per cent as poor, and three per cent as very poor. People aged 60 or over were most likely to say that their life was good or very good (80 per cent), compared to around three fifths of all other age groups (Figure 9.5). Those aged in their fifties were the group most likely to say that their life was poor or very poor (21 per cent). People currently housed in the PRS were also more likely to respond negatively – only 41 per cent said their life was very good or good and 22 per cent that it was poor or very poor. The respective figures for those living in local authority housing were 66 per cent and 12 per cent, and in housing association tenancies 62 per cent and 6 per cent.

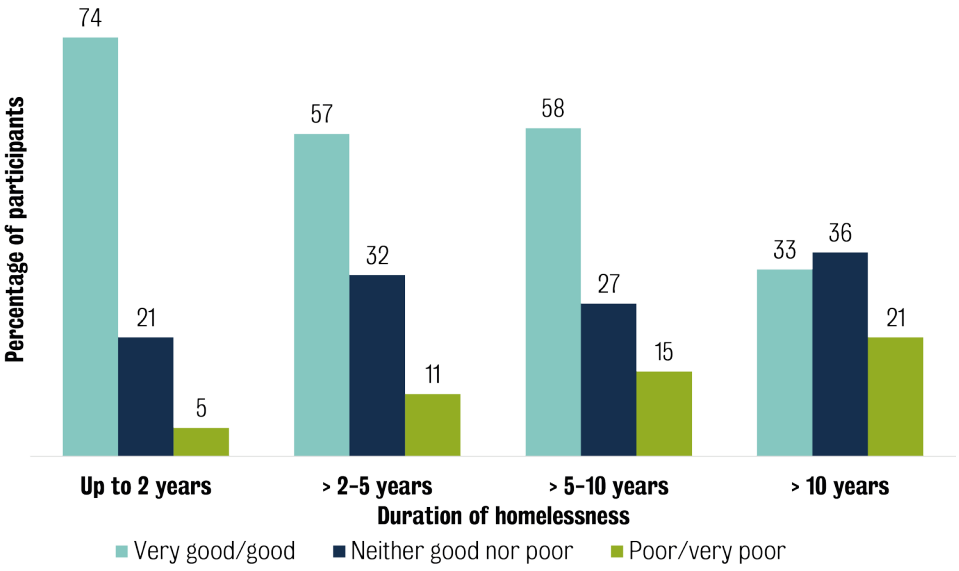
Longer histories of homelessness were also associated with poorer quality of life ratings (Figure 9.6). Only 33 per cent of people who had been homeless longer than 10 years perceived their quality of life as good or very good, while 21 per cent regarded it as poor or very poor. In contrast, 74 per cent of people who had been homeless two years or less regarded their quality of life as good or very good.

Figure 9.5: Participants' rating of quality of life by age at 60 months



Notes
Information from 220 participants.

Figure 9.6: Participants' rating of quality of life by duration of homelessness



Notes
Information from 218 participants.

Participants were asked about the things that gave quality to their life and what, if anything, would improve their quality of life. Most (88 per cent) gave positive feedback and identified several things that gave quality to their life (Box 9.1). Just 12 per cent were unable to answer the question or gave a negative response – this was more common among older people, those with longer histories of homelessness, and those with alcohol problems. Contacts with family, relatives and friends were the most commonly cited things that gave quality to their life. More than one third stressed the importance of family contact, and this was particularly the case for young people – 60 per cent aged 20-24 years, and 50 per cent aged 25-29 years said that contact with family and relatives added quality to their lives. As one young woman described, 'my relationship with my aunts and uncles – nothing can replace that'.

Box 9.1: The participants' perceptions of factors that contribute to, and would improve, their quality of life

Factors that *give* quality to life	%	Factors that would *improve* quality of life	%
Contact with family and relatives	36%	More money	37%
Contact with friends	23%	Being involved in ETE/more secure job	31%
Feeling confident, positive, happy, hopeful	22%	Better housing/more secure tenancy	21%
The accommodation	18%	Having new interests and activities	12%
Contact with a partner	18%	Improved health	11%
Being involved in ETE	17%	Finding a partner	10%
Having enough money to do things	15%	Increased confidence/ happiness/stability/purpose in life	10%
Pursuing activities/interests (not ETE)	14%	Overcoming drug/alcohol problem	6%
Freedom and independence	8%	Improved relationship with family	4%
Good health	8%	Making friends/more contact with friends	2%
Stopped or reduced alcohol, drugs, gambling	8%		
Pets	7%		
Faith/spirituality	6%		
The environment/local people	6%		
Having food	6%		

Notes
Information collected from 216 participants.
ETE = education, training or employment.

Another commonly reported factor that contributed to quality of life was having a confident and positive attitude. This was identified by 22 per cent of participants, who described this in various ways: 'awareness of self'; 'I feel I can achieve goals whatever I set my mind to'; 'I'm happy now'; and 'I have hope'. Eighteen per cent believed that their accommodation gave quality to their life, and 17 per cent that being involved in ETE was important. Interestingly, six per cent said that having food was a quality of life factor – this may reflect the difficulties that some people experience with obtaining meals while homeless. Their many positive comments included:

> 'My children and grandchildren. I have money and can buy things for my grandchildren. I get pleasure from doing that. My granddaughters sometimes stay with me at the weekends. That's nice. I love it when they come. I love my flat and now have somewhere they can stay when they want – I've waited years to get this far. I am now 55 and I threw my life away on drugs and on [partner]. I've got rid of him [partner] now and the only way is up'.

> 'Doing OK with my job ... my health's OK. I can go out and see friends. I have the choice to do things because I'm working and earning money'.

> 'Being able to fill my fridge with food, pay my bills; being able to get on with my life'.

When asked about the things that would improve their quality of life, the most common replies were having more money, followed by finding a job or having one that offered more security (Table 9.1). As one person described, 'having a job and an income would give me a whole different quality of life'. One fifth believed that improved housing conditions or more security of tenure would add quality to their life.

Hopes and plans for the future

Most people were optimistic about the future: 51 per cent said that in the last month the future had looked hopeful 'most of the time', 32 per cent said 'some of the time', while 17 per cent did not regard the future as hopeful. As shown in Figure 9.7, the youngest and oldest age groups were most hopeful about the future, and those aged in their thirties and fifties least hopeful. Nearly one quarter (24 per cent) in their fifties were pessimistic about the future. People with mental health or alcohol problems, and those who had been homeless more than 10 years were also more likely to perceive the future as lacking hope (25 per cent, 28 per cent and 27 per cent respectively). People who were involved in ETE when interviewed were significantly more likely to be optimistic about the future. Sixty per cent described it as hopeful 'most of the time', 32 per cent 'some of the time', while just eight per cent did not regard the future as hopeful. The respective figures for those not involved in ETE were 44 per cent, 32 per cent and 24 per cent (χ^2 9.3, df 2, p 0.009).

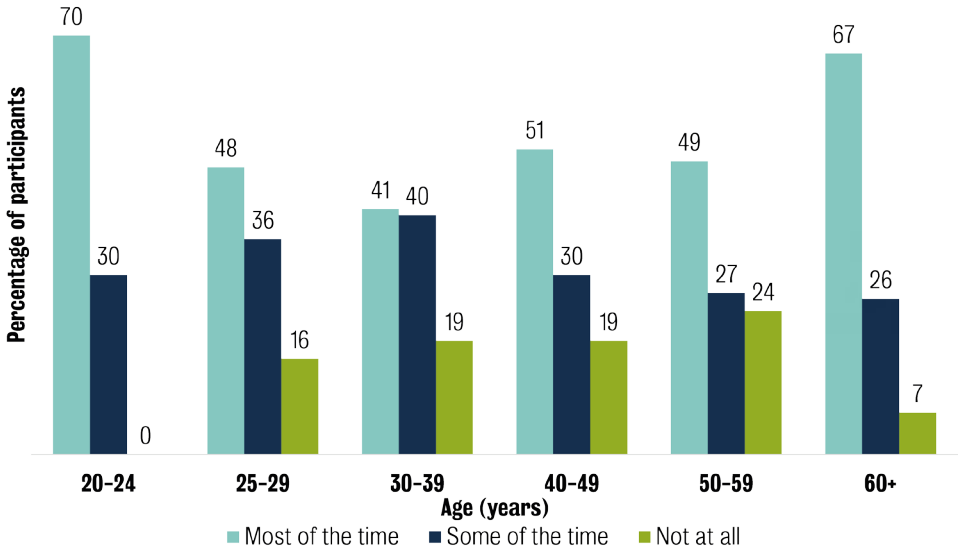
When asked about their hopes and plans for the next 12 months, 84 per cent of participants identified one or more things that they would like to achieve. The remaining 16 per cent tried but were unable to name anything. People aged over 40 years, and those with physical health problems, alcohol problems and current drug users were less likely to have hopes or plans for the next 12 months. The most common aspiration by far for the next 12 months was to gain employment or find a more secure job or one with better prospects, or do

training or a course. This was mentioned by 44 per cent of people (Box 9.2). As described by one man, 'get back into society and working – that is my dream'. Twenty eight per cent mentioned that they hoped to pursue other activities and interests, such as learning to drive or going on holiday, and 15 per cent were keen to improve or maintain relationships with their family or with a partner. A similar percentage were keen to move or buy their current accommodation. Other comments included:

> 'Get back into full-time work. See more of my children and sisters. Do more for my grandchildren. Be a better father, grandfather and uncle to all'.

> 'Remain clean and sober. Build up a reputation that I can be reliable. Inspire people through changing for the better. Use my skills to carve out a niche in meaningful occupation that will be helpful to society and fun for me. To deepen my faith and help me grow as an individual and become stronger. To appreciate and respect my life'.

Figure 9.7: Hopeful about the future by age at 60 months



Notes
Information from 202 participants.

When asked about their longer-term hopes and plans over the next five years, fewer people (60 per cent) were able to answer this question. Several said that they would 'take each day as it comes'. Most young people aged 20-24 years (95 per cent) had longer term aims, as did 69 per cent aged 25-29 years and a similar percentage aged 30-39 years. Once again, the most common aspiration concerned employment: 25 per cent said that they hoped to be in a stable job, to have earned promotion and thus be on a higher income (Box 9.2). Another 16 people (eight per cent) said that their aim was to start their own business. Other longer term hopes involved moving or buying a property, settling with a partner and starting a family, and travelling. Their ambitions and goals are far reaching, as apparent by their comments:

> ‘Do health promotion work and sexual health teaching in schools – the job would be band seven so it would be quite a move upwards for me. If I achieved this, it would make me feel great as it means I would have conquered the subject’.

> ‘Buy my own house and be like the other families around here. They go out to work, have a car, and own their house – I see that and I want it’.

> ‘I intend to continue to work for the company I’m already working for but as an accountant rather than in sales. They are very supportive and I can probably do my university placement with them. I hope to buy my present flat in the next two years. I will then rent it out, remortgage it, and buy a second place for me and my daughter to live in’.

> ‘To get a business set up. I’d love to have a garage. I’d like to become a MOT tester – I would need to get a licence for that. Or I’d like to do prestige car hire. I have an interest in cars’.

Box 9.2: The participants’ hopes and plans for the future

For the next *12 months*[a]	%	For the next *five years*[b]	%
Get a job or better job/or other ETE activity	44%	Achieve stable employment/ promotion at work/train for a career	25%
Pursue other activities/ interests (not ETE)	28%	Move or buy a house	16%
Maintain/improve relationship with family/partner	15%	Travel/go on holiday/learn to drive	13%
Move or buy a house	15%	Settle with a partner and have children	12%
Increase income/sort out social security benefits	10%	Start own business	8%
Live healthier/improve health	10%	Achieve financial stability/have savings	6%
Budget better/manage debts/ save	9%	Maintain/improve family relationships	6%
Be settled/survive	9%		
Home improvements on current accommodation	8%		
Be more confident, positive, motivated	7%		
Provide for child/children	7%		
Stop or reduce alcohol, drugs, smoking	5%		

Notes
[a]Information from 221 participants
[b]Information from 208 participants
ETE = education, training or employment

Overview

Since being resettled, some participants had adjusted and coped very well, accomplished many positive things, and taken substantial steps to rebuild their lives. After five years, their morale was high and they were optimistic about the future. They had clear hopes and plans for what they wanted to achieve, and an understanding of what was required to attain their goals. They perceived steady employment as the most important factor in terms of enhancing their quality of life, achieving financial stability, and providing hope for the future. Family and social relationships and good health were also seen as important. Several also believed that accommodation which offered security of tenure was crucial in order to prevent future homelessness, and did not believe their current accommodation would suffice. For them, the solution was to become an owner-occupier or to move to accommodation with a more secure tenancy.

Some participants struggled to settle and adjust to independent living, and found it hard to cope with everyday tasks as well as with overcoming problems and hurdles. They tended to have low morale, were pessimistic about the future, and had no plans or goals of what they wanted to achieve. Those with long histories of homelessness, or mental health or substance misuse problems, tended to have more difficulty in settling down, in accomplishing things and in moving forward. Several in these groups had made little progress over the five years, regarded their life as 'poor', and had no ambitions. Although many had succeeded at the first step in moving away from homelessness and sustaining a tenancy, the challenge for tenancy support workers and other support staff is to determine what more can be done to raise the morale of such people and help them move forward with their lives.

10 | Housing related support from services

10 | Housing related support from services

This chapter examines the provision of housing related support to the 224 participants who were housed at 60 months. It includes one person who was living in a care home at 60 months and was in receipt of substantial personal care. Housing related support is defined as that provided to meet a person's housing, welfare and social care needs in order for them to sustain their tenancy. It includes, for example, help with household tasks, budgeting, dealing with bills and social security benefit problems, rent arrears, personal and family problems, and difficulties with neighbours. It does not include the provision of treatment for physical health, mental health, alcohol and drug problems. This is discussed in Chapter 8.

Information was collected from the participants about the help and support they were receiving when interviewed at 60 months, and the support they had had from services during the preceding 12 months. The details in this chapter have come from the resettled participants, and have not been verified by their workers. It is likely that some received help or support over the last 12 months which they could not recall. It is also likely that some had help or support but did not recognise it as such, and that some were offered advice but failed to take it. For example, 10 people were in regular contact with a tenancy support worker but could not specify what help they had received, and four people were living in supported accommodation yet said they had had no support. Information was also collected from 46 support workers about the help they had provided to the participants. The information they provided is not included in this chapter but will be described in a forthcoming practice manual.

The chapter begins by examining the types and frequency of help that the participants received over the last 12 months and by whom, and whether they were still receiving this help at 60 months. It then describes the characteristics of those who received support and how people coped when tenancy support services ended. Finally, participants' perceptions and satisfaction with the help provided are considered, as well as help they would have liked but did not receive.

Help and support received during the last 12 months

At 60 months, most people (92 per cent) were living in independent accommodation. The remaining 17 were living in supported accommodation with a warden, housing support worker, or care staff on the premises at least part of the day (one man was living in a care home). Eighty six of the 224 participants (38 per cent) said that they had received housing related support, care or advice from one or more workers during the 12 months prior to being interviewed. An additional four people were living in supported accommodation but denied having had help or support from their warden or housing support worker. It can be assumed, however, that although these participants were managing to live relatively independently, the workers

nonetheless were responsible for overseeing the general upkeep of the property and the wellbeing of the person, and would intervene if necessary (although as described in Chapter 4, one woman living in sheltered housing had outstanding repairs). For the purpose of the analyses, these four people will be categorised as having had support during the last 12 months.

Overall, 40 per cent of participants had received support from services during the preceding 12 months. This included 14 per cent who described having had help from a designated tenancy support, housing support or floating support worker (collectively referred to hereafter as tenancy support workers). The rest had received help and advice from various types of workers, including staff in hostels and day centres for homeless people, drugs workers, advocacy or advice workers, and a few from wardens, housing officers, social workers, home care workers and mental health workers (Table 10.1). For the majority of people, the support had been provided by a single worker or service; 10 per cent had had help from more than one worker or service.

Table 10.1: Receipt of housing related support during the last 12 months by age and type of worker

Type of worker[a]	Age groups (years)						Total
	20–24	25–29	30–39	40–49	50–59	60+	
	Percentages						
Tenancy support/ housing support worker	9.5	3.3	13.0	16.2	18.6	18.8	13.8
Homelessness sector staff[b]	4.8	3.3	10.9	4.4	11.6	0.0	6.7
Drugs worker	0.0	0.0	8.7	10.3	7.0	0.0	6.3
Advice/advocacy worker[c]	9.5	3.3	8.7	2.9	9.3	6.3	6.3
Warden/housing officer	0.0	0.0	4.3	4.4	7.0	43.8	6.7
Mental health worker	0.0	0.0	2.2	10.3	0.0	6.3	4.0
Social worker/home care worker	0.0	0.0	2.2	2.9	2.3	12.5	2.7
Other worker[d]	4.5	6.7	4.3	4.4	2.3	12.5	4.9
Any worker	*28.6*	*16.7*	*45.7*	*41.2*	*41.9*	*75.0*	*40.2*
2+ workers	*0.0*	*0.0*	*10.9*	*10.4*	*13.9*	*25.0*	*9.8*
Number of participants	21	30	46	68	43	16	224

Notes
[a]Some people received care or support from more than one type of worker so the percentages do not add up to 100
[b]Includes hostel workers and staff of day centres for homeless people
[c]Not homelessness sector staff
[d]Alcohol worker, health care worker, probation officer, care home staff, rehabilitation worker, victim support worker, mentor from church

There were age differences in whether people had received support and, if so, who from (Table 10.1). Young people were less likely to have had support from any worker and relatively few from a tenancy support worker. Just nine per cent aged 20-24 years and three per cent aged 25-29 years had had contact with a tenancy support worker. A few aged 20-24 years had sought help from an advice or advocacy service. People aged over 40 years were more likely than other age groups to have received help from a tenancy support worker. Those who sought help from homelessness sector staff tended to be aged in their thirties or fifties. Perhaps not unexpectedly, those aged 60 and over were most likely to have received help and support from wardens, social workers and home care services. They were also more likely than the other participants to have been in receipt of help from more than one type of worker.

Frequency of support

Drawing on the participants' accounts, the frequency of support they received during the 12 months prior to their interview was grouped. Where a person had more than one worker, the grouping is based on the worker who provided the most frequent support. There were three broad groups: (i) *continuous support*, that was provided at least once a day; (ii) *regular support*, that was ongoing and provided at least monthly and, in some cases, two or three times a week; and (iii) *intermittent or short-term support*, that was provided for a short-term or when needed. Three people were unable to say how often they had support and, as mentioned earlier, four people were in supported accommodation but said that they did not receive help. These seven people are excluded from the groupings.

There were variations by age in the frequency and duration of support received by the participants (Figure 10.1). A few people (four per cent) received continuous support and they tended to be people aged 60 and over. Some had daily or twice daily visits from home carer workers or from staff in 'extra care' or supported housing, and one person received 24 hour care in a care home. One fifth (21 per cent) of participants had received regular support. Besides having face-to-face contact with a worker at least once a month, some also had telephone contact with their worker. This type of support was mainly provided by tenancy support workers, and those aged 30-59 were the age groups most likely to have received it.

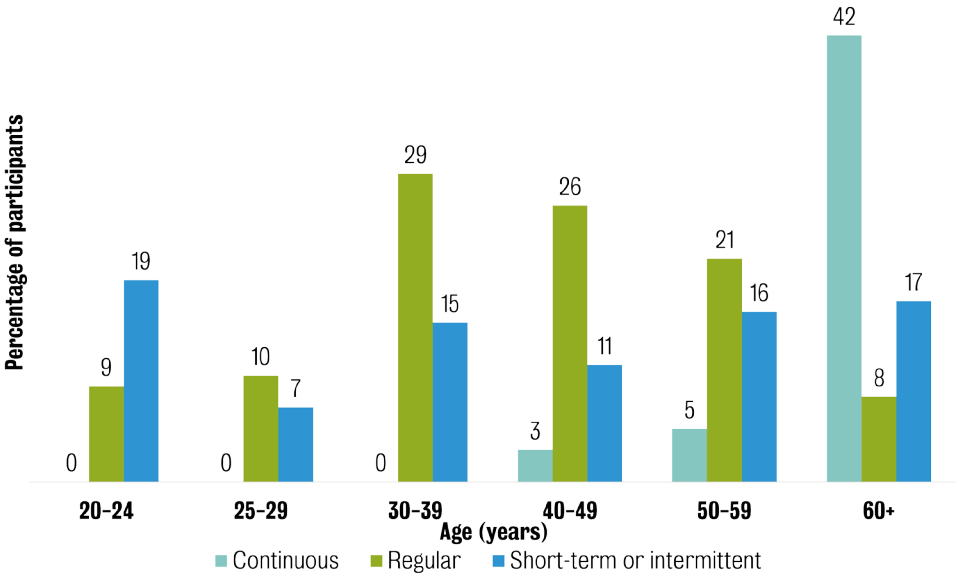
A further 13 per cent of participants had received intermittent, short-term or one off support in the preceding 12 months. In some cases it had been for a fixed period and then ended. In other cases, the participants said that they could get further help if needed. This was the main type of support received by young people.

Types of help provided

This section describes the help and support that the participants said they had received from their workers during the 12 months prior to their interview. By their accounts, they had received help for a wide range of problems and difficulties with regard to sustaining a tenancy (Table 10.2). This included assistance with social security benefits and HB claims (20 per cent), help to deal with bills and paperwork (16 per cent), support around emotional or family problems (12 per cent) and help to address health problems (12 per cent). The latter generally involved linking people into health services or escorting them to appointments (treatments for health problems are not included here).

A few received assistance to sort out housing problems, such as repairs or difficulties with neighbours, or rent problems and eviction threats, and help with budgeting and debts, household tasks, and changing accommodation. A few also received help with linking into education, training and employment programmes or into substance misuse services. This is likely to be the minimum amount of help received as some are likely to have had help over the 12 months but were unable to recall it.

Figure 10.1: Frequency of support in last 12 months by age at 60 months



Notes
Information on 217 participants. It excludes seven people who had support but were unable to say how often they had support.

As well as support around specific issues, 18 per cent of participants said that workers provided friendship and social support in that there was general chat but nothing specific. Although it may not have been apparent to the participants, presumably at these times workers were assessing through conversation the progress of their clients and establishing whether there were any problems that needed to be addressed. Those aged in their thirties, forties and fifties were the age groups most likely to have received help for a wide range of problems (Table 10.2). Not surprisingly, those aged 60 and over comprised the group most likely to have had help with household tasks.

The types of help provided to the participants differed according to the workers (Table 10.3). Caution has to be taken, however, when interpreting the findings as the number of participants supported by some types of workers is small. Tenancy support workers were more likely to have provided support across the spectrum of problems and needs relating to tenancy sustainment. Drugs workers also provided various types of support, although they were less likely to have been involved support with housing problems. Advice and advocacy workers tended to provide assistance with social security benefit claims and with bills and paperwork. Wardens and housing officers mainly assisted with rent or housing problems, and homelessness sector staff with budgeting and finances, emotional problems, or with linking people into ETE activities.

The diversity and intensity of the help given to the participants are illustrated in the following two anonymised case studies (Boxes 10.1 and 10.2). Both men had complex and long-term problems, and required a great deal of support after they were resettled. They had periods when things went well and times when things were more difficult. They needed various support packages from workers in order to address their problems and sustain independent living.

Table 10.2: Main types of support during the last 12 months by age at 60 months

Types of support	Age groups (years)						Total
	20–24	25–29	30–39	40–49	50–59	60+	
	Percentages						
Social security/Housing Benefit claims	14.3	6.7	26.1	19.1	25.6	25.0	20.1
Bills/paperwork	9.5	0.0	26.1	16.2	18.6	12.5	15.6
Health problems, linking into services	0.0	0.0	17.4	10.3	20.9	25.0	12.5
Emotional/personal/ family problems	14.3	6.7	21.7	8.8	11.6	6.2	12.1
Housing problems, eg repairs, neighbours	0.0	0.0	15.2	13.2	14.0	0.0	9.8
Managing money/budgeting/ debts	0.0	0.0	13.0	11.8	11.6	0.0	8.5
Linking to education, training, employment	9.5	0.0	10.9	8.8	14.0	0.0	8.5
Changing accommodation	4.8	3.3	10.9	5.9	14.0	0.0	7.6
Rent problems/eviction threats	0.0	3.3	6.5	8.8	11.6	6.3	7.1
Household tasks	0.0	0.0	4.3	8.8	7.0	25.0	6.7
Alcohol/drug problems, linking into services	4.8	0.0	6.5	7.4	9.3	0.0	5.8
General chat/support (nothing specific)	9.5	6.7	17.4	26.5	14.0	31.3	18.3
Total participants	21	30	46	68	43	16	224

Table 10.3: Types of support during the last 12 months by main types of workers

Types of support	Type of worker				
	Tenancy support	Drugs	Advice/ Advocacy	Warden[a]	Homeless sector[b]
			Percentages		
Social security/ Housing Benefit claims	41.9	42.3	73.3	20.0	33.3
Bills/paperwork	41.9	21.4	66.7	20.0	33.3
Health problems, linking into services	35.5	21.4	13.3	20.0	13.3
Emotional/personal/ family problems	25.8	35.7	20.0	20.0	20.0
Housing problems, eg repairs, neighbours	38.7	7.1	6.7	33.3	13.3
Managing money/ budgeting/debts	29.0	14.3	6.7	13.3	26.7
Linking to education, training, employment	29.0	28.6	0.0	6.7	20.0
Changing accommodation	22.6	21.4	13.3	0.0	13.3
Rent problems/ eviction threats	22.6	7.1	6.7	26.7	13.3
Alcohol/drug problems, linking into services	16.1	n.a.	6.7	6.7	13.3
Number of participants[c]	31	14	15	15	15

Notes
[a]Includes housing officers
[b]Staff of hostels or day centres for homeless people
[c]All percentages only refer to participants who received the service
n.a. = not applicable

Box 10.1: Case study 1: Arthur

Long history of homelessness Slept rough and stayed in hostels Mental health, alcohol and drug problems Never lived alone before: rehoused in independent flat aged 33	
6 months	Enjoying living alone. Flat clean and tidy. Started skills training. Coping fairly well although anxious about paying bills. No family contact. Fortnightly visits from tenancy support worker, who helped with utilities, bills, and encouraged him. Regular contact with drugs worker.
18 months	Doing well. Stopped skills training as premises closed. Renewed family contact and occasional visits as they lived far away. Renewed contact with a few friends. Monthly visits from tenancy support worker – no specific help. Regular contact with drugs worker.
42 months	Abandoned flat as drug users moved in and took over his flat. Homeless and on the streets. Lost contact with drugs worker. Irregular visits from tenancy support worker in months preceding homeless episode, as workers kept changing and he had not learned to trust new worker.
60 months	Rehoused in supported accommodation. Mental health problems exacerbated since homeless episode. Support worker on site 5 days/week. Worker linked him into mental health and drug services. Helped with social security benefits as payments had stopped (accompanied him to appeals tribunal).Exploring volunteering opportunities with him.

Help and support at 60 months

By 60 months, 72 of the 224 rehoused participants (32 per cent) were still in receipt of housing related support from one or more workers (Table 10.4). Those aged 60 and over were most likely to be in receipt of ongoing support, which was provided by one or more of the following: a warden, home care services and a tenancy support worker. Around 15 per cent aged in their forties and fifties were still in contact with a tenancy support worker. Very few young people aged in their twenties were in receipt of support: just five per cent aged 20-24 years and 10 per cent aged 25-29 years had this help. Interestingly, 10 per cent aged in their forties were getting support from a mental health worker.

Box 10.2: Case study 2: Barry

Homeless intermittently for 8 years and also spent time in prison. Mental health and drug problems. Rehoused in private rented sector, aged late thirties.	
3 months	Problems with condition of accommodation – very poor, damp and leaks. This made him more depressed. Hated living there. No tenancy support worker. Regular contact with drugs worker, who tried to negotiate with landlord for repairs to be done but without success.
9 months	Moved to social housing. Prefers present accommodation. Intermittent depression. No tenancy support worker. Regular contact with drugs worker who arranged his move.
36 months	Relapsed and started using drugs again. More depressed. Drugs worker arranged for him to go into detox. Also referred him to mental health team.
60 months	Situation improved. Not used drugs for past 12 months (had further relapse after completing detox). Depression gradually improved. Felt ready to move on with his life. Keen to get a job. Just completed work-training programme aimed at people with long histories of unemployment and/or homelessness. Regular contact with drugs worker. Help from employment specialist attached to drugs service.

The characteristics of people who received support

The participants who received support during the last 12 months, and were in receipt of support when interviewed at 60 months, were predominantly those with longer histories of homelessness and multiple problems and needs. They were much more likely to have been homeless more than two years and to have mental health and/or self-reported alcohol problems. These findings are all statistically significant. For example, as shown in Figure 10.2, 41 per cent of people with mental health problems were having support at 60 months, compared to just 18 per cent without these problems (χ^2 13.6; df 1; p 0.000). There was no relationship between the receipt of support and whether a person reported drug problems – similar percentages of people with and without drug problems had received help.

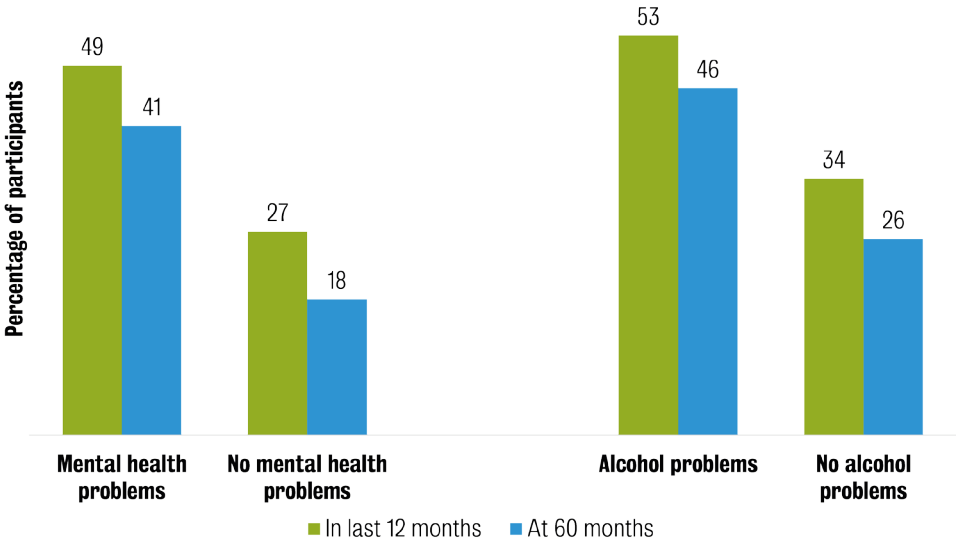
There was a strong association between provision of support and whether a person had ever lived alone before and had responsibility for a tenancy. People who had *not* lived alone before they were resettled were significantly *less* likely than those with the experience to have support from services at 60 months (23% compared to 42% respectively; χ^2 9.8; df 1; p 0.002). This is partly because many who had never lived alone before were young people, and they were the age group least likely to have had help from services after they were resettled.

Table 10.4: Receipt of housing related support at 60 months by age and type of worker

Type of worker[a]	Age groups (years)						Total
	20–24	25–29	30–39	40–49	50–59	60+	
	Percentages						
Tenancy support/ housing support worker	0.0	3.3	10.9	14.7	16.3	18.8	11.6
Drugs worker	0.0	0.0	8.7	8.8	7.0	0.0	5.8
Warden/housing officer	0.0	0.0	4.3	2.9	7.0	43.8	6.2
Mental health worker	0.0	0.0	2.2	10.3	0.0	6.2	4.0
Homelessness sector staff[b]	0.0	3.3	2.2	4.4	7.0	0.0	3.6
Advice/advocacy worker[c]	0.0	0.0	6.5	1.5	2.3	0.0	2.2
Social worker/home care worker	0.0	0.0	2.2	2.9	2.3	12.5	2.7
Other worker[d]	4.8	3.3	4.3	4.4	4.7	6.2	4.6
Any worker	*4.8*	*10.0*	*34.8*	*36.8*	*37.2*	*68.8*	*32.1*
Number of participants	21	30	46	68	43	16	224

Notes
[a]Some people received care and support from more than one type of worker so the percentages do not add up to 100
[b]Includes hostel workers and staff of day centres for homeless people
[c]Not homelessness sector staff
[d]Alcohol worker, health care worker, probation officer, care home staff, rehabilitation worker, victim support worker, mentor from church

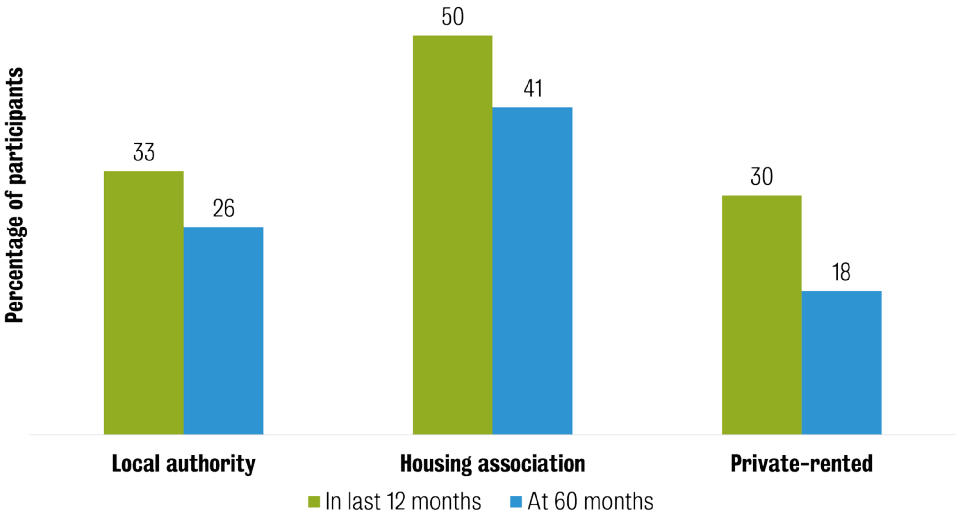
Figure 10.2: Receipt of housing related support during last 12 months and at 60 months by mental health and alcohol problems



Notes
Information from 221 participants.

People who were living in London when interviewed at 60 months were significantly more likely than those living elsewhere to have had support during the preceding 12 months. This applied to 49 per cent in London compared to just 28 per cent who were living in other parts of the country (χ^2 9.9; df 1; p 0.002). There were also significant differences in the provision of support by housing tenure. People living in housing association tenancies at 60 months were most likely, and those in the PRS least likely, to have had support during the last 12 months (χ^2 7.0; df 2; p 0.03), and to still be in receipt of support at 60 months (χ^2 7.7; df 2; p 0.02) (Figure 10.3).

Figure 10.3: Receipt of housing related support during last 12 months and at 60 months by housing tenure at 60 months



Notes
Information from 224 respondents.

The duration and ending of tenancy support

Several people had a tenancy support worker for a few months when they were first resettled, and then the support ended. During the first 6 months post-resettlement, 117 participants had contact with a tenancy support worker. This number had reduced to 81 by 15/18 months, and to just 26 people at 60 months. Some people coped well after their tenancy support ended, but others experienced difficulties either in managing the everyday responsibilities associated with independent living or in addressing changes in their circumstances or problems that subsequently occurred. For example, among those who initially had a tenancy support worker when they were resettled but for whom the service had subsequently stopped, 31 per cent were living in accommodation at 60 months that was dirty or squalid, 44 per cent were having problems with utility payments, 38 per cent had had rent arrears in the previous 12 months, and 19 per cent had been threatened with eviction.

The following two anonymised case studies show that some people require regular or intermittent long-term housing support. Joe, for example, had been homeless for five years before he was resettled into a local authority flat on a large, rather isolated estate (Box 10.3). He had a history of gambling and problematic drinking. He initially had regular contact with his tenancy support worker, but this lessened over time and stopped after three years. After this support ended, his drinking increased and he started to neglect his personal appearance and his flat. In Patricia's case (Box 10.4), she received tenancy support for just the first two months after she was resettled. Over time, she struggled financially but managed to cope, with support from friends. Five years after being resettled, however, she experienced difficulties with her social security benefit claims, and did not know how to resolve the problem. She had no contact with support services but clearly required advice and guidance at this time.

Participants' views of the help received

Most people who received support were either 'very' or 'fairly' satisfied with the help they had had over the last 12 months (58 per cent and 30 per cent respectively). Just 10 per cent said that they were 'not very' satisfied, and two per cent were 'not at all' satisfied. People who received 'regular' support were more likely than those who had had short-term or intermittent support to say that they were 'very' satisfied (69 per cent compared to 50 per cent). In contrast, 15 per cent of those in receipt of short-term or intermittent support, compared to just four per cent of those who had had regular help, said that they were not very or not at all satisfied.

Participants gave many reasons for being satisfied with the help provided. As well as benefiting from the support received, several believed that the personal qualities of the workers, such as being non-judgmental, skilled, kind and reasonable, and their efficacy and accessibility were important. Some regarded their support workers as friends with whom they could share anything. Their comments included:

> 'My housing support worker has helped me with so many things...[She's] brilliant ... It takes me a long time to get to know workers ... I'm really pleased with all the help [she] has given me ... If I need her I can call her any time...she's done a lot for me and I respect her'.

> '[My drugs worker] is there for me. Helped me a lot – with my benefits, with problems with neighbours, with my housing problems, with emotional problems. Have a general chat and have fun'.

> 'I've never had anything they've not addressed. They follow up on things and check back on me to see how I am. I can go there at any time and get help'.

Some had anxieties and concerns about the support they received, and this was generally associated with changes in workers, the ending of support, and the different approaches and expectations of various workers. A few people mentioned that they did not find their worker helpful, although some admitted that they did not always follow their worker's advice. One man explained, 'The worker told me to set up a direct debit in regard to the rent problems and the threat of eviction. I've not set up the direct debit yet'. Their concerns about the support received are illustrated in the following examples:

Box 10.3: Case study 3: Joe

Homeless five years following relationship breakdown Slept rough and stayed in hostels Problematic drinking and history of gambling Rehoused in flat on large, isolated estate at age of 57	
6 months	Doing well, no debt, not worked, reduced his drinking. Flat clean and tidy. Started volunteering. No family contact and no close friends. Fortnightly visits from tenancy support worker, who helped with utilities, bills, getting furniture, arranging volunteering.
18 months	Doing well. Worked part-time for short period so stopped volunteering. Used homeless day centres. Managing finances and no debts. Occasional visits from tenancy support worker.
60 months	Flat and clothing very dirty. Alcohol consumption increased +++ and drinking White Ace cider. On Work Programme but little prospect of gaining employment. Worried about benefits stopping when Work Programme ends. No debts Tenancy support ended two years ago. No support.

Box 10.4: Case study 3: Patricia

Came to UK 30 years ago Worked and lived in hotel which closed Homeless 6 years; in a hostel and then shared housing Physical health problems, intermittent depression No alcohol or drug problems Rehoused aged 53 years	
6 months	Happy with accommodation. Unable to work due to physical health problems. Received Incapacity Benefit. Struggling to pay bills but no debts. Support from friends. Tenancy support for first two months then stopped.
18 months	Happy with flat. In hospital twice since last seen for physical health problems. Still on Incapacity Benefit, and struggling to pay bills but no debts. Support from friends. No contact with support services.
60 months	Happy with flat. Physical health problems worsened. Welfare benefits changed to ESA 14 months ago, and ESA stopped 2 months ago. No income so unable to buy food or pay for heating. Has debts as friends have lent her money. No contact with support services.

> 'The support I've received has been sporadic – had different workers and some have been better than others. The one I have now is very good ... I've got more sorted with her than I have in a long time. Some workers never met with me – they just spoke on the phone'.

> 'The floating support worker has been helping me for six months ... They just give me tasks to do. They keep asking me to go to their offices to see the worker, but I don't have a bus pass, and I cannot afford the fare. They said they will not visit me'.

> 'They done OK. They could have done more – I can't think of what though. It's 'cos they have left me alone – that's why I feel negative. They helped me move but I've not seen them since. They've left me hanging ... How do I know if they're coming again?'

Unmet needs

When asked if there was any help they needed but had not received during the 12 months prior to being interviewed, 218 people answered the question. Almost two fifths (38 per cent) said 'yes' and 62 per cent said 'no'. This is the minimum percentage with unmet support needs. Some people clearly had problems with keeping their accommodation clean or with managing money and debts, but did not recognise either that they had problems or that they required help.

The most commonly identified need was help to get into employment or training, followed by help with budgeting and managing debts (Table 10.5). People aged 20-24 years, or in their thirties and fifties, were most likely to identify one or more unmet support needs – almost one half in each of these age groups said that they would have liked some help. Three tenths (29 per cent) aged 20-24 years expressed a wish for help with sorting out their finances and debts. As described in Chapter 5, this was the age group most likely to have got into debt after being resettled, and to have debts of £1,000 or more by 60 months. Nearly one fifth (19 per cent) of this age group also would have like help with accessing training or employment, and nine per cent with rent problems and eviction threats

Ten per cent of those aged 25-29 years also said they would have liked help with getting into training or employment. People aged 50 and over were most likely to express a wish for help with household tasks or for acquiring new furniture and household goods. A slightly higher proportion (42 per cent) in PRS accommodation identified unmet support needs. This compares to 36 per cent in local authority housing and 40 per cent in housing association tenancies. The participants who received intermittent or short-term support were more likely than those who had regular support to identify unmet support needs (52 per cent compared to 36 per cent). None of the people receiving continuous support identified unmet support need.

Table 10.5: Participants' reports of help needed but not received by age at 60 months

Types of support	Age groups (years)						Total
	20–24	25–29	30–39	40–49	50–59	60+	
	Percentages						
Linking into ETE activities	19.0	10.0	7.0	4.5	7.1	0.0	7.3
Managing money/budgeting/debts	28.6	0.0	7.0	6.0	0.0	0.0	6.0
Social Security/Housing Benefit claims	4.8	3.3	4.7	6.0	9.5	0.0	5.5
Changing accommodation	0.0	6.7	4.7	7.5	7.1	0.0	5.5
Emotional/personal/family problems	9.5	0.0	7.0	1.5	9.5	0.0	4.6
Housing problems, eg repairs, neighbours	0.0	6.7	7.0	4.5	4.8	0.0	4.6
Obtaining furniture/doing household tasks	0.0	3.3	0.0	3.0	11.9	13.3	4.6
Bills/paperwork	4.8	0.0	7.0	1.5	7.1	6.7	4.1
Rent problems/eviction threats	9.5	6.7	2.3	3.0	2.4	0.0	3.7
Alcohol/drug problems	0.0	3.3	4.7	3.0	2.4	0.0	2.8
Health problems	0.0	0.0	2.2	5.9	2.3	0.0	2.7
Any help	*47.6*	*23.3*	*46.5*	*34.3*	*47.6*	*20.0*	*38.1*
Total participants[a]	21	30	43	67	42	15	218

Notes
ETE = education, training or employment
[a]Only includes the participants who answered the question.

Overview

This chapter highlights that some formerly homeless people require long-term support to manage a tenancy after they are resettled. Although some are able to rebuild their lives with little or no help from services, many are vulnerable and require intermittent or regular long-term support in order to avoid further homelessness. Given the difficulties that some participants were still experiencing at 60 months (described in this and previous chapters), it is highly likely that they will continue to need help from services for the foreseeable future. Some ran into difficulties after tenancy support services ended. The people who received longer term support tended to have multiple problems and long histories of homelessness. This suggests that support services are effectively targeting those with complex problems.

However, the findings also indicate that support services are not reaching out to some people in need. Some do not have complex problems and long histories of homelessness but are inexperienced with regard to managing a tenancy. As found in the FOR-HOME study, young people were least likely to have had previous experience of living alone and were least likely to have had support from services to enable them to achieve independent living. The

majority of young participants were struggling to manage financially, were in a considerable amount of debt by 60 months, and several had become homeless again or had been threatened with eviction for rent arrears. Yet they were much less likely to be receiving housing related support, despite many acknowledging that they needed and would have liked help to manage their finances and debts. Many in this age group also said that they would have liked help to access training and employment, which for some could be a means to start tackling their financial difficulties.

There were also differences in the provision of support by location and housing tenure. People outside London were less likely to have had support. This is partly because several participants in London were former rough sleepers living in Clearing House accommodation and were still eligible for support from tenancy sustainment teams funded through the government's Rough Sleepers Initiative. People in the PRS were also least likely to have received support. Yet they were more likely to have faced problems characteristic of that tenure, such as sharing facilities, disrepairs, and the ending of fixed-term tenancy agreements. They were also significantly more likely to have experienced one or more episodes of homelessness since being resettled. More than two fifths in the PRS identified unmet support needs.

Compared to the other support services, tenancy support workers were more likely to offer help and support across the spectrum of housing related problems and needs. Yet in many areas there have been cuts to these services, and they are either unavailable to some vulnerable people or there are long waiting lists for the service. In the Rebuilding Lives study, relatively few participants had a tenancy support worker, even though some would have clearly benefited from such help. A few participants without a tenancy support worker sought help from workers at advice centres or at day centres for homeless people. Although such workers might be able to offer short-term assistance with dealing with bills, paperwork or social security benefit claims, it is unlikely that they could respond to people with complex problems and needs who require ongoing support and possibly home visits. A few others tried to get help but found that the hostel or supported housing they had lived in before being resettled, or the tenancy support team that helped them when they first moved, had closed or ended.

11 | Conclusions and recommendations

11 | Conclusions and recommendations

There have been several radical changes to housing and welfare policies in England since 2007-08 when the participants were first resettled. There have also been cuts in funding in many areas to homelessness and support services. The study participants have undoubtedly been affected by these various changes over the five years since they were resettled. For example, types of social security benefits have changed and many are now required to contribute to council tax. They are likely to be affected further in the near future by proposed changes, such as the introduction of Universal Credit which is currently being piloted in some areas. Revised housing and welfare policies will also have an impact on current and future resettlement programmes for homeless people, and on the services and support that they receive when they are rehoused. In 2007-08, for example, the majority of study participants were resettled in social housing. Since that time, resettlement into the PRS has now become more common due to a shortage of vacancies in social housing.

The FOR-HOME and Rebuilding Lives studies collected substantial data about the experiences of formerly homeless people over several years after they were rehoused. Drawing on both this rich data source and on the literature about current and proposed housing and welfare policies and practices, this chapter makes recommendations about the resettlement of homeless people, and the services and types of support that are needed to promote tenancy sustainment, reduce the likelihood of further homelessness, and create opportunities for individuals to improve their quality of life and fulfil their ambitions and goals.

Planned and timely resettlement

As described throughout this report, resettlement has been successful for many study participants and has led to positive outcomes during the first few years. Many have settled in their own accommodation, created a home and made considerable progress in rebuilding their lives. Some have become involved in education, work training programmes or attained employment. For many, family and social relationships have improved and several young people have started their own family. For some, however, the transition out of homelessness was not easy and some are still finding it hard to cope five years later.

It is important that resettlement programmes for homeless people continue to be encouraged. As described in Chapter 1, homelessness is a serious problem in England and can have a devastating impact on individuals' health and wellbeing, as well as the economies of health and social care services. Despite many strategies and programmes to tackle the problem by successive governments, homelessness is a problem that has grown since 2010. Findings from both the FOR-HOME and Rebuilding Lives studies indicate the importance of resettlement that is both planned and timely. Participants who

had very long histories of homelessness (10 or more years) found it harder to adjust and cope when they were eventually resettled. The findings suggest, however, that homeless people benefit from spending time in temporary accommodation before they take on the responsibilities of independent living. Participants who had lived in hostels or temporary supported housing for more than 12 months before they were resettled subsequently had a higher rate of tenancy sustainment. Stays of less than six months in temporary accommodation were particularly likely to have resulted in a return to homelessness (Chapter 3).[78]

These findings question the current policy priority in England for shorter stays in temporary accommodation before resettlement. It can be argued that spending time in temporary accommodation before being rehoused provides opportunities for homeless people: (i) to address or come to terms with problems that led to them becoming homeless; (ii) to access support services and address problems and unmet needs; (iii) to learn or practice independent living skills; and (iv) to restore confidence and self-belief, and become engaged in meaningful activities and start planning for the future. Some hostels now have maximum duration of stays of just three or six months. This is a relatively short period to allow for 'recovery' from the traumas and problems that triggered and contributed to an episode of homelessness, before making changes in one's life and taking on the responsibilities of a new tenancy. The concept of 'recovery' is widely used in the mental health field, and aims to encourage people with mental health problems to move forward, set new goals, and become engaged in activities and develop relationships that give meaning to their lives.[103] Important factors on the road to recovery are reported to include supportive relationships, financial security, personal growth and the right living environment. People on the road to recovery have also highlighted the benefits of 'having the opportunity to temporarily resign responsibility during periods of crisis'.[104]

A report launched by Crisis in July 2015 emphasised the costs of sustained and repeated homelessness to public expenditure. Four vignettes were used to illustrate the costs when homelessness is prevented or quickly resolved, and the costs when homelessness persists for 12 months. The report concluded that, 'there is a very clear message, preventing and rapidly resolving homelessness always costs less public money than allowing homelessness to become sustained or repeated'.[105] The author noted, however, that there are limitations in the quality of evidence on costs of homelessness in the UK, mainly due to the lack of longitudinal data that accurately track the nature and extent of service use by homeless people. While it cannot be refuted that prevention of homelessness is the most optimum outcome wherever possible, assessing the costs of actual homelessness can be misleading unless longer-term outcomes are also considered. As described above, the Rebuilding Lives participants who had spent longer in hostels and temporary supported housing were more likely than those with short stays to sustain tenancies once they were resettled. If they became engaged in education, training or employment *before* being resettled, they were also more likely to be involved in such activities *five years later*. Both tenancy sustainment and participation in training (leading to employment) or in employment itself considerably reduce public expenditure in the longer term.

The above findings might also be seen to question the key principle of the Housing First (HF) model (see Chapter 1). Drawing comparisons is, however, difficult because of inconsistencies. HF projects assist homeless people who might have refused to stay in hostels or been excluded from them, as well as those with long histories of homelessness who have not successfully been rehoused. There are also variabilities in the classifications of accommodation and support that constitute a HF project. For example, one scheme in West Sussex described as a 'Housing First' model initially provided homeless people with temporary accommodation in a shared house.[38] Such a scheme is comparable, however, to the temporary supported housing that accommodated some Rebuilding Lives participants before they were resettled. Furthermore, there is insufficient evidence about the longer-term outcomes for homeless people who move into HF projects, as most studies have examined outcomes for just one or two years.[106]

At present, there has been very little rigorous research in England of resettlement preparation for homeless people. Little is known about the effectiveness of various housing and support services, and the programmes and interventions that associate with successful and less successful outcomes for homeless people with different problems and backgrounds. The need for more refined understanding of the effectiveness of various interventions and housing and work training programmes for homeless people is well documented by researchers in the US and elsewhere.[107, 108] There is also a need for more understanding about the process of 'recovery' from homelessness for people with different problems and needs, including the benefits and/or disadvantages of stays in temporary accommodation before taking on the responsibilities of independent living.

Recommendation

1. Planned resettlement for homeless people works and should continue to be encouraged. This should be informed, however, by further research into the effectiveness of current resettlement practices for different groups of homeless people, including the types of temporary housing, support services and other treatment and rehabilitation programmes that produce more favourable outcomes in both the short and long term.

Provision of tenancy support

Many study participants coped well after being resettled with little or no help from tenancy support services, but others remained vulnerable and required intermittent or regular long-term support in order to sustain a tenancy and prevent further homelessness. Taking into account the difficulties that some were facing at 60 months and the intensity of the support that was being provided, they are likely to need help for the foreseeable future. In many areas, however, there have been cuts to tenancy support services, and pressures to restrict how long support can be provided. According to John Perry, a policy adviser at the Chartered Institute of Housing, housing welfare support has been cut by 46 per cent over the five years to September 2014, and is one of the policy areas that is suffering most from spending cuts and the ending of the 'ring fence' that protected Supporting People funds.[109] Some study participants, without a designated tenancy support or housing support worker, relied on

drugs worker, homelessness sector staff and other workers for advice and help. These workers were less likely, however, to provide support across the spectrum of housing related problems and needs.

In the Rebuilding Lives study, tenancy support services were effectively targeting many people with multiple needs and long histories of homelessness. They were less likely, however, to be helping those with lower support needs who lacked experience of managing a tenancy, such as young people who struggled with finances and those who were rehoused in the PRS. Yet these two groups were most likely to have experienced subsequent homelessness. Some local authorities are aware of the difficulties faced by young tenants. In the London Borough of Barnet, for example, younger tenants and new tenants were two of the three groups identified as at greatest risk of tenancy failure: 57 per cent of tenants aged 18-29 years had rent arrears in 2011.[110] Likewise, in Nottingham, for the three years up to 2012, 41 per cent of tenancy failures within Nottingham City Homes occurred among people aged 16-29 years.[111]

There is also the difficulty of identifying people who do not seek help but whose tenancies are at risk. Some study participants were relatively isolated, had no contact with services, yet were experiencing problems. Others had tried to get help from their former tenancy support worker or from the hostel or day centre they had previously used, but either they were no longer eligible for the service or it had closed. Hence, support services need to be proactive in seeking out those who are having difficulties and are at risk of homelessness.

Recommendations

2. Local authorities should work closely with homelessness sector and housing support providers to develop effective and cost effective ways of (i) providing housing related support to formerly homeless people, and (ii) reaching out to those who are vulnerable but do not seek help.

3. Regular, long-term tenancy support should be available to formerly homeless people with multiple problems and needs, for as long as this help is required. Flexible and easily accessible tenancy support should be available to those with lower support needs at times of difficulties and crises, to prevent problems exacerbating and tenancies being put at risk.

4. More attention should be given to the support needs of young homeless people who are resettled and to other formerly homeless people who have little experience of independent living. Support should be available to them until they have become accustomed to managing a tenancy and living independently.

5. Tenancy support services for people with complex needs should be provided by designated tenancy support, housing support or floating support workers, who can address the spectrum of problems and needs. For people with lower support needs, tenancy support could be provided where appropriate by trained volunteers who receive regular supervision.

Accommodation in disrepair

Disrepair and the poor condition of the accommodation were serious problems for many participants throughout the five years. Although some had had new kitchens and bathrooms installed, around one third in both social housing and the PRS were living in accommodation at 60 months that had serious problems with its condition. For some, the problems were longstanding and had contributed to ill health.

The Decent Homes Standard was introduced by the government in 2002 in its Housing Green Paper, 'Quality and Choice: A Decent Home for All'. It applies only to social housing. It was updated in 2006, at which time the expectation was that 95 per cent of social housing should be 'decent' by 2010.[112] Under the Decent Homes Standard, all social housing that is rented out should: (i) be free of health and safety hazards; (ii) be in a reasonable state of repair; (iii) have reasonably modern kitchens, bathrooms and boilers; and (iv) be reasonably insulated. The government provided £1.6 billion to the Decent Homes programme for the period 2011-15, and a further £160 million has been allocated for 2015-16.[113] According to the English Housing Survey 2012, 15 per cent of housing in the social rented sector and 33 per cent in the PRS failed to meet the decent homes standard.[39]

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. Through the Health and Social Care Act 2012, local authorities now have a public health role to improve the health and wellbeing of their populations.[114] This includes preventing poor health outcomes resulting from or exacerbated by housing problems.

Recommendations

6. Tenancy support workers and other practitioners providing assistance to formerly homeless people should work closely with local housing advice services to advocate on the behalf of tenants who are living in housing in disrepair to help enforce their rights.

7. Public health practitioners should work within local authorities and partner agencies to develop strategies and targets that tackle poor housing conditions.

8. Funders of care and repair schemes should explore their potential to help tenants who find it difficult to manage the upheaval and engagement with repair and modernisation.

Dirty living conditions and hoarding

Some study participants struggled to keep their accommodation clean and habitable. A small number were hoarders and over time parts of their accommodation had become increasingly inaccessible. Hoarding poses health and safety risks and can put tenancies in jeopardy. Piles of clutter or valuable items are not only a fire risk, but can result in accidents and falls, insect and rodent infestations, and may also affect neighbouring properties. Hoarding is often associated with mental health problems, particularly anxiety, depression, or obsessive compulsive disorder.[115, 116] It is difficult to address because many people who hoard do not see it as a problem. Furthermore, some hoarders are relatively isolated and their living conditions are unknown to service providers. This includes some who are living in 'supported' housing. As an example, Circle Housing Merton Priority identified 21 cases of hoarding only when it was implementing the Decent Homes Programme in 2010 and had to move tenants out of sheltered housing.[117]

Since 2010, hoarding as a problem has received increasing attention by local authorities and social housing providers, and several have developed strategies and are working with other agencies to tackle hoarding behaviour.[118] In 2012, the Chartered Institute of Environmental Health revised its guidance for Environmental Health Officers on hoarding[119], and in 2015 the National Housing Federation and Sitra ran a series of regional events to identify best practice in tackling hoarding.[120] The new provisions of the Care Act 2014 in England where safeguarding now includes self-neglect may also be relevant here.

Recommendation

9. Workers supporting formerly homeless people who are living in squalid or risky 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. They should also discuss the situation with the person's GP, or request an assessment of their client's mental health or need for care and support.

Resettlement into the private rented sector

Participants who were resettled in the PRS had much poorer housing outcomes than those who moved into social housing tenancies. They were more likely to have changed tenancies several times and to have become homeless again. They faced many problems including the poor condition of the accommodation, conflicts with landlords about getting repairs done, difficulties with rent payments particularly among those who obtained employment, and the insecurity of fixed-term tenancy agreements. They were also less likely to be satisfied with their accommodation. Many were living in houses of multiple occupation and had their own bedroom but shared a kitchen and bathroom. They were concerned about the lack of privacy and conflicts sometimes occurred with other tenants regarding the sharing of facilities. They were also less likely than those who moved into social housing to receive tenancy support after being resettled.

Given the mounting pressure to rehouse homeless people and the growing shortage of social housing, there is an increasing trend to resettle homeless people in the PRS. In the London Borough of Southwark, for example, 12 per cent of homeless people who were rehoused from local hostels and supported housing projects in 2011-12 moved into PRS accommodation. This figure had increased to 39 per cent by 2013-14.[121] Furthermore, an extension in 2012 of the Local Housing Allowance 'Shared Accommodation Rate' (SAR) restriction to those aged under 35 years, means that shared accommodation is the only housing option for many young people (Chapter 1).[vii] Other changes to the Local Housing Allowance rate between 2011 and 2013 mean that tenants reliant on housing subsidies now have less choice in the selection of accommodation in the PRS as their benefit entitlement is less likely to meet the full cost of renting a property. Moreover, in July 2015, the Conservative Government announced plans from April 2017 to withdraw HB entitlement from some young, unemployed people aged 18-21 years. Certain groups will however be exempt, including young people who are unable to return home to live with their parents, and those who have spent at least three months in a hostel for homeless people that specialises in rehabilitation and resettlement.[122]

There is great variability in the availability of private rented accommodation for homeless people, and in the arrangements for accessing such housing. One barrier is the need for a deposit and rent payment in advance. Consequently, some local authorities have developed private sector leasing or rent deposit schemes, and some homelessness sector organisations have established their own private rented schemes or rent bonds. Between 2010 and 2014, the Department for Communities and Local Government funded Crisis to set up a Private Rented Access Development Programme, to increase access to private rented schemes for people who were homeless or in housing difficulties. During the life of the programme, 153 schemes received funding, but only a minority were successful in securing additional funding at the continuation stage or when the programme ended.[123]

It is essential that resettlement into the PRS becomes more effective and that formerly homeless people in the PRS are better supported to manage in this type of accommodation. Some require help to negotiate with landlords about repairs, or to cope with conflicts that may arise with other tenants. Some need help to find alternative accommodation when their tenancy agreement ends and they are required to leave the property. In the Rebuilding Lives study, some participants became homeless again after five years when long-term tenancy agreements ended, because neither the homelessness organisation that had originally resettled them nor the local authority accepted responsibility for rehousing them again. Under the Homelessness Act 2002, local housing authorities are required to draw up a homelessness prevention strategy, and they have a responsibility to assist everyone at risk of homelessness and not just people who fall within a priority need group as identified in Part 7 of the Housing Act 1996. 'Non-priority' homeless people, who tend to be single people or childless couples without disabilities or vulnerabilities, are entitled to advice and assistance from their local authority. Such advice could involve looking for private rented accommodation, or applying for discretionary funding (such as rent in advance payments through a local welfare provision scheme).

vii The change does not apply to people who have been living in a hostel for three months or more.

Since 2008-09, figures have been published by the Department for Communities and Local Government about homelessness prevention and relief activities by local authorities in England that have taken place outside the statutory homelessness framework. In cases where local authorities have assisted people to obtain alternative accommodation, fewer people have received help in recent years to move into PRS housing, while more have been signposted to a hostel or house of multiple occupation. For example, 50,700 cases received help to move into PRS housing (with or without a landlord incentive scheme) in 2009-10, reducing to 35,500 in 2014-15. At the same time, 9,500 cases were assisted to move into a hostel or house of multi-occupation in 2009-10, increasing to 13,300 in 2014-15.[124]

Recommendations

10. Resettlement into the PRS for homeless people, particularly for those who are vulnerable, should be through well-managed schemes that provide a comprehensive service beyond simply finding accommodation and setting up the tenancy. Staff in such schemes should also: (i) ensure that the accommodation is of a decent standard before it is leased; (ii) assess the suitability of a person for the intended accommodation, taking into consideration its location and cost; (iii) provide or arrange appropriate levels of support for the tenant; and (iv) provide advice or help if a tenancy is in dispute or disrepair or coming to an end.

11. Tenancy support services should be more readily available to homeless people who are resettled in the PRS, with recognition by workers of the distinct problems faced by people in this type of housing.

12. Local authorities, in consultation with homelessness sector organisations, should develop procedures for identifying and helping formerly homeless people who have been resettled in the PRS and whose fixed-term tenancy agreement is coming to an end.

13. Rigorous evaluations are required of the effectiveness of different models and practices in relation to accessing and managing private rented schemes, and of their suitability as a housing option for vulnerable people.

Budgeting and money management

Budgeting and managing finances were major challenges for many study participants throughout the five years. Living independently, establishing a home, and rebuilding their life created new financial demands. Some participants prioritised their spending and developed various budgeting strategies, but many experienced financial difficulties and increasing debts over time. Young people in particular struggled financially and the amount of their debts increased considerably during the five years. Although some were working by 60 months, they were incurring travel costs to work and were having to pay an increased contribution towards their rent and council tax.

Given recent and pending changes to the welfare benefit system, it is crucial that homeless people have an understanding of personal finances, and the skills to budget and plan financially before they are resettled. Current and future homeless people who are resettled may receive less financial help than their predecessors to furnish their resettlement accommodation. Most of the Rebuilding Lives participants, for example, received a Community Care Grant (CCG) to purchase furniture, bedding and household goods for their new accommodation. However, CCGs were replaced in April 2013 by 'Local Welfare Assistance' which is now administered by local authorities instead of the Department for Work and Pensions (DWP). In 2013-14, £172 million had been allocated to local authorities to run Local Welfare Assistance Schemes, but this amount was reduced to £74 million in 2015-16.[125] The funding is not ring-fenced, and local authorities can decide how support is provided in their area. According to an audit by the Centre for Responsible Credit, there was a 75% reduction in the number of households who received help from the scheme in 2013-14 compared to the final year of the previous scheme.[126] Some homelessness sector organisations are relying on various charitable sources to obtain furniture and household equipment for their resettled clients.

The forthcoming introduction of Universal Credit for working age households is also likely to have a significant impact on homeless people who are resettled. It replaces six means-tested benefits, including HB. Payments will be made monthly instead of the two-weekly payments to which most benefit claimants are accustomed. Claimants will also be given the housing element of the benefit and will be responsible for paying their landlord, instead of it being paid directly to the landlord as is current practice. For those who have poor budgeting skills or have problems such as substance misuse, their situation could be made worse and their tenancies put at risk by receiving a large monthly payment. Another potential problem is that applications and claims for Universal Credit are expected to be managed online – this method of renewing benefit claims created difficulties for some Rebuilding Lives participants who had literacy problems, or lacked IT skills or access to the internet. Among housing association providers surveyed in late 2012, most (90 per cent) believed that the housing element of Universal Credit should be paid directly to the landlord for tenants who are currently in arrears or have a history of rent arrears, and 44 per cent believed that this should apply to people who had previously been homeless.[127]

Government guidance issued in March 2015 set out provisions for 'Alternative Payment Arrangements' for Universal Credit claimants, such as increased payment frequency or the housing element of Universal Credit being paid direct to the landlord. Two tiers of indicators will be considered when assessing for Alternative Payment Arrangements. Tier one factors, where the need for such payments is highly likely, include homelessness, substance misuse problems, and either living in temporary accommodation or in independent housing with on-site housing related support. Formerly homeless people who have moved into independent accommodation without support fall into tier two, where the need for Alternative Payment Arrangements is considered possible but less likely.[128]

The availability of budgeting and financial management training for homeless people varies across England. Some homelessness sector organisations provide workshops for their service users and a few draw on the expertise of external agencies. For example, Thames Reach in London runs 'Money Savvy'

workshops which cover budgeting, managing bills, credit and debts, and avoiding financial scams, in partnership with several organisations including Southwark Citizens Advice Bureau, Southwark Law Centre and London Mutual Credit Union. Among providers of temporary accommodation projects for single homeless people in England surveyed in 2014-15, only 44 per cent of their clients were engaged in money management activities.[viii]

Recommendations

14. More advice and training should be available to homeless people both before and after they are resettled on day-to-day budgeting, and the management of personal finances including credit and debt. Homelessness sector organisations and tenancy support services without staff who have the skills to deliver financial advice should collaborate with external specialist agencies to deliver this service.

15. Tenancy support staff and homelessness sector workers should encourage homeless and formerly homeless people who have large debts to access specialist debt advice services. They should be aware of local debts advice services and assist vulnerable clients with accessing this help.

16. For people who had incurred debts before or while homeless, repayment plans should be in place wherever possible before they are resettled.

17. DWP staff should work collaboratively with homelessness sector organisations and housing support providers to identify and assist people who are vulnerable and require Alternative Payment Arrangements once they start claiming Universal Credit, in order to prevent their tenancies being put at risk.

Rent and utility payments

The debts accumulated by participants over the five years since their resettlement mainly related to 'cost of living', and involved rent arrears and money owed for council tax and for utilities. One quarter of participants had rent arrears at 60 months and some had been threatened with eviction. Several others had been taken to court, their property was repossessed and they had become homeless again. In some cases, rent arrears were due to the suspension of social security benefits, or were the result of HB administration problems or delays in sorting out HB payments when people started or stopped work. In other instances, the arrears were the result of the participant's failure to pay their contribution. Some had spent their money on other things, some had been unable to afford the rent and some had forgotten to pay. Most had been sent standard letters about their arrears, but some had literacy problems and found it hard to understand what was being said, and some were scared by official letters and had not opened them. Young people in particular had accrued substantial rent arrears – 14 per cent owed £1,000 or more at 60 months – and it was unclear why this had been allowed to happen.

viii Information from graph 21 in reference 27.

Tackling rent arrears is a crucial role for both housing providers and tenancy support staff. During the 12 months to September 2014, there were 162,829 possession claims by landlords in England,[129] and 41,965 renting households in England and Wales were evicted from their homes in 2014.[130] The number of landlord repossessions in England and Wales by county court bailiffs increased by 25 per cent between 2009 and 2014.[130] Many of these actions will have been for rent arrears. There are also differences by localities. Across England, one in every 47 rented homes was subject to a possession claim during the 12 months to September 2014. This included one in every 21 rented homes in the London Borough of Enfield, compared to one in every 101 homes in Leeds.[129] Given the shift to payments to individual tenants to cover all or part of their rent once Universal Credit is introduced, it is imperative that tenants become accustomed to paying rent regularly and receive support where necessary with this. Lancaster City Council has produced an easy to follow 'Rent Arrears Handbook' for tenants which includes personal budgeting sheets.[131] Framework Housing Association has its own Housing Law Team, which includes a barrister, to provide free and expert legal advice and help for people across the East Midlands.

Another serious concern is that one in ten Rebuilding Lives study participants had paid *no* water charges since moving in. Assuming that the minimum amount of water charges each year is just over £200, each person was likely to owe more than £1,000 after five years. Many regarded the payment of water charges as lower priority than the payment of rent, gas and electricity, presumably because it is illegal to disconnect a person's water supply. The National Debtline advises people to 'treat water rates arrears as a non-priority debt'.[132] However, it can have serious consequences as people can be taken to court for not paying water charges. Some water companies run 'hardship schemes' or fund independent charitable trusts to help people pay off water rate debts.

Recommendations

18. The importance of paying rent and utility bills, including water charges, should be emphasised to homeless people both before and after they are resettled. This should be built into workshops and training about money management.

19. Monitoring systems should be set up that alert housing managers at an early stage of rent arrears. The 'warning signs' include changes in the pattern of rent payments and uncharacteristic defaults, particularly if a person has recently moved into a tenancy, lives alone, or is known to be vulnerable. In instances where people have arrears but have not responded to a standard letter or appointment, home visits should be carried out by housing staff to assess the reasons for the arrears.

20. Tenancy support workers and housing staff should collaboratively work with formerly homeless people who have rent arrears to draw up a realistic repayment plan and ensure that the person adheres to this.

21. Tenancy support workers should explicitly ask people who have been resettled about whether they have been paying water charges. They should explore with water companies the options that are available, such as hardship schemes, to help people who have debts.

Suspension or stopping of social security benefits

Sanctions and the suspension of social security benefits were serious problems for many participants and exacerbated their financial difficulties. The stopping of benefits was sometimes due to their non-compliance with the social security benefit rules, and sometimes because of the complexity of the system and their lack of understanding about what actions needed to be taken when benefits such as Employment and Support Allowance (ESA) changed or stopped. In many instances, their HB was also stopped when their personal social security benefits were suspended. This led to rent arrears and put their tenancies at risk, and in some cases resulted in eviction and homelessness. According to the tenancy support workers who were interviewed during the study, a great deal of their time is spent assisting clients whose social security benefits have changed or been stopped.

The Coalition Government introduced a new and more stringent system of welfare conditionality and sanctions regime in 2012. This included a 'Claimant Commitment' that came into effect in 2013, which is part of the Jobseeker's Agreement for the majority of people claiming Jobseeker's Allowance. It outlines what jobseeking actions a person must undertake in order to receive the state benefit, such as the number of hours that should be spent each week looking for work. Since these changes, there has been a sharp rise in the number of sanctions issued to people claiming JSA or ESA, and an increase in the length of these sanctions. The average number of sanctions issued *each month* to people claiming JSA increased from 32,100 up to October 2012 to 73,800 after this date.[ix] Most of the sanctions issued between October 2012 and September 2014 were for: failure to participate in a scheme to assist with obtaining employment, such as the Work Programme, without good reason (28 per cent); failure to attend or participate in an interview with an adviser without good reason (23 per cent); and failure to actively seek employment (34 per cent).[134] Likewise, there has been a three-fold increase in the number of applications for ESA sanctions from 1,400 per month in March 2013 to 5,400 in March 2014.[133] Data suggest that people with mental health problems are disproportionately likely to receive an ESA sanction.[102]

An independent review of the operation of JSA sanctions by Oakley in 2014 found that some welfare benefit claimants 'lacked a detailed understanding of the requirements being placed on them and the processes surrounding sanctions'.[135] The review also found that letters to claimants from the DWP about sanctions were generally complex and difficult to understand, and that they were not always clear about the appeals' process or that an application could be made for a hardship payment. According to the reviewer, the letters were particularly difficult for the most vulnerable claimants to understand and that 'people potentially most in need of the hardship payment were the least likely to be able to access it'.[135] A subsequent review of benefit sanctions by the House of Common's Work and Pensions Committee in March 2015 found evidence that JSA claimants were signing Claimant Commitments they knew they could not fulfil, for fear of being sanctioned if they refused.[134]

The Work and Pensions Committee review also found that the DWP's guidance to Jobcentre Plus Work Coaches on identifying vulnerable claimants did not give clear guidance on the level of support vulnerable groups would need in order to fulfil their benefit conditionality. It raised concern that some

ix Please see table 4.1 of reference 133

vulnerable individuals were being 'set up to fail'.[x] Following this review, the DWP produced in November 2015 a new chapter on 'safeguarding and vulnerability' for its guidance to providers.[136] The new guidance states that Work Programme providers are not allowed to refer vulnerable ESA claimants for sanctions unless they have engaged face-to-face with the person, and that the person has understood what activity they are being asked to do and the possible consequences of not doing it. This is referred to as 'safeguarding'.

The Work and Pensions Committee review also documented that benefit sanctions should only affect out-of-work benefits, and that HB should not be affected by JSA sanctions. In the Rebuilding Lives study, some participants had had their HB stopped when they received a JSA sanction. Likewise, the Oakley Review also reported a number of instances of JSA sanctions resulting in local authorities incorrectly ending a claim for HB. In response to the Work and Pensions Committee review, the Government acknowledged that HB should not be affected by JSA sanctions, and that 'the problem arose due to automatic IT notifications sent by DWP to local authorities whenever a JSA payment is stopped ... [and] it is not always possible within the notification system to distinguish between JSA payments which had stopped due to a sanction, and those which had ended for other reasons'.[xi]

Recommendations

22. Homelessness sector staff, tenancy support workers and DWP advisers should emphasise to homeless and formerly homeless people the importance of complying with social security benefit rules and Claimant Commitments to avoid having their benefits stopped and their tenancies being put at risk.

23. Assistance should be given by DWP advisers and support workers to people when benefits, such as the ESA, change or stop. It should not be assumed that all people have the understanding and skills to complete complicated, online renewal forms.

24. The consequences of suspending social security benefits should be assessed meticulously by DWP managers in the case of formerly homeless people who are highly vulnerable and whose tenancies, health and wellbeing could be put at risk by such actions.

25. Housing support workers should be aware that HB is not affected if a person receives a JSA sanction, and should advise the person accordingly or intervene on their behalf if this happens.

x Please see paragraph 79 on page 28 of reference 134.
xi Please see paragraph 35 on page 16 of reference 134.

Involvement in education, training and employment

For many homeless people who are resettled, involvement in education, training and employment (ETE) is the next step in their transition to settled and independent living. In particular, gaining employment is recognised to be an important element in both preventing and ending homelessness.[137] Many Rebuilding Lives participants perceived employment as the most important factor in terms of enhancing their quality of life and providing hope for the future. They believed that having a stable and secure job which offered opportunities was crucial in assisting them to achieve financial stability and move forward with their lives. Although there was a substantial increase over the five years since resettlement in the percentage of young people engaged in ETE, this was not the case for people aged over 30 years. Help to secure training or (more stable) employment was the most commonly identified unmet need among the participants at 60 months.

The Work Programme

Numerous government initiatives have been introduced over the last two decades to encourage unemployed people into work, but their effectiveness in helping vulnerable and disadvantaged people is less evident. The Work Programme, established by the government in June 2011, provides personalised and specialist support for people who need more help to find and stay in a job. However, 'creaming' and 'parking' by providers are reported to be endemic problems within welfare delivery systems that involve outsourced provision combined with outcomes based payments.[138] 'Creaming' involves targeting services at people where there is most likely to be an outcome, and 'parking' means not prioritising or giving only a minimum service to people whom it is deemed unlikely to have a positive outcome. Several organisations with expertise in helping homeless people into work became Work Programme providers, but some subsequently left the programme because they were not receiving referrals from the Prime Contractor. At the same time, many specialist homelessness agencies outside the Work Programme continued to provide employment training and support to homeless people who were listed as being on the Work Programme. The consequence was that the Prime Contractor received the financial awards for each job outcome, while the charitable sector was undertaking much of the work.[139]

According to several Rebuilding Lives participants who attended the Work Programme, the help that they received and what was required of them varied greatly (Chapter 6). Many still involved in the programme at 60 months were aged in their forties and fifties, had mental health and substance misuse problems, few job qualifications, and long histories of unemployment. Some were attending the Work Programme just once or twice a month, and perceived this as a requirement to receive their social security benefit rather than as a stepping-stone towards employment. This could be an example of 'parking', as it can be argued that little could be achieved in terms of training and preparing people with complex and disadvantaged histories for work by such sporadic attendance. Research in 2014 by the Centre for Economic and Social Inclusion found that job outcome rates for people who attended the Work Programme declined sharply among those aged 50 and over: just 10 per cent of attenders aged 55-59 years secured a job.[140]

A 2012 report by Homeless Link, St Mungo's and Crisis also highlighted the shortcomings in the Work Programme for homeless people. They recommended that Prime Contractors, Jobcentre Plus and specialist organisations should work more closely together to deliver a programme for the most vulnerable who are furthest from the labour market, and that homelessness organisations are best placed to work with those who have experienced homelessness. They also recommended a preparatory pre-Work Programme for people who are least likely to succeed on the Work Programme without additional support.[139] During the 2015 Work and Pensions Committee's review of benefit sanctions, the necessity for all work-related activity in the Work Programme to be mandatory was questioned by the Employment Related Services Associated (ERSA; the main trade body for contracted employment services providers, including Work Programme providers).[xii] The ERSA particularly referred to cases where the claimant had a long-term health condition. In response, the Work and Pensions Committee reported:

> '...there remains widespread concern, including from contracted providers, that the Work Programme does not yet provide sufficiently specialised and effective support for ESA claimants who are some distance from the labour market ... There is lack of evidence for the efficacy of financial sanctions in moving claimants with long-term health conditions and disabilities closer to employment or into work. There is some evidence that voluntary approaches are more appropriate and effective. We welcome the DWP's commitment to testing alternative approaches, particularly for ESA claimants with mental health conditions. We recommend that the Department include voluntary approaches in its pilots, including the Individual Placement with Support model'.[xiii]

Specialist help with training and employment

Many homeless and formerly homeless people have problems and disadvantages that create barriers to them accessing training and employment opportunities. They require specialist coaching and support if they are to move into employment or other ETE activities. Some also require ongoing support and encouragement once they have started a job, a volunteering programme or an educational or training course. The 'Ready for Work' programme, run by Business in the Community, works with homeless people and those at risk of homelessness in association with businesses across the UK and Republic of Ireland. It provides pre-placement training, work placements, and post-placement support by job coaches. Analysis of outcome data from 2009-13 found significant associations between job coaching and (i) success in gaining employment, particularly among young people and among the lower educated; and (ii) success in sustaining employment.[141] A few Rebuilding Lives participants had been through this programme and secured employment after finishing a work placement.

Some homelessness sector organisations have developed education, volunteering and work-training programmes for their clients as stepping-stones into employment, sometimes in partnership with external agencies. Among the study participants, those who were involved in ETE activities before being resettled were significantly more likely to be engaged in such activities once

xii Please see paragraph 25 on page 13 of reference 134.
xiii Please see paragraph 134 and 135 on page 47 of reference 134.

they were rehoused. In April 2014, Coalition Government ministers announced a new pilot scheme aimed at providing the most vulnerable homeless people with the right skills and training to get into work. This pre-employment programme, London STRIVE (Skills, Training, Innovation and Employment), aims to help 100 single homeless people over the course of two years. It is being run by St Mungo's and Crisis, and works alongside Jobcentre Plus, and will provide important information about targeted support.

The Work and Pensions Committee recommended the testing of approaches such as the Individual Placement and Support (IPS) model for unemployed people with long-term mental health conditions. IPS is a form of supported employment developed in the US in the 1990s to help people with mental health conditions secure and maintain jobs. It has since been used with people who have addiction problems.[142, 143] The key principles of IPS include a rapid search for competitive employment in line with individual preferences and strengths, and the provision of ongoing support to both the employee and the employer once a job is secured. The approach is thus 'Place then Train', in contrast to traditional vocational rehabilitation which offers lengthy pre-job training but minimal in-work support. IPS is reported to be more effective than other forms of vocational support for people with mental health conditions[144, 145], although most studies have only examined outcomes during the first 12-24 months.[146] Such services are not, however, widespread in England.[147]

Casual work and zero-hours contracts

Although many Rebuilding Lives study participants were keen to work, finding a steady job with sufficient hours was not easy. Some worked casually or under 'zero-hours' contracts but this often proved to be counterproductive and contributed to their financial struggles (Chapter 6). Their hours of working were irregular, their weekly income was low, and most would have preferred to work more hours but these were unavailable. According to the Trades Union Congress, there is a serious problem of growing casualisation, and a growth in zero-hours contracts since 2006.[148] Figures from the Labour Force Survey show that the number of people on zero-hours contracts (as their main job) increased from 147,000 in 2006, to 252,000 in 2012, and 697,000 in October-December 2014.[149] They represented 0.5 per cent of all employed people in 2006, 0.8 per cent in 2012, and 2.3 per cent in late 2014. Those aged 16-24 years were most likely to be on a zero-hours contract in late 2014 (6.1 per cent of this age group). The figures have to be treated cautiously, however, as some of the increase in the last few years may be due to greater recognition of the term 'zero-hours contract'.

Although zero-hours contracts may offer flexibility to both employers and workers and may suit the circumstances of some people, 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. People employed on zero-hours contracts tend to work fewer hours than other people in employment, and their average weekly gross pay is considerably lower (£236, compared to £482).[150] According to the Labour Force Survey, around a third of people on zero-hours contracts in late 2014 wanted more hours of work.[151] As summarised by Pennycook et al of the Resolution Foundation, 'zero-hours contracts have serious implications

for the management of household budgets, family and caring commitments, employment rights and relations, and access to tax credits and other benefits... life on a zero-hours contract is one of almost permanent uncertainty'.[xiv]

Recommendations

26. Wherever possible, homeless people should be involved in ETE activities before they are resettled. More effective ways also need to be developed by tenancy support workers in collaboration with specialist training and work preparation schemes to encourage formerly homeless people to take part in education, training, volunteering or employment once they have settled in independent accommodation.

27. More specialist job-skills training and job placement services with support should be available to prepare vulnerable people for entry into mainstream employment. Ongoing support should also be available to vulnerable people once they have started a job, training course or similar.

28. Assistance should be given to formerly homeless people by Jobcentre staff and other employment resources to help them access jobs with regular hours that meet their needs, rather than being reliant on casual employment or 'zero-hours' contracts.

29. Staff in the DWP and its partner agencies should consider reviewing the situation of people aged in their late fifties and early sixties who attend the Work Programme, but have enduring and complex needs and little realistic prospect of gaining employment. Discussions should take place about whether DWP advisers in collaboration with tenancy support workers should channel their efforts into trying to engage this group in purposeful but potentially less stressful activities, such as volunteering programmes, rather than in trying to prepare them for work.

Addressing mental health and psychological problems

Mental health problems were common among the participants, and clearly affected their confidence and ability to cope with independent living. Those with mental health problems were more likely to experience difficulties settling in their accommodation and managing everyday tasks. They were less likely to be involved in ETE activities, and were more likely to report low morale, poor motivation, and to be pessimistic about the future. Some isolated themselves or described being angry and bad-tempered, and there were associations between mental health problems and substance misuse. Since being resettled, a few had made suicide attempts, and a few had hospital admissions related to their mental ill health. There was a slight increase over time in the prevalence of reported mental health problems, particularly among young people. Some participants associated their mental health problems with traumas dating back years that had never been resolved. For others, underlying psychological problems were triggered or exacerbated when they were faced with difficulties or stresses post-resettlement. Only one half who reported mental health problems were in receipt of treatment, and this was typically medication from their GP. Several said that they would have liked specialist help, such as counselling, to enable them to work through their problems.

xiv Please see pages 4 and 21 of reference 150.

It is well-recognised that many homeless people have complex and traumatic histories, and a wide range of psychological and emotional health needs. Their problems are not necessarily resolved once they are resettled. As found in an earlier study of older homeless people, once they were rehoused and had completed the initial tasks involved in setting up a tenancy, some then began to reflect on past events, and why and how their lives had changed. In some instances this led to self-reproach, unsettledness and tenancy failure.[13] Several Rebuilding Lives participants experienced difficulties when trying to repair family relationships. Some tried to renew family contacts but were turned away, while some had only limited or no access to their children. There is little recognition, however, of the psychological needs of formerly homeless people as they rebuild their lives and come to terms with past traumas and losses, or attempt to resolve difficult relationships.

Improving Access to Psychological Therapies (IAPT) is a national programme of 'talking therapies' provided by the NHS to help people with depression, anxiety, and post-traumatic stress disorder. It began in 2006 with demonstration sites in Doncaster and the London Borough of Newham, and is now established across England. In 2011, the Coalition Government published its mental health strategy, *No Health Without Mental Health*, which set out its long-term ambitions for transforming mental health care, and for the ways in which people with mental health problems are supported in society.[152] The strategy outlined the Government's pledge to invest around £400 million to expand access to psychological therapies, and thus 'ensure that adults with depression and anxiety in all parts of England have access to a choice of psychological therapies'[xv]. One of the strategy's overall objectives is:

> 'More people who develop mental health problems will have a good quality of life – greater ability to manage their own lives, stronger social relationships, a greater sense of purpose, the skills they need for living and working, improved chances in education, better employment rates and a suitable and stable place to live'.[xvi]

Research by the 'We Need to Talk Coalition' has shown that demand for IAPT services is increasing, and that many people are waiting a long time to access a service. Among just over 1,600 people surveyed in 2012-13 who had received or been on a waiting list for psychological therapies in the preceding two years, 62 per cent had waited more than three months to start treatment, including one in ten who had waited more than one year.[153] Only a minority of the Rebuilding Lives participants who had mental health problems were attending counselling or group therapy. A few had been assessed and were on the waiting list for such help. Concerns have also been raised about the suitability and accessibility of IAPT and other mental health services for homeless and formerly homeless people.[154] The IAPT services are often short-term and cannot provide the intensive and long-term support required by many homeless people who have multiple problems and have experienced complex trauma. Moreover, many homeless people are excluded from statutory mental health services because of their substance misuse problems.

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xv Please see section 5.13 on page 41 of reference 152.
xvi Please see page 6 of reference 152.

Some organisations have set up services to improve mental health care for homeless and vulnerable people. Centrepoint provides a range of specialist health services for young people, including support from qualified psychotherapists, substance misuse and dual diagnosis workers. The team focuses on providing early prevention support that helps young people before they reach crisis, and the support is tailored to individuals' needs.[155] St Anne's Community Services in Leeds, in partnership with other organisations, has implemented 'Positive Pathways'. This provides emotional and practical support to people with coexisting mental health and substance misuse problems, and works collaboratively with drug, alcohol and mental health services.[156] The Fulfilling Lives programme, funded by the Big Lottery Fund (up to £112 million), has recently been established to offer timely and co-ordinated support to people with multiple needs who rotate through various welfare and justice systems and are experiencing at least two of the following: homelessness, mental health problems, reoffending and problematic substance misuse.[157] The eight-year programme in 12 areas across England aims to bring together services in order to reduce substance misuse, improve mental health and ensure housing stability.

Recommendations

30. Effective and accessible mental health services, including talking therapies, should be available to homeless and formerly homeless people who require such help. There should be greater recognition of the need for psychological support for formerly homeless people who are trying to rebuild their lives and come to terms with, or resolve, past traumas and difficulties.

31. Co-ordinated treatment and support should be available to formerly homeless people who are affected by concurrent mental health and substance misuse problems, in order to reduce their substance misuse, improve their mental health and ensure housing stability

Need for increased understanding of resettlement and its outcomes

This study has demonstrated that it is possible to engage homeless people in longitudinal research, successfully maintain contact with the majority over several years, and collect rich data about their experiences, achievements and outcomes. As mentioned earlier, since the study participants were resettled, there have been several radical changes to housing and welfare policies and services in England, and further changes are forthcoming. These have had, and will continue to have, an impact on resettlement and support services, and on the lives of homeless people once they are resettled. This study examined outcomes over five years for homeless people who were resettled. There is no data in the UK, and very little international literature, about even longer-term outcomes for formerly homeless people.

Given the struggles that many Rebuilding Lives participants were experiencing after five years, there is a strong case for further research into their progress over the next few years and their ability to cope with further proposed welfare reforms, such as the introduction of Universal Credit. This would provide unique and valuable evidence about long-term transitions from homelessness, and the adjustment of vulnerable people to independent living.

There is also a strong case for research into current resettlement and tenancy support practices for homeless people. The Rebuilding Lives participants who moved into the PRS had much poorer outcomes than those who moved to social housing, yet the PRS is used much more frequently nowadays as move-on housing for homeless people. Little is known, however, about the effectiveness of this arrangement, and whether or not it has more favourable outcomes than when the Rebuilding Lives participants were rehoused.

Recommendations

32. Further research should be conducted with the Rebuilding Lives participants to examine long-term outcomes of resettlement, and the ability of vulnerable people to cope when proposed new welfare reforms, such as Universal Credit, are introduced. The Rebuilding Lives participants should be traced and interviewed ten years post-resettlement (all have provisionally agreed to this).

33. Research should also be conducted with a new cohort of homeless people who are being resettled to examine the effectiveness of current housing moves and support services on resettlement outcomes and tenancy sustainment.

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About the Social Care Workforce Research Unit

The Social Care Workforce Research Unit (SCWRU) at King's College London is funded by the Department of Health Policy Research Programme and a range of other funders to undertake research on adult social care and its interfaces with housing and health sectors and complex challenges facing contemporary societies.

The Homelessness Research Programme is based within SCWRU. It includes studies of: the causes of homelessness; the problems and needs of homeless and formerly homeless people; transitions through and exits from homelessness; and evaluations of services for homeless people. The programme also has a role in influencing the development of policies and services to prevent and alleviate homelessness.

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