Crossing the threshold: priorities, opportunities and barriers for people escaping multiple exclusion homelessness

Paper to the Social Policy Association Annual Conference, University of Lincoln, July 2010

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Abstract

In November 2008, tackling rough sleeping returned to the policy agenda. Ten years after the launch of its first rough sleeping strategy, the Labour Government announced its commitment to end rough sleeping by 2012. Crucial to the success of this recent initiative will be a focus on adults who combine long-term street homelessness with a range of other exclusion indicators, and who have hitherto eluded all efforts at rehabilitation. Against this policy background, the paper reports the preliminary findings of a qualitative study on multiple exclusion homelessness. It explores two key issues: first, why combinations of problems appear to reinforce exclusion in the lives of some homeless people; and second, what the critical factors might be for those who manage to escape multiple exclusion homelessness. The study focuses on homeless people’s encounters with formal and informal sources of help, the priorities and experiences that they bring to those encounters, and the factors that are critical to people being able to ‘cross the threshold’ into some form of resettlement.

Data were gathered from interviews with 105 currently or recently multiply excluded homeless people in Nottingham and London, and interviews with 40 key informants, i.e., people involved in the management and delivery of services used by homeless people. Utilising an abductive analysis, the paper compares and contrasts the perspectives of homeless people and key informants on priorities in service needs and what is most likely to succeed in encouraging homeless people to engage with services. We conclude by arguing that an understanding of what homeless people bring by way of past experiences and current priorities, how these condition expectations of support services, and how, on occasions, priorities may differ between the users and deliverers of services, is vital if new efforts to promote the social inclusion of homeless people are to be successful in the future.

Acknowledgement: This paper is based on work funded under grant RES-188-25-0001 of the Multiple Exclusion Homelessness Programme. The programme is jointly funded by the ESRC, Joseph Rowntree Foundation and the Department for Communities and Local Government.

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Theorising multiple exclusion homelessness

This paper presents early findings from one of four studies that seek to consolidate our understanding of the causes and remedies of homelessness as a type of deep social exclusion. The four studies form the Multiple Exclusion Homelessness Programme which is jointly funded by the Economic and Social Research Council, the Department for Communities and Local Government, the Joseph Rowntree Foundation. The focus of the Programme is on a sub-group of the homeless population “referred to as having ‘multiple and/or complex needs’, linked … to drug or alcohol dependencies, severe mental health problems, institutional experiences (particularly local authority care and prison), involvement in sex work, and participation in ‘street culture’ activities, such as begging and street drinking” (Fitzpatrick, 2006 : pp: ??). The study on which these findings are based explored the way in which homelessness is compounded by such factors to impede people’s effective engagement with potential solutions. Writers on social exclusion (Commins, 1993; Hills et al., 2002; Levitas et al., 2007) have argued that combining disadvantages across several dimensions subjects people to deep social exclusion that precludes access to all major vehicles of social participation, such as political institutions, the labour market, welfare services and social networks. One of the purposes of our research was to explore how and why this deep social exclusion might impede access to the very opportunities for resettlement that have been set up for homeless people. Definitions of homelessness have distinguished between ‘statutory’ and ‘non-statutory’ homelessness and ‘rough sleeping’ (Smith, 2003). To some extent, a study exploring homeless people’s priorities should leave room for them to explore their own identities, which research reveals to be profoundly affected by the experience of homelessness (Boydell et al, 2006). However, our study has focused on single people (without current care of dependant children), who combine a current or recent experience of homelessness (rough sleeping, or living in emergency or insecure accommodation) with one or more indicators of deep social exclusion (e.g. institutional background, long-term unemployment, chronic mental health problems, problematic substance use).

Multiply excluded homeless people have become the focus of recent policies (e.g. the Adults Facing Chronic Exclusion (ACE) pilots), which attempt to tackle the causes of their social exclusion (SET, 2007a). Likewise, the ‘Respect Action Plan’ (RTF, 2006) contains an abundance of initiatives, many aiming to address the lifestyle problems of the most excluded individuals. Most recently, the ‘No-one Left Out’ initiative (DCLG, 2008) has targeted a range of proposals on long-term rough sleepers in order to end rough sleeping by 2012. Policy makers recognise that a range of issues (e.g. a lack of basic skills, mental health problems, substance misuse, debt, homelessness), may all play a part in exacerbating the deep exclusion endemic in many homeless peoples’ lives and promise personalised packages, delivered by an array of agencies, to support individuals. The ‘personalisation’ of rights and responsibilities has also been identified as one of the five guiding principles underpinning help for multiply excluded adults (SET, 2007b). This is consistent with New Labour’s preferred notion of social citizenship where a principle of conditionality overrides otherwise universalist policies when defining an individual’s right to access social provisions (Dwyer, 2002; 2004). Against a backdrop of housing support agencies being asked to demand more from their clients in return for the opportunities and support they provide, and homeless people being increasingly deemed responsible for their situation (Whiteford, 2008), our study centres on the potentially contradictory priorities and aspirations of service users (multiply excluded homeless people), and service providers (key informants in support agencies) in respect of the causes and remedies to deep social exclusion.
Structural factors such as the availability of affordable housing are still recognised as important causes of homelessness, but for those who combine homelessness with other problems, a more sophisticated understanding is needed (DTLR, 2002; NAO, 2005). Many studies have mapped the range of homeless people’s complex needs (e.g. Cebulla et al., 2009), but only a few have explored people’s journeys into and experiences of homelessness to illuminate the relationship between background factors, personal circumstances and agency practices in people’s homelessness stories. May (2000) constructed biographies of male hostel residents to distinguish patterns of homelessness and to show how structural factors, such as long-term unemployment, insecure private tenancies and family deprivation, limited permanent solutions, with services doing little more than interrupting a homeless career. Baker (2001) conducted a similar study with a mixed sample of London hostel residents, distinguishing a list of homelessness ‘triggers’ from background factors. Around a fifth of his sample were identified as ‘trigger heavy’, combining running away from home, an early experience of street homelessness, partnership breakdown, bereavement and trouble with the law as a particularly potent cocktail in precipitating long-term homelessness.

These and other studies have helped in describing common features and episodes in homelessness stories, but explanation requires us to untangle the excluding impact of structural disadvantages from life events and personal motivations to show how solutions to homelessness are frequently elusive. Reeve et al. (2007) have gone some way in doing this through a biographical study of homeless women. Of particular interest to the proposed study, negative encounters with agencies often sustained homelessness, such as service denial, inappropriate service provision, obstructive referral routes, a male-oriented culture, ignorance of services and lack of personal motivation. Other studies have also highlighted barriers to service engagement for particular groups or services. Drug users have been found with a negative view of emergency accommodation that reminds them of prison and exposes them to continuous temptation and harassment (Neale, 2001). Single homeless people are particularly susceptible to violent crime, but unwilling to report their experiences to the police (Newburn and Rock, 2004). Homeless people are also well-known for their struggle to access health services, with rough sleepers making heavy use of hospital accident and emergency facilities due to problems in registering with GPs (Riley et al, 2003). Meanwhile service providers have found people with chronic mental health conditions particularly hard to engage (SCMH, 1998; Stevens, 2002).

What remains is to unpack the relationship between multiple exclusion and differing approaches to service delivery and management and the extent to which particular agendas and approaches may enhance or discourage service engagement by homeless people. Much is now known about the range of services available to homeless people (Homeless Link, 2008), but little about their accessibility, acceptability or usability. Does the clue lie in a cognitive dissonance between the priorities and aspirations of service users and the programme logic of support agencies? Or might background features in the lives of homeless people deter engagement with services or neutralise their impact? We know, for instance, the importance that homeless people attach to relationships and their potential to make the difference between success and failure in resettlement (Lemos, 2000; Lemos and Durkacz, 2002; Bowpitt and Harding, 2009). Moreover, Ravenhill (2008) acknowledges the array of institutional barriers facing homeless people, but argues that resettlement is primarily a battle for the mind to overcome, for instance, fear of failure, mistrust, inappropriate help, lack of awareness, social isolation, embarrassment about seeking help and institutional rules. McNaughton (2008) has offered a more sophisticated analysis of ‘transitions through homelessness’, exploring the impact of low levels of human, social and economic capital on
success or failure in resettlement. In her analysis of transitions, she distinguishes between ‘divestment passages’ characterised by repeated negative encounters with services that generate a downward spiral, ‘integrative passages’ in which repeated positive engagement with services have an integrating effect, and the ‘flip-flopping effect of integration diverging’ where superficially successful transitions confront unchanged structural situations, resulting in relapses.

McNaughton’s focus on the role of inadequate human, social and economic capital resources in precipitating homelessness and impeding solutions leads us to the insights of psychology in understanding the processes by which events, experiences and structural disadvantages disable people’s capacity to handle crises. For instance, research among homeless populations in the USA has uncovered a prevalence of traumatic events and post-traumatic stress disorder (North et al, 1992; 2004), which is known to affect social and occupational capabilities, including relating to formal agencies (Brunello et al, 2001). More specifically, in recent studies of post-traumatic stress disorder (PTSD), stressful events have shown that among those who develop the illness attachment insecurities (anxiety, avoidance) are positively related to PTSD symptoms (Nye et al., 2008; Solomon et al., 2008). Coping strategies are another set of life skills that have been examined in the homeless by North American researchers (Caton et al, 2005; Galaif et al, 1999; Rayburn et al, 2005). These studies have shown that avoidant and passive coping were related to more problems with, for example, drug abuse. Understanding the type of coping that may help attenuate some of the negative impacts of trauma and help foster resilience and growth in homeless people are equally important.

Meanwhile, in the fields of developmental psychology and early years studies, programmes designed to improve the life chances of young children from multiply excluded families have been shown not only to fail, but to have negative outcomes for the most excluded families. Evaluations of the Early Head Start programme in the USA (Mathematica Policy Research Inc., 2002) and the Sure Start programme in the UK (Institute for the Study of Children, Families and Social Issues, 2005) have shown that children of families who combined a range of risk factors (e.g. teenage parent, lone parent, workless household) were adversely affected in terms of cognitive and social-emotional development. Deep exclusion appears to have reduced both service engagement and the benefits that might accrue. We know from elsewhere that family dysfunction prevails in the backgrounds of young homeless people (Pleace et al, 2008; Quilgars et al, 2008). It is therefore worth exploring how far the mechanisms that neutralise benefits on the most excluded families continue into adulthood with their children.

Two further factors have been found to mediate the relationship between multiple exclusion and service engagement for homeless people: place and gender. Cloke et al. (2002; 2005) have shown how the level and type of support for homeless people varies geographically according to historical, political and organisational circumstances, with a marked distinction between London and the rest of England. Regarding gender, evidence has accumulated over a number of years to show that women without dependant children experience homelessness in ways that differ sharply both from men and from women with children. This derives not only from homelessness legislation, but also because women have distinct reasons for homelessness, and particular ways of surviving it, that derive from the inaccessibility or inappropriateness of mainstream homelessness services to women (Garner et al, 2003; Reeve et al, 2006; May, 2007; Harding and Hamilton, 2008).
Despite the burgeoning literature on homelessness research and extensive policy initiatives over the past two decades, people in Britain still experience homelessness at different levels and for varying lengths of time. If the commitment to end rough sleeping by 2012 is to be realised, greater attention still needs to be paid to the relationship between homeless people, the agencies that seek to help them and the potentially different agendas that each brings to their encounters with the other. More needs to be understood about the factors that shape people’s priorities when homeless and the way in which these condition their capacity and willingness to engage with helping services and the effectiveness of any encounters. Likewise, further insights are needed into the way in which policies, regulations and agency priorities are interpreted at the level of service delivery, conditioning homeless people’s experiences and opportunities. These were the driving concerns of our research.

**Researching multiple exclusion homelessness: an abductive, user-participatory approach**

These primary concerns gave a distinctive approach to the design of the study. Multiple exclusion homelessness was investigated by means of in-depth interviews with 105 homeless single people and 40 key informants distributed between Nottingham and London in roughly equal numbers. Participants were recruited from currently or recently homeless users of day centre and accommodation services with the help of Framework in Nottingham and Thames Reach in London, two housing associations with a long history of work with homeless people. This was a purposive opportunity sample recruited from homelessness services to reflect key variables in the single homeless population, especially gender, age and ethnicity, and to emphasise indicators of multiple social exclusion, such as long experience of street homelessness, substance use, mental ill-health and immigrant status. Key informants were representatives of statutory and voluntary sector agencies providing front-line services to homeless people. The research design has been distinctive in its adoption of both abductive and user-participatory strategies.

In an abductive research strategy (Blaikie, 1993; 2007), abduction is “the process used to produce social scientific accounts of social life by drawing on the concepts and meanings used by social actors and the activities in which they engage” (Blaikie, 1993: 176). It begins by seeking to discover and describe the way the social world is experienced and perceived from the ‘inside’ by developing an understanding of ‘insider’ views, (i.e. multiply excluded homeless people), moves across to ‘outsider’ (i.e. key informants’) accounts and aims ultimately to form a more comprehensive understanding of the social world by developing or amending ‘expert’ accounts that take lay (i.e. service user) explanations seriously. Fieldwork therefore proceeded by investigating the way in which multiple exclusion homelessness is experienced firstly from the ‘inside’, through semi-structured, biographical interviews with homeless participants which explored the particular factors and events that they considered to be influential in the evolution of their homelessness stories, and secondly from the outside through semi-structured interviews with key informants. Subsequent abductive analysis offered the possibility of moving backwards and forwards between the accounts and priorities of homeless people and key informants to develop a more comprehensive understanding of how homelessness intersects with other aspects of deep social exclusion. This interrogation of the two sets of interviews sought to uncover similarities and differences in the agendas of multiply excluded homeless people and support agency informants.

The project was also underpinned by collaborative, user participatory methods “in which users are active participants in the process of commissioning, designing and/or carrying out
individual research projects” (Becker and Bryman, 2004: 409), and which prioritise working with participants in the research process as opposed to ‘doing research on subjects’ (Barnes, 2004). The research adopted several strategies to ensure homeless participants’ views shaped research design, analysis and dissemination. Specifically, we recruited, trained and recompensed a small team (four in Nottingham and six in London) of homeless people already working as volunteers for Framework and Thames Reach to work as co-researchers on the project. As co-designers, these peer researchers took part in two focus groups that informed the content and structure of interview schedules. As co-interviewers, all interviews with homeless people were conducted jointly by a peer researcher and an academic. As co-analysts, peer researchers have attended workshops at which they have been invited to comment on emergent findings, and they comments have informed subsequent analysis. As co-disseminators, they will also be fully involved in the production of one of the key research outputs: a DVD to inform the homeless community of the main research findings.

The interview schedules were designed to explore broadly comparable issues between homeless participants and key informants. With homeless participants, we explored the causes, background factors and experience of homelessness and other social exclusion characteristics. We then investigated how these conditioned their priorities, attitudes and experiences when seeking help. If they had ceased to be homeless, we examined how this came about and what barriers they had to overcome. With key informants, we focused on their experience of homeless people, their characteristics, background and motives. We then explored the priorities and pressures of their agencies, and what they knew of how homeless people came off the streets and how they overcame barriers. Data analysis was particularly interested in comparing the accounts of homeless people and key informants around the central issues of relative priorities, and beliefs about what works in the resettlement of homeless people.

**Multiply excluded homeless peoples narratives**

* Becoming and experiencing homelessness

The reasons why the people we interviewed fell into homelessness are complex and diverse however a number of common pathways can be found. In many instances, homelessness was triggered by some sort of traumatic event within the family home. Respondents referred to a variety of personal and family problems that they said were ultimately only resolvable by a decision to remove themselves physically from their accommodation. Violent or abusive relationships, with either partners or parents, figured prominently within the context of such relationship breakdown. Some respondents spoke about specific crisis points of unexpected and unprovoked violence, while others told a tale of persistent and long term abuse. Where such crisis points had been reached, the individuals concerned, particularly women, came to a decision that it was preferable to move out of their accommodation in search of a fresh start away from an abusive partner.

*I knew when he hit me I was in a coma. When I came out the coma I would move back home and I went back to him. I just, he hit me one day and I thought, look the next time I might die. Ended up in hospital. They said if I had taken another blow to the head it could kill me. So I had to. I waited until he was sleeping in the night and took the kids and left. In my night clothes.* L13
I was being intimidated in my own home, what was supposed to be my home. You might be able to deal with a certain amount of that in a day, at work, in the pub or whatever, in a public place where you might need to see someone for that kind of reason. At home it’s difficult to deal with. Your natural reaction really is to walk out. Obviously if you haven’t got anywhere else to live. Obviously as suggested by that comment, a violent domestic situation. L17

It was also quite common for respondents to report that their parents had been unwilling or unable to carry on accommodating them due to what was seen to be destructive drug or alcohol consumption, or some sort of other negative or anti-social behaviour. Another common prompt that precipitated homelessness was a failure to pay rent, either where contracted to a landlord or to a friend on a more informal basis. For many such people, this neglect to cover essential financial commitments was connected to their consumption of drugs and/or alcohol, and eventually resulted in their physical eviction.

I first became homeless about a year and a half ago. When it happened it happened very suddenly. But at the time I was actually doing a lot of drugs to block something out I couldn’t deal with. It eventually affected my work and when my work got affected I was already in so much debt because I’d been spending so much money on drugs that when I lost my job I had no money to pay for the place I was staying at. I got shunted out of there really quickly. I had to walk away and leave half my possessions there. That’s how I originally ended up homeless. L14

Given that such a substantial part of their lives had become taken up with living through and dealing with a variety of problems, it is perhaps not surprising that so many respondents reported that they felt overwhelmed by the new challenges in their lives. Where this was the case, respondents expressed a strong sense of being cut adrift, of being directionless, and of feeling that they had been placed outside of ‘normal’ or ‘mainstream’ society. Indeed, the general view was that as a homeless person they quickly developed a sense of difference and isolation; people from their ‘previous’ life no know longer want to know them. Furthermore, respondents said that as homeless people they are conscious of being stigmatised by the general public and that they face persistent negative attention from sources of authority such as the police.

Escaping MEH: triggers and barriers for change

For most people, escaping multiple exclusion homelessness was not a single event, but a series of transitional episodes in which different issues were addressed with varying degrees of success and relapse, ‘flip-flopping’ in McNaughton’s terms (2008: 99). Indeed, our respondent sample was deliberately selected to reflect the spectrum of intermediate situations from rough sleeping to secure tenancy. However, all testimonies identified critical incidents and key drivers that generated step changes in people’s personal circumstances. Our study sought to explore how personal motives, inner resources and external help variously interacted to overcome personal and institutional barriers to enable people to take significant strides in their journeys from the streets. With one or two exceptions, nobody wanted to stay on the streets or return to them. The exceptions were a minority of those sleeping rough for whom sustaining drug use was a higher priority than securing accommodation. Apart from this group, all respondents saw absolutely nothing attractive about living on the streets.
You’re cold. You don’t know where your next meal’s coming from. The only hope you’ve got when you’re homeless is basically you know you’re gonna get paid one of these days. But you’re cold all the time. You don’t know where you’ll get blankets from. It’s horrible. I’d never recommend it for anyone. I hate it. N3

Most prominently, interviewees recounted the physical and environmental challenges that they confronted by being on the streets, including their struggles to cope with harsh winter weather, the constant noise that surrounds them, of being tired through a lack of sleep and excessive walking, and living in constant threat of violence. Given this reality, it is not surprising to hear that people prioritised the realisation of basic survival needs in terms of finding shelter from the elements, a degree of safety, and food. Once they had managed to acclimatise to the extent that they were able to cope with their new-found conditions, the great majority of respondents described themselves as living very much in the present, and focusing on day-to-day survival.

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

The deprivations, discomforts and risks to health and safety were more than enough for those who had found some kind of temporary accommodation to seek to avoid a return to the extremes of homelessness. However, in most cases, simply not wanting to be homeless was not enough, either to get them off the streets, or to protect them from experiencing or going back to street homelessness. As well as being excessively tiring, many respondents described their homelessness as a degrading experience, expressing surprise at how quickly they found themselves neglecting attention to their personal hygiene and appearance. Indeed, people expressed surprise at how quickly they fell into a state where they stopped caring about themselves. Such a transformation in physical state appears to have compounded homeless people’s lack of self-respect (that they were feeling from becoming homeless in the first place), lowered their morale and deepened their sense of isolation. Indeed, respondents typically said that once their self-respect had been significantly weakened this tended to have a further negative impact on their behaviour. People often described the way in which they felt that they were drawn into a vicious cycle where they would be constantly tired and in search of shelter, and then doing whatever was necessary to get the money that would enable them to buy the drugs and/or alcohol that they were using as a way of coping with their situation.

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

For all respondents who had endured a sustained period of multiple exclusion homelessness, a powerful motive was a necessary condition for them to move away from their situation. In some cases, this motive was negative: they reached crisis point, typically becoming aware of the damage their lifestyle was doing to their health, and often encountering a near death experience.

I came off heroin and crack, because I used to inject. I started injecting into my groin and then I got a blood clot. I was lucky enough not to get it amputated. But that’s what stopped me, ’coz then I put my thinking cap on. When I came out of hospital I
dabbled a little bit, but now I don’t touch it at all. It’s been a long time, a few years ago now. But yeah so that basically is what told me to say, right you’re gonna lose your limbs or you can stop. N21

However, the negative urge to escape an intolerable situation was as likely to put people on the streets as drive them off. As noted above many people originally became homeless to escape domestic abuse. Moreover, positive motives were more commonly recalled, and people longed to get on top of the problems that were weighing them down and to regain some self-respect.

*It was me wanting to change myself. I didn’t really like the way I was, how I was and how I felt and what other people felt towards me. That’s why I had to sort myself out.* (N5, male)

They became aware that the decision to address some of the excluding issues in their lives was up to them. In some cases, a realisation that they mattered to somebody else – typically a family member – was critical in spurring them on. However, while this renewed impulse was necessary, it was not a sufficient condition for achieving success.

Two additional factors were critical: their relationship with sources of help, and the complex role of friends. In general, no matter how powerful people’s motives were in seeking to escape multiple exclusion homelessness, success was more likely if they were sought out and offered help than if they actively sought it themselves. Far more respondents reported high levels of ignorance of available services than admitted detailed familiarity.

*I must admit not a whole lot. I haven’t been in London all that long … The other guys on the street would tell me where to get cheap meals and whatever.* L5

Some expressed a lack of interest in exploring sources of help during times of pre-occupation with funding drug or alcohol use or sustaining other priorities of street living. Those who encountered agencies in times of crisis, such as hospital, prison or emergency housing services, often experienced a woeful lack of support or guidance. However, services that had a key role in sustaining street homelessness like day centres and soup runs were frequently crucial to escaping it. It is, therefore, not surprising, not surprising that services that went out of their way to seek out and befriend people in their condition of extreme need, such as outreach, day centre and hostel workers, were most successful in channelling people’s enthusiasm to make a new start.

*The nurses, the outreach team nurse people, they were the ones that finally said, ‘Come on, we’ll help you out. You’re in a mess.’ I was in mess; I’d cut my arm open; I was like filthy; I was on drugs. I didn’t like it.* N4.

*I wasn’t conscious of that when I was on the streets. But when I came into here and I found I had support networks around me, like substance abuse workers, mental health team, agencies that want you to engage with outside. It wasn’t until I got here that I realised there was a support network for me, that I could stabilise my life and think of the priorities that I need to build with.* L11

That said some homeless people within the hostel system, painted a picture of a challenging, hostile and competitive environment where stronger individuals and groups preyed on the
weak, bullying people, stealing their money and possessions, or more subtly working them for their money through the supply of drugs. Female respondents also reported hostels to be very male dominated environments where women constantly live with the threat of intimidation. Once again, therefore, the tendency is to establish protective boundaries and be very careful and selective in establishing relationships.

I had eventually managed to persuade, to get hostel accommodation for myself. I thought I’d cracked it. I had a hostel room and I didn’t have any problems further than that. Unfortunately I found the accommodation was unsuitable for me. I was a single woman in a hostel full of men. It was a small hostel and 2 or 3 of the guys they came in…. and took over. They didn’t send particularly nice people to me. I wasn’t able to get in and out of my hostel room without encountering them. L17

Similarly, L11 who above reports on the positive aspects of his current accommodation was keen to point out that his previous experiences were characterised by frae and intimidation. far from satisfactory.

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

Friends played a complex role in people’s journeys: positive and negative encouragement, loyalty and betrayal. Many people lost friends as a result of homelessness while others struggled to find anyone on the streets they could trust enough to call a friend, loneliness being a common experience. To those who found friendship, the most common value of friends was in sustaining street survival. However, to suggest that they thereby presented more of an obstacle than a catalyst to people leaving the streets would be wide of the mark. It is true that some respondents attached great importance to seeking new companions in their quest to address the problems associated with multiple exclusion homelessness. In a few cases, friends even provided a negative catalyst, especially where a death precipitated a crisis. However, in far more cases, people found in a friend someone who got alongside them, listened to their stories, helped them deal with damaging memories and shared their journeys, and in doing so created a non-judgemental environment for exploring positive options.

Mainly my friend called [name]: when he moved into here [hostel] he wouldn’t stay here, coz I was on the streets. Then I moved in here, he moved out again. I just had enough of it. I said, I’m staying where I am ... It was a friend who got me on the streets and it was a friend who got me into somewhere what made me change my mind that I want to stay somewhere instead of staying anywhere else. N6

No matter how powerful the motives or how amenable the sources of help, people frequently faced intransigent personal and institutional obstacles in their efforts to overcome multiple exclusion homelessness. Institutional barriers often arose from the operations of homelessness and housing regulations that debarred people from accommodation because of debts accumulated in previous tenancies, or the lack of necessary local connections or priorities when approaching local authorities for help.

I had just walked out of hospital and I went there and I spent the whole day sitting there. I had my face completely smashed up, swelled up like mad. I had a fractured
skull. But I was badly bruised up. I’ve gone in there and they have given me this one place for the night. I managed to get there, in [place]. Then they said I’d got to come back the next day. I said, right. I got to this place, stayed there for the night, left in the morning and was one of the first people to get seen. I’m talking to them and because I’ve got previous owed rent they can’t help me. There’s nothing they can do. (L14, male)

Personal obstacles were those that came from the problems of uncontrolled drug and alcohol use that sometimes rendered any other help pointless. In some cases, new constraints derived from the complex interplay of personal and institutional factors, such as when behaviour arising from substance issues debarred people from access to the very street level support that was essential to their recovery from multiple exclusion homelessness.

I wanted to find somewhere to live but at the same time I had to make sure I had drugs in me so I wasn’t poorly. If I hadn’t had any drugs, I was ill, so I couldn’t be bothered to help find somewhere to live. Then I’d sell some drugs, so I’m just shit faced, so it just didn’t happen, so I was just going round in circles, not attending appointments because I was out of my face or I was too ill to go because I hadn’t had any drugs. N??

Key informants’ perspectives

An integral part of the project were interviews with front line workers and managers of support agencies (drawn from the statutory and non statutory sectors), who routinely engaged with multiply excluded homeless people. Services sampled included street outreach teams, day centres, hostels, supported housing schemes, healthcare providers, the DWP, probation and criminal justice teams alongside more specialised mental health and drug and alcohol services. The interviews were used to explore a number of relevant areas including the focus, scope and rationale behind an agencies work as well as more practical matter such as the priorities and limits of their services. The subsequent section of this paper highlight the opinions and view of key informants’ understandings and narratives relation to key the causes (triggers) of homelessness among service users, the priorities of agencies in talking MEH and barriers that may prevent or inhibit homeless people from successfully reintegrating into secure accommodation and a better quality of life.

Substance misuse and the problem of non engagement

Key informants routinely spoke of service users being unwilling or unable to engage with support services. A major background factor in such non engagement was ongoing substance misuse issues (both alcohol and drug dependency) with the next fix having priority over all other considerations including accommodation and ongoing day to day wellbeing.

Nothing else matters for people that are trapped in that cycle of [substance] dependency. What exemplifies that more than anything is the squalor in which many of them live. When I say squalor I mean real, its breathtaking. It’s hard to comprehend how a human being or anything could survive in some of these conditions. They really see nothing wrong with it. They don’t comprehend. They are so trapped and absorbed. NKI 7
For some homeless people, substance dependency is a precipitating factor of their initial homelessness, for others reliance on various opiates or alcohol becomes a kind of coping strategy to block out the harshness of ensuing life on the street and/or earlier violence and trauma in their lives. Regardless, whether such dependency is a cause or a symptom their homelessness getting people to recognise and address, or at least manage, their ongoing substance misuse was identified as key first step to challenging multiple exclusion homelessness. There was also a pragmatic recognition among many service providers that this was unlikely to happen for a good number of their homeless clients particularly whilst they were sleeping rough on the streets and in day to day contact with networks linked to ongoing drug use.

That’s what makes it very difficult for people to change their drug use. Because it isn’t just about changing about an individual’s drug use, it’s about them actually stopping seeing their friends, sometimes even family members. NKI 1

The drug community is very forgiving. So they find social inclusion in drugs and alcohol because they get a group of people like themselves. They drink with anyone. Drugs and alcohol, cocaine, heroin are very effective in the short term in moderating people’s moods. So these people take heroin and it’s the best experience they’ve ever had, they feel great, all their worries are gone. Booze is the same. Drink is short term, when you’re in the moment you feel great. The next day you might feel terrible....they take away the street. Then the distress. LKI 3.

The importance of providing stable, appropriate accommodation as an alternative to the often chaotic and harsh environment of the street was identified as vital in promoting successful long-term outcomes with users and tackling street homelessness.

Our aim is to stabilise their drug use on prescribed medication, give them minimisation advice on the reducing injecting, stopping sharing. Again to reduce the spread of blood born viruses and the physical problems that come with injecting. But for somebody to actually become stable on substitute medication is neigh on impossible if they are living on the streets... if someone presents as homeless and we prescribe for them we know that it’s highly unlikely they will become stable on that medication and stop using street drugs until they’ve actually got somewhere to live. .... they aren’t going to make any changes to their drug use whilst they are homeless. NKI 1

However, the reality is that first stage hostel accommodation is the only accommodation offered to many street homeless people. Although the value of a hostel bed, and the opportunities to engage with support services as a first step on the road to tackling both homelessness and the allied issues that promote multiple exclusion it often opens up should not be dismissed lightly, several key respondents held the view that for some entry into a hostel environment could be problematic.

We definitely specialise in accommodation. But I think something we also look at is sometimes going into hostels can be more harmful as well. It may be that at that moment in time we can reduce the harm to them more by supporting them on the streets really. NKI 13
A recognition that hostel type accommodation may play a role in prolonging problematic behaviour and actually exacerbate the social exclusion of some people was a significant feature of several discussions. As LKI12 noted, hostels “are just not particular conducive environments for the most vulnerable people in society.” Describing the local hostels as too big he held the view that, governments’ laudable agenda to end street homelessness had seen many people with diverse needs deflected off the streets and into direct access accommodation where they remained for long periods of up to 10 years. Similarly, a specialist healthcare worker was at pains to stress that whilst the hostels were “often incredibly accommodating” in respect of the challenging behaviour of residents, it was vital to move people on to smaller more specialised hostels or ideally therapeutic communities “where they get away from drugs” LKI 3. In his opinion residence in a large hostel where problematic drug and alcohol use remained part and parcel of daily life seriously undermine any individualised programmes to resolve an individual’s substance abuse issues.

It would be wrong to characterise hostels as merely holding houses for those who have previously slept rough. Several key informants, actively involved in providing accommodation and other services in big hostels were acutely aware of the limitations of the environment in which they were working. However, they were also keen to stress the potential, for less than ideal accommodation, to act as a trigger for getting former rough sleepers to start to address their own well being.

They come into the hostel and they can be quite suspicious of people in positions of authority and not really trusting. I certainly notice that when people arrive in the hostel they are not really that interested in meeting me or coming to see a doctor unless they need tablets, for example, unless they need something practical from me. Things then start to change subtly after about six months or so you know, people settle into a routine. Then people start to engage a bit more so I think the hostel provides a very basic form of socialisation which then allows the residents to access other sort of services like health and stuff like that. LKI15

We need to try and think how we can get people engage with something that raises their self esteem. It’s not easy. We’ve got a bloke downstairs who is another chronic alcoholic, very high needs but he has been to [....] to study English. We’ve got him helping with our newsletter. He writes the best pieces. Since he’s been doing it he’s gone up the ladder a little bit. He’s not falling over drunk as much. He’s not incontinent. He’s still walking with a stick. He is still drinking. LKI2

For some, therefore, hostels may provide the initial necessary space for people to start to get their lives back on track. For others, it may be fleeting contact with outreach teams, a trip to a day centre or access to other forms of more specialised support that make the difference.

One thing that many of the key respondents were convinced of was that meaningful engagement had to come first and foremost from the homeless person themselves. There was general agreement that the first step on the long road to tackling MEH required marginalised individuals to actively take a decision to try to leave the streets and/or turn their lives around.

That’s the interesting thing. Everybody has a pattern. However chaotic the drug user they have a pattern….. We can keep working with them as they go round the system. Whilst they may get ejected from one hostel and we try and stop that happening- but they do- and then we give them a bit of time. What about a detox, why don’t you try
and address your drug issues with us? That sort of thing. We try and help them back into housing maybe. It goes around and around. The outcomes are sometimes it sticks. Sometimes it just works. If you get them to the right hostel at the right time and the right state of mind with the right worker in the hostel supporting them. LKI 1

I think it’s catching people at the right time... One example might be somebody we had referred recently who is currently rough sleeping but he’s going to a day centre to get some dinners and some clothes and the staff there have been engaging with him to get links to the [name] team. So the staff there have been working with him and encouraging him to think about trying out coming and living in a supported flat again which is something that he has done before and he’s decided actually no, he’s not ready for that. But he continues to go to the day centre and we have held his referral open on the waiting list so if he works towards and says yes I am actually ready now, we will be able to be there and say right ok we can do it. LKI 11

No engagement whatsoever. Would give his name and that was it. And I spoke to him at the end of last year, I haven’t seen much of him since, but he was talking about OK I want to get off the streets. I want to get into a hostel. Some of it is like being there for people and being there at the right time. You can’t, I wish there was but there isn’t a magic button you can press. LKI8

It was widely acknowledged that no simple magic bullet would solve homeless service users’ problems overnight; rather persistence and flexibility in approach was required by service providers to ensure that, as and when, the time was right for an individual to seek help, appropriate support could be put in place.

A question of priority? Limited resources and access to services

At the time of writing, the budget from the new coalition government is imminent and it may well be the case that funding for vulnerable groups such as multiply excluded homeless people are vulnerable. Many of the agencies who took part in the research reported that much of their work was funded from a variety of funding streams often linked to competitive, time limited contracts with local authorities and various central government grants e.g. the Supporting People Programme. Almost universally, key informants spoke of reducing income, need outstripping demand for services and the likelihood of future cuts to funding necessitating a review of service provision in the near future. Against this backdrop service providers often had to make decisions about how to prioritise access to support services. Perhaps unsurprisingly, key informants spoke of targeting scarce resources at individuals who they considered to be showing, at the very least a desire, to change their behaviour. For example, one clinician was clear that he was not in the business of making moral judgements but that drug detoxification places should only be allocated to those who were considered to have a better chance of success.

LKI3: I’m not going to make a moral judgement and say, I’m not going to treat and support you if you continue to smoke crack or inject heroin or drink too much. We endeavour to help them.

Q: So you pick those with the best chance of success?
Another respondent who worked supporting people with serious mental health issues further pointed out the difficulties of working with street homeless people. Although he acknowledged that mental illness could well be a factor in service users missing appointments he was of the opinion that homeless users’ needs were often unlikely to be a priority given the finite resources available to meet a multiplicity of needs. In this way homelessness and mental illness can combine to further exclude vulnerable people from support.

The mental health team are so busy, so they might offer appointments and expect them to turn up. They don’t turn up. That happens and they discharge them. Sometimes they will make more of an effort to go and see them but sometimes, particularly when someone is street homeless, they don’t know where they are, they haven’t got resources to go and chase people up. LKI9

Another, key informant who worked with homeless people, spoke of prioritising the needs of those doing no harm to others and considered to be most vulnerable to exploitation from other members of the street population.

It sounds really judgemental but you have to prioritise who you are giving the service to, it’s people who are vulnerable, they are not harming other people. Those people, who are harming others, of course should get help and support but they should have enforcements as well. LKI 12.

Lipsky’s (date) notion of street level bureaucracy may have some relevance here, as service providers look to make sense of local provisions and prioritise the needs of some above others. Additionally, beyond the individual judgements of workers and management, local and national policies may in some instances effectively work as a barriers that limit access to support. The most obvious example of this is when homeless migrants are denied access to statutory homeless provisions because they have ‘no recourse to public funds’ due to their particular immigration status. Within the project key informants routinely spoke of the destitution faced by migrants from the Accession 10 countries of the European Union and failed asylum seekers. (We are currently developing a paper on this theme. Please refer to Bowpitt et al. 2010 forthcoming for further discussions). In the context of this paper issues related to local connection the assessment of priority need and decisions about whether or not someone has made themselves intentionally homeless as outlined in the in the Homelessness Act (2002) are worthy of note. The local interpretation of such rules and the ways in which different localities responded to homelessness was highlighted as an important variable that could impact on an individual’s susceptibility to homelessness and the subsequent social exclusion that often ensues.

I don’t want that process to be a postcode lottery, I don’t want it to be that if I go into a project. If I go homeless in such and such a borough I get a brilliant service from my Local Authority who offer me a private rented sector deposit and I get my own flat and I never end up on the streets. Whereas I go to another borough and the
Local Authority say you are not in priority need, you go onto the streets and then you get put into a hostel that’s already rubbish service. LKI13

When localised demand for accommodation outstrips supply it would appear that those involved in allocating the available resources become involved in difficult decisions. In line with national policy, individuals with the specified priority needs maybe given priority over those with a local connection.

The whole priority of the need is all part of it. That comes in after they have accepted whether they are even going to accept the homeless application. I mean it’s all very grey. Local authorities are trying to keep numbers down. They will try to not accept people from surrounding boroughs and things like that. NKI 10

So all things being equal if we only had one bed we would give it to the person with the local connection. So we would prioritise our own rough sleepers first. Beyond that, if we had two people and they were both rough sleeping but the guy who came from [outside the area] was significantly in a position of additional disadvantage, let’s say he had deep vein thrombosis and other medical problems that the other rough sleeper did not have, we would prioritise his need first. NKI9

Conclusions

At this stage of our project (the team is currently heavily engaged in more detailed analysis of the fieldwork data) this paper can do no more than up some early insights that are emerging from the study. Discussions outlined above should be taken as indicative areas of interest that will be further analysed and refined in the coming months as we develop outputs and disseminate findings to a broad range of user, policymaker and academic audiences. It is our view that an understanding of what homeless people bring by way of past experiences and current priorities, how these condition expectations of support services, and how, on occasions, priorities may differ between the service users and providers, is vital if efforts to promote the social inclusion of homeless people are to be successful in the future.

However, even at that this early stage of analysis it is possible to highlight several tentative conclusions. First, the causes of multiple exclusion homelessness are many and diverse. Nonetheless, alongside the lack of a safe place that many of us recognise and call a ‘home’, the combination of three issues appear to be of significance in the lives of those trapped in multiple exclusion homelessness, i.e. the absence of caring, supportive personal relationships and networks, (broadly defined), a history of substance abuse (alcohol and/or drugs) and the lack of adequate financial resources. Second, although providing homeless people with first stage accommodation as an alternative to rough sleeping, is obviously, a prerequisite for any systematic attempt to tackle MEH it would appear that in the worse case scenarios some of the large hostel type accommodation available may inadvertently work against the needs of multiply excluded homeless people. Third, homeless people’s encounters with the agencies that are charged with supporting them, potentially offer service users routes towards social inclusion and more fulfilling lives. The lack of available resources and the policy frameworks under which such agencies operate may, however, work to effectively exclude some vulnerable service users. Finally, although many support services increasingly expect service users to engage with the support that they offer, engagement cannot be enforced. Tackling multiple exclusion homelessness requires that appropriate support services are
available to people as and when individuals themselves, for whatever reason, decide they want to address their situation.

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(Under construction, maybe incomplete)


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