

# The Homelessness Journeys

of Homeless People with  
Complex Needs in Stoke-on-Trent

December 2009



# **The 'Homelessness Journeys' of Homeless People with Complex Needs in Stoke-on-Trent**

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This report is based on research undertaken by the authors and the content does not necessarily reflect the views of Stoke-on-Trent City Council or of any participating agencies. We do, of course, accept full responsibility for any inaccuracies or omissions.

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# Executive Summary

## About the Research

On July 3rd 2007 a fire engulfed a derelict warehouse in Stoke-on-Trent resulting in the death of two young homeless people. This tragedy prompted the City Council and partners to closely scrutinise provision for homeless people in Stoke-on-Trent and consider ways in which this could be improved. As part of the drive to reduce homelessness and rough sleeping, Stoke-on-Trent City Council commissioned research exploring the housing needs of homeless people with complex needs. This focused on client groups thought to be particularly marginalised and vulnerable to rough sleeping including female street sex workers, people with drug and/or alcohol dependencies, and people with a history of violent behaviour.

The research culminated in a series of reports: one focused on each client group; and an overarching report summarising key issues, linkages between drug and alcohol dependency, street sex work, violent behaviour, and homelessness; and using case study material to explore respondents 'homelessness journeys'. This report represents the last of this series and uses the concept of a homelessness journey to understand and explore the needs and experiences of people with complex needs. The homelessness journey approach seeks to uncover the ways in which individual situations and actions link with wider processes. It involved chronologically charting the housing situations, life experiences and service contact of all 53 interview respondents and exploring the links between these realms of their lives.

The research was conducted between July 2007- June 2008 and involved a questionnaire survey of 129 homeless people with complex needs in Stoke-in-Trent and in-depth interviews with 53 homeless people with complex. These activities were supplemented by interviews and discussions with stakeholders working with homeless people and specifically with the client groups on whom the research was focused.

## The Homelessness Careers and Experiences of People with Complex Needs

The results from this research suggest that **the homelessness careers of people with complex needs typically begin before they reach the age of 16** (40 per cent of those surveyed). For many of those surveyed and interviewed, homelessness represented their first experience of independent living.

**The route respondents took into homelessness was often incremental**, a 'transition' rather than an abrupt event as they gradually drifted away from settled accommodation

**The people with complex needs participating in this study spent much of their homelessness careers in 'hidden' homelessness' situations.** The vast majority of those surveyed had slept rough (90 per cent), friends were very frequently relied upon (59 per cent had done so) and incidence of squatting was very high (46 per cent had squatted).

**Rough sleeping emerged as extremely common.** Most of those surveyed and interviewed had slept rough, had done so regularly, and sometimes for lengthy periods of time. Nearly one quarter of those surveyed had experienced more than ten episodes of rough sleeping. Nearly half had slept rough in the month prior to being surveyed.

**Institutional and other residential environments featured prominently in respondents' housing and homelessness careers.** For example the majority of those interviewed had spent time in an institution such as a prison, children's home or psychiatric hospital.

The evidence from this study suggests that **homeless people with complex needs in Stoke-on-Trent make frequent use of hostel accommodation but this rarely represents a route out of homelessness.** Most had accessed hostels but most also returned to rough sleeping or hidden homeless situations.

Moving into a tenancy did not always represent a permanent route out of homelessness for those interviewed, reflected in the **high levels of repeat homelessness** amongst those surveyed (84 per cent) and suggesting that **people with complex needs can remain at risk of homelessness for some time after securing settled accommodation.**

Whilst in ostensibly 'settled' accommodation, **respondents tended to reside in the low cost, easy to access, high turnover segment of the private rented market, which can perpetuate homelessness and repeat homelessness.**

### **A Typical Homelessness Career**

The housing careers of the 53 people with complex needs interviewed for this study were plotted in detail and analysed for trends and common trajectories. Although each respondent's housing career was different, common patterns and routes through

homelessness were discernable and it was possible to identify a 'typical' homelessness career as follows:

People with complex needs typically become homeless for the first time directly from the parental (or guardian's) home. The first port of call is usually a temporary arrangement with friends although rough sleeping and squatting are also heavily relied upon at this point. The next move made tends to represent a worsening of their housing situation, particularly in terms of housing (in)security and conditions. At this point homelessness careers start to display greater divergence with five common routes through homelessness identifiable: firstly there are those who 'revolve' between hostels and informal accommodation arrangements; secondly there are those who apparently become 'trapped' in formal homelessness accommodation; thirdly there are those who develop a 'hidden homelessness' career, moving between friends and family, squats and rough sleeping; fourthly are those escape homelessness but then become homeless repeatedly; and finally there are those who move through so many different forms of accommodation that it is impossible to categorise their homelessness careers as anything other than 'chaotic'

## A Profile of Complex Needs

Exploring the profile characteristics and experiences of the 'homeless people with complex needs' surveyed revealed that **this populations' needs are far more complex than a combination of dependency, offending, and involvement in sex work.** Mental ill health and related issues (coping difficulties, self harming) were prevalent, a disrupted education was extremely common as were a host of experiences likely to have impacted detrimentally on their psychological and emotional well being (domestic abuse, unsettled childhood, conflict and separation from family). Most had had contact with the criminal justice system and many had spent part of their childhood in the care of the local authority. Specifically:

- 85 per cent had **a criminal record**
- 43 per cent had experienced **domestic violence** and 41 per cent had experienced **'other' forms of abuse**
- 45 per cent had been **suspended or excluded from school**
- 38 per cent reported **mental ill health**
- 30 per cent had been in the **care of the local authority**
- 24 per cent reported **self harming**

**Key themes** which emerged in the in-depth interviews regarding respondents' life experiences and welfare needs included:

- **separation from children.** Many of the homeless people interviewed were parents but few had retained custody or guardianship of their children. Most commonly, respondents' children were being looked after temporarily by someone else but some had been adopted or a relative had obtained legal custody
- **experience of violence and abuse.** Violence and abuse characterised the lives of many of those interviewed. They had suffered physical or sexual abuse in their formative years from parents and other relatives, or at the hands of bullies; they then suffered similar abuse from partners, pimps, punters, and drug dealers in adulthood, and from the general public while sleeping rough.
- **Undiagnosed, or 'low level' mental health issues.** Some respondents had diagnosed mental health conditions but many reported mental ill health despite no diagnosis. The personal difficulties they faced had served to undermine their well being, with many reporting depression, coping difficulties, suicidal thoughts anger management issues, and low motivation. **Low self esteem** was also common.
- **Poor physical health.** The effects of years of intravenous drug use, poor nutrition, exposure to cold, harsh conditions while sleeping rough or working on the streets at night had taken its toll on many of the homeless people interviewed for this study.
- **Unhappy childhood.** Many respondents' formative years were characterised by rejection, abandonment, neglect and abuse. Sexual and physical abuse were commonplace and many were not adequately cared for.

**Troubled experience of the care system.** Most of the homeless people interviewed who had been in the care of the local authority had found this experience extremely distressing.

- **Debt.** Debt was a significant problem for some of the people interviewed, accrued from court fines, credit from drug dealers, and bureaucratic complications with benefit claims. Rent arrears were the most common debt owed
- **Difficulties accessing welfare benefits.** Typical problems included not having access to the necessary documentation (ID, proof of release date from prison), finding the bureaucratic process difficult to cope with, and prioritising other issues.

## **The Inter-connectedness of Complex Needs and Homelessness**

This study explored the relationship between respondents 'complex needs' and their homelessness. Drug and alcohol dependencies, sex working, offending, mental ill health and other issues were found to clearly impact on one another and on homelessness.

Homelessness, in turn, caused and compounded the welfare needs this section of the homelessness population presented with. The findings suggest that attempts to disaggregate the impact specific issues is futile: disentangling the needs of homeless people with complex needs serves to treat in isolation issues which do not exist in isolation. The task is to understand how these issues relate to one another and to people's homelessness.

Drug use and sex work, for example, are inextricably linked (nearly all the street sex workers interviewed started working to fund their drug dependency), have a direct bearing on housing situations, as well as acting as a catalyst for the development of further needs such as debt, experiences of violence and separation from children. Homelessness was found to expose women to a greater risk of entering street sex work while involvement in prostitution in turn exposed women to the risk of homelessness, partly via their inevitable contact with the criminal justice system. Those with a history of violence behaviour similarly find themselves exposed to greater risks of homelessness, their criminal convictions acting as a signal of 'risk' and prompting greater reluctance amongst housing providers to accommodate them.

A reciprocity between drug or alcohol abuse and homelessness is also clear: substance misuse can precipitate homelessness (people are asked to leave home by parents at the end of their tether, they are evicted for anti-social behaviour or prioritise the purchase of drugs and alcohol over housing costs) but the experience of homelessness can prompt drug and alcohol use as a means of coping with the harsh realities of life 'on the streets'. Substance misuse, mental ill health and traumatic experiences were also found to be closely related with many of those interviewed initially turning to drugs or alcohol as a means of coping with emotional distress, or the onset of mental ill health; and the development of mental ill health often attributed to experiences of trauma.

## **Homelessness Journeys: Key Findings**

The homelessness journeys of all 53 interview respondents were plotted and four are presented in detail in this report. Similar issues arose over and over again, allowing for a series of key conclusions to be drawn as follows:

- **The homelessness journeys of people with complex needs are predictable**, so obvious and present are the risk factors but preventative intervention is rarely timely
- **housing services often represent a route into wider support services**
- **limited support on release from prison significantly hampers people's efforts to escape homelessness and resolve other personal issues**
- **outreach work is critical for rough sleepers and squatters**, representing the key way in which they access temporary accommodation.
- **homeless people with complex needs make rational housing choices and decisions** but these can be misinterpreted and held against them subsequently
- **lack of knowledge about individuals' circumstances can result in inappropriate decisions by service providers**
- **homeless people with complex needs are significantly more likely to access appropriate housing and relevant support services if they have a support worker or advocate to assist them.**
- **The perception which homeless people with complex needs have of particular services is derived from *outcome* rather than the type of assistance provided.**
- **fragmentation of services acts as a key barrier preventing homeless people with complex needs escaping homelessness and meeting their needs**
- **engagement with services is somewhat haphazard amongst homeless people with complex needs**
- **the needs of homeless people with complex needs do come to the attention of services action is not always taken to assist or refer them**
- **the presence of family support can be vital but is often absent**
- **people who develop anger management and mental health issues often live with these difficulties for many years before receiving formal assistance**
- **homeless people with complex needs are motivated to escape homelessness but can rapidly lose motivation if they cannot access assistance quickly**

- **some individuals actively seek arrest and/or custodial sentences as the only means through which to meet their needs.**
- **motivation and capacity to actively resolve their housing and other problems can be limited amongst homeless people with complex needs**
- **women are becoming separated from their children because they are homeless**
- **perceptions regarding policies and practices of local housing providers act as a key barrier for homeless people with complex needs.**
- **bureaucratic requirements can deter homeless people with complex needs from accessing housing and other essential services.**

### **Homelessness Journeys: Critical Points**

A series of 'turning points' were clearly identifiable in the homelessness journeys of many of those interviewed: the first link in a chain of events resulting in homelessness; or the point at which a different course of action could have protected them from rough sleeping. These 'critical points' represent opportunities for intervention, acting as 'signals' that homelessness, rough sleeping, offending, deteriorating mental and physical health, drug and alcohol dependency and so on may follow. Critical points identified included:

- **entering the care system in adolescence**
- **an active request for assistance**
- **an episode of homelessness in early adolescence (before the age of 16)**
- **release from prison**
- **moving into a more 'isolated' housing situation** amongst those whose lives have previously been unsettled and who are used to daily social contact
- **a referral or signposting from one service provider to another**, with no follow up contact to ensure they safely 'arrived' at their next destination
- **a traumatic event, particularly a bereavement, loss of a child, and physical or sexual abuse**

# Introduction

On July 3rd 2007 a fire engulfed a derelict warehouse in Stoke-on-Trent resulting in the death of two young homeless people. The couple had been sleeping in the premises when the fire took hold and were unable to escape in time. This tragedy prompted the City Council and other local agencies to closely scrutinise provision for homeless people in Stoke-on-Trent and consider ways in which this could be improved to reduce the number of people having to sleep rough in the City. To this end a Task and Finish Group was established, which sought to understand the causes of rough sleeping and identify priority issues to be tackled.

As part of this drive to reduce rough sleeping in Stoke-on-Trent, and to better understand and meet the needs of homeless people like those sleeping in the warehouse in July 2007, Stoke-on-Trent City Council commissioned the Centre for Regional Economic and Social Research at Sheffield Hallam University to carry out research exploring the housing needs of homeless people with complex needs. The study focused on several distinct subsections of the homeless population - client groups thought to be particularly marginalised and vulnerable to rough sleeping and for whom problems accessing services were known to exist. The core client groups were: female street sex workers; people with drug and/or alcohol dependencies; and people with a history of violent behaviour. The research culminated in a series of reports: one focused on each client group; and an overarching report summarising key issues, linkages between drug and alcohol dependency, street sex work, violent behaviour, and homelessness; and using case study material to explore respondents 'homelessness journeys'. This report represents the last of this series.

## Context

The past decade has witnessed significant government investment in tackling homelessness and rough sleeping, driven by a stated commitment to homelessness prevention. The Rough Sleepers' Unit, tasked with reducing the number of rough sleepers by two thirds, was established in 1999 and by 2003 had met its targets. Legislative changes in the form of the 2002 Homelessness Act confirmed the Governments commitment to tackling homelessness by placing new obligations on local authorities to offer assistance to all homeless households and to produce homelessness strategies, as well as extending the main housing duty to additional vulnerable households. The importance of understanding the underlying causes of homelessness was acknowledged in the 2003 government report *More than a Roof: a report*

*into tackling homelessness* and a target of halving the number of households in temporary accommodation by 2010 was set out in the national strategy for tackling homelessness published in 2005 (*Sustainable Communities: settled homes; changing lives*). Meanwhile the challenges and importance of meeting the housing needs of the multiply excluded have been recognised through the development of PSA 16 (the Public Service Agreement relating to socially excluded adults such as care leavers and offenders), and by the government's new rough sleeping strategy, launched in November 2008, which aims ambitiously to eradicate rough sleeping altogether by 2012. And non-governmental homelessness organisations and charities continue to highlight to needs of homeless people with complex needs. 'Making Every Adult Matter', for example, is a new coalition seeking to improve the way in which services are delivered to the most excluded, and which has developed a clear Manifesto for change.

Locally, Stoke-on-Trent city council and their partners have been responding to the challenges of understanding and tackling homelessness and rough sleeping, particularly amongst those with complex and multiple needs. There are housing and support providers working with rough sleepers, with street sex workers and women at risk of sexual exploitation, with offenders, drug user and problematic drinkers. In 2009 Stoke-on-Trent City Council was named as one of 15 'ending rough sleeping' champions in England and in 2008 was awarded Enhanced Housing Options trailblazer status. In recognition that more needs to be done new services are being, or have recently been developed including a one stop shop for women offenders, a family Intervention project, and a new outreach service for young men and women at risk of sexual exploitation. These new services are likely to have a significant impact on tackling many of the issues and problems highlighted in this report.

## **Definitions**

For the purposes of the research, people with complex needs were defined as 'people who are homeless *and* who present with a drug or alcohol dependency, *or* a history of street sex working, *or* a history of violent behaviour (regardless of criminal convictions)'. In practice many presented with more than one of these needs.

The 1996 Housing Act states that a person is homeless if they have no accommodation they are entitled to occupy or that it is reasonable for them to continue to occupy and this definition was applied, although not interpreted as rigidly as is sometimes the case. People sleeping rough, in squats, hostels, staying temporarily with friends or family, and in all other

forms of temporary accommodation were included. People with a history of homelessness who were living in interim, or 'medium-term' supported accommodation were also included in the sample. Interim supported accommodation refers to provision intended to provide a longer-term and more stable solution than emergency homelessness accommodation but from which people are expected (and assisted) to move on, usually within a specified timescale. A small number of housed individuals were also included in the sample on the grounds that they had a history of homelessness and were currently deemed 'at imminent risk of homelessness', for example because they were under threat of eviction and had nowhere else to go.

## **Methods**

The research was conducted between August 2008 – July 2009 with data collection focused on three principle tasks:

- a questionnaire survey of 156 homeless people who complex needs in Stoke-on-Trent domestic abuse from a partner
- in-depth interviews with 53 homeless people with complex needs in Stoke-on-Trent
- interviews and discussion with local housing and support providers

### ***The survey of homeless people with complex needs***

A total of 129 homeless people with complex needs were surveyed using a questionnaire which collected information about their housing situations, homelessness careers, personal characteristics, and histories. Of these, 24 respondents were targeted for inclusion in the study because they were known to have a history of violence, 41 because they were known problematic drug or alcohol users and 22 who were known to be involved in street prostitution. An additional 69 people were surveyed about whom nothing was known beyond their circumstance of homelessness. All those reporting a drug or alcohol dependency, a history of violent behaviour, or involvement in street sex work (42 in total) were added into the sample of people with complex needs.

Survey respondents were accessed through hostels, the rough sleepers' team, specialist support and treatment services, supported housing projects, and the Probation Service.

Surveys were completed in the following ways:

- face-to-face with a member of the research team
- face-to-face with a project worker
- self-completion

Of those surveyed, 59 per cent were male and 41 per cent were female. The age profile of respondents is presented in Table 1 and shows that the vast majority were aged between 20-49 but that respondents over the age of 50 and in adolescence were also represented. Just over three quarters (78 per cent) recorded their ethnicity as White British, 16 per cent as White Irish, 3 per cent as 'Other White' and 3 per cent as Mixed Heritage White and Black Caribbean. Most (71 were cent) were single but nearly one quarter reported being in a relationship. Nearly all (95 per cent) recorded their sexuality as heterosexual while 4 per cent described themselves as bisexual.

**Table 1. Age profile of survey respondents**

<b>Age</b>	<b>n</b>	<b>%</b>
<19	18	15
20-29	35	29
30-39	47	39
40-49	17	14
50+	4	3
<b>Total</b>	<b>100</b>	

n=121

Respondents were living in a range of accommodation types when they were surveyed. Over half (57 per cent) were staying in a hostel while 8 per cent were sleeping rough, 10 per cent with friends, and 10 per cent in interim supported accommodation. A small number were living in their own tenancy but were under threat of eviction.

### ***In-depth interviews with homeless people with complex needs***

A total of 53 in-depth interviews were conducted with homeless people with complex needs in Stoke-on-Trent. People with 'complex needs' were defined as those who presented with drug dependency, alcohol dependency, a history of violent or aggressive behaviour or who were engaged in street sex worker and who were homeless or at risk of homelessness. The sample of interview respondents included 24 people who had been targeted for inclusion in the study because they had a known drug or alcohol dependency, 15 women known to be street sex workers, and 14 people with a known history of violent behaviour. Interviews were flexible and informal, lasting approximately one hour, and took a biographical approach, exploring respondent's life histories, their homelessness careers, and contact with services.

Respondents were accessed through a wide range of housing and support providers including hostels, the rough sleepers' team, specialist support services such as the those

working with street prostitutes, drug users or problematic drinkers, the probation service and supported housing providers, organisations working with or accommodating offenders and through generic homelessness services. All interviews were transcribed verbatim.

Just over half (28) of those interviewed were female and the majority (37) recorded their ethnicity as White British. Seven respondents recorded their ethnicity as White Irish and one as Mixed Heritage: White and Black Caribbean (the ethnicity of eight respondents was unknown). The age profile of interview respondents is presented in Table 2 and shows that the majority were between the ages of 20 and 39 and were relatively evenly distributed across this 20 year age bracket with similar proportion in their 20s and were in their 30s (the age of one respondents was not known).

**Table 2. Age profile of interview respondents**

<b>Age</b>	<b>n</b>	<b>%</b>
<19	7	13
20-29	19	37
30-39	20	38
40-49	6	12
<b>Total</b>	<b>52</b>	<b>100</b>

Approximately one quarter were in a relationship, while more than half (30) reported being single (the relationship status of nine respondents was unknown). Most were heterosexual with three respondents recording their sexuality as bisexual. No interview respondents reported being a lesbian, a gay man, or transgender.

Respondents were living in a range of accommodation situations at the time of their interview: the majority (33, or 66 per cent) were living in hostels; six were staying with friends; 4 were rough sleeping; and three were in their own private or social rented tenancy but under threat of eviction (the housing circumstances of 3 respondents were unknown).

### ***Interviews and discussion with local stakeholders***

In addition to the core data collection activities (survey and interviews with homeless people with complex needs) the study team held regular discussions (some in-depth, some brief and informal) with local service providers such as hostel workers, drug support workers, probation and police staff, and staff working in support agencies . A series of more formal face to face, telephone, and email interviews were also conducted with housing providers in Stoke-on-Trent to explore their approach to accommodating offenders and those with a

history of aggressive behaviour. These interviews explored in some detail organisations' risk assessment policies and procedures and their eligibility, allocations and exclusion policies. Social housing landlords, voluntary sector providers, those targeted at particular client groups (including offenders), general needs providers, temporary and medium term supported accommodation providers were included in this exercise.

## **What is a 'Homelessness Journey'?**

This report employs the concept of a homelessness journey to understand the needs and experiences of homeless people with complex needs<sup>1</sup>. The 'homelessness journey' approach is premised on the view that homelessness and other vulnerabilities are a product of a complex series of processes, events, actions and interactions. Personal characteristics and experiences (substance misuse, mental ill health, divorce, offending, bereavement); institutional and organisational practices and processes (legislation, eligibility and exclusion policies, service provision; referral routes), and structural forces (poverty, the housing market) combine to influence homeless people's housing and life experiences, to move them along their 'homelessness journey', and to define their housing and support needs. Meeting these needs, and understanding the barriers homeless people face accessing appropriate housing and support, requires appreciation of this 'journey' and all elements of it.

The homelessness journey approach, then, seeks to uncover the ways in which individual situations and actions link with wider processes. To this end, the homelessness journeys of all 53 of the homeless people interviewed in depth were plotted and analysed. This involved comprehensively and chronologically charting each respondents' housing situations, any significant events and experiences in their lives, their engagement with services (and the outcome of this interaction), and their routes through drug or alcohol dependency, street prostitution, and violent activity. Correlations and relationships between these realms of respondents' lives were then identified and explored.

A key benefit to this approach is that it exposes the multi-faceted nature of homelessness and the way in which events in one realm of an individuals' life can have far reaching consequences in another. It also allows for the long-term consequences of action and inactions (for example of service providers) to be identified. Crucially, it is possible to see how different actions could have taken peoples' journeys in a more positive direction,

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<sup>1</sup> The study team previously employed this approach during research exploring the housing experiences of homelessness women commissioned by the homelessness charity Crisis.

allowing for clear recommendations to emerge regarding possible interventions and intervention points.

It is important to note that using a retrospective research design such as the homelessness journey model elicits stories and experiences rooted in policy and service delivery contexts which may since have been surpassed. Services develop, responding to identified gaps and issues, practices are improved, and policies implemented to better meet peoples needs. Some of the stories and experiences recounted here may have developed differently and resulted in alternative outcomes had they occurred today rather than two years ago, five years ago, or in the last decade.

### **Structure of the Report**

This report is divided into three sections. The first focuses on the 'housing realm' of respondents homelessness journeys, providing information regarding the housing situations in which homelessness people with complex needs commonly reside and highlighting some key features of their homelessness careers. Based on this information, a 'typical homelessness career' of homeless people with complex needs is presented. In Section two we explore the complex interplay between homelessness and complex needs: the way in which dependencies, sex working, offending, mental ill health, and other issues impact on one other, and on homelessness, and the way in which homelessness, in turn, can cause, consolidate, or compound the vulnerabilities this section of the homelessness population present with. Section three uses case study material, in the form of a series of full homelessness journeys, to highlight the linkages between complex needs, homelessness, and service provision, and to explore 'cause and consequence'. Following an account of four respondents' homelessness journeys, where key issues, consequences, and critical points are spotlighted, the key issues arising from this analysis are summarised. The report concludes with the recommendations which flow from this analysis.

# **Section 1**

## **Homelessness Careers**

# *Homelessness Careers*

## **Section 1 Introduction**

This section focuses attention on the homelessness careers of people with complex needs: the 'housing realm' of their homelessness journey. In doing so, key features of the homelessness careers of people with complex needs are identified, and the types of accommodation most commonly relied upon highlighted.

# *Homelessness Careers*

## **Housing and Homelessness Situations: Survey Findings**

Survey respondents were asked a range of questions about their housing circumstances and experiences. The results suggest that people with complex needs become homeless at a very young age, with 40 per cent of survey respondents experiencing homelessness by the time they were 16 years of age. Only 6 per cent were over the age of 35 when they first became homeless. Women were slightly more likely than men to experience homelessness in early adolescence (47 per cent were homeless by the age of 16 compared with 37 per cent of male respondents). Faced with imminent homelessness, nearly 40 per cent of survey respondents failed to seek any (formal or informal) assistance or advice. Of those who did seek some help, whether from friends, family, advice agencies, housing or support services, less than one third approached the local authority.

Survey respondents were asked to indicate all the housing situations in which they had ever lived, providing an indication of the type of accommodation most commonly relied upon by homeless people with complex needs during episodes of homelessness and during episodes of housing stability. The results are presented in Table 1 and show that:

- the homeless people surveyed were more likely to have slept rough than to have lived or stayed in any other (temporary or settled) housing situation, with 90 per cent reporting having experienced rough sleeping. In addition, 45 per cent had slept rough in the month prior to being surveyed. It is not possible to compare these figures with those collected through the official 'street count' (which is carried out on one night) but they do suggest weaknesses in this method of collecting accurate data regarding levels of rough sleeping. In particular, the street count is thought to underestimate the number of women sleeping rough, relying as it does on counting people who are visible. The last street count conducted in Stoke-on-Trent in 2006 identified just three individuals sleeping rough. Data collected by the rough sleepers' team, however, suggests levels of rough sleeping similar to those identified through this survey (the team had contact with 166 rough sleepers in the year 2007-2008)

- rough sleeping aside, the accommodation situations on which respondents most commonly relied were hostels, staying with friends, and squatting. It is encouraging that, according to these statistics, the majority of people with complex needs in Stoke-on-Trent appear to be accessing the hotels. This does, however, mask a gender differential. Only 63 per cent of the women surveyed had stayed in a hostel compared with nearly 90 per cent of men. This is likely to reflect the more limited options available to homeless women in the City (one of the three general needs hostels does not accommodate women), and reluctance amongst some homeless women to stay in mixed hostel accommodation (the remaining two hostels are both mixed). It may also reflect the bias in the survey sample towards women involved in street prostitution whose working practices can rule out hostel residency. Most hostels operate a curfew which clashes with the time street sex workers tend to be out working.
- experience of homelessness accommodation was more common than experience of settled housing. More respondents had slept rough, stayed in hostels and temporarily with friends, for example, than had held a private rented tenancy. It is somewhat alarming that the homeless people with complex needs surveyed were more likely to have squatted and to have stayed in bed and breakfast accommodation provided through the local authority than they were to have had a social rented tenancy.
- during periods of housing stability, the homeless people with complex needs surveyed were slightly more likely to reside in the private rather than the social rented sector and very few have owned their own home. This is particularly true of the men surveyed, only 27 per cent of whom had held a social rented tenancy (compared with 42 per cent of the women surveyed). Men and women were equally as likely to report having lived in the private rented sector, however.
- Frequent mobility was commonplace, with respondents reporting having moved through many different forms of housing provision. That so many respondents reported having stayed in each of the situations listed suggests that most will have been accommodated in a number of different situations. Frequent housing mobility is also indicated by levels of repeat homelessness (84 per cent of survey respondents had been homeless before, and 29 per cent of these had experienced five or more episodes of homelessness), and by the temporary and uncertain nature of respondents' housing arrangements. Nearly one quarter (23 per cent) had been in their current place of residence for less than four weeks and 66 per cent for less than six months. A total of 44 per cent had no idea how long they were able to remain in their current situation, 13 per cent knew they had to

leave within the next four weeks and 30 per cent within the next six months. The vast majority had nowhere else to go.

- more of the homeless people with complex needs surveyed had been in prison (56 per cent) than had held their own tenancy.

**Table 1. The housing situations in which survey respondents have lived**

<b>Accommodation situation</b>	<b>%</b>
<b>Homelessness situation</b>	
<i>sleeping rough</i>	90
<i>In a homeless hostel</i>	80
<i>with friends on a temporary basis</i>	59
<i>in a squat</i>	46
<i>with relatives on a temporary basis</i>	40
<i>in a bed and breakfast</i>	39
<i>with a partner on a temporary basis</i>	26
<i>in a night shelter</i>	20
<i>in a bail/probation hostel</i>	17
<i>in a refuge</i>	8
<b>Institutional/residential situation</b>	
<i>in a prison/young offenders institution</i>	56
<i>in a children's home</i>	24
<i>in a residential detox/rehab centre</i>	21
<b>Settled accommodation situation</b>	
<i>private rented tenancy/house</i>	48
<i>council or RSL tenancy</i>	35
<i>supported housing for people with mental ill health</i>	9
<i>owner occupied</i>	6

*n*= 156



## *Homelessness Careers*

### **Key Features of the Homelessness Careers of People with Complex Needs**

Drawing on in-depth analysis of the homelessness journeys of all the people with complex needs interviewed for this study, and data from the questionnaire survey, a series of assertions can be made about the key features and characteristics of the homelessness careers of people with complex needs.

- **The homelessness careers of people with complex needs typically begin very young, often before they reach the age of 16.** In total, 40 per cent of survey respondents and a similar proportion of interview respondents had experienced homelessness by the time they were 16 years of age. For many of the people with complex needs interviewed, homelessness represented their first experience of independent living. Some had run away from home to escape the abuse or neglect they were suffering there, or were asked to leave by parents. Others had run away from children's homes or had left care at the age of 16, apparently losing contact with Social Services and the after care support to which they may have been entitled.
- **The routes homeless people with complex needs take into homelessness are often incremental.** Homelessness was a 'transition' rather than an abrupt event for many of those participating in this study. Young people gradually left home, spending more and more time with friends and sleeping rough until they failed to return home altogether, or they ran away and returned repeatedly. Others 'drifted' away from their accommodation, their tenancy was 'taken over' by other people, or they were evicted in absentia while in prison or away.
- **People with complex needs spend much of their homelessness careers in 'hidden' homelessness' situations.** The term 'hidden' is used to denote accommodation situations which are provided informally (staying temporarily with other people, squatting, sleeping rough), rather than by housing or other service providers (hostels, interim supported housing, refuges) and where people are therefore less likely to be on the radar

of agencies providing accommodation, support, or advice to homeless people. We saw in the previous section that **the vast majority of the homeless people with complex needs surveyed had slept rough (90 per cent of the survey sample), that friends were very frequently relied upon (59 per cent had done so) and incidence of squatting was very high (46 per cent had squatted)**. Other hidden homeless situations which emerged in discussion with interview respondents included staying in other homeless people's temporary accommodation (for example hostel rooms), or rooms in residential care homes (LA children's homes and elderly people's sheltered housing schemes) without the knowledge of the service provider, and with 'punters'.

- **Most homeless people with complex needs sleep rough, do so regularly, and for unusually long periods of time.** Noting that the majority of homeless people with complex needs sleep rough at some point does not reveal the full extent of rough sleeping amongst this population. Very few respondents had slept rough just once or for a brief period of time. It was common for interview respondents to have slept rough for months (sometimes years) and to have returned to rough sleeping frequently during their homelessness careers. Over two thirds (68 per cent) of the survey respondents who had slept rough had done so more than once and nearly one quarter reported having experienced ten or more episodes of rough sleeping. Nearly half of all survey respondents (45 per cent) had slept rough in the month prior to being surveyed. There was little difference between men and women with regard to experience of rough sleeping. The women surveyed and interviewed were only marginally less likely to have slept rough, and to have slept rough in the past month, than men. Local statistics indicate that rough sleeping is less common amongst homeless women in Stoke-on-Trent than men but local service providers have expressed concern that these figures mask the true extent of rough sleeping amongst women in the area. The evidence from this study suggests these concerns are well founded.
- **Institutional and other residential environments feature prominently in the housing and homelessness careers of people with complex needs,** including prisons, children's homes and, to a lesser extent, psychiatric hospitals and residential rehabilitation centres. The majority of those interviewed (39 of the 54 respondents whose housing careers could be plotted with some accuracy; or 72 per cent) had lived in an institution and those who had served more than a couple of prison sentences tended to have spent a significant proportion of their adult life in custody.

- **Homeless people with complex needs make frequent use of hostel accommodation but this rarely represents a route out of homelessness.** Most of the homeless people with complex needs participating in this study had accessed hostels, or other formal provision. Most, however, also returned to rough sleeping, squatting, or relying on friends and family subsequently. Only 12 of the 54 interview respondents had moved directly from hostel accommodation into their own tenancy during their housing careers. Many respondents had stayed temporarily in the same hostel several times during their homelessness career.
- **People with complex needs can remain at risk of homelessness for a long time after securing settled accommodation.** Moving into a tenancy may not represent a permanent route out of homelessness for people with complex needs, a fact reflected in the high levels of repeat homelessness (84 per cent) indicated by the survey findings and reported in the previous section. Some respondents' careers contained lengthy periods of housing (and personal) stability, sustaining independent tenancies for many years. When personal challenges or difficulties arose, however, they quickly descended into homelessness again.
- **A particularly insecure segment of the private rented sector is relied upon by homeless people with complex needs, perpetuating homelessness and repeat homelessness.** Whilst in ostensibly 'settled' accommodation, respondents tended to reside in the low cost, easy to access, high turnover segment of the private rented market. There was evidence of unscrupulous landlord practices such as insisting that properties were vacated at very short notice, or moving respondents from one property to another. Tenancy agreements are apparently a rarity and the arrangements through which respondents accessed private rented tenancies were often fragile, organised through friends or partners and dependent upon ongoing relationships with these people.
- **The housing and homelessness careers of people with complex needs are characterised by extreme housing insecurity.** This can be as true during periods of apparent housing stability as it is during periods of homelessness, with ostensibly settled accommodation proving very fragile. Reliance on a segment of the private rented sector which does not comply with legal obligations or good practice, moving in with friends who are themselves at risk of homelessness, and securing tenancies arranged through friends or partners and dependent upon ongoing relationships with these people all contributed to ongoing housing insecurity, placing respondents at high risk of homelessness. And they are often accommodated in the least secure accommodation whilst homeless also.

We saw in the previous section that informal arrangements with friends, squats, and rough sleeping were very commonly relied upon by the homeless people surveyed for this study, and that nearly half had no idea how long they could remain in their current accommodation situation.

In the following section we draw on the information presented here and in the preceding section to outline a 'typical homelessness career' of someone with complex needs. Many of the issues in this section are picked up later in this report when we explore the relationship between complex needs and homelessness (Section 2) and use case study material to explore the 'homelessness journeys' of people with complex needs (Section 3), showing the way in which their housing careers interact with other realms of their lives to create barriers and opportunities for escaping homelessness and meeting their needs.

# Homelessness Careers

## A 'Typical' Homelessness Career

The housing careers of the 53 homelessness people with complex needs interviewed for this study were plotted in detail and analysed for trends and common trajectories . No two respondents moved through the same housing situations in the same sequence and over the same timescale but some common patterns and routes through homelessness were clearly discernable. Drawing on this, figure 2 presents a 'typical homelessness career' of homeless people with complex needs.

Figure 2 shows that **people with complex needs typically become homeless for the first time directly from the parental (or guardians) home.** This was true for the majority of the 50 interview respondents whose trajectories into homelessness could be mapped, some of whom had been living with parents or grandparents immediately prior to becoming homeless and some in children's homes. Variations to this typical route into homelessness include a cohort living in their own settled accommodation prior to their first episode of homelessness or who became homeless following a prison sentence. These respondents were typically (but not exclusively) slightly older and those who had been living in their own homes tended to have recently experienced a separation and/or a distressing event such as bereavement.

**The first port of call is usually a temporary arrangement with friends, although other informal accommodation situations such as rough sleeping and squatting are also heavily relied upon.** Few respondents made their way directly into formal provision such as hostels or interim supported housing when they first became homeless (only ten out of the 46 whose first homelessness accommodation was known). This will partly reflect the young age at which many first experienced homelessness, precluding them from adult housing provision, as well as limited awareness of housing options amongst people who have never experienced homelessness before. Such knowledge takes time to accumulate and many respondents reported not knowing where to go for help or that assistance was available.

**The next 'move' homeless people with complex needs make tends to represent a worsening of their housing situation, particularly in terms of housing security and conditions.** Those who initially relied upon friends were prone to start sleeping rough,

squatting, or moving regularly between friends, squats and rough sleeping while the few who had accessed formal homelessness provision tended to move into hidden homeless situations such as staying with friends. Variations to this general picture include a small cohort whose housing situations improve (moving into a hostel following a period spent sleeping rough or staying with friends, or moving into their own tenancy) but this was rare. Some of those who had been living in the parental home or children's home returned there (sometimes several times) but most became homeless again relatively quickly.

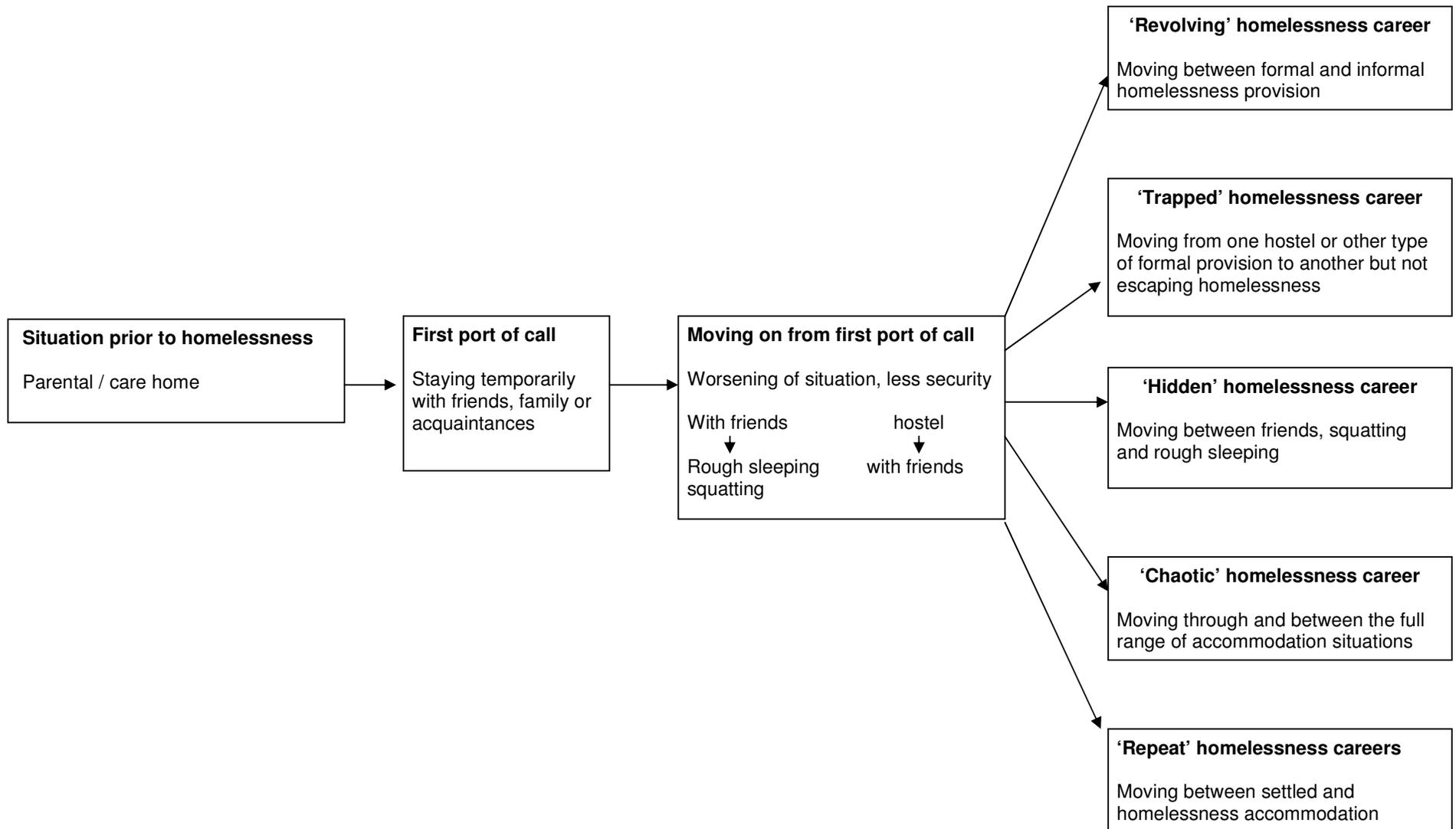
At this point respondents homelessness careers start to display greater divergence, with five common routes through homelessness identified. Firstly, there are those who access formal homelessness provision (hostels, interim supported housing, bed and breakfast accommodation, refuges and bail hostels) regularly from this point onwards. These respondents fell into two groups: **those who 'revolved' between hostels and informal accommodation arrangements**, typically staying in just one formal accommodation situation before returning to friends, rough sleeping or squatting but soon accessing a hostel once again, and so on; and **those who apparently became 'trapped' in formal homelessness accommodation**, moving from one hostel, interim supported housing project, or other type of formal provision to another but not escaping homelessness altogether. They occasionally moved into informal accommodation situations but formal homelessness provision dominated their careers. Both types of housing career are occasionally punctuated by a spell in prison, and the former is significantly more common than the latter.

Not all homeless people with complex needs find their way into formal homelessness provision, with a cohort developing **'hidden homelessness careers', moving between friends and family, squats, and rough sleeping**, occasionally, but rarely accessing a hostel or other formal provision. In contrast, others **escape homelessness, securing their own tenancy or moving in with a partner but then become homeless repeatedly**. In many of these cases, periods of settled accommodation represented little more than brief respite from a long homelessness career although some did sustain their own accommodation for many years. Again, periods of time in prison (and occasionally other institutions such as psychiatric hospitals) are dotted through both these types of housing careers, with a small number of respondents moving repeatedly between prison, settled accommodation and homelessness.

Finally, there are those whose who move through so many different forms of accommodation, in apparently no pattern at all, that it is impossible to categorise their homelessness careers as anything other than 'chaotic'. **People who display chaotic homelessness careers tend**

**to have moved through most housing situations, usually rapidly.** They have stayed with friends, with relatives and acquaintances, slept rough, in squats, moved through all the local hostels and other temporary supported housing provision, had their own (usually short lived) private and social rented tenancies, been in prison, and sometimes other institutional and residential environments such as hospitals and residential rehabilitation. The previous four careers described can all develop into chaotic homelessness careers if they continue for too long.

**Figure 2. A Typical Homelessness Career**



## **Section 2**

# **Homelessness and Complex Needs**

# *Homelessness and Complex Needs*

## **Section 2 Introduction**

This research was concerned with exploring the housing needs and experiences of homeless people with complex needs in Stoke on Trent and focused on four client groups: those with a history of violent or aggressive behaviour, female street sex workers, people with drug dependencies, and problematic alcohol users. A series of reports are available detailing the needs and experiences of each client group. In this section we are interested in exploring the relationship between each of these characteristics. It begins by providing a brief profile of the population of 'homeless people with complex needs' before detailing the similarities and differences between the four client groups. We then explore the relationship between drug dependency, alcohol dependency, street sex work, offending behaviour, homelessness, and other vulnerabilities such as mental ill health and experience of abuse. This includes an assessment of the way in which vulnerable peoples' needs impact on their housing situations and experiences.

# *Homelessness and Complex Needs*

## **A Profile of 'Complex Needs'**

The homeless people participating in this study were those deemed to have 'complex needs'. For the purposes of this research this included homeless people dependent on drugs or alcohol, involved in street sex work, or who had a history of violent behaviour. Many fell into more than one category but all presented with at least one of these issues in addition to their history of homelessness.

Exploring the profile characteristics and experiences of the 'homeless people with complex needs' surveyed reveals, however, that **this populations' needs are far more complex than a combination of dependency, offending, and involvement in sex work. Other issues, vulnerabilities and detrimental life experiences were extremely commonplace,** increasing the multiplicity and complexity of their needs as well as the challenges facing service providers in meeting those needs. The information presented in Table 2 demonstrates this clearly, showing that mental ill health and related issues (coping difficulties, self harming) were prevalent amongst those surveyed, a disrupted education was extremely common as were a host of experiences likely to have impacted detrimentally on their psychological and emotional well being (domestic abuse, unsettled childhood, conflict and separation from family). Most had had contact with the criminal justice system and more than a quarter had spent part of their childhood in the care of the local authority.

The survey sample included 25 respondents targeted for participation because they had a history of violent behaviour so it is no surprise that contact with the criminal justice system was common. However, contact with the criminal justice system was by no means restricted to those respondents with a known history of offending behaviour. In total, 85 per cent of the homeless people with complex needs surveyed had a criminal record (most commonly for shoplifting), 56 per cent had served a prison sentence, and 65 per cent had been on probation. Many of the offences committed by those participating in the study were done so in order to obtain funds for drugs and many of the custodial sentences served were for non-payment of fines or breaches of various Community Orders.

**Table 2. Needs, Vulnerabilities, and life experiences**

	All %	Women (%)	Men (%)
Has a criminal record	85	79	89
Has been on probation	65	60	69
Sometimes finds it difficult to cope	57	52	61
had an unsettled life while growing up	53	54	54
has little contact with family	53	48	57
Was suspended or excluded at school	45	52	40
has experienced domestic violence	43	67	26
have forms of abuse other than domestic violence	41	48	34
has experienced mental ill health	38	35	39
has been in local authority care	30	21	38
Sometimes self harms	24	31	19
has literacy problems	17	19	15
has a learning disability	14	10	16
has a physical disability	10	11	9

The men and women surveyed shared many common characteristics and experiences but some **gendered differences** were evident. For example:

- women were significantly more likely to have experienced domestic violence than men (67 per cent of women compared with 26 per cent of men)
- A higher proportion of the men surveyed than women had been in the care of the local authority as a child (38 per cent compared with 21 per cent)
- women were more likely to self harm (31 per cent compared with 19 per cent of men)
- alcohol dependency was more common amongst the men surveyed (57 per cent of whom had experienced an alcohol dependency compared with 35 per cent of women)
- the men surveyed were slightly more likely than the women to have been on probation (69 per cent compared with 60 per cent of women) and been in prison (61 per cent compared with 48 per cent). The figure for female respondents is likely to be skewed by the presence of street sex workers in the sample, a population who have regular contact with the criminal justice system. If a significant proportion of the homeless women participating in the study had not been street sex workers the gender differential is likely to have been much starker.

- men were slightly more likely to be estranged from their family or have little contact with them (57 per cent compared with 48 per cent of women)
- women were slightly more likely than men to have experienced school exclusion or suspension (52 per cent compared with 40 per cent)

This study was focused on a particular segment of the homelessness population - i.e. those with 'complex needs' - and so individuals presenting with particularly complex issues, known to be relatively vulnerable, were actively targeted for inclusion in the study. As such, the results presented in this section are perhaps no surprise. However, a survey was also conducted of 69 homeless people about whom nothing was known, so that the prevalence of issues such as drug or alcohol dependency amongst the general homeless population of Stoke-on-Trent could be discerned. The results of this survey are more surprising, indicating **the population of homeless people in Stoke-on-Trent may be a population of homeless people with complex needs**<sup>2</sup>. For example:

- 46 per cent of the 'generic' homeless sample was drug dependent. This compared with 60 per cent of the sample of people with complex needs but as 25 per cent of the latter sample had been actively targeted precisely because they were known to be drug dependent the difference between the two groups is not as stark as might be expected.
- 85 per cent of the generic homeless sample had slept rough, 43 per cent within the past month. This is only marginally lower than amongst the sample of people with complex needs, 90 per cent of whom had slept rough, 45 per cent in the past month
- a total of 8 per cent of the homeless people surveyed had been involved in street sex work (this includes a couple of male respondents). This figure is likely to under-estimate the extent of sex working amongst homeless people. The study team had surveyed a relatively high proportion of the known homeless sex working population in Stoke-on-Trent as part of the survey of people with complex needs, rendering them ineligible for the 'generic' survey<sup>3</sup>

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<sup>2</sup> Any respondent to the 'generic' survey indicating a drug or alcohol dependency, a history of violent behaviour, or involvement in street sex work was also added into the database of survey respondents with complex needs. There is, therefore, overlap between the sample of 'generic' homelessness respondents and the sample of homeless people with complex needs.

<sup>3</sup> The 'generic' survey and the survey of people with complex needs were conducted concurrently. In order to generate a relatively large sample and ensure participation of as many homeless individuals in Stoke-on-Trent as possible within the timescale and resources we eradicated any 'double counting' in the survey. In effect this

- experience of the care system was similar amongst the generic sample of homeless people (25 per cent of whom had been in the care of the local authority compared with 30 per cent of homeless people with complex needs)
- mental ill health, coping difficulties and experiences likely to impact on their emotional and psychological well-being were as common amongst the sample of generic homelessness respondents as amongst the sample of people with complex needs. For example 35 reported having experienced mental ill health (compared with 38 per cent of people with complex needs), 59 per cent reported having had an unsettled childhood (compared with 53 per cent), 40 per cent had experienced domestic violence (compared with 43 per cent) and 39 per cent 'other' forms of abuse (compared with 41 per cent), 48 per cent sometimes find it difficult to cope (compared with 57 per cent), and 26 per cent sometimes self harm (compared with 24 per cent)
- respondents to the generic survey were less likely to have a history of violent or aggressive behaviour than those with complex needs but not markedly so (43 per cent compared with 55 per cent). They were, however, less likely to have a criminal record (65 per cent compared with 85 per cent).

One key difference between the generic sample and the sample of homeless people with complex needs relates to levels of alcoholism. Nearly half (48 per cent) of the homeless people with complex needs surveyed were dependent on alcohol while this applied to just 19 per cent of the generic survey sample.

It is also worth noting that although our sample was not restricted to single people, many of the housing providers through which generic survey respondents were accessed primarily accommodated single homeless people.

Many of the issues highlighted by survey respondents featured prominently in the personal biographies of the homeless people interviewed in-depth. Their accounts added insight and detail to these broad brush statistics as well as revealing shared experiences not picked up by the survey. Key themes included:

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meant anyone surveyed because they were involved in street sex work, were a drug user, a problematic alcohol user, or had a history of violent behaviour could not be surveyed again for the generic survey.

**Separation from children.** Many of the homeless people with complex needs interviewed were parents but very few had retained custody or guardianship of their children. Separation from children was a dominant issue in the life-accounts of those interviewed, representing a source of distress for many. This was particularly true for the women interviewed, it being more common for men to live apart from their children once separated from the mother. Some of the men interviewed did suffer similarly, however, in instances when the child in question had been taken into care, adopted, or was living with someone other than the mother. Amongst the women surveyed<sup>4</sup> 40 per cent had dependent children but only 20 per cent of these lived with their children, representing just four women, one of whom lived with her children on a part time basis only. Most commonly, women's children were being looked after by someone else temporarily (usually the respondents' parents but sometimes other relatives or the child's father) but in one quarter of cases they had been adopted to someone else or a relative had obtained legal custody. Very few were in the care of the local authority although some will have spent time in care prior to their adoption.

The circumstances under which interview respondents separated from their children, the arrangements under which their children were currently living, the level of contact they had, and the scope to be reunited with them varied. Some babies had been taken directly into care at birth and quickly adopted, a decision likely to have been taken prior to the birth, probably by Social Services. Some women lived with their children for a while (months or sometimes years) but they were subsequently taken into care, or relatives successfully applied for custody, usually against the mother's wishes. There were also instances where women tried to manage drug addictions, homelessness, violent relationships, alcohol dependency and look after their children before deciding they could cope no longer or it was not in the interests of the child to remain with them. These women had often resolved not to visit on their own children the neglect they had experienced themselves. A couple placed their children in the care of the local authority but in most cases parents and other relatives were called upon. Charlotte and Hayley explained why they placed their children with someone else:

*I couldn't look after myself. If I can't look after myself I can't look after a baby either and I couldn't cope anyway. She weren't being neglected but it was not long from that stage...in the end I had to turn round and say to me mum 'look, you're; going to have to*

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<sup>4</sup> The figures for the total sample, including men, were not significantly different but we suggest that a more accurate picture can be gleaned with regard to this issue by looking just at the women surveyed, eradicating those circumstances where the mother has remained with the children following a separation, as is usual. In the few cases where women's children were being cared for by the father, the woman had been the sole carer at some point, representing a somewhat different situation.

*take her because I can't look after her'. I didn't want her to be neglected because that wouldn't have been fair on her" (Charlotte).*

*"I felt too much guilt. I weren't clean [of drugs], I didn't think I could have him. Made the hardest decision I've had to make but it was the right decision for him. I put him in care" (Hayley)*

Many of the women interviewed held out hope that they would be reunited with their children once they had resolved their dependencies and homelessness, and considered this a key component of a long-term life plan.

**Experience of violence and abuse.** Violence and abuse characterised the lives of many of the homeless people with complex needs interviewed. Many had suffered physical or sexual abuse in their formative years from parents and other relatives, or at the hands of bullies (usually in care homes or young offender institutions); they then suffered similar abuse from partners, pimps, punters, and drug dealers in adulthood, and from the general public while sleeping rough. The sex workers interviewed described the fear associated with putting their lives at risk every time they went to work and of not knowing *"if that car's the last car you're going to get into"* (Emma), and rough sleepers reported never daring to sleep soundly, even if conditions allowed for it, for fear of being attacked. The quotes below are illustrative of the many accounts of violence we heard in the course of interviewing people for this study:

*"If I didn't work as a sex worker I wouldn't be in danger of getting raped and murdered. I got raped, I've been attacked twice. See that scar there? That was last year" (Hayley)*

*"I've had domestic violence recently, from me ex-partner I've just split up from...the partner I've just split up from now isn't the partner I had the domestic violence from in Newcastle, this is another one I got in with....I had to have the police out the week before last because he came to the house...he gave me a black eye and a broken finger". (Elsa)*

*"They're out on the piss on a Friday night, see someone they think is either a druggie or a fucking tramp and give you hell over it...I've been in a couple of squats a few weeks ago...and I was there one Friday night [and someone] threw the window with bricks and I was covered in glass and, and he were like 'fucking this fucking that' chucking bricks 'get out of there now before we burn you out'. ... so that was me dry*

*shelter gone then, wouldn't dare go back there, give me a kicking. So it's not easy on the streets. (Larry)*

It was not uncommon for violent incidents to remain unreported and certainly few respondents had received any support, assistance or counselling to deal with the (often cumulative) effects of the violence they had suffered. The abuse some had suffered in childhood remains unacknowledged, even amongst family members, and was never reported to the police or detected by Social Services.

**Undiagnosed or 'low level' mental health and well-being issues.** Some respondents had diagnosed mental health conditions such as schizophrenia, psychosis and personality disorder and several had been detained under the Mental Health Act (commonly referred to as 'being sectioned'). But many reported suffering from mental ill health despite no diagnosis or contact with mental health professionals. The catalogue of personal difficulties faced by respondents, including their experiences of homelessness and rough sleeping, had served to undermine their sense of well being, with many reporting depression, coping difficulties, anger management issues, suicidal thoughts, very low energy or motivation, and wanting to 'give up'. The findings of this research suggest that such needs are not always apparent to service providers, or given high priority because other issues (such as housing) seem so pressing. Mental ill health or limited sense of well-being can, however, represent a very urgent need, such is the potential impact on homeless people's lives. This is captured well by Saskia, a rough sleeper and drug user who reported that *"Right now I feel like... killing meself but I can't be bothered killing meself, it's too much effort"*. Charlotte did not suffer from the same lack of motivation and attempted to do just that, fortunately without success. She explained the process of 'giving up' in the following terms:

*"it was January, it was dead cold...I spent the next three weeks on the streets, on me own and in the end I'd had enough, I took an oz of phet [amphetamine]...I'd had three litres of vodka, I went to sleep and I didn't wake up. I had every intention of killing myself, that was the plan but I woke up three days later in 12 inches of snow"*  
(Charlotte)

Neither Charlotte nor Saskia had any diagnosed mental health conditions and, to the knowledge of the study team, have never been in contact with mental health professionals or received any counselling.

**Poor physical health.** The effects of years of intravenous drug use, poor nutrition, exposure to cold, harsh conditions while sleeping rough or working on the streets at night had taken its toll on many of the homeless people interviewed for this study.

*Oh god, I've been walking the street for seven hours in minus six degrees sometimes, standing freezing in a doorway and literally can't move me jaw...I can't go home, got no bus fare, no taxi fare, nowhere to go so stuck there until I've done something with a punter...stood there for seven hours in the cold...you walk everywhere as well, I've got a shadow at the top of my spine and I've got really bad memory problems as well.*

*(Elaine)*

Managing existing health conditions was also problematic, particularly for rough sleepers and squatters, and health workers were reportedly reluctant to prescribe medication to rough sleepers or known drug users. Frequent mobility and the often chaotic nature of rough sleepers' lives made effective treatment difficult. James is a drug user with a mental health condition who has lived on the streets for months at a time. He found it very difficult to obtain the correct medication and reported that his circumstances and outlook at times made effective treatment impossible.

*Well me head was everywhere with me having mental health issues before I didn't have no medication, had no money at the time and no way of contacting anyone so I was in a bit of a mess at the time. (James)*

**Unhappy childhood.** Many respondents' formative years were characterised by rejection, abandonment, neglect and abuse. Sexual and physical abuse were commonplace and many were not adequately cared for. David's mother, for example, walked out of their home when he was 14 years old to live with a new partner nearby. She returned periodically to leave food for David but effectively left him to fend for himself. She stopped paying rent and the property was repossessed when David was 16 years old, making him homeless (David's homelessness journey is described in more detail in Section 3). Many respondents felt an acute sense of abandonment and betrayal having been 'rejected' by their mother in favour of a partner. Charlotte's mother, for example, was given the option by Social Services of retaining care of her children if she separated from her partner whose previous offences against children had come to light. She chose to let Social Services take her children into care. Several respondents spent their childhood coping with parents who themselves had complex needs such as alcoholism and histories of chaotic homelessness.

**Low self esteem.** It can prove extremely difficult to retain (or obtain) self belief, confidence and motivation when ones circumstances are as dire as those of many homeless people with complex needs. As one woman commented wryly, *“I’m a homeless, druggie prostitute. It doesn’t get much worse than that”*. She went on to express the view that *“I’m obviously not good enough to have my kids [with me]”* The experience, and sometimes indignity, of being homeless, of rough sleeping, of using drugs, of engaging in sex work can severely dent homeless peoples’ self esteem. And many were lacking in self confidence before they became homeless, the effect of years of rejection and abuse. When asked why he started taking heroin David, for example, replied: *“I’ve never had anything good happen in my life... suppose I just didn’t think anything of myself”*

**Troubled experience of the care system.** Most of the homeless people interviewed who had been in the care of the local authority had found this experience extremely distressing, sometimes acting as a catalyst for drug use, aggressive behaviour and offending. Considering the circumstances under which many respondents had been living in the parental home, and the abuse they suffered there, the care system could have provided respite and relief from intolerable conditions. But this was not the way in which most responded psychologically or emotionally to their entry to the care system. Many were relatively old when they went into care (over the age of ten and often between the age of 12 and 15) and this is likely to be relevant. By the time they were in early adolescence, many had already accumulated a degree of psychological distress stemming from their experiences in the familial home which they carried with them into the care system. But the experience of separation from their parents and associated sense of abandonment is also felt all the more acutely for being old enough to comprehend their situation. Others described conditions in children’s homes and ‘secure residential accommodation’<sup>5</sup> as harsh or difficult to deal with and many ran away persistently. Hayley described the care home in which she was first placed in as *“horrible, one of the worst places I’ve ever been in. Kids my age addicted on heroin and crack cocaine, allowed to do what they wanted...I used to hate it”*

**Debt.** Debt was a significant problem for some of the people interviewed, accrued from court fines, credit from drug dealers, and bureaucratic complications with benefit claims. Hayley, for example, is at imminent risk of eviction for rent arrears (an Eviction Order has been granted and served) and has various other debts. She explained that: *because of working [as a sex worker], they give you a fine – how are you supposed to pay it on Income support?...I’ve paid £100 off the gas, it’s coming down, it’s just when you’re getting £67 a*

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<sup>5</sup> Respondents referred to secure units, boarding schools for children with behavioural problems and similar environments but it was not always clear whether these formed part of the care system or the youth justice system.

*week and it's supposed to be £15 out of that, how am I supposed to live, I'm supposed to eat...so it's forcing me back out there [working the streets] and then I go to court and they give me a fine which is forcing me back out there which is making financial problems worse...".* Rent arrears were the most common debt owed, often on properties they no longer lived in, yet none had the financial means to settle their debts.

**Difficulties accessing welfare benefits.** Accessing welfare benefits proved extremely difficult for some, particularly those sleeping rough or squatting, and many respondents reported not being in receipt of benefits to which they were entitled. Typical problems included failing to provide, or not having access to, the necessary documentation (ID, proof of release date from prison), finding the bureaucratic process difficult to cope with, compounded by relatively low literacy levels (Table 2 shows that 17 per cent of survey respondents reported literacy difficulties and 14 per cent reported having a learning disability<sup>6</sup>), and prioritising other issues. The last of these points is illustrated by Elaine's explanation for why she has not claimed benefits for the past 18 months, supporting herself via street prostitution instead:

*"I don't even feel like I've got the energy to go out and do things like claiming benefits, I'm struggling as well to see my own kids, that's the biggest fight I've got on now all the time, I don't really know"*

Elaine had previously made an attempt to claim benefits but with no proof of identification her claim could not progress. Some time ago she had temporarily moved out of the shared housing in which she was living so repairs could be made and during this time all her belongings, including her birth certificate, were discarded by the landlord who evicted her in her absence<sup>7</sup>. Loss of ID was extremely common amongst the homeless people with complex needs interviewed. They move frequently, leave personal items with friends who then move or with whom they fall out, the squats in which they are staying are boarded up in their absence with their possessions inside, they are robbed while sleeping on the streets or they abandon belongings along with their tenancies. At an extremely low ebb, questioning how she moved so rapidly from being an 'ordinary' loving parent who worked and studied part time to being a drug addict working as a street prostitute who slept rough, had been in prison, and was separated from her children, the challenge and effort of obtaining duplicate ID was too much for Elaine who did not pursue her claim.

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<sup>6</sup> It is likely that not all of these will have a formally recognised learning disability.

<sup>7</sup> The precise details of this are unclear. It is possible that the landlord - a supported housing provider - assumed Elaine had abandoned her tenancy.

## *Homelessness and Complex Needs*

### **Comparing drug and alcohol users, street sex workers, and those with a history of violence**

The homeless drug and alcohol users, sex workers and people with a history of violent behaviour participating in this study shared many common characteristics. Obvious differences between the four client groups were difficult to discern, reflecting in part the overlap between them: many of the sex workers, for example, were also drug users, some of those with alcohol dependencies also had a history of violence, as did many of the drug users (these relationships are discussed further in the following section). Mental ill health, coping difficulties, a disrupted childhood and education, self harming, experience of the care system, and rough sleeping were experiences shared to a similar degree across the four client groups. Analysis of the survey data does suggest a few differences, however, including:

- somewhat perversely, street sex workers and drug users were more likely to have been in prison than people with a history of violent behaviour (70 per cent and 67 per cent respectively compared with 49 per cent of people with a history of violent behaviour). Virtually all the street sex workers had a criminal record (97 per cent compared with 90 per cent of people with a history of violence, 89 per cent of drug users, and 80 per cent of people with an alcohol dependency). There was no marked difference in the proportion of each group reporting having been on a Probation Order, however.
- street sex workers were significantly more likely to have experienced domestic violence than other respondents (67 per cent compared with 37 per cent of alcoholics, 42 per cent of drug users, and 46 per cent of people with a history of violence) and to have experienced other forms of abuse (57 per cent compared with 37 per cent of alcoholics, 40 per cent of drug users and 45 per cent of those with a history of violence). This will partly, but not wholly, reflect the gender bias in the sample of street sex workers
- street sex workers were more likely to have drug dependencies (77 per cent) than problematic alcohol users (53 per cent) or people with a history of violent behaviour

(59 per cent). Drawing on the experiences of interview respondents, the majority will have been drug dependent prior to their initial involvement in street sex work.

- alcohol users were more likely to have slept rough, and to have slept rough in the past month, than any other group. Virtually all problematic alcohol users reported having slept rough and 60 per cent had done so in the past month (88 per cent of drug users, 77 per cent of street sex workers and 89 per cent of people with a history of violence had slept rough and 42 per cent, 46 per cent and 40 per cent respectively had done so in the past month)
- levels of repeat homelessness were similar across the four groups but street sex workers were more likely to have experienced multiple episodes of homelessness. More than half (52 per cent) had experienced five or more episodes of homelessness compared with 32 per cent of alcohol users, 33 per cent of people with a history of violent behaviour and 44 per cent of drug users.
- a similar proportion of respondents in each group were under the age of 16 when they first became homeless but alcohol users were the group most likely to experience homelessness for the first time later in life. Virtually no street sex worker, drug user or respondent with a history of violent behaviour first experienced homelessness over the age of 35 (2 per cent of drug users, 3 per cent of those with a history of violence and no street sex workers) whereas this was true for 15 per cent of people with an alcohol dependency
- street sex workers are more likely to have had their own tenancy than respondents in any other group. Half of the sex workers surveyed had lived in their own social rented tenancy (50 per cent compared with 24 per cent of those with a history of violent behaviour, 36 per cent of drug users and 37 per cent of problematic alcohol users) and 65 per cent had lived in a private rented sector tenancy (compared with 45 per cent of drug users and people with a history of violence and 49 per cent of people with alcohol dependencies).

The following differences, whilst not stark, are also of interest:

- people with a history of violent behaviour were most likely, and those with an alcohol dependency least likely to report having had an unsettled childhood (61 per cent and 49 per cent respectively)

- people with a history of violent behaviour were most likely, and those with an alcohol dependency least likely to have been in the care of the local authority (36 per cent and 26 per cent respectively)
- very few respondents (just 11 in total) had been subject to an Anti-Social Behaviour Order (ASBO) but ASBOs were most common amongst sex workers (17 per cent of whom had been subject to an ASBO) and least common amongst people with an alcohol dependency (5 per cent of whom had been subject to an ASBO)
- street sex workers were the group least likely, and people with alcohol dependencies the group most likely to have stayed in a homeless hostel (72 per cent and 86 per cent respectively)
- street sex workers were more likely, and people with a history of violence less likely to have squatted than any other group (59 per cent and 43 per cent respectively)

Some subtle differences also emerged from the interviews with respondents in each client group.

- The homeless people with a history of violent behaviour participating in the study were a more diverse population than the drug and alcohol users or street sex workers interviewed. Collective characteristics, experiences and needs were more difficult to identify and the barriers respondents faced accessing housing varied considerably. Some respondents had more in common with the drug users or the alcohol users interviewed than they did with other respondents with a history of violent behaviour. It is more difficult, therefore, to generate findings of relevance to the majority of this population, and to develop recommendations flowing from these which would benefit all those falling within this broad client group. The same was true to some extent, albeit to a far lesser degree, of the alcohol users interviewed.
- Street sex workers emerged as the group least engaged with housing and support services<sup>8</sup>, and presenting with the most complex needs (typically involving drug abuse, counselling needs, debt, the effects of extreme violence and childhood abuse, separation from their children, access to benefits, depression and other mental health issues), the extent and magnitude of which render them a particularly vulnerable and marginalised homelessness population. Spending much time in hidden homelessness

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<sup>8</sup> With the exception of the Women's Project through which most of the street sex workers interviewed were accessed.

situations, off the radar of support services, meeting the needs of women involved in street prostitution represents a significant challenge for service providers.

- Some homeless people with a history of violence preferred to be and live alone (if not with partners/immediate family) whereas many respondents in others groups found the isolation associated with lone living difficult to cope with, and a contributory factor in tenancy breakdown. Respondents with ongoing anger management issues frequently referred to the heightened sense of aggression they felt when living in shared accommodation, for example, amongst people they did not know, and the greater level of control they needed to exercise in such an environment. Many were seeking more solitary accommodation and environments. Louise, For example, explained that she was seeking *“somewhere that’s out in the country so if I get annoyed I can just go for a run, have no cars or anything like that”*. She explained that, *“I manage fine on me own, I love it more on me own, when there’s no-one to bug me, I can just lay there and think, or draw and paint”*. Some respondents with mental health issues (particularly those suffering paranoia and similar conditions) also commented on the difficulties associated with shared living and the impact this had on their mental well being.
- The lives of homeless people with a history of violence emerged as less chaotic than those of other respondents, particularly the drug users, although this was only true of a particular cohort (non drug using, usually older and whose behaviour would typically be defined as ‘violent’ rather than ‘anti-social’). Identifying a ‘primary’ need was easier whereas, in contrast, the complexity and multitude of the issues drug users, sex workers and problematic alcohol users presented with rendered this impossible. In other words, the needs of a particular section of the population of homeless people with a history of violence were neither as many nor as ‘complex’. Indeed a minority had recently become homeless for the first time (for example having served a relatively lengthy prison sentence), abstained completely from drugs and alcohol, and had lived relatively stable lives up to this point. This is not to suggest that homeless people with a history of violence are any less excluded. In fact, many faced total exclusion from housing services reluctant to accommodate them because of the risk they were thought to pose. Thus, this cohort of respondents represented the most (literally) excluded, but also the group whose needs would be the easiest to meet if accessible housing were available.

- Related to the point directly above, (some) people with a history of violent behaviour had the skills to manage their own tenancy without support, or with minimal support providing the ‘triggers’ of their violent behaviour could be minimised. This was particularly true of those without drug or alcohol dependencies, many of whom had lived independently or with partners at some point. The combination of previous experience of successful tenancy sustainment and relatively low current support needs is key here. Street sex workers tend to have previous experience of independent living but have since accumulated significant support needs, while many drug users (who are not also street sex workers) have no prior experience of independent living on which to draw, and high support needs. It is important to note that there is also a cohort of people with a history of violent behaviour – e.g. those with drug or alcohol problems, and with mental health needs – who have never been adequately housed and who would require very intensive support to manage their own tenancy. This presents a challenge if they are also amongst the people with a history of violence who find shared living problematic.
- Homelessness amongst problematic alcohol users was more closely tied to a breakdown in personal relationships than amongst those in the other groups, partly explaining why alcohol users were more likely than other respondents to have first experienced homelessness later in life (see survey findings above). This reflects that alcohol users were more likely than drug users to be in relationships with non-users, who could not tolerate their alcoholism any longer. This was also true of a small number of people with a history of violent behaviour, a few of whom were reliant on (non-offending) partners to maintain accommodation while they were in prison. When their partners finally tired of their offending and of the separation resulting from regular custodial sentences, homelessness ensued. Drug users, in contrast, tended to have relationships with other people dependent on drugs and so became homeless for different reasons, and together.
- Drug users and, to a lesser extent street sex workers, tended to experience particularly sustained episodes of rough sleeping and squatting at times. Patterns of rough sleeping amongst homeless people with a history of violence tended to be more sporadic and for shorter periods of time.



# *Homelessness and Complex Needs*

## **Exploring the Relationship between Complex Needs and Homelessness**

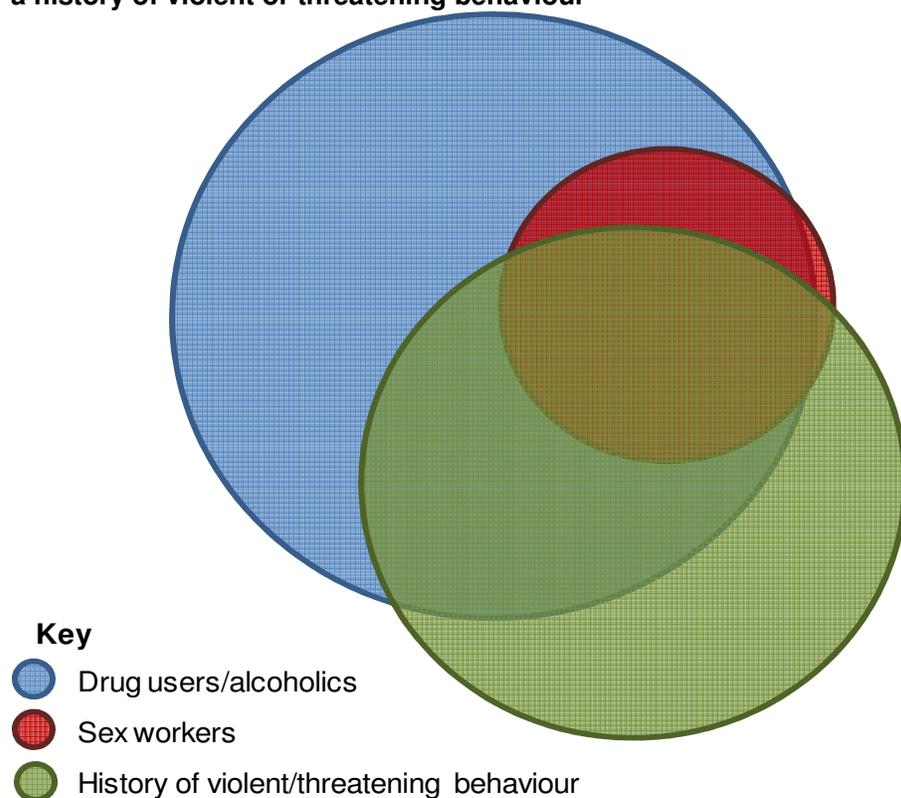
In this section we highlight the complex interplay between homelessness and other needs and vulnerabilities: the way in which dependencies, sex working, offending, mental ill health, and other issues impact on one another, and on homelessness, and the way in which homelessness, in turn, can cause, consolidate, or compound the welfare needs this section of the homelessness population present with. Evidence from this study suggests that attempts to clearly disaggregate the impact of specific issues become futile once the interconnectedness of complex needs, including homelessness, is acknowledged. Self-perpetuating relationships emerge (drug abuse results in homelessness which prompts increased drug use) such that attempts to attribute 'cause' and 'consequence' become impossible, and the inter-dependence of the problems individuals face renders the identification of a 'primary' presenting issue extremely difficult. Attempts to disentangle the needs of homeless people with complex needs only serves to treat in isolation issues which do not exist in isolation. Rather, the task is to understand how the difficulties homeless people face relate to one another and to their homelessness. Only then is it possible to effectively and sustainably meet the needs of homeless people with complex needs.

This study sought to research the needs and experiences of four distinct client groups and although a degree of overlap between them was anticipated, for the purposes of the study they were initially treated as different sub-sections of the homelessness population. Exploring the extent of overlap between these client groups, however, immediately reveals a lack of distinction between them (see Figure 1 and Table 3), suggesting it would be more accurate to consider respondents as a population of 'homeless people with complex needs' than it would to separate them into distinct populations. The overlap between street sex workers and drug or alcohol users, for example, was almost total and virtually no sex worker presented without also having a drug or alcohol problem or a history of aggressive behaviour<sup>9</sup>.

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<sup>9</sup> The size of each circle represents the total number of respondents surveyed falling within that client group. The blue circle is the largest because more survey respondents reported a drug or alcohol problem than reported working in street prostitution or having a history of violent behaviour.

**Figure 1: Overlap between drug users/alcoholics, street sex workers, and people with a history of violent or threatening behaviour**



**Table 3: Overlap between drug users/alcoholics, sex workers and people with a history of violent or threatening behaviour**

	<b>No.</b>
Drug user/alcoholic only	41
Sex worker only	2
History of violent behaviour only	23
Drug user/alcoholic and sex worker	16
Sex worker with history of violent behaviour	2
Drug user/alcoholic with history of violent behaviour	45
Drug user/alcoholic, sex worker, with history of violent behaviour	10
Total drug users/alcoholics	112
Total sex workers	30
Total with history of violent or threatening behaviour	80

Reflecting on the information presented earlier in this section, which revealed that a significant proportion of each client group had a criminal record, had been in prison, in care, displayed some form of mental ill health and had faced a range of other detrimental life experiences, it is highly unlikely that any respondent presented only with a drug or alcohol dependency, a history of street sex work, or a history of violent behaviour.

In the remainder of this section, drawing mainly on the in-depth interview data, we spotlight the ways in which presenting needs (sex working, offending, mental health, substance misuse, experience of violence and so on) co-relate, and the way in which each of these interact with (as both cause and consequence of) individuals' housing and homelessness experiences.

Drug use and sex work, for example, are inextricably linked, have a direct bearing on housing situations, and act as a catalyst for the development of further needs such as debt, experiences of violence and separation from children. Vulnerable women become addicted to drugs or are groomed by pimps, start working in street prostitution to fund their dependency or at the coercion of a pimp, need drugs to cope, accrue a criminal record from offences relating to prostitution and/or obtaining funds for drugs, and before long are serving their first (often of many) short prison sentences. They invariably find themselves at risk of, and regularly experiencing, violence from clients, pimps, drug dealers, and partners. When they fall foul of their dealers, want to escape a violent relationship, go to prison, or cannot afford to maintain their drug dependency whilst also paying court fines and housing costs they risk losing their homes and perceive no alternative but to accept homelessness and continue in prostitution. Their children will usually have been taken into care or placed with relatives by now (if not because their drug or alcohol abuse, sex working, or personal associations deemed to put their children at risk then because they have no home in which to live with their children or are in prison) prompting increased drug or alcohol use. Deterioration in mental well-being is inevitable, if excessive drug abuse has not already induced mental health problems.

When women do manage to address their drug dependency the complexity of their problems, often involving drug debts and rent arrears in addition to a lack of qualifications or employment history and long criminal record, leaves no easy 'solution' to how they can pay off debts and secure safe housing while not engaging in prostitution at the same time. Hayley is a case in point. Hayley, who was sexually abused as a child and taken into care, has a long history of sex working and homelessness. She has finally succeeded in

combating a long standing heroin dependency (including ceasing methadone use) and is living in a social rented tenancy with her supportive partner. She has, however, just been served with an eviction notice for rent arrears and is very likely to become homeless again soon. In an effort to clear her arrears and other debts she continues working in street prostitution but no longer feels able to remain in her home in any case. She is being harassed by her previous drug dealers who know where she lives and are keen to see her relapse, having lost a valuable customer. Her situation clearly demonstrates, then, the challenges of escaping homelessness and prostitution for people with multiple and complex needs, these extending beyond the obvious 'presenting' issues: In her own words:

*"I'm still off heroin but I'm still being forced out to work on the streets because of my financial problems... Obviously in court, because of [sex] working, they give you a fine – how are you supposed to pay it on Income Support? You can't work [in formal employment], coz I've just come off methadone, got to be clean for 6 months to get back into training, back to college, get me skills up and ready...I've paid £100 off the gas, it's coming down, it's just when you're getting £67 a week and it's supposed to be £15 out of that, how am I supposed to live, I'm supposed to eat...so it's forcing me back out there [working the streets] and then I go to court and they give me a fine which is forcing me back out there which is making financial problems worse...it's alright saying 'yeah, shove them on a script', they've still got problems, financial problems... It's been to court [for rent arrears] and I've been already paying so much per week but with me being on Income Support and the debts I've already incurred it's too much and obviously I can't work, I've got no skills or nothing like that... which obviously forces me back out working (Hayley)*

Marnie and Steve's circumstances illustrate similarly the way in which problems cumulate and the interconnected nature of homelessness, drug abuse, and sex work. Debt is not a significant issue for them as it is for Hayley but mental ill health entered their lives when Marnie's pregnancy ended in stillbirth. Steve explained that

*"after the baby was lost I started taking drugs...took all the drugs I had...I couldn't go back in the 'ouse, I just couldn't go back in the 'ouse, so that's what made use homeless like...It's actually given me mental health problems like from that day. Then the next few years was a bit of a blur to be honest, I was in and out of, like Sectioned and all that" (Steve)*

Marnie also started taking heroin and before long was working as a street prostitute to fund both their dependencies. In Marnie and Steve's case, as in the case of many others interviewed, their current circumstances are traceable to a particular event but their problems quickly escalated and a route out is now very difficult to envisage unless their myriad of needs can be addressed simultaneously. They are both currently accommodated in (separate) hostels where they have been living for many months, visit their children regularly, and are both receiving assistance (including a methadone programme) from a local drug project.

Larry's account of his life illustrates similarly the way in which drugs are used as an anaesthetic (in this case to counter the traumas of his childhood) and the way in which problems can quickly cumulate. His history illustrates the way in which drug use, physical health, disrupted childhood, and aggression relate to and impact on one another. When we interviewed Larry he was sleeping rough.

*I've had issues from 16. Then I was hectic. I had a lot of discomfort from my home life. I suffered abuse, mental abuse, so I carried around a lot of hatred and that I suppose aimed at authority, me parents, authority on me when you're a kid like...I wouldn't do as I was told and what not so it was like a back lash, started taking drugs, found I coped better taking drugs so that was what I did It's given me bad health issues now. I've got lacerated legs, scarred DVTs, bad circulation. I'm 34 and me body's fucked"*  
(Larry)

In Larry's case, it is difficult to envisage meeting his housing needs without considerable attention to other issues. Temporary housing providers are reluctant to accommodate Larry because of his history of aggression and his physical health problems but neither can be effectively addressed while Larry is sleeping rough. 'Catch 22' situations like this were very common amongst those interviewed.

Reciprocity between drug abuse and homelessness is implicit in some of the discussion above. Drug dependency (and alcoholism also) can precipitate homelessness and sustain it but homelessness in turn can prompt drug or alcohol consumption. The link between substance misuse and homelessness is clear but not always direct. The route from developing a drug or alcohol dependency to losing ones home can be somewhat circuitous with different respondents having taken different pathways. Some started drinking heavily or abusing drugs and were asked to leave home by parents (more common amongst drug users) or partners (more common amongst alcoholics) at the end of their tether. Others

(many) prioritised the purchase of drugs or alcohol over the payment of rent, accrued rent arrears and abandoned their home or were evicted. Others lost their tenancies while serving prison sentences for offences committed to obtain funds for drugs. Frequently, individual's accommodation becomes a magnet for other alcoholics or drug users and dealers and they are evicted for anti-social behaviour or abandon the property. This was how Rochelle, for example, lost her tenancy. Following the breakdown of a long-term relationship and the death of her father she explained that *"well, I was living chaotic. I just didn't care about nothing and I was letting cronies in drinking and everything"*

Properties are also sometimes abandoned when an individual acknowledges that they are not coping with the tenancy. This was true for Harry whose drug and alcohol consumption escalated significantly when he lost his job. With nothing to do all day, he spent all his time in his flat, feeling increasingly isolated, and thinking increasingly about the way his mother had left him with his grandparents when she moved in with a new partner. One day he simply walked out of his home and never returned, despite having nowhere else to go.

*"Yeah, I thought, buzzing, I'm working, paying me own way...got me washer, tumble dryer...But when I got sacked I couldn't believe it, sat down crying me little heart out and I couldn't get a job after that for some reason... so I just went, I flipped, went on the drugs, went onto that and I did that ever since, just drugs and drugs and drugs until now, ...it was like 'what you getting up for, nobody's going to give you a job' and I'd be battling with meself, going 'you can do it, you can' and then it'd be like another week gone, everybody going out on a Friday, Saturday, me stuck in thinking 'I've got a mum and dad somewhere, why aren't they coming up seeing me chucking me a few quid, you're doing ok son, you're doing all right, you've got your place' none of that happened, Jesus Christ, did my head in, and then that was it, I couldn't handle it [I thought] I'm going to take some heroin, I'm going to get me beer...And that's it, that's my story. I gave it [the flat] in. I said 'here you are have it, have the flat'. I didn't want it no more, I couldn't handle it, I just wanted somewhere like this, I want a room, I want a space, just go out, get me drugs, get me money, get a girl maybe, go a nightclub, blocked off from world, just blocked off.*

Drug or alcohol dependency, then, can play a crucial role in people's trajectories into homelessness but homelessness is then sustained by drug or alcohol dependency, it proving very difficult for users to resolve their housing crisis once homeless. Landlords and housing providers are reluctant to accommodate problematic drug or alcohol users because they are

deemed undesirable tenants, because their support needs are too high, or because of concerns about tenancy sustainment. A criminal record acts as a further barrier and is common amongst both alcohol and drug users. Problematic alcohol users often have convictions for drinking related offences such as breach of the peace and affray or are subject to anti-social behaviour measures such as ASBOs (for example in the case of street drinkers). Some also have convictions for violent offences committed whilst drunk, there being a link between aggression and alcohol consumption. And most drug abusers have convictions for offences committed to obtain funds for drugs (shoplifting, theft, burglary or those associated with prostitution). Both prioritise the purchase of drugs and alcohol over payment of court fines and risk a custodial sentence, further deterring housing providers from offering accommodation.

Alternatively (or additionally) people with dependencies can be so focused on obtaining and consuming drugs or alcohol that resolving their housing crisis takes low priority. Many respondents with dependencies articulated clearly the way in which the pursuit of drugs or alcohol dominated their lives to the exclusion of all else. Once homeless, a dependency can increase the risk of rough sleeping for similar reasons: some temporary or interim supported accommodation is closed to active drug takers or problematic alcohol users; a chaotic lifestyle centred exclusively on drug or alcohol consumption prevents homeless people actively seeking out temporary housing; and drug and alcohol abusers are frequently evicted from temporary accommodation such as hostels for failing to comply with hostel regulations regarding drug or alcohol management. Alcoholics in particular were prone to occasional nights spent sleeping rough after drinking heavily, having chosen not to return to their hostel accommodation knowing they would be refused entry at the door.

Drug dependency and alcoholism, then, typically preceded homelessness (i.e. as a causal factor) but the experience of homelessness and rough sleeping, particularly in winter and particularly when coupled with a sense of hopelessness or despair, also acted as a catalyst for drug and alcohol use. In a small minority of cases the experience of rough sleeping represented the start of a drug or alcohol problem. Charlie, who has a long term alcohol dependency, is a case in point. He explains:

*“I had a bit of a bad time when I was young, like [sleeping] on the streets, and begging for money to get drink to get warm, because then I was using the drink just to keep warm, might sound daft but I was using it to keep warm and I just started from there.  
(Charlie)*

More commonly an experience of rough sleeping prompted a relapse amongst recovering addicts, or an increase in usage amongst those already dabbling in drugs or drinking in moderation. This was true for Tom and Steve

*"[sleeping rough]was cold but I borrowed a big coat...I used to [wrap up] just as I was getting me head down so I'd feel the benefits when I was just getting me head down but that's how I got back into using heroin again, so it just melted one day into the next to the next instead of counting days I was counting weeks you know, but that was only through past experiences because I knew it'd take all the feelings away and everything else. ... all me feeling's would go away and time'd just become insignificant. ... you'd open your eyes and you'd be slipping off the day because you'd had your heroin and you didn't want to wake up and when I did it was only for a few hours and I'd go and have a cup a soup down me friend's house and that'd be me tea or whatever and then soon as it was getting dark again me eyes'd shut and that'd be another day done but obviously it grabs you quite quickly as you end up falling back into that trap again when you're taking it every day. (Tom)*

*we wouldn't have been able to stay there [in the squat] for a day without a lot of drugs, you wouldn't sleep in that warehouse all night without being very drugged up, you couldn't, you can't do it, impossible... no windows, no doors" (Steve)*

Had they not been sleeping rough, Steve and Tom may have returned to abusing drugs via some other route but this was not the case. They both relapsed into taking heroin as a means of coping with the harsh reality of rough sleeping.

Just as a self-perpetuating relationship is evident between homelessness and drug/alcohol dependency, there is also a certain reciprocity between street sex working and homelessness. Homelessness can expose women to a greater risk of entering street sex work while involvement in sex work, in turn, can expose women to the risk of homelessness or repeat homelessness. Homelessness can make women vulnerable to entering sex work by bringing them into contact with people working in the sex industry, or intent on grooming, that they are otherwise unlikely to have encountered. This was true for both Megan and Anna (see boxed case study below). The age at which both these women first became homeless is relevant here, their relative youth making them particularly vulnerable and compounded in Megan's case by the fact that, having become homeless before the age of 16, she was not old enough to avail of homelessness services.

### Case Studies: Megan and Anna

**Megan** has been working as a street sex worker for 28 years. She started periodically running away from home at the age of 10, and *"just doss[ing] down with friends all the time"*. Her journey into sex work began when she was groomed by a pimp at the age of 15. Megan explained: *"[my friend] was going out with this man and I wanted to go out with them and he'd got a friend so I just went along so I could have a drink, go to the pictures. I was 15 at the time and he was nice to me. He was buying me presents, taking me places"* He forced Megan to work as a street prostitute and was soon repeatedly beating and threatening her. She eventually escaped her pimp (he was successfully prosecuted) but she remains in street sex work decades later.

**Anna's** mother left the family home when she was very young, leaving her in the care of her chronically alcoholic father. She left home at the age of 16 and, having spent a short period of time living with some older friends in Manchester she returned to Stoke, 'sofa surfing' and sleeping rough. She managed to secure a place at a hostel and became friendly with another resident, Sophie, who was a sex worker, and at 20 was older than her and more 'street-wise'. Within a few short weeks of living at the YMCA Anna began accompanying Sophie to the area where she worked the streets, at first to keep her company and to be her around in case of any trouble with clients. Anna then became involved in sex work herself.

Working as a street prostitute, in turn, placed particular constraints on women which exacerbated their disadvantage in finding and maintaining suitable accommodation. The precarious nature of sex workers' housing and personal circumstances frequently placed women at risk of homelessness or sustained their situation of homelessness. This risk travels from many directions including:

- street sex workers' inevitable contact with the criminal justice system. Women were unable to maintain tenancies while in prison (Housing Benefit is only paid for 13 weeks; rent arrears accrue and they are evicted; private landlords won't hold a tenancy open; women assume they have to give up their tenancy; or acquaintances take over their home in their absence and they are evicted) or they faced increased difficulties accessing housing because of their criminal record.
- reliance on a particularly fragile segment of the private housing market. The street sex workers interviewed tended to reside in the low cost, easy to access, high

turnover segment of the private rented market, often located within the area where street prostitutes work. These tenancies rarely lasted long. There was evidence of unscrupulous landlord practices (women being told to vacate properties at short notice or being moved from one property to another) and anecdotal evidence that some landlords renting properties to women involved in sex work are requesting sex in lieu of rent although this was not corroborated.

- the financial imperative to pay court fines rather than housing costs, thereby increasing the risk of eviction. Fines for soliciting and victim payments are debts regularly incurred by sex workers, which are prioritised over other financial commitments, such as rent payments. If women do not pay their court fines they incur further fines, and possibly a curfew, thereby restricting their capacity to earn money, so these debts tended to take precedence over other payments. Debt was a significant problem for the street prostitutes interviewed. Accrued from fines, drug debts, and bureaucratic complications with benefit claims, rent arrears and threat of eviction were relatively common.

The consequence is that women who successfully exit homelessness may be at risk of repeat homelessness for as long as they work as a sex worker, just as women who make the transition out of sex work remain vulnerable to re-entering this work as long as they remain homeless. Introduce mental and physical ill health, counselling needs, family breakdown and conflict, anger management issues, debt and dependencies into the equation and the situation becomes more complex still.

The discussion above has attempted to explore and illustrate the way in which the myriad of needs and experiences facing this section of the homelessness population inter-relate, acting as both cause and consequence of each other and of homelessness. Other specific examples we could point to, some well acknowledged and others less so, include.

- people with a history of violent behaviour frequently found that their criminal convictions or known reputation served to exclude them from housing (particularly permanent general needs housing) on the grounds (sometimes, but not always unwarranted) of the risk they pose. Yet housing insecurity and instability can increase the risk an individual poses. Putting a figure on this, one stakeholder working with offenders reported that *"75 per cent of offenders re-offend if they are not appropriately housed"* and that *"re-offending rates go through the roof"*. To illustrate this point further he explained that individuals subject to the MAPPA

process are those who pose the most serious public protection risk and yet these cases rarely 'go wrong', precisely because adequate housing and support is in place - *"of those cases that are managed well in the community, very few go wrong"*. It was also reported, however, that a significant percentage of MAPPA cases get recalled precisely because of difficulties finding suitable accommodation.

- the relationship between drug dependency, involvement in street sex work, offending and homelessness is well established and implicit in much of the discussion above. People with drug dependencies require funds to support their habits and this is typically achieved through theft, and/or prostitution. Disrupted education and difficult early experiences places them in a position of extreme disadvantage in the labour market so legal alternatives are scarce. Engaging in theft or prostitution will result in a (or many) criminal convictions and eventually a prison sentence. Sustaining a tenancy while in prison is difficult and no participant in this study managed to do so unless they had a partner who lived in the family home while they were serving their sentence.
- shared environments proved difficult for some respondents with anger management and/or mental ill health to cope with and increased their risk of relapse, yet this is typically the only temporary accommodation on offer to homeless people. On becoming homeless, these individuals faced an impossible choice: they could accept a hostel place but risk deterioration in their mental health or an aggressive incident, in turn likely to result in eviction which may be held against them at a later time or by other housing providers; or try to manage without the help of formal homelessness provision, typically leaving no option but to sleep rough or squat - environments are also likely to increase the risk of deteriorating mental health.
- drug or alcohol abuse, mental ill health, and traumatic experiences can be closely related. Many of the homeless people interviewed for this study had initially turned to drugs or alcohol as a means of coping with emotional distress (divorce, bereavement, separation from or death of a child, the effects of violence and abuse). This was true for Saskia, for example who explained that *"me youngest [child] died of cot death and then I ended up turning back to drugs, and that's where I am now.....I'd got me house but then I ended up living on the street, it all just went wrong"* (Saskia). Others attributed the onset of mental ill health to similar events. One man explained that he suffered a 'mental breakdown' following a fire in his home and another following his wife's late miscarriage. Both spent several months

in psychiatric hospitals shortly after these events. And Hannah explained that *“I’m a paranoid schizophrenic. I suffer from psychosis...that wasn’t after the drugs though...it was the background I had from a child. I had a really rough childhood, I got abused in the family, things like that”*. Drug or alcohol abuse can represent a consequence of mental ill health, as people ‘self medicate’ in the absence of appropriate mental health intervention, and can result in it. Hannah’s mental health issues, for example, are complicated by the fact that she also experiences drug induced psychosis.

- low self esteem and feelings of hopelessness and helplessness – common amongst many of those interviewed - can serve to prevent people from addressing their housing and other problems, but can be difficult to resolve whilst people remain homeless, their housing circumstances contributing to low self-esteem.
- temporary housing allows people to address other issues in their lives. Drug users, for example, commented on the challenge of addressing a dependency with no accommodation. However, while using drugs, people can also find it very difficult to prioritise their housing crisis. And temporary housing providers can require residents to be relatively stable before they can access the service. Drug users had a much better chance of success in interim or supported hostel provision than on the streets, with friends, or in squats. But it is difficult to stop using in an unstructured environment.

This discussion above suggests that the issues which homeless people with complex needs present with are often too entwined and inter-dependent to disentangle. But in any case, disentangling would serve no purpose, having the effect of treating each ‘presenting need’ in isolation when they do not exist in isolation. Addressing individuals’ housing and support needs requires appreciation of this fact, and comprehension of the wider current and historical circumstances that culminated in those needs. Resolving someone’s homelessness in a way which does not take account of, or seek to address, those factors which culminated in their homelessness will only serve to produce an unsustainable housing outcome.

# **Section 3**

## **Homelessness Journeys**

# *Homelessness Journeys*

## **Section 3 Introduction**

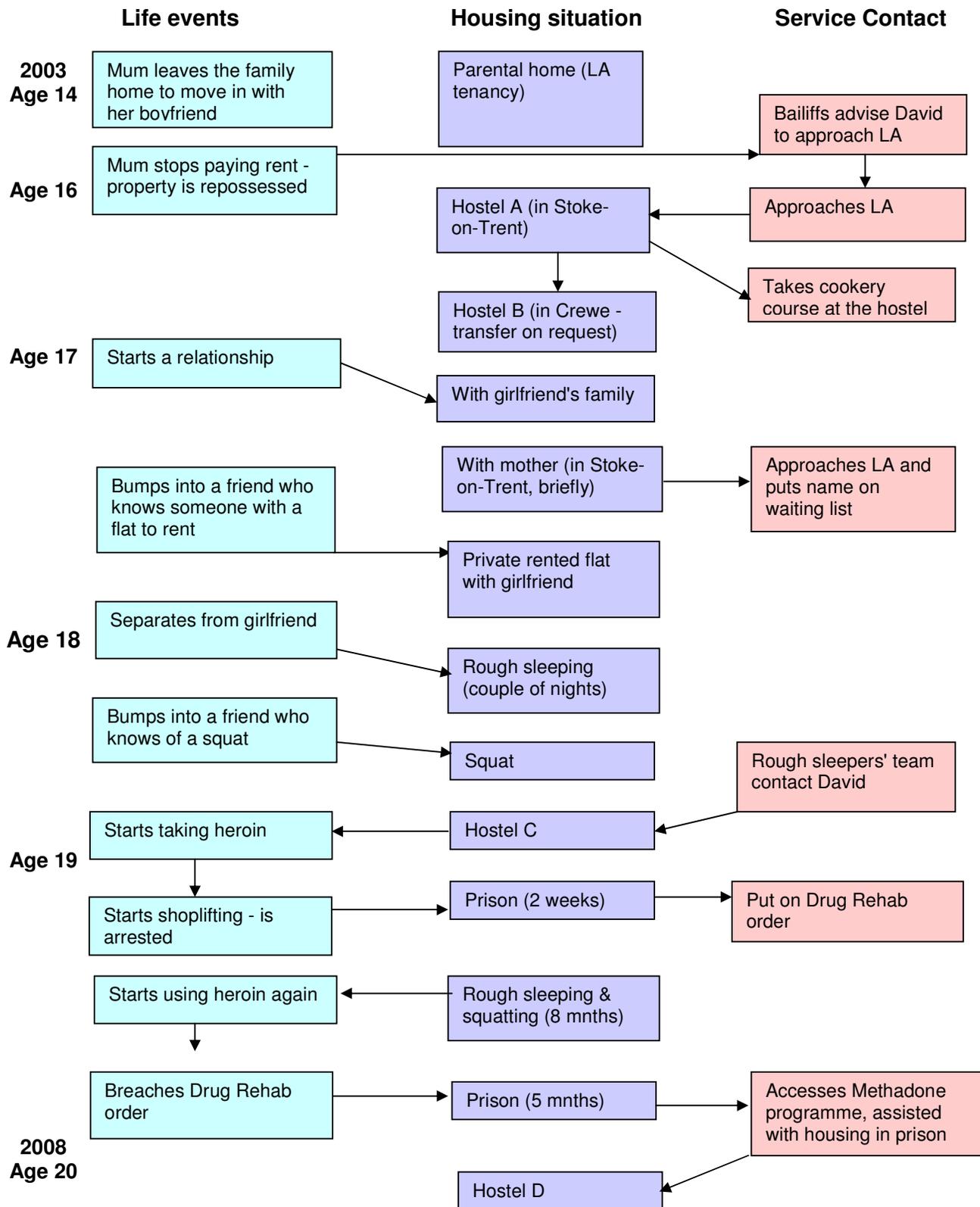
This section presents the 'homelessness journeys of four homeless people with complex needs: David, Sarah, Nicola and Charlie. Each journey, presented visually, is then followed by discussion. The discussion is focused on the particular situations of each respondent but the issues which arise are illustrative of the experiences of many of those interviewed. Attention is paid to the ways in which their homelessness journeys develop, to the key influences on their trajectories through homelessness and on identifying key points at which particular actions or interventions may have resulted in a more positive outcome for them. Following this discussion the issues exposed by their journeys are summarised.

The homelessness journeys presented in this section draw on Charlie, David, Sarah, Nicola and Charlie's experiences as they reported, perceived and experienced them. As such they represent one side of the story only and are uncorroborated. The service providers with whom they had contact may have a different story to tell.

## *Homelessness Journeys*

### **The Homelessness Journeys of David, Sarah, Nicola and Charlie**

## David's Homelessness Journey



(Arrows indicate a direct relationship between events)

# David's Homelessness Journey: Discussion

David's homeless journey began at the age of 14 when his mother left the family home (a house rented from the Local Authority) to live nearby with her new partner. Living alone, reliant on "cheap food and not much of it" delivered periodically by his mother who did not tell David where she lived, he continued to attend school and make efforts to maintain a 'normal' life. With no knowledge of where his mother was living, David had no-one to turn to when, at the age of 16, bailiffs turned up at the door to repossess the property, his mother having ceased paying the rent some time ago. David was advised by the bailiffs to approach the local authority for help, he was signposted from there to a local hostel and offered a room.

**Key Finding**  
Haphazard access to services and assistance

**Causes and Consequences**  
If services had been able to intervene here David would not have become homeless, come into contact with drug users, become dependent himself, started offending and gone to prison.

David found the atmosphere at the hostel very difficult, particularly the exposure to drug and alcohol users. The constant offer of drugs was very tempting but he resolved to remain drug free. In an effort to distance himself from this temptation David asked whether spaces were available in any other hostels run by the same Charity.

**Good Practice**  
Housing provider accommodates specific needs and preferences. If this action had not been taken, David may have started taking drugs at this point

**Key Finding**  
Making rational housing choices to avoid a negative development of his journey

David was transferred to a hostel in Crewe and was much happier there.

He settled at the hostel, took a catering course, began to make friends and met a girlfriend. Together they moved into the home of his girlfriend's family and, very soon after, returned to Stoke, staying with his mum (who was living in overcrowded accommodation) temporarily while he tried to find somewhere to live. He approached the local authority and was told to put his name down and wait. David heard nothing further about his application. He managed to secure a private rented flat through a friend of a friend and had a relatively settled period living with his girlfriend until their relationship broke down. David left, allowing his girlfriend to remain in the flat. He felt unable to return to his mother's house and slept rough for a couple of nights until a friend told him about a squat.

**Key Finding**  
The important role played by outreach work for rough sleepers and squatters

**Critical Point**  
The breakdown of a relationship, particularly for people who have little contact with family

After three weeks the Rough sleepers team come into contact with David and found him a place at a hostel. However, David was once again exposed to drug users in the hostel and this time succumbed. To fund his habit David began shop lifting, was arrested and sentenced to two weeks in prison. Within the space of three months David had changed from a drug free young person to a heroin addict in prison. He was released with a Drug Rehabilitation Order. Having no where to go on release, David returned to rough sleeping.

**Key Finding**  
Hostels are not always appropriate environments for vulnerable young people. Resolving David's rough sleeping in this instance had far reaching negative consequence

**Critical Point**  
Gong into prison. David only spent two weeks in prison but he lost his accommodation and came out a rough sleeper

He found it difficult to comply with the conditions of the Drug rehabilitation order while sleeping rough so he started using heroin and returned to crime to fund his habit. He continued sleeping rough and squatting for about eight months until he was caught for shop lifting, breaching the DR programme

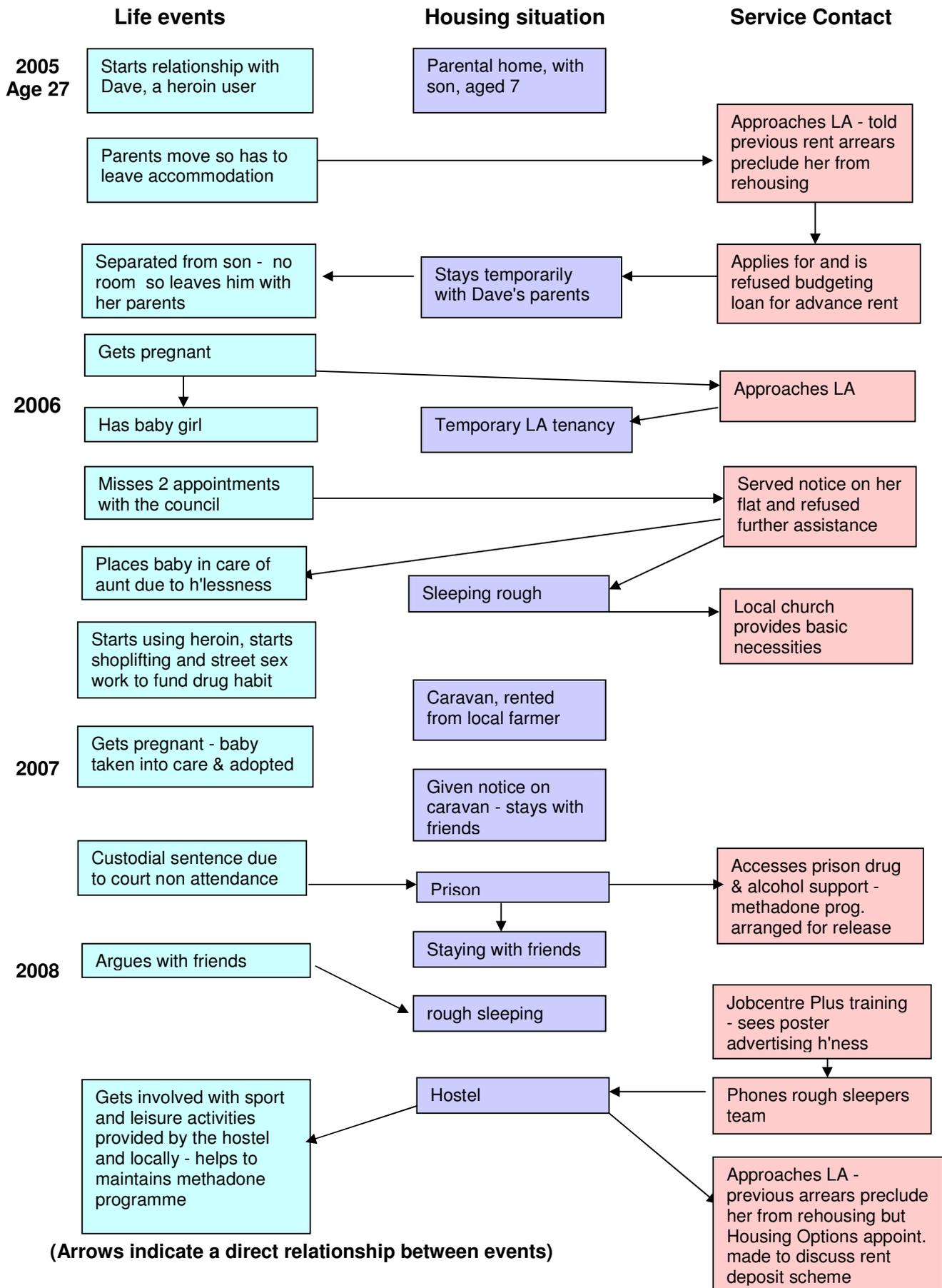
**Causes and Consequences**  
Had David been released from prison with accommodation he would not have slept rough. In turn he may not have breached his DRO

and failing to appear in court. He was sent to prison for five months. While in prison this time, David accessed a methadone script.

**Causes and Consequences**  
Had David not gone into prison he may not accessed a methadone script and escaped rough sleeping and squatting. Prison represented a way of engaging with services in this instance

He considers Prison to have 'sorted his life out'. He received help in prison to secure a place in a local hostel before his release where he is still living. The strict environment - no drugs or alcohol - suits him and he is now beginning to make new friends and extend his social circle beyond drug and alcohol users

# Sarah's Homelessness Journey



# Sarah's Homelessness Journey

In 2005 Sarah, aged 27, and her seven year old son were living with Sarah's parents. Announcing their intention to move to a smaller house, Sarah's parents told her she had three weeks to find somewhere else to live. Sarah phoned the local authority but was told that the substantial rent arrears she had accrued on a previous council tenancy precluded her from assistance<sup>10</sup>. With no funds for advance rent or a deposit on a private tenancy she applied for a Budgeting Loan (through the Benefits Agency) but was turned down. Sarah had recently started a new relationship with Dave (a heroin user) whose parents offered to put them up temporarily. They were unable to accommodate Sarah's son so he remained with her parents.

**Causes and Consequences**  
Sarah would not have become homeless if an arrangement had been offered regarding her previous rent arrears.

Sarah then discovered she was pregnant and her mother made enquiries with the local authority on her behalf. Sarah was placed in temporary accommodation (a flat) and had her baby. She then failed to

**Key finding**  
Inflexibility of services is a key barrier to accessing and sustaining housing for people with complex needs.

**Causes and Consequences**  
If Sarah had been given 'another chance' she may have moved into settled accommodation with her daughter and avoided rough sleeping. She would not have become separated from her young child, for the second time in a couple of years, by virtue of being homeless.

attend two appointments with the local authority so they discharged their duty to her and issued her with notice to leave the flat. She requested another chance to attend an appointment but this was refused. Facing homelessness, Sarah placed her baby in the temporary care of an aunt. Sarah and Dave started sleeping rough, being provided with some basic necessities (sleeping bag, warm clothes, hot drinks) by a local church. With Dave's encouragement, Sarah started to use heroin and was soon dependent. She started shoplifting and working as a street sex worker to fund their drug habits. A farmer saw Sarah and

**Key finding**  
Women are often introduced to drugs by their partners and then fund their partners dependency as well as their own through street sex work.

Dave sleeping in an old car and offered to rent them a caravan he owned on his land. Sarah fell pregnant again but her baby was taken into care and adopted. After a year, the farmer gave them notice, needing the caravan for other purposes. Sarah and Dave went to stay temporarily with friends.

**Key finding**  
Homeless people with complex needs tend to be housed in very insecure and precarious situations, even when not officially homeless

Sarah had been arrested for shoplifting and soliciting a number of times and, having failed to attend court, was given

**Critical Point**  
A custodial sentence represents an opportunity to engage with homeless people with complex needs and address their housing and support needs. Sarah accessed drug treatment in prison but not help to escape homelessness.

a custodial sentence. While in prison, Sarah received support for her drug dependency and a methadone programme was organised for her release. Sarah has remained on this programme and in contact with her

**Good Practice**  
Continuity of support ensures Sarah can continue drug treatment on release from prison

drugs worker since but frequently relapses, 'topping up' her methadone with heroin. Sarah also requested help with housing but none was forthcoming so when her sentence ended she went to stay temporarily with friends, before rough sleeping once again.

**Key finding**  
Rough sleepers can find it difficult to access hostels directly, raising challenges for those not engaged with the rough sleepers team

Sarah was sent on a training course by Jobcentre Plus and, while there, saw a poster advertising local homelessness services. She phoned a hostel, but they had no places so she contacted the Rough Sleepers' Team who visited the couple immediately and had secured hostel places for them both by the following afternoon. With the help of hostel staff,

<sup>10</sup> The study team were unable to establish Sarah's circumstances prior to 2005 so it is unclear how these arrears accrued or why Sarah was living with her parents at this point.

Sarah applied to the council but was once again told she would not be rehoused until her £1,700 rent arrears had been substantially reduced. She is paying £2 per week towards this debt. Sarah is waiting for a Housing Options Interview, also arranged by hostel staff, to assess eligibility for a rent deposit scheme. In an effort to divert her attention from drug use she is keeping busy, making full use of all the sport and leisure activities on offer at the hostel and locally.



# Nicola's Homelessness Journey

Children's homes and other social services placements characterised Nicola's life from the age of 12 when she was taken into care having been raped and abused. She developed acute anger and aggression problems as a result of these experiences and started self harming<sup>11</sup>. Over the next five years she moved through 19 different social services placements, moving from one to another partly as a result of her escalating aggressive behaviour. She accumulated convictions for GBH and ABH during this time, avoiding a custodial sentence in a young offenders institution but being placed on a Tagging Order once. On leaving care at the age of 17 she returned to live with her mother in Stafford briefly, who helped her cease self harming, before being offered supported housing in Stoke-on-Trent arranged by Social Services as part of her leaving care package. Nicola soon met her boyfriend and became pregnant

**Critical point**  
Traumatic experience in adolescence: If Nicola had received counselling her aggressive behaviour and mental ill health may not have developed or escalated

with twins. He was violent, however, and she lost one of the babies at ten weeks when he pushed her down the stairs. Nicola started self harming again and was told she had to leave her supported accommodation because people with children were not eligible. She moved back to her mothers house again and, when her son was four months old, moved into her own tenancy in Stoke-on-Trent with him.

**Key finding**  
In the absence of service provision, key needs are often met informally by family and friends

**Key finding**  
Fragmentation of services and no 'pathway' through accommodation provision. Having accessed suitable accommodation she is back to square one when she becomes ineligible through pregnancy.

Alone in her own flat, Nicola found "that me anger problem was coming back again", and that the childhood experiences from which her aggression and self harming issues stemmed "just all comes back to me when I'm on my own". (Similar to others)

**Critical point**  
Moving into a single tenancy without having received help addressing key needs

**Causes and Consequences**  
Nicola's behaviour and inability to cope in her flat were partly attributable to the lack of support she was receiving. This resulted in her leaving the flat, for good reason, a decision which then left her unable to access housing subsequently. Rough sleeping was the consequence.

She was aggressive towards her neighbours, hitting out at everyone and anyone and continuing to self harm. At the suggestion of Social Services Nicola agreed that her son should spend several nights each week at her mothers house. Nicola decided to give up her flat and move back in with her mother temporarily so she would not be alone and in the hope that her mother could help her address her self harming issues once again.

Nicola's old associates live near her mother's house, however, and she quickly realised that addressing her anti-behaviour would always prove too much of a challenge whilst living in the area. She explained

**Key Finding**  
Making rational housing choices to avoid a negative development of her journey

that "I'd be hanging around with all the people I used to hang around with and getting arrested every day". So Nicola left her mothers house, moving into a hostel in Stoke-on-Trent for single people (she said a

**Critical point**  
Nicola moving into a hostel represented an opportunity for intervention.

worker helped her access a place but the precise details are unclear) but was evicted a month later for anti-social behaviour. Nicola explained that she had been assigned a male support worker, expressing the view that this contributed to the failure of her hostel placement on this occasion. She went to stay with her brother in Stoke-on-Trent for a while but her aggression escalated and he asked her to leave. In the meantime, Nicola's mother secured a full time

**Causes and consequences**  
Nicola's circumstances deteriorate from this point until she re-accesses hostel provision a year later. If Nicola had been assigned a female key worker the year that followed, including losing residency of her son and sleeping rough, may not have occurred.

<sup>11</sup> Nicola did not want to elaborate any further on the abuse she suffered to the role her parents did or did not play in this abuse is unclear. She does refer later in the interview to her father being violent and to both parents drinking heavily.

Residency Order for her son. According to Nicola, her mother's application for residency was successful "because of me mental illness and anger". Nicola was not, however, offered any support or assistance with either issue. She visited, and continues to visit her son every day.

With nowhere to go Nicola approached the local authority in Stoke-on-Trent but was told she had made herself intentionally homeless when she left her flat the year before. She then approached the Local

**Key finding**  
A lack of consideration to individual circumstances results in inappropriate, or no assistance

Authority in Stafford and was given the telephone numbers for hostels in Birmingham and Wolverhampton but these were located too far away from her son to contemplate. Nicola slept rough in local parks for two weeks until she bumped into a friend who gave her the telephone

**Key Finding**  
Haphazard access to services, information often accrued informally from friends

number of the rough sleepers' team. They secured her a place 'upright sleeping' in one of the local hostels where Nicola stayed for one week<sup>12</sup>. With outstanding rent arrears of £53 she was initially

**Good practice**  
Upright sleeping provided a much needed safe environment for Nicola who would otherwise have remained on the streets

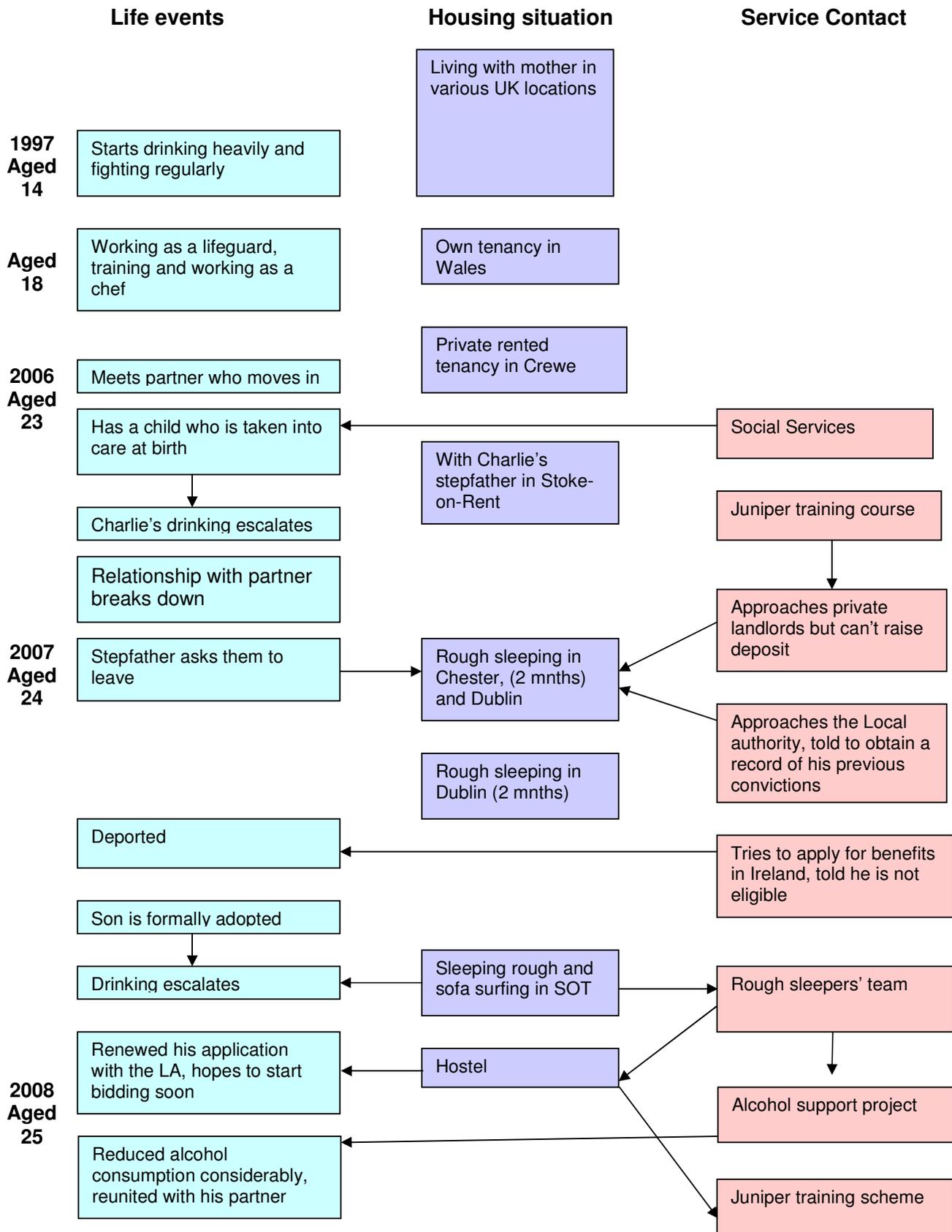
refused a place at another local hostel with rooms available but the rough sleepers team negotiated with the local authority to clear this debt and she moved in. Nicola has been assigned a female key worker that

**Key Finding**  
The importance of advocacy – Nicola is unlikely to have accessed either hostel without the rough sleepers team and may still be categorised as intentionally homeless if her key worker had not assisted her.

she gets on very well with and who referred her for anger management counselling. She has responded well to this and is feeling better about herself generally. Nicola's key worker has also helped her reapply to the local authority and she is no longer deemed 'intentionally homeless'. She is waiting for an appointment to the bidding system can be explained to her but also is keen to have support if she is offered a tenancy, acknowledging that "I'm not ready to live on my own yet"

<sup>12</sup> When no rooms are available, some hostels allow people to 'sleep upright' in a chair in a communal area for a short period.

## Charlie's Homelessness Journey



(Arrows indicate a direct relationship between events)

# Charlie's Homelessness Journey

Charlie spent much of his childhood moving around the country with his mother, living for periods of time with his grandparents and mother in the countryside. In the late 1990's, when Charlie was 14 years old he became embroiled in a culture of drinking and fighting, describing himself as "a little tearaway". He left home at the age of 18 to live in Wales where he got a job as a lifeguard during the summer months and trained as a commis chef. Despite ongoing alcohol and anger management problems Charlie maintained a relatively settled life for some time. After six years in Wales he decided to move to

**Critical Point**  
Having a child taken into care. Despite a range of needs and vulnerabilities Charlie had maintained a relatively stable life up to this point, when his circumstances deteriorate. If Charlie had received some support to deal with the loss of his son his drinking may not have escalated

Crewe where he met his partner and they lived together in a private rented property for 18 months. In 2006 they had a son who was taken into care at birth, partly because of Charlie's alcohol dependency but also his partner's history. Charlie did not provide full details about his partner's circumstances but questions were apparently raised about her ability to cope with a child (her first child had also been taken into care). The couple had supervised access to their son at a foster centre but Charlie's drinking escalated once he was removed from their care. The couple moved to Stoke-on-Trent to live with Charlie's stepfather but

their relationship broke down and they were asked to leave. Charlie was on a Juniper training programme at the time and a worker there helped him look for private rented accommodation but Charlie could not raise the deposit, even though he knew the rent would be covered by Housing Benefit. He also applied to the local authority but was asked to "buy one of them criminal record things...I needed the pre-cons thing what's costing £10" (i.e. obtain a record of him criminal conviction from the Police) which deterred him from pursuing his application at this point in time.

**Key Finding**  
The requirement, and onus on applicants, to provide a formal record of their criminal convictions is deterring homeless people from pursuing local authority accommodation.

**Causes and Consequences**  
If Charlie had been informed about the rent deposit scheme, had not been required to obtain a record of his convictions, or had been signposted to a hostel he may not have started rough sleeping and his drug and alcohol use may not have escalated.

Feeling helpless, Charlie moved to Chester, sleeping rough for two months before travelling to Ireland to make a fresh start. He was unable to claim benefits in Ireland,

**Key Finding**  
Homelessness can act as a catalysts for drug and alcohol abuse

however, and was deported. He returned to Stoke-on-Trent and continued sleeping rough, staying with friends when he could. He "hit the cider really badly, went downhill atrocious, went on drugs [amphetamines], went on the drink just to keep warm at

nighttimes" During this period of time Charlie's alcohol consumption was at it's worst (9 litres of cider a day) and his son was formally adopted. In between sofa surfing Charlie slept in old buildings, the train station, a tent he found discarded and a local park. Charlie came into contact with the Rough Sleepers' team while sleeping in the park, who

**Key Finding**  
Homeless people with complex needs tend to engage with, and be referred to support agencies through housing services.

ensured he had a hot drink and kept in regular touch with him. They eventually secured him a place at a local hostel, took him to drop-in sessions at a local alcohol support

project and referred him for one-to-one support. He has reduced his alcohol consumption considerably as a result. He is also reunited with his partner, who is pregnant again, is hoping to start bidding for properties with the local authority once he has provided them with a record of his criminal convictions, and has started another Juniper course.

**Key Finding**  
Outreach workers represents a key route through which rough sleepers access accommodation and re-engage with other services. This represents a **critical point** in Charlie's homelessness journey. From here he accesses support for alcohol dependency and accommodation. As a result he is then able to contemplate training, and reactivates an application for permanent housing.



# Homelessness Journeys

## Homelessness Journeys: Key Issues

Each person's route through homelessness is unique but the homelessness journeys detailed and discussed in the previous section demonstrate that similar issues arise over and over again. They also demonstrate that the interactions which homeless people have – with each other, with their families, with service providers- can have far reaching consequences. Through discussion of the homelessness journey's of David, Sarah, Charlie and Nicola key issues arising in their journeys have been highlighted. Some of the barriers they face accessing accommodation have been revealed and the points in their lives when intervention, or different actions, could have made all the difference have been noted. Some of these issues and key barriers are brought together and summarised here, along with other issues arising from analysis of the homelessness journeys of all those participating in this study.

- **The homelessness journeys of people with complex needs are predictable**, so obvious and present are the 'risk' factors – a traumatic experience, neglect in the home, exclusion from school, late entry to the care system, running away; followed by dependencies, mental ill health, offending; resulting in homelessness, repeat homelessness, insecure housing and poor conditions; and a perpetuation of complex needs. Despite the predictability of the way in which these journeys are likely to progress, positive, preventative intervention was rarely timely.
- **Housing related services often represent a route into wider support services and the start of a 'pathway' towards meeting support needs as well as resolving homelessness** This is demonstrated very clearly in Charlie's homelessness journey but was true of many of those interviewed. Once Charlie came into contact with housing services (in this case the rough sleepers' team and, through them, a local hostel) he also accessed treatment for his alcoholism, training in basic skills and reactivated an application for permanent housing. Nicola too was only referred for anger management counselling once in hostel accommodation. And the developments in Richard's life from the point at which he accessed a local hostel provide further illustration of this. Richard has a long history of drug use, offending, homelessness and rough sleeping. During his last period of rough sleeping he made contact with the rough sleepers' team, was

successfully referred to a local hostel and is now attending counselling sessions for people with alcohol problems, is undertaking a college course on drug awareness, is in contact with a support service for offenders and is bidding for a social housing tenancy.

- **Limited support on release from prison significantly hampers people's efforts to escape homelessness and resolve other personal issues.** Being released from prison with no accommodation was a very common experience for the people with complex needs interviewed, a point illustrated previously by the homelessness journeys of Sarah and David. The few who had stable, housed partners were able to 'slot back' into family life but this was rare. Many respondents were estranged from their families; others felt they had already overstayed their welcome. Some knew about the local hostels but places are limited and these were often full. Rough sleeping or sofa surfing at the houses of friends often represented the only options at this juncture. Maintaining a drug, alcohol and offending free existence under these circumstances proves more challenging than when adequately housed. Many respondents reported returning to drug or alcohol use, offending behaviour and sex working in the weeks following release from prison.
- **Outreach work is critical for rough sleepers and squatters**, representing the key way in which they access temporary accommodation. Many of the respondents assisted by the Rough Sleepers Team were not actively seeking accommodation. Rough sleeping is apparently very common amongst homeless people with complex needs but would, perhaps, be more so without the presence of this outreach work. This does, however, raise an issue about hostel access for those who do not come into contact with outreach workers (they sleep in locations not frequented by them, or are staying with friends rather than sleeping rough) who sometimes experience far longer waiting times than those referred through the rough sleepers team.
- **Homeless people with complex needs make rational housing choices and decisions. Services providers sometimes fail to appreciate this, however, or are tied by legislation or national guidance which limits their flexibility, and these 'rational' actions are held against them subsequently, acting a barrier to resolving their homelessness.** We saw that Nicola, for example, gave up her tenancy in an effort to avoid further deterioration of her behaviour and mental health but was subsequently deemed intentionally homeless as a result. In an effort to resolve drug or alcohol dependency or refrain from offending it was also common for respondents to reject offers of accommodation (temporary or permanent) if located in areas where old associates live, where drugs are prevalent, or drug and alcohol users reside. Rejecting an offer of

housing whilst homeless was then sometimes interpreted by housing providers as unreasonably selective, or guidance prevents them from making more than one offer, and no further offer is made. But the homelessness journeys of those who have accepted accommodation knowing it places them at risk or temptation of 'relapse' (of whatever kind) proves that relapse and repeat homelessness is very often the consequence.

- Related to the point above, **lack of detailed knowledge regarding (or consideration to) individuals' circumstances, history and the context surrounding past behaviour can result in inappropriate or, arguably, unfair decisions by service providers regarding housing.** Respondents reported being offered accommodation far from the children to whom they had daily access, from their drug treatment providers, and their support networks. Women with children being temporarily (and informally) cared for by relatives until they could secure housing reported being offered accommodation for single people, and the circumstances under which respondents had lost or abandoned previous accommodation was apparently rarely considered but continued to result in an 'intentionally homelessness' decision by the Local Authority. This includes young people whose first tenancy had failed due to naivety, lack of support and independent living skills who found this was help against them for many years.
- **Homeless people with complex needs are significantly more likely to access appropriate housing and relevant support services if they have a support worker or advocate assisting them.** Limited knowledge of available services, of referral routes, and of their rights, combined with poor literacy, motivation and confidence made it very difficult for respondents to negotiate their way into and through services. The homeless people participating in this study also had a tendency to readily accept, rather than question or challenge exclusion from services. Often trying to deal with a multitude of personal issues, a little help goes a very long way in this regard.
- **The perception which homeless people with complex needs have of particular services is derived from *outcome* rather than the type of assistance provided.** For example, respondents who approached the local authority as homeless and were signposted to hostels tended to view the local authority positively if a place at the hostel transpired as a result, but as 'useless' if not.
- **Fragmentation of services acts as a key barrier preventing homeless people with complex needs escaping homelessness and meeting their needs. Continuity is not**

**always present as people move from one situation to another and pathways through housing and support services are not always clear.** Respondents signposted or referred from one agency to another often lost touch immediately with the 'referring' agency so had nowhere to turn when assistance failed to materialise from the organisation to which they had been referred/signposted (because there were no places, it was shut, they were not eligible, there was a waiting list, it was an inappropriate referral and so on). People who had accessed drug treatment in prison reported difficulties carrying this treatment into the community with them or accessing other services from which they had benefited in custody (mentoring, befriending, training).

- Related to, and a reflection of the point above, **engagement with services is somewhat haphazard amongst homeless people with complex needs.** There are few apparent patterns regarding service access (i.e. who does and doesn't access which services when), with respondents often reporting having first heard about housing providers through friends. Some came across leaflets and posters in other places they happened to be and one explained that he only knew about a particular local hostel because he used to play football on some wasteland nearby as a child.
- Also related to the points made directly above, **the needs of homeless people with complex needs do come to the attention of services, but often no action is taken to refer them to appropriate organisations for assistance.** In the process of being taken into care, of having their children taken into care, of being arrested, convicted, and evicted the needs of this client group do become apparent to service providers. Their drug or alcohol abuse, the emotional and psychological impact of violence, abuse and bereavement, their sex working, their self-harming, homelessness and so on become known. But where this is not the immediate business or remit of the service provider in question, it can be ignored. Charlie and his partner, for example, were not referred or signposted to organisations able to help them address alcoholism, coping difficulties, and other personal issues when their son was taken into care (not in Stoke-on-Trent).
- **The presence of family support can be vital but is often absent.** We saw in Nicola's homelessness journey, for example, that having the facility to return to her mothers home when homelessness loomed or her behaviour and mental health deteriorated, acted as a safety net. Her mothers home effectively provided emergency, direct access accommodation for Nicola and her son at times of crisis. Without this, Nicola is very likely to have become separated from her son and started sleeping rough much sooner

than she did. Many respondents, however, had no such support networks. This is likely to particularly explain the very high levels of rough sleeping amongst this population.

- **People who develop anger management and mental health issues such as self-harming often cope (of fail to cope) with these difficulties for many years before receiving formal assistance.** People with anger management issues tended to come to the attention of services only when their aggression resulted in violent offending or persistent anti-social behaviour and they came into contact with the criminal justice system. Those with mental health issues received assistance if they suffered a serious mental breakdown or developed acute mental ill health.
- **Homeless people with complex needs are motivated to escape homelessness and address their needs (particularly drug and alcohol abuse) but if they cannot access assistance quickly they are prone to rapidly lose motivation and may not regain it for many years.** Long waiting lists (for drug or alcohol treatment or for counselling services, for example) are a significant problem in this regard.
- **Such are the difficulties people with complex needs face accessing support and escaping rough sleeping that some actively seek arrest and/or custodial sentences as the only means through which to meet their needs.** Prison represented a means through which respondents could access drug treatment, shelter, food and warmth and one respondents reported that getting arrested (in this case for soliciting) was the only way she knew of accessing a methadone programme.
- **The problems facing some homeless people with complex needs are so deeply entrenched and their lives so chaotic that their motivation and capacity to actively resolve their housing and other problems is very limited.** This was particularly true of the drug and alcohol users interviewed, who reported that satisfying their dependencies was the overriding priority, compounded for those also working in the sex industry whose self esteem was often at a very low ebb and who tended to assume no-one would assist them because of their circumstances. For these individuals, making applications, phone calls, finding out about services and their eligibility, pursuing referrals and so on seems impossible when it takes all their energy to get by each day. In addition, resolving one's housing crisis does not always take precedence amongst people whose problems are many in number and can feel overwhelming.

- **Women are becoming separated from their children because they are homeless.** In most instances, the respondents to whom this applied also had other vulnerabilities which may ultimately have resulted in loss of custody of their children. But it was not these vulnerabilities which prompted them to lose their children, it was their situation of homelessness and the fact they had nowhere adequate to live with their children. We saw this illustrated in Sarah's homelessness journey. Sarah twice had to place a child in the care of a family member because she was homeless and had nowhere she could stay with a child. Being homeless, without the daily responsibility of caring for a child, and usually experiencing distress at being separated from them, existing problems such as drug use tend to intensify, women's lives become more chaotic, and their capacity to care for their children reduced. In addition, respondents in these circumstances tended to be treated by services as 'single' people, their family status rarely taken into account. Securing accommodation that would enable them to reunite their children becomes a more distant reality.
- **Perceptions regarding policies and practices of local housing providers act as a key barrier for homeless people with complex needs, deterring them from applying for accommodation or pursuing applications.** Many of the homeless people interviewed thought that people with criminal records, who had been subject to ASBOs, people with drug dependencies or working in the sex industry were automatically excluded from social housing in Stoke-on-Trent. Respondents who had previously held but been evicted from or left social housing tenancies, and those with rent arrears were also generally of the opinion that this would preclude them from assistance. Others helped the view that whether they were eligible or not, social housing providers were unlikely to offer them accommodation and that people in hostels were given reduced priority by the Local Authority and so there is no point bidding for properties.
- **Bureaucratic requirements are deterring homeless people with complex needs from accessing housing and other essential services.** We saw in the previous section, for example, that the onus placed on Richard to obtain a record of his previous convictions, at a cost of £10 (other respondents reported the cost to be £15) deterred him from pursuing his application to the local authority. The absence of identification, not having a permanent address, and having no formal record of release dates from prison were examples of bureaucratic requirements hindering respondents' efforts to access welfare benefits to which they were entitled. In many cases, assistance with accessing the relevant documentation and meeting the costs of doing so would have helped overcome these barriers.

## *Homelessness Journeys*

### **Critical Intervention Points in the Homelessness Journeys of People with Complex Needs**

In David, Nicola, Charlie and Sarah's homelessness journeys, as in the journeys of all those interviewed, a series of 'turning points' are clearly identifiable. The first link in a chain of events resulting in homelessness; or the point at which or a different decision or course of action could have protected them from rough sleeping and the subsequent consequences of that experience, these critical points represent opportunities for intervention. They can act as 'signals' that homelessness, rough sleeping, offending, deteriorating mental and physical health, drug and alcohol dependency and so on may follow, to that appropriate prevention measures can be taken. Critical points in the homelessness journeys of people with complex needs include:

- **entering the care system in adolescence**, an age when respondents seemed least equipped to adjust, and found the transition particularly disruptive and psychologically or emotionally damaging.
- **an active request for assistance**, whether from a housing or support provider. This can signal a moment of motivation which may present again for some time, and so represents an opportunity to engage a homeless person and route them into appropriate services. If the outcome of a request for assistance is negative, homeless people with complex needs may not seek help elsewhere and are often deterred from approaching services again for some time. Active requests for assistance which do not translate into a positive outcome are very often followed by rough sleeping.
- **an episode of homelessness in early adolescence (before the age of 16)**, including spending considerable time sleeping at friends houses, running away for a night or two, and other circumstances which may not be defined or recognised as 'homelessness'. Young people are extremely vulnerable at this age, they cannot access homelessness services, and their 'homelessness' often goes unnoticed.

- **release from prison.** Whether respondents had been homeless before they entered custody or not, most were homeless (often sleeping rough) on release, in turn presenting challenges with regard to maintaining drug treatment programmes, accessing welfare benefits, avoiding old associates and offending or returning to street sex work. And so the cycle continues. Custody can, and sometimes does, represent an opportunity to engage with homeless people with complex needs and help them access the assistance and treatment they require but such efforts are wasted if accommodation and continuity of care is not available on release.
- **moving into a more 'isolated' housing situation** amongst those whose lives have previously been unsettled and who are used to daily social contact. This would typically be a move from shared accommodation such as a children's home, hostel, living with parents, or shared house into a single tenancy. It also applies, however, to a geographical move (away from support networks, family or old associates) or a change in circumstances such as the loss of a job or separation from partner which leaves someone alone at home more than they are used to, despite no change in their housing situation
- **a referral or signposting from one service provider to another**, with no follow up contact to ensure they safely 'arrived' at their next destination and received the assistance they required. Respondents frequently fell through the net at this point
- **a traumatic event, particularly a bereavement, loss of a child, and physical or sexual abuse** and particularly amongst younger people and those who have experienced previous episodes of homelessness, drug or alcohol abuse or mental ill health.

# Recommendations

The evidence presented in this report has provided detailed insight into the housing needs and experiences of people with complex needs who are homeless or at risk of homelessness. It has highlighted the detrimental housing circumstances in which many homeless people with complex needs live and revealed the many barriers they face accessing housing and support services. These findings point to some important issues worthy of consideration by service providers, commissioners, and policy makers. This research was commissioned with the express aim of identifying ways in which the housing and related needs of homeless people with complex needs could be better met. This section presents a series of recommendations for ways in which this could be achieved.

Drawing on the evidence gathered and presented in this report a series of broad recommendations can be made which should guide service development. In particular, there is a need to:

1. develop models of service delivery capable of providing clear **pathways** through services to independent living, and of **'tracking'** individuals at risk
2. develop **flexible** supported housing provision, offering a range of accommodation and levels of support within a single service
3. provide **direct and fast access** housing, support and advice services
4. develop **specialist housing services** which are explicitly targeted at, and understand the needs of this client group
5. develop **outreach and in-reach** services in recognition that homeless people with complex needs will not always make independent efforts to seek help, or know how to go about doing so
6. twin the development of specialist services with efforts to **improve access to, and conditions within mainstream housing**

7. acknowledge that **homelessness and related issues such as substance misuse and criminal activity are faced before people reach adulthood** and that services must adapt to address this fact.
8. develop **preventative measures**, including building organisational capacity to respond rapidly to emerging indicators of 'risk'
9. acknowledge that **meeting the welfare and support needs of people with complex needs is as important as meeting housing need.**

Presented in more detail below, suggestions are made for specific ways in which these recommendations could be actioned.

**Recommendation 1. Develop models of service delivery capable of providing clear pathways through services to independent living, and of tracking individuals at risk**

Building on and extending the work of the Priority Needs Group in Stoke-on-Trent this could take the form of a multi-agency panel, comprising representation from different services who come together at set intervals to discuss individuals known to be particularly vulnerable and homeless or at risk of homelessness. Current issues pertaining to these individuals could be discussed, emerging needs and problems identified, and appropriate responses actioned. Particular attention could be paid to clients experiencing transition (from care, from custody, into independent living). Cases could be referred to the group by service providers concerned about the welfare of clients with whom they are in contact and including young people thought to be 'at risk' of developing a homelessness career. Ideally the panel would:

- be co-ordinated by someone whose explicit role it is to do so
- be established as a formal initiative rather than an informal gathering of interested parties
- be fully multi-agency to span the broad spectrum of needs which this client group present with

The benefits of such an intervention include:

- it provides a means of 'tracking' people with complex needs through their housing and other life changes

- it enables early intervention, identifying when an individual may be at risk of failing their tenancy or being evicted from temporary accommodation and putting measures in place to prevent rough sleeping
- it brings together the expertise in the City, providing a means through which holistic packages of support can be delivered
- enables service providers to support one another, maximising resources and capacity

## **Recommendation 2. Develop flexible supported housing provision**

The level and intensity of the (housing related) support required by people with complex needs shifts over time and they can move rapidly from a position of relative stability to one of chaos and vice versa. People with complex needs do not move along a linear path to independent living. Moving between housing providers can also represent a time of 'risk' for people with complex needs. The ideal model of supported housing provision for people with complex needs (some of which exists already in Stoke-on-Trent and was found to be highly effective) is one which combines the following features:

- a single provider offering 24 hour staffed (hostel type) accommodation; more independent 'studio flats' attached or near to the core hostel; single (and/or small group) tenancies with intensive floating support; and single tenancies with limited floating support.
- allowing respondents to move around within the service and being able to respond rapidly to changing circumstances - i.e. moving residents from the 'cluster' or single tenancy back to the core.
- a facility for residents to re-contact or remain in contact with the service after they have moved on, acting as a safety net in the event of a change of circumstances and risk of tenancy breakdown in the future.

Allowing residents to 'go backwards' is key. Such a model has the added benefit of accommodating varying preferences and requirements for shared/single accommodation. Shared environments can be inappropriate for some recovering substance misusers, people with mental ill health, and people with a history of violence but they may require a level of support usually provided in shared, staffed provision. Such a model has the flexibility to provide intensive support to people while allowing them to remain at a distance from other residents. This would also mitigate some of the risks associated with placing people with a history of violence in shared housing.

**Recommendation 3. Provide direct and fast access housing and support services**

Housing, support and treatment services which can be accessed directly and which do not incur long waiting lists are much needed. This includes:

- a) fast track into drug treatment is particularly needed although fast track counselling and alcohol services would also be of great benefit
- b) increased provision of emergency and/or direct access temporary accommodation. This could be achieved by increasing the number of direct access hostel bed spaces available, or by providing emergency accommodation such as night shelter provision.
- c) A full 'Direct Access Service' is likely to be well used in Stoke-on-Trent. This could take the form of a drop-in day centre. Advice and support services (benefits, debt, housing advice as well as health services) could offer 'sessions' there, and consideration could be given to attaching emergency housing provision to such a service.

**Recommendation 4. Develop specialist supported housing**

- a) Develop supported housing provision targeted specifically at complex needs client groups. Homeless people with complex needs require housing provision targeted at them and staffed by people who understand their needs. The need for specialist services stems partly from the complexity of the issues which these client groups present with (and therefore demand specialist expertise) but also from the reluctance of general needs providers to accommodate them.
- b) There is a need for a women only hostel. A number of bed spaces should be allocated for street sex workers and/or referrals from the Women's Project. Such provision would need to take account of the particular needs of the client groups it is serving (for example the prohibitive nature of curfews for street sex workers and the fact that many women will be mothers and will require spaces where they can see their children). Some of the bed spaces should be direct access and consideration should be given to attaching some 'emergency' housing provision to any new hostel facility.

## **Recommendation 5. Twin the development of specialist services with efforts to improve access to, and conditions within mainstream housing**

Mainstream housing can be appropriate for some homeless people with complex needs, particularly where they are also in contact with support services. At present, however, they face significant barriers accessing mainstream housing, or their access is restricted to a poor quality, sometimes exploitative segment of the market. If actioned, the following recommendations would improve homeless people with complex needs' access to good quality mainstream housing.

- a) Review or audit Local Authority front-line housing practices to ensure all staff are complying with the homelessness legalisation and local policies. Alternatively, provide update training to all LA housing staff so they are fully cognisant of the policies and legislation to ensure compliance.
- b) The onus placed on applicants for social housing to produce a record of their criminal convictions should be reconsidered. Applicants should be fully guided and supported through this process and provided with extensive information regarding the purpose and use of such information. Consideration should also be given to meeting the costs of obtaining a record of previous convictions.
- c) All social housing providers should purchase training/advice regarding improving their risk assessment procedures. This should also include 'myth busting' training about offenders and related groups (NACRO provide such training and some organisations operating in the city such as ARCH have excellent risk assessment policies and procedures).
- d) Review and, if necessary, strengthen information sharing protocols to ensure that social landlords have sufficient information on which to base decisions.
- e) Take steps to raise the profile of the rent deposit scheme alongside continuing with efforts to address poor conditions in the private rented sector. This might involve intensifying enforcement activity and efforts to engage with local landlords, and generating an approved list of accredited landlords.
- f) Increase the number of local authority 'owned' hostel bed spaces to help it fulfil it's statutory obligation towards priority need single people
- g) increase provision of floating support

### **Recommendation 6. Increase outreach and in-reach services**

- Meaningful housing advice should be available to all people in prison. No person should be released from prison without being offered extensive assistance with their housing and the outcome should be followed up on release. Assistance should also be available on entry to prison so that where possible homelessness can be avoided. A housing link worker or similar post would be beneficial – liaising between prison officials, prisoners and housing and support agencies to ensure smoother transitions from prison to independent living.
- Consideration should be given to developing in-reach advice and advocacy services (housing, benefit, debt, family, health, mental health) in places where homeless people with complex needs spend time. This might include the hostels, drug and alcohol support services (Druglink, Adsis) and the Women's Project.
- Assertive outreach services are crucial for engaging very hard to reach people and rough sleepers in particular. It is essential that existing outreach services (Rough Sleepers' Team, Women's Project outreach) continue to receive funding.

### **Recommendation 7. Acknowledge that homelessness and related issues such as substance misuse and criminal activity are faced before people reach adulthood and that services must adapt to address this fact.**

Steps should be taken to develop services for homeless minors and adolescents and those at risk of developing a chaotic homelessness career. There are a number of clearly identifiable services not currently available to people under the age of 16 but which are needed by, and would be of great benefit to homeless young people with complex needs.

This includes:

- a) emergency housing provision
- b) access to drug and alcohol treatment

### **Recommendation 8. Develop a programme of preventative initiatives**

- a) There is a need to build organisational capacity to respond rapidly to emerging indicators of risk. In the first instance, efforts should be made to educate and raise awareness

amongst all relevant service providers (including schools) of common trigger points, risk factors, and indicators of impending homelessness. Training, or written information sheets are two ways in which this could be achieved.

- b) A programme of activity educating young people about homelessness and related issues should be undertaken. Peer education initiatives are worth exploring in this regard (some peer mentoring already exists in Stoke-on-Trent)
- c) Social Services and the Housing Department should explore whether closer joint working and additional protocols need developing, to ensure that no young person has to sleep rough.
- d) Assertive efforts should be made to engage reluctant care leavers in after-care support. Preparatory research or consultation exploring the reasons why some young people disengage from this support would be beneficial.
- e) There is a need for greater support for the carers of young people with complex needs. A service offering practical and emotional support (and which stand separately to family mediation) to parents and other carers would be beneficial.

**Recommendation 9. Acknowledge that meeting the welfare and support needs of people with complex needs is as important as meeting housing need**

- a) There is a need to better understand and meet the needs of those with dual diagnosis. No-one should be denied treatment for substance misuse because of mental health issues or vice versa, and the significant relationship between the two issues needs acknowledging and building into service planning and delivery. Options might include:
  - training for mental health workers to educate them about substance misuse issues and vice versa
  - funding a dual diagnosis worker to support staff in mental health and substance misuse services
  - establishing a dual diagnosis working group
  - joint planning, strategic development, and commissioning.

- b) Consideration should be given to ways in which people with complex needs' access to specialist advice services can be improved, particularly in relation to debt, welfare benefits, housing, and issues relating to their children. One option would be for advice workers to run weekly sessions in services frequented by homeless people with complex needs, or to fund a part time advice worker post within such a service.
- c) Support should be made available to people leaving prison and other institutional environments who are at risk of homelessness. This could take the form of a floating support service targeted at people making this transition.
- d) Efforts should be made to provide greater support to homeless women with children, in a practical sense (making contact spaces available, providing legal advice) and emotionally (counselling, peer support).