

A Review of Single Homelessness in the UK 2000 - 2010

Anwen Jones and Nicholas Pleace

About Crisis

Crisis is the national charity for single homeless people. We are dedicated to ending homelessness by delivering life-changing services and campaigning for change.

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The Centre for Housing Policy (CHP) at the University of York was established in 1990 with the support of the Joseph Rowntree Foundation. CHP is now one of the leading housing research centres in Europe.

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Foreword

This review of single homelessness in the UK is extremely timely. It is now over a decade since the *Crisis Bricks Without Mortar* 30-year review of single homelessness in the UK, and also since the review of single homelessness research which I led for the Joseph Rowntree Foundation and CRASH in 2000. This new review covering the period 2000 to 2010 is a substantial and thoroughly-evidenced piece of work, and is certainly more ambitious than my own single homelessness review, covering as it does policy and practice developments as well as research.

And it has a ‘good news’ story to tell, as much has improved over the past 10 years. Local homeless strategies and the Supporting People programme have encouraged strategic working on the part of local authorities and their third sector partners, and have led directly to the development of new, improved and more flexible services for single homeless people. The Rough Sleepers Unit and then the Homelessness Directorate, building on the earlier Rough Sleepers Initiatives, were highly effective in reducing the scale and impact of the very most extreme form of homelessness, and have provided an internationally recognized model of intervention. This work continues with the current ambitious targets to ‘end rough sleeping’ both in London and across England by 2012, and is associated with highly targeted and ‘personalised’ interventions to address the needs of the most ‘entrenched’ rough sleepers. The quality of hostels, day centres and other frontline services has improved, most especially as a result of the ‘Places of Change’ programme in England. The importance of ensuring that single homeless people have access to paid work or other purposeful activity, and also to supportive social networks, has been fully acknowledged only in the last decade. We have seen the first serious attention to homelessness prevention also occur over this timeframe. The extension of priority need status to new categories of single homeless people, notably young people, has strengthened the statutory safety, most of all in Scotland where there is a commitment to abolish priority need altogether by 2012. Yet, as is highlighted by the review authors, serious concerns remain. While rough sleeping has diminished in scale since the 1990s, it is far from clear that other forms of single homelessness have declined. Many single homeless people remain outwith the statutory safety net, particularly in England. The lifting of the ring fence on Supporting People funding may place in jeopardy many of the services which have been so important in improving single homelessness interventions over the past few years, especially given the current fiscal climate where ‘statutory’ priorities are likely to prevail over all others. There is a large and growing problem of homelessness amongst destitute migrants without access to UK welfare protection, particularly economic migrants from central and eastern Europe, but also refused asylum seekers and irregular migrants. The conditions in which some of these homeless migrants are living are truly shocking.

Moreover, now that the Coalition Government’s agenda on welfare and on housing is becoming clearer, there are evident dangers ahead. Housing was a major loser in the recent Comprehensive Spending Review, with access to social housing likely to become ever more difficult for low-income single people as investment in new build falls and rents rise closer to market levels. The planned cuts to Local Housing Allowance will make access to the private rented sector harder too, especially for those aged under 35 and for those living in London and other expensive areas. It seems inevitable that overcrowding, ‘doubling up’ and rent arrears will become more common amongst these groups in particular. The critical role that the private rented sector has played in homelessness prevention must surely now be undermined, especially in London. The planned ratcheting up of conditionality within the welfare system,

as well the proposed cuts to Housing Benefit for the long-term unemployed, will, as always, impact most severely on low-income single people. The Coalition Government's 'localism' agenda carries the obvious risk of undermining national minimum standards in provision for the most vulnerable, especially for potentially 'unpopular' groups like single homeless people. All of these policy factors, as well as an upward trend in unemployment, will tend to increase the scale and persistence of single homelessness. The new Government's Ministerial Working Group on Homelessness is to be warmly welcomed, but its strong focus on rough sleeping risks neglecting broader dimensions of single homelessness. And it remains to be seen how much the government departments involved will be prepared to focus upon homelessness issues when their own priorities, budgets and programmes are facing such cuts.

A different kind of danger looking forward is that, with our energies absorbed in damage limitation, we become less ambitious and more insular in our responses to single homelessness. In recent discussions with colleagues in both North America and Europe I have been struck above all by the extent to which 'Housing First' models – which prioritise the immediate provision of stable housing (with appropriate support) over 'housing readiness' – are being adopted and debated. While what precisely is meant by 'Housing First' varies widely, there is no doubting the shift in philosophy across much of the developed world from 'transitional' or 'staircase' models of provision for single homeless people, including those with the most complex needs, towards immediate permanent solutions, either in mainstream housing or in 'permanent supportive housing'. Housing First approaches are being pursued in countries as diverse as Canada, Finland, Ireland, Denmark, and Portugal, as well as in the US where the original 'Pathways' model emerged. These Housing First approaches are very often aligned with a desire to move away from 'managing' homelessness to 'ending' it. But in the UK our capacity and readiness to try new approaches such as Housing First may now be undermined by the extent and severity of welfare cuts. More broadly, the needs of the most vulnerable single homeless people may receive less attention as these cuts expose an ever wider cross-section of the population to homelessness. This important new review of single homelessness sets out what has been achieved in the UK over the past decade and what it is important to defend in the next few difficult years. From across Europe and beyond, there is emerging evidence that weaker welfare states are associated with higher levels of homelessness. There is also compelling evidence that housing is one key area of welfare where the UK has been relatively successful in protecting its poorest citizens, mainly as the result of the existence of the Housing Benefit system and a social rented sector allocated overwhelmingly on the basis of need. It is thus all the more alarming that these two key housing policy interventions have been particularly badly hit by the Comprehensive Spending Review. In these exceptionally difficult circumstances it is crucial that policy makers, practitioners, researchers and all other stakeholders work together with single homeless people to ensure that we continue to move forward in addressing this serious form of social injustice.

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Heriot-Watt University

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Welsh Assembly Government
Welsh Assembly Government
Northern Ireland Housing Executive
Northern Ireland Council for the Homeless
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Professor Hal Pawson, Heriot-Watt University

Executive summary

Background to the review

This review was commissioned by Crisis and conducted by Anwen Jones and Nicholas Pleace at the Centre for Housing Policy at the University of York. The aim of the review was to provide an overview of single homelessness in the UK in the last decade including changes and continuities in single homelessness and policy changes and developments in responses to single homelessness.

The last decade has seen a number of important developments in homelessness policy in the UK, not least the divergence in homelessness policy in the four nations of the UK following devolution in 1998. These developments have included important changes to the homeless legislation in all parts of the UK; an increased emphasis on homelessness prevention; new strategies to tackle rough sleeping; the Supporting People programme; developments in health provision; and, an increasing emphasis on supporting single homeless people into employment.

The focus of the review is the decade 2000-2010 which was, for the most part, a time of relatively plentiful resources and positive developments in single homelessness. The context in which the review is published is a very different one. Major public sector spending cuts and radical welfare reforms have been announced and there are to be major changes to the way local government operates.

The review involved a comprehensive literature review and in-depth and focus group interviews with key stakeholders from across the UK, including policy makers, service providers, homelessness specialists and single homeless people.

Review findings

- There is evidence that the single homeless population continues to grow more diverse. The proportion of men is falling, there is an over-representation of people with Black ethnic origins, and there is evidence of homelessness among recent migrants, particularly economic migrants from central and eastern European countries. There is limited evidence from England that although homelessness acceptances have fallen very sharply, some forms of single homelessness have not decreased and might even be increasing.
- Considerable progress has been made in our understanding of the causation and nature of single homelessness, both in the UK and internationally. The causes of single homeless are complex, they are individual and relate to actions and decisions as well as to support needs, characteristics and experiences but they are also related to structural factors and the range and level of welfare and housing support available.
- Homelessness policies have developed in different ways in each of the four nations of the UK but all have introduced significant changes to the homelessness legislation. The extension of priority need categories to include groups at particular risk of homelessness, such as young people, has been a positive development. However, many single homeless people still have to be deemed vulnerable in order to be considered in priority need under the legislation. In Scotland, priority need is to be phased out by 2012. Whilst the principle of this legislative change is welcomed, there remain significant challenges in meeting the 2012 target in the absence of sufficient appropriate accommodation.

- There have been a number of other positive developments including:
 1. Local homelessness strategies – which encouraged local authorities to recognise the problem of single homelessness and to adopt a more strategic approach to tackling it;
 2. The Supporting People programme – which encouraged strategic working and the development of new and improved interventions and services. The removal of ring-fenced Supporting People grants might result in funds being diverted away from single homeless people;
 3. The Hostels Capital Improvement Programme and Places of Change – these programmes were seen to have achieved significant improvements in hostel provision and outcomes for service users, however there is a lack of robust evidence on these programmes; and
 4. Rough sleeping policies – governments in England, Scotland, and Wales continued to give rough sleeping a high priority and new interventions have been developed to tackle the needs of the most entrenched and marginalized rough sleepers. Although significant progress has been made in tackling rough sleeping, it remains a problem in parts of the UK and it appears to be a growing problem in Northern Ireland.
- One of the most significant policy changes in the last decade has been the increased focus on the prevention of homelessness. Whilst this development has been welcomed, there are a number of concerns about how the policy operates in practice.
- Preventative efforts are sometimes focused on those who are likely to be statutorily homeless rather than on single homeless people and, in some cases, local authority officers appear to be more concerned with reducing the number of homelessness acceptances than actually preventing homelessness. There is a need for improved practice in monitoring and evaluation of preventative interventions.
- Whilst homelessness prevention interventions have been broadly welcomed, international research suggests that an affordable housing supply and adequate wages and/or welfare benefits may be more effective in preventing homelessness.
- There have also been improvements in housing support for single homeless people. Earlier trends to replace old, large, hostels have continued. New services offer a mixture of smaller more supportive forms of housing and resettlement and tenancy sustainment services to formerly and potentially homeless single people in ordinary housing.
- The longstanding problem of insufficient affordable, suitable move on housing continues to create operational difficulties. Many single homeless people continue to remain in hostels or other forms of short-term accommodation for far longer than necessary.
- There is evidence to suggest that the success of housing support services for single homeless people can vary. However, better data on service outcomes is required to determine the effectiveness of housing support services and the relative effectiveness of different types of interventions. In particular more evidence is needed on longer term outcomes.
- Single homeless people continue to experience worse health than the general population. Research has consistently shown that homelessness can have detrimental effects on both physical and mental health and well being. There is also evidence that the life expectancy of single homeless people may be significantly less than people who have never experienced homelessness.

- Debates continue over whether single homeless people require specialist health services because of the barriers they face when trying to access mainstream NHS services. Whilst some single homeless people may be able to access mainstream services independently or with some support, those with very high support needs (such as severe mental health problems, substance misuse, and poor physical health) might require specialist health services. Such services are expensive but it is possible that they can produce savings over the long term.
 - There have been improvements in service coordination and joint working in health but problems remain nevertheless. In particular, services are still reluctant to accept responsibility for single homeless people with both mental health and substance misuse problems.
 - International research evidence suggests that housing support services that help coordinate access to healthcare and/or case manage health services as part of a package of support and care can be effective. The homelessness sector has increasingly recognised the importance of education, training and employment for homeless people and there has been a real growth in services over the last decade, particularly linked to wider 'welfare to work' agendas.
 - The provision of education, training and employment services for single homelessness people, by a range of third sector agencies, has continued to grow.
 - Some single homeless people continue to face significant barriers to securing employment. These can include low educational attainment, little or no work experience, benefit and poverty traps, discrimination by some employers, and health problems.
 - Whilst many single homeless people may be able to find employment with some support, others will find it more difficult, particularly at a time of high unemployment. It is important for services and funding agencies to be realistic about what education, training and employment services can achieve.
 - Although there is some evidence to suggest that participation in education, training and employment programmes can have positive outcomes there is no robust research that demonstrates the effectiveness of these services for single homeless people over time.
- ### Conclusions
- The review found that a good deal of progress had been made over the last decade in tackling single homelessness amongst some groups, particularly young people and people sleeping rough. However, single homelessness remains a significant problem and many of the issues identified in earlier research – such as a lack of appropriate and affordable accommodation, the poor health status of single homeless people, and barriers to employment – persist.
 - The election of the Coalition Government presents significant challenges for the homelessness sector. There are a number of strategic changes which look set to have important implications for services for single homeless people and strategic responses towards single homelessness, including: the localism agenda, the Big Society, welfare reform, a new work programme, and housing reform.
 - Localism and the Big Society create considerable potential for flexibility in service provision, which might lead to important innovations and opportunities for the third sector. However, there may also be the freedom for a local authority to

opt to do very little in response to single homelessness. This is a particular concern at time when funding is scarce and there are competing demands for resources from other groups.

- Changes to Housing Benefit and Local Housing Allowance could place many thousands of households in great financial difficulty, which could result in rent arrears and the likelihood of eviction, and/or in people being left with insufficient income to live on.
- The Government has also announced a new system of conditionality backed up by tougher sanctions – including withdrawal of benefits – for those who do not comply. It is likely that single homeless people with ongoing support needs may find themselves subject to sanctions, including withdrawal of benefit.
- The new Work Programme is yet to be rolled out nationally and it remains to be seen how it will operate in practice. Whilst the programme offers the potential for more personalised, flexible support there are some concerns that smaller voluntary providers may lose out under new contracting arrangements and that service providers, who are to be paid by results, may ‘cherry-pick’ those clients who are closer to the labour market. This could have serious implications for those single homeless people who require more intensive support.
- Planned housing reforms are also radical; the Comprehensive Spending Review saw the housing budget cut from £8.4bn over the previous three year period to £4.4bn over the next four years. New social housing tenants will have to pay higher rents and there are also plans to introduce fixed term contracts for new social tenants.

Recommendations

- It is recommended that the requirement to provide meaningful assistance should be rigorously enforced regardless of whether or not someone is deemed in priority need.
- There remains a need for an adequate supply of affordable accommodation if the long term housing needs of single homeless people are to be addressed.
- There also remains a need to ensure there are adequate and appropriate support services for single homeless people and to build on the achievements and progress made over recent years in further developing preventative interventions (such as generic and specialist tenancy sustainment).
- More emphasis should be placed on identifying all groups and individuals at risk of homelessness at an earlier stage and on the development of effective early prevention interventions for those at risk of becoming homeless.
- Local authorities and other services working with single homeless people must ensure that private rented sector accommodation is of a decent standard and that adequate support is available for vulnerable tenants.
- High quality specialist health services should continue to be supported. At the same time more needs to be done to address the discrimination and prejudice that many single homeless people face when trying to access mainstream health services. There is also a clear need for more adequate support for those with dual diagnosis.
- Education, training and employment (ETE) services that target single homeless people can be effective and these specialist services should be retained as welfare to work support is reformed. There needs, however, to be an increased focus on

evidencing the success of ETE services for single homeless people.

- The Government should continue to draw on the expertise and experience of third sector agencies in developing responses to homelessness.
- The third sector must continue its efforts to demonstrate both the continued need for its services and its expertise in providing effective services for single homeless people.
- The Government has to recognise that while small-scale voluntary organisations have an important role in delivering services, they will require sufficient and (relatively) secure funding streams if they are to be able to deliver services of a high standard.
- The Government must ensure adequate funding for third sector services if the positive achievements made over the past decade are to be sustained and developed.
- Central Government must ensure that the devolution of power and autonomy to local authorities under their localism agenda does not result in the needs of vulnerable single homeless people being neglected.
- Lessons should be drawn from the experiences of the London Delivery Board in supporting the most entrenched rough sleepers.
- Services must be encouraged and enabled to develop effective responses to the needs of changing client groups whether or not these groups have recourse to public funds.
- There is a need to strengthen the evidence base in order to improve knowledge about the nature and extent of single homelessness and to further develop cost effective responses to the problem.

Finally, there is now considerable divergence between the different nations of the UK in their responses to single homelessness. In England, with the advent of the localism agenda, a similar divergence may become evident at local authority level and there are good opportunities for learning from comparative research in this new context.

1. Introduction: background to the review

This review was commissioned by Crisis and conducted by the Centre for Housing Policy at the University of York. It is well over a decade since Crisis commissioned a review which looked at the changing nature of single homelessness and policy developments over the previous thirty years (Foord *et al.* 1998). It is almost twenty years since the last major survey of single homelessness (Anderson *et al.*, 1993), and ten years since the publication of the Joseph Rowntree Foundation and CRASH funded review of single homelessness research (Fitzpatrick *et al.*, 2000).

The last decade has seen a number of important developments in homelessness policy in the UK, not least the divergence in homelessness policy following devolution in 1998 when the UK Parliament transferred a range of powers to the governments of Wales, Scotland, and Northern Ireland. Developments have included important changes to the homelessness legislation in all parts of the UK; an increased emphasis on homelessness prevention; the introduction of new rough sleeper strategies and the setting of ambitious targets to eradicate rough sleeping; the Supporting People programme, and an increasing emphasis on supporting single homeless people into paid employment.

The focus of this review is the decade 2000-2010 which was, for the most part, a time of relatively plentiful resources, innovation, and increased strategic coordination of homelessness services. The context in which the review is published is a very different one. Major changes to how local government operates and to the delivery of social and welfare policy are planned. The localism agenda¹ in England, which is now part of the Coalition Government's 'Big Society' vision, will see an end to the ring-fencing of central government grants to local authorities and a reduction in central guidance and monitoring of local government. These changes could potentially lead to much

greater diversity in how, and to what extent, individual local authorities choose to respond to single homelessness. The 'Big Society'² will promote voluntarism as a response to social and welfare needs in what may be an unprecedented way which could radically influence responses to single homelessness.

The October 2010 Comprehensive Spending Review will result in huge cuts in public expenditure, including a 12% reduction in Supporting People funding over the four year review period. It is highly likely that there will be far less money available from the State to support single homelessness services by 2015. The Coalition Government has also announced reductions and further restrictions in Housing Benefit and Local Housing Allowance entitlements; and more recently, radical welfare reforms which will introduce a Universal Credit³ but also a new system of conditionality backed up by tougher sanctions (including withdrawal of benefits) for those who do not comply.

The reality of the changes being introduced by the new Coalition government is yet to be seen and while it is possible to say that some of the news do not look encouraging, it would be wrong to simply assume that all the proposed changes will have a negative impact on single homeless people and the services working with them. Cuts to Housing Benefit and Local Housing Allowance are clearly a concern but there are also some promising signs. For example, the establishment of a new inter-ministerial working group on homelessness⁴ and proposed changes to the welfare system which, if they work as intended, might help single homeless people to take up employment.

1.1 Research questions and methodology

The aim of this review was to provide an overview of single homelessness in the UK, including changes and continuities in single homelessness and the current scale of the problem. The specific research questions were:

- What patterns can be discerned from the scale of single homelessness over the past ten years?
- What is the present profile of the single homeless population and what are the key causes of single homelessness?
- What impact have recent policy developments had on outcomes for single homeless people and those at risk of homelessness?
- What do key experts and people with experience of homelessness think the future policy and practice priorities should be?

The review involved:

- a comprehensive review of published research studies and other relevant literature and key homelessness statistics;
- analysis of homelessness statistics (P1E, HL1 etc), Supporting People Client Record and Outcome data; CORE and other relevant homelessness statistics; and
- in-depth and focus group interviews with key stakeholders from across the UK, including policy makers, service providers, homelessness specialists and single homeless people. Most of the fieldwork for this review took place before the general election in May 2010.

1.2 The structure of the report

Chapter 2 presents findings from the literature on changes and continuities in single homelessness and the scale and nature of the problem. Chapter 3 discusses the significant policy developments in single homelessness over the last decade and presents key stakeholders' assessments of their impact. Chapter 4 examines in some detail one of the main policy developments of recent years, the rise of the homelessness prevention agenda, and considers the views of key stakeholders on the impact of preventative interventions on single homelessness. Chapter 5 provides an overview of developments in housing support services for single homeless people and key stakeholders' views on current provision. The health status and needs of single homeless people are discussed in Chapter 6 which also examines key stakeholders' views on the progress made in addressing these. Chapter 7 presents an overview of education, training and employment services for single homeless people and the views of key stakeholders on the provision of such services for single homeless people. Finally, Chapter 8 presents some conclusions on the developments in single homelessness of the past decade and provides an overview of some of the likely challenges over coming years. The chapter concludes with a number of recommendations for future policy.

Endnotes

- 1 Localism has been on governmental agendas for some time and the previous Labour government produced many White Papers and consultations on localism. Broadly it involves devolution to greater local government; locally delivered public services; and more empowered local communities. Since the election, the new Government has, with the 'Big Society', focused on localism.
- 2 For more information on what 'Big Society' means see: <http://www.cabinetoffice.gov.uk/media/407789/building-big-society.pdf>
<http://thebigsociety.co.uk/>
- 3 For more information on the Universal Credit see: <http://www.dwp.gov.uk/policy/welfare-reform/legislation-and-key-documents/universal-credit/>
- 4 The new working group comprises representatives from Department of Communities and Local Government, Department of Health, Department for Business, Innovation and Skills, Department for Work and Pensions, Ministry of Justice, Home Office, Department for Education and the Ministry of Defence.

2. Changes and continuities in single homelessness

2.1 Introduction

This chapter explores what we currently know about single homeless people in the UK. It looks mainly at UK evidence, though it also looks at some findings from international research that could have implications for how we understand single homelessness in the UK. The chapter begins by looking at how single homelessness is defined, and then discusses how the European ETHOS typology might be useful in helping us understand the patterns and extent of single homelessness in the UK. Following this is a section that looks at what we know about the scale of single homelessness in the UK which also talks about gaps in the available information. The chapter then reviews the ideas about the causes of single homelessness that have emerged in the last decade. This chapter concludes by highlighting some areas where more research is needed.

2.2 What is single homelessness?

‘Single homelessness’ refers to homelessness among people of adult age without dependent children. It can affect anyone, but the research evidence suggests the experience is concentrated among people with support needs and/or who are on low or very low incomes and/or have a history of worklessness and poor educational attainment.

Single homeless people are quite often defined in the UK as being within one of three groups:

- single homeless people who qualify for the ‘main duty’ under the homelessness legislation operating in the UK, also known as statutorily homeless single people;
- single people who are ‘homeless’ under the terms of the homelessness legislation, but who are not in priority need and do not qualify for the ‘main duty’, also known as non-statutorily homeless single people; and
- single people who are in a situation of housing exclusion.

The latter group is often referred to as ‘hidden homeless’¹ due to their housing circumstances – which are often literally hidden from sight – although Crisis uses the term ‘hidden homeless’ to refer to both of the last two groups: namely all those who meet the legal definition of homelessness (see below) but have not been provided with accommodation by their local authority, either because they have not applied for homelessness assistance or because they have applied and been judged to be ‘not in priority’ need.

The main duty of local authorities under the homelessness legislation in England, Wales, and Northern Ireland is that they must provide temporary accommodation² until ‘settled’³ housing becomes available. In Scotland, local authorities must provide ‘settled

accommodation' for all qualifying households. The current homelessness legislation in the UK was established in the 1977 Housing (Homeless Persons) Act. The original Act covered England, Scotland and Wales and the legislation was extended to Northern Ireland in 1989.⁴ To be provided with accommodation (the 'main duty') a person or household has to be accepted as unintentionally 'homeless' and in priority need under the terms of the legislation. A household who is in this position is usually described as 'statutorily homeless'. The tests for whether a household is eligible for the main duty include:

- *Is the household eligible?* – households (families, couples or individuals) must be eligible for assistance under the legislation (certain groups from abroad such as asylum seekers and others under Immigration Control are not eligible⁵);
- *Is the household homeless?* – people are 'homeless' under the terms of the legislation if they are without any accommodation in the UK (or, in Northern Ireland, anywhere in the world) which they have a legal right to occupy, together with their whole household. Those who cannot gain access to their accommodation, or cannot reasonably be expected to live in it (for example because of a risk of violence or because it is unfit) are also 'homeless' under the terms of the legislation⁶.
- *Is the household threatened with homelessness?* – a person or household is viewed as threatened with homelessness under the terms of the legislation if they are likely to become homeless within 28 days.
- *Is the household intentionally homeless?* – this refers to deliberate acts or omissions that cause a person to lose their accommodation (e.g. deliberately running up rent arrears or committing anti-social behaviour or giving up accommodation that it was reasonable to occupy);
- *Is the household in priority need?* –

households must be in 'priority need' under the terms of the legislation. Priority categories of homeless households who are owed the 'main homelessness duty' are slightly different in the four nations of the UK⁷ but broadly include:

- households with dependent children;
- pregnant women;
- 16 and 17 year olds;
- young people under 21 who have been in care;
- households who became homeless due to an emergency (for example fire or flood);
- households where a member is in some way vulnerable, including being vulnerable as a result of:
 - a mental health problem;
 - a physical or learning disability
 - old age;
 - spending time in custody, care or the armed forces;
 - domestic violence or abuse or other types of violence or threats of it; and
 - other 'special reasons'.
- *Does the household have a local connection?* – housing authorities may also consider whether applicants have a local connection with the local district, or with another district, but this requirement can be waived, for example if a household has to move between areas because they are at risk of domestic violence.⁸

2.2.1 Another way of defining single homelessness: the ETHOS model

British definitions of single homelessness tend to be focused on the homelessness legislation. The three groups of single homeless people identified above are defined in terms of being homeless and eligible for full assistance due to priority need (statutorily homeless single people), homeless and ineligible for full assistance because not in priority need (non statutorily homeless single people) or as not regarded as homeless under the terms of the legislation.

Table 2.1 The ETHOS typology

ROOFLESS	1	People living rough
	2	People staying in a night shelter
HOUSELESS	3	People in accommodation for homeless people (including temporary accommodation)
	4	People in women's shelters
	5	People in accommodation for immigrants
	6	People due to be released from institutions (prison and hospital) who are at risk of homelessness due to support needs and people who are unable to move on from institutions due to lack of suitable move on housing)
	7	People receiving support (due to homelessness i.e. in supported accommodation, including those unable to move on from supported housing due to lack of suitable)
INSECURE	8	People living in insecure accommodation (squatting, illegal camping, sofa surfing or sleeping on floors, staying with friends or relatives)
	9	People living under threat of eviction
	10	People living under threat of violence
INADEQUATE	11	People living in temporary / non-standard structures
	12	People living in unfit housing
	13	People living in extreme overcrowding

Source: Adapted from FEANTSA (see <http://www.feantsa.org/code/en/pg.asp?Page=484>)

One problem with this approach is that the legislation works in different ways in some of the member nations of the UK, most notably Scotland. Further, there is evidence the legislation is not interpreted and applied in a consistent way. London boroughs, for example, may have harsher interpretations of when a household is owed the main duty than authorities in areas where homelessness and demand for social housing are less acute.

One of the most helpful developments in the last decade has been the creation of the European Typology of Homelessness and Housing Exclusion which is referred to as ETHOS (see Table 2.1 above). ETHOS was developed under the auspices of FEANTSA,⁹ the European level network of providers of homelessness services supported by the European Union. There is no official definition of homelessness in Europe and the EU Council of the Regions (2010) has recently urged member states to adopt the ETHOS typology. ETHOS focuses on the individual and on their housing status; it does not attempt to relate that position to legislation or eligibility criteria for assistance but instead focuses on housing need.

ETHOS is built on the assumption that to have a 'home' entails having:

- an adequate living space which is accessible only to the household who live within it (the 'physical domain' of home);
- a living space in which a household can enjoy privacy and their emotional life (the 'social domain' of home); and
- a living space which a household has a legal title to occupy (the 'legal domain' of home).

ETHOS provides a clearly defined, unambiguous and widely accepted definition of which living situations can be regarded as homelessness. ETHOS defines four main forms of homelessness and housing exclusion which are shown in Table 2.1. These are rooflessness; 'houselessness'; insecure housing; and inadequate housing.

2.3 The scale of single homelessness

2.3.1 The range of available data and its limitations

Table 2.2 uses ETHOS to help summarise the quality and extent of statistical information available on different forms of single homelessness in the UK. In many areas information on single homeless people is not as well developed as it could be (see Chapter 4 in Cloke *et al*, 2001; Pawson and Davidson, 2006).

Data on roofless single people and single people in emergency accommodation

Information on the numbers of people sleeping rough is confined largely to street counts. When street counts are conducted, the areas covered are often limited in size. This means people sleeping rough who hide out of sight, are outside the area or services that surveyed, or who do not approach services, are not counted. Equally importantly, street counts are usually 'snapshot' or 'stock' measures, i.e. only people present in services or sleeping rough on a given night, or over the course of a week or two, are included. This means the annual prevalence, i.e. the number of people sleeping rough over one year, generally has to be estimated.

Table 2.2 Available data on single homelessness in the UK

ETHOS conceptual category	ETHOS operational category	Data available
ROOFLESS	People living rough	Survey data including academic research (cannot usually be used to estimate numbers) and street counts. Some city level databases, such as CHAIN in London. In Scotland, local authorities record all homeless applicants with a history of sleeping rough. Data for Northern Ireland largely restricted to Belfast.
	People staying in emergency accommodation	Administrative data in England (Client Record, Outcomes Data) but not elsewhere in UK, Survey data of service providers (SNAP) and research surveys.
HOUSELESS	People in accommodation for the homeless	Administrative data in England only (Client Record, Outcomes Data) and Survey data (SNAP). Research surveys. Counts of households who are in priority need in the statutory system.
	People in women's shelter (refuge)	Administrative data in England only (Client Record, Outcomes Data) and Survey data (SNAP). Research surveys and databases held by Women's Aid Federation England, Scottish Women's Aid and Welsh Women's Aid.
	People in accommodation for immigrants	Some administrative data for people seeking asylum and refugee groups. Undocumented migrants are not monitored and no monitoring of refugees housing status.
	People due to be released from institutions	Monitoring of housing situation of offenders on probation, no monitoring of other offenders. No NHS monitoring. Extensive monitoring of care leavers.
	People receiving support due to homelessness	Administrative data for England (Client Record, Outcomes Data) but not for elsewhere in the UK
INSECURE	People living in insecure accommodation	No specific data. No data on extent of squatting in UK.
	People living under threat of eviction or repossession	Ministry of Justice data on Mortgage and Landlord possession claims issued in England and Wales.
	People living under threat of violence	Criminal justice statistics for England, Scotland, Wales and Northern Ireland
INADEQUATE	People living in temporary/non standard structures	Local authority run sites for travellers are documented, but there are no specific data on these groups
	People living in unfit housing	Survey data at national level in England, Wales, Scotland, Northern Ireland
	People living in overcrowded housing	Survey data at national level in England, Wales, Scotland, Northern Ireland

Data in Scotland are in some respects better than those elsewhere, because the number of people reporting a history of sleeping rough when applying for assistance under the homelessness legislation is recorded and repeat applicants are controlled for, allowing for some idea of the annual prevalence of rough sleeping. However, this information is confined to people approaching local authorities, not a census or survey of everyone who is single and homeless (Scottish Government, 2010).

Detailed information on the characteristics of people sleeping rough is usually confined to academic and health research. This research can be structured in such a way as to compensate for possible sampling errors and can thus be more representative of single people sleeping rough than is the case for single night 'snapshot' street counts. However, while these surveys can tell us about the needs, characteristics and experiences of people sleeping rough, as well as something about their routes into homelessness, they are often not designed to produce overall estimates of numbers.

Data on single people in accommodation for homeless people

The Client Record and Outcomes Data were designed to collect information on housing support services funded through the former Supporting People programme in England. These comprehensive administrative records provide extensive data, but they are limited to people who use services. The Client Record and the Outcomes Data also do not control for double counting in the publically released and reported data. For example, a single homeless person using three different hostels or night shelters during the course of a year would be counted three times. In addition, these data may record people's needs differently depending on which services they access. There is some evidence that housing support services classify people according to their primary function. For example, the same individual can be recorded as 'homeless

with problematic drug use' by a specialist homelessness and substance misuse service, but they might only be recorded as 'homeless' by a homelessness service and only recorded as a 'problematic drug user' by a substance misuse project.¹⁰ Some research has suggested the margin of error caused by partial recording of characteristics by services may be as much as 30-40% (Rogers *et al*, 2007).

A recent addition to the evidence base in England is the Survey of Needs and Provision (SNAP) conducted by Homeless Link.¹¹ This survey samples approximately one-third of the 1,648 services in the Homelessness Service database. While SNAP provides useful data it has some limitations in the sense of being drawn from a sample, and drawing responses from service providers rather than homeless people themselves. SNAP also replicates significant amounts of data collected by the Client Record and Outcomes Data (Schertler, 2010).

Data on single people at risk of homelessness due to be released from institutions

Data on the rate at which people leaving institutions join the single homeless population are also limited. For example, the number of offenders on Probation who become homeless on leaving prison is monitored, though only for the Probation period. As most people released from prison have served short sentences and are consequently not on Probation, their housing situation is not monitored (Pleace and Minton, 2009).

The NHS does not collect data on the rate at which people leaving hospital or psychiatric units become homeless. While it is clear some form of relationship between mental ill health and single homelessness exists, the true extent of the association remains uncertain.

Data on single people living under threat of eviction

Ministry of Justice and court data provide information on repossession and eviction

Table 2.3 Single homelessness and available data on the extent of at risk groups in the UK 2008/9*

ETHOS category	ETHOS operational category	England	Scotland	Wales	Northern Ireland	
ROOFLESS	People living rough (2008/9)	464* (snapshot/cross sectional street counts) for 2009.	2,865 (people seeking LA assistance during 2008/9 reporting history of sleeping rough)	165* (street count)	No national estimate, Simon Community reported 571 over course of 2008/9	
	People staying in emergency accommodation (2008/9)	22,755 ⁴ (stays in direct access services by homeless people not in priority need)	Not recorded	Not recorded	Not recorded	
HOUSELESS	People in accommodation for the homeless (2008/9)	47,715 single homeless people not in priority need (28,118 ⁴ stays in supported housing plus 19,597 ⁴ uses of floating support services)	Not recorded	Not recorded	Not recorded	
	People in women's shelter (refuge) (2008/9)	3,865 ⁴ (stays in refuges by single homeless women not in priority need)	Not recorded	Not recorded	Not recorded	
	People in accommodation for immigrants ³ (2009)	33,165 (people in receipt of asylum support in the UK at the end of the first quarter of 2009)				
	People due to be released from institutions	Not recorded	Not recorded	Not recorded	Not recorded	
	People receiving support due to homelessness (2008/9)	496 (services exits by single homeless people not in priority need)	Not recorded	Not recorded	Not recorded	
	INSECURE	People living in insecure accommodation	Not recorded	Not recorded	Not recorded	Not recorded
	People living under threat of eviction (all household types) ³ (2008/9)	126,334 (owned) 145,408 (rented)	12,000+ (owned) ^{1 2} 13,000+ (rented) ^{1 2}	9,725 ¹ (owned) 6,700 ¹ (rented)	3,628 (owned) ¹ Not recorded	
	People living under threat of violence ^{3 4} (all household types 2008/9)	293,000 ^{2 3} (total incidents includes Wales)	53,681 ³ (incidents)	Included in figure for England ^{2 3}	23,591 ³ (incidents)	
INADEQUATE	People living in temporary/non standard structures	Not recorded	Not recorded	Not recorded	Not recorded	
	People living in unfit housing (all household types) ³	5,987,000 ('non-decent' dwellings in England, 2005 estimate) ²	20,000 (dwellings below 'tolerable standard', 2007 estimate)	57,700 ('unfit' dwellings, 2007 estimate)	24,160 ('unfit' dwellings, 2006 estimate)	
	People living in overcrowded housing (all household types) ³	665,000 (2003 estimate)	85,000 (dwellings overcrowded, 2006 estimate)	23,304 (dwellings overcrowded, 2007 estimate)	14,740 (2008/9 estimate)	

actions. However, many of these actions do not proceed as far as court and the data does not differentiate between household types. What evidence there is suggests that only a small fraction of households whose homes are repossessed or who are evicted become homeless.

Data on people living in unfit housing

There are data that can be used to estimate the extent of unfit or 'non-decent' housing in the UK as well as the extent of overcrowding. However, the definitions used can be quite broad and can include living situations that might not be defined as homelessness in terms of UK homelessness legislation or ETHOS. Standards also vary between countries, for example England uses a much broader measure of 'non decent' housing, than the 'below tolerable standard' used in Scotland and the measure of 'unfitness' used in Wales (see Table 2.3).

2.4 The extent of single homelessness and housing exclusion in the UK in 2008/9

Table 2.3 shows the range of statistical information we have on single homelessness. Much of the information in Table 2.3 is no more than contextual; it tells us something about the overall population who, for example, live in non-decent or overcrowded housing or at risk of eviction, but nothing explicitly about single homelessness. Figures are reported for 2008/9 as these are the most recent available. The table is designed to provide the best data available on the overall scale of single homelessness in a given year. Where updated figures were available these are included in the section headed 'Changes in 2009/10' (please see below).

Table 2.3 unfortunately shows the reality of the limitations with existing data quite starkly. Robust statistical information on single homeless people and on those potentially at risk of single homelessness is often sketchy or non-existent, although in some respects the UK has relatively good data on single homelessness compared to other EU countries (Edgar, 2009). National coverage is also variable, while detailed statistics are available on housing support services in England (both accommodation based services like hostels for homeless people and floating support services like tenancy support or resettlement workers) the statistics are not

Table 2.3 Sources

People living rough: DCLG, *Total Street Counts for England* (2009); Scottish Government (2010) *Operation of the Homelessness Legislation in Scotland 2008/9*; Statistics for Wales/Welsh Assembly Government (2009), *National Rough Sleeping Count, Wales 2007 and 2008*. **People staying in emergency accommodation:** Centre for Housing Research (2010), *Supporting People Client Records and Outcomes: Annual Report 2008/9*; St Andrews: Centre for Housing Research and authors' own calculations based on 2008/9 Client Record data. Simon Community, *Northern Ireland People in accommodation for the homeless and women's refuges*; Centre for Housing Research (2010), *Supporting People Client Records and Outcomes: Annual Report 2008/9*, St Andrews: Centre for Housing Research and authors' own calculations based on 2008/9 Client Record data. **People under threat of eviction:** *Quarterly National Statistics on possession actions issued in county courts by mortgage lenders and social and private landlords in England and Wales* (claims issued, seasonally adjusted). **People in accommodation for immigrants:** Home Office (2010), *Control of Immigration: Quarterly Statistical Summary, United Kingdom January – March 2010*. **Unfit and overcrowded housing:** DCLG (2007), *English House Condition Survey 2005: Headline Report* ('Decent homes' are those that meet the fitness standard; are in a reasonable state of repair; have reasonably modern facilities and services and provide a reasonable degree of thermal comfort); *Scottish House Condition Survey* (2007); National Assembly for Wales website (2008) *Living in Wales 2007 – Report on Unfitness and Repairs*; Northern Ireland Department for Social Development, *Northern Ireland Housing Statistics 2008/9*. DCLG (2006), *Overcrowding in England: the national and regional picture – statistics*; Scottish Government (2008), *Overcrowding using Bedroom Standard by Local Authority 2003-06*.

* Estimated number from snapshot/stock data rather than annual prevalence data.

1 Figures for 2008, 1a Figures for 2009.

2 Estimate based on survey, street count or other partial data.

3 Data are on populations that may become homeless, though the rate at which this actually occurs is unclear.

4 There is likely to be some double counting within these figure.

as extensive elsewhere. Only estimates based on survey data are available on overcrowding and unfit housing.

In addition to the data shown in Table 2.3, there are the data on preventative service provision collected by local authorities in England. These data are not included in

Table 2.3 because they record only the type of service delivered, not the characteristics of the households seeking assistance (i.e. whether they are households with children or single people). This means that we cannot relate these figures to the ETHOS categories. The prevention statistics for England are discussed and reviewed in detail in Chapter 4.

Table 2.4 Single people receiving temporary accommodation or permanent housing (Scotland) under the homelessness legislation and by social landlords in 2008/9

Statistic	England	Scotland	Wales	Northern Ireland	United Kingdom
Single people in priority need	13,695	18,956 ¹	2,811	6,362 ²	41,824
Single people in priority need awaiting settled housing in temporary accommodation	11,703 <i>at any one point in time</i> (average over four quarters of 2008/9, may include some households accepted in previous year(s))	12,201 (total stays in temporary accommodation by single people 2008/9)	Not recorded	Not recorded	Not possible to give accurate figure
Single homeless people in priority need housed by social landlords ³	11,534	2,361	Not recorded	Not recorded	Not possible to give accurate figure

Sources: **Statutory homelessness acceptances:** P1E data for England 2008/9 (authors' analysis); HL1 data for Scotland 2008/9 (authors' analysis); WHO12 statistics for Wales 2008/9; Northern Ireland Housing Executive homelessness statistics for 2008/9. **Statutorily homeless single people using housing support services:** Centre for Housing Research (2010), *Supporting People Client Records and Outcomes: Annual Report 2008/9* and *SCORE Annual Report (2008/9)*, St Andrews: Centre for Housing Research and author's own calculations based on 2008/9 Client Record data.

1 Applications in 2008-09 assessed as priority unintentional homeless, or priority unintentional and threatened with homelessness. This is equivalent to households in priority need in England and Wales.

2 Applications assessed as Full Duty Applicants. This is equivalent to households found in priority need in England and Wales. 3 1,967 single person households who were recorded as 'homeless' but not in priority need were housed by social landlords in England in 2008/9, this was in addition to the households reported as being in priority need (source: CORE).

2.5 The number of single people accessing settled housing via the homelessness legislation in 2008/9

Table 2.4 summarises the assistance with temporary accommodation and securing settled housing provided under the homelessness legislation to single homeless people during 2008/9. It also shows the extent to which housing support services for homeless people in England worked with single people who had been found in priority need. The housing of single homeless people who were not in priority need by social landlords is also shown. Please see the following section for the figures that were available for 2009/10 at the time of writing.

The figures presented in Table 2.4 cannot all be added together to provide a 'total'. This is because they all overlap, i.e. those found to be in priority need (see Chapter 2) might also appear as households in temporary accommodation and among the single people in priority need rehoused by social landlords.

2.6 Changes in 2009/10

Recent estimates suggest that the number of rough sleepers in England on any one night may be treble the official Rough Sleeping Count of 440. All councils were asked to provide estimates of the scale of the problem in their areas, and these estimates added a further 807 rough sleepers to bring the total to 1,247 (CLG, 2010a). As these data were not collected in the same way as previous estimates, they should not be seen as representing an increase in numbers. The new Government has introduced changes to the way that the extent of rough sleeping is evaluated in England from October 2010. Local authorities are not required to undertake counts but if they choose not to do so then they will be required to produce a 'robust estimate' of the number of people sleeping rough on a given night (CLG, 2010b). Updated figures for the extent of rough sleeping in Wales and Northern Ireland were not available at the time of writing. Scottish HL1 data showed 2,518 applicants had slept rough the night before they approached a local authority for assistance, a marginally lower figure than reported in 2008/9.

Full data on the use of supported housing and housing related support in England were not available for 2009/10 at the time of writing. This creates a difficulty in producing a comparison with the data shown in Table 2.3 because the published tables, which are available, are organised by recorded client group. The client group called 'single homeless people with support needs' shown in the published tables does not actually encompass the entirety of single homelessness in the data, because individuals can be in other client groups and also recorded (separately) as homeless single people. However, we can make some comparisons based on those people who were recorded as being in the 'single homeless people with support needs' group.

In 2008/9, people recorded as in the 'single homeless people with support needs' client

group accounted for 45,452 of the people leaving supported housing services in England. In 2009/10, this figure increased to 47,093. The data must be treated with caution as there is the possibility of some double counting, but the number of people recorded as 'single homeless people with support needs' using housing support services in England was 3% higher in 2009/10 than was the case in 2008/9.

The figures in Table 2.4 on repossessions and evictions are for all households, not just for single people. Bearing this important limitation in mind, it is interesting to note that the claims issued against mortgage holders in England and Wales 2009/10 fell to 88,370, down from 126,334 in 2008/9. This was because of guidance that encouraged lenders to be more tolerant of arrears and to a large degree, low interest rates. The Council of Mortgage Lenders recently estimated that the repossession of owner occupied homes in the UK would fall to 39,000 during 2010 (down from an earlier estimate for 2010 of 53,000), in comparison to the 47,700 possessions that took place in 2009 (a drop of 22%).¹² By contrast, landlord possession claims increased from 134,665 in 2008/9 to 145,408 in 2009/10, an increase of 8%. As noted, because these statistics are for all households it is not certain how many single people were affected.

Full data on single people receiving temporary accommodation or permanent housing (in Scotland only) because they were accepted as homeless and in priority need are not available at the time of writing. A provisional estimate for 2009/10 in England is that numbers fell compared to the 2008/9 total of 13,565 to around 9,100 (CLG estimate) a fall of some 49%. This is in line with the ongoing downward trend in England that is strongly associated with the increased use of preventative services (see Chapter 4 for a detailed discussion). In Scotland, single person acceptances as homeless and in priority need rose somewhat to 20,587 in 2009/10, an increase of 8.6% compared to the 18,956 figure for 2008/9.

Based on provisional figures for 2009/10, use of temporary accommodation by single people accepted as statutorily homeless and in priority need in England averaged some 13,000 households, a slightly higher figure than the 11,170 average in 2008/9 (DCLG, 2010).¹³ This must be seen in the context of a rapidly declining number of overall acceptances of single people as statutorily homeless and in priority need (see Chapter 4).

In overall terms, the available data for 2009/10 tell us that there were increases in single homeless people using housing support services in England, an increase in the number of single person statutorily homeless households in temporary accommodation in England and an increase in the number of single person households accepted as homeless in Scotland. There was also an increase in landlord possession claims although as noted we cannot be certain how far this may have affected single people. In terms of the numbers rough sleeping reported by street counts, it is quite difficult to compare some of the most recent 2009/10 figures with those for 2008/9 in England because they were collected on a different basis. The recent figures suggest higher numbers but whether this is because of an increase or differences in method is not clear. The increase has been reported in the Combined Homelessness and Information Network (CHAIN) data in London. CHAIN is a London-wide database in which details of single homeless people using services are recorded over time.

2.7 Trends in single homelessness

It is quite difficult to look at all these various data sources over time. For example, while there are current data on the number of single person households accepted as statutorily homeless and in priority need, collection of information on household composition is only a recent development in England. Some of the better data sources have only been recently created, for example the Client Record in England began in 2003/4 and the Outcomes Data in 2008/9.

2.7.1 Evidence of increasing diversity among single homeless people

In the 1960s and 1970s, the single homeless population had very similar characteristics across the UK. Single homeless people were predominantly White, male and in early middle age. Alcohol dependency was extremely common and many had histories of moving around to find casual work, for example in agriculture or building (Drake, 1989). Research in the 1980s and 1990s (Anderson *et al*, 1993; Carlen, 1996; Foord *et al*, 1998) found that the single homelessness population was becoming more diverse and identified:

- growing numbers of young people;
- evidence of an over-representation of some groups of people with ethnic minority backgrounds (the concern being about British citizens with ethnic minority backgrounds, not recent migrants); and
- a greater representation of women, particularly younger women.

A study of the profiles of single homeless people in London in 2000 (Crane and Warnes, 2001) found:

- men heavily outnumbered women (by about 4 to 1). Women were more numerous than men only among young teenagers who slept rough and who were resident in hostels;
- around a half of the men were aged 30 – 49 years. Among men sleeping rough and in

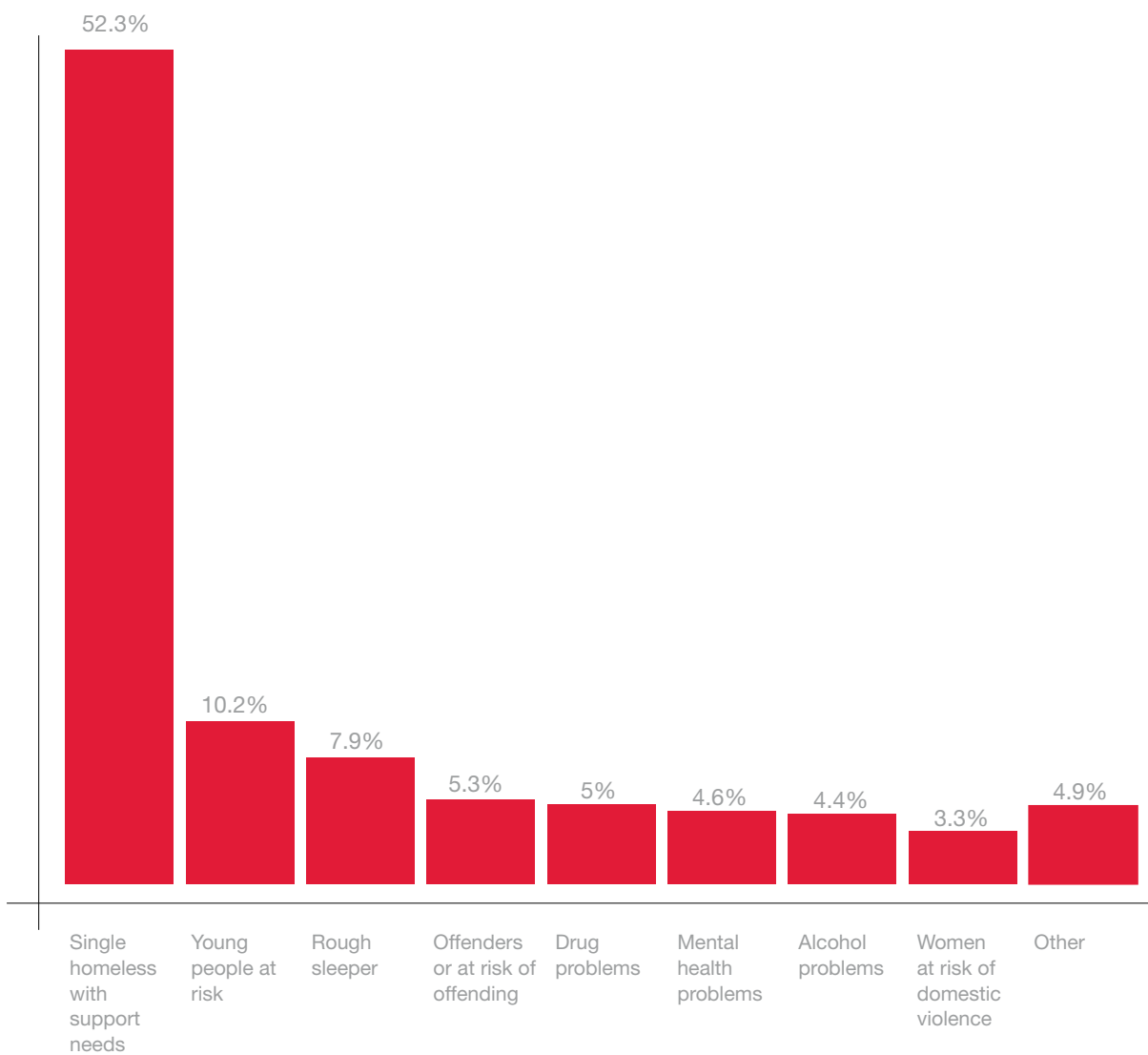
hostels, a slightly higher proportion were aged 50 and over than under 25;

- among women, half of hostel residents and rough sleepers were aged under 30 years. In contrast, only 27% of women sleeping rough and in hostels were aged 40 or over; and
- only a small proportion of rough sleepers were from ethnic minority groups compared to hostel residents. The most notable difference was among Black Africans who accounted for only 2% of rough sleepers but made up a fifth of hostel residents. In contrast, 87% of rough sleepers were White British or Irish compared to a half of hostel residents.

These trends have continued, with greater numbers of women and more ethnic diversity, being reported among single homeless people. Figure 2.1 shows the primary client group into which housing support services put homeless single people who were also recorded homeless, but not in priority need, in England during 2008/9. The most commonly recorded primary client group was, rather unsurprisingly, people who were recorded as 'single homeless with support needs' (52% of service users). However, there was also representation of single homeless people whose main needs were recorded as being a young person at risk (10%); rough sleepers (8%) and, to a lesser extent, people whose main needs were recorded as problematic substance misuse, mental health problems, linked to domestic violence or having a history of offending. Please note that data for 2009/10 were not available to the research team at the time of writing.

Women were prominent among the single homeless people using housing support services in England during 2008/9. Overall, they represented 40% of the single homeless people making use of housing support services. Women tended to be younger than men (64% of single homeless women making

Figure 2.1 Primary client group of single person households recorded by service providers in the Client Record as homeless, but not in priority need (2008/9)



Source: Client Record (<https://www.spclientrecord.org.uk/>), authors' analysis. Note: this data source is likely to contain some double counting.

use of services were under 25, compared to 39% of men). Women were more likely than men to be escaping domestic violence (8% compared to less than 1% of men) and they were slightly more likely to have an ethnic minority background (25% of single non statutorily homeless women using housing support services were not of White British origin, compared to 18% of men).

services recorded in the Client record in 2008/9. People with Black African and Black Caribbean origins were over-represented among single homeless people using housing support services (Table 2.5), something that was not true of other ethnic minority groups. Please note that data for 2009/10 were not available at the time of writing.

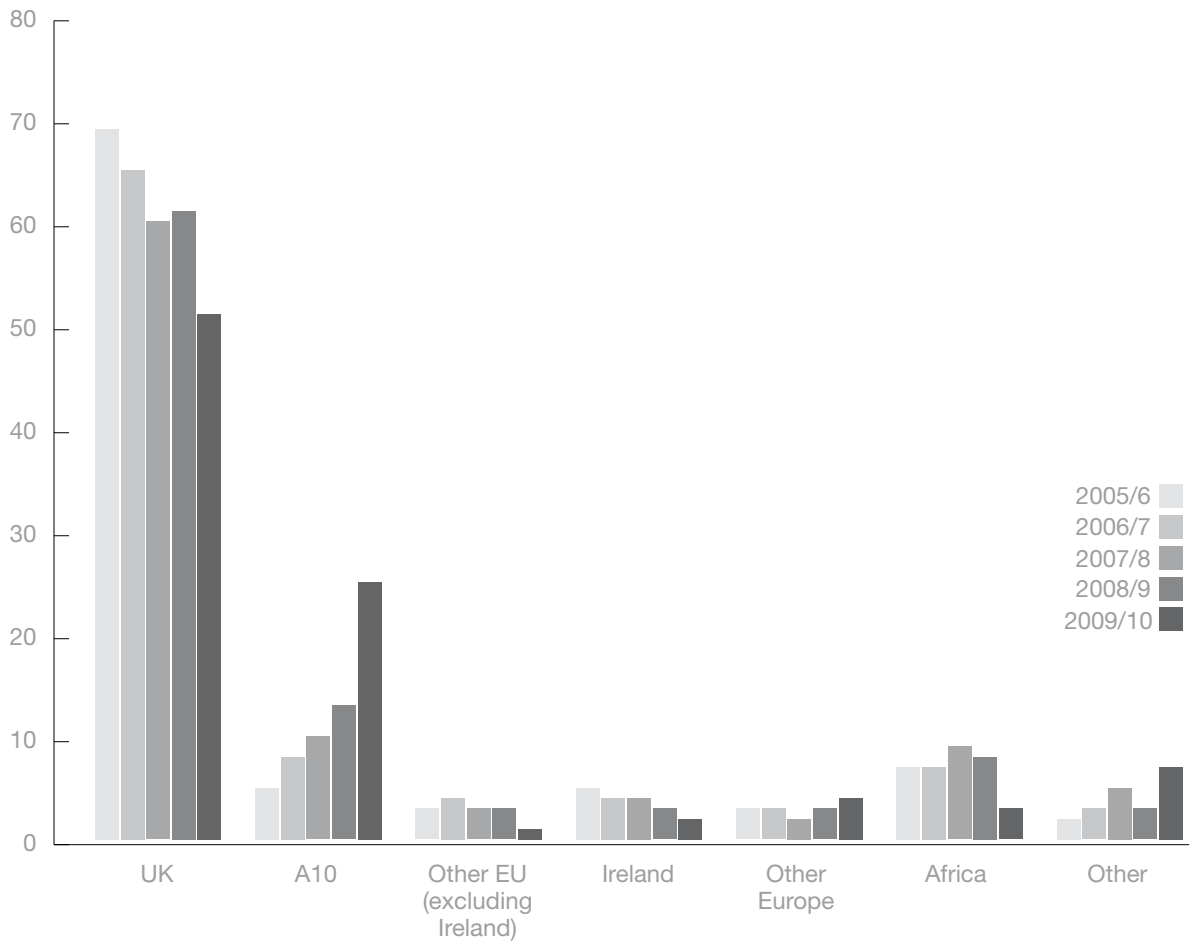
There was evidence of an over-representation of some ethnic minority groups among the single homeless people using housing support

Table 2.5 Use of housing support services by single people recorded by service providers as homeless and not in priority need by ethnicity in comparison with the general population 2008/9

Ethnic origin	Number	Percentage	Percentage of general population	Difference
White – British	52,818	76.4%	83.6%	-7.2%
White – Irish	1,003	1.4%	1.1%	0.3%
White – Other	1,771	2.6%	3.5%	-0.9%
Mixed – White & Black Caribbean	1,441	2.1%	0.2%	1.9%
Mixed – White & Black African	352	0.5%	0.6%	-0.1%
Mixed – White & Asian	264	0.4%	0.5%	-0.1%
Mixed – Other	559	0.8%	0.4%	0.4%
Asian or Asian British – Indian	650	0.9%	2.6%	-1.7%
Asian or Asian British – Pakistani	675	1.0%	1.8%	-0.8%
Asian or Asian British – Bangladeshi	392	0.6%	0.7%	-0.1%
Asian or Asian British – Other	741	1.1%	0.7%	0.4%
Black or Black British – Caribbean	2,689	3.9%	1.4%	+2.5%
Black or Black British – African	3,767	5.4%	1.2%	+4.2%
Black or Black British – Other	771	1.1%	0.2%	+0.9%
Chinese	90	0.1%	0.8%	-0.7%
Other ethnic group	466	0.7%	0.7%	0%
Refused to be classified	627	0.9%	N/A	N/A
Total	69,076	100%	100%	

Sources: Client Record 2008/9 (<https://www.spclientrecord.org.uk/>) and ONS 2007 population projections for England, author's analysis.
 Note: the Client Record is likely to contain some double counting.

Figure 2.2 Changes in the country of origin of single homeless people and people sleeping rough using services that reported to the CHAIN database in London



Source: CHAIN database (<http://www.broadwaylondon.org/CHAIN>) authors' analysis. Figure 2.2 is based on the nationality of people contacted by outreach services, or arriving and leaving from services during the course of 2005/6 to 2008/9. Base figures: 1,786 (2005/6), 2,868 (2006/7), 3,211 (2007/8) and 4,193 (2008/9), data exclude people whose country of origin was not recorded.

2.7.2 Evidence of rising numbers of central and east European migrants among single homeless people

Data are collected on the number of asylum seekers in the UK receiving support, but there is only very limited information about undocumented migrants, e.g. refused asylum seekers and illegal migrants. The housing status of people who have been granted refugee status or exceptional leave to remain is not monitored. The extent to which economic migrants from central and eastern EU countries are present among single homeless people is also not entirely clear (please see next section of this chapter).

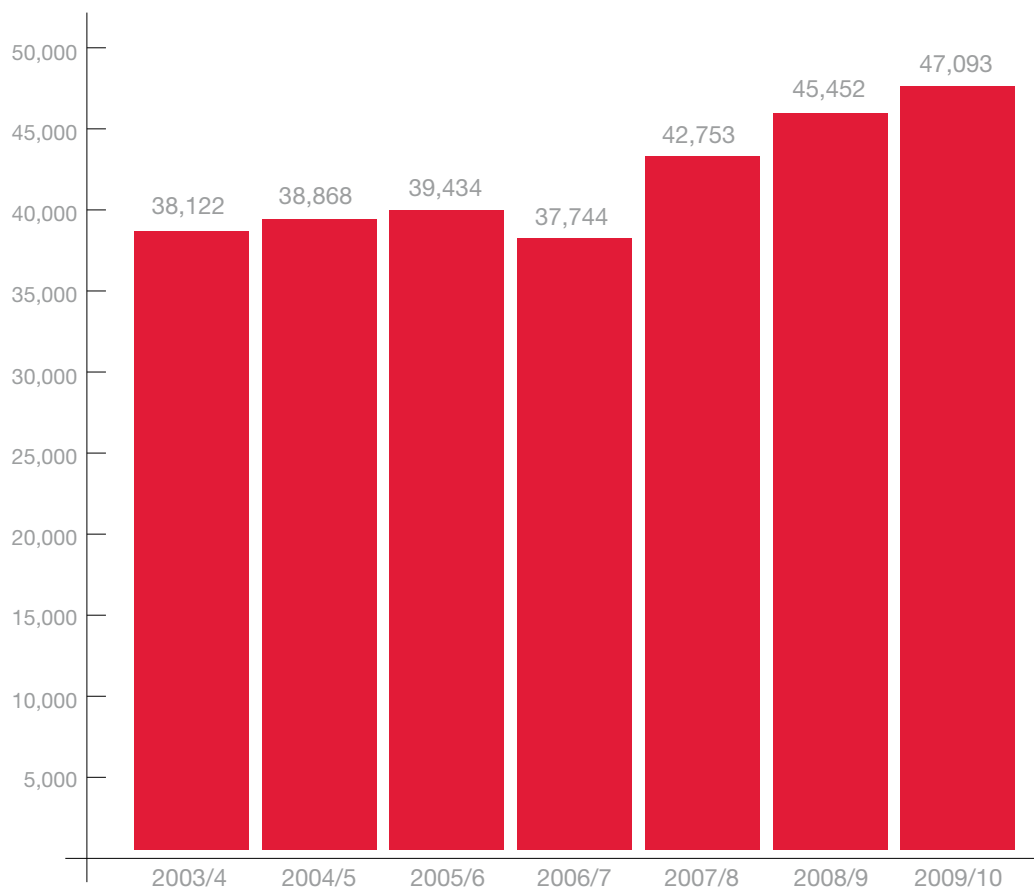
Prior to 2004, there was little representation of eastern Europeans among single homeless people. However, following the accession of 2004, homeless service providers began to report the presence of central and eastern Europeans among people sleeping rough and using night shelters and homeless hostels.

Data from London show a clear pattern. One study reported that 15% of people using a sample of 43 frontline London homelessness services were A8¹⁴ nationals (Briheim-Crookall, 2006) and the latest figures from the CHAIN database show a steady and rapid increase of migrants from eastern and central EU member states¹⁵ among single homeless people using services in London. In 2005/6, 6% of service users recorded in CHAIN were from eastern and central European countries, by 2009/10 this had more than quadrupled to 26% (see Figure 2.2).

Several local authorities and homelessness charities such as Thames Reach are actively working to repatriate A10¹⁶ migrants who become homeless in their areas and central government has provided £200,000 funding for repatriation schemes (Garapitch, 2008).

The limited amount of detailed research on this subject suggests that those central and east European migrants who do become homeless appear to share characteristics with other single homeless people. There is evidence of support needs, problematic drug use and mental illness, for example, sometimes coupled with experience of homelessness in their own country (Garapitch, 2008). Homeless migrants can face a much more difficult situation than British citizens because there are a limited range of services they can access (Pleace, 2011).

Figure 2.3 Use of housing support services funded by Supporting People by people recorded as being in a primary client group of 'single homeless people with support needs'



Source: Client Record (<https://www.spclientrecord.org.uk/>), authors' analysis. Note: this data source is likely to contain some double counting.

2.7.3 Some evidence that some forms of single homelessness are not decreasing

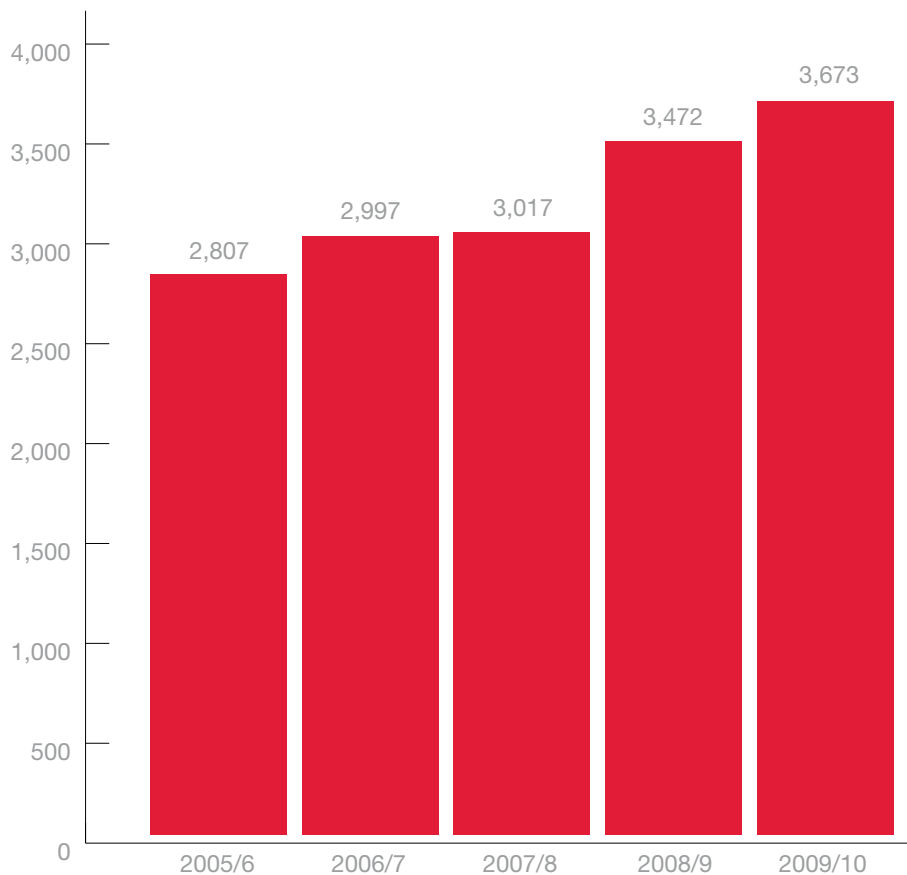
The number of single person households found to be in priority need in England has fallen very sharply in recent years. The extent to which this trend is a result of effective preventative services is unclear (see Chapter 4 for a detailed discussion). It is also the case that some measures of single homelessness do not indicate a downward trend.

It is not possible to compare the full extent of single homelessness reported by the Client Record since it was established in 2003/4. However, it is possible to look at one specific client group, those individuals classified by

service providers as being 'single homeless people with support needs', over time. It is also possible to restrict this comparison to single homeless people with support needs who were *not* recorded as being in priority need (Figure 2.3). This is the largest group of single homeless people using housing support services. As can be seen, the levels remained very similar during the period 2003/4 to 2006/7 and then began to increase in the last few years (the 2009/10 figure is 23% higher than the 2003/4 figure).

Local and national reports have suggested that levels of people sleeping rough may be higher than official government statistics

Figure 2.4 Changes in the reported annual prevalence of people sleeping rough according to services that reported to the CHAIN database in London



Source: CHAIN database (<http://www.broadwaylondon.org/CHAIN>), authors' analysis.

suggest. There is limited evidence to support this. Figure 2.4 shows the number of people sleeping rough reported by services that participate in the CHAIN database in London. As can be seen, CHAIN has recorded an increase in the annual prevalence of people sleeping rough seen by services in London since 2005/6. Levels of people rough sleeping reported by services were 30% higher in 2009/10 than in 2005/6. Note however that the number of UK British people reported as sleeping rough has decreased and that more recent rough sleepers include significant numbers of central and east European migrants (see Figure 2.4).

The evidence suggests that the single homelessness population continues to grow more diverse, the proportion of men is falling, women and young people continue to be represented among single homeless people and people with Black ethnic origins appear to be over-represented. There is also evidence to suggest that recent migrants are experiencing homelessness in the UK. There is limited evidence from England that levels of single homelessness may be increasing.

2.8 New insights into single homelessness

2.8.1 Recent arguments about the causes of single homelessness and their implications

The reasons single homelessness occurs is still the subject of debate and argument. Early research saw single homelessness as resulting largely from individual vulnerability, e.g. from mental health problems, traumatic life events or the effects of (at that time) problem drinking (National Assistance Board 1966; Digby, 1972). These ideas were later criticised as not allowing for possible 'structural' causes, like insufficient affordable housing, unemployment and cuts in welfare expenditure (Dant and Deacon, 1989; Drake, 1989).

It is sometimes suggested that explanations of single homelessness moved from entirely 'individual' to entirely 'structural', over the course of the 1960s to 1980s. This is a misrepresentation. While structural factors were given increasing weight by these arguments, researchers did not suggest individual support needs or characteristics were unimportant as causes of single homelessness (Drake, 1989). Instead, a consensus emerged that single homelessness was a result of both individual support needs and characteristics and structural factors, with an interaction between individual and structural causes often being at the root of single homelessness (Caton, 1990; Pleace, 2000).

Neale (1997) argued that this 'mixed' explanation of individual and structural factors failed to spell out the causes of homelessness clearly. There was a lot of description focusing on how poor economic position, poor social supports and individual support needs somehow appeared to cause homelessness, but it was not clear exactly how this happened. Neale's criticism said many research reports were little more than lists of individual characteristics (like severe mental illness or a history of local authority care as a child) and/or 'structural factors' (like insufficient housing

supply or reductions in welfare spending) which "caused" homelessness. Many of these factors that were identified as 'causing' homelessness seemed to also exist for a great many people who were not homeless and rarely occurred in an overall majority of homeless people. American research was making similar arguments. A major US survey found that, other than sharing extreme poverty, it was rare for half, or even a third, of homeless Americans to share any one personal characteristic, need, or experience (Burt, 2001).

In the late 1990s, both some researchers and New Labour policy towards people sleeping rough and single homeless people began to reflect the idea that single homelessness was one part of a wider social problem of 'social exclusion'. Social exclusion was viewed as a result of long term processes, such as bad childhood experiences, growing up in a highly disadvantaged neighbourhood, attending a badly run school, being exposed to illegal drugs, committing crime at an early age, as well as the effects of health problems as an adult, such as severe mental illness and problematic drug use. This group was viewed to be at heightened risk of experiencing single homelessness and rough sleeping. This view of the causes of single homelessness saw individual characteristics and high support needs as 'causes', but saw those characteristics and needs as a consequence of social exclusion. If this logic were correct, homelessness research had in some senses been looking in the wrong place, looking at immediate 'trigger' events, rather than seeking to understand the largely (though not exclusively) 'structural' factors that were generating a population who were at heightened 'risk' of single homelessness (Pleace, 1998 and 2000).

Fitzpatrick (2005) takes the view that such arguments make assumptions about the hierarchy of causes of homelessness (i.e. which factors are most important and which the least important) and assume that structural factors are always most important

without there always being clear evidence that this is the case. She argues that these approaches underestimate the role of shared characteristics among homeless people.

Fitzpatrick reemphasises the evidence about extent of 'shared' characteristics among groups like single young homeless people. She argues that just because certain characteristics are not universally present among homeless people, or widely present in populations who were not homeless, it did not mean those characteristics are therefore 'unimportant' as causes of homelessness. Instead, she argues that what she calls economic and housing 'structures', interact with 'patriarchal and interpersonal structures' (child neglect or abuse, domestic violence, weak social supports) and 'individual attributes' (including support needs, self confidence and lack of self esteem) in causing homelessness. This means that a variety of risk factors, both 'individual' and 'structural', can combine in various ways to heighten the risk of homelessness. The more someone exhibits individual risk factors and/or is exposed to structural risks, the greater the risk that they will become homeless.

British research now paints a complex, nuanced picture of the causation of homelessness. It emphasizes the interplay of social position, economic position and housing markets; the role of experiences and actions; and, the role of individual support needs. The causation of single homelessness is complex and varied, but it is not unpredictable, we know a considerable amount about which individual characteristics, individual actions and the context in which someone find themselves, can make an experience of single homelessness more or less likely.

Large scale studies in the US have looked at the entire populations of single and other homeless people using services over time. One study of homeless shelters found a fairly small group of single homeless people with generally high support needs, centred on mental health

problems and problem drug use, who stayed in homeless shelters for very long periods. A small proportion (11%) of all the people using homeless shelters (i.e. direct access services) in the US in one year were using half of the annual bed spaces¹⁷ (Culhane and Metraux, 2008:13). In addition to these 'habitual' users there was another small group (9%) of 'repeat' users. These were people who also had high support needs and who used the homeless shelters on a 'repeat' basis. This group consumed 17% of the annual bed spaces available. Overall, just a fifth (20%) of the total number of people using homeless shelters in one year were using 67% of the total annual bed spaces available. The researchers termed these groups 'chronically' homeless people, a group of individuals with very pronounced and complex support needs who found it difficult to exit from homelessness.

At the same time, there appeared to be a quite substantial group of people whose homelessness was closely linked to economic reasons, although these were not the sole cause (Culhane and Metraux, 2008). Other US studies have had similar results (Quigley and Raphael, 2001; Shinn, 2007; O'Sullivan, 2008; HUD and CPD, 2010). These findings correspond to some recent European level comparative research that found some evidence to suggest that where welfare provision is adequate and housing affordable, some forms of homelessness appeared lower. By contrast, in countries with lower general welfare provision, there seemed to be some evidence that rates of homelessness linked closely to economic reasons were higher, as appears to be the case in the US (Stephens *et al*, 2010).

This research reinforces the arguments made by Fitzpatrick (2005) and others about the causation of single homelessness being a matter of a complex and nuanced interplay of individual actions, support needs, characteristics and wider structural factors like the extent of provision of housing related welfare benefits or subsidised affordable

housing is available. Clearly, there is evidence that this social problem is often linked to complex support needs, particularly severe mental illness coupled with problematic drug and alcohol use. However, we also know that single homelessness can sometimes exist in other forms too, particularly among poorer people in situations of economic disadvantage (Culhane and Metraux, 2008; Stephens *et al*, 2010).

One final development in our growing understanding of single homelessness over the last decade should be noted. It involves the assessment of the financial costs to American society of 'chronic' single homelessness. One of the most evocative images, albeit a slightly exaggerated one, of single homeless people with high support needs in the USA is 'Million Dollar Murray' (Gladwell, 2006). Originally a piece of in-depth journalism published in the *New Yorker* the stories of single chronically homeless people like 'Murray' have also been a focus of systematic research. 'Murray' had experienced sustained homelessness and serious mental health problems and problematic alcohol consumption for many years and had never had his support needs addressed, he eventually died on the street.

Alongside the human tragedy, what the 'Million Dollar Murray' story showed was that because 'Murray' had kept being arrested, processed by the courts and using services like emergency hospital, detoxification and psychiatric treatment, the financial cost to society of 'Murray' staying homeless were actually very considerable. While it is not the case that each long term 'chronically' homeless person like Murray actually costs the USA a million dollars, there is nevertheless considerable evidence that the financial bill for each chronically homeless person in the US is well into the tens of thousands of dollars per year (Metraux *et al*, 2003). Each arrest, prison term, emergency admission to hospital, detoxification or period of emergency psychiatric treatment, as well as each sustained stay in a homeless emergency shelter has a cost. One of the main

drivers behind the adoption of Housing First as a response to chronic homelessness in the USA has been an attempt to contain the financial costs of chronic single homelessness (see Chapters 5 and 6). What this work in the US suggests is that there are, alongside the clear moral arguments, strong and sound financial reasons for tackling sustained single homelessness among people with high support needs, because it is a significant drain on the public purse.

There is evidence that the UK has its own population of single homeless people with high support needs experiencing sustained homelessness. A recent analysis of trends in the CHAIN database has revealed the presence of small group of people sleeping rough with high needs who were service users for long periods.

The analysis of CHAIN found that 7% of people sleeping rough with whom London homelessness services had worked (some 960 individuals out of more than 13,000 people seen during the period 2001/2 to 2007/8) appeared in the CHAIN database as using services for at least four out of seven years. This group had each averaged 287 days in short term accommodation services, equivalent to 78% of one year, over the course of the four or more years they had appeared in CHAIN (Broadway and NatGen, 2009). These longer term rough sleepers, appearing for four years or more, had much higher support needs (51% had problematic drug use, 48% problem drinking and 36% mental health problems).¹⁸ During the same period, there was also evidence of shorter term rough sleepers, appearing in CHAIN for one year or less, who had lower support needs (16% were confirmed as having problematic drug use, 17% problematic drinking and 16% mental health problems). However, it is not clear to what extent this group actually stopped being homeless when they ceased to appear in the CHAIN database.

2.9 Conclusion

According to some indicators, some forms of single homelessness have worsened in recent years, although the statutory figures in England have fallen with the rising use of preventative services (see Chapter 4). The profile of single homeless people also continues to change, becoming increasingly diverse. Two out of four people using housing support services for single homeless people in England in 2008/9 were women and there is mounting evidence that central and east European migrants are appearing among the population sleeping rough in significant numbers, certainly in London.

Considerable progress has been made in our understanding of the cause and nature of single homelessness, both in the UK and internationally. While the complexity of the causation reported by some research might make some of it quite difficult to interpret, what we now have is a fairly clear picture of which people, in which circumstances, are more likely to be at risk of single homelessness. We know that the causes of single homeless are individual, that they relate to actions and decisions as well as to support needs, characteristics and experiences and that they can also be related to the context in which someone at risk of single homelessness finds themselves, such as the range and level of welfare and housing support available, can also be important. As is shown in the remainder of this review, service providers in the UK have not been slow to take this knowledge on board, and as a society our responses to single homelessness have become increasingly sophisticated. It would be an exaggeration to suggest the responses to single homelessness in the UK have become 'evidence-led' because the research base here remains limited in several key respects, certainly compared to somewhere like the USA, but our responses to single homelessness are influenced by the information we have available. We now know a lot about what causes single homelessness and while there is of course still some more work to do (see below), this increased knowledge, in itself, has made our strategic

and service delivery level responses far more sophisticated than was once the case.

The outstanding gaps in our knowledge about single homelessness in the UK remain important in two senses. First, we need more robust evidence, particularly if we are to establish clear and accurate data on the costs and benefits of different types of service provision and fully understand the nature and needs of the single homeless population. Recent initiatives like the ESRC led¹⁹ major research programme into 'multiply excluded' homeless people will help this situation, as this programme includes a major survey that will report in 2011. In addition, fundamental gaps remain in the evidence we have about the true extent of some forms of single homelessness and the numbers of households at risk of single homelessness.

One of the most important analyses conducted of single homelessness, has been the attempts to assess the financial costs to society of sustained single homelessness linked to high support needs in the USA. There is a need for this form of cost benefit analysis in the UK. A key argument over the next five years and a clear reason to retain a clear policy focus on single homelessness for financial reasons, alongside moral reasons is that (to borrow the American term) 'chronic' forms of single homelessness could well have a very significant cost to the Exchequer. We already know that single homelessness is associated with problematic drug use. This means single homelessness is almost certainly associated with significant criminal justice system costs. We also know that single homelessness is associated with poor physical and mental health, which because there are issues with continuity of care (see Chapter 6 for more details), means high cost interventions like emergency hospital admission are more likely. A clearer idea of what the costs of single homelessness are, and how and to what extent different service models can reduce these costs and improve the lives of single homeless people should be key concerns for British social and welfare policy over 2011-2015.

Endnotes

- 1 Crisis has recently commissioned new research on hidden homelessness (Reeve, 2010).
- 2 'Temporary accommodation' refers to accommodation secured by a local authority for a household accepted as homeless until settled accommodation becomes available. The term is also used to refer to accommodation such as hostels.
- 3 Settled housing or accommodation refers to accommodation made available to households accepted as homeless that discharges the duty to them under the homelessness legislation in England, Wales and Northern Ireland.
- 4 The Act was subsequently incorporated into separate legislation for England and Wales (Housing Act 1985; Housing Act; 1996; Homelessness Act, 2002) and Scotland (Housing (Scotland) Act, 1987; Housing (Scotland) Act 2001; Homelessness Etc. (Scotland) Act 2003.
- 5 The rules on eligibility for housing assistance for persons from abroad are complex. For more information see: <http://www.parliament.uk/documents/commons/lib/research/briefings/snsp-04737.pdf>
- 6 There may also be duties owed to those 'threatened with homelessness' within the next 28 days (two months in Scotland), depending on the extent to which they fulfil the other statutory criteria.
- 7 There have been many amendments and additions to these priority need categories over recent years, and the details now differ considerably across the UK (see Chapter 3).
- 8 The Homelessness Code of Guidance (CLG, 2006a) states that if they wish, housing authorities can also consider whether applicants have a local connection with the local district, or with another district. If a household meets all of the criteria for the main homelessness duty, but has no local connection with the authority to which they have applied, the duty to secure settled permanent accommodation for them can be transferred to another UK authority with which they do have such a connection (except if they run the risk of violence on the other area). Those without a local connection with any UK authority remain the responsibility of the council to which the application was made. Broadly speaking, for the purpose of the homelessness legislation, people may have a local connection with a district because of residence, employment or family associations.
- 9 FEANTSA, the European Federation of National Organisations Working with the Homeless is an umbrella of not-for-profit organisations which participate in or contribute to the fight against homelessness in Europe. It is the only major European network that focuses exclusively on homelessness at European level. FEANTSA stands for *Fédération Européenne d'Associations Nationales Travaillant avec les Sans-Abri* (FEANTSA). See: <http://www.feantsa.org/code/en/hp.asp>
- 10 The Client Record and Outcomes Data try to limit this effect by recording up to three secondary client groups alongside someone's primary client group, so an individual might be recorded as primarily homeless, but severe mental illness and substance misuse might be recorded as secondary client groups. However, this safeguard is regarded as having only limited effectiveness and there can be difficulties in determining which needs to record and in which order (Rogers *et al*, 2007).
- 11 See: <http://www.homeless.org.uk/snap>
- 12 See: <http://www.cml.org.uk/cml/media/press/2680>
- 13 See: <http://www.communities.gov.uk/housing/housingresearch/housingstatistics/housingstatisticsby/homelessnessstatistics/publicationshomelessness/>

- 14** I.e. the 2004 accession states to the European Union, the A8, of , Poland, Lithuania, Latvia, Slovenia, Slovakia, the Czech Republic, Estonia and Hungary.
- 15** I.e. the 2004 accession states and the 2007 'A2' accession states of Romania and Bulgaria. In the homeless sector the whole group is called the A10.
- 16** These groups are subject to transitional restrictions on their employment and eligibility for welfare assistance. The eligibility conditions for this group are complex. However, as a general rule, individuals from these countries are unlikely to be eligible for benefits, statutory homelessness assistance or local authority accommodation (see: <http://www.idea.gov.uk/idk/aio/6949857>). These transitional restrictions can be imposed for a maximum of seven years from the time of accession to the EU. For A8s restrictions are due to be lifted in April 2011
- 17** Measured as 'system days', i.e. the time a project had available over the course of the year to give to homeless people, so for example a 20 person project would have 7,300 days available a year (20 spaces times 365 days is 7,300 system days). This work reported that just 11% of single homeless people with high support needs, i.e. severe mental illness and problematic drug use, a group who US researchers often describe as 'chronic homeless people' were using 50% of the system days in projects.
- 18** Figures are overall percentages for the period 2001/2 to 2007/8 (Broadway and NatCen, 2009).
- 19** The Joseph Rowntree Foundation (JRF), Department for Communities and Local Government (CLG), Tenants Services Authority (TSA), National Institute of Mental Health in England (NIMHE) and Department of Health are also involved in this initiative, see: <http://www.homeless.org.uk/esrc-research>.

3. Policy developments

3.1 Introduction

This chapter focuses on the main policy developments in homelessness in the UK between 2000 and 2010. The chapter begins with a brief discussion of devolution before going on to describe recent changes to the homelessness legislation (see Chapter 3), including the expansion of priority need groups and the introduction of local homelessness strategies. The chapter then goes on to consider specific policies which national level stakeholders, interviewed as part of the review, identified as particularly important. These include the Supporting People programme; interventions to tackle rough sleeping; and the Hostels Capital Improvement Programme. The chapter also sets out some of the targeted approaches to helping the most excluded. The views of key stakeholders on some of these changes and developments are presented throughout the chapter.

3.2 Devolution

Before any discussion of policy changes in the UK in the last 10 years it is necessary to briefly consider the significance and impact of devolution on the development and direction of homelessness policy. Following referendums in Scotland and Wales in 1997, and in both parts of Ireland in 1998, the UK Parliament transferred a range of powers to national parliaments or assemblies. The Scottish Parliament, the National Assembly for Wales, and the Northern Ireland Assembly were established, and took control, in 1999. The arrangements are different in the three devolved nations, reflecting their history and administrative structures. However, housing is a devolved power in all three countries.¹

The Scottish Government² develops and implements policy, and is accountable to the Scottish Parliament which has powers over policy and legislation in a number of areas, including housing. Given the law making powers of its parliament, Scotland has had substantial scope for developing its own distinctive homelessness policy agenda which has been described as ‘very ambitious’ and ‘radically different’ from that of England (see for example, Fitzpatrick, 2004; Pawson, 2007; Anderson, 2007a; Wilcox *et al*, 2010). The Northern Ireland Assembly has similar legislative powers to the Scottish Parliament.

The Welsh Assembly does not enjoy the same legislative powers as the Scottish Parliament and the Northern Ireland Assembly. This means that the Welsh Assembly has, in the main, been subject to the same legislative framework as England. However, the Welsh Government can prescribe particular approaches in Wales through secondary legislation³ such as the Homeless Persons (Priority Need) (Wales) Order which extended the priority need groups in Wales (see below).

Table 3.1 Priority need groups in England, Scotland, Wales and Northern Ireland

England	Scotland (until 2012 when the priority need category will be abolished)	Wales	Northern Ireland
Households with dependent children	Households with dependent children	Households with dependent children	Households with dependent children
Households with a pregnant woman	Households with a pregnant woman	Households with a pregnant woman	Households with a pregnant woman
Other people who are particularly vulnerable	Other people who are particularly vulnerable	Other people who are particularly vulnerable	Other people who are particularly vulnerable
People at risk of violence or harassment	People at risk of violence or harassment	People fleeing domestic violence or threatened with domestic violence	People at risk of violence
16 and 17 year olds	16 and 17 year olds	16 and 17 year olds	Young people aged 16-21 who are at risk of sexual or financial exploitation
Young people aged 18-20 who have been in care	Young people aged 18-20 who have been in care or had a social worker, or are at risk of being exploited financially or sexually, or are at risk of misusing drugs or alcohol	Young people aged 18-20 who have been in care or who are at particular risk of sexual or financial exploitation	No specific provision
People who are vulnerable as a result of having spent time in custody, armed forces or care	People who have been discharged from prison, hospitals, and the armed forces	People who are homeless following release from custody and people who are homeless after leaving the armed forces	People who are vulnerable as a result of having spent time in custody

3.3 The extension of priority need categories

As noted in Chapter 2, in order to be deemed homelessness under the legislation, households have to be in priority need. Policy documents produced by UK Governments have increasingly recognised research findings that pointed to risk factors and crisis points which place some individuals and groups at an increased risk of homelessness (see Chapters 2 and 4). In the last decade, the priority need categories in the UK have been extended to include some of these groups, such as young people and ex-offenders, although it remains the case that many still have to be deemed vulnerable in order to be considered in priority need.

In England, the government amended the homelessness legislation through the Homelessness Act 2002 and the Homelessness (Priority Need for Accommodation) (England) Order 2002). As can be seen in Table 3.1 the priority need categories are broadly similar in

the devolved nations although there are some additional priority groups and slightly different criteria. For example, in Wales (where new priority need categories were introduced under secondary legislation⁴ in 2001) households in priority need, such as ex-prisoners who are homeless after release from custody, do not have to prove vulnerability. In Scotland, Wales and Northern Ireland, young people who are at risk of financial or sexual exploitation are described as a priority need group by guidance to legislation, and in Scotland, those aged 18-20 who are involved in substance misuse are also included as a priority need group (Quilgars *et al*, 2008).

In Scotland, the Homelessness Etc. (Scotland) Act 2003 saw a radical change in direction that made Scotland (even more) distinct from the rest of the UK. Under the 2003 legislation Scotland will phase out the longstanding differential treatment of households according to 'priority' or 'non-priority' status by 2012 (Anderson, 2009). The 2003 Act also made

provisions for a significant softening of the impact of the intentionality rules and for suspension of the local connection rules in Scotland. Whilst progress towards the 2012 target can be identified, it appears that some of the provisions of the 2003 Act have slipped off the agenda as neither of the provisions concerning intentionality and local connection have yet been brought into force. In 2010 secondary legislation brought Scotland broadly into line with England and Wales by allowing discharge of the accommodation duty into private rented sector fixed-term tenancies, with the consent of the applicant. Thus the official terminology in Scotland has recently changed from providing 'permanent' to 'settled' housing for statutorily homeless households.

Overall, key stakeholders welcomed the expansion of priority need groups, in particular the inclusion of young people and care leavers.⁵ Whilst key stakeholders in Scotland explained the difficulties faced by local authorities working towards abolishing all priority need categories (see Chapter 4) most key stakeholders believed that the expansion of priority need had forced authorities to take responsibility for young people and care leavers as well as other groups such as people fleeing violence. However, most had concerns about other groups who, under the legislation, still have to prove vulnerability and many argued for a further review of priority need categories to ensure that other vulnerable individuals received the support required from statutory services.

We would like to see...some recognition that...there are vulnerable people on the streets for whom there should be some statutory responsibility. I think if you're looking at...how do you actually get the numbers down, part of its enforcement, and part of it is also about making clear where statutory responsibilities are going to end. And I don't think, when it comes to it... an eighty-year old with clear

physical and mental health needs should be the responsibility of a charity in central London, you know, I just do not think that's right.

(Key stakeholder, non-statutory sector)

In Wales, all homeless ex-offenders are deemed to be in priority need and therefore there is no need to prove vulnerability. However, key stakeholders felt that some local authorities were still reluctant to prioritise ex-offenders and that they used intentionality⁶ as a reason not to provide assistance.

[T]he spirit of the new legislation and the guidance from the Assembly was very much, you know, we want to re-house people leaving prison because we think it's the best way of preventing further offending behaviour, that's in everyone's interests. But some local authorities were focusing on the sort of past case law and said well we're within our rights for finding this person intentionally homeless for losing their accommodation for committing that crime.

(Key stakeholder, non statutory sector)

The Homelessness Code of Guidance specifically states that housing authorities must consider each case in the light of all the facts and circumstances and that housing authorities cannot adopt a blanket policy of assuming that homelessness will be intentional or unintentional in any given circumstances (Pleace and Minton, 2009; House of Commons Library, 2010).

Whilst many key stakeholders in all parts of the UK felt the abolition of priority need categories in Scotland was a positive development, few believed that this policy could or should be replicated across the UK. In England and Wales the shortage of affordable housing is more acute than in Scotland and would mean that without a significant increase in the supply of suitable accommodation, the policy would be unrealistic.

3.4 Local homelessness strategies

From the early 2000s,⁷ local authorities in England, Wales, and Scotland were required by legislation to produce local homelessness strategies and to review these at regular intervals. In Northern Ireland, the Northern Ireland Housing Executive, the strategic housing authority, has responsibility for homelessness and it produced a homelessness strategy in 2002 (NIHE, 2002). This is currently under review (see, for example, Gray and Long, 2009).

In England, Scotland and Wales, local authorities were required to undertake an assessment of homelessness and homelessness provision in their area and prepare and submit a strategy for preventing and alleviating all forms of homelessness amongst all groups (including single homeless people) in their area (Randall and Brown, 2006). Homelessness strategies were to be based upon a clear understanding of the extent and nature of homelessness in the local authority area, and of the resources available to address homelessness (Scottish Executive, 2002).

According to the guidance for England (Randall and Brown, 2002a) an effective homelessness strategy should:

- provide information on the scale and nature of homelessness in the area;
- identify the additional accommodation and support required to meet those needs;
- identify the services needed to prevent homelessness occurring or reoccurring;
- identify the resources currently available to meet these needs;
- identify additional resources as required; and
- involve other public voluntary and private agencies in partnership work.

3.4.1 'Joined up' approaches to tackling homelessness

Policy documents and research had emphasised that helping homeless people

involved more than simply providing accommodation in a crisis situation. Earlier evaluations of the Rough Sleepers Initiatives (Randall and Brown, 1993 and 1996) highlighted the importance of 'move on' support and 'resettlement' (see Chapters 2 and 6) involving a range of agencies, such as housing support services, drug and alcohol services, community mental health services and employment and training services.

Such approaches had been successful in alleviating and preventing rough sleeping and were to be adopted in preventing and alleviating homelessness for all groups, though with particular emphasis on single people, as there was mounting evidence that many homeless families were not characterised by high support needs (Pleace *et al*, 2008). Guidance on developing homelessness strategies in England (Randall and Brown 2002a) emphasised the importance of partnership working or 'joined up' approaches in tackling homelessness. This would result in higher quality and cost effective services, and was to be facilitated by:

- agreeing roles and responsibilities of all participating agencies from the outset;
- improved information sharing of information between agencies;
- joint training and visits between agencies; and
- an agreed individual officer or agency who will facilitate the process of joint work.

In Scotland, recent guidance has stated that local homelessness strategies, together with housing support strategies, should be included in the Local Housing Strategy. In Wales, local authorities no longer have to produce separate homelessness or housing strategies. This resulted from concern over the resources consumed by the strategic planning process which has been rationalised so that the number of strategies produced for the Welsh Assembly Government (WAG) by local authorities has been reduced from 32 to just four.⁸ Although the WAG's Statutory

Guidance on producing Community Strategies cites housing as one area that can contribute to all of these plans there is no mention of homelessness in the guidance (Clapham *et al*, 2009). WAG has a National Housing Strategy (WAG, 2005) and is currently developing a 10 year National Homelessness Plan but there are concerns that the move away from separate local homelessness strategies may result in local authorities placing less importance on the prevention of homelessness. In England, a number of National Indicators (introduced by the previous administration) cover homelessness including NI 141 (the number of vulnerable people achieving independent living); NI 142 (the number of people who are supported to maintain independent living) and NI 146 (the number of households living in temporary accommodation) (CLG, 2007b). The Coalition Government has recently announced that National Indicators and Local Area Agreements are to be abolished as central government devolves more responsibility to local authorities as part of its localism agenda.

3.4.2 The impact of homelessness strategies

Key stakeholders' views on the effectiveness and impact of local homelessness strategies were mixed. Overall they believed that the requirement for local authorities to take more responsibility for homelessness, to review provision, to adopt a more strategic response and then to review progress, was a positive development. Key stakeholders from both the statutory and non-statutory sector felt that the requirement had also led to improvements in partnership working as was intended, as statutory and non-statutory agencies were required to work together both to develop the strategies and to deliver them. In particular, a number of key stakeholders felt that this had resulted in new or improved working relations between local authorities and voluntary sector groups working with single homeless people whilst others felt that they had helped to improve understanding of homelessness.

I would say the step change around about that time in terms of partnership working, because local authorities and partners were almost sort of required to work together, and in a sense the local authorities were able to use the legislation to try and, in some sense, bring in other partners who may have been more reluctant previously.

(Key stakeholder, statutory sector)

However, other key stakeholders felt that some local authorities had not taken their responsibilities seriously, and the production of homelessness strategies had done little to improve relations between local authorities and other statutory and non-statutory providers. They also believed that homelessness strategies had tended to focus on priority groups (families with children and young people) and, in some areas, the most visible form of homelessness, rough sleeping, rather than on single homeless people more generally.

3.5 Supporting People

The Supporting People programme was launched in April 2003. The programme was designed to enhance the quality of life for vulnerable people through the use of housing support services. The programme uses housing support services to deliver two main kinds of service:

- Services that enhance independence by enabling people to live independently in their own homes, including older people or people of working age with disabilities or working age adults with a learning difficulty. These services often enhance and extend packages of care and support provided by social care and NHS services.
- Services designed to enhance the independence, well-being and inclusion of socially excluded adults, such as single homeless people, former offenders or people with a substance misuse problem.

In terms of single homelessness, Supporting People is primarily focused on housing related support that provides homelessness prevention services (see Chapter 4) and resettlement services. Resettlement services are for when single homelessness has already occurred and provide a mixture of floating support, supported housing, and emergency accommodation to prevent a recurrence of homelessness (see Chapter 5). Some housing support services, particularly floating support services, can have both a preventative and resettlement role. Not all preventative services or resettlement services are funded through the Supporting People programme.

In England, Supporting People was introduced with a ring-fenced budget, which meant that each area had a dedicated 'pot' of funds that were intended solely for commissioning Housing Support services. Supporting People Administering Authorities were established (the county councils and unitary authorities in England) and required to produce area strategies. Similar

arrangements exist in Scotland and Wales, although in Northern Ireland the programme is administered through the Northern Ireland Housing Executive.

Supporting People has been praised as introducing a far more coherent system of financing and planning for housing support services than existed in the past. The combination of a dedicated budget, commissioning bodies and area strategies meant that greater coherence and consistency in the provision of Housing Support services was achieved (Pleace, 2008a).

Following extensive consultations, a new national strategy for England called *Independence and Opportunity* (CLG, 2007c) was published. This strategy encouraged housing support services become more 'holistic', i.e. concern themselves with not just the housing needs of groups like single homeless people, but also their social and economic position. A similar review in Scotland reached the same conclusions.

While flexibility in respect of joint commissioning with health and social care services already existed for most local authorities, this did not allow commissioning in other areas that might make services more flexible and more comprehensive. A key example of this was the potential for housing support services to directly provide education, training and employment (ETE) services for socially excluded groups, like single homeless people, and/or to create formal working arrangements with suitable ETE service providers (see Chapters 5 and 7). Housing support services might also take a role, for example, in helping manage issues like anti-social behaviour in the community, which might include some work with some single homeless people with challenging behaviour.

In Scotland, the Supporting People budget has been merged with the general grant to local authorities and is no longer 'ring-fenced', i.e. there is no longer any set of specific

'Supporting People' requirements governing how the money is used.⁹ In England, the 'ring-fence' around Supporting People funding was removed in April 2009. All local authorities will have the freedom to spend the money how they see fit locally on any group or service. Wales and Northern Ireland have not yet followed the same direction.

The removal of constraints on how Supporting People funds are used is viewed as creating potential risks as well as the opportunities already described (see for example, CLG, 2008a; House of Commons, 2009). These risks include:

- the lack of legal duties requiring the provision of housing-related support by local authorities, which means there is no statutory constraint on authorities to stop commissioning some types of services;
- concerns about funding loss within the charitable and voluntary sectors, if some former Supporting People funds are diverted elsewhere (for example into social care rather than housing support services);
- concerns that funds might be diverted away from 'unpopular' groups, which might include some groups of single homeless people;
- a concern that, without a dedicated pot of funding, Supporting People will lose strategic and political importance at local level, as area strategies will no longer have access to a Supporting People budget that cannot be used for anything else; and
- a concern that overall funding levels for housing support services will decrease significantly as part of the impacts of the comprehensive spending review over the course of 2011-2015.

There is the theoretical possibility that funding for Housing Support services could be significantly constrained, or indeed removed entirely, because a local authority would have that discretion. Large cuts could mean that the third sector could constrict, might be de-skilled in certain respects, and prompt a

reduction in innovation in service delivery that is particularly associated with third sector providers (Pleace, 2008a). Although it is a little early to assess the effects of the removal of Supporting People ring fencing, a survey conducted by Capita and Inside Housing of 103 supported housing providers in June 2010 found that over a third (36%) had already experienced significant reductions in their Supporting People budgets.¹⁰

Amongst key stakeholders, Supporting People was seen as one of the most important policy changes in the last decade. It was widely seen to have benefited single homeless people greatly, to have encouraged strategic working and the development of new and improved interventions and services.

I think Supporting People has probably had a huge impact, because Supporting People has really become a ... fantastic catch-all for people who fall outside of the other statutory safety nets. So people who don't have priority need, people who don't pass the criteria for a learning disability... or a mental health issue are able to access the support that they need to regain their independence.

(Key stakeholder, non-statutory sector)

Unsurprisingly, most had concerns about the removal of ring-fencing and echoed the concerns noted above. In particular, they were concerned that pressure on statutory services would result in a diversion of funds away from groups that do not have statutory protection, who are often the most socially excluded and that existing Supporting People services would be threatened.

3.6 Rough sleeping policies

Over the last decade, rough sleeping has continued to be accorded a high priority by governments in England, Scotland and Wales. In Northern Ireland, rough sleeping has been perceived as far less of a problem. The Rough Sleepers Initiatives (RSIs), introduced in England and Scotland in the 1990s, and the Housing Action Programme (which replaced the RSI in England in 1999), were reported to be considerable successes.

In England, after a series of RSIs focused on London, the programme was expanded into other areas with significant rough sleeping problems. The ambitious target, set by the Rough Sleepers Unit in December 1999, of reducing rough sleeping in England by at least two-thirds by 2002 (Rough Sleepers Unit, 1999) was reportedly met a year early (Randall and Brown, 2002b; House of Commons Committee of Public Accounts, 2005).

In England, whilst significant progress had been made, government recognised that more needed to be done to tackle rough sleeping and identified a need for a new and more co-ordinated approach to tackling all forms of homelessness which was seen as more of a problem of social exclusion than simply a housing problem. In 2002 the Labour Government published *More than a Roof*, its new strategy for tackling homelessness (Department for Transport, Local Government and the Regions, 2002). In addition, the Homelessness Directorate¹¹ consisting of the Bed and Breakfast Unit, the Rough Sleepers Unit, and a new unit to assist local authorities in tackling homelessness was established in 2002. The new approach focused on preventing the need for people to sleep rough in the first place, as well as on supporting people to move on from homelessness by helping them to address their needs; improving access to health and substance misuse services (see Chapters 5 and 6); and helping them rebuild their lives through education, training and employment (see Chapter 7).

The most recent strategy to address rough sleeping, *No One Left Out* (CLG, 2008b), emphasised the success of previous strategies, reporting that in 2008 the number of people sleeping rough in England had reduced to 483 from the 1998 benchmark of 1,850. The strategy also set out a new and ambitious target of ending rough sleeping ‘...once and for all’ by 2012 (CLG, 2008b: 5), by placing greater emphasis on prevention. The strategy also stated the government’s intention to consider proposals to strengthen the statutory safety net for people at risk of sleeping rough.

The stated aim of the RSI in Scotland¹² was to assess the extent of rough sleeping and implement proposals to address those needs (Yanetta *et al*, 1999). When the Scottish Executive took over from the Scottish Office in 1999 it set a new target of ensuring that no-one need sleep rough by the end of 2003 (Anderson, 2007b). Although this target was not achieved the final evaluation of the RSI in Scotland (Fitzpatrick *et al*, 2005), confirmed that the RSI had produced tangible reductions in rough sleeping, but that new individuals continued to experience street homelessness. Provider groups stressed the need for continued investment to avoid any reversal of what had been achieved (Shelter, 2003).

In Wales, the new Assembly Government also made a commitment to eliminate the need for anyone to sleep rough by 2003 by ensuring that all rough sleepers had some form of accommodation to go to should they wish to (Welsh Assembly Government, 2005). There was no RSI or equivalent in Wales. However, over half a million pounds was allocated to fund projects including emergency accommodation; advice and resettlement services; day centres; and the development of homelessness strategies as part of a total budget in 2000/01 of almost £3.5 million for schemes targeted on rough sleepers and other homeless people (Jones and Johnsen, 2009).

In 1999, the Northern Ireland Office reported that research had failed to find any evidence of rough sleeping (Hansard, 1 March, 1999). However, the NIHE's Homelessness Strategy (NIHE, 2002) acknowledged that there was a rough sleeping problem in Belfast and made a commitment to develop a rough sleepers strategy for the city and to conduct specific research on the nature and extent of rough sleeping in Northern Ireland as a whole (Jones and Johnsen, 2009).

Rough sleeping has had a very high profile in the UK, and particularly in England, over recent years. Huge amounts of money have been spent on various initiatives and interventions to end the need for rough sleeping. As noted in Chapter 2, official statistics on rough sleeping have long been disputed and the current housing minister (amongst others) has claimed that they dramatically underestimate rough sleeper numbers (Shapps, 2007; Pawson and Davidson, 2006). Nevertheless, there can be no doubt that rough sleeping strategies have been successful, fewer people are affected and services are considerably better especially when compared to the 1980s (see for example, Jones and Johnsen, 2009). Rough sleeping policies in the UK, in particular the RSIs in England, have attained international recognition, whilst Scotland and Wales have also made significant progress in tackling the most extreme form of homelessness (Jones and Johnsen, 2009).

However, rough sleeping remains a problem in many parts of the UK. Whilst the two-thirds reduction in rough sleeping was exceeded in some parts of England, this target was never achieved in London (House of Commons Committee of Public Accounts, 2005; National Audit Office, 2005) where the number of rough sleepers has increased over recent years (Broadway, 2008).¹³ The Mayor of London established the London Delivery Board in an effort to deal with the most 'entrenched' rough sleepers and to ensure that by the end of 2012 no one will live on the streets of London

and no individual arriving on the streets at a point of crisis will spend a second night out (Greater London Authority, 2010). In Scotland in 2008/09, 5% of homeless applicants – 255 applicants per month – slept rough the night before applying for assistance (Scottish Government, 2010). The number of people sleeping rough on the streets in Wales at any one time is thought to be in the range of 128 to 165 (Welsh Assembly Government, 2010). Rough sleeping appears to have increased in Northern Ireland, particularly in Derry/Londonderry where a rough sleepers strategy was implemented in April 2010. Rough sleeping has continued to be a problem in Belfast where the number of foreign nationals sleeping rough (16 or 14% of the total) is a particular concern (Northern Ireland Assembly, 9 March 2010).

Although key stakeholders acknowledged the success of the various rough sleepers strategies and interventions there was a broad consensus that the problem would never be eradicated and that new rough sleepers would continue to arrive on the streets. There will remain a need for services such as outreach and emergency accommodation if these new rough sleepers are to be helped quickly and prevented from becoming 'entrenched' rough sleepers.

I don't think that by 2012 no-one will ever sleep rough again...that is absurd. I think the real test is, you know, by 2012 whether people have to sleep rough for a long time...the goal really is making sure that the systems we have in place are there to get people off the streets and moving them on successfully in a way that doesn't scar and damage them permanently.
(Key stakeholder, statutory sector)

3.7 The Hostels Capital Improvement Programme and Places of Change

Whilst hostels had long been regarded as the first step in the process of moving on from homelessness there was increasing recognition that some people were remaining in hostels for long periods (see Chapter 6), and that most former rough sleepers left hostels because of eviction or abandonment than for positive reasons such as finding accommodation or employment (CLG, 2008b).

In January 2005, a £90 million Hostels Capital Improvement Programme (HCIP) (also known as the 'Places of Change' programme) was launched. Hostels and day centres were to become 'centres of excellence and choice which positively change lives' (CLG, 2006b: 2). The key objective of the programme was to increase the number of people making a positive move from a hostel or homelessness service, for example to a job, training, and/or a settled home. This was to be done by encouraging hostels to engage their residents in meaningful activity within the community; involving residents in the development of services; developing well-trained, motivated and supported staff; and, providing a quality physical environment (CLG, 2006b). To date around 90 projects have received funding under the programme. Most of the work undertaken has been refurbishment of, or building new, hostel accommodation. Money has also been invested in day centres and training centres or used to buy equipment for projects such as Crisis Skylight.

In 2007, CLG published *Creating Places of Change* (CLG, 2007a) which reported lessons learned from the programme between 2005 and 2008 based on the experiences of the local authorities and their voluntary sector partners who had received Places of Change funding. They reported some positive outcomes, including: increasing the number of clients engaging in meaningful activity, employment, education, or training and engaging with the community; reducing the numbers of exclusions and abandonments;

the development of well-trained and motivated support staff; the provision of a quality physical environment; and the involvement of residents in the development of services.

Many key stakeholders echoed these findings. They welcomed these changes and felt that they had achieved significant improvements in hostel provision and outcomes for clients. However, they also acknowledged a lack of robust evidence about the relative effectiveness of many homelessness interventions including the Places of Change Programme (see Chapter 6).

3.8 Targeted approaches to helping the most excluded

In addition to the various rough sleeper strategies and other interventions described above, there have been other policy developments and new interventions designed to meet the needs of the most excluded groups. One such intervention was the Adults Facing Chronic Exclusion (ACE) pilot programme which was established by the Cabinet Office in 2007 as a cross-government collaboration. A total budget of £6 million was made available over three years to fund 12 pilot projects across England. The aim of the ACE programme was to test new ways of working with adults facing chronic exclusion to achieve better outcomes for individuals and communities. The programme promoted three types of intervention:

- system change – that effects structural or strategic changes in the delivery of local services and involves changes in their governance and commissioning;
- supporting individuals to move between services – transition points; and
- assisting clients to navigate the system and find appropriate services.

Client groups differed but included people living a chaotic lifestyle, people with mental health issues, homeless and unemployed people. Interim findings of an independent evaluation (Cattell *et al.*, 2009) suggest that the pilots were making promising progress towards their outcomes. This success was, in part, attributed to effective multi-disciplinary work which was largely able to overcome data-sharing and multi-agency cooperative barriers and the blend of professional experience which enabled the pilots to offer a broad brand of support and to take on difficult cases where agencies felt that all other options had been exhausted.

The London Delivery Board's Rough Sleepers '205' Initiative (RS205) has also enjoyed a good deal of success in helping many of London's most entrenched and difficult

to reach rough sleepers off the streets.¹⁴ A number of key stakeholders attributed this success to the intensive, personalised support (including, in 15 cases, personal budgets [see Hough and Rice, 2010]) adopted under the initiative. However, as Teixeira (2010) notes, a greater range of housing and support options is available to homeless people in the RS205, for example, there is no local connection condition and specially developed housing has been made available for RS205 clients which places few demands on tenants. This accommodation includes high quality transitional housing projects and self-contained flats with adequate support. In addition, frontline staff received specialist training; and services adopted a flexible approach which allowed clients to progress at their own pace but also used enforcement measures (with support) where appropriate.

3.9 Conclusion

The last decade has seen some radical changes in the homelessness legislation and in homelessness policy in the UK. Overall, key stakeholders believed that these changes had been positive. In particular, they highlighted: the expansion of the priority need categories; efforts to respond to homelessness more strategically at the local level; the Supporting People regime (and its impact on the quality of services); the Places of Change Programme; strategies to reduce rough sleeping; and more recent initiatives to support the 'hardest to reach'. However, many had concerns about the operation of the legislation and these are discussed in the following chapter which focuses on one of the main policy developments in recent years, the increased emphasis on homelessness.

Endnotes

- 1 Key related functions such as Housing Benefit remain subject to UK control. Further, the devolution of budget powers is further constrained by overall budget constraints set by the UK Government (Wilcox *et al*, 2010).
- 2 Formerly known as the Scottish Executive.
- 3 Under the Wales Act 2006, the WAG is also able to request Legislative Competency Orders for areas of policy where it wishes to make Welsh Measures (laws) which allows it to set out its policy direction and the legislation required more clearly than used to be the case (see Clapham *et al*, 2009).
- 4 Homeless Persons (Priority Need) (Wales) Order 2001.
- 5 See Quilgars *et al*. (2008).
- 6 Some ex-offenders may apply for accommodation or assistance in obtaining accommodation following a period in custody or detention because they have been unable to retain their previous accommodation, due to that period in custody or detention. In considering whether such an applicant is homeless intentionally, the housing authority will have to decide whether, taking into account all the circumstances, there was a likelihood that ceasing to occupy the accommodation could reasonably have been regarded at the time as a likely consequence of committing the offence.
- 7 In Scotland under the Housing (Scotland) Act 2001 and in England and Wales the Homelessness Act 2002. The Welsh Assembly Government had already, in 2000, provided funding to local authorities to develop comprehensive local homelessness reviews and strategies (Clapham *et al*, 2009).
- 8 These are: an overarching Community Strategy; a Health, Social Care and Well-being Strategy; a Children and Young People's Plan; and a Local Development Plan.

- 9 For more information see: <http://www.scotland.gov.uk/Resource/Doc/923/0054147.pdf>.
- 10 *Inside Housing*, 16/07/10.
- 11 The Homelessness Directorate merged with the Housing Care and Support Division to form the Homelessness and Housing Support Directorate in 2003. It was subsequently been renamed the Housing Delivery and Homelessness Directorate.
- 12 The Scottish RSI was different from the RSI in England in that it operated across the country. In England, the RSI was originally confined to London but was subsequently rolled out to other areas which had high levels of rough sleeping.
- 13 See Chapter 1 and *Broadway Street to Home* bulletins for more information (<http://www.broadwaylondon.org/CHAIN/NewsletterandReports>).
- 14 Only 41 out of the original 205 were still sleeping rough in April 2010 (Teixeira, 2010).

4. The prevention of homelessness

4.1 Introduction

This chapter focuses on the prevention of homelessness. It begins by discussing the emergence of homelessness prevention over recent years and briefly describes what homelessness prevention is in the UK context. The chapter then goes on to consider some of the risk factors associated with homelessness and the types of homelessness prevention interventions adopted before considering the effectiveness of these. The views of key stakeholders are considered throughout the chapter.

4.2 The rise of the prevention agenda

Local authorities have been legally required to assist homeless people in priority need and under imminent threat of homelessness, by taking reasonable steps to prevent them from losing their accommodation ever since the first homelessness legislation was passed in the late 1970s (see Chapter 3). All households which are found homeless, however, are legally entitled to advice and assistance from their local authority and all should be properly assessed to establish whether they are in priority need.

In recent years, the national governments of the UK have increasingly encouraged local authorities to adopt a more pro-active stance in preventing homelessness. Central to the drive in England and Wales has been the Homelessness Act 2002, which requires local authorities to develop homelessness strategies focussing on prevention (Fitzpatrick 2009; Pawson, 2007; also see Chapter 3). In England and Wales, the key feature of the new prevention model is the 'housing options' approach. Rather than focussing on their legal status under the homelessness legislation, households approaching a local authority for assistance should be given a formal interview offering advice on all of their housing options, which may include services such as rent deposit schemes or family mediation (Fitzpatrick 2009). As Pawson and Davidson (2008: 48) note, the homelessness guidance presents this approach 'as in tune with the consumerist ethic of empowering citizens'.

In Scotland, the Homelessness (Scotland) Act 2001 also requires local authorities to draw up strategies for tackling homelessness and under official guidance; the prevention of homelessness should form a key theme within these strategies. Prevention work has become more significant as local authorities respond to the target of abolishing the priority need distinction in 2012 as laid down by the Homelessness etc. (Scotland) Act 2003.

Research by Pawson (2007a) found the housing options approach, which has been so enthusiastically embraced in England, had only been adopted by a few authorities in Scotland. However, as the 2012 deadline to phase out the differential treatment of households according to 'priority' or 'non-priority' status approaches, with little prospect of increased housing supply, local authorities in Scotland are under increasing pressure to develop new approaches to prevention. The housing options approach has been promoted in the most recent homelessness prevention guidance (COSLA/Scottish Government, 2009). More recently, a Scottish Housing Options Funding Programme has been launched which involves a sum of £500,000 'enabling' funding over the period to 2012 which will be used to progress and develop housing options and advice services by local authorities.¹

To date there has been less emphasis on prevention in Northern Ireland although the Northern Ireland Housing Executive's 2002 Homelessness Strategy outlined a three-strand approach to homelessness, one of which is helping people to avoid homelessness (NIHE, 2002). However, the Housing (Amendment) Act (Northern Ireland) 2010, which received Royal Assent in April, aims to strengthen policies and procedures in relation to preventing homelessness. It also requires the Northern Ireland Housing Executive to ensure the provision of advice and information to homeless people.²

4.3 What is homelessness prevention?

Prevention can take many forms and services may intervene at different stages. A range of classifications of homelessness prevention has been suggested (see for example, Busch-Geertsema and Fitzpatrick, 2008; Pawson and Davidson, 2008; Welsh Assembly Government, 2004; and Shinn 2001). In general, these classifications cover three stages of intervention:

- *primary prevention* – activities that reduce the risk of homelessness among the general population or large parts of the population;
- *secondary (or crisis) prevention* – interventions focused on people at high potential risk of homelessness or in crisis situations which are likely to lead to homelessness in the near future; and
- *tertiary prevention* – measures targeted at people who have already been affected by homelessness that seek to prevent further occurrences (in the UK such measures were until recently referred to as 'resettlement' but are now generally referred to as tenancy sustainment or floating support³).

Busch-Geertsema and Fitzpatrick (2008) have used the term 'primary prevention' to describe activities that reduce the risk of homelessness among the general population or large parts of the population. International research shows that when affordable housing supply is adequate and wages and/or welfare benefits are sufficient to meet housing costs, overall levels of homelessness are likely to be lower than when affordable housing is scarce and wages and benefits are relatively low compared to housing costs (Shinn, 2007). At this level, general housing policy (supply, access and affordability) and the welfare system (availability of income benefits, housing benefits, employment protection and so on) are most relevant and some would argue, far more effective than interventions targeted on individuals or groups that may or may not become homeless (Shinn 2001).

In the UK, there is a broad-based research consensus that structural factors, in particular the shortage of affordable housing, are fundamental drivers of the overall scale of homelessness (see Chapter 2) and the Scottish government has clearly stated that homelessness prevention is not an alternative to increasing housing supply which remains a key priority (COSLA/Scottish Government, 2009). Nevertheless, the recent innovation in homelessness prevention is in paying more attention to individual risks and trying to tackle the immediate crises and the combination of support needs that can trigger homelessness and the reoccurrence of homelessness. Thus, recent homelessness prevention interventions have tended to fall into the latter two categories of prevention activity: secondary (or crisis) intervention and tertiary prevention (see Chapter 6).

Central Government in England defines homelessness prevention as covering:

- helping households to remain in their current accommodation;
- delaying a household's need to move out of current accommodation so that a move into alternative accommodation can be planned; and
- finding a household alternative accommodation (ODPM, 2005).

In Scotland, the official guidance defines homelessness prevention as, 'action to be taken by local authorities to prevent homelessness arising in the first place and then recurring' (Scottish Executive, 2005a, para. 2.1)

4.4 Risk factors associated with single homelessness

Policy documents and prevention guidance have emphasised the need for local authorities and services to be aware of the factors which place households at particular risk of homelessness, and to consider these when developing preventative services. Homelessness prevention guidance identify a number of specific risks for single homelessness⁴ which include, for example, family disputes; relationship breakdown; having been in the care of the local authority; previous service in the Armed Forces; problematic drug and alcohol use; and mental health problems.

4.5 The perceived benefits of homelessness prevention

Effective strategies that prevent homelessness are perceived to benefit individuals, families and communities and to result in significant savings in public expenditure (COSLA/Scottish Government, 2009; Homelessness Directorate, 2003; Johnson and Hambrick, 1993).

‘Alleviating homelessness is an expensive business both in monetary and societal terms; the principles of “spending to save” are proven in respect of homelessness prevention.’

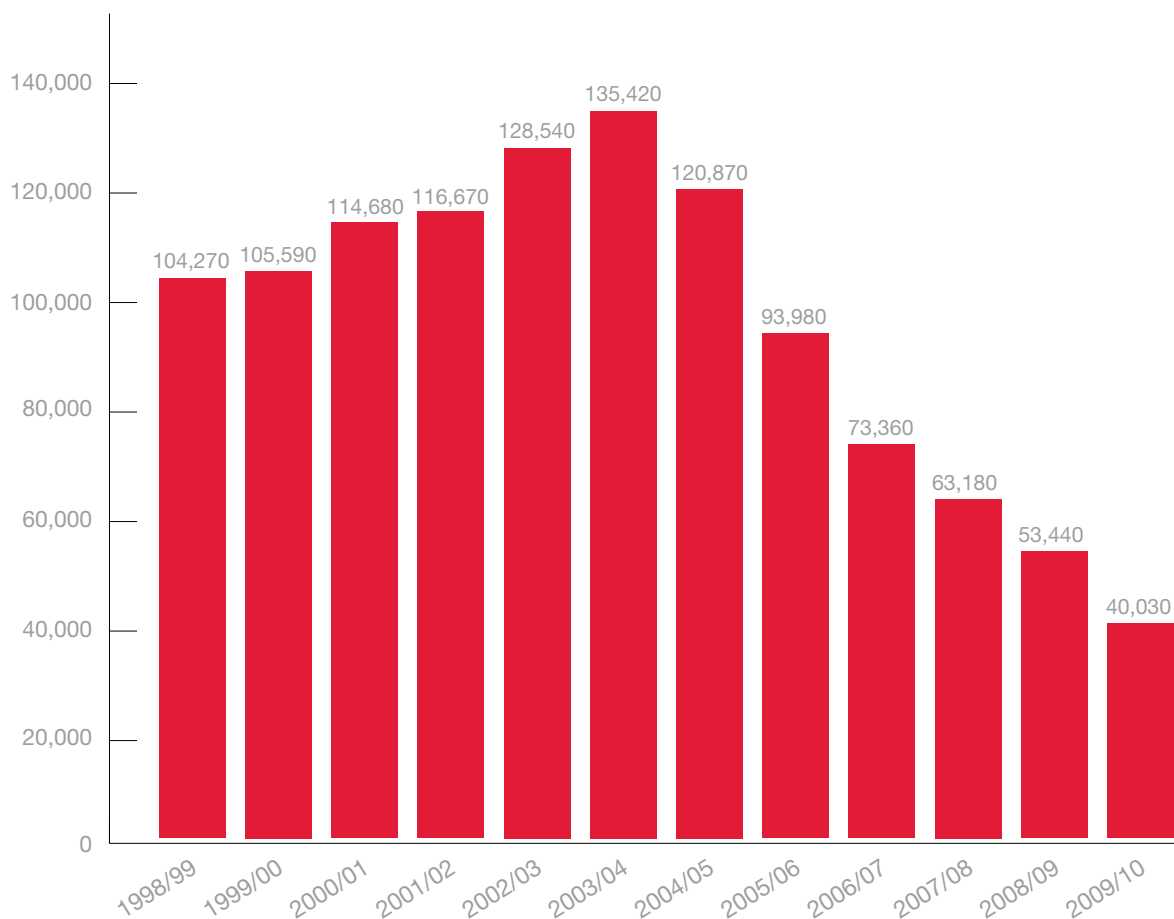
(COSLA/Scottish Government, 2009: 4)

Prevention programmes are also attractive because they do not necessarily involve the creation of new services as existing support services designed to prevent a recurrence of homelessness (such as tenancy sustainment) might also prove effective in preventing it from occurring in the first place (Pleace and Quilgars, 2003). Relevant housing support services (see Chapter 3) were expected to have a dual preventative role, stopping homelessness from reoccurring when it had already occurred⁵ and, wherever possible, preventing its occurrence in the first place (Welsh Assembly Government, 2004).

Although the new preventative approach has broadly been welcomed by statutory and non-statutory agencies alike, some have questioned whether the practices developed to ‘improve’ prevention empower consumers or deny them their rights (Pawson, 2007; Crisis, 2009). One of the main concerns is that the pressure from central government to reduce the numbers of statutorily homeless households has led to a situation where local authority staff focus their efforts on those in priority (or potentially in priority) need rather than other groups, i.e. single homeless people (Pawson, 2007; Pawson 2007b; Busch-Geertsema and Fitzpatrick, 2008). The decrease in the number of homelessness acceptances in England has been dramatic and the numbers are now lower than in any year since 1980. The numbers

of households accepted as homeless and in priority need fell steeply in the five years from 2003 to 2009 from 135,590 to just 41,790 (see Figure 4.1 below).

Research also suggests that some local authority officers are effectively gate-keeping⁶ (Pawson, 2006). For example, a ‘mystery-shopping’ study conducted by Crisis (2009) found that single homeless people often receive poor levels of assistance when they approach their local authority for help, and in some cases were advised that they were not eligible for help and turned away at reception. In response to such concerns, national governments have sought to make it clear that homelessness prevention is primarily about assisting clients to avoid homelessness rather than rationing social housing (Pawson 2006; COSLA/Scottish Government, 2009).

Figure 4.1 Total households found to be in Priority Need 1998/9 – 2009/10 England

Source: DCLG

4.6 Types of homelessness prevention intervention

Evaluations of preventative interventions in England and Scotland (Pawson 2006; Pawson 2007a) have found that the main types of prevention interventions have included:

- housing advice;
- rent deposit and related schemes;
- family mediation;
- domestic violence support (including refuges and Sanctuary Schemes⁷);
- assistance for (ex)-offenders; and
- tenancy sustainment/floating support.

There are also other interventions such as Family Intervention Projects which have

broader aims, such as addressing poverty and problems including anti social behaviour; youth crime; substance misuse; and domestic violence which may lead to homelessness (see for example Dillane 2001; White 2008). These projects have usually targeted families with children but there are exceptions. The Shelter Inclusion Project, for example, also works with single person households and couples without children who were at risk of homelessness because of anti-social behaviour (Jones 2006a, 2006b).

The types of homelessness prevention interventions reported by local authorities in England are described below.

4.7 Barriers to prevention

Pawson (2007a) identified a number of barriers to prevention; the main barrier reported by local authorities was a shortage of affordable housing. In recent years, in an attempt to overcome this barrier, increasing use has been made of the private rented sector (PRS) both to accommodate statutorily homeless households (temporarily and ‘permanently’) and others (non-statutory) homeless people. However, there are concerns about the suitability and quality of accommodation in the PRS as well as its appropriateness for vulnerable households (Shelter, 2007a). Rugg and Rhodes (2008: 21) have described a ‘slum rental’ market which exists at the bottom end of the PRS. The slum rental market tends to be the preserve of landlords who openly target extremely vulnerable tenants and where it is unlikely that tenancies could be sustained in the long term.

Other key barriers to prevention identified by Pawson (2007b) included:

- *inadequate funding* – homelessness prevention activities often require more expenditure in staff intensive services;
- *short-term funding* – which inhibits long term strategic planning; and
- *the attitudes of homelessness caseworkers and other local authority staff*. Staff-members often had ingrained attitudes which date from the era when homelessness was a strictly responsive service rather than one which emphasises a strategic, proactive approach.

Another barrier to prevention is the Shared Room Rate restriction, which was widely seen as compromising the scope for local authorities to prevent homelessness among young people aged under 25.⁸

4.8 The effectiveness of homelessness prevention

Overall, research suggests that homelessness prevention policies have had some success in reducing homelessness in the UK. Whilst acknowledging the probable contribution of increased gate-keeping by local authorities, Pawson (2007a) argues that it is highly likely that a substantial part of the dramatic fall in homelessness acceptances (statutory homelessness) in England since 2003/4 is attributable to homelessness prevention activities (see Figure 4.1).

However, the impact of preventative interventions on those found not to be in priority need, or single homeless people, is far less clear. Local authorities⁹ are required to record ‘assessment decisions’ and statistics on these, which, together with statistics on homelessness acceptances, are submitted to central government and published on a regular basis (quarterly in England). The official statistics only record those cases where the local authority determines that there is reason to believe that a household is homeless or potentially homeless (Pawson and Davidson, 2006). Those who are ‘filtered’ out at the ‘reason to believe’ stage or deterred from making a homelessness application will not be recorded (Pawson, 2007; Shelter, 2007b). In Wales, there is currently no consistent system of recording approaches from, or the outcomes found for, households who are seen by housing options or prevention officers (Clapham 2009).

In 2008/9 England introduced a new series of measures of preventative activity which are part of the P1E quarterly returns made to Communities and Local Government by local authorities reporting on the implementation of the homelessness legislation. The statistics record the extent to which local authorities have undertaken preventative activity, based on households who considered themselves homeless and who approached the housing options team in a local authority and received assistance that resolved

their situation. This requirement to record and report prevention activity has been recognised as a signal to local authorities to focus on 'positive assistance' rather than simply gate-keeping (Pawson, 2010). Recent analysis of homelessness prevention activity in England (i.e. cases where positive action was successful in preventing or relieving homelessness) shows that there were about 130,000 such cases in 2008/9, as compared with only 113,000 formal 'decisions' under the homelessness legislation, and 53,000 'acceptances' of households owed the main duty (Pawson, 2010).

The data cover households at risk of homelessness enabled to stay in their own home by use of the following services:

- mediation services (family mediators);
- conciliation services;
- homeless prevention fund payments;
- debt advice;
- resolving Housing Benefit problems;
- resolving rent/service charge arrears;
- via use of sanctuary scheme;
- crisis intervention;
- household enabled to stay in existing home by negotiation/legal advocacy (private sector); and
- mortgage rescue/intervention.

In addition, data are gathered on those cases where homelessness has been prevented by arranging alternative accommodation before homelessness occurs (see Table 4.1). These data are of limited use because they do not record the types of household receiving the different kinds of preventative interventions. Thus, it is unclear how many single homeless people may be receiving these forms of preventative assistance from local authorities.

Table 4.1 summarises the available data on homelessness prevention in England collected in 2008/9 and 2009/10. There was an increase in preventative activity over the course of these two years (the data only began to be collected and published in 2008/9). Overall,

165,200 households received assistance with homelessness prevention in 2009/10 compared to 123,370 in 2008/9 (an increase of 34% between 2008/9 and 2009/10). Notable increases in activity occurred in mortgage arrears interventions or mortgage rescue (which was 114% greater in 2009/10 than in 2008/9) and assistance enabling household to remain in rented housing (an increase of 64%) and referrals to supported accommodation (up by 70%).

It is difficult to relate the data on prevention directly to single homelessness in England. This is because the data record only the preventative activity undertaken and the number of potentially homeless households involved, not whether or not those households were single people, couples or households containing children. We know that the bulk of households accepted as statutorily homeless and in priority need in England are lone and two parent families with children, but whether the bulk of potentially homeless households approaching local authorities and receiving a preventative service are families, couples or single people is not clear. There is a strong case for recording which types of households are being helped and what their needs are. In addition, we do not know the proportion of households being helped more than once.

It should also be noted that not all those in housing need will approach the local authority for assistance, such as people who have been evicted, those who abandon or lose their home through family break up, mortgage arrears and debt and people leaving prison. There are thought to be a number of reasons for this including embarrassment about having to present as homeless and, importantly, because people do not expect that they will be eligible for housing and are unaware that they are, nevertheless, entitled to assistance (Pawson and Davidson, 2006; Wales Audit Office; 2007).

Table 4.1 Type of Homelessness Prevention and Relief, 2008/09 and 2009/10 England

Activity	2008/9	2009/10
Low cost home ownership scheme	70	200
Managed move of existing LA tenant	1,030	1,200
Crisis intervention - providing emergency support	1,440	2,300
Mortgage arrears interventions or mortgage rescue	1,680	3,600
Negotiation with a housing association (not part 6)	1,810	2,600
Financial payments from a homeless prevention fund	1,960	1,900
Resolving rent or service charge arrears	2,740	3,700
Mediation using trained family mediators	2,950	4,000
Accommodation arranged with friends or relatives	3,170	5,200
Sanctuary scheme measures for domestic violence	3,820	5,200
Resolving Housing Benefit problems	3,850	5,300
Negotiation or legal advocacy enabling household to remain in PRS	4,290	6,600
Conciliation including home visits	4,590	5,800
Debt advice	4,690	5,400
Other assistance enabling people to secure alternative housing	5,650	6,800
Supported accommodation	6,810	11,600
Hostel or House in Multiple Occupation (HMO)	7,350	9,500
Other assistance in enabling people to remain in their own home	7,500	2,900
Assistance enabling household to remain in rented housing	8,340	13,700
PRS without landlord incentive scheme	9,700	14,500
Nomination to housing association (part 6)	11,810	17,000
PRS with landlord incentive	28,120	36,200
TOTAL	123,370	165,200

Source: DCLG (2009 and 2010)

4.9 Effectiveness of interventions

There is little rigorous evidence about effective prevention practice and little reliable statistical evidence to form a basis on which to judge the relative effectiveness of different prevention interventions such as housing advice, rent deposit schemes, or tenancy sustainment services. As was noted above, official statistics have only just started to be collected in England and are restricted because they are confined to totals for all households. In addition, these statistics do not monitor service outcomes over time. This means it is not possible to know to what extent homelessness is being successfully prevented on an enduring basis by different types of preventative service.

Research studies have repeatedly stressed the need for improved practice in the monitoring and evaluation of homelessness prevention activities. These studies have also emphasised the need to focus on longer term outcomes or the sustainability of interventions rather than outputs (Pawson, 2007b; Sharp and Robertson, 2008; WAG, 2004). Many key stakeholders agreed that whilst homelessness prevention interventions such as tenancy sustainment, rent deposit schemes and, in particular, family mediation services for young people, appeared to have been successful, there was little hard evidence about longer term outcomes.

[The] evidence base is a real issue that's got to be dealt getting the right

methodologies in place to be able to prove effectiveness ... and then getting the resources in place to do that over long periods of time.

(Key stakeholder, statutory sector)

Key stakeholders believed preventative efforts had mainly focused on priority need groups, and that some of these had been viewed more sympathetically than others (in particular, young people and care leavers). In part this related to the need for some groups identified as at particular risk of homelessness to be assessed as vulnerable. For example, in England, ex-offenders are deemed to be in priority need if they are found to be vulnerable as a result of having spent time in custody. However, research suggests that ex-offenders may not approach local authorities for assistance because they do not expect to receive help (Pleace and Minton, 2009) and key stakeholders felt that for those who do seek assistance it is often difficult to prove vulnerability (see Chapter 3).

Many key stakeholders raised doubts about homelessness prevention, housing advice, or housing options practices. They were concerned that, as previous studies have suggested, local authority staff tended to focus effort on those in priority need rather than other groups at risk of homelessness who would also benefit from assistance and that, in some cases, homelessness officers were more concerned with reducing the number of homelessness acceptances than actually preventing homelessness.

[T]he fact is when you go to the council, far too often the discussion is about, not we could help you in all these ways, but is, are you in priority need or can we do anything we can to prove you're not in priority need, and therefore we won't help you.

(Key stakeholder, non-statutory sector)

Nevertheless, the housing options approach was regarded as promising and had the potential to benefit all groups in housing need

if it provided 'positive assistance' rather than being used as a means of gate-keeping. In particular, it was felt important that people were provided with realistic advice about all their housing options, including private renting, in a context where there was little chance of securing social housing.

Key stakeholders in Scotland explained that some local authorities were under extreme pressure to meet the 2012 target to remove the priority need distinction. Key stakeholders felt that whilst some local authorities were working extremely hard to develop and improve homelessness prevention interventions for all groups others were working equally hard to 'ration' scarce resources or were likely to do so as they approached 2012.

There is no way that [LA] can meet the 2012 target... their numbers of homeless presentations are very significantly reduced...and that is partly because they've got much better at preventing homelessness but...there are some issues around gate-keeping... I can see local authorities being a little more generous in their criteria about who is a priority but that may well be balanced by them being much meaner about who they assess as being genuinely homeless and who they give advice and support to.

(Key stakeholder, non-statutory sector)

4.10 Conclusion

The prevention of homelessness has been one of the most important developments in recent years and one which has been broadly welcomed by statutory and non-statutory agencies alike. However, doubts remain about how homelessness prevention activities operate in practice. Key stakeholders and commentators have questioned whether some of these interventions are driven more by the desire to reduce the number of statutory homelessness acceptances and to ration scarce social housing, than to prevent homelessness amongst all groups of homeless people. Further, there is little reliable evidence about effective prevention practice and the relative merits of different forms of intervention.

Endnotes

- 1 For more information see: <http://www.scotland.gov.uk/Topics/Built-Environment/Housing/access/homeless/HomelessnessPrevention>.
- 2 Although the significance of the 2010 legislation should not be dismissed, some commentators have argued that compared with other jurisdictions it is disappointing and its provisions fall far short of those contained in an earlier consultation document (DSD, 2004; Gray and Long, 2009).
- 3 Tenancy sustainment/floating support services are used both to prevent homelessness occurring in the first place and to prevent its reoccurrence.
- 4 Recent research has raised questions about the significance of some of these risks and crisis points, see for example, Johnsen *et al.* (2008) and Chapter 2.
- 5 In the UK activities and interventions aimed at preventing a reoccurrence of homelessness are normally referred to as 'resettlement' (see Chapter 6).
- 6 Gate-keeping has been described as the practice of preventing or discouraging people from making homelessness applications as opposed to preventing homelessness from occurring.
- 7 Sanctuary Schemes provide enhanced security and support for households at risk of violence which enables them to remain in their own homes, see Jones *et al* (2010).
- 8 The Shared Room Rate, which until recently (see Chapter 8) applied only to single claimants under 25 years of age living in privately rented accommodation, is effectively a ceiling on the maximum rent that can be taken into account when Housing Benefit is calculated. It does not directly affect the amount of rent a landlord can charge which can lead to a shortfall between what a young person receives in benefit and the amount they have to pay in rent.
- 9 In Scotland, local authorities are required to record all homelessness applications

although questions have been raised as to whether this is interpreted by local authorities as all homelessness enquiries or only those that are formally assessed (see Pawson and Davidson, 2006).

5. Housing and support services for single homeless people

5.1 Introduction

This chapter reviews the development of housing support services for single homeless people. It considers the range of provision available to single homeless people with varying levels of need. The chapter begins with a brief discussion of the definition and development of these services and then looks at some key issues for housing support services. The views of key stakeholders on developments are reported throughout the chapter.

5.2 An overview of housing support services

5.2.1 Changes in the types of housing support service provided 2000-2010

Housing support services are a fairly recent development and evolved out of a concern that homelessness services were often doing no more than 'warehousing' a group of single homeless men who would otherwise have been sleeping rough. Although some hostel services were intended to promote 'resettlement', i.e. prepare single homeless people to live independently and to secure paid work, most were relatively poorly resourced and tended to function mainly as long stay dormitories for single homeless people (Dant and Deacon, 1989). The charitably and church run night shelters were only intended to ensure people did not sleep on the street and were fed.

The new services focused on reducing the single homeless population in institutions (mainly men) by facilitating 'resettlement' of those groups. Three trends in housing support services for single homeless people were evident by the early 1990s (Dant and Deacon, 1989; Pleace, 1995):

- the replacement of very large hostels, which provided little more than emergency accommodation, with smaller supported housing schemes which offered more support. These newer forms of supported housing increasingly expected residents to enter a programme that prepared them for 'resettlement' and to encourage resettlement, often operated with a maximum length of stay of two years and were not direct access (i.e. they worked by referral from other services);
- the development of 'resettlement' programmes within some hostels, which used floating workers to help residents

secure housing and who supported them in the community; and

- the appearance of ‘resettlement services’ which placed single homeless people with support needs directly into a social rented tenancy with floating support.

Over the last decade, housing support services for single homeless people continued to change and evolve along these lines. There was an increasing use of smaller hostels and supported housing schemes that provided individual rooms or flats with key workers and other support staff and more use of floating support services (Pleace and Quilgars, 2003; Pleace, 2008a; Schertler, 2010). Some additional changes occurred in the range of service models used to provide support to single homeless people:

- ‘Resettlement’ services that used floating support workers became more common and were increasingly referred to as *tenancy sustainment services*. Tenancy support services have a two-fold preventative role in respect of single homelessness. First, these services can be used to minimise the risk of recurrent single homelessness and second, they can be used to prevent single homelessness among ‘at risk’ groups (see Chapter 4).
- Outreach services have become more widespread in the last decade. These services are targeted at people who might have difficult and challenging behaviour or find it difficult to approach services because of severe mental illness, low self esteem or because they find it hard to deal with bureaucracy. These services provide some direct support, including practical help and advice, but also help single homeless people to access other support services they require.
- Fixed site ‘move-on’ *projects* also became more common, these services employ ordinary housing to which a support worker is attached. Unlike floating support

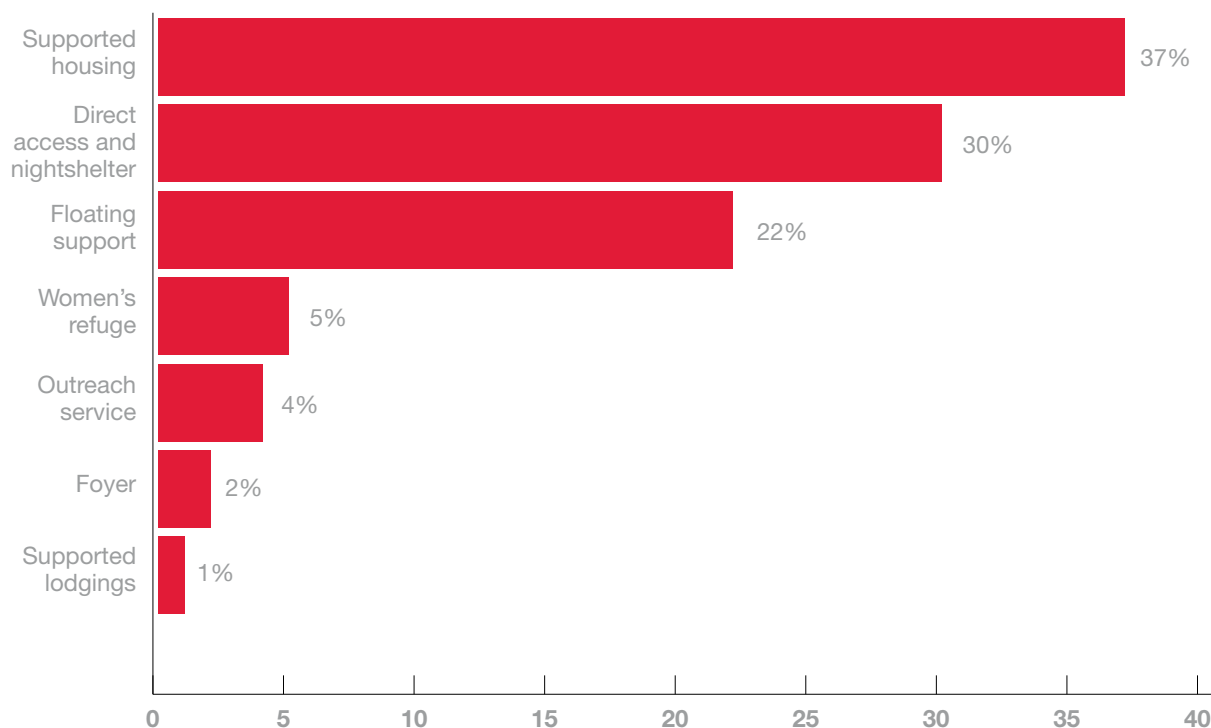
services, the worker is attached to the housing, not the individual single homeless person, and the expectation is that, when they are ready to live independently, the person will move out into their own housing. These services are often time limited. This type of service model is sometimes called dispersed hostels or transitional housing.

- There has been more development of specialist fixed site supported housing for specific subgroups of single homeless people, such as young homeless people, former rough sleepers with high support needs, women, and single homeless people from specific ethnic and cultural minority backgrounds.
- There has been more development of projects offering multiple forms of housing support, for example services that offer a mixture of a fixed site shared supported housing with dispersed accommodation and/or floating support with outreach services.

Figure 5.1 shows the broad type of housing support services, funded by local government contracts under the Supporting People programme in England that worked with single homeless people during 2008/9. At the time of writing, these were the most current data that were available that broke down service use by single homeless people.

While direct access and night shelter services providing emergency accommodation were significant forms of housing support provision to single homeless people in England (30% of all service activity with single homeless people), it was only one part of the housing support provided. Supported housing for single homeless people, working mainly by referral from other agencies rather than offering emergency accommodation, accounted for 37% of all service activity. Floating support services (including tenancy sustainment services and resettlement services) accounted

Figure 5.1 Use of housing support services by single homeless people in England in 2008/9 (service activity as percentage of all service activity with single homeless people during 2008/9)



Source: Client Record (<https://www.spclientrecord.org.uk/>), authors' analysis. Note: this data source is likely to contain some double counting.

for 22% and another 4% of activity was outreach services. Services primarily intended for other groups of people, refuges (for women at risk of domestic violence), foyers (for young people at risk of sustained worklessness) and supported lodgings (for young care leavers), also accounted for some of the housing support service activity with single homeless people. In England, housing support services for single homeless people are mainly provided by the third sector (48% of all service activity) and housing associations (37% of all service activity in 2008/9). Direct service provision by local authorities had become unusual, accounting for just 9% of service activity, with a range of service providers and joint funding arrangements accounting for the remaining 6%. Specific types of providers were more important in some sectors. For example, housing associations accounted for 55% of supported housing activity, while the voluntary sector accounted for 68% of direct access

service activity and local authorities accounted for 20% of floating support service activity. Equivalent data on the range and extent of housing support provision are not available for Scotland, Wales and Northern Ireland.

5.3 The changing roles of housing support services 2000-2010

The Supporting People programme (see Chapter 3) brought new levels of strategic planning and a specifically allocated budget for housing support services. Supporting People also generated extensive good practice guidance, including service commissioning guidelines for local authorities seeking to purchase housing support services for homeless people (Pleace and Quilgars, 2003), considerable sharing of good practice and the introduction of the Supporting People Client Records and Outcome Measurement systems that monitored the performance of the sector as a whole (CHR, 2010).

At local level, Supporting People promoted much greater coordination of housing support services. For example, the Camden Borough Council 'Hostels Pathway Model' introduced in 2007, created a network of interrelated housing support services that used a uniform assessment process to allocate access to required housing support. This model creates a 'pathway' through a mix of housing support services that will promote resettlement and tenancy sustainment, with different packages of housing support services being used in response to different needs.¹

As is described in Chapter 3, the Supporting People grant is no longer ring-fenced which will give local authorities more choice and control over which services they commission. As noted in Chapter 1, it seems probable that overall budgets for housing support services will be reduced over time and the Supporting People budget is to be reduced by 12%. Among the broader changes promoted by Supporting People, there has also been a change in what housing support services for single homeless people actually do. Initially, support provided by either fixed site services like hostels for single homeless people or supported housing projects were all focused on housing related support. Housing support services had essentially evolved out of a concern to minimise the extent of institutional

living by single homeless people, this meant the support they provided focused on the following areas:

- facilitating access to decent, suitable and affordable housing for service users;
- ensuring health and support needs were met, usually via joint working with social services (social work), the local primary care, community mental health and drug/alcohol services;
- providing training and support with 'daily living skills', i.e. the domestic skills needed to live independently, which might include cooking and money management;
- ensuring financial needs were met, i.e. making sure clients received all the benefits they were entitled to; and
- ensuring social needs in order to counteract isolation and boredom, by helping people to build informal social supports.

The activity of housing support services did not remain in this form for very long. Much of the resettlement work was centred on developing 'daily living skills', but it became apparent that the actual need for this form of support was quite limited. When the delivery of 'daily living skills' was critically evaluated, it became apparent that only a few single homeless people, mainly young people who had no experience of living independently, actually needed this form of help (Jones *et al*, 2001).

In the late 1990s, an increasing concern that single homelessness was merely one aspect of wider multiple disadvantage (see Chapter 2) led to a new emphasis on seeing the problems of single homeless people as centring not just on a lack of housing, but also including a range of related support needs. As it appeared that single homelessness was experienced by people with other specific needs, it became possible to draw associations between certain patterns of needs, characteristics and experiences to predict which people were at greater risk of single homelessness and thus to target

preventative interventions on these groups (see Chapters 2, 3 and 4). The following changes occurred and are still ongoing at the time of writing:

- A growing emphasis on prevention, for example in the use of tenancy sustainment services to provide support to lone adults seen as at risk of single homelessness, as well as for the resettlement of formerly homeless single people. Housing support services now play a significant role in delivering preventative services to potentially homeless single people and other groups at risk of homelessness (see Chapter 4);
- A growing emphasis on employment, training and education (ETE) (see Chapter 7); and
- In some floating support services, the pursuit of low cost approach that emphasizes different models of case management, i.e. housing support workers focusing on enabling access to services from a range of health, social care, housing and ETE providers and assembling a 'package' of support for a formerly, currently or potentially homeless single person.

5.4 Key issues for housing support services for single homeless people

5.4.1 The lack of move on accommodation

For more than two decades, hostels and supported housing projects for single homeless people have faced difficulties in arranging access to affordable, adequate, settled housing. The problem is essentially related to a shortage of affordable housing, a problem that affects most areas of the UK but which is most acute in London (Hills, 2007). The shortage of affordable accommodation has a number of impacts on housing support services for single homeless people:

- People remain resident in hostel and supported housing provision for longer periods than necessary and they are unable to move on in a literal and personal sense, because an absence of settled housing can limit the extent to which they can engage with normal social and economic life. For example, employers may be reluctant to interview someone whose address is known to be a service for homeless people (Pleace, 2000; Johnsen *et al*, 2005).
- The space available in hostels and supported housing, as well as in some direct access services, becomes restricted because existing service users cannot be moved on. This is usually referred to as the 'silting up' or 'warehousing' of single homeless people (Watkins, 2003; May *et al*, 2006; Scottish Executive, 2006).
- Issues arising because the quality of available social rented housing can be variable in some areas. This is sometimes less a matter of the physical condition of the stock than it is the nature of the neighbourhood in which that stock is located, as some neighbourhoods may be unsuitable for formerly or potentially homeless single people with high support needs because they are characterised by high rates of worklessness, crime

and anti-social behaviour. For example a single homeless person with mental health problems or with poor health is unlikely to be successfully rehoused if in an environment in which they are likely to be harassed by children, teenagers or their neighbours (Jones *et al*, 2006a).

- An increasing reliance on the lower end of the private rented sector as a means to provide move-on accommodation. If carefully arranged, use of the private rented sector can open up access to suitable housing for single homeless people (Luby, 2008; Carter, 2010; Mayor of London's Office, 2010), but issues can still exist with the availability of suitable and affordable private rented housing (Rugg and Rhodes, 2008).²

Single homeless people interviewed for this review reported that, whilst they had been grateful and relieved to have secured hostel accommodation, they could be frustrated at the time it had taken (or was taking) to find appropriate permanent housing. They could also find hostel life difficult and stigmatizing.

And I think if you're in the wrong place, if you've got any kind of social problems, it is (...) because it is pointless beating about the bush, hostels and places like that are full of drugs and drink, and that's a stigma that's attached to homelessness when there's a lot of people out there that are homeless that don't have these problems.

(Focus group service users)

5.4.2 Coordination with other services

While some housing support services are specifically designed for single homeless people – including rough sleepers with very high support needs – many housing support services are either designed to provide only basic, housing related support and/or undertake various forms of case management that use joint working to assemble a package of support for the single homeless people

they work with. Joint working between housing, social care, health and other required services can be essential if these housing support services are to be effective. Guidance on developing local homelessness strategies emphasizes the importance of effective joint working for these reasons (Randall and Brown, 2006).

5.4.3 Variations in success

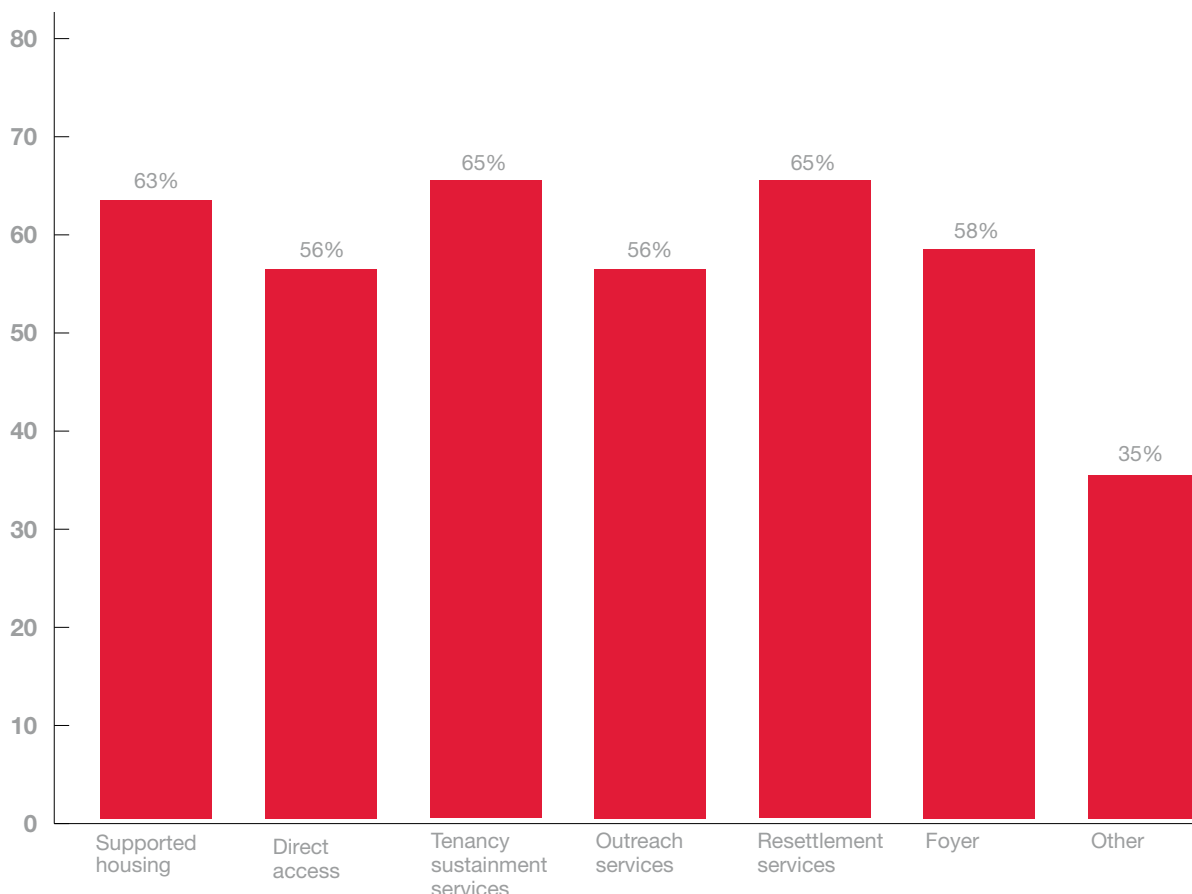
There is some evidence of mixed success among housing support services for single homeless people. A recent academic study in England, Wales and Scotland drew attention to the following variations and deficits in the emergency accommodation sector for single homeless people (night shelters and direct access hostels) (May *et al*, 2006):

- marked variation in the extent of emergency accommodation provision, with evidence of shortfalls in supply in rural areas;
- despite some improvements over standards in previous decades, variations in the quality of care and support provided by emergency accommodation services were evident; and
- concerns that the housing support services which did not receive Supporting People funding (i.e. under contract to a local authority) were less 'regulated' and that bad practice might escape notice.

Key stakeholders interviewed for this Review acknowledged that there had been significant improvements in hostel provision over recent years. A number of policies were perceived to have been particularly important in facilitating and encouraging change including the various rough sleeper initiatives and, more recently, Supporting People and the Places of Change Programme (see Chapter 3).

...one of the big things that's happened, you know, with the old rough sleeping strategy and the SP work and the Places of Change programme is getting rid of some of the great big huge hostels ...

Figure 5.2 Percentage of all moves by single homeless people with support needs from housing support services that were planned in England in 2008/9



Source: Outcomes Data (<https://www.spclientrecord.org.uk/>) Authors' analysis. Note: these data cover all single homeless people with support needs, including those accepted as in priority need.

[there was]... a hundred and ninety-two bed direct access hostel and people used to cry when Shelter said there's a bed space there- 'I'd rather stay on the streets'.

(Key stakeholder, non-statutory sector)

coming into hostels don't get a positive outcome, and even the ones who do ..., a third will move into another hostel. So ... as a route off the street, it's very linear and not particularly effective.

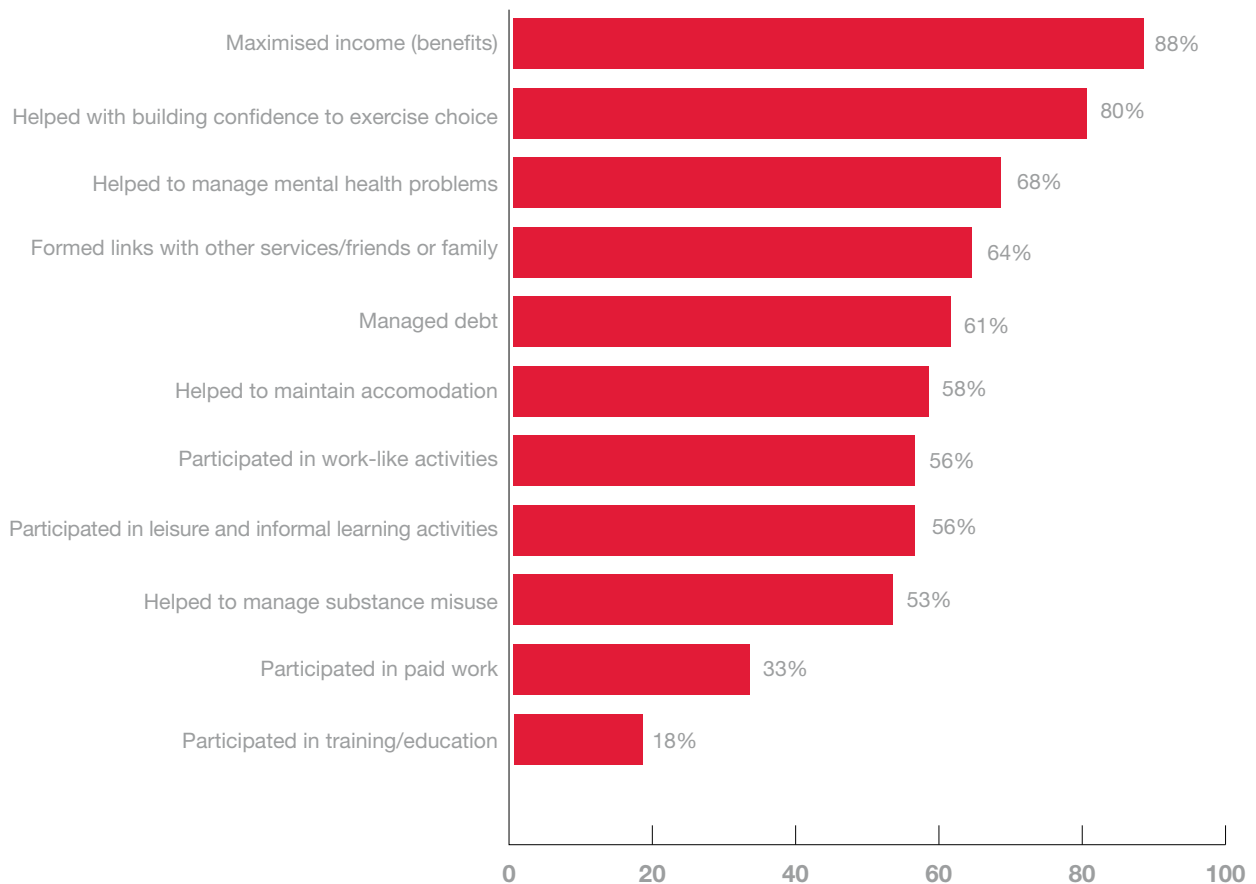
(Key stakeholder, statutory sector)

Although there had been improvements in hostel provision some problems remain. Many key stakeholders questioned how successful many hostels (including those that had received Place of Change funding, see below) were in helping people move on efficiently and effectively.

So most people are coming off the streets into hostels, but over half the people

Drawing on data from England on those services receiving Supporting People funding (i.e. under local authority contracts), there is some evidence of mixed success among housing support services. Looking at one client group, single homeless people with support needs it can be seen from the Outcomes Data statistics for 2008/9 that, overall, 61% of moves from these services by all single homeless people with support

Figure 5.3 Percentage of all single homeless people with specific needs whose needs were addressed by housing support services in England in 2008/9



Source: Outcomes Data (<https://www.spclientrecord.org.uk/>) Authors' analysis. Note: these data cover all single homeless people with support needs, including those accepted as in priority need.

needs³ were 'planned moves', meaning 39% of all moves were not planned. These are the latest detailed data available at the time of writing. The success rate, in terms of planned moves, was highest for supported housing services, tenancy sustainment services and resettlement services, with outreach and direct access services (including night shelters) understandably being less successful.

This variation is also evident when other indicators from the 2008/9 Outcomes Data (the most recent available at the time of writing) are analysed, again looking specifically at individuals classified as within the 'single homeless people with support needs' client group. Figure 5.3. shows

considerable successes, for example 88% of single homeless people with a need to have their income maximised from benefits were recorded as having had that need met. Similarly, 80% of those who needed help with self confidence and 68% of those who needed help to manage mental health problems were recorded as having those needs met. In other respects, such as the management of substance misuse and participating in paid work, housing support services were less successful.

The data shown in Figures 5.2 and 5.3 are partial, they only cover single homeless people with support needs, which is not the same as all single homeless people (see

Chapter 2) and they are confined to England. Yet, alongside the recent survey covering England, Scotland and Wales (May *et al*, 2006), they do add to the evidence suggesting that the success of housing support services in meeting the needs of single homeless people can be variable. Several factors need to be borne in mind when looking at these figures and considering other data on service outcomes from housing support services:

- contextual factors that are not under the direct control of housing support services can influence their success rate, two examples given above are supply of suitable and affordable housing and the willingness and capacity of other services to engage in joint working; and
- some level of failure is inevitable; housing support services are often working with individuals with complex needs and challenging behaviour.

As noted in Chapter 2 there is a relative absence of data on service performance from other parts of the UK outside England (and within England for those services not under contract with local authorities). There is also a lack of longitudinal data that would allow service effectiveness to be monitored over time, e.g. it is not clear to what extent the gains in well-being shown in the Outcomes Data for England are sustained after service contact has ceased. More comprehensive monitoring of service outcomes on a UK wide basis needs to be coupled with some collection of longitudinal data. This will enable better judgements to be made about service effectiveness, enable better commissioning and can be used as the basis to encourage good practice.

There has been an improvement in guidance provision and in the sharing of good practice in the last decade, particularly since the introduction of the Supporting People programme. However, issues around the strength of the evidence base underpinning some recommendations for good practice do sometimes need to be carefully considered.

As noted above, the provision of support in 'daily living skills' was widely advocated as good practice, until a systematic appraisal raised questions about the need for it (Jones *et al*, 2001).

Key stakeholders also stressed the importance of rigorous monitoring and evaluation of all types of intervention. Whilst welcoming positive changes such as the provision of high quality accommodation and on-site facilities for training, education and health, many believed that the evidence base remains weak (see also Johnsen and Teixeira, 2010).

5.4.4 The development of Housing First

An important recent innovation in housing support is Housing First⁴ which originated in the US. Originally, the pilot programme, run by an agency called Pathways to Housing, was intended for homeless people with a severe mental illness and has subsequently been used with single homeless people with substance misuse and/or mental health problems (Larimer *et al*, 2009; Tsemberis, 2005; Tsemberis *et al*, 2007). This model has been replicated and/or adapted in many developed countries including Australia, France, Japan, the Netherlands and Ireland and some versions of Housing First are also currently being piloted in the UK. Housing First places single homeless people with severe mental illness and/or problematic drug or alcohol use directly into permanent independent housing without any requirement for clients to accept more than a minimum level of support from visiting workers.

This approach differs radically from traditional 'staircase' or 'linear' approaches which are prevalent in the US and other developed countries including the UK (what Johnsen and Teixeira (2010) have also described as the 'elevator' approach). In essence, these approaches are 'treatment led' which means that they tend to place single homeless people with severe mental illness and/or problematic drug or alcohol use in supported housing which provides (often compulsory) treatment

and only placing those people in ordinary housing once that treatment is complete. Some models have one or two stages between an 'intensive' supported housing service and ordinary housing, which are shared forms of housing with lower levels of support provision. Some commentators advocate the Housing First model as one which is very effective, others are more hesitant.

5.5 Conclusion

The provision of housing support services for single homeless people has developed considerably over the last decade. The Supporting People programme has been reported as promoting good practice, good strategic planning and as helping facilitate innovation in service provision, including the development of joint working, integrated models of housing support and a new role in homelessness prevention. This policy framework is about to undergo a fundamental change and although the consequences of that change are not clear at the time of writing, it seems likely that localism, the Big Society and ongoing spending constraint will have some effects. Beyond concerns about funding, housing support services are directly affected by affordable housing supply, in that both accommodation based services like hostels or floating support services like tenancy sustainment services need a supply of adequate and affordable housing stock in order to function. If affordable housing supply constricts, this will have an impact on service effectiveness. Equally, many housing support models are reliant on joint working; if health, social care and drug and alcohol worker budgets are cut, housing support services may be affected because it could be more difficult to coordinate with the other services a single homeless person needs. Housing support services have adapted and changed considerably over the last decade and it will be interesting to see whether Housing First models, which are increasingly widespread in other economically developed countries also becomes an important part of the housing support sector in the UK.

Endnotes

- 1 See <http://www.camden.gov.uk/>
- 2 Shelter and Crisis are currently undertaking a three year longitudinal study of the use of the PRS for vulnerable households, see: <http://www.supportsolutions.co.uk/forum/viewtopic.php?f=17&t=4979>
- 3 This figure includes single homeless people with support needs in priority need as well as those who had not been found statutorily homeless. It is based on the client group 'single homeless people with support needs' it does not include individuals who were recorded as homeless but who were not recorded as being within this client group.
- 4 See Johnsen and Teixeira, 2010.

6. Single homelessness and health

6.1 Introduction

This chapter reviews the interrelationships between single homelessness and physical and mental health. The chapter begins by summarising evidence on the health status and briefly considering some of the issues that arise when attempting to measure the impacts of single homelessness on health status. The chapter then considers the debates around the best ways in which to improve health status and well-being for single homeless people, centring the discussion on improving access to health services.

6.2 The effects of single homelessness on health

Single homelessness can potentially represent a range of risks to mental and physical health. These risks centre on exposure to poor living conditions and sometimes to the weather; difficulty in maintaining personal hygiene without adequate facilities; a poor diet; and high levels of stress (Pleace and Quilgars, 1996; Hinton, 2001; Quilgars and Pleace, 2003).

Single homelessness also exposes people to a physical danger. Women may be particularly vulnerable to physical and sexual assault and there is evidence that some people sleeping rough are attacked by gangs of young men (Jones, 1999; Pleace, 2000). It is not only people sleeping rough that face physical attack, some emergency accommodation and supported housing has a low standard of physical security.

Single homelessness can also be an extremely stressful experience. The sources of stress are multiple, including physical discomfort, hunger, fear of physical harm and also the stigmatisation of homeless people by some sections of society (Hinton *et al*, 2001; Quilgars and Pleace, 2003; Rees, 2009). There is strong, sustained evidence of an association between single homelessness, rough sleeping, and moderate and severe mental health problems (Gill *et al*, 1996; Fazel *et al*, 2008). Where someone has a pre-existing mental health problem, exposure to single homelessness may potentially cause that problem to worsen. Some British research has suggested a high rate of suicide among single homeless people with a diagnosis of schizophrenia (Bickley *et al*, 2005).

Problematic drug and alcohol use can be very prevalent among some single homeless people. Very high rates of consumption, at levels that will undermine health and shorten

Table 6.1 Some recent studies on the health status of single homeless people in the UK

Reference	Groups involved	Year	Diagnosed mental illness
Gill, B.; Meltzer, H.; Hinds, K. and Petticrew, M. (1996), <i>Psychiatric morbidity among homeless people</i> , London: ONS.	Single homeless people (predominantly former and current rough sleepers) largely males. Multiple sites in England.	1996	Assessed using diagnostic tool 8% of residents in homeless hostels and up to 60% of users of daycentres and night shelters with severe mental illness
Office of National Statistics (2000), <i>Health and Well-Being Among Homeless People in Glasgow</i> , London: ONS	Hostel dwelling single homeless people including former rough sleepers largely males. Glasgow.	2000	6% estimated to have severe mental illness and 44% assessed using diagnostic tool as having some form of psychological disorder. Evidence of low intellectual functioning, particularly among older people.
Fountain, J.; Howes, S. and Strang, J. (2003), 'Unmet drug and alcohol service needs of homeless people in London: A complex issue', <i>Substance Use and Misuse</i> , 38, 3, pp. 377-393.	Single people sleeping rough. London.	2000	Not recorded
Wincup, E.; Buckland, G. and Bayliss, R. (2003), <i>Youth Homelessness and Substance Use: Report to the Drugs and Alcohol Research Unit</i> , London: Home Office.	Young homeless people in multiple situations, high experience of sleeping rough. Multiple sites in England.	2003	Not examined in detail, however 18% reported a 'diagnosed' mental health problem. Only 30% of sample reported not suffering from depression and other mental health problems, meaning 70% reported at least some form of depression or mental illness.
St Mungo's (2009), <i>Happiness Matters: Homeless people's views about breaking the link between homelessness and mental ill health</i> , London: St Mungo's.	Mix of former and current rough sleepers and people with high support needs at risk of sleeping rough, mainly male. London.	2008	Not assessed using diagnostic tool. 36% of all St Mungo's service users, 18% of hostel and night shelter users
Homeless Link (2010), <i>The Health and Wellbeing of People who are Homeless</i> , London: Homeless Link.	Mainly single homeless people but including other groups using housing support and other homelessness services. National level monitoring system covering several hundred services.	2010	Not assessed using diagnostic tool. 72% self reported a mental health need, including stress. 45% reported a 'long term need'. 14% reported self harming, 12% that they 'heard voices'
Broadway (2010), <i>Street to Home Annual Report 1st April 2009 to 31st March 2010</i> , London: Broadway	Long term rough sleepers, people with a history or at risk of sleeping rough other street using people and single homeless people making use of services in 2009/10. London.	2010	Not assessed using diagnostic tool 8% assessed as having mental health problems (only) and a further 17% assessed as having combined problematic drug/alcohol use and mental health problems.

	Problematic drug use (banned substances)	Problematic alcohol use	Combination of severe mental illness and problematic drug and/or alcohol use	Poor physical health
	25% of hostel residents 40% of single homeless people in nightshelters and daycentres	16% of hostel residents, 44% and 55% of night shelter and daycentre users	36% of hostel residents, 25% of daycentre users, 33% of night shelter residents	50% of hostel residents, 60% of daycentre and night shelter users with long term limiting illness or physical disability. Very high consumption of tobacco.
	Not present among people aged over 55, but very prevalent among 25-34 year-olds (70% overall, with 51% heroin dependent).	Over 50% of total sample with older people (55 plus) particularly likely (63% of older people). Less prevalent among 16-24 year-olds (37%)	Not reported directly, but two thirds of all respondents reported hazardous levels of drug and/or alcohol use, rising to 84% among 25-34.	Over one quarter rated their current health as bad or very bad. Almost two-thirds reported longstanding mental or physical illness.
	68% of people sleeping rough reported as having a need for drug services	25% of people sleeping rough reported as having a need for alcohol services	Not recorded	Not recorded
	89% had used drugs in the last year, 76% in the last month and 73% in the last week. 30% had taken heroin in the last year and 27% had used crack cocaine.	19% exhibiting daily or near daily drinking, 13% reported that they thought they had alcohol problem, 36% had tried to reduce drinking.	Not examined in detail but problematic drug use and mental health issues were very widely reported by young homeless people.	Not examined in detail, but 50% of drug users and 27% of alcohol users expressed concerns about use affecting their health. Very high consumption of tobacco.
	22% (including combined with alcohol use)	5% (only using alcohol)	26% with problematic drug or alcohol use and mental illness. An additional 18% with problematic drug and alcohol use and mental illness	Not examined in detail
	52% were involved in illegal drug use, 28% cannabis, 13% heroin, 13% crack cocaine. Overall, 4% injected.	20% reported drinking more than four times a week.	Not reported in detail.	82% reported one or more health care needs and 56% reported long term physical illness. One in five reported their physical health problem was 'difficult to manage'. Very high tobacco consumption. Evidence of poor diet.
	9% involved in problematic drug use and further 8% involved in problematic drug and alcohol use without reported mental health problems (total 15%).	14% involved in problematic alcohol use (without reported mental health problems or drug use)	17%. 7% reported as having problematic alcohol use and mental health problems, 4% reported as having problematic drug use and mental health problems and 6% with problematic drug and alcohol use and mental health problems.	Not recorded.

life expectancy, have been reported in a range of research conducted among people sleeping rough and homeless people in emergency accommodation in the UK (Gill *et al.*, 1996; Glasgow Homelessness Partnership, 2002; Quilgars and Pleace, 2003; Rees, 2009).

There is evidence that people with experience of single homelessness and sleeping rough die prematurely. Their life expectancies may be significantly less than the average citizen, as much as a matter of twenty or thirty years (Brimblecombe, 1998).¹

There is very considerable evidence of a group of single homeless people who are characterised by very high rates of severe mental illness often coupled with problematic drug use and poor physical health in the UK. Some research refers to this group as 'multiply excluded' single homeless people. While the evidence base on the health of single homeless people is quite extensive in the UK there are two issues with it that should be noted. The first issue, which is a significant one, is that medical research began to focus on the health and well-being of single homeless people as evidence of rising levels of people sleeping rough and homelessness more generally attracted policy and media attention from the late 1980s to early 1990s. As homelessness levels began to fall in the 1990s and, in particular, levels of people sleeping rough were seen to fall, medical researchers began to direct their attention to other areas of concern. This means our evidence base on health status, in terms of work conducted by clinicians for clinicians, is rather out dated at the time of writing (Quilgars and Pleace, 2003). The second issue is a longstanding one that applies as much to some of the more recent work as to that conducted in the 1980s and 1990s, which is that research and data collection tends to focus on those who are sleeping rough. We know a lot less about the health status of single people in other 'houseless' groups.

Table 6.1 summarises some of the more recent studies on the health status of single homeless people in the UK that have focused on people with a history of street homelessness or who were using hostels or night shelters that provide emergency accommodation. As can be seen, there is a considerable continuity between the results of the first study cited (published in 1996) and the most recent reports (published in 2008 and 2010). The high rates of mental health problems and problematic drug and alcohol use reported among single homeless people at risk of sleeping rough and in hostels or direct access accommodation show a startling continuity over 14 years. There are rates of mental illness, often combined with problematic drug and/or alcohol use that are many times the levels that exist among housed people in the UK.

Table 6.1 reports studies and data focused on specific groups of single homeless people. As was noted in Chapter 2, there is evidence from the USA and some (more limited) evidence from the UK and from Europe that some single homeless people have low support needs (including levels of severe mental illness, problematic drug and alcohol use that are much lower than among the groups of single homeless people shown in Table 5.1). The extent of the groups of single homeless people with lower support needs in the UK is not clear at present, but there are reasons to believe that such groups do exist across the European Union and in the UK (Stephens *et al.*, 2010).

International reviews on the prevalence of severe mental illness among single homeless people who are either sleeping rough, at risk of sleeping rough or in various forms of emergency accommodation have reported diverse, though almost always high, rates of serious mental health problems (Fazel *et al.*, 2008). Such research suggests an association between severe mental illness and single homelessness exists in many societies that can be compared with the UK, including those with both more and less extensive welfare systems (Shinn, 2007).

Since Crisis first explored the area in the early 1990s (Citron *et al*, 1994), evidence that people sleeping rough can experience high rates of tuberculosis infection has mounted. Various studies in London have reported extremely high rates of TB among single homeless people, including higher rates among single homeless people than among other 'at risk' groups such as people involved in problematic drug use (Story *et al*, 2008).

The associations between single homelessness, ill health, severe mental illness and problematic drug and alcohol use are clearly shown by research. However, it must also be noted that the precise measurement of the direct impacts of single homelessness on health and well-being can actually be quite difficult for four reasons:

- Exposure to the various risk factors that single homelessness presents to health and well-being seems more likely to have a detrimental effect on health and well-being if single homelessness is long term experience. As we lack some basic data on the nature of the single homeless population (see Chapter 2), we are not entirely clear how often the experience of single homelessness is a sustained one, which makes the wider effect of single homelessness on health and well-being quite difficult to judge.
- The experience of single homelessness can vary considerably depending on what services are available. Some services are high quality, offering safe and supportive environments (Quilgars and Pleace, 2011). By contrast, some hostel, day centre and night shelter environments might represent some risks to health and well-being if they are used for prolonged periods, particularly where such services are not intended for long term use (Pleace and Quilgars, 1996).
- Many single homeless people appear to be characterised by long term experience of worklessness, relative poverty and

poor housing conditions, all of which are associated with poor health status, before they become homeless. They may also make a return to a situation of relative poverty once their experience of homelessness comes to an end. This makes the direct effect of single homelessness on their health and well-being more difficult to assess, particularly as we also tend to lack data on this issue (see Chapter 2).

- While we can be certain that there is a relationship between specific health and support needs and single homelessness, particularly severe mental illness and problematic drug and/or alcohol use, that relationship seems to vary. There is evidence that mental health problems can be a trigger for single homelessness, can result from single homelessness, can worsen due to single homelessness and that pre-existing mental illness can remain at a constant level throughout the experience of being homeless (Cohen and Thompson, 1992; Quilgars and Pleace, 2003). Equally, as noted above in Chapter 2, problematic drug use can be a direct trigger for single homelessness, arise during single homelessness or, where there is an existing problem prior to becoming homeless, that problem can worsen during homelessness (Pleace, 2008b). As the evidence suggests that these health and support needs can be both triggers and consequences of single homelessness, determining the extent to which they cause or are caused by single homelessness is difficult. Again, this is an area where the research base is not as well developed as it could be in the UK.

As was noted in Chapter 2, some longitudinal American research suggests that single homelessness might exist in two broad forms, a 'high need' multiply excluded or chronically homeless group and a 'low need' group whose homelessness seems to arise for more economic (e.g. job loss) or social reasons (e.g.

relationship breakdown). The first group of 'chronically' single homeless people is very likely to exhibit high rates of severe mental illness and problematic drug and/or alcohol use, but the second group of single homeless people appears much less likely to exhibit severe mental illness or problematic alcohol and/or drug use. Although we cannot assume that patterns in single homelessness will be the same in the UK as they are in the USA, in part because of the very different welfare systems in the two countries, some UK data and European research does indicate a similar pattern (Stephens *et al*, 2010). If such patterns are present in the UK, this is potentially important in policy terms because if poor health and support needs are exaggerated as a 'cause' of single homelessness, it becomes much easier to 'blame' homelessness on individual characteristics and draw attention away from other potential causes, such as insufficient affordable housing supply, labour market failure and inadequacies in welfare systems (Riley *et al*, 2003; O'Sullivan, 2008 and see Chapter 2).

Some key stakeholders shared the perception that single homelessness should not be equated with a population who all had high health care needs. A distinction was made between a small group with high needs and another group with lower health care needs.

... well people used to be on the streets... and there may be one or two people left who have still... got very, very difficult to define mental health issues. But, all these people have moved off the streets and got on with their lives, to a large extent [but] there is a group of people with really complex multiple needs who need extra help.

(Key stakeholder, non-statutory sector)

6.3 Improving the health of single homeless people

6.3.1 Barriers to health care for single homeless people

A systematic review of the British research to date which was conducted for NHS Health Scotland in 2003 (Quilgars and Pleace, 2003) concluded that the main barriers to health included:

- *organisational barriers* - both in the sense that some homeless people find it difficult to engage with the bureaucracy of mainstream health services and in the sense that mainstream health services find it logistically difficult to adapt their bureaucracy to homeless people, a good example of this is setting appointments to see a GP or to attend treatment as an outpatient, some more chaotic single homeless people may find it very difficult to fit into such a structured arrangements, equally the NHS bureaucracy finds it very difficult to deal with patients who have an inability to attend appointments;
- *attitudinal barriers from service providers* - this applies when homeless people find it difficult to access services because those administering or delivering those services have hostile attitudes towards homeless people;
- *attitudinal barriers among homeless people themselves* - this can be significant in terms of a homeless person's self image, with feelings of worthlessness, or an anticipation of rejection, leading some homeless people not even to approach health services, it can be particularly acute among people sleeping rough (Pleace *et al*, 2000);
- *mental health and drug and alcohol dependency* - these can make it difficult for homeless people to access and engage with health services; and

- a focus on immediate problems of survival while homeless, leading to homeless people sometimes delaying presenting with health problems, a focus on immediate survival can also be a reason why appointments might be missed.

6.3.2 Debates about specialist and mainstream health service provision

A series of studies have suggested that despite the presence of free universal health care in the UK, such barriers to health care still exist. As noted above, these barriers centre on the stigmatisation of single homeless people, linked to a belief that all are involved in problematic drug and alcohol use and will present with a severe mental illness. In the 1990s, work by Health Action for Homeless People in London used ‘mystery shopping’ techniques, i.e. researchers presenting themselves as homeless and non-homeless people and trying to register with a general practitioner and found that GP receptionists often refused to register someone who presented as ‘obviously’ homeless (Hinton, 1992 and 1994). Later work suggested that prejudicial attitudes were also encountered by single homeless people trying to use accident and emergency services (Pleace and Quilgars, 1996; Centre for Economic and Social Inclusion, 2005).

For well over a decade, the debates around improving the health status of single homeless people have focused on the relative strengths and weaknesses of providing specialist health services targeted specifically on single homeless people (Pleace and Quilgars, 1996). The arguments for specialist services centre on the difficulties that single homeless people can face when they try to access the mainstream National Health Service (see above). From the 1980s onwards, specialist interventions were developed, ranging from programmes like the Homeless Mentally Ill Initiative through to specific projects such as Great Chapel Street Medical Centre in London, Luther Street Centre in Oxford or the Bristol Homeless Health Service. These

services were focused on single homeless people and presented none of the barriers to access that were seen as a potential obstacle to single homeless people trying to access the NHS. Services could also be provided that target particular subsets of the single homeless population, such as people with co-occurring moderate to severe mental health problems and drug and/or alcohol issues.

Specialists in health and homelessness sometimes argue against specialist services of this sort, saying that the only way to actually address the health care needs of single homeless people properly is to end their homelessness (Hinton, 1992 and 1994). It was argued that no health service will be effective if someone is homeless during or after treatment because the risks to well being remain and providing continuity of care is much more difficult if someone does not have a settled home.

There is also a concern that separating out single homeless people from mainstream services automatically compromises the quality of care that single homeless people can receive and they will not become familiar with the NHS services they would use when re-housed (Pleace and Quilgars, 1996; Riley *et al*, 2003; Quilgars and Pleace, 2003). Yet while there is a case for ‘mainstreaming’, it is still the case that some single homeless people find it difficult to access mainstream services and that it was sometimes difficult for mainstream services to work with them (Pleace *et al*, 2000).

For people who are in that chaos going in with like deep, deep vein thrombosis, you know, gasping for, for their drugs, you know, and being a bit lairy with the receptionists, yeah, they should be using mainstream services but they're going to get banned.

(Key stakeholder, non-statutory sector)

International evidence suggests that single homeless people with high support needs

can benefit from 'case management' models (Hwang *et al*, 2005). Case management can take several forms, these include a case manager being in a position to commission specific health and social care services for a homeless person, through to models in which the case manager acts as a coordinator and facilitator of access to services, in effect acting as an agent on behalf of a single homeless person. There is some evidence of success of how the NHS, homelessness services and other agencies can and do work well together in providing a coordinated response in addressing health and other support needs (Quilgars and Pleace, 2003; Scottish Executive, 2005b). Some of the key stakeholders interviewed for this review commented on how well joint working could function:

The ... hostel that I ran, the day they came in I could register [homeless people], had a really good sympathetic health service, I could get them scripted the next day, you know, all the bloods, all, everything sorted out with a complete open flow of information between us, the client and the doctor, you know, all that kind of stuff which, you know, ten years before would have felt like a miracle is just standard day-to-day practice, and that's in place in lots of places.
(Key stakeholder, non-statutory sector)

Problems in service coordination and joint working, sometimes linked to inadequate practice and sometimes to resource issues, can undermine case management as an approach for tackling the health needs of single homeless people (Quilgars and Pleace, 2003; Riley *et al*, 2003). Key stakeholders sometimes reported that there had been some improvements but still sometimes expressed frustration at these arrangements not working properly:

I do think stuff has improved. There are still barriers...the most frustrating problem is where someone has a drug or alcohol

problem and a mental health problem and can you get the mental health services to treat, well they don't know because it looks like it's a drug induced psychosis, that actually there's an underlying mental health problem. So where do you start?
(Homelessness specialist, statutory sector)

While the new Government has pledged to protect health expenditure over the period 2011-2015, there will be pressure to make efficiency savings and cut costs and any NHS expenditure specifically on single homelessness will have to be clearly justifiable. Another potential issue for specialist health services for single homeless people is GP commissioning. A GP practice would want to identify a specific need for a health service for single homeless people that benefits the area it serves before commissioning that service and unless that area has a significant single homeless population it may be difficult to demonstrate a need for specialist homelessness provision. There may be arguments for keeping the commissioning and strategic planning of health services for homeless people at city wide or regional level for this reason.

Specialist homelessness services for single homeless people are a relatively expensive option that could be seen as benefitting relatively few people. However, specialist services might actually be cost effective. In that an accessible specialist GP and nurse practitioner service for single homeless people might have a lower cost per person than the alternatives, as without a specialist service, single homeless people would instead rely on (more expensive) Accident and Emergency hospital services and might also be more likely to experience a (very expensive) unplanned admission to psychiatric care. However, the evidence base available to explore such arguments in the UK is thin.

6.3.3 Key policy and service provision developments from 2000-2010

Some of the key debates around specialisation and mainstreaming services have continued over the last decade. There are advocates of mainstreaming of services and advocates of specialised services. However, there have been a number of key developments that centre on the development of strategic level responses to health and homelessness and also in the development of guidance and good practice to help tackle the issue of poor health among single homeless people and other homeless groups.

In 2005 the Scottish Government produced a set of Health and Homelessness standards that the NHS Boards in Scotland were expected to adopt (Scottish Executive, 2005b). The standards included the appointment of a senior lead officer to develop a strategic response to the needs of homeless people, the promotion of joint working between NHS Scotland and third sector service providers, the collection of high quality evidence and a requirement to improve access to mainstream health services. Specialist services were not viewed as undesirable, but there was also a focus on enabling these services to move homeless people into using mainstream NHS Scotland services as soon as possible. Finally, Health Boards were required to produce health and homelessness action plans that were to underpin strategic planning in their area.

The Department of Health in England focused attention on the provision of primary care for people sleeping rough in the late 1990s (Pleace *et al*, 2000) but did not issue specific guidance on this issue. In a recent review, the Department of Health (DH Office of the Chief Analyst, 2010) identified four care models that were employed to tackle the health care needs of homeless people, these were:

- Provision of drop-in sessions for homeless people by a working GP practice, not offering GP registration or a seven day a week or 24 hour service.
- Outreach teams of specialist homelessness nurses (this might include nurse practitioners who can prescribe drugs), such services can provide advocacy, support and make referrals to other NHS services, again this model does not offer registration and is not continually accessible, the most common form is a team that visits various support services for single homeless people, such as direct access hostels, night shelters, day centres or soup runs.
- Full primary care specialist homelessness team, which includes GPs, nurses (sometimes nurse practitioners) and can include Community Psychiatric Nurses (CPN), podiatry (foot health specialist) services, occupational therapists and specialists in drug and alcohol. This model is commonly incorporated into a general resource centre that might include a day centre and hostel accommodation, it often provides GP registration (which means medical records are transferred to the service alongside other benefits) and can be provided on a 24 hour basis and/or seven days a week. This model of service provision is confined to larger towns and cities only.
- Full coordination of primary and secondary care, involving a team of specialists covering primary (GP) and secondary (hospital) care. This is in effect an NHS in miniature that is focused on single homeless people, it includes specialist primary care, health outreach services, intermediate care beds (for patients in recovery or in less acute forms of medical need who still need to be observed) and which has direct provision or priority access to acute beds (hospital level care). These types of services are unusual and are entirely confined to cities; examples exist in London and Leicester.

The recent DoH review estimated that one third (33%) of Primary Care Trust (PCTs) did

not provide any specialist services in England, although another two-thirds did provide one or more of the forms of health care service shown above. Areas with small homeless populations were generally only expected to provide either the first and/or second form of specialist provision and this was the pattern found. Only 13% of PCTs in England provided more than one specialist homelessness health service, although 34% provided a dedicated GP service for homeless people that offered registration (DH Office of the Chief Analyst, 2010).

6.4 Conclusion

Significant progress has been made in addressing the health care needs of single homeless people, particularly in respect of the provision of NHS services in England and in Scotland and also in terms of the promotion of various case management models that can facilitate access to the mainstream NHS. However, there remain significant problems in accessing services for people with a dual diagnosis and evidence suggests that single homeless people face discrimination and prejudice when trying to access mainstream health services. Some debate still exists about the best way to meet the health care needs of single homeless people, with some arguing that health care needs cannot really be met until re-housing has occurred and that treatment while homeless will always have limited effectiveness. In addition, there are ongoing debates about the proper balance of specialist services and the point at which single homeless people should be 'mainstreamed' into general NHS services. Specialist health service provision in England is concentrated in urban areas, which raises some concerns about single homeless people in rural areas.

Endnotes

- 1 See also the 1996 Crisis Report *Still Dying for a Home* available at:
<http://www.crisis.org.uk/data/files/publications/still%20dying%20for%20a%20home.pdf>

7. Education, training and employment

7.1 Introduction

This chapter reviews developments in the provision of education, training and employment (ETE) services for single homeless people. The chapter begins by briefly exploring how policy has changed in this area before moving on to the barriers to employment that single homeless people can face. This is followed by a short overview of the history of ETE services for single homeless people. The chapter concludes with an assessment of the evidence on the effectiveness of services. The views of key stakeholders are considered throughout the chapter.

7.2 The evolution of policy and services to help single homeless people into employment 2000-2010

Housing support services have long recognised that housing in itself will not provide a complete answer to the risks and consequences of single homelessness. Single homeless people can often lack self-esteem, a sense of purpose and a clear structure and goals in their lives. This is sometimes referred to as 'daytime homelessness' a situation in which, while their lack of accommodation has been addressed, a single person continues to experience many of the other effects associated with their previous homelessness (Jones and Pleace, 2005).

Successive governments have taken the view that paid work is beneficial in a number of ways; it provides a route out of poverty and it can address the sense of purposeless, lack of direction and poor self image that may be present among people who have not worked for sustained periods. Alongside securing paid work, activities that can lead to paid work, such as education, training and volunteering, while not delivering the same financial reward, can nevertheless help tackle some of the issues around having little sense of purpose or self-worth that sustained worklessness may lead someone to experience. These ideas are the keystone of a longstanding series of 'welfare to work' reforms that find their most recent expression in the Coalition government's planned restructuring of the entire welfare system with an emphasis on maximising the incentives and opportunities for people on benefit to enter paid work (see Chapter 8).

Organisations which specialise in providing employment related services to single homeless people, such as Business Action on Homelessness (BAOH), Off the Streets and into Work (OSW), and others such as St Mungo's and Crisis which have developed

their own ETE services, have operational goals that reflect these ideas and seek to tackle homelessness by supporting individuals to access education, training, volunteering and employment.

7.3 Barriers to paid work

There can be a number of barriers to paid work faced by single homeless people. Many studies have emphasised the problems and barriers single homeless people face in securing employment (Communities Scotland, 2004; Jones and Pleace, 2005; Lownsborough and Hacker, 2005; Blake *et al.*, 2008; St Mungo's 2010; Simon Community, undated). These can include:

- low educational attainment, i.e. few or no examination passes and/or no examination passes at average grades or above;
- little or no work experience and a lack of qualifications which places single homeless people at a disadvantage when competing in the labour market;
- poor physical health and/or life limiting illness or disability;
- a history of mental health problems;
- a history of problematic drug or alcohol use;
- a history of offending and/or imprisonment;
- negative attitudes from some employers;
- the reduction in, or loss of, welfare benefits, in particular, Housing Benefit, when starting paid work; and
- low self esteem, linked to poor educational attainment, lack of work experience and the experience of homelessness itself.

Many single homeless people have a history of employment, have qualifications and can, perhaps with help, make the move back into paid work relatively simply. Single homeless people with complex needs may require a great deal of support before the transition to seeking paid work is a viable option (Randall and Brown, 1998; Furlong and Cartmel, 2004; Singh, 2005; Kemp and Neale, 2005; Lownsborough and Hacker, 2005b). This small group of single homeless people can be usefully described as not yet 'Jobcentre Plus ready' (Pleace and Minton, 2009). This means their level of unmet support needs, their levels of self assurance, their lack of interpersonal skills and also their inability to structure their time means that they cannot immediately use

mainstream services designed to help with job seeking, *let alone* secure paid work for themselves (Lownsborough, 2005a; Pleace and Minton, 2009). People in this group may benefit from activities that allow them to develop interpersonal skills, emotional literacy, assertiveness and self-esteem, as well as from programmes designed to deliver meaningful activity or ‘sheltered’ forms of employment prior to acquiring more formal qualifications and/or training (see below).

Although there is evidence that some single homeless people such as drug users might have alternative priorities to seeking paid work (Kemp and Neale, 2005; McNaughton, 2008) other research suggests that most single homeless people wish to enter paid employment (St Mungo’s 2010). Research undertaken in 2005 reported that 77% of single homeless people wanted to enter paid work immediately and 97% wanted paid work eventually (Singh, 2005). More recent stakeholder engagement research funded by Business Action on Homelessness reported that homeless people were ‘extremely motivated to work’ (NEF, 2008).

For some, the process of becoming ‘work ready’ and an attractive prospect for a potential employer may take time, in the sense that they have more distance to travel. From an employer’s perspective, a formerly homeless person recently qualified in the right way with some relevant experience is a very different prospect from a formerly single homeless person who lacks any relevant skills or experience (Smith *et al*, 2008; NEF, 2008; BAOH, 2009).

However, it should be noted that current research evidence on ETE programmes for single homeless people in the UK is limited. Much of the research has focused on one, or a small number of interventions, and there is a lack of robust evidence on the relative effectiveness of different models. The paucity of evidence was raised by many key stakeholders even where there was broad

support for recent initiatives and programmes such as Places of Change.

It is also important to be realistic about the role of structural factors that are outside people’s control. For example, some areas of the UK have fewer job vacancies than other areas. In a period of recession, single homeless people may be up against more experienced and qualified applicants than will be the case at a time of relative prosperity. Some employers will view someone with a history of homelessness negatively, as it is associated in popular culture with problematic drug and alcohol use, severe mental illness and possibly to some degree with criminality (Carlen, 1996; Philips, 2000).

Key stakeholders generally recognised the importance of employment, training, education and other forms of occupation, including voluntary work, in helping single homeless people move on successfully and most service users also wished to find some form of paid employment. Representatives from provider organisations reported that such activities had become an integral part of their services, and service user key stakeholders in London felt that there were many opportunities for them to engage in various forms of meaningful occupation. This was a view that was also held by some of the single homeless people interviewed for the Review.

The system appears to me to be exceptionally good at the moment and is most definitely geared towards getting you into work and giving you every opportunity, money, resources, you name it, again it’s coming at you in, in a deluge. If you want to work they will, they will get you work...

(Focus group service users)

Key stakeholders interviewed for the Review explained that, compared with the past, services are working with far more vulnerable clients who often have multiple

support needs, have never worked or even led settled lives. Whilst the barriers to ETE for some single homeless people are widely recognised some of the key stakeholders felt that funders and government agencies often underestimated how difficult it could be for people to gain the skills required for employment.

Two thirds of our residents, hostel residents have never worked. It's a massive change.

(Key stakeholder, non-statutory sector)

Although many studies have found that most homeless people wish to enter, or return to, paid employment, the benefit system remains a barrier. A study conducted for Crisis (Opinion Leader Research, 2006) found that some homeless people perceived there to be little difference in the amount of money that they could earn compared to the amount they received in benefits whilst other studies have shown that many people are financially worse off when they enter employment (Crisis/Shelter, 2008).

7.4 Services to help single homeless people develop skills and move into paid work

As noted above, some single homeless people will not require specialist ETE services to secure paid work. If housing support services are able to address their housing need, they may have sufficient skills and experience to secure paid work on their own, or use the mainstream services provided by Jobcentre Plus (JCP) and the training and education programmes supported by the Skills Funding Agency (SFA) and Young People's Learning Agency (YPLA).¹ However, specialist ETE services are nevertheless required for some single homeless people for the following reasons:

- a minority of people may have significant support needs and be quite 'distant' from the workplace in terms of their self esteem, interpersonal and time management skills and need specific assistance prior to either securing paid work or using mainstream education, training or employment services;
- some single homeless people may find it difficult to engage well with mainstream ETE services and may be much more comfortable and work more successfully with ETE service providers that understand their specific needs and experiences; and
- there can be practical advantages in taking ETE services to single homeless people rather than expecting them to go to ETE services. For example, it may be more effective to deliver ETE services to groups of single homeless people using supported housing or attending a day centre than requiring a group with very low incomes and, in a few instances, limited life skills, to travel to service provision.

Several types of ETE services and activities that are used to help single homeless people into paid work. These can be broadly categorised as follows:

- *meaningful activity services*, which can include various creative arts based

programmes and also volunteering programmes, these services are perhaps best characterised as focusing on a range of activities that are designed to help single homeless people who are very 'distant' from the experience of paid work, more ready for the experience of paid work and/or able to engage with basic skills training and other education and training as appropriate with consequent benefits to their general well-being;

- *education, training and employment services* targeted specifically on single homeless people, these may not be particularly distinct from mainstream ETE services, but are delivered by professionals and workers who are trained and experienced in meeting and understanding the needs of this group, examples including the Crisis Skylight projects;²
- *employer engagement* programmes and services, which can be characterised as a 'demand side' intervention, these services are targeted on potential employers with a view to educating them about single homeless people, providing support and making a business case as to why it is an effective strategy to consider recruiting people who have had an experience of homelessness;³ and
- *direct employment services*, these include social enterprises and other services that are not for profit organisations that provide environments in which people with support needs can undertake paid work.

Services providing meaningful activity

There are a range of projects that provide single homeless people with meaningful activity. Many are located in cities, where there are a sufficient number of single homeless people in a small enough geographical area to make their operation viable. Projects of this sort are less common in more suburban and

rural areas. These projects, which are often charitable and volunteer run and which may not always receive grants from local authorities or national governments, are often arts based. The underlying logic of these services is that participation in the creative arts has the following potential benefits in that it can promote:

- feelings of self-worth;
- social skills, i.e. learning or re-learning how to cooperate, work with others;
- emotional 'literacy', i.e. learning how to manage negative emotions;
- success in forming and sustaining successful relationships; and
- growth in independence and practical skills, e.g. learning to manage time, take on responsibility.

Examples include the theatre-based projects, Cardboard Citizens⁴ in London and the Urban Sprawl homelessness theatre group in Yorkshire. Another example of this kind of engagement with the formal arts is the Streetwise opera company in London.⁵

Volunteering for single homeless people can take two basic forms. First, a range of specific projects exist that specifically enable homeless people to engage in the meaningful activity that can be provided by volunteering. One of the main examples of this lies in voluntary sector and charitable organisations that work with homeless people as well as in housing support services. A single homeless person might mentor another, help in practical tasks like preparing food or facilitating activities and so forth. Second, homeless people can be encouraged to engage with the various opportunities for volunteering that exist in the community; this might involve some support, or simply the provision of guidance as to how to set about volunteering (OSW, 2005; Bowgett, 2006; Teasdale, 2008; Stuart, 2009).

Employer engagement services

Employer engagement programmes can involve voluntary sector agencies, but some examples are business led. Business Action on Homelessness⁶ is part of Business in the Community and supports a range of programmes and research that are intended to enable access to work for homeless people. Encouragement is given to companies to consider employment of single and other homeless people by providing work placement schemes that enable a single homeless person to experience work and a potential employer to observe them in the workplace, with the possibility that this may lead to a job offer. Employers are also encouraged to review their own operating procedures and to explore initiatives such as 'buddy schemes' (mentors) and other forms of support, which can help them to engage single homeless people successfully with paid work (BAOH, 2009).

Direct employment services

Homelessness services can create opportunities for employment. This might involve direct recruitment of formerly single homeless people, including former service users, to work with current service users. The advantages of this approach can be considerable, in that support workers have direct relevant experience and a level of understanding of the needs of service users that is otherwise difficult to replicate.

Prominent examples of these forms of service include those which have drawn on the GROW (Giving Real Opportunities for Work) consultancy led by Thames Reach which promotes the employment of people with direct experience of homelessness in homelessness services. Thames Reach reported in 2009 that 23% of its own staff had former experience of homelessness.⁷

Various other service models offer forms of 'sheltered' employment. Some of these services are profitable companies and others are social enterprises.⁸ Most of the

UK examples are in catering, for example, cafés or restaurants, which are staffed and sometimes run by formerly homeless people such as the 'Sandwich People'⁹ social enterprise supported by the Salvation Army and the London based Beef Kitchen supported by the ex-service charity, the Oswald Stoll Foundation.¹⁰

Other services provide a mix of accommodation and work/volunteering opportunities. One example is the Emmaus Community¹¹ network. Emmaus communities provide communal living for homeless single people that rely on a mixture of volunteering and work, although the work is not technically waged, a small 'pocket money' payment being made to residents, who do not claim welfare benefits.

7.5 The success of employment related services

There are some limitations with the evidence base for these services. Individual projects are often able to point to successes, but this is quite often in the form of the stories of several individuals who have directly benefited from the support of services, moving from a situation of homelessness and into meaningful activity and paid work. In addition, there is some evidence to suggest that ETE services can have wider benefits for people by helping them to move on from homelessness even if they do not gain paid employment (Luby and Gallagher, 2009). However, there is a lack of standardised measures of activity and outcomes for these services at national level.

There is no research that demonstrates the effectiveness of ETE and related services for single homeless people over time. Alongside the lack of general data on how many single homeless people are assisted into employment, it is also not clear to what extent the single homeless people who get jobs are able to keep them (Cupitt, 2009; Crisis, 2009). Although most single homeless people will be capable of paid work with the right support, a combination of factors (described above) will sometimes limit the capacity and opportunities for an individual to work. This is a difficult issue and requires more consideration by research. The balance is between encouraging and fulfilling whatever potential someone has, but also recognising that setting unrealistic and unobtainable goals may be distressing for an individual and a misdirection of limited resources that would be better used elsewhere. It is also important to be realistic about the outcomes that services working with sometimes very marginalized and vulnerable people can achieve. Research has also found that services are often under pressure to meet targets set by funding bodies which have unrealistic expectations around ETE outcomes for single homeless people (Jones and Preece, 2005).

7.6 Conclusion

The homelessness ETE sector has grown very considerably in recent years and is now an increasingly significant aspect of service provision for single homeless people. The sector is one characterised by innovation, diversification and experimentation with many different forms of service being developed. However, although there is evidence to suggest that such provision has clear benefits for single homeless people, a clear evidence base has yet to be established to assess the many different service models. This is imperative as resources are going to be subject to great constraint from 2011-2015 and perhaps beyond, efforts need to be focused on ETE models that are proven to be effective. While there is a need for caution, in that it is logical to expect that wider labour market conditions will have an effect on service effectiveness and realism is also needed when considering the scale of the barriers that a minority of single homeless people face in relation to securing paid work, there are also clear benefits. If appropriate paid work can be secured, it can help someone overcome the material and psychological effects of single homelessness.

Endnotes

- 1 See <http://skillsfundingagency.bis.gov.uk/> and <http://www.ypla.gov.uk/>
- 2 See <http://www.crisis.org.uk/pages/what-we-do-crisis-skylight-centres-61897.html>
- 3 See <http://www.bitc.org.uk/community/employability/homelessness/>
- 4 See <http://www.cardboardcitizens.org.uk/>
- 5 See <http://www.streetwiseopera.org/>
- 6 See <http://www.bitc.org.uk/community/employability/homelessness/>
- 7 See <http://www.thamesreach.org.uk/what-we-do/user-employment/national-grow-programme/>
- 8 See <http://www.crisis.org.uk/pages/3xe-case-studies.html>
- 9 See <http://www2.salvationarmy.org.uk/sandwichpeople>
- 10 See <http://www.churchtimes.co.uk/content.asp?id=69217>
- 11 See <http://www.emmaus.org.uk/>

8. Conclusions and recommendations

The chapter begins with a discussion of key stakeholders' views on the progress made in tackling and alleviating single homelessness over the last ten years; their views on the likelihood of ending single homelessness; and their views on the role of the third sector over the coming years. The second part of the chapter discusses more recent developments and considers future challenges and the likely implications of recent policy changes. The chapter concludes with a number of recommendations.

8.1 Key stakeholders' views on the key achievements of the past decade

This review found that considerable progress has been made in recent years in tackling single homelessness amongst some groups, particularly young people and people sleeping rough, in all countries in the UK.

8.1.1 Local homelessness strategies

Key stakeholders' views on the effectiveness and impact of local homelessness strategies were mixed. Overall they believed that the requirement by central governments for local authorities to take more responsibility for homelessness and to adopt a more strategic response to the problem in their area had resulted in improvements in partnership working between third sector organisations and statutory agencies, and in a more strategic response to tackling single homelessness. A number of key stakeholders felt that the shift to localism might result in the needs of single homeless people being neglected.

8.1.2 Changes to the homelessness legislation

There were also mixed views about the changes to the homelessness legislation and the benefits of expanding priority need categories or, as in Scotland, abolishing the categories altogether. Whilst changes to the legislation could make a significant impact on single homelessness, local authorities often appeared to be more concerned to prove that individuals were not eligible for assistance under the legislation. For example, intentionality and local connection eligibility criteria were seen to encourage local authorities to spend time and effort on making a case for not providing assistance rather than focussing efforts on providing support to those in need. Some of the key respondents

also reported the view that local authorities seeking to manage scarce resources do not always provide meaningful assistance to all those who require it. However, key stakeholders felt that simply changing the homelessness legislation in the absence of sufficient affordable accommodation was not a realistic or sustainable option.

8.1.3 Supporting People and improved housing support services

Supporting People was one of the most important policy changes in the last decade. The provision of housing support services for single homeless people has developed considerably and key stakeholders attributed much of this progress to the Supporting People programme. Whilst the funding available under Supporting People was clearly important, the programme was also praised for promoting good practice, strategic planning and for facilitating innovation in service provision. This included the development of joint working, integrated models of housing support, service user involvement and a new role in homelessness prevention and the further development of floating support/tenancy sustainment services. The Supporting People programme also introduced a far more coherent system of financing and planning for housing support services than existed in the past. The combination of a dedicated budget, commissioning bodies and area strategies meant that greater coherence and consistency in the provision of housing support services was achieved. There were serious concerns about the removal of Supporting People ring-fencing as it was feared that local authorities might significantly reduce, or even remove entirely, funding for housing support services for single homeless people.

8.1.4 The development of the prevention agenda

Although the increased focus on prevention was broadly seen as a positive development there were concerns about the way preventative interventions operated in practice

and the effectiveness of interventions in the absence of longitudinal data. Nevertheless, it was felt that future policy should encourage and support further efforts to prevent homelessness amongst all groups of homeless people, and not just those who were likely to be found to be statutorily homeless. There are examples of interventions that seek for example, to tackle anti-social behaviour, debt, substance misuse problems and other unmet needs, which can result in homelessness. However, homelessness prevention was reported to be too often a crisis intervention and it was felt that far more could be done at an earlier stage.

It is argued that the preventative agenda might be deflecting households away from the statutory system when it is not appropriate to do so and also that the evidence base on prevention outcomes in England only gives a vague overview of what is happening, without sufficient detail to be clear how effective it actually is in relation to single homelessness. In addition, the scale of the reductions in people sleeping rough are contested, some claiming higher numbers, some lower.

Whilst preventative interventions were welcomed by key stakeholders, a number believed, as international research has suggested, that the most effective means of preventing and alleviating homelessness was the provision of a decent income, preferably through work, or through welfare benefits or more probably, a combination of both.

8.1.5 Improvements in practice and service delivery in health services for homeless people

Some progress has been made in addressing the health care needs of single homeless people, particularly in respect of the provision of NHS services in England and in Scotland. Recent years have seen a more strategic and coordinated response to the health needs of single homeless people and one that promotes joint working between statutory services and the third sector. There is now a

range of services available to single homeless people which facilitate easier access to mainstream services such as NHS walk in centres and specialist health provision provided within homelessness services although it must be stressed that provision remains patchy with many services being concentrated in larger cities. Progress has also been made in the development of various case management models that can support single homeless people who require advocacy to access to mainstream NHS services. There have also been some promising innovations in specialist health services for single homeless people which provide primary and secondary care, although these are unusual. Whilst progress has been made, the review found that many problems persist, in particular the difficulties faced by patients with a dual diagnosis and the lack of specialist services in rural areas.

8.1.6 Employment, training and education services for single homeless people

The homelessness ETE sector has grown very considerably in recent years and is now an increasingly significant aspect of service provision for single homeless people. Key stakeholders felt these developments to be particularly important and beneficial for single homeless clients. However, the review found that whilst there is some evidence to suggest that such services can have positive outcomes for single homeless people, there is insufficient evidence on the relative effectiveness of different approaches or on the longer term outcomes for clients. Key stakeholders were also concerned that single homeless people would find it increasingly difficult to secure employment in the current economic climate.

8.2. Key stakeholders' views on ending single homelessness

Although a great deal had been done to reduce homelessness and more could be done in the future, the complete eradication of homelessness, including rough sleeping, was seen as highly unlikely by key stakeholders. Whilst no one believed it possible to end single homelessness, there was a great deal of support for the setting of targets in recent years for reducing all forms of homelessness including the ambitious aim of eliminating rough sleeping by 2012. The setting of such targets was widely regarded as positive; targets were thought to drive change and innovation in prevention, in service delivery and in practice, in some cases 'forcing' authorities who might otherwise be reluctant to act, to take responsibility for problems in their area. The work of the Mayor's London Delivery Board was highlighted as an example of an innovative intensive approach which had proved successful in working with some of the most vulnerable and 'entrenched' rough sleepers, a client group often described as 'hard to reach'. However, if such progress is to be sustained and the aim of ensuring that no one spends longer than one night on the streets is to be achieved then it will be necessary to ensure that adequate and appropriate services such as outreach services and emergency accommodation continue to be available for those in need. It is also important to ensure that local authorities continue to address the needs of single homeless people and in order to do so they have to assess the scale and nature of the problem.

Although key stakeholders were interviewed before the election of the Coalition Government, most anticipated cuts in welfare spending and feared that these would result in an increase in homelessness. They also had concerns about the problem of homelessness amongst groups with no recourse to public funds including illegal immigrants, failed asylum seekers and migrants from central and eastern European countries who continue, until April 2011, to be subject to

transitional restrictions. This problem is one that key stakeholders felt was likely to worsen during the current economic downturn as employment opportunities for migrant workers and others diminish.

8.3 Key stakeholders' views on the role of the third sector

Key stakeholders agreed that the third sector had played a significant role in single homelessness over the past decade and felt that it would continue to do so. Although the detail of the Conservative Party's vision of the 'Big Society' was not fully evident at the time of the interviews, key stakeholders recognised that this, and the localism agenda, which would give much more discretion to local authorities, would probably present both challenges and opportunities for the sector.

There were some fears that the positive achievements and developments made over recent years, particularly the professionalisation of much of the sector under the Supporting People programme, and the improvements made under the Places of Change programme, would be undermined or lost if the sector was forced to compromise standards in order to reduce the cost of providing services.

Many key stakeholders felt that organisations in the sector delivered high quality and cost effective services and could deliver a wider range of services than they had in the past. There remains an important role for smaller voluntary organisations in providing services to single homeless people, particularly to some of the most vulnerable such as people without recourse to public funds who would otherwise be destitute a situation that most key stakeholders felt to be intolerable in a civilised society. However, in the view of the key stakeholders interviewed for this review, the Government cannot rely on small-scale voluntary organisations with inadequate and insecure funding, limited capacity and resources and a lack of specialist expertise, to deliver high-quality specialist services to the most vulnerable members of society.

Developments over the past decade have made a significant and positive contribution to tackling single homelessness in the UK, but none was viewed as an unqualified policy

success from all perspectives. Sometimes the extent of the claimed success of a specific initiative was not universally accepted, in part because there were limitations in the data or research available to assess fully the extent of the success of a service intervention or strategic programme. If the evidence base can be improved and the costs and benefits of strategic and service responses to single homelessness can be properly shown, the true benefits of the responses to single homelessness to wider society in the UK can be demonstrated. A particular issue here is in relation to costs, at the moment costs of services are apparent but the full benefits of those services are not.

8.4 Future challenges

The election of the Coalition Government presents significant challenges for the homelessness sector. There are a number of strategic changes which look set to have important implications for services for single homeless people and strategic responses towards single homelessness, which include: the localism agenda; the Big Society; and welfare reform and housing reform.

8.4.1 The localism agenda

The localism agenda will give local authorities far more discretion in relation to strategic responses towards single homelessness. Localism, coupled with the removal of the Supporting People ring-fence, will create a context in which authorities decide how much attention is focused on single homelessness, both in a strategic sense and in terms of the range and extent of housing support services they provide. As noted earlier, there are concerns that this could result in the needs of single homeless people being neglected as funding is diverted to other service users, such as families with children or older people.

8.4.2 The Big Society

The Coalition Government has also promoted the idea of the Big Society. This will attempt to reintroduce voluntarism into social and welfare policy, essentially encouraging third sector and charitable bodies to take a far larger role in tackling social problems, but with increasingly limited financial support from the State. Localism and the Big Society create considerable potential for flexibility in service provision, which might lead to important innovations. There is scope for effective and coordinated responses to single homelessness at local authority level, using the new powers that are part of localism to engage fully with the voluntary sector and grass roots groups in tackling single homelessness. However, there may also be the freedom for a local authority to opt to do very little in response to single homelessness. This is a particular concern at time when funding is scarce and there are competing demands for resources from

other groups like older people with support needs, who are far more numerous than single homeless people. Support for single homeless people may also not be politically popular, creating a pressure on elected politicians to direct resources away from this group. In the absence of central guidance, minimum national standards, and in the face of public expenditure cuts, this may well happen.

8.4.3 Welfare and housing reform

The Coalition Government has announced a core integrated welfare to work programme and a number of measures designed to support people to find employment. The Work Programme (which should be in place nationally by summer 2011) will supersede many of the national programmes currently on offer and these will be phased out. The support currently provided by programmes such as the Flexible New Deal will be folded into the Work Programme. It remains to be seen how the Work Programme will operate in practice and what the role of smaller voluntary providers will be, however, concerns have been raised that smaller providers may lose out under future contracting arrangements. Importantly, Work Programme contractors will be paid by results. This could result in their 'cherry-picking' the most work ready individuals which could have real implications for single homeless people who may require more intensive support.

Recent welfare reforms are intended to make work pay for people on benefit through the provision of a Universal Credit and a more gradual tapering off of benefits for those entering work. Whilst this may remove one significant barrier to employment for single homeless people, there will remain a need for services to support people, who are able, to enter paid work. However, whilst previous governments have sought to support and encourage people into work the new Government's approach is far more punitive. The Government has also announced a new system of conditionality backed up by tougher sanctions, including withdrawal of benefits, for those who do not comply. Research has shown that single homeless people face many barriers

to employment and to sustaining paid work, and it is likely that single homeless people with ongoing support needs may find themselves subject to sanctions, including a reduction or even complete withdrawal of benefit.

Changes to Housing Benefit and Local Housing Allowance

As noted earlier, Housing Benefit restrictions such as the Shared Room Rate have been a barrier to prevention for young people who cannot afford to meet the shortfall between the restricted rate of Housing Benefit and the rent charged by the landlord, resulting either in rent arrears and the likelihood of eviction, and/or in people being left with insufficient income to live on. This situation is now set to worsen as the new Government has announced that the Shared Room Rate restriction will be extended to people aged under 35 from April 2012.¹ Further, Housing Benefit will be reduced 10% after 12 months for Jobseeker Allowance claimants, which will also leave people facing real hardship and unlikely to be able to meet their rent. Similarly, Local Housing Allowance² is set to be capped from April 2011 and from October 2011 calculated at the 30th percentile of rent. Rather than the median as at present this will result in very significant drops in benefit levels.³ A study commissioned by Shelter estimated that these cuts would be likely to place up to 62,000 households without dependent children (and therefore unlikely to be eligible for assistance under the homelessness legislation) into serious difficulty and at risk of homelessness (Fenton, 2010).

Housing reform

The Government has announced proposals for radical housing reforms. The Comprehensive Spending Review saw the housing budget cut from £8.4bn over the previous three year period to £4.4bn over the next four years. New social housing tenants will have to pay higher rents (they will face charges of up to 80% of market rates). Social homes for life are also set to end for many new tenants, who might be handed fixed term contracts, under the proposals.

8.5 Recommendations

This review has shown that progress has been made in tackling and alleviating single homelessness in the UK over the last decade but that significant problems remain. It is important that progress is maintained and the existing strategic coordination and range of service provision are not lost or undermined. The remainder of this chapter sets out a series of recommendations based on the findings of the review and in the context of recent policy announcements and reforms.

- It is recommended that the requirement to provide meaningful assistance should be rigorously enforced regardless of legal entitlement.
- There remains a need for an adequate supply of affordable accommodation if the long term housing needs of single homeless people are to be addressed.
- There also remains a need to ensure adequate and appropriate support services for single homeless people and to build on the achievements and progress made over recent years in further developing preventative interventions such as generic and specialist tenancy sustainment.
- More emphasis should be placed on identifying all groups and individuals at risk of homelessness at an earlier stage and on the development of effective early prevention interventions for all those at risk of becoming homeless.
- Housing providers and homelessness services should explore new ways of housing single homeless people, for example, flat sharing schemes but also ensure that vulnerable individuals are not inappropriately placed.
- Local authorities and other services working with single homeless people must ensure that private rented sector accommodation is of a decent standard and that adequate support is available for vulnerable tenants.
- High quality specialist health services should continue to be supported. At the same time more needs to be done to address the discrimination and prejudice that many single homeless people face when trying to access mainstream health services. There is also a clear need for more adequate support for those with dual diagnosis.
- Education, training and employment (ETE) services that target single homeless people can be effective and these specialist services should be retained as welfare to work support is reformed. There needs, however, to be an increased focus on evidencing the success of ETE services for single homeless people.
- The Government should continue to draw on the expertise and experience of third sector agencies in developing responses to homelessness.
- The third sector must continue its efforts to demonstrate both the continued need for its services and its expertise in providing effective services for single homeless people.
- Government has to recognise that while small-scale voluntary organisations have an important role in delivering services, they will require sufficient and (relatively) secure funding streams if they are to be able to deliver high standard services.
- The Government has to ensure adequate funding for third sector services if the positive achievements made over the past decade are to be sustained and developed.
- Central Government must ensure that devolution of power and autonomy to local authorities under their localism agenda does not result in the needs of vulnerable single homeless people being neglected.

- Lessons should be drawn from the experiences of the London Delivery Board in supporting the most entrenched rough sleepers.
- Services must be encouraged and enabled to develop effective responses to the needs of changing client groups whether or not these groups have recourse to public funds.
- There is a need to strengthen the evidence base in order to improve knowledge about the nature and extent of single homelessness and to further develop cost effective responses to the problem. More robust data and evidence is required on:
 - the composition, extent and characteristics of the single homeless population;
 - the duration of single homelessness;
 - the distribution, nature and extent of support needs among single homeless people;
 - the experience of specific groups, including women, ethnic minority UK citizens and migrant groups;
 - long term outcomes for housing support services, i.e. tracking outcomes over time after service provision has ceased to determine long term effectiveness;
 - the outcomes for people using ETE services, including the sustainability of employment gained; and
 - the cost effectiveness of all services and interventions.
- Finally, there is now considerable divergence between the different nations of the UK in their responses to single homelessness. In England, with the advent of the localism agenda, a similar divergence may become evident at local authority level, and there are good opportunities for learning from comparative research in this new context.

Endnotes

- 1 See: http://www.hm-treasury.gov.uk/spend_sr2010_speech.htm
- 2 Local Housing Allowance (LHA) is the Housing Benefit system introduced for tenants in the private rented sector in 2008. Around 1 million households receive LHA.
- 3 See: <http://www.crisis.org.uk/data/files/publications/Housing%20Benefit%20Cuts%20Briefing.pdf>

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