

Rebuilding Lives: supporting formerly homeless people to achieve independent living

KEY FINDINGS

- For many formerly homeless people in the Rebuilding Lives (RL) study, their resettlement has led to positive, longer-term outcomes. Five years after being rehoused, many had settled in their accommodation, their family and social relationships had improved, and some were involved in education or training programmes or had attained employment.
- After five years, however, some were still finding it hard to settle and cope. One-quarter were struggling to manage everyday tasks and were living in very dirty conditions, and a few had become hoarders and parts of their accommodation had become inaccessible. Most who were struggling to cope were men aged over 40 years who had mental health or alcohol problems.
- Housing conditions in terms of maintenance and repairs were a problem for many participants in both social housing and the private rented sector (PRS): 35% were living in housing in serious disrepair (dampness, mould, faulty heating, electrical wiring problems).
- After five years, 32% of participants were receiving housing-related support from services, including tenancy support workers, housing wardens and home care workers. This included help with budgeting, paying bills,

BOX 1 THE REBUILDING LIVES STUDY

Rebuilding Lives is a study of the outcomes over five years for formerly homeless people who were resettled into independent housing in London, Nottinghamshire and South Yorkshire.

The study's aims were to examine: (i) their longer-term outcomes after being resettled; (ii) the characteristics of those who continued to receive or need support; and (iii) the roles of different workers in providing this support.

Building on an earlier study (FOR-HOME)¹ which investigated the experiences of 400 formerly homeless people during the first 18 months post-resettlement, Rebuilding Lives attempted to contact five years' post-resettlement those participants who were housed and interviewed at 18 months. Of the potential 297 participants, 237 were interviewed (224 were housed and 13 were homeless); 17 were contacted but declined an interview; 14 had died or were in prison; and 29 could not be traced.

social security benefit claims, household tasks, housing repair problems, emotional support, social care, and linking into other services.

- Several participants with mental health or alcohol problems, or with long histories of homelessness, were receiving support from services. However, some with complex problems and needs were experiencing difficulties yet were not in contact with services. This included

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one-third with mental health problems, many of whom believed that they would have benefited from counselling or talking therapy.

- People rehoused in the PRS were least likely to have received support since being resettled, yet they had the poorest outcomes – 36% became homeless again within five years.
- Young people were less likely than other age groups to have received support from services, yet they were more likely to have struggled financially and to have become homeless again. Around one-third aged 20–24 years said that they would have liked help to address financial problems or to access training and employment
- In conclusion, many homeless people are vulnerable when they are resettled, have complex needs, and require intermittent or long-term support from housing support, social care and other services in order to sustain a tenancy. Help should also be available for those with lower level support needs who lack experience of managing a tenancy. This could be provided by workers or possibly trained and supported volunteers.
- Housing support workers should work closely with local housing advice services to identify and advocate on behalf of people living in housing in disrepair. Public health practitioners should work within local authorities and partner agencies to develop strategies to tackle poor housing conditions.
- Workers supporting formerly homeless people who are living in squalid or risky conditions should consult with local authority safeguarding teams, and collaboratively draw up personalised support plans to help the individuals.

BACKGROUND

Homelessness has a devastating impact on people's wellbeing. Over the last 20 years successive governments have made large investments into tackling the problem, including the funding of resettlement workers, permanent housing and tenancy support for homeless people once they are

rehoused. In recent years, however, there have been cuts to tenancy support services for vulnerable people in many areas, and pressures to restrict how long support can be provided. Spending on housing-related support services reduced by 45% between 2010/11 and 2014/15.²

FINDINGS

Housing outcomes

Five years after being resettled, 89% of participants were housed, 6% were homeless, and a few had died or were in prison. Overall, 16% had become homeless at least once during the five years (some had subsequently been rehoused). For some people, housing instability and subsequent homelessness were linked to mental health problems.

Young people aged 20–24 years were more likely (37%) than other age groups to have become homeless again. People who were resettled in the PRS also had poorer housing outcomes than those who moved to social housing. Over the five years, 13% in the PRS had moved 4+ times, and 36% had become homeless at least once.

Experiences of independent living

92% of participants who were housed at 60 months were living in independent accommodation, and 8% were living in supported housing with a warden, housing support worker or care staff on the premises at least part of the day. The latter were mainly aged 50+ years. Three-quarters had created a 'home' and were looking after their accommodation. One-quarter were, however, struggling to cope at home. A few were living in very dirty conditions, and 13 people had become hoarders and parts of their accommodation had become inaccessible. Most who were struggling to cope were men aged over 40 years who had mental health or alcohol problems.

One-third (35%) of participants were living in housing in serious disrepair (dampness and mould, faulty heating, electrical wiring problems). For some, these problems were longstanding and had contributed to health problems. People in both social housing and the PRS were affected.

Most participants were on low incomes and many were struggling financially. Their financial problems were exacerbated by: (i) social security benefits being suspended or stopped; (ii) being employed either casually or in jobs under 'zero-hours contracts' which meant their hours and income were irregular; and (iii) high rents in the PRS which affected people once they started work and became no longer eligible for housing subsidies.

There was a steady increase over time in the prevalence of debts (excluding student loans) among the participants: 45% had debts when resettled, increasing to 75% by 60 months. Young people aged 20–24 years experienced the greatest rise in debts: just 33% had debts when resettled, increasing to 86% by 60 months.

At 60 months, 43% of participants were involved in education, training programmes or employment (ETE). However, less than one-in-five people aged in their forties or fifties were engaged in ETE. One of the reasons for this was the high prevalence of mental health, alcohol and drug problems among this age group.

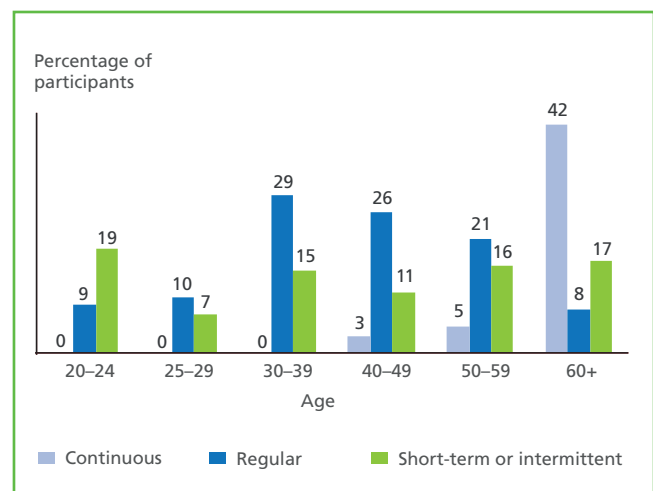
Receipt of housing-related support

After five years, 32% of participants were receiving housing-related support services, and 40% had received such help during the preceding 12 months. Some had received support consistently since they were first rehoused, while others had had intermittent support at times of difficulties.

The most common types of help received by the participants were with budgeting, bills and social security benefit claims; rent arrears and eviction threats; housing problems such as repairs or difficulties with neighbours or changing accommodation; household tasks; personal and family problems; and linking into health and substance misuse services, or into education and training programmes. A few people had assistance with personal care.

Help was mainly provided by designated tenancy support or housing support workers, but also by housing wardens, drugs or mental health workers, advice and advocacy workers, staff at day centres for homeless people, and home care workers. Tenancy support and

Figure 1. Frequency of support in last 12 months at 60 months by age



housing support workers were more likely than others to have provided support across the spectrum of problems and needs relating to tenancy sustainment. Drugs workers provided various types of support but were less likely to have been involved in housing problems. Advice and advocacy workers tended to provide assistance with social security benefit claims and with bills and paperwork. Housing wardens mainly assisted with rent or housing problems.

The frequency of support received by the participants varied greatly. During the 12 months prior to their interview, 4% had received 'continuous' support at least once a day from home care workers or extra care housing staff; 21% had 'regular' support at least monthly, mainly from tenancy support, housing support or drugs workers; and 13% had received 'intermittent or short-term' support, mostly from advice workers or homelessness sector staff. Those aged 60+ were most likely to have had continuous support. Young people were least likely to have had support and this tended to be short-term if at all (see Figure 1).

Support workers' perspectives

Support workers said that some of their clients willingly accept help and support, but others are more difficult to engage. Some are paranoid, isolated and/or mistrust services; some are reluctant to admit that they have support needs, or are not ready to address problems; and some have chaotic lifestyles and

find it hard to focus on their problems and needs. Some only engage with a worker once a crisis has occurred, and their tenancy is at risk.

One of the key tasks for support workers involves assisting people with their finances. This includes ensuring that they are in receipt of eligible benefits, advising on budgeting, assisting with the setting up of payment plans for rent and utilities and ensuring these are paid regularly, and advocating on behalf of clients at risk of eviction due to rent arrears. Support workers have seen a substantial increase since 2012 in the number of clients whose social security benefits have changed or been stopped, and a great deal of their time is now spent assisting these clients.

Another important task for support workers is to assist clients who are experiencing problems with the accommodation itself, such as poor conditions and disrepair, disputes with the landlord, and problems with neighbours. Many formerly homeless people are rehoused in the PRS or in social housing with a fixed-term tenancy agreement, and support workers have to help clients find alternative accommodation when they are required to move on. This can prove challenging given the shortage of suitable housing options, and the high support needs of some clients.

IMPLICATIONS FOR PRACTICE

For many formerly homeless people, resettlement leads to positive, longer-term outcomes and should be encouraged. Although some are able to cope well after being rehoused with little or no help from formal services, others remain vulnerable and require intermittent or regular long-term support from housing support, social care and other workers in order to sustain a tenancy and avoid further homelessness.

Current support services are targeting many formerly homeless people with complex problems and needs. However, some with mental health or substance misuse problems are not engaged with services, and more needs to be done to identify and support these people. Help should also be available to

FURTHER DETAILS OF THE STUDY

Interviews were also conducted with 46 tenancy support and other workers who had provided housing-related support to the participants during the 12 months prior to their interview.

The study was designed and carried out in 2013–14 in collaboration with the following homelessness sector organisations: Centrepoin, St Mungo's Broadway and Thames Reach in London; Framework Housing Association in Nottinghamshire; and St Anne's Community Services in Yorkshire.

The research was carried out by Maureen Crane, Louise Joly and Jill Manthorpe, from the Social Care Workforce Research Unit, King's College London. Further details at: www.kcl.ac.uk/scwru/res/hrp/hrp-studies/rebuilding.aspx

young people and others with lower support needs, and could be provided by staff, or where appropriate, by trained and supported volunteers.

More assistance should be given to formerly homeless people who are living in housing in disrepair, or in squalid and risky conditions. Public health practitioners should work within local authorities and partner agencies to develop strategies to tackle poor housing conditions. Workers supporting those who are in risky conditions should consult with local authority safeguarding teams, and collaboratively draw up personalised support plans to help these individuals.

References

1. Crane M, Warnes AM and Coward S, 2011. *Moves to Independent Living: Single Homeless People's Experiences and Outcomes of Resettlement*. Available at: www.kcl.ac.uk/scwru/res/hrp/past/for-home.aspx
2. National Audit Office, 2014. *The Impact of Funding Reductions on Local Authorities*. London: National Audit Office.