

# Draft Report

## The Support Needs of Homeless Families

An Audit of provision for families with children affected  
by homelessness in Scotland

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# Chapter 1: Introduction

## Introduction

Family homelessness is increasingly recognised as a major social problem (Jones *et al*, 2002; Vostanis *et al*, 2001), but much less is known about it than about single homelessness (Fitzpatrick *et al*, 2000). Relatively little research has been conducted on homeless families in the UK or elsewhere in Western Europe, although quite extensive research has been undertaken in the US (Bassuk *et al*, 2001; Shinn *et al*, 1998). In response to growing concern over the support needs of homeless parents and children in Scotland (Fitzpatrick, 2002), NHS Health Scotland commissioned the Centre for Housing Policy, University of York to carry out a national audit of provision for homeless families. This first chapter outlines the research and policy context for the audit, concentrating primarily on developments in homelessness legislation and policies; health and homelessness policy frameworks; and the impact of the Supporting People programme. It then sets out the main aims and methods used in audit, before outlining the structure of the remainder of the report.

## Existing Research on Family Homelessness

Until recently, research on homeless families tended to be restricted to investigations of conditions in temporary accommodation (Thomas and Niner, 1989; Jones, 2002), the health status of homeless families (Victor, 1992; Pleace and Quilgars, 1996), and investigations into the educational and other development needs of homeless children (Thomson *et al*, 1998; Quilgars, 2001). Many of these studies were prompted by the high use of unsuitable Bed & Breakfast made by London boroughs in the late 1980s and 1990s, was often undertaken by campaigning organisations, and is now rather dated. Much of this work was conducted in Bayswater and other areas containing many low standard Bed & Breakfasts as both voluntary sector and statutory sector services had begun to notice particular concentrations of homeless families in this locality (Bayswater Hotel Homelessness Project, 1987; Crane, 1990). A number of studies followed, increasingly focused on the damage that life in Bed & Breakfast was causing to the health, well-being and development of homeless children in London (Grosskurth, 1984; Howarth, 1988; Conway, 1988; GLC, 1986; Murie and Jeffers, 1987; Niner, 1989; Thomas and Niner, 1989). Many of these research projects were undertaken within highly restricted budgets and without a great deal of methodological rigour. The situation of homeless children also attracted the attention of research professionals working in education and health, who produced a number of more robust, though still quite small scale, studies (for example, Amery *et al*, 1995; Victor, 1992 and 1996). Such research was, however, confined to examinations of the specific impacts of homelessness on educational performance and health status.

Alongside this concern with the impacts of temporary accommodation, there seemed to be an implicit assumption, by both policy makers and researchers, that the needs of homeless families were fully met once they gained access to permanent accommodation under the Housing (Homeless Persons) Act 1977 (Fitzpatrick *et al*, 2000). This was in sharp contrast to research on single homeless people (who lacked clear entitlements under the homeless persons legislation), which often

focused heavily on the ongoing support needs of this group; the extent to which homeless families are also characterised by support and care needs that extend beyond housing is only just beginning to be understood (Holder *et al*, 2002; Jones *et al*, 2002). A few recent studies have raised the issue of unsuitable temporary accommodation as one of a number of problems that existed alongside *unmet support needs* for homeless families (Churchill *et al*, 1996; Northmore *et al*, 1998; Pleace and Quilgars, 1996; Shatwell, 2003; Quilgars and Pleace, 2003). This research has demonstrated that the needs of homeless families can be complex both in the sense that several forms of need may be present in one person, and in the sense that homeless households may contain several people with a diversity of support needs which, if left unmet, can affect the well-being of other household members, particularly children (Randall & Brown, 2003). However, this work has tended to either be confined to a fairly low level examination of family homelessness as part of a wider study of all forms of homelessness or has been quite small in scale

In Scotland, the research evidence on homeless families has been especially limited (Fitzpatrick, 2002). There has been work by Shelter on the impact of living in temporary accommodation on children's education (University of Edinburgh/Shelter, 1998), and recent research on Women's Aid refuges in Scotland which investigated the experiences of both women and children (Fitzpatrick *et al*, 2003). In addition, there have been two evaluations of specific models for providing specialist support to homeless families or families at risk of homelessness in Scotland - the Shelter Families Project and the Dundee Families Project. Both of these studies demonstrated the need for intensive interpersonal support for the families involved (Dillane, 2001; Sharp, 2001). However, until now, there has been no research in Scotland examining the breadth of experience of families with children affected by homelessness, nor of the adequacy and appropriateness of the (mainstream and specialist) services available to them. More detail on relevant Scottish research is given in Chapter 2.

## **Homelessness Policies in Scotland**

The policy context for homelessness in Scotland has evolved rapidly in recent years (Fitzpatrick, 2004). From an early emphasis on rough sleeping, with the launch of the Scottish Rough Sleepers Initiative in 1997 and a commitment to 'end the need to sleep rough' by 2003 (Scottish Executive, 1999), the Scottish Executive has moved towards a broader policy agenda on homelessness. Shortly after devolution, in August 1999, a Homelessness Task Force (HTF) was set up by the Scottish Executive with the Minister for Social Justice, Jackie Baillie, as its chair. The HTF was given the following terms of reference:

*To review the causes and nature of homelessness in Scotland; to examine current practice in dealing with cases of homelessness; and to make recommendations on how homelessness in Scotland can best be prevented and, where it does occur, tackled effectively. (Scottish Executive, 2002, p.1)*

The HTF's first report, published in April 2000, focused on legislative proposals (Scottish Executive, 2000), virtually all of which were incorporated into Part 1 of the Housing (Scotland) Act 2001. Crucially, the 2001 Act established a requirement for

local authorities to produce strategies for preventing and alleviating homelessness in their area.

The next phase of the HTF's work comprised a more fundamental review of homelessness policy and law in Scotland, with its second and final report published in February 2002. The 59 recommendations made in this report were approved in full by the Scottish Executive and endorsed by the Scottish Parliament (Scottish Parliament Information Centre, 2002). They were intended to achieve, over a ten year period,:

*...a step-reduction in the incidence of homelessness and to ensure that those who nonetheless become homeless have all the support they need to resolve their problems. (Scottish Executive, 2002a, para. 119.)*

The 'vision' set out in this second HTF report, and given legislative form in the Homelessness Etc. (Scotland) Act 2003, is that by 2012 everyone who is homeless in Scotland will be entitled to permanent rehousing, except for a small number of 'intentionally' homeless people<sup>1</sup> for whom this right will be suspended temporarily (see Chapter 2 for greater detail on this legislative framework). The establishment of an inalienable right to (some type of) accommodation is a radical departure not just from the previous Scottish position, but also from the likely direction of future English reforms (DTLR, 2002). Guidance has also been issued to local authorities specifying that the use of Bed & Breakfast as temporary accommodation for families with children should be eliminated (Scottish Executive, 2002)<sup>2</sup>, mirroring developments in England (Homelessness Directorate, 2003).

## **Health and Homelessness in Scotland**

Scotland is leading the way within the UK in developing responses to tackle the poor health of homeless people (Quilgars & Pleace, 2003). Guidance issued by the Scottish Executive (2001) placed a new requirement on local NHS Health Boards to produce health and homelessness action plans, outlining local health needs and provision for homeless people and a strategy for addressing unmet needs. The action plans took effect from April 2002 and are designed to be linked into local authorities' homelessness strategies. Underpinning these action plans, local health and homelessness needs assessments have been undertaken in many parts of Scotland, some focusing on specific groups of homeless people, including families (for example, Hall *et al*, 2000 reporting on East Lothian).

The HTF (2000) made a series of recommendations with respect to health provision for homeless people, all of which are intended to be taken forward in the health and homelessness action plans. These include:

- primary care: ensuring registration of homeless people with a GP practice;

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<sup>1</sup> i.e. a household that is judged to have caused its own homelessness through *deliberate* action or inaction.

<sup>2</sup> Ministers have powers under Section 9 of the Homelessness Etc. (Scotland) Act 2003 to specify accommodation that is unsuitable as interim accommodation for homeless households. There are plans to use this power to restrict use of Bed & Breakfast for families with children, with an order likely to be issued later this year. This follows a recent consultation exercise <http://www.scotland.gov.uk/consultations/housing/famchild.pdf>.

- planning: NHS Boards should ensure that strategic planning includes the needs of homeless people;
- children's services: homeless families should be able to access the full range of universal children's health services;
- mental health: addressing the provision of mental health services to homeless people (being free from substance misuse should not be a pre-condition for access to services);
- co-ordination: there is a need for a single, co-ordinated assessment approach, particularly for people with multiple needs (commonly those with drug misuse and mental health problems);
- service delivery: specialist services should be seen as a transitional stage for the vast majority of homeless people; the general approach should be to establish access to mainstream services;
- training: training on homelessness for health staff, supported by the national Health and Homelessness Co-ordinator.

Scottish health policy, more generally, has recognised the health needs of homeless people within the broader remit of addressing health inequalities. The White Paper, *Our National Health: A Plan for Action, A Plan for Change* (Scottish Executive, 2000), highlighted the need to improve the health of homeless people. NHS Scotland has developed frameworks to promote better services for those at risk of marginalisation, for example through the Framework for Mental Health. In addition, the Health Improvement Fund is designed to tackle social exclusion, with partnership initiatives such as Healthy Living Centres and Sure Start aiming to improve the health of disadvantaged communities.

### **The Impact of Supporting People**

The Supporting People programme is another major area of policy development that could potentially have a profound impact on the experience homeless families in Scotland. Supporting People is a UK-wide funding stream allocated to local authorities to spend on 'housing-related support', including, for example, assistance with daily living skills, support in accessing benefits and managing household expenses, and help in establishing or maintaining local social networks. Supporting People is much more flexible than the funding arrangements it replaced (most significantly, the 'support' element in Housing Benefit) and can be used to develop innovative new forms of service delivery, including 'floating support' to those living across a range of housing settings and tenures, as well as supported housing services to those in residential units such as hostels. The programme can also partly support services alongside other sources of funding.

The sort of '*low intensity support*' services (Quilgars, 2000) funded under Supporting People could potentially be very significant in enabling families vulnerable to homelessness to sustain their tenancy, or to resettle in a new home. However, while Supporting People has been used to fund a wide array of services for single homeless people in Scotland, services aimed specifically at homeless families are still relatively unusual in Scotland outside the main cities (details of services in Glasgow, for example, are given in Chapter 3). The one significant exception to this is the important role that Supporting People now plays in funding refuges and other services for women with children who are escaping domestic violence. However,

increased attention on the support needs of homeless families at strategic and policy planning level has led to developments in some specific areas. In Highland, for example, Supporting People funding has been used to part support the NCH Lochaber Families Project (See Chapter 3 for details), and in East Ayrshire, a generic tenancy support team provides a support service to all households at risk of homelessness, including families. West Lothian, by contrast, provides a temporary accommodation based support service aimed mainly at homeless families, through Supporting People funding. While this picture remains patchy at the moment, it is worth noting that Supporting People is still a new programme in the process of development, meaning that the shape and extent of service delivery specifically for homeless families has not yet reached a steady position.

### **Aims and Methods of the Audit**

This audit of provision for families with children affected by homelessness in Scotland had two central objectives:

1. to provide a national overview of the number, composition and distribution of family households that become homeless in Scotland, using a range of statistical and other sources.
2. to conduct a detailed audit of support provision for homeless families in selected case study areas, exploring the nature and extent of support available, and the views of both homeless families and professionals on whether existing services are sufficient in scope and are effective and efficient.

There were two main phases in the study, corresponding to these two central aims.

#### **1. National overview**

The first stage of the audit was concerned with establishing a national overview of *the scale, nature and distribution of family homelessness in Scotland*.

Initially, several sources of data and information were consulted for desk-based research, these were:

- existing literature on family homelessness in Scotland and the UK.
- applications made to Scottish local authorities for assistance under the homeless persons legislation (HL1 data).
- the Scottish Household Survey (providing data on homelessness *histories* rather than on *current* homelessness).
- local authority homelessness strategies and health and homelessness action plans from across Scotland.

In addition, the research team conducted two pieces of primary data collection to inform this part of the study:

- a telephone survey of all health and homelessness co-ordinators in Scotland to confirm details of service provision in their area, including the availability or otherwise of specialist services for homeless families. All co-ordinators were contacted and interviewed, but this yielded less information than we hoped in many areas, as some co-ordinators seemed to have only had a passing involvement with homelessness at the time of drawing up the action plan; and
- a postal survey of all Supporting People team leaders in local authorities across Scotland to ask for information on housing-related support services for homeless families currently being funded from this source. The response from some (mainly urban) authorities to this survey was poor, but sufficient to establish that Supporting People services for homeless families were rare outside the main cities (also confirmed by Communities Scotland).

## **2. *In-depth case studies***

The second and principal stage of the audit was comprised of detailed case studies in four locations in Scotland. We selected two 'urban' areas (Glasgow and Dundee), one 'semi-rural' area (Fife), and one 'rural' area (Highland), to represent:

- a geographical spread of areas;
- a range of population densities;
- areas with relatively high levels of family homelessness (either in terms of absolute numbers or as a proportion of total homeless acceptances); and
- a mix of areas, both with and without specialist services for homeless families (e.g. Supporting People services).

In total, across the four case study areas, we interviewed:

- 43 of service providers. This included professionals at service delivery, management and strategic levels in housing, health, social work, education, Benefits Agency, Women's Aid and a range of homelessness and other voluntary sector agencies.
- 29 homeless parents. This included four couples with children and 21 lone mothers; and
- six homeless children. This was fewer than we had hoped, due to access difficulties within the timeframe for the research.

### **Structure of report**

This chapter has set the context for the remainder of the report. The following chapter provides a national statistical overview and a brief summary of existing research; Chapter 3 details the service context in each of the case study areas; Chapter 4 reports on the nature and causes of homelessness in these areas, and the needs of the families affected; Chapter 5 on the experience of housing and housing support services; and Chapter 6 on the other support services relevant to homeless families. Chapter 7 draws together the conclusions from the research and presents a series of policy and practice recommendations.

## **Chapter 2: Existing Information on Family Homelessness in Scotland**

### **Introduction**

Four main sources of statistical data on homelessness in Scotland have been reviewed for the study. The most important of these sources is the statutory return made by local authorities in Scotland, the HL1. The other three data sets examined are the Scottish Household Survey, which, in 2001, introduced questions on the past experience of homelessness among housed households in Scotland; the SCORE returns, which detail lets by Registered Social Landlords (RSLs, formerly known as housing associations) in Scotland and the data collected for the National Rough Sleeping Initiative (published by the Glasgow Homeless Network). A scoping review was also conducted of existing Scottish and UK research on family homelessness.

This chapter briefly reviews the main findings from these statistical sources to fulfil one of the objectives of the Audit - to provide information on the scale, nature and distribution of family homelessness in Scotland. This stage in the research also informed the shortlist of the detailed case studies conducted in four locations (see Chapter 3).

The chapter begins with an overview of the main statistical source on family homelessness in Scotland, the HL1. The subsequent sections are concerned with SCORE, the Scottish Household Survey and the data from the National Rough Sleeping Initiative.

The chapter concludes briefly reviews existing research on family homelessness in Scotland and the UK.

### **National Statistical Overview**

#### ***HL1***

The HL1 return is designed to monitor the details of households approaching local authorities as homeless and to record the decisions made about those households under the terms of the homelessness legislation. The HL1 details the homelessness applications made by households over the course of the financial year.

It may be helpful first to clarify homeless families' entitlements under the homeless persons' legislation – first introduced in the Housing (Homeless Persons) Act 1977, and consolidated into the Housing (Scotland) Act 1987 - before introducing the statistics based on these entitlements. Under this legislation, someone is eligible for assistance with rehousing if they are a British Citizen or habitually resident in the UK. They are 'homeless' if they have no accommodation in the UK or elsewhere that it is reasonable for them to occupy. A homeless household must also be in 'priority need' in order to have an entitlement to be permanently *rehoused* by that local authority; families with dependent children are one such priority group. A household must also demonstrate that it has not deliberately made itself homeless ('intentionally' homeless) and have a local connection to the local authority to whom

they are applying (with the exception of households escaping violence). The significant amendments to this legislation made by the Housing (Scotland) Act 2001 and the Homelessness Etc. Scotland Act 2003 mean that, in summary:

- the 'priority need' criterion will be gradually phased out over time till 2012 (with those not in priority need entitled to temporary accommodation since September 2002);
- the 'local connection' criterion may be suspended by Ministers, but can be re-activated in respect of particular local authorities under pressure; and
- the 'intentionality' criterion will remain, but local authorities will have a power not a duty to investigate it, and those found intentionally homeless will be entitled to some form of accommodation and support until their entitlement to permanent accommodation is regained.

Not all of the relevant sections of these Acts, particularly the 2003 Act, have been brought into force as yet, and a range of Ministerial powers to issue secondary legislation have yet to be exercised, so this area is one of ongoing legal developments which will impact on the statistics over time.

The HL1 return has been changed recently to expand the range of data available on homelessness in Scotland. The return records details on individual households, which makes it a more extensive and useful information source than the English equivalent (P1E) which only records total local authority activity (i.e. the numbers of actions taken).

### *Changing patterns of family homelessness*

During the period 1989/1990 to 1999/2000, despite some increases during the early 1990s, statutory family homelessness in Scotland fell in overall terms. In 1989/1990, households containing dependent children represented 69 per cent of all households applying for assistance under the homelessness legislation, with households containing a pregnant woman representing another 10 per cent (9,800 households and 1,350 households respectively). In 1999/2000, households containing dependent children represented 44 per cent of applicants and those containing a pregnant woman 5 per cent (9,000 and 1,100 households respectively).

During the same period, the total number homeless applications increased considerably, from 14,237 households in 1989/90 to 20,400 in 1999/2000. This meant that over the course of that decade, family homelessness and households containing pregnant women started to represent a smaller proportion of an otherwise increasing homeless population. Households containing a pregnant woman or children fell from 79 per cent of the applicants to 49 per cent during this decade. The increases in overall homeless in Scotland were entirely due to increases in the number of *lone person households* applying for assistance.

This longstanding pattern is important to note when discussing the more recent trends in the HL1 statistics. The Scottish homelessness legislation has become the most liberal among the nations in the UK, allowing greater assistance to be provided

to all households, including many lone person households. The effects of these legislative changes are potentially significant, but they are occurring in a context in which family homelessness has been declining, in both absolute and proportional terms, for over a decade.

### *Overall levels of family homelessness during 2002/03*

As the HL1 statistics take some time to prepare for publication. The most up to date data that are available at the time of writing cover the period 2002/03. These data were based on electronic returns which were introduced during that period<sup>3</sup>. During 2003/03, 50,917 households applied for assistance under the homelessness legislation and 73 per cent (37,035) were found homeless. Just over one half of the applying households (26,933, 53 per cent) were found to be homeless and in priority need.

Just over one third of the households found to be in priority need contained, or were about to contain children (35 per cent of all households in priority need, 27,000 households). The largest group were households containing a lone parent who was aged over 25 (5,700 households, 21 per cent of households in priority need). Existing research suggests that many of these households were headed by women, their homelessness often associated with relationship breakdown or domestic violence. The next largest group were lone parents who were aged under 25, who totalled 2,000 households (8 per cent of households in priority need), who would, again, be expected to be mainly young women. The smallest group was couples with children, who formed 6 per cent of all acceptances, some 1,600 households.

Households containing children could be found intentionally homeless (homeless through deliberate action or inaction) but in priority need (dependent children being present) under the terms of the 1987 Act. In England, this is still possible and a few hundred households are in this position. As noted above, the terms of the Homelessness Act 2003 will give local authorities in Scotland discretion as to whether to investigate intentionality and will ameliorate the impact of an intentionality finding, but the relevant section has not as been brought into force as yet. Only a tiny number of households were in this position during 2002/03 in Scotland, the priority need acceptances, described in the preceding paragraph, covering almost every family assisted by local authorities under the legislation.

The HL1 returns allow the monitoring of repeat applications by the same households during the course of a year. During 2002/03, the number of repeat applications as homeless was relatively small (around 5 per cent of all applicants made more than one application) and the great majority of these households were lone person households. Households containing children were unlikely to repeatedly apply for assistance under the homelessness legislation. This was perhaps in part because they were likely to be accepted as in priority need in the first instance. Only 321 households containing children applied for assistance twice during 2002/03.

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<sup>3</sup> At the time of writing, the paper based returns for 2001/02 were still being processed. Some teething troubles had been encountered with the electronic system.

## The causes of family homelessness

Table 2.1 draws upon the HL1 return reporting of the reasons why households containing had applied as homeless.

**Table 2.1: Detailed reasons for applying as homeless for all households in priority need containing children (2002/03)**

| Detailed reason for applying                     | Number of households reporting | As % of all households containing children |
|--|--------------------------------|--|
| Dispute with partner: violent                    | 3255                           | 22.6                                       |
| Dispute with partner: non-violent                | 2151                           | 15.0                                       |
| Parents cannot accommodate                       | 1618                           | 11.3                                       |
| Loss of private tenancy: other                   | 1077                           | 7.5  |
| Harassment: other                                | 727                            | 5.1  |
| Other  | 670                            | 4.7  |
| Relatives cannot accommodate                     | 668                            | 4.7  |
| Fleeing non-domestic violence                    | 617                            | 4.3  |
| Expiry of short assured tenancies                | 410                            | 2.9  |
| Friends cannot accommodate                       | 405                            | 2.8  |
| Mortgage default                                 | 367                            | 2.6  |
| Loss of private tenancy: arrears                 | 358                            | 2.5  |
| Forced division and sale (matrimonial)           | 337                            | 2.3  |
| Gave up secure accommodation                     | 234                            | 1.6  |
| Unsafe to return (none of the above)             | 221                            | 1.5  |
| Emergency (fire, flood, storm etc.)              | 199                            | 1.4  |
| Loss of local authority tenancy: arrears         | 188                            | 1.3  |
| Dispute with guardian: violent                   | 157                            | 1.1  |
| Loss of other social sector tenancy: other       | 113                            | 0.8  |
| Overcrowding                                     | 110                            | 0.8  |
| Loss of service tenancy (armed forces)           | 105                            | 0.7  |
| Loss of other social sector tenancy: arrears     | 85                             | 0.6  |
| Loss of local authority tenancy: other           | 66                             | 0.5  |
| Discharged from prison                           | 46                             | 0.3  |
| Loss of private tenancy: anti-social             | 43                             | 0.3  |
| Lost accommodation in hostel/lodgings/hotel      | 35                             | 0.2  |
| House condition (such as closing order)          | 34                             | 0.2  |
| Harassment: racial                               | 24                             | 0.2  |
| Discharged from hospital                         | 17                             | 0.1  |
| Young and affected by violence (not directly)    | 15                             | 0.1  |
| Loss of local authority tenancy: anti-social     | 12                             | 0.1  |
| Loss of other social sector tenancy: anti-social | 12                             | 0.1  |

Based on responses by single parent males, single parent females, couples with children and other household with children – own analysis (source: Scottish Executive *Operation of the Homeless Persons Legislation in Scotland: National and Local Authority Analyses 2002-03*. Scottish Executive: Edinburgh)

The long established associations between women with children experiencing relationship breakdown in various forms, either with a partner or, when younger, with parents or other relatives that have been accommodating them and homelessness are again evident from these statistics. Family homelessness is highly gendered, in Scotland and in other nations, including Wales, England and the USA, with women

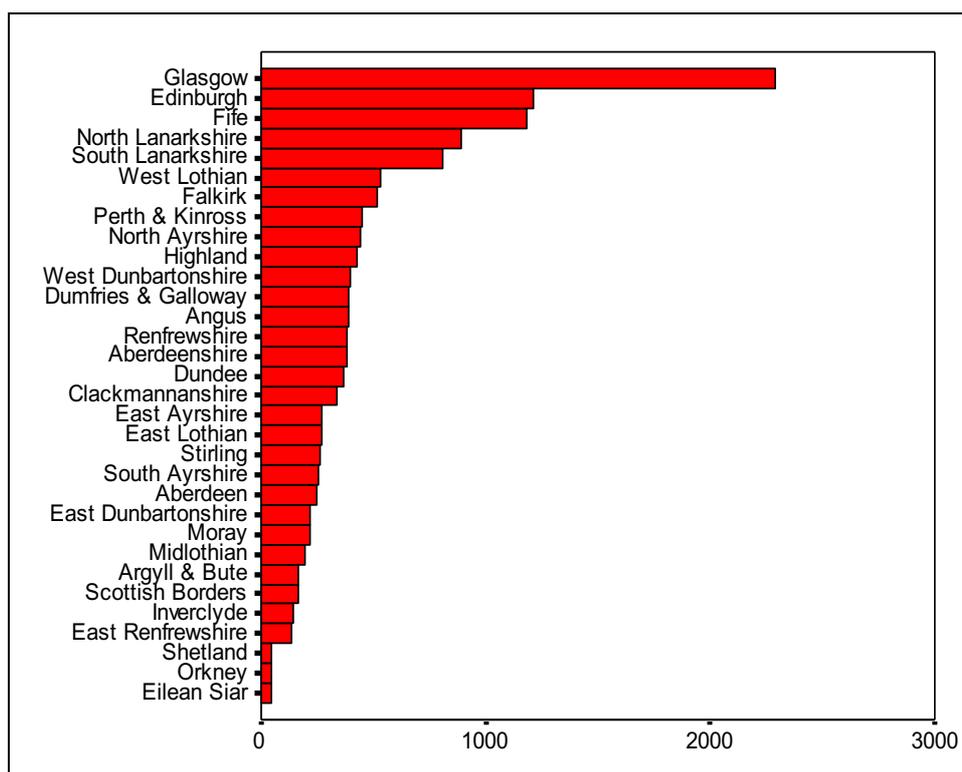
disproportionately experiencing homelessness with their children, while men are much less likely to be lone parents.

The range of the potential, immediate, causes of homelessness is also apparent from Table 2.1. Although they may tend to share some general characteristics, such as often being from socioeconomically marginalised situations prior to becoming homeless, the routes by which they come to homelessness are highly diverse, suggesting that, once the detail of their experiences are examined, that homeless families are a heterogeneous population.

The absence of large scale work profiling homeless families in Scotland and the other UK nations makes it difficult to be certain what their pattern of support, personal care and health care needs may be. The statistics collected via HL1 are not designed to provide a profile of the needs of this population.

### *The geography of family homelessness*

Figure 2.1 shows the geographical dispersion of family homelessness in Scotland during 2002/03, by the total acceptances of families in priority need<sup>4</sup>.



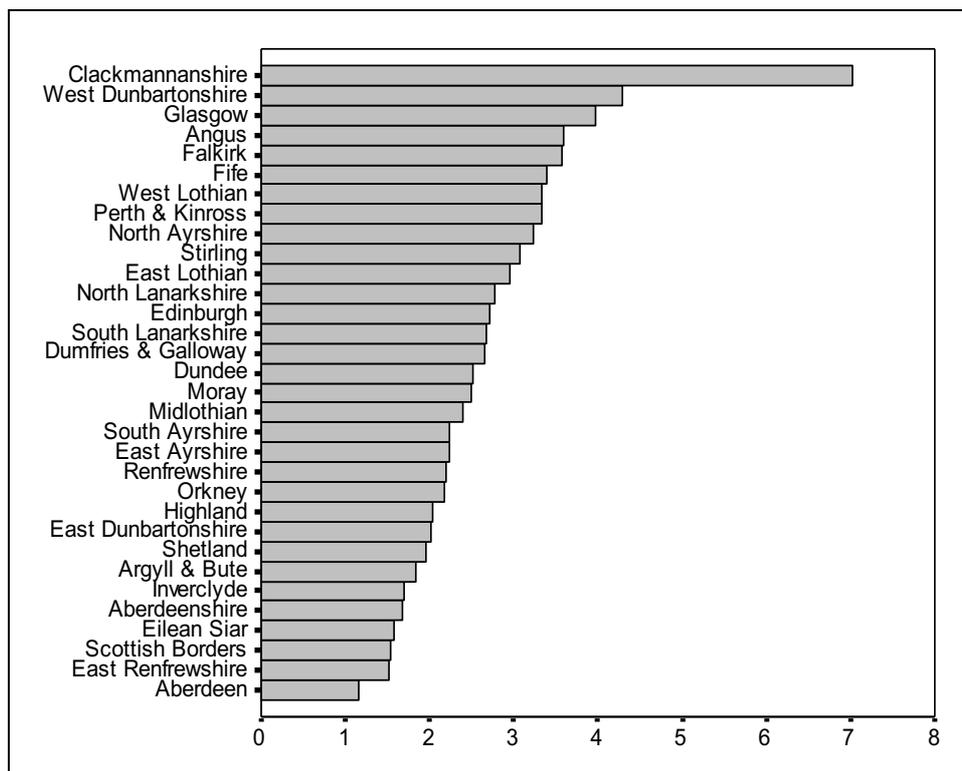
**Figure 2.1:** Total number of households containing children in priority need during 2002/03 by local authority – own analysis (source: Scottish Executive *Operation of the Homeless Persons Legislation in Scotland: National and Local Authority Analyses 2002-03*. Scottish Executive: Edinburgh)

In terms of the overall number of acceptances, the dominance of Glasgow, followed by Edinburgh and Fife, is immediately apparent from Figure 2.1. A similar picture is

<sup>4</sup> As noted above, households containing children in priority need represented practically every household found homeless during 2002/2003 (see paragraph 1.11).

found when examining all forms of homelessness in Scotland, with the two major cities, alongside other authorities within or bordering upon the Central Belt, tending to accept the highest numbers of households.

The number of families accepted as in priority need by authorities can provide some of the picture about family homelessness in Scotland, but at the same time it is hardly unexpected that major population centres accept more families as in priority need than the more rural parts of the Country. Another way of analysing the HL1 data is to compare the number of homeless families accepted as in priority need with the population level for an area. If this exercise is completed, the *rate* at which families are accepted as in priority need by authorities can be examined, as shown in Figure 2.2.



**Figure 2.2:** Number of households containing children accepted as in priority need during 2002/03 per thousand population for each local authority – own analysis (source: Scottish Executive *Operation of the Homeless Persons Legislation in Scotland: National and Local Authority Analyses 2002-03*. Scottish Executive: Edinburgh and 2001 Census)

When the number of homeless families accepted per thousand population is examined, as in Figure 2.2, a different picture of family homelessness in Scotland emerges. Two of the smaller authorities within the Central Belt were accepting homeless families as being in priority need at a considerably greater rate than many other authorities. Some more rural authorities, such as Angus or Perth and Kinross are also found near the top of this list.

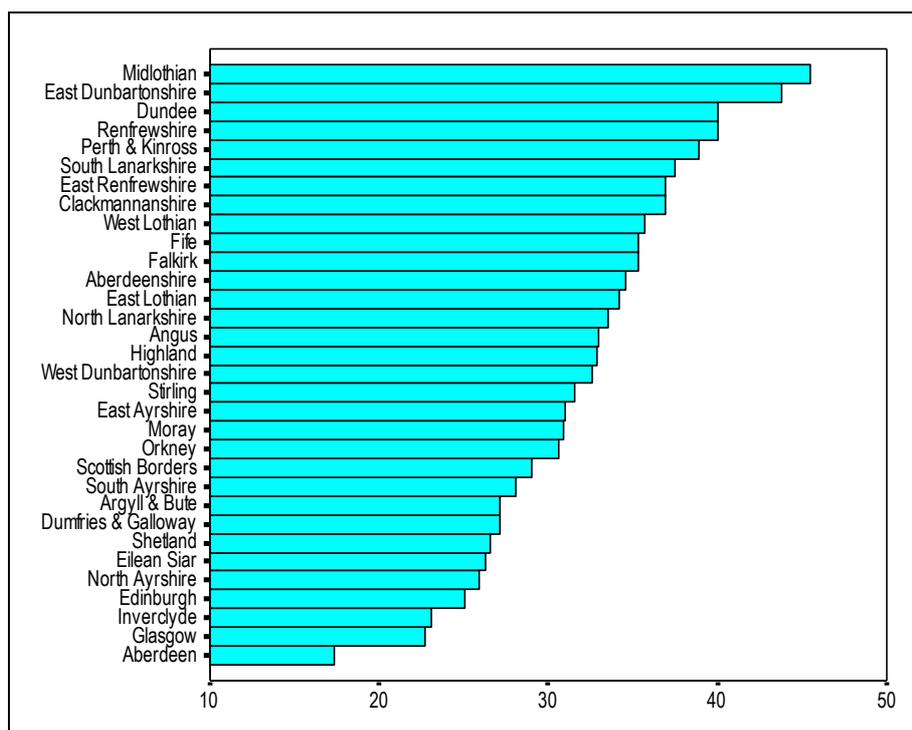
Glasgow was rehousing homeless families at a greater rate than many other authorities. Like several English cities, Glasgow was prominent both in terms of the number of families it rehoused and the rate at which it rehoused them relative to its population size. Edinburgh, however, was rehousing families at a lower rate than

some rural areas, while Aberdeen was rehousing families at the lowest rate in relation to its population.

These variations may arise for several reasons. In rural Scotland, some authorities experience very high housing stress, not because their population is large, but because housing, and particularly affordable housing, is scarce in relation to their population (Angus may be an example of this). High rates of acceptances of homeless families are found in England in similar authorities, particularly affluent tourist areas with many second homes. The pattern of homelessness in a given authority may partly reflect local housing and employment conditions, with the low rates of acceptances in Aberdeen being a function of a specific situation, rather than deliberate policy.

Although Glasgow accepts high numbers of homeless families (and households about to contain children) in comparison with other authorities, these households actually only accounted for 23 per cent of its priority need acceptances. In contrast, the average across Scotland was 32 per cent. The scale of the acceptances in Glasgow meant that, although homeless families were firmly in the minority in terms of its homelessness acceptances as a whole, it still predominated. Edinburgh showed a similar pattern, with 25 per cent of its priority need homelessness acceptances being families. Among the cities, only Dundee had a higher than average rate of homeless families in relation to lone person households (families were 40 per cent of all homelessness priority need acceptances). Figure 2.3 summarises the percentage of priority need acceptances that were homeless families during 2002/03.

This finding is important to bear in mind, because although the urban areas of Scotland are very significant in terms of the numbers of families they accept as homeless, these areas are, at the same time, confronting a homelessness problem that seems increasingly characterised by lone person households. Three-quarters of priority need acceptances in Edinburgh and Glasgow were lone person households during 2002/03.



**Figure 2.3:** Households containing children as a percentage of all priority need acceptances during 2002/03 by local authority – own analysis (source: Scottish Executive *Operation of the Homeless Persons Legislation in Scotland: National and Local Authority Analyses 2002-03*. Scottish Executive: Edinburgh)

### *Use of temporary accommodation*

Authorities have a duty to provide homeless families in priority need with permanent accommodation. This duty is not always easy to discharge immediately, as authorities may be working in a context in which affordable housing is quite scarce in relation to demand. In some instances, for example when a household is large and needs a lot of space, suitable permanent accommodation may be difficult to secure. Authorities consequently employ a range of temporary accommodation, where families await the allocation of a more permanent home. A series of scandals around the use of cheap B&B hotels for homeless families, which were associated with damage to child development and education, has created a policy pressure to attempt to use ordinary housing on a temporary basis wherever possible. Nevertheless, there is still some use of hotels and other forms of accommodation that are not self-contained for families.

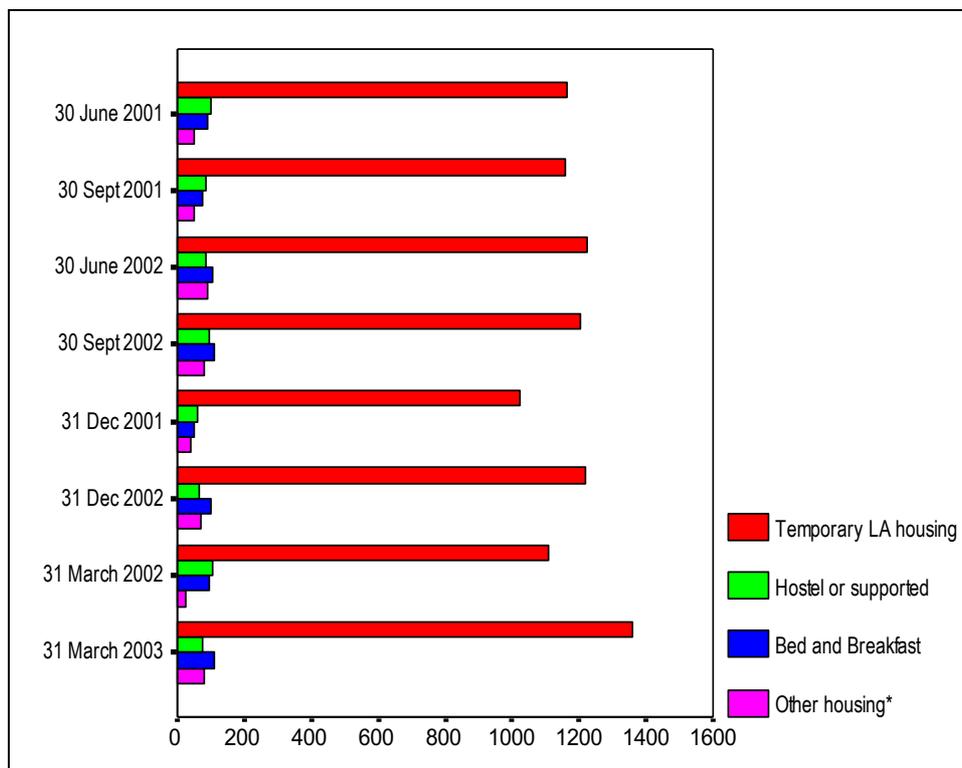
Many authorities make use of hostels and other forms of supported housing for homeless households. Most of this housing is intended to provide temporary accommodation to homeless people that offers a supportive environment, helping to address support needs and other issues that might undermine their capacity to live independently. Traditionally, these forms of temporary accommodation have been associated mainly with single homeless people and has had an explicit resettlement function. The high capital costs associated with this form of provision mean that it will decline in the medium term and will be increasingly replaced by floating support worker and key worker services that help formerly homeless people sustain their

own tenancy by visiting them at home, funded through Supporting People arrangements.

For homeless families, the main forms of temporary supported housing in Scotland are probably those refuges that allow children. These supported housing units are designed to provide a supportive environment for women and children who are escaping domestic violence. Refuges also provide a secure environment for women who are often still at risk. Other forms of supported housing provision for families are relatively rare, particularly outside urban areas. These include provision for families whose homelessness is associated with anti-social behaviour (which in turn may be linked to health or social care needs) and supported hostels that are designed to resettle households in much the same way as provision for lone homeless people. Standards across this supported housing can vary widely.

While supported housing services for homeless families are relatively rare in comparison to services for lone homeless people, and the sector may develop to some degree under the Supporting People arrangements, there is likely to be the same financial pressure not to develop many new build services. Resettlement and tenancy sustainment services for homeless families may therefore adopt the floating support worker model that is increasingly used for lone homeless people.

Figure 2.4 shows the use of temporary accommodation by Scottish local authorities for priority need homeless families.



**Figure 2.4:** Number of households containing children in temporary accommodation (on dates shown) – own analysis (source: Scottish Executive *Operation of the Homeless Persons Legislation in Scotland: National and Local Authority Analyses 2002-03*. Scottish Executive: Edinburgh) \* temporary ordinary housing provided by RSLs and the private rented sector.

As can be seen, across Scotland as a whole, use of Bed & Breakfast is quite low and authorities tend to use their own stock on a short term basis (shown as 'temporary LA housing') to provide the bulk of the temporary accommodation that they employ. Hostel and supported housing use is also quite unusual, as is the use of ordinary housing provided by RSLs or the private rented sector (shown as 'other housing'). Homeless families in Scotland are not typically in a position where they living in B&B or other, unsuitable, forms of temporary accommodation. This said, the standards in the ordinary housing in which they are temporarily placed may vary widely.

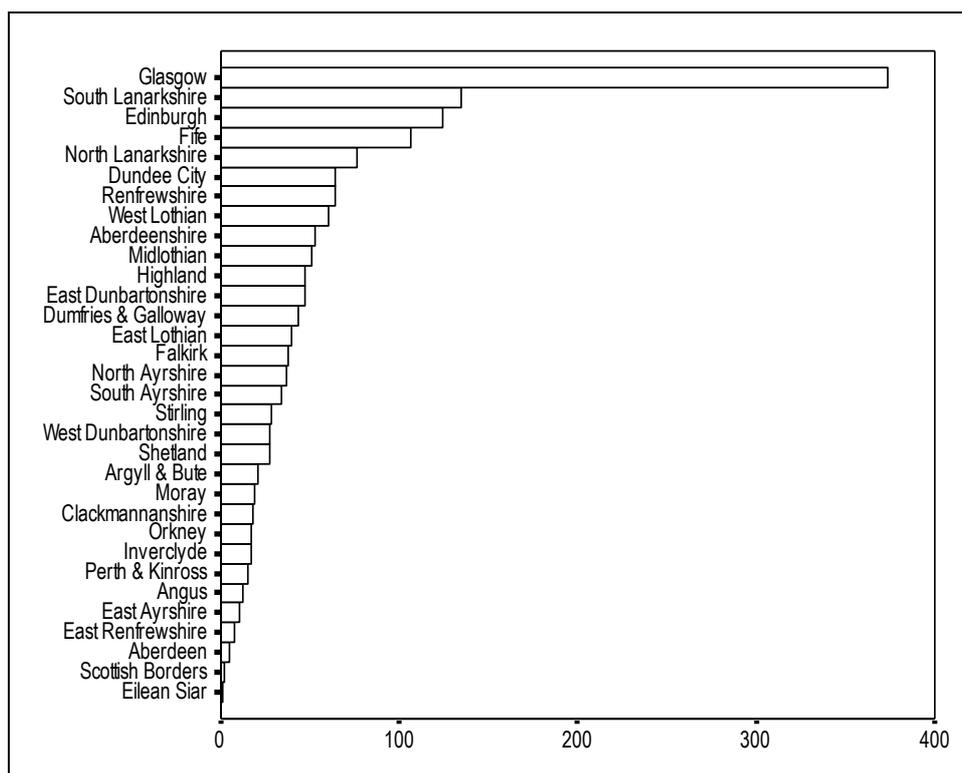
The HL1 returns record not only the number of homeless families in temporary accommodation but also the number of children in those families. On the last date shown in Figure 2.3, there were 1,620 homeless families in temporary accommodation, which contained 3,029 children . Considering the number of children in these households gives a different perspective on the scale of the use of temporary accommodation for homeless families in Scotland.

The most recent available data at the time of writing show that there was a 26% increase in households with children in temporary accommodation (from 1,618 to 2,031) between March 2003 and March 2004. Half of these households were in local authority temporary accommodation, 25% in hostels and a further 18% in Bed & Breakfasts.

#### *Geographical variations in the use of temporary accommodation*

Although the levels of use of temporary accommodation vary across Scotland considerably, reflecting factors such as the level of housing stress in different areas and population size, the pattern of temporary accommodation use is really quite uniform. All the authorities mainly use their own stock on a temporary basis (Figure 1.3) and even within the cities, including Glasgow, use of other tenures, hostels and Bed & Breakfast for families is quite unusual.

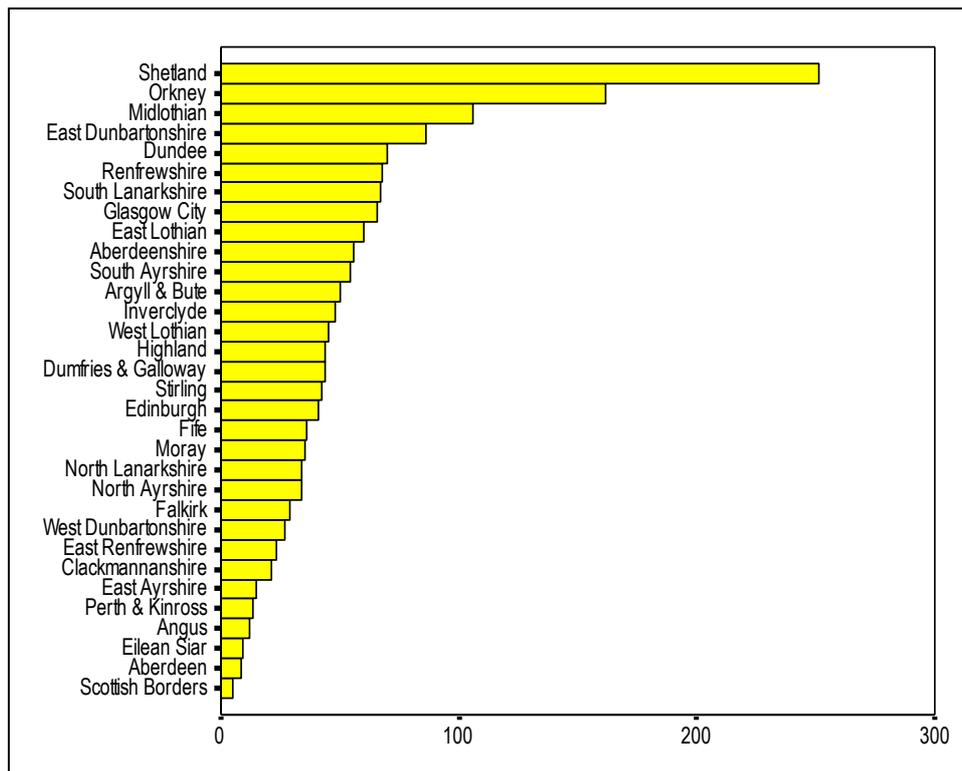
Figure 2.5 summarises temporary accommodation use by local authority, as at March 31<sup>st</sup> 2003.



**Figure 2.5:** Number of households containing children in temporary accommodation on 31<sup>st</sup> March 2003 by local authority (source: Scottish Executive *Operation of the Homeless Persons Legislation in Scotland: National and Local Authority Analyses 2002-03*. Scottish Executive: Edinburgh).

Glasgow, Edinburgh and other authorities within the Central Belt are again prominent. This pattern is, according to the relative population size of these authorities, broadly what would be expected.

However, as is the case with regard to acceptances of homeless families as in priority need, the overall numbers with respect to temporary accommodation use are in many respects less useful indicators than figures that provide information on the *rate* at which temporary accommodation is used. One way in which the rate of temporary accommodation use can be examined is to contrast the number of homeless families in temporary accommodation with the number of families being assisted by local authorities. The HL1 returns report accommodation use on a given date (the most recent available is 31<sup>st</sup> March 2003). It is possible to contrast this figure with the average number of families accepted per quarter of 2002/03. An average across four quarters is used because many families will not spend long in temporary accommodation, so comparing all the families in temporary accommodation on a given date with all the acceptances in a year would give a less representative picture. The results of this exercise are shown in Figure 2.6.



**Figure 2.6:** Number of households containing children in temporary accommodation on 31<sup>st</sup> March 2003 by local authority as a percentage of average number of families accepted as in priority need per quarter (source: Scottish Executive *Operation of the Homeless Persons Legislation in Scotland: National and Local Authority Analyses 2002-03*. Scottish Executive: Edinburgh).

Figure 2.6 shows that, in Shetland, almost three homeless families were in temporary accommodation for every new homeless families accepted as in priority need. In Orkney, the figure was approaching two families (one family in temporary accommodation per new family accepted would be 100, three families would be 300, expressed as a percentage). Elsewhere in Scotland, however, there tended to be fewer homeless families in temporary accommodation than were being accepted as in priority need during a typical quarter. These figures suggest that the duration of stay in temporary accommodation is typically quite short in Scotland, but they also show that some of the most rural authorities are finding it most difficult to secure permanent housing, even though the numbers of homeless families they are assisting is relatively low. This may reflect the relatively high housing stress, with low availability of permanent affordable housing in some rural areas. Importantly, it may also mean that families may spend longer in temporary accommodation in some rural areas than is typically the case in cities.

These figures are important because they demonstrate the need for a specifically Scottish audit of support services homeless families. The experience of family homelessness in Scotland differs significantly from that which is encountered in some parts of England. In London and the South East, for example, authorities have seven or eight homeless families in temporary accommodation for every new family they accept. The use of private sector accommodation, B&B, and a host of other temporary accommodation arrangements is much more widespread throughout England.

## Local authority actions

The HL1 returns record the housing outcomes for households that approach local authorities as homeless. As already noted, the final housing outcome for homeless families is not necessarily immediate, some may spend considerable amounts of time in temporary accommodation before being offered a more permanent home. As can be seen in Table 2.2, the housing outcome for the majority of the priority need households containing children was secure permanent accommodation (just under two-thirds of households), rather higher than the figure for homeless households as a whole (just over one half).

**Table 2.2:**  
**Housing outcome by type of household containing children: 2002-03**  
**(priority need households)**

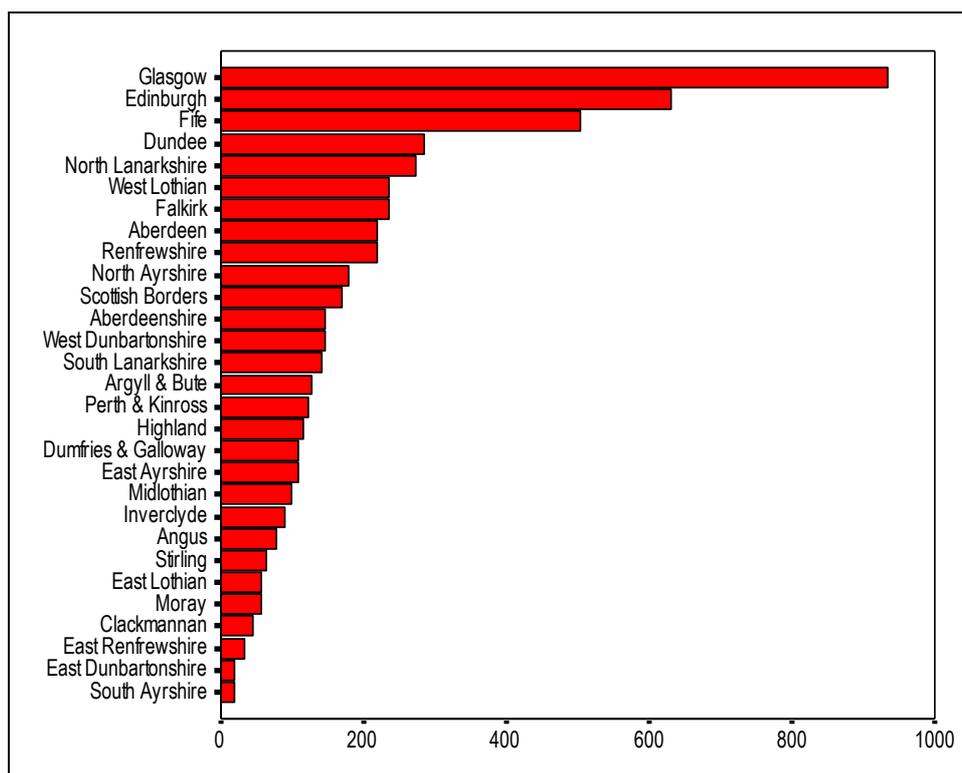
| Housing outcome                             | Lone parent households |     | Other households containing children |     | All households |     |
|---|------------------------|-----|--------------------------------------|-----|----------------|-----|
|   | Number                 | %   | Number                               | %   | Number         | %   |
| Permanent accommodation secured             | 4,107                  | 70  | 1,003                                | 68  | 10,071         | 53  |
| Temporary accommodation secured             | 68                     | 1   | 18                                   | 1   | 3,114          | 16  |
| Returned to previous/present accommodation  | 723                    | 12  | 149                                  | 10  | 1,503          | 8   |
| Other (known)                               | 385                    | 7   | 126                                  | 9   | 1,878          | 10  |
| Not known                                   | 594                    | 10  | 181                                  | 12  | 2,319          | 12  |
| Applications completed during period (base) | 5,877                  | 100 | 1,477                                | 100 | 18,885         | 100 |

Source: Scottish Executive *Operation of the Homeless Persons Legislation in Scotland: National and Local Authority Analyses 2002-03* Scottish Executive: Edinburgh.

These figures do draw attention to another issue, however, which is the number of households containing children that become lost to the system following their initial application as homeless. Some 775 households containing children have a housing outcome recorded as 'not known'. It may well be the case that some of these households made their own arrangements without further reference to the local authority, but the qualitative element of this study indicates that some may be lost to the system because of high support needs (see Chapters 4, 5 and 6).

## SCORE

The SCORE dataset records new lets for Registered Social Landlords (housing associations) in Scotland. These data are restricted in scope, because they cover only those households which enter a new housing association tenancy, rather than social housing as a whole, which is still quite strongly skewed to local authority stock in Scotland. Total RSL rehousing of homeless families is shown in Figure 2.7.



**Figure 2.7:** Number of new lets to homeless households containing children by RSLs during 2002/2003 (statutory and non-statutory households) (source: SCORE Annual Digest 2002/2003).

Collectively, Scottish RSLs reported rehousing some 1,700 statutorily homeless families (i.e. households defined as in priority need) and an *additional* 3,700 households that they defined as non-statutorily homeless (i.e. homeless but not eligible for local authority assistance with rehousing). The recording systems used in SCORE have not yet been adapted to the new homelessness legislation in Scotland, so it would be expected that this pattern would be subject to change, as the use of 'priority need' to determine homelessness status gradually falls out of use (see Fitzpatrick, 2004). RSL activity was concentrated in urban areas, particularly the two major cities.

Homelessness is still, in many respects, a contested concept, so it should not be assumed that the 3,700 'non-statutorily' homeless families housed by RSLs would necessarily be defined as homeless by local authorities under the terms of the 2003 Act. However, at least some of these households may have been rehoused by RSLs without going through the homelessness application process operated by a local authority.

The SCORE data, although they are not wholly robust, do indicate how family homelessness may extend beyond what is recorded in the HL1 returns. HL1 can only collect data on those households that approach local authorities and there can be several reasons why a homeless families would not do so, ranging from having been evicted for rent arrears or anti-social behaviour through to a lack of knowledge about the assistance with rehousing to which they were entitled. While the most robust data on family homelessness are within the HL1 returns, SCORE gives a partial indication that the problem may be somewhat wider than HL1 suggests.

## **Scottish Household Survey**

The Scottish Household Survey (SHS) provides a rolling statistical dataset on households in Scotland. It is a generic survey, monitoring a range of factors ranging from finance to health, designed to give Government information on the characteristics of households in Scotland. The SHS began to include a question on whether adults had previously experienced homelessness during 2001. The SHS asks adults if they had ever lost their home 'with no alternative accommodation to go to' and whether they had ever had to sleep rough (i.e. sleep on the street) because they were homeless. These data can be used to generate broad estimates of the prevalence of experiencing homelessness within the population, though they are confined to an examination of past experience of homelessness among a representative sub-set of the housed population.

The most recent tranche of the SHS (2002) found that 3 per cent of adults responded that they had a past experience of homelessness<sup>5</sup>. As is the case with the SCORE data, SHS does not use the same definition of homelessness as HL1, so adults responding to this question were drawing on their own views, to some degree informed by the structure of the question, as to whether they had ever been homeless. However, 83 per cent of this group did nevertheless report that they had had to approach a local authority as homeless at some stage. One quarter reported having slept rough.

Younger people were more likely, although only marginally more likely, to report having been homeless than older people. Those reporting a longstanding illness or disability were also slightly more likely to have experienced homelessness. The great majority of young people and people with a longstanding illness or disability had never experienced homelessness. Slightly stronger associations between long term unemployment and experience of homelessness; alongside being a lone person and experiencing homelessness, were also identified by the SHS.

The SHS does not identify whether a respondent experienced homelessness individually or as part of a household. However, the SHS did show that 16 per cent of those who were lone parents when they participated in the SHS (which is not the same as having been a lone parent during their experience of homelessness). This was a stronger association than was the case for lone adults (Table 2.3). No particular association existed between other types of household with children and past experience of homelessness.

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<sup>5</sup> NFO System Three and MORI Scotland (2002) *Scottish Household Survey Bulletin No. 8* Scottish Executive: Edinburgh.

**Table 2.3:  
SHS results on past experience of homelessness by household type**

|                                       | Lone adult | Two adult | Lone parent | Small family | Large family | 2+ adult | Older 2 adult | Lone Older person | All    |
|---------------------------------------|------------|-----------|-------------|--------------|--------------|----------|---------------|-------------------|--------|
| <b>Experienced homelessness</b>       | 10         | 2         | 16          | 3            | 4            | 1        | 1             | 2                 | 3      |
| <b>Never experienced homelessness</b> | 90         | 98        | 84          | 97           | 96           | 99       | 99            | 98                | 97     |
| <b>Base</b>                           | 2,252      | 2,362     | 843         | 1,978        | 952          | 1,219    | 2,129         | 2,438             | 14,173 |

**Source:** NFO System Three and MORI Scotland (2002) *Scottish Household Survey Bulletin No. 8* Scottish Executive: Edinburgh.

Some associations between current tenure and past experience of homelessness were also found. Those adults who were renting during 2001 were more likely than those who were buying their own home to have experienced homelessness. These findings link with other statistical research in Scotland that has suggested some broad associations between socioeconomic position and tendency to experience homelessness. The strongest association was between social rented tenants (local authority and RSL) and homelessness, 8 per cent of adults in this group reported having been homeless.

### ***National Rough Sleeping Initiative Core Data Report***

During the second phase of Scotland's Rough Sleepers Initiative (RSI), a monitoring system for RSI funded projects was introduced. The system was initially developed by the Glasgow Homelessness Network and then adopted across of all Scotland. Reports of the data collected by the system are produced every six months.

This dataset is focused on people sleeping rough and lone homeless people, as families should not generally reach a situation in which they experience actual rooflessness. This does not mean that families are never in this situation, as they can be in precarious living arrangements which can come to an abrupt end, or may become literally roofless under some circumstances, for example when a woman and her children have to escape domestic violence.

As would be anticipated, recent Core Data Reports do not suggest any families are present among the rough sleepers using services in Scotland. Two caveats should be noted, however. First, this monitoring system was designed with the assumption that families would not be present within this population, so it is not designed to record their presence (or actually, the presence of households with two or more adults).

Second, although, at any one point in time much of the rough sleeping population of Scotland is lone adult males, women, particularly younger women, are increasingly found within it. Research in England has suggested that significant numbers of female rough sleepers are mothers who have lost contact with children or had their children removed by Social Work services<sup>6</sup>. There is also evidence, within the Core Data Reports and elsewhere, that some young people aged under 18 are among the

<sup>6</sup> Jones, A. (1999) *Out of Sight, out of Mind: The experiences of homeless women*, London: Crisis.

rough sleeping population. The rough sleeping population of Scotland can in some senses be seen as containing family homelessness in the sense that it contains *fragments* of former families, including young people who would, under different circumstances, would probably still be in the parental home and women, who under different circumstances, would still have their children with them.

One final point to note is that recent analysis of the HL1 data by the research team (for another projects) suggests that a small number of families with children report that a household member has slept rough in the past 12 months. While this does not necessarily mean that all members of the household, including the children, have slept rough, it may be worth altering the question to test whether this is in fact the case.

## Summary

This chapter reviewed a range of statistical sources to provide an overview of the scale, causes and distribution of family homelessness in Scotland. Their key points to emerge were as follows:

- statutory family homelessness has been declining, in both absolute and proportional terms, for over a decade in Scotland;
- households with children account for a minority of acceptances in all Scottish local authorities, and only a quarter in Glasgow and Edinburgh - the Scottish average stands at 32%;
- Glasgow has by far the largest overall number of homeless families in Scotland, and family homelessness (in numerical terms) is largely concentrated in the urban Central Belt;
- however, rural areas sometimes re-house families at a greater rate in relation to their population levels than the cities, and rates of temporary accommodation use can also be high, with families in some rural areas experiencing longer waits for permanent rehousing than their urban counterparts;
- homeless families are normally temporarily accommodated in local authority stock, with use of Bed & Breakfast and other forms of temporary accommodation relatively unusual, and much lower than in England;
- the local authority HL1 returns provide a much richer source of data on homelessness than that provided by the equivalent P1E in England, but they are not complete and statistics on new housing association lets and on the prevalence of a past experience of homelessness among Scottish households hint at a wider problem than that represented in these official homelessness returns;
- family homelessness is strongly associated with relationship breakdown and with escaping domestic violence. There are general associations between homelessness and socioeconomic disadvantage;
- while people sleeping rough do not tend to include households that contain children, young people aged under 18 and mothers who have lost contact with their children are present within this population.

## Chapter 3: Mapping the Service Network

### Introduction

This chapter provides details of the case study areas and the service network for homeless families in these areas. As outlined in Chapter 1, our case study selection was designed to capture, insofar as possible, the range of experience of homeless families across Scotland. The following case study areas were selected:

- two 'urban' areas (Glasgow and Dundee);
- one 'semi-rural' area (Fife); and
- one 'rural' area (Highland).

The case studies were focused on variations in the service network across areas that were of particular relevance to homeless families, especially where there are specialist services tailored to meet the needs of this group. This chapter is devoted to a 'factual' account mapping the available services in each area; Chapters 5 & 6 present the fieldwork findings on the experience and perceptions of these services among homeless families and professionals.

For each case study area, information is given on the following:

- the area characteristics;
- the local authority homelessness service and temporary accommodation available to homeless families;
- housing support services available to homeless families (funded in whole or in part by the Supporting People programme, see Chapter 1);
- health services available to homeless families; and
- social work services available to homeless families.

### Glasgow

#### *The area*

Glasgow lies at the heart of the Central Clydeside Conurbation in west-central Scotland, and is Scotland's largest and most densely populated city. It has by far the highest *absolute* number of families accepted as homeless in Scotland, and is also very near the top of the table in terms of the *rate* of acceptance relative to population size. Glasgow is, however, near the bottom of the table in relation to the *proportion* of total homeless acceptances accounted for by families with children (because of the high proportion of single person acceptances in the city). Glasgow, as one would expect, has the most extensive and complex network of homelessness services in Scotland, including several specialist services for homeless families with children.

### ***The homelessness service and temporary accommodation***

There has been a recent major re-organisation of homelessness services in Glasgow following a Best Value review and the transfer of the council's entire housing stock to the Glasgow Housing Association (GHA). The city council homelessness service is now located within the social work department, and geographically-focused 'community casework teams', set up in October 2003, are the key access point now to homelessness services for both families and single people. There remains a homelessness reception centre in the city centre, the Hamish Allen Centre, which, amongst other functions, deals with out-of-hours presentations from families. The following types of temporary accommodation are used for homeless families in Glasgow:

- temporary furnished (dispersed) flats;
- temporary furnished flats in the Hamish Allen Centre;
- Bed & Breakfast;
- Women's Aid refuges; and
- a limited amount of supported accommodation (e.g. Milnbank Housing Association, see Chapter 5, and Aberlour Childcare Trust, see Chapter 6).

There is no use of hostels for families with children in the city.

### ***Housing support services***

There are two main sources of housing support for homeless families in Glasgow:

First, Housing Support Services (HSS) have been commissioned by the local authority from five voluntary sector providers, to provide a comprehensive, city-wide housing support service funded by Supporting People. HSS teams are geographically focused to match the 9 area-based community casework teams in Glasgow (though they can take referrals from any source). All five voluntary sector providers supply the same standard housing support service in each area to any household requiring it, including homeless families. This support can commence when a household is in temporary accommodation, and stay with them when they move into permanent housing. Between 3-12 hours per week of support can be offered, although in exceptional circumstances this can be increased, and can involve help with, for example, household skills; benefits; accessing GPs and other health services; support with personal hygiene; and linking in with local facilities.

Second, the Glasgow Shelter Families Project, provides both housing support (paid for mainly by Supporting People funds) and child support (paid for by a variety of sources, including the Children's Change Fund). This is one of only a handful of similar projects across Scotland working specifically to provide support to homeless and ex-homeless parents and children, though more may become operational as the Supporting People programme becomes more established (see Chapter 1). Clients are usually referred when they move out of temporary accommodation and into permanent rehousing, with 50 families currently allocated in the Glasgow project (the project can take referrals from any source).

The Shelter Families Project is primarily a 'floating' support service, with each family visited once a fortnight on average. The assistance given can include emotional support and confidence building; voluntary befriending; training on parenting skills; encouragement with employment/training/education; links with specialist drugs and mental health services; and advocacy with a range of service providers. It is a highly qualified (and therefore relatively expensive) service: all support workers are qualified social workers, and children's workers are all qualified in play therapy. A typical service user was described by a project worker as a *'Woman in her early 30s, with 2 primary school children and a baby, on a methadone script.'* The Shelter project tends to deal with those families with medium to higher support needs, whereas HSS works with the full range of clients, including those with only minimal housing support needs (but families could be working with both HSS and Shelter if appropriate at the time of writing).

### **Social work services**

There is a specialist Children & Families Team within the dedicated Homeless Persons Service in Glasgow, comprising 3.5 social workers and four support workers. The key focus of this service is on the care and protection of any children in the household, with the overriding issue usually the parent's addiction. A rehabilitation plan is put in place to try to keep parent and child together: *'It's extreme cases that children are actually removed, and that's our job... it's to try and put in supports to allow the children to remain at home.'* (Social worker, Glasgow) A typical case was described as a young woman in her teens or 20s, who is pregnant, with a heroin addiction, and living in hostel or Bed & Breakfast accommodation; a minority of their clients have been on homeless 'scene' for years.

### **Health services**

The Homeless Families Health Service in Glasgow was established in 1996. It started out with only a health visitor and staff nurse, and focused on families in Bed & Breakfast. It acquired additional staff in late 1997, including a half-time GP; it has since rapidly expanded so that it now comprises a GP, five health visitors, two community nurses, two support workers, one social work 'homemaker', one nursery nurse and one administrator. The Children's Change Fund has paid for some of this additional service, as well as NHS monies. All homeless families with children presenting as homeless in Glasgow should be referred to this service, with the required level of input assessed by the nursing staff. The aim is to link families back into mainstream services, although the service attempts to keep in contact with a family until they are registered with a GP and a local health visitor.

## **Dundee**

### ***The area***

Dundee was the second 'urban' case study, and was intended to complement Glasgow by providing an alternative urban picture. Dundee is on the east coast of Scotland, and has a population one third the size of Glasgow, but the second highest population density in the country. It lies mid table with regards to both the *absolute* numbers of homeless families accepted and the *rate* of homeless acceptance relative to population size, but is very near the top of the table with regards to the *proportion* of homeless acceptances accounted for by families with children. It has fewer specialist services for homeless families than Glasgow.

### ***The homelessness service & temporary accommodation***

In Dundee, the Homelessness Services Unit is based at the Lily Walker Centre, which is a one-door information, accommodation and advice centre for homeless people. The following types of temporary accommodation are used for homeless families:

- hostel accommodation in the council Lily Walker Centre (also caters for single people)
- a Salvation Army hostel (which also caters for single people);
- local authority self-contained furnished maisonettes
- local authority dispersed furnished flats
- Women's Aid refuges
- the Dundee Families Project (this is more directly focused on families involved in anti-social behaviour)

There is no use of B&B for homeless families with children in Dundee.

### ***Housing support services***

There are no specialist housing or resettlement support services for homeless families (except the Dundee Families Project). Tenancy sustainment services are provided through Supporting People, but these are targeted on existing tenants who get into difficulties.

### ***Social work services***

There is a social work access team which operates a drop in service in the city centre and can provide support to people in housing need e.g. liaising with the homelessness services about households in temporary accommodation. Housing officers reported attempting to make the case for a dedicated homelessness social work team but this was not something that had yet been realised within the city.

## **Health services**

There is a pilot nurse-led clinic and outreach worker to link homeless people (single people and families) to services in Dundee. This works with those in voluntary as well as statutory temporary accommodation, and in Women's Aid refuges. The service was established in response to the stigma and discrimination that it was felt faced homeless people in accessing health services. A bid has been made to the Scottish Executive for funds to develop a specialist health service targeting vulnerable groups including homeless and temporarily housed people. The team would comprise four nursing staff, a GP, social work and mental health staff.

## **Fife**

### ***The area***

Fife was selected as the 'semi-rural' authority. Fife is located on the east coast of Scotland and consists of a mix of urban and rural areas. Fife has the third highest *absolute* numbers of homeless families in Scotland (after Glasgow and Edinburgh); is near the top of the table with regards to the *rate* of family homelessness relative to population size; and is in the top half of the table with regards to the *proportion* of homeless acceptances constituted by families. It has few specific services for homeless families with children.

### ***The homelessness service & temporary accommodation***

Fife is currently developing what is described as 'seamless working'. This is a joint approach across all homelessness agencies so that people can access a range of help from one point of contact whether by telephone, the internet or by dropping in to one of the 'Home for Good' Centres which bring together statutory and voluntary agencies to prevent and tackle homelessness. These will be based in town centres so that they are highly visible. Fife plans to have five centres established by autumn 2007. There are two open already.

In Fife, the following types of temporary accommodation are used for homeless families:

- hostels;
- local authority temporary furnished (dispersed) flats;
- Women's Aid refuges.

There is no use of B&B for families with children in Fife.

### ***Housing support, social work and health services***

There are currently no specific housing support, social work or health services for homeless families.

## Highland

### *The area*

Highland was selected as the 'rural' authority. Highland covers the northernmost parts of mainland Scotland, and has a very low population density (0.08 people per hectare). It has the largest *absolute* numbers of homeless families amongst the rural authorities, and is mid table with regards to both the *rate* of acceptances relative to population size and the *proportion* of homeless acceptances accounted for by families. It has the most extensive service network for homeless families that the audit found amongst the rural authorities.

### *The Homelessness Service & temporary accommodation*

Highland has been operating a Homelessness Strategy Partnership Group for some years, which includes representatives from social work, health, local housing associations and voluntary sector services. The Council has developed a strategic approach based on joint working as a result of relatively high levels of homelessness in the area, linked to a particular shortage of affordable accommodation in relation to housing need in Highland. This predated encouragement to develop joint working from the Scottish Executive. Initiatives have included the 'Street Wise' Highland website, which provides an online directory of homelessness services (see: <http://www.streetwise-highland.org/>).

The council has eight area offices, within population centres, at which the homelessness service can be contacted by homeless families. Alongside a shortage of permanent affordable accommodation, Highland faces a shortage of suitable temporary accommodation. Unlike the other case study areas, Highland made relatively extensive use of B&B for homeless families during the early 2000s. Homeless families could face quite long waits for suitable permanent housing from either the council or one of the housing associations operating in the area. Much of the strategic level work on homelessness by the local authority and other agencies was devoted to increasing the range and supply of suitable temporary and permanent affordable housing in Highland.

In Highland, the following types of temporary accommodation are used for families with children:

- B&B;
- private rented accommodation;
- hostels;
- council provided temporary furnished and unfurnished (dispersed) flats;
- Women's Aid refuges.

### *Housing support services*

At the time of writing, Highland funded 126 places in supported accommodation and 109 client households using floating support services for homeless people via its Supporting People programme. None of these 20 services is specifically and solely for the use of homeless families and a number were focused on single homeless

people. However, a few projects worked mainly with families who have been homeless or who are at risk of homelessness.

The key housing support services for homeless families that have been established are:

- Highland council supported temporary accommodation (furnished flats with a visiting support service) for vulnerable homeless families and other vulnerable homeless households
- Highland Home Carers, a voluntary sector floating support service providing support to vulnerable individuals in social rented tenancies, which undertook work with the adults in homeless families;
- NCH Families projects in Lochaber and Inverness, funded by Supporting People (for work with adults) and Surestart (for work with children), which are aimed at promoting the personal growth and development of marginalised children aged 0-4, a group whose experience often includes homelessness or the risk of homelessness.
- Lochaber Roots (Gypsy Traveller Project), supporting families with traveller connections or lifestyle, including such households rehoused as homeless by Highland Council. Also funded by Supporting People.

### ***Social work and health services***

There are no specific social work services for homeless families, although as in all of the other areas visited, social work services do engage with homeless children as part of their generic support role and in discharging their child protection duties. The NHS also provided health visitors who worked with homeless families, but as part of wider role within the community, rather than a service specifically focused on homeless families.

### **Summary**

This chapter has provided the context for the remaining qualitative chapters of this report by mapping out the service provision in each of the case study areas. The next chapter focuses on the nature and causes of family homelessness identified by the research participants.

## Chapter 4: Understanding Family Homelessness in Scotland

### Introduction

This chapter reviews the evidence from the case study interviews on perceptions of the scale and causes of family homelessness (and repeat homelessness) in the four areas. It then focuses on the problems faced by homeless families and their key support needs. Throughout this and subsequent chapters of the report, the perceptions of service providers and homeless adults will be considered together, with the (limited) data obtained from homeless children also integrated where appropriate.

### The Scale of Family Homelessness

Perceptions of the scale and significance of family homelessness differed markedly across the case studies. In Glasgow, it was viewed as a 'huge' problem, the size and complexity of which demanded specialist services. The Glasgow service providers interviewed, in the main, worked exclusively with families with children, and had no strong perception on whether single or family homelessness was a larger problem for the city. There was a concern on the part of some of these service providers to push family homelessness further up the agenda in Glasgow, and a sense that it was both more 'hidden' and more complex to resolve than single homelessness:

*It's much, much easier to get a single person accommodation... because they only have responsibility for themselves and they don't have responsibility for a child, so it's about putting in support so that the decisions they take affect them and not the child. (Health service provider, Glasgow)*

In Highland, there was a very strong emphasis on family homelessness amongst those agency representatives interviewed, linked to the fact that, traditionally, Highland has had a very high proportion of families amongst their homelessness presentations (although the recent legislative changes had resulted in a jump in their single homelessness applications, see Chapter 1). This concern was a longstanding one, linked to the generally high level of housing stress that service providers perceived in Highland.

In the other two case studies, Dundee and Fife, there appeared to be less of a focus on family homelessness. In Fife, some service providers felt that family homelessness was not a major problem, or emphasised that homelessness was a problem for all groups. While in Dundee, there was recognition of family homelessness as a significant problem, it was emphasised that this had long been the case, and single homelessness had been given greater emphasis in recent policy developments, including the homelessness strategy. The survey of local authorities conducted for the audit also suggested that this pattern was quite common among other local authorities, as relatively few, for example, had sought to

develop specific services for homeless families within their Supporting People strategies (see Chapter 1).

## **The Causes of Family Homelessness**

The causes of family homelessness identified by professionals who were interviewed for the audit included:

- housing shortage/affordability/suitability;
- relationship breakdown;
- family or friends no longer willing to accommodate;
- domestic violence (from current and ex-partners);
- external violence and harassment (from neighbours/others in the community);
- drug or alcohol problems;
- eviction or abandonment of rented properties;
- mortgage default; and
- unsettled (or 'nomadic') lifestyles.

While most of these factors seemed present to a greater or lesser degree in all of the case study areas, the balance between them differed greatly. In Highland, for example, housing shortage was viewed as the overriding problem:

*We've got a very great housing crisis here, an absolute lack of housing, in terms of affordable housing and housing supply generally, so it means there's pressure in most areas of the Highlands, not all, it has to be said, there are some areas where there is much less pressure, where there are very different issues. But yes, particularly in Inverness and some of our rural areas, we've got a very great problem around lack of housing. That actually goes through to homelessness, so in the areas where we've got the greatest problems, we've actually got the highest recorded levels of homelessness as well. (Housing officer, Highland)*

The loss of council stock through Right to Buy was often raised as an issue in Highland, as were difficulties around housing affordability, with incomes low relative to house prices and rents across much of the area. Inward migration was seen as a contributory factor by some service providers who suggested that 'dysfunctional families' were increasingly moving into their area because they thought 'everything would be rosy' if they moved to the Highlands. There was recognition of drug, alcohol and mental health problems amongst some homeless families by service providers (and these were certainly evident amongst the homeless families who were interviewed in Highland, see below), but housing problems were generally seen as dominant.

In Fife, weight was given to both the acute shortage of affordable housing (in north and east Fife), and a range of more 'social' problems, like relationship breakdown, domestic abuse, anti-social behaviour, and eviction and abandonment, in the causation of family homelessness. One voluntary sector provider commented that eviction seemed to them the biggest cause of homelessness but went on to add:

*I don't know if that is a cause or a symptom...you have to look behind the symptoms to see why the family is under pressure...is it a relationship breakdown?...other stresses within the family that can lead to drug or alcohol abuse?...those kind of things...*

In Dundee, 'social' issues were given much greater emphasis than housing supply by those interviewed, and there was a sense that the complexity of homeless families' needs had increased over time:

*Families used to need a bit of breathing space, temp accommodation and then re-housing, a bit of help to sort out furnishing etc but now they (including families but more so single people) come with a whole range of issues and homelessness tends to be the end result of other issues and a lot of that is round domestic violence, alcohol abuse, solvent abuse, debt, lifestyle, lack of education. People are coming to us with a lot more baggage. (Senior housing officer, Dundee)*

In both Dundee and Fife anti-social behaviour was identified as a key cause of homelessness, with the point made that councils had a dilemma; they were trying to prevent homelessness, but at the same time had to be seen to be doing something about anti-social behaviour. There was felt to be a danger that crisis management of anti-social behaviour could absorb all of councils' energies, meaning that, for example, prevention of rent arrears could be neglected.

In Glasgow, there was an overwhelming emphasis on the 'social' causes of family homelessness, with substance misuse and violence identified as the key drivers. Heroin was viewed as the main addiction problem, although alcohol (especially binge drinking) and other drugs were also important. Violence, if anything, emerged as an even more prominent factor in family homelessness (though it was often linked to substance misuse), and one health service professional commented that:

*... the vast majority [of homeless families] are fleeing some form of violence, internal or external.*

Especially striking was the strong emphasis given to 'external' violence as a cause of family homelessness in Glasgow. This typically involved problems of harassment/violent disputes with neighbours, but gang and drug-related violence were also described as common (including people being 'burned out' and 'axes through the door'). Service providers explained that homeless families sometimes attracted hostility from neighbours through their own behaviour e.g. having people shout up at their window day and night, drug dealers coming to their flat, alcohol-related anti-social behaviour, etc. Typically, when things became very heated, they would abandon the property and (re-)present as homeless, with the list of places they couldn't return to becoming longer each time:

*There is a family I'm dealing with just now, they had fled external violence, we've put them into temporary accommodation and they've fled external violence from there, and now they're in a situation where they've had disputes with the neighbours in that area as well... There's a 'core group'*

*of people like that, and when that happens it's normally Shelter's Family project we would turn to. (Housing officer, Glasgow)*

Discussion of domestic violence was sometimes overshadowed in Glasgow by this pre-occupation with external violence. One voluntary sector worker commented that it was '*almost taken as read*' that domestic abuse would be present in these families, with other service providers commenting:

*.. for some of our clients, domestic violence is just one small part of a huge big ball game so they tend to present at [the homeless reception centre] for something else...(Health visitor, Glasgow)*

*...in less chaotic lives, its more unacceptable... the relationships that our single mums get into its actually part of the relationship, they've maybe actually been working on the street before and so have been abused in that sense, so it's acceptable a lot of the time, and they can be violent towards their partner as well. (Social worker, Glasgow)*

The community casework team members (formerly homelessness officers) in Glasgow described a more mixed caseload (including separated spouses, people defaulting on mortgages, evicted from private rented accommodation, pregnant women who can't stay with family, etc.), and ascribed somewhat less prominence to drugs and violence as causes of homelessness in the city than these other service providers. It does seem likely that the extreme circumstances described by the other agencies reflects the higher 'tariff' groups that they tend to work with (as illustrated by the comment from the community caseworker above about making a referral to the Shelter project). Nevertheless, Glasgow stood out as having a distinctive profile in terms of causes of family homelessness, with Dundee, as one might expect, closest of the other case studies to the Glasgow experience.

## **Repeat Homelessness Among Families**

Repeat homelessness was recognised as a phenomenon across the case studies, but its causes and scale seemed much better understood in some areas than others. There was general agreement that it was associated with families' needs not being met first time round:

*...probably people become homeless again and again because their problems are not being addressed...where they live might be a part of it – homeless people don't get much option...often the permanent accommodation they are offered is hard to let so...they themselves may have a whole load of issues that are causing them problems and basically they are dumped with a load of other people who are facing similar things...that sort of ghettoisation just feeds on itself...but a problem there is that the public get what the public want and most people do not become homeless and do not want homeless people with all these problems living near them... (Fife Education homelessness group)*

An absence of support was also seen to contribute to repeat homelessness:

*...it happens where people just lack life skills, isolation is a problem, its difficult to re-house people where they have family support or other social support. Often have to re-house people in medium demand areas – peripheral estates which can be isolating. Sometimes they just walk away from it, go and stay with friends, that breaks down and they come back to us – so yes we see people that keep going through the cycle. I think we do need dedicated support services to try and help them maintain tenancies. (Senior housing officer, Dundee)*

Domestic abuse was viewed as particularly associated with repeat cycles of homelessness across the case studies (see also Buck, unpublished), but one issue raised mainly in Glasgow was repeat homelessness associated with ‘nomadic lifestyles’:

*One couple, I've worked with for a year and a half, and in that year and a half, its either 13 or 15 different places they've stayed.... Left for various reasons; violence from other members of the family, violence from neighbours, from just not wanting to be where they are, from being in B&B, can't be here any longer, need to find us something else, and just wanting to move. (Social worker, Glasgow)*

There was also evidence of such nomadic lifestyles elsewhere: one mother in Dundee, for example, explained that she had been moving around for years: ‘Flats, bed and breakfast, hotels, Women’s Aid, hostels and refuges – I’m sick of it....’ This ‘nomadic’ group tended to have experienced poor parenting themselves, often having been in local authority care and becoming involved with drugs at an early stage in their lives. For them, homelessness wasn’t so much ‘repeat’ as ongoing. Some US research has found a very similar pattern in recurrent family homelessness in that society (Styron *et al*, 2000; Bassuk *et al*, 2001).

## **The Problems Faced by Homeless Families**

The problems faced by homeless families are clearly linked to the causes of their homelessness just discussed, but also to the impact that homelessness has had on them. The key concerns can be summarised as follows:

- poor/inappropriate temporary accommodation;
- poor/inappropriate permanent rehousing;
- inadequate financial resources;
- disruption of support networks and children’s education;
- drug and alcohol problems;
- violence/harassment (both domestic and external);
- mental health problems – depression and low self-esteem/confidence;
- poor parenting skills/impact of parental problems on children;
- absence of employment, training and educational activity; and
- a sense of stigma/lack of respect.

### ***Poor quality temporary accommodation***

Bed & Breakfast was generally condemned as entirely inappropriate for families with children, and hostels were also often viewed as 'alien' environments for these households. Experience of staying in temporary furnished flats, on the other hand, was generally reported as positive, except with regards to location (see below). These issues are fully explored in Chapter 5.

### ***Poor quality permanent rehousing***

Most interviewees were more concerned about the quality of permanent than temporary accommodation offered to homeless families. Concerns focused on its disrepair and 'habitability' when let; the neighbourhoods in which it is located; and the lack of choice given to families. Again, these issues are dealt with in detail in Chapter 5.

### ***Financial problems***

Families not having enough money to live on was a universal theme of the interviews, with homeless families themselves and with professionals. While a range of additional costs associated with living in B&B and temporary accommodation were mentioned (e.g. living on take away food, etc.), the most significant extra expense seemed to be transport costs for keeping children at the same school as families moved around (see Chapter 6). Rent arrears and surcharges for previous tenancies were a problem for several families interviewed, preventing them from gaining access to permanent rehousing (councils and housing associations are reluctant to accommodate households that owe them significant amounts of rent from a previous tenancy).

Experience of the Benefits Agency is described in Chapter 6, but it is noting here the particular difficulties reported in securing benefits for 16 and 17-year-olds and in accessing Social Fund payments. Some people interviewed had no possessions at all, (for example, a household escaping violence would often have to leave everything behind) and found themselves having to accept houses when they had nothing to put in them:

*I can picture myself in another house just lying on the floorboards with nothing.* (Homeless lone mother, Fife)

*It was like sleeping in a bin...there was nothing in it, there was nothing at all, not even a bit of carpet or a kitchen lino or a bathroom lino, nothing at all...* (Homeless lone mother, Highland)

Those who did have furniture and other possessions often feared losing them while in temporary accommodation, as the storage that was available from or via local authorities was time limited and sometimes viewed as problematic.

## ***Disruption to support networks and schooling***

The disruption to homeless families support networks caused by the location of both temporary and permanent rehousing was a theme throughout the case studies, with children particularly badly affected by disruption to schooling. Families often not only experienced isolation from family and friends, but key services could lose track of them:

*...dentists, doctors, social workers, key workers, the courts...because of moving around they are not catching up with me – I'm moving around too much and not getting the letters...my Income Support book has three different addresses on it... (Lone homeless mother, Dundee)*

In rural parts of Highland and Fife, these problems were exacerbated by the large distances families had to move in order to acquire temporary accommodation - moves of up to 40 or 50 miles were described as not uncommon in Highland. Transport difficulties could compound spatial and social isolation. On the other hand, in urban areas like Glasgow and Dundee moves of only a few miles could severely disrupt support networks because of the (geographically) much smaller size of, for example, school catchment areas.

## ***Violence and harassment***

As has already been noted, violence, harassment and anti-social behaviour featured in the lives of many of the homeless families participating in this study (as victims, perpetrators, or some combination of the two). Supporting (mainly) women and children through the aftermath of domestic abuse was a key issue that confronted services within all of the case studies, with abusive ex-partners often still pursuing and threatening families:

*Well obviously, a woman escaping from domestic violence, she needs a roof above her head, number one...she needs help applying for various benefits she can have, emotional support, which is a very, very important issue, because when they come, some of them are not only physically abused but emotionally abused as well... (Women's Aid representative, Highland)*

There were reports of women considering returning to live with their abuser because of the poor quality of temporary and permanent housing they were offered when homeless:

*That house that I've been offered, it is a terrible thing to say, but that's enough to push me back into the arms of my ex. I would rather be there getting all the abuse and stuff like that – it is terrible that I should even be thinking like that... (Lone mother, Dundee)*

The prominence of external, often neighbourhood, violence in Glasgow was discussed above, but fears associated with the 'roughness' of neighbourhoods into

which homeless families were temporarily or permanently rehoused were widespread across all of the case studies. One young woman in Highland told us:

*I want security doors on the main door to get in, because its just open and everybody runs around...because there's a lot of hassle sometimes across the road with the other block of flats, they kind of kick up, at the weekends...I've got a bolt on my door and that's it. I stay inside. Because I know who they are, I've known them for a while and I know what they can do....They seem to go for easier targets as well, but I've got a nice neighbour upstairs who keeps an eye out and if there's any hassle he opens his door and goes down to see, so that's good. (Lone mother, Highlands)*

Many of the mothers interviewed emphasised that it was their children they feared for most, which meant that they were often reluctant to let them play outside (for the younger ones) or go out to meet friends (for teenagers).

Some were also concerned about ex-partners 'snatching' their children if they were let out to play (custody battles with abusive ex-partners partners were more generally a major source of distress for many of the women interviewed). This confinement indoors contributed to the boredom described by most of the children and young people interviewed, and the frustration that their mothers often expressed about there being nowhere for them to play.

In Glasgow, there were repeated allegations that the police failed to protect people subjected to domestic or external violence, even when interdicts had been obtained against the aggressors. One young woman, with an interdict against her ex-partner, called the police to say he was kicking her door down in an attempt to abduct their child – a policeman apparently responded '*What do you want me to do about it?*'

### ***Drug and alcohol problems***

As noted above, problems with substance misuse, particularly heroin, were viewed as overwhelmingly important by most service providers in Glasgow:

*If I was to describe our work, we work with addiction problems, and how those addictions impact on children. (Specialist homeless families' social worker, Glasgow)*

In Dundee, there was a perception that drugs problems were growing relative to alcohol problems, with shifting drugs markets moving between heroin, amphetamines and benzodiazepines. In Highland, on the other hand, alcohol was seen as the key concern, although heroin, benzodiazepines and other drugs also featured:

*Within the West Highlands, alcohol is a major factor in a lot of families we work with, alcohol plays a very strong part, with quite a few of the families we are working with, there are either recovering addicts or people who are using, it's a nice wee rural town and it's a lovely area and everybody*

*thinks 'oh, there can't possibly be a drug and alcohol problem', there most certainly, definitely, is.*

### **Social support, self-image and mental health issues**

Depression appeared to be widespread amongst homeless families, with use of anti-depressants frequently mentioned by service providers and homeless adults alike:

*I would say that approximately half our clients have depression or other mental health issues and that impacts on their physical well-being, it impacts on their abilities to cope with life, it impacts on their abilities to cope with their children and to do the best they can by their children, all sorts of pressures caused by that...(Voluntary sector provider, Highland)*

A general sense of low self-esteem and poor confidence levels permeated many of the interviews with homeless families, and loneliness and isolation also seemed to be major issues, although not always explicitly stated. Previous research has identified low self worth and depression as being associated with poor social supports for adults within homeless families (Vostansis *et al* 2001). This sense of isolation could be exacerbated by feelings that being 'homeless' meant one was seen in a very negative way by some people in mainstream society (see below)

These factors could make it difficult for homeless parents to raise the motivation to access local services even when they were available:

*You can get that low level depression...that makes it very difficult for people to function and to address issues so that can be a big factor.*  
(Education Homelessness Group, Fife)

The importance of addressing the underlying problems that affect these families' mental health, rather than just the symptoms, was stressed:

*...you can medicalise the problem and give people anti-depressants but if you don't change the circumstances that caused their reactive depression then it is pointless. You have to raise their motivation level to do something about it and go out there and provide support for them to improve their lives...(Health visitor, Fife)*

### **Parenting skills and child welfare**

Child welfare and development were major concerns across all of the case studies, with child protection issues especially emphasised in Glasgow. Both health and social work staff in the city identified 'failure to thrive' and 'physical neglect' as the main issues. Deliberate physical injury of small children was uncommon (physical injury is more common with older children, but they worked with fewer of those).

There were grave concerns about the impact on children of witnessing violence, and, in some instances, a parent's or parents' chaotic behaviour and substance misuse.

One voluntary sector housing provider identified, on the part of some homeless parents, ‘a flawed conception of children’s rights versus their own needs’ and ‘a failure to provide a safe environment, or acknowledge a child’s vulnerability’. Similarly, when asked if homeless parents worried about using services also used by single homeless people, a group of health visitors and social workers responded ‘that’s one of the things that concerns us’:

*For the parents it’s who they’ll bump into, might trigger wanting to use again, they don’t really have that many concerns for the children, and its not, it’s something they don’t take into consideration, they’re that used to just trying to think on their feet for themselves, that yes, they don’t want to keep them in B&B, don’t want them to be around junkies, but at the same time there’s more concern for themselves in the sense of keeping themselves safe in the sense of not getting back to using or being tempted. (Social worker, Glasgow)*

In the other three case studies, there was again little deliberate abuse of children reported, with the issues related more often to ‘mothers not coping’, children not having appropriate health checks, not getting to school in the morning, etcetera . Lack of parenting experience and skills was emphasised in relation to very young parents, but was not exclusive to this group:

*We haven’t had any sixteen year-olds with children, but we’ve certainly had 17, 18 and 19 year-olds with children, and they certainly need support in parenting... because they are children themselves, or they come from a very fragmented upbringing and they have not had a good role model of parenting. (Women’s Aid worker, Highland)*

The emphasis on child protection (by social work and health services) and enhancing parenting skills (by voluntary sector support projects) discussed in Chapter 6 reflects these concerns.

### **Employment/training/education**

Very few of the homeless adults interviewed were actively engaged employment, training or education. While some expressed a desire to improve their education or gain employment, others seemed to have little interest in this, with raising children perhaps seen as an alternative. Only specialist support projects – like the Shelter Families Project in Glasgow and NCH Lochaber Families Project in Highland (both of which participated in the fieldwork) – seemed to actively encourage participation in education, training and employment amongst homeless parents.

### **Stigma/lack of respect**

A constant theme across the case studies was the poor attitude and lack of respect encountered by homeless families from some service providers. Housing and Benefits Agency staff were most often condemned by homeless families for ‘being judgemental’, ‘not listening’ and ‘treating you like dirt’, but (mainstream) GPs, health visitors and social workers were also sometimes identified as having problematic attitudes, with school teachers particularly heavily criticised in Glasgow (see Chapter

6). One lone mother, commenting on the attitudes she had encountered in a homelessness reception centre, said that: *'it's like saying I want to be a vet but I can't stand animals!'* What bothered interviewees most was the sense that agencies *'automatically assume that you're a junkie or alcoholic'*:

*...they think that when you get chucked out and you're homeless you have to be a druggie or you have to have something totally wrong with you and you're mad, but it's not always that in some cases. (Lone pregnant woman, Highland)*

It was usually stressed by homeless families that not all service providers were like this, and staff in 'specialist' voluntary and statutory sector support services were often praised precisely because of *'something about their attitude'* (See Chapter 6).

A range of professionals working in the field also recognised problematic staff attitudes as a key barrier to service provision, but at the same time highlighted the impact of poor pay, limited training and stressful working environments on those delivering frontline services:

*...among the senior managers there are some extremely progressive opinions and views. A lot of the stuff coming out of the homelessness group and the homelessness strategy is extremely good...but there is a cultural thing among some workers...it is difficult work and the pay does not encourage them. (Fife Education homelessness group)*

In rural areas, broader cultural issues relating to the stigma of homelessness were highlighted:

*...I think another issue, which is a rural issue, is about people not wanting others to know their business, so not approaching services locally, because the person you might be approaching may be your neighbour...people will not try to get help, they will try to struggle on, rather than being seen as a problem seen by everyone. (Housing officer, Highland)*

But homeless families living in urban areas also reported feeling stigmatised by neighbours – in Glasgow this had been exacerbated by identical *'homeless curtains'* being used as part of the standard furniture package in all temporary furnished flats in the city (this is now being addressed). Teenage children in particular were often embarrassed to be living in homeless accommodation, such as hostels or B&B, and didn't want their friends know where they lived.

### **The Needs of Homeless Families**

Clearly, all homeless families need appropriate permanent accommodation, and access to suitable temporary accommodation until this can be secured (see next chapter). However, there was a general sense across the case studies that most homeless families' needs extended beyond accommodation.

In Glasgow and Dundee, the support needs of homeless families were viewed as similar to those of single homeless people, but with the added complication of protecting children within the household:

*The issues are all more or less the same. Lack of life chances, poverty, benefit culture, crime, violence, drugs, alcohol – and if there is drugs and alcohol there may be associated mental health problems, drug induced psychosis...drug use among mothers is a growing problem the problems are all much of a muchness but in a family, where there are children involved the problems intensify and the vulnerability escalates, their capacity for good parenting is much reduced (Focus group of professionals, Dundee)*

The long-term nature of the support needs of a small minority of homeless families was also highlighted:

*I think there are some families who will always be in need of some form of support and will always be at risk of homelessness... if you look at the computer records some people have had a phenomenal number of tenancies. We have had families who have been through the project and they have lived with us for a year or so and have had very intensive support. They go out into the community and it has worked while we have been involved but then it has all broken down again.. there are generational difficulties, learning difficulties... (Dundee Families Project, Dundee)*

In Highland, with housing shortage and affordability viewed as the overwhelming concerns, some service providers emphasised that many of those they dealt with were simply people who were unable to afford rents and mortgages. Even here, however, many homeless families presented with a range of support needs, and one housing officer commented that:

*I would have thought 100 per cent of families, all presentations, do have some form of support needs, be it filling in a benefit form, or never having been involved with social work at all, small scale support that be provided by frontline staff...but then, if it needs to move on...social work, Supporting People, mental health teams or Women's Aid. (Housing officer, Highland)*

Much of the content of these support needs will be clear from the previous sections of this chapter, and can be summarised as follows:

- *low level support needs* – information and advice; help with filling out forms; advocacy/brokerage with other agencies; help furnishing new home.
- *medium level support needs* – independent living skills; help with overcoming social isolation; enhancing self-esteem/confidence; re-connecting with mainstream services; help with parenting skills; emotional support to deal with aftermath of domestic/other forms of violence.

- *high level support needs* – specialist support with drug/alcohol addiction; specialist support with mental health problems; child protection issues; anti-social behaviour.

## **Summary**

This chapter has reviewed evidence on the scale and causes of family homelessness and the needs of the families involved. The key points that emerged were as follows:

- family homelessness appeared to be viewed as a more major social problem in Glasgow and Highland than in Dundee and Fife;
- housing supply problems were viewed as the principal cause of family homelessness in Highland, with 'social' issues - such as relationship breakdown, domestic abuse, and anti-social behaviour - given greater prominence elsewhere;
- there was an exceptionally strong emphasis on substance misuse, (external) violence and 'nomadic lifestyles' as causes of family homelessness in Glasgow;
- the poor quality of permanent rehousing was generally of greater concern for interviewees than the inappropriateness of temporary accommodation;
- stigma and lack of respect from service providers was a major concern for homeless families, and other widespread problems they faced were disruption to support networks and children's schooling; inadequate financial resources; and depression, isolation and low self-esteem;
- most homeless families, even in Highland, were considered to have support needs beyond that for appropriate accommodation.

## Chapter 5: Housing and Housing Support Services for Homeless Families

### Introduction

This chapter reviews the qualitative material generated by the case studies on homeless families' experience of temporary and permanent rehousing and of housing support services. As with Chapter 4, the views of homeless adults and children are integrated together with those of service providers.

### Temporary Accommodation

It is important to acknowledge from the outset that, while some temporary accommodation experienced by homeless families was highly problematic, especially in B&B and hostels, not all of it was poor quality or inappropriate, with temporary furnished flats in particular sometimes quite popular with service users.

However, absolute shortages of temporary accommodation suitable for families with children, especially in rural parts of Highland and Fife, meant that local authorities were often forced to place families in circumstances which they acknowledged to be inappropriate (although Highland was viewed by the professionals interviewed in that area as having an unusual commitment to finding creative solutions wherever possible). At the same time, the scarcity of permanent housing in these areas meant that all homeless groups (including families) had to spend longer in temporary accommodation, with particular problems experienced in moving on larger families:

*We're having to provide more temporary accommodation, because we haven't got the follow-on affordable housing, because of housing prices and the lack of affordable housing. So in Highland, we've recently been taking on a lot of additional furnished homelessness accommodation, through resources from the Scottish Exec, as well. (Senior housing officer, Highland)*

As noted in Chapter 4, another key concern in rural areas was the great distances families sometimes had to travel to gain access to temporary accommodation:

*Families usually find if they are living in smaller settlements in Fife and not the bigger towns that displacement is a problem. They have to go some distance away to get temporary accommodation and that then breaks their existing networks of health, education and social networks and that is the biggest problem we have...they either have to find their own accommodation in the meantime or they have to come down to central Fife – neither is ideal. (Senior housing officer, Fife)*

Each of the specific forms of temporary accommodation used by the case studies are now explored in detail.

## **B&B**

There was consensus across all of the case studies that B&B was entirely unsuitable for families with children. All of the case study local authorities reported that they did their best to keep families out of B&B (in line with Scottish Executive policy), using their own stock and leasing schemes, for example, to provide alternatives, but they also explained the difficulties in eliminating its use altogether:

*...it's not desirable that you put children into B&B... But then again, needs must, is Bed and Breakfast better than being on the street? If you don't have the resources, what are you supposed to do? So whilst we understand that it's not the best scenario, if you don't have anything else, surely it's better than nothing. (Senior Housing Officer, Highlands).*

There was much discussion in Glasgow amongst both service providers and homeless families about the poor, and even dangerous, conditions in B&Bs in the city:

*And none of the B&Bs are brilliant, but some are worse than others, and some are awful. How they are looked after – [it's a] good way of making money, [but] some take some responsibility. (Health professional, Glasgow)*

Health and social services were particularly concerned about the vulnerability of babies and children in B&B who were said to be 'exposed to dreadful things' (Health visitor, Glasgow). The level of child accidents is particularly high in B&B, and the other residents can pose a threat:

*...they're in with young single, out of their face people, Schedule 1 offenders. (Social worker, Glasgow)*

Service providers said that families were usually only in B&B in Glasgow for very short periods, and attempts are made to move them into temporary furnished flats as soon as possible. However, there was considerable variation, and some families could be in these hotels for several months if suitable accommodation wasn't available for them. Certainly, many of the families interviewed for the audit described lengthy (or repeated) spells in B&B, and gave vivid descriptions of the miserable, cramped and dirty conditions in (some) B&Bs. They also commented that some B&Bs felt safer than others, with violence usually being less common inside those with security cameras.

When families were required to be out of the hotel from early morning till late afternoon, they often had to walk about all day, in all weathers, sometimes with no money and with small children in tow. The gratitude that these families felt towards B&B staff that showed them small kindnesses, like letting them stay in the room during the day in bad weather, simply emphasised the power that these (untrained) staff could exert over the families:

*... it's like being in prison with your children. (Homeless mother, Glasgow)*

*...the kids aren't allowed to play, look out the window, had to be in for a certain time... (Homeless mother, Glasgow)*

There was particular concern about families from outwith Glasgow placed in B&B in the city because they are not registered with the specialist health and social work services that support local homeless families (a pilot by the Homeless Families Health Project with South Lanarkshire did not result in any referrals, see Chapter 6). Dundee and Fife had both effectively ended their use of B&B for families; support for homeless families in B&B in Highland could theoretically be provided by one of the floating support services funded in whole or in part by Supporting People, though no examples of this were encountered.

The findings of the audit strongly echoed those of earlier research on homeless families in B&B accommodation (Grosskurth, 1984; Howarth, 1988; Conway, 1988; GLC, 1986; Murie and Jeffers, 1987; Niner, 1989; Thomas and Niner, 1989).

### **Hostels**

Hostels were used to house homeless families in all of the case studies except Glasgow. Some provided only a single room (or several rooms) for families, but in other hostels bedsit-style accommodation was provided that could accommodate families with up to 2 or 3 children. Most were 'mixed', and so also accommodated single people; while this arrangement was generally viewed as unsatisfactory, it was pointed out that sometimes there was simply no other temporary accommodation available. Even family-only hostels were viewed as far from ideal, with both parents and children often distressed by the noise, lack of privacy, and intrusive rules and regulations they experienced there. In Highland, a shortage of suitable temporary accommodation had sometimes led the local authority to use hostel provision designed for single homeless people for families, but, like the use of B&B, this was avoided whenever possible. Highland had no hostel accommodation specifically designed for homeless families. In Dundee it was reported that drug use was rife in the hostels and this put many families off:

*My sister was in the Lily Walker Centre [a mixed local authority homeless unit providing hostel-type accommodation] with all the junkies and she doesn't take drugs. She went back to her abuser... (Lone mother, Dundee)*

While it was sometimes pointed out that at least help was on hand in most (they are usually staffed 24 hours a day), the support provided was generally of the very low level, minimal variety:

*The accommodation assistants are there primarily to manage the accommodation but in doing so they clearly have to deal with issues that come up... (Housing officer, Fife)*

While there were also 'tenancy support workers' employed to cater to those residents with higher needs in this hostel, the families interviewed staying there did not report receiving any support (they thought the staff were too bogged down in paperwork to help them). The accommodation was felt to be clean and in good condition in the hostel, and it was in quite a nice area (*'there are rougher places'*), but there was nowhere for the children to play. Families said that they visited relatives or friends as much as possible to avoid spending any longer than necessary in the hostel – but felt that workers sometimes judged them for keeping their children out late.

### **Women's refuges**

In Glasgow, there appeared to be little contact between the various Women's Aid groups in the city and the range of statutory and (other) voluntary services working with homeless families. None of the families interviewed in the city had experienced refuge, although it was widely held that many (perhaps even most) had some experience of domestic violence. Women's Aid seemed more integrated with other homelessness services working with families in the other case studies.

In Highland it was noted that the prominent role of domestic violence in causing family homelessness was not fully appreciated until a recent expansion in Women's Aid services. Campaigns to raise awareness may also have had an effect. There are now concerns about shortage of refuge spaces:

*...refuge provision in Highland is constantly turning people away because there is not enough room. This is despite two refuges having been refurbished and another one that is being built. Still not enough. There's no permanent housing for women to move on to, so refuges silt up... I think they turned away 66 women last year and over 100 children. (Health professional, Highlands)*

Some women interviewed complained about the standard of accommodation in refuges and were unhappy to be sharing accommodation with drug misusers. They were particularly concerned about the lack of support available:

*They just put you in the refuge and leave you...They have been talking about self-assertiveness training but that was months ago and nothing has happened...as I say, they put you in a refuge and just forget about you. (Refuge resident)*

In some cases, women felt that the staff had unsympathetic and judgemental attitudes, and didn't understand what they were going through. There were complaints about there being nothing to do in refuge (bearing in mind that women fleeing violence may often be confined to refuge if their abusive ex-partner is pursuing them).

As in most forms of temporary accommodation, there were complaints about there being nowhere for children to play: playrooms (where provided) were often locked. There also seemed to be only minimal move-on help: one woman said she had

accepted a house and was due to move in the following week but had no belongings, furniture or money and was receiving little help from refuge staff with any of this. Some of the women had been in refuges elsewhere and reported receiving more help there (recent research on women's refuges in Scotland has demonstrated a great variation in standards and services, Fitzpatrick *et al*, 2003). When asked what help they would like to see one woman replied:

*Counselling, they should definitely have a counsellor – for any of the women, support, whatever, I didn't have any of that and I got to the stage where I was just...I was just not getting any help so I ended up coming over here [to the office] and kicking off... (Refuge resident)*

### **Temporary Furnished Flats (Clustered)**

In Dundee and Glasgow, homeless families were sometimes accommodated in temporary furnished flats clustered together in the same 'block' or building, with 24-hour staff cover but only minimal or low levels of support offered by the on-site workers.

In Glasgow, these flats, located in the Hamish Allen Centre, were not popular amongst the families who had stayed in them, mainly because of the behaviour of some other residents. There was also some resentment at the controlled nature of the environment:

*The flats in the HAC I think are OK, but some feel it's a bit of a goldfish bowl. (Social worker, Glasgow)*

Nevertheless, the security provided in the Hamish Allen Centre could make some families feel safer than in dispersed furnished flats (see below):

*A really vulnerable family, I would like to see them in the HAC, keep an eye on them. Some [temporary furnished flats] are in rough areas – you know it's not going to help their situation. (Health Visitor, Glasgow)*

In Dundee, some service providers thought that the 'network' flats offered good quality temporary accommodation and support; but others thought that the 'social' environment in these flats was unhelpful, with women making 'unsuitable friendships' with people they would not normally mix with e.g. those with drug or anti-social behaviour problems. The accounts of families living in these flats were also mixed. One homeless couple said that:

*It's all right, it's quite nice – just like having your own house really...it's a decent size. We were over the moon when they told us we were coming here... The staff that work here are very good, they are very nice. If you need anything – if you have forms to fill in that you are not sure about – they will help. They help you as much as they can really.*

However, two other women interviewed living there were much less happy with the support offered in the network flats:

*See the people underneath [office] they are not called concierges, they are called support workers but do you think they have done anything to support you? because I don't. They have never done anything for me – I am not even sure what they are supposed to do...I am too scared to ask...all they do is press the buzzer to let you in and out the front door...(Lone mother, Dundee)*

Her children similarly felt that all the support staff do is paperwork in their offices. Even in a crisis situation the staff were reported to be unresponsive:

*I had trouble here last night and I went down to the support worker and told him that I wanted him out of my house. It was twenty to one in the morning and he was attacking me, picking up a vodka bottle, trying to hit me with it and being really violent, verbal and he told me 'you brought him in here, if you want him out, call the police. (Homeless lone mother, Dundee)*

As with other temporary accommodation, it was reported that there was little for the children to do and nowhere for them to play. One woman's boys said it was 'boring' and there was nothing to do – 'just lark around'. Another woman's daughters (teenagers) also needed something to do, and were embarrassed about living in the block and didn't want to know anybody there. For the mothers as well as children, there is nothing to do all day 'but sit around, drink tea, look at the walls.' This was backed up by a public health professional in the city who said that a recent small study conducted by a health visitor had demonstrated that children in temporary accommodation in Dundee were afraid because of anti-social behaviour, had no play facilities, and were embarrassed about bringing friends back.

### ***Temporary Furnished Flats (Dispersed)***

In all of the case studies except Dundee, temporary furnished flats were provided by the local authority dispersed throughout their general housing stock. Although not without their problems, these flats were the most popular form of accommodation amongst both homeless families and service providers, with the standard of accommodation and furnishings often thought to be 'decent' or even 'good'.

In Glasgow, the community casework teams, who managed the temporary furnished flats, said that it was an expensive service, but flats were rarely 'trashed'. The families who had stayed in these flats almost all felt that they were '...actually quite nice', but some didn't like the areas they were in, or the fact that some were in high-rise flats (particularly inappropriate for those with small children or who were heavily pregnant). Others had nothing but praise for the temporary furnished flats they had experienced:

*...own house, back and front door, good area, kids were settled in school.: If I'd had the money I'd have bought it. (Lone mother, Glasgow)*

In fact, the concern in Glasgow was often moving people on from temporary furnished flats, because the permanent housing they were offered was so poor in comparison:

*Some of our parents remain in temporary furnished accommodation because they will refuse to take anywhere else, and part of you can understand it, but reality is they're not going to get a front and back door.*  
(Social worker, Glasgow)

Also, the families might have settled down in the flat, with children in school and nursery, the parent comfortable with the neighbourhood etcetera, and it was then a wrench to have to move on again.

In Highland and Fife there were the locational problems discussed above in relation to all forms of temporary accommodation, and it was sometimes difficult to get a flat entirely appropriate to the needs of particular households. One woman in a temporary furnished flat in Highland explained that it had a beautiful garden and scenery, but:

*The light switches are just at eye level for my son, and he's like 'Oh, what's that?' And its like concrete stairs and I've got a bad back myself, a bad ankle, and the stairs, just they're pure concrete all the way down...*(Homeless lone mother, Highland)

Service providers in Highland, while acknowledging the benefits of temporary furnished flats over other forms of temporary accommodation, were concerned about using council housing for this purpose because it reduced the available general stock, thus prolonging stays in temporary accommodation:

*What we are having to do is take our own stock, out of general needs, put them into temporary accommodation and furnish them, so actually we are reducing our stock for people on the waiting list because we just don't have houses to allocate to homeless families, basically, taking something like a 2-3 bedroom out of general needs and reallocating and furnishing it and then these families are staying in them for a long time, because they can't move on.* (Senior Housing Officer, Highland)

### **Supported Accommodation for Families**

Supported accommodation included residential units offering on-site or specifically targeted support to homeless families. Such units might offer self-contained accommodation or sharing of some facilities, but differ from both the hostels and clustered temporary furnished flats described above because they pro-actively offer support to residents. There are many such residential units across Scotland which accommodate single homeless people, particularly young people, and usually they are usually small-scale and specialist.

However, other than in women's refuges, there was very little supported accommodation of this type available to homeless families across the case studies;

this was viewed as a serious gap by some service providers in Glasgow and Dundee, particularly those concerned with the most vulnerable families with specific needs: *'chaotic people who need trained workers on hand'*. A social worker in Glasgow gave the example of a young woman she was working with who had just had a child and was still living in a young single person's supported unit which was no longer suitable:

*...she's just scared, she doesn't want another tenancy yet, she's 20, I'm going to have to work hard to find something.*

There are particularly severe problems in accessing suitable supported accommodation for homeless parents who use drugs:

*One of the big things is just before and after parents that are pregnant and use drugs, its actually finding appropriate supported accommodation that will offer support for families with young babies and children. (Social worker, Glasgow)*

Other than a drugs rehabilitation project run by Aberlour Trust (see Chapter 6), the main supported accommodation available for families in Glasgow was provided by the Milnbank Housing Association, which had two relevant projects offering 22 bedsit places in total for pregnant women and those with young children. Milnbank's philosophy is based on 'the right to be ordinary', with each resident having a 'person-centred' care plan, and interaction between residents not encouraged to avoid a *'collective, in care culture'* building up (this is very different, for example, from the encouragement of mutual support in Women's Aid refuges). We encountered no similar projects for vulnerable homeless families in the other case studies visited, other than the Dundee Families Project which focuses on addressing ant-social behaviour.

Several women interviewed in Glasgow who had experienced external violence expressed great interest in being able to spend a period in supported accommodation, and a service provider working with these women thought that taking the neighbours 'out of the equation' for while might be very helpful. The essence of what was said to be required was *'help on hand'* for when it's needed, but also an appropriate level of privacy/security for families with their own self-contained accommodation.

This model is very similar to the model of cluster refuges recommended in recent research on women's refuges in Scotland (Fitzpatrick *et al*, 2003). The CCT officers interviewed in Glasgow said such supported accommodation for homeless families had not been suggested before but they would be interested in developing it if there could be shown to be a demand.

## **Permanent Housing**

Homeless families' housing aspirations were consistent across the case studies:

*...own back and front door, garden, in a nice area. (Lone mother, Glasgow)*

However, difficulties in accessing this type of accommodation was the overriding concern of almost all of the interviewees in the study. In rural Highland and Fife, a strong sense of being linked to a specific village could mean that the location as well as shortage of housing was a key issue in these areas, and service providers reported that some families could not seem to accept that there was simply no housing available in the area where they wanted it:

*Basically, there is nothing Housing can do to create a house, basically until someone dies, the housing isn't there, so they are looking for more creative solutions...they ran a seminar last month to try to attract other providers, other landlords in, in that way they are proactive in looking for other solutions. (Voluntary sector representative, Highland)*

In urban areas, there was often surplus social rented stock but this was often in the less desirable locations and was often in poor condition making it unacceptable to many homeless families:

*Lack of readily available quality housing in the areas people want is a big problem. Larger sized accommodation tends to be available in areas where, quite frankly, you would not want to put families...it's not just where it is, it is the quality of the accommodation too. (Housing officer, Dundee)*

In Dundee and Fife, the local authority made a homeless families only one offer of permanent accommodation ('one offer' policies). This meant that families often felt under pressure to accept unsuitable accommodation:

*My biggest concern is where I am going to be moved to. If you are homeless they will put you in any old place and you only get the one offer...I don't want to be put in a place that is notorious for x, y and z...I don't want it for my kids and I am not sure that I could handle it either... (Lone mother, Fife)*

*What made it worse was that I was offered a house, a total dump and that nearly pushed me over the edge...I'd rather be dead than move in that...if I had to move in there I'd end up topping myself...you need emotional support. You are already feeling bad enough about the situation you are in...why can't they give you something half decent? (Lone mother, Dundee)*

In Glasgow, families were reported as more often having a definite idea of where they didn't want to be rehoused ('near drugs, violence or asylum seekers') than where they did. While some homeless families felt that they were discriminated against by housing staff, social work and health professionals said that families were sometimes unrealistic about what housing they would accept - holding out for a year or more waiting on a better offer (although some primarily wanted to be near their families which made their aspirations easier to meet). Service providers generally felt that the community casework teams struggled as best they could with the ideals of

the clients, and tried not to make them their third (and final) offer unless they think with the family will accept. A community casework officer commented:

*We will address people's aspirations as much as we realistically can, we can't always get somebody front and back door in [high demand area]... but there are occasions where we can get that if that's somebody's housing need ... everything's based on what their housing need is.*

Some families in Glasgow reported positive housing outcomes one woman said that she 'loved' the house she now had, 'the neighbours are brand new', while another commented '...they'll have to take me out of there in a box.'

Some health and social work staff in Glasgow felt that there had been a deterioration in the housing service for homeless families with the introduction of community casework system, but other (voluntary) service providers thought that things had improved ('not that we had any major complaints before'). The community caseworkers interviewed considered the recent re-organisation within the City as a big step forward: 'It works better now, with [homelessness] specialists working in a particular [geographical] area', with the localised service making it much easier to integrate homeless households into local community networks and services (see Chapter 3).

A major concern across the case studies, was that social rented stock was often not in a 'habitable' state when let. A group of young parents in Glasgow all said that they had been expected to move into 'boggin' houses, with the detritus from drug use a particular concern: '...see when I moved into ma new hoose, there was needles everywhere and I had tae dae it maself.' Tenants were expected to take care of getting place into a reasonable state of décor, and although some local authorities provide a grant to help, this can still create difficulties:

*Decoration's a bother. We do have an incentive for decoration, that can be a bother, actually getting them to do it. I mean, a mother with kids, then they can't paint and stuff, or if she's pregnant and that... (Housing worker, Fife)*

The discussion thus far has focused on access to social rented housing, particularly council stock. However, efforts were also often made to enable access to private rented housing, with active use made of the rent deposit schemes in place in most local authorities in Scotland. Highland, for example, was seeking to use the private rented sector, but housing stress and holiday lets in the area created a situation of high demand for private lets.

In Glasgow, community caseworkers felt that the stock transfer had enabled the service to become more client-orientated, with the full range of housing providers now considered to try to meet households' needs and aspirations, rather than just council housing. Access to the private rented could be especially important in enabling people to gain access to locations of their choice:

*..some people are aspirational to particular areas where there's no [available] social housing, but there are private lets we can use the deposit scheme to access for them. (Community caseworker, Glasgow)*

A specific legal concern arose, however, regarding access to the private rented sector. Short assured tenancies are normally offered by commercial landlords, but they do not fulfil local authority's legislative duty to provide 'permanent' rehousing for statutorily homeless households (it has to be an assured tenancy). The point was made that non-homeless people often viewed short assured tenancies as long-term housing, and the capacity to offer homeless households the option of a short assured tenancy would enable much more effective use of the private rented sector in meeting people's needs.

In Fife a different problem with accessing private sector accommodation was raised. It was reported that families sometimes move into the private rented sector because they don't like what the council can offer them, but then find it unsatisfactory, or that they can't afford the top up not covered by Housing Benefit, but then find it very difficult to get back into social housing because they are considered no longer in housing need. One woman reported that she had been very tempted to get a private flat but her homeless officer had advised her not to as it will then be *'impossible'* to get a council house.

### **Housing Support and Resettlement Services**

Glasgow had by far the most extensive and well developed set of housing support services amongst the case studies. As noted in Chapter 3, there are two main sources of housing support: the Shelter Families Project and the Housing Support Service (HSS). In combination, these services seemed to form a fairly comprehensive safety net of housing support for homeless families in the city, catering for low through to medium and higher support needs, with social work intended to pick up and support the highest tariff cases (some of whom are also receiving help from HSS and Shelter). There had clearly been a very significant recent expansion in housing (and other) support services in Glasgow.

However, the HSS teams have only been operational in the city since November 2003, so are still bedding down, and HSS were seldom mentioned by interviewees other than community caseworkers and interviewees at strategic level. So far the service seems to have been undersubscribed: community casework staff explained this as attributable to Supporting People funding regulations which required the full service to be operational before structures were in place to generate sufficient referrals. But they believed that there is *'definitely a big demand there'* and the service will be increasingly well used. In some areas of the city, joint visits are now being undertaken by community caseworkers and HSS staff so that the latter can *'sell the service'* to new tenants. A major advantage of the HSS service, from the perspective of community caseworkers, is that it helps to calm the nerves of housing providers about accommodating homeless or other vulnerable households:

*It's a good selling point [the housing support]; it's also been good in building relationships with them because we can offer them so much more in terms of prevention, when it comes to arrears... they are businesses at*

*the end of the day, if we are a route to them getting their money, it's all our interests.*

The Shelter Families Project, on the other hand, had been experienced by many of the homeless families interviewed for the audit. The feedback was universally positive about this service, and it was very often mentioned (unprompted) as the best service they had come in contact with. The key thing was *'something about their attitude'*. One young mother explained:

*It's the way that they work with you. See if you've got a problem and you cannae talk to anybody else about it, they don't judge you for who you are.*

Unlike some other agencies, Shelter were felt to *'listen to you'* and to try to help you do things better, rather than simply criticise; their holistic and flexible approach attracted praise – *'they just help you in every way that they can'*; and their assistance with confidence-building was much commented upon (*'they build your confidence up for you'*). The advocacy role they played with other agencies was also appreciated, with a range of interviewees commenting that services such as housing, Benefits Agency and even schools *'speak to you completely differently'* if Shelter support you. These findings echoed the results of earlier CHP research on the pilot projects of the Shelter *'Homeless to Home'* service in England (Jones *et al*, 2002).

In Highland, as in Glasgow, there was a clear recognition of the need for housing and other forms of support for (ex-) homeless families, and recent progress had been made, with the opportunities offered by Supporting People and other funding streams used to set up services:

*I think we have started from a pretty low base in Highlands, in terms of support services, you know we've not got many support services on the ground and what we've got, a lot of them are quite new... (Housing officer, Highland)*

A homeless couple in contact with the NCH Families project in Highland very much echoed the positive comments made above about the Shelter Families project in Glasgow. Another young woman said she felt *'exhausted'* by services not helping her until she got in touch with the NCH project:

*They've helped me get funding and backed me up with things, like the social taking the Mickey...they've helped me write letters back to them, appealing for things and then I get them, 'cos they know the ins and outs, so the social know they cannot take the Mickey...carpets and things like that, I got more money from the Council for decorating as well, because it was horrible, it was a state, all the walls were falling in, there were big holes in the walls...they expected me to fill in all these gaps and holes and that with £100 and to decorate and get things, oh it was a nightmare. (Lone mother, Highland)*

A representative from the Highland Home Carers service explained the mix of practical and emotional support it offered, and the importance of the advocacy dimension:

*We tend to be working more around supporting the parent or parents to manage their finances, to give them some emotional support, just helping them to normalise their lives again, as far as possible and assisting them to go through all the nonsense with Housing Benefit, because... they're quite vulnerable, and they're going along and get a lot of earache when they go to these places, and it can be very difficult to face alone...*

In Fife, there are no specific housing support or resettlement services for homeless families. According to housing managers, homeless households staying in local authority temporary accommodation were meant to undergo a needs assessment and receive support (if required) from 'accommodation assistants'. However, both homeless families and service providers interviewed suggested that the support offered was minimal, and was in any case limited to their stay in temporary accommodation, with no follow up resettlement work done. Some homelessness providers in Fife, like Cornerstone, provide a range of support and legal services which families can access, but they worked mainly with single people. Housing managers recognised that there were gaps in support and that Fife had failed to meet its own targets for floating support. There was a recognition that this situation was unsatisfactory, and there are apparently plans to develop resettlement support in Fife:

*While we have secured Supporting People money to provide support in temporary accommodation to the stage of preparing people for move on, the system has failed a lot of people in that once they move, that's it – you're on your own in terms of your own tenancy and you are also on your own in terms of the fact that it is unlikely that any support agency will pick up where we left off...there are agencies out there to do this funded by Supporting People but they are over subscribed...so what my manager has decided to do is to make some of the support that is currently available in temporary accommodation also available in whatever the move on accommodation is...(Housing Officer, Fife)*

In Dundee, again there are no specialist housing and resettlement support services for homeless families. Many professionals in the city seemed to perceive that provision for homeless families was quite good, but it was not clear why they took this view, and this perception did not match the reported experience of the families who were interviewed. Tenancy sustainment services provided through the council and RSLs were reported to have 'sprung up' since Supporting People, but are targeted on existing tenants: there seemed no way back into support for rehoused homeless people unless they again run into difficulties. A senior housing manager said that vulnerable tenants (including families) should be referred to housing support at the point of rehousing, but no-one else seemed to know about this. The Dundee Families Project is the only resettlement service for families, and there have to be anti-social behaviour issues. One public health practitioner in the city commented that this situation was unsatisfactory:

*There is a need for support for families, its not just about getting a roof over their heads. There is a need for ongoing support when they are*

*settling in and when they are trying to get over the trauma.. and I don't think that support is there.'*

## **Summary**

This chapter has reviewed the evidence from the case studies on homeless family's experience of temporary and permanent rehousing and housing support services. They key findings were as follows:

- not all forms of temporary accommodation were poor quality or problematic, but there was general agreement that B&B and 'mixed' hostels were completely unsuitable for families with children;
- dispersed furnished flats were the most popular form of temporary accommodation for families, but more intensively supported residential units were felt to be needed for the most vulnerable families;
- lack of play facilities for children was a serious problem across most types of temporary accommodation;
- the overriding concern of most of those interviewed in urban areas was the poor quality and location of the available permanent housing; in rural areas the key concern was absolute shortage;
- specialist housing support projects for homeless families in Glasgow and Highland were extremely popular with service users;
- there seemed very little by way of specialist housing support available to families in Dundee and Fife.

## Chapter 6: Support Services for Homeless Families

### Introduction

This chapter reviews evidence from the case studies on the range of (non-housing) support services available to, or thought to be needed for, homeless families. These include health services; social work services; Benefits Agency; employment/training services; schools; support for children and parenting; and befriending services. Throughout this discussion, both mainstream services (open to all families or the general population) and specialist services (exclusive to, or specially tailored for, homeless families) are discussed in tandem because in combination they provide the framework of support available to these families.

The discussion then moves on to some general issues regarding the support services available to families, including service access and co-ordination, and service user involvement. These general points also draw on material from Chapter 5, as they often relate to both housing and non-housing services for homeless families.

### Health Services

#### GP Services

GP registration was not generally a problem for the homeless families interviewed, and some homeless parents we spoke to were actively positive about their (different) GPs (*'he's brilliant'*, *'he's alright'*, or *'quite nice'*). However, difficulties were experienced in registration by some drug users:

*...see me, I had a drug problem, and I couldnae get a doctor, and I couldnae get a chemist to take me on. My drug worker helped me.*  
(Young mother, Glasgow)

In Glasgow, it was reported by some respondents that many GPs who had previously been willing to prescribe methadone were now letting their numbers drop because the health board is paying them less to take these patients on, though this was not independently verified by the audit.

There were also some problems reported with partial, inappropriate or temporary registration, with a specific difficulty encountered in getting 'parts of families' taken on:

*... the parents are quite happy to remain with their GP because he's a prescribing GP but the kids I want them taken on by another practice close at hand and nobody will take them on without their parents but they won't take on the parents because they're methadone users so its Catch 22.* (Social Worker, Glasgow)

There could also be geographical access problems for those living in rural areas. One heavily pregnant young woman in Highland, for example, experienced difficulties in even simply making appointments for maternity check ups because she didn't have a phone and had to walk up and down a steep hillside to get to the local payphone.

### **Health visitors**

For many homeless families, the most frequent contact with health services was with health visitors. However, the comments made about this service were mixed, with health visitors sometimes viewed as judgemental, interfering and patronising and in other instances as understanding and supportive. One young woman in Glasgow commented that what would make her life better would be:

*...for my health visitor not to know where I came from; if she didn't know I was homeless she wouldn't treat me like I was two.*

Social workers interviewed in the city felt that the specialist health visitors in the Homeless Families Health Project (see below) provided a more appropriate service to these families than their mainstream colleagues:

*They have a better understanding of the issues, and they will go an extra step, and maybe make the extra visit, and get back to us, and maybe the health visitors in the areas don't so much do that, but maybe that's about pressure of work or priorities, but that's what I find.*

### **Dental services**

Access to dentists was seen as a serious problem for homeless families in Highland. Poor access to dentistry could be a very serious health issue for adults who were dependent on opiates and taking a methadone script, because of the very severe impact of liquid methadone on tooth enamel.

*NHS dentists across Highland are practically impossible to find. (Service providers, Highland)*

*Can't get any dental treatment anywhere can we? (Male partner in homeless couple, Highland)*

Of course, difficulties in accessing NHS dentists is not an issue limited to homeless people, or to the Highlands, but there was a perception that recruitment difficulties in this field were exacerbated by rurality.

### **Alcohol and drugs services**

As also shown in much previous research (Fitzpatrick *et al*, 2000), access to specialist drug and alcohol services was reported as extremely difficult. In Dundee and Glasgow, the need for more detoxification and rehabilitation facilities accessible to parents with children was emphasised, as was the need for a clear resettlement

plan. The lack of residential drug projects that take children was highlighted in both cities (there are none in Dundee, and only one in Glasgow - a small abstinence based programme run by the Aberlour Trust). On the other hand, residential projects containing concentrations of active drug users are clearly problematic environments in which to accommodate children - the ex-drug users interviewed in recent research on women's refuges in Scotland said that they would not countenance taking their children into a specialist refuge for drug users (Fitzpatrick et al, 2003).

In Dundee, a specific gap was identified in relation to situations of multiple needs (formerly known as 'dual diagnosis', and referring to co present mental health and substance misuse problems), especially when the person was a parent:

*There are examples of hellish situations occurring and children being taken into care because of a lack of co-ordinated responses to somebody with a mental health problem who thinks they are fine – but they are not – they are ill and have an alcohol or a drug problem too and where there are children in the household...that is definitely a difficulty... (Senior housing officer, Dundee)*

In Highland, services for drug users were limited, with those requiring rehabilitation generally having to go to Inverness or the Central Belt. Two ex-users interviewed in Highland highlighted problems with the available local services:

*We used to be heroin addicts, we're still on methadone prescriptions, there ain't much help up here for people like that. There is a drug counsellor up here, but he doesnae know anything, you know what I mean? The first time we saw him, we counselled him. We did get a needle exchange set up here, because there was nothing, and there was a lot of Hepatitis C going about up here, you know what I mean? People were sharing and we were just back from Dundee and Dundee you can get all the needles you want. (Male partner in homeless couple, Highland)*

### **Specialist health services**

Specialist health services for homeless families were only available in Glasgow. The Homeless Families Health Service was (by all accounts) a 'pro-active' and 'flexible' service, with a strong reputation in the city as a 'good service' and 'good referrers' to other specialist support agencies, such as Shelter Families Project (see Chapter 5). Those homeless families in Glasgow who had been in contact with the service were positive about it, although a number said that they had never heard of it (some of these had been homeless some time ago – possibly before the service was expanded).

In Dundee there is a pilot nurse-led clinic and outreach worker to link homeless people (single people and families) in temporary accommodation into health services (and a funding bid has been made to significantly expand this service, see Chapter 3). However, none of the families interviewed in Dundee reported any knowledge of the service or contact with it.

## Social Work Services

Across the case studies, social work input with homeless families was described as highly rationed, and generally limited to those cases where there were clear child protection issues:

*It can be difficult to get your families taken on by social work... if it's a visible child protection issue it's OK. (Health visitor, Glasgow).*

In Highland, some respondents perceived there to be a general scarcity of social work services, affecting both homeless families and single people:

*We do see ourselves as being dumped on quite a bit, there are no spaces on the care side of things and people get tenancies where they really can't maintain a tenancy, and it's not housing support they're needing, its more intensive support, giving them a house is not the answer. (Service provider, Highland)*

Homeless parents often reported fraught relationships with mainstream social work services because of disputes over child custody and access. There were also poor early experiences of social work that soured some people's view of the service as adults; one young mother who had been in local authority care condemned (mainstream) social workers: '*...see when I turned 18, they decided they no longer needed to be any part of my life.*'

However, in Glasgow, the specialist Children & Families Team, within the dedicated social work Homeless Person's Team, seemed very popular with their clients, being regularly identified, together with Shelter, as the best service families had come into contact. One young woman explained that she appreciated their honesty with her: '*if social work come in [and there's a problem], they tell me to my face, so I can prove to them myself.*' Another young woman was even more fulsome:

*The social work have been brilliant. She sits and listens to you, I wouldn't change her for the world. Its been really really helpful, I'm involved with a learning disabilities person, and Shelter, and if it weren't for them I wouldnae be here.*

Social workers in this team explained that they attempted to deliver a more '*flexible*' service than mainstream area teams were able to offer, and as complete destitution is a common issue amongst their client group, they more often provided direct material help than area teams (one young woman commented: '*...this is the only social work department I know that'll give you out money if you've no got anythin*'). In theory, these specialist social workers should only work with families for a short (3-6 month) period, transferring the case to an area social work department when they move into a temporary furnished flat or their own tenancy. But in reality, they often keep cases for far longer because of the lack of resources within area teams – '*that's a net as well that people fall through.*' Difficulties in transferring cases also arise because clients often prefer to stay with their social worker from the Homeless Team when they have build up a relationship with them; and social workers themselves admitted that they sometimes were reluctant to pass cases on because

they worried about 'setting clients up to fail' if they didn't think they would get an appropriate service from area teams.

## **Benefits Agency**

When asked what the worst agencies they had had contact with, several families replied '*housing and the social*', with 'the social' meaning Benefits Agency (see Chapter 5 for views on housing). This resentment towards 'the social' was in part a reflection of feeling that they were given too little money to live on (see also Chapter 4):

*.. the social security take the piss... I hate them... £42 a week, that's for electricity, TV licence, food and things like and you get paid fortnightly... The social expect you to live on eighty quid a fortnight and that's to get everything for a flat as well. They don't know that I had support and things like that, but if I didn't have the extra support then they still expect you to build a flat on your own, with nothing in it. (Young pregnant woman, Highlands)*

Both families and service providers also complained about the complexity of claiming benefits:

*The other biggie [need] would be money, financial, because people come to the area and have to register for benefits and all the rest, Crisis Loans and things like that, that is difficult, very difficult... (Housing worker, Highland)*

Particular difficulties were identified with securing benefits for 16-17 year-olds:

*...we have one young woman who perceives she is in trouble with her health visitor, because she is not eating correctly for the baby on the way, she cannot afford to eat the way she should be, because she's 17, she falls between all the benefits... (Voluntary sector provider, Highland)*

Another key problem was access to Social Fund payments (Community Care Grants and Social Fund Crisis Loans). Community Care Grants can't be processed until a tenant has signed for a property, which means that families often can't furnish their houses in time for moving in. A number of agencies thought that there should be fast tracking of Community Care Grant applications for homeless people as they have immediate needs.

There was also a lot of concern from a group of homeless parents in Glasgow about access to Social Fund Crisis Loans, and particularly about now having to phone up for them:

*'Its somewhere down south, you're on the phone for 2 or 3 hours.'*

*'Its not even people that are trained.'*

*'On the phone for ages – "We'll give you a fiver"'*

They complained about being told by Social Fund officers that washing machines, fridges and children's beds were '*not essentials*' even for those with young children. And as one lone mother in Glasgow commented:

*If your house has only got essentials in it, it's no better than being in a hostel.*

As Crisis Loans are repayable, by deductions from benefit, some families commented on the impact this has on their (already low) incomes: '*Can't take weans anywhere*'; '*You cannae socialise*'.

### **Work/Training/Adult Education**

As noted in Chapter 4, very few of the homeless adults interviewed were actively engaged in employment, training or education at the time of interview (though most had worked or engaged in training at some point in the past). While some parents (usually the more 'together' and self confident) expressed a desire to '*get on a course*' or '*get back to work*, others seemed to have little interest in these activities, with raising children perhaps seen as an alternative. Poverty trap issues featured for those who were keen to enter employment, with childcare as well as rent costs highlighted:

*I went to the social and we tried to work out if I could afford to go back to work with the money I've got coming in and the money I'd make working 40 hours a week, ... I'm better off sitting on my arse at home... By the time you pay your bills. It's not even the rent: 'you find me a nanny that is willing to look after your child for £200 a week when you're working 40 hours a week. (Young mother, Glasgow)*

Only those being assisted by specialist homeless families' support projects (in Glasgow and Highland) reported any encouragement or assistance with regards to employment, training or education, and several women in Glasgow were very enthusiastic about the help they had received from the Shelter Families Project in Glasgow in taking up voluntary work or a college course with a view to moving back into employment. A number of the younger interviewees had participated in Prince's Trust courses and were very enthusiastic about these.

In Highland, one young woman was very keen on working in the hotel industry, as she had done before, but seemed to have received little support with this:

*I done a bit myself, I went to the Inverness College... and I was supposed to do a hospitality course through the hotel I was working in anyway, so I had to get leaflets and sign something there... I was seeing the careers office as well and they were saying they would get me onto a course, but I never heard anything else because the wifey I was seeing had a wee one and she was off on maternity leave. I dunno if she's come back yet...*

A representative from the NCH Families Project in Highland explained the difficulties for a lot of their clients who want to get back into education; as well as issues of

confidence and self-esteem, there are only a limited number of courses on offer in local colleges as compared to the 'huge' choice they would have if they were in a larger town.

## **Schools/Children's Education**

Schools and the stability of children's educational experience was a major theme across all of the case studies. For homeless children, a supportive and stable school environment could be especially beneficial given the insecurity and disruption they often faced in other sphere of their lives. This was highlighted by three children in Highlands (from the same family) who were living with their parents in a cramped temporary flat. School appeared to be the ne major source of stimulation and enjoyment they had – it sounded like an innovative place and all were agreed that it was: '*... the best school in the World!*'

Unfortunately, many homeless children's experience of school was far less positive and was often severely disrupted by their families moving around temporary accommodation:

*It's one of the factors that stops people moving on, I think, they don't want to impact on their kids' education, they want continuity, of all the many reasons: they can't find anywhere to go; they don't want to break their support networks, they particularly don't want to disrupt education.*  
(Women's Aid, Highland)

Efforts were often made to try to keep children at the same school, but transport costs could be high, and the families had to bear these cost in most cases. The journeys involved can also make the day very long for both children and parents:

*I had to get the bus at half past seven – two hours on the bus every day – and it was costing me £25 every week to get them to school... eventually they [Women's Aid] gave me money for a monthly bus pass for me but I still pay for the kids – that's okay. I've told them I'll change the kid's school when I'm rehoused.* (Homeless mother, Dundee)

Another woman in Dundee noted that her children had been to 5 different primary schools; she has kept them at same secondary but fares cost £20 a week and she can't afford this (she added: '*they tend not to go much*').

In both Dundee and Glasgow the stress and time involved in enrolling children in new schools was noted; a problem obviously made worse if they have to move several times. Some agencies felt that homeless parents needed advocates in persuading schools to accept their children. In Glasgow, complaints were made by a variety of service providers that the education department failed to track homeless children who dropped out of school:

*Education can be sadly lacking at times, it's really difficult to keep of track across the city or outwith the city, if someone doesn't turn up school they just take them off the register...We've had kids that have been out of*

*school for months and months and nobody's questioned where these kids are. (Health visitor, Glasgow)*

There were also problems faced by the children when they did manage to join a new school: they may have fallen behind if they have missed lessons; other children will have already made friends, and they may become isolated; and they may also suffer from the stigma attached to living in temporary accommodation. Bullying was sometimes reported as directly related to children moving around – for example, the children in one family in Highland were bullied for having a 'Dundonian' accent; this was only 'sorted' when it was explained that family had origins in the area.

In Glasgow, there were angry complaints from some homeless parents about teachers' apparently unsympathetic and stigmatising attitudes towards their children. It was emphasised that not all teachers were like this: one woman thought that the problem lay with the '*kinda middle class ones*'; others felt that younger teachers were sometimes more understanding than older ones. Those who were worried about their children being bullied at school were frustrated that schools often denied the problem:

*"We have a non-bullying policy" - well how come ma wee lassie's terrified to go to school? (Young mother, Glasgow)*

Several of these homeless parents praised Shelter staff for helping them to deal constructively with what could be heated confrontations with teachers and head teachers when their children had problems at school.

On a more positive note, in Glasgow there is a pre-5 nursery unit for children living in temporary furnished accommodation or B&B which was viewed by all as providing a '*very good service*'. When families move into permanent accommodation, it links children in to local nurseries.

## **Support for Children and Parenting**

The welfare of children was prominent in the concerns of most of the interviewees, with widespread acknowledgement that the trauma and disruption so many of them experienced could have a very negative impact on their well-being, development and behaviour:

*A lot of children that come to us are emotionally damaged, we talk about disruptive behaviour, but why are they disruptive? (Women's Aid, Highland)*

However, aside from the 'firefighting' child protection work undertaken by social work, there was little by way of specific support for homeless children amongst the case studies. The main exception was child support workers attached to Women's Aid groups, and even here the service is patchy and overstretched (see Fitzpatrick *et al*, 2003). The importance of targeted support for children was emphasised by the Women's Aid representative in Highland:

*Very often they don't want to talk to Mum about their worries, because they can see she is stressed. What we would be giving children [with a children's worker] is somewhere to take their anxieties and someone to take up board the issues that they have.*

The only other source of specific support for children we encountered in the case studies were the children's support workers employed by the Shelter and NCH Families Projects. These workers prioritised working with the children themselves:

*... creating space for the children to express themselves and around issues that they have/work through their issues. Play it out. (Shelter representative, Glasgow).*

But they also worked with the parents to increase their bonding skills with their children:

*We work at building up the parent's self esteem, in order that they can then build up their children's. So, we work with families through home visiting, we work with families through group work, at the moment, currently, we have a group for teenage mums, there are six young mums who come to that and every other week there will be a speaker in...we vary it, there's been someone from benefits, one of the health visitors has come and done baby massage...and that work is reinforced by what is being done in the home...(NCH representative, Highland)*

Parenting courses accessed by NCH and Shelter seemed enthusiastically embraced by many of the homeless parents interviewed:

*...I've learned what rights children have got, and what rights adult have got, how not to take the bait, when the wean comes in "I want this, and I want that", how to deal with all that, sit down and have family meeting conferences.. it has worked. A lot of things that I've learned. (Lone mother, Glasgow)*

*...we're actually going on a parenting course, up for the next parenting course. Trying to deal with one that's going through puberty is very difficult, that's why we're doing this, its very challenging...hormones, not having a clue what's going on in her head... (Woman partner in homeless couple, Highland)*

In Fife and Dundee there were no specific support services for homeless children (other than through Women's Aid). While it was noted in both that a wide range of mainstream services for children were available to homeless families (Sure Start, Children and Family Centres, Home Start, playschemes, breakfast clubs, etc.), difficulties around access when mothers are depressed and isolated have already been noted, and none of the families interviewed in either case study seemed to be linked into these opportunities.

A constant concern across the case studies was the lack of a clear funding stream for work with homeless children (it is excluded from Supporting People funding, and

Sure Start only covers work with young children). Other sources of funding – such as the Children’s Change Fund, local authority and charitable monies – tend to be short-term and insecure. There were other concerns about services for children across the case studies: in Highland, a shortage of nursery and crèche facilities was reported; in Dundee, there were long delays for child psychiatrists. In England, services for homeless children and young people can be funded through the Connexions services, but there is currently no equivalent of this in Scotland (see <http://www.connexions.gov.uk/>)

## **Befriending Services**

Volunteer befriending programmes were very popular amongst those who had experienced them, with one young woman enthusing (unprompted) about her ‘befriender’ whom she had accessed through a housing organisation:

*She can stay, help me tidy the hoose, go out, take you places, just somebody there... its good for me cause its somebody there that doesn't know much about me, she's a stranger, so I can say what I want to say, I can't say what I want to say to people who know too much about me.*  
(Young mother, Glasgow)

Two other young mothers with befrienders, organised by Shelter, were also very keen:

*You get to go to the pictures and just not talk about nuthin and it doesn't cost you anything, for the afternoon you're with someone, you get to feel like you're normal.*

*They don't press you into talking – that's what I like about it.*

Several others in this group expressed a strong interest in getting a befriender after hearing these accounts; but the point was made that it was much more difficult to gain access to a befriending service as an adult than as a child.

## **Information and Access to Services**

There was a sense of polarisation amongst the families interviewed with regard to the support they were receiving: some, especially in Glasgow and, to a lesser extent, in Highland were receiving support from a wide range of agencies, and co-ordination of these multiple interventions could itself become a key issue (see below). Others (especially in Dundee and Fife) were receiving virtually no support, and seemed isolated from the existing (mainstream) services in the locality that could assist them.

Some parents thought there should be more leaflets available in schools for parents on, for example, domestic abuse, child protection, and services that are available. It was observed that there were plenty of posters in libraries; but ‘*how often do people go into libraries?*’ Both service users and providers across a number of case studies thought that a ‘user friendly’ information pack for people moving into temporary and

permanent accommodation (telling them about local services, the support available, how to contact them, etc.) would be very helpful. One male homeless parent said:

*There should be more provision, information about services you can go to for help because I haven't got a clue about anything in Dundee and I've lived here – I only know about the Lily Walker centre...there are places but they are for people under 25...*

However, given the points made earlier about depression and low self-esteem inhibiting access to services, the provision of information in itself may not be sufficient for some parents to link in with what they and their children need. In addition, the poor attitudes of some agencies (discussed in Chapter 4) towards homeless families could create additional barriers.

### **Service Co-ordination**

This is most obviously an issue in Glasgow where there is a well-developed, and complex, network of specialist and mainstream agencies providing services to homeless families. This plethora of interventions can become '*confusing for the clients – and they let anyone in..*' or else they '*let nobody in*'. Some service providers felt that this multitude of interventions was not helpful in keeping track of the well being of children in particular:

*Sometimes there's just a feeling surrounding a family, that maybe something is going on, that nobody knows about, just not enough evidence to ask for a definite referral... It's a communication thing – if everybody was reporting the minor incidents to a central point it might be more visible.* (Health visitor, Glasgow)

This 'central point' should in theory be the 'care manager', usually the family's social worker where they have one. But the process for allocating care managers to those families without social work involvement was unclear – though community caseworkers said that they often '*sort of case manage*' clients who don't have social workers.

In those areas with fewer specialist services for homeless families, especially Dundee and Fife, the priority was to co-ordinate better the mainstream services that were available for the benefit of homeless families. However, those running temporary accommodation did not seem to see this as their key responsibility:

*[We try] to ensure that contact [with services] is maintained when people come into local authority accommodation but housing has to focus on accommodation, getting a roof over their heads they can't always spend the time chasing and pushing and pushing – whether it is the service provider or the individual to just turn up...because you can spend two hours setting up an appointment and someone just doesn't show...which is soul destroying for the agencies....* (Senior housing officer, Dundee)

## Involvement of homeless families in service provision

There are two dimensions to this:

- homeless families' sense of *control* and degree of *choice* over the interventions they experience as individuals/households; and
- their participation/consultation in *future policy and practice development*.

This first point was, unsurprisingly, the one that seemed of most concern to homeless families themselves. Their perceived lack of choice over housing outcomes and the distress this caused was discussed in Chapter 5. But the need for a sense of control over supportive interventions was also emphasised, for example, several young women gave bitter accounts of 'mother and baby units' as institutional environments where they *'talk to you like you're stupid'*. A health practitioner in Dundee said that small piece of research they had conducted highlighted the need for improved service user involvement:

*Most of them [homeless families] had never heard of a care plan and those that were aware of it said they did not have any input, they were just told this is what you're getting...*

'Empowering' approaches and avoiding 'dependency' were key themes in Women's Aid, Shelter and NCH's descriptions of their work with homeless families, but were less often discussed by statutory services. An exception to this was social work interviewees in Glasgow who were very conscious of the 'inequality' in their relationship with clients. They reported that these parents were *'terrified'* about their children being taken into care, at least in part because they see their children as *'something they control, and they don't control anything else'*. They also described their frustration in trying to empower these clients:

*They have no comprehension that they have choices... it's just the risks to the child that we really have authority over. (Social worker, Glasgow)*

With regards to participation in future policy and practice development, this seemed very under-developed even in comparison to the single homelessness field, which itself tends to lag behind other areas of social policy (Kennedy and Fitzpatrick, 2001). A point that some service providers made is that it is easier to consult with single homeless people living, for example, in a hostel than it is with homeless families who tend to be more dispersed. It could also be added, drawing from the experience of conducting this audit, that parents' childcare responsibilities, and the relative dearth of support services targeted on them (who often act as helpful 'gatekeepers' in research), seems to make it particularly challenging to engage them in consultative exercises.

In most case studies there was a recognition that the current lack of consultation and feedback on services for homeless families was unsatisfactory, and in Fife, for example, there are plans for an annual homelessness conference in which service users participate (one has already taken place). A number of agencies said that they used feedback questionnaires, but response rates were low and they needed to

improve on this. The Glasgow Shelter Families Project was keen to participate in this present study as a means of gaining feedback on user satisfaction with their service; and an evaluation of the Homeless Families Health Service was planned, but had ran into difficulties with NHS ethics approval procedures. In Highland, there are plans to survey households in temporary accommodation alongside the general housing satisfaction survey. Only in Dundee did some service providers comment that homeless families couldn't participate in the future development of services because of the nature of their problems.

## Summary

This chapter has reviewed the range of (non-housing) support services available to homeless families and has explored a number of general concerns about service design and delivery. The following key points were made:

- specialist health and social work services for homeless families were very popular with service users, as were volunteer befriending programmes;
- health visitors were often viewed negatively by homeless parents; GPs were more often perceived positively, although access to GP registration can be difficult for drug users;
- access to specialist drug and alcohol services was problematic across the case studies, with access to dentistry also highlighted as a problem in Highland;
- particular problems were identified in gaining access to benefits for 16 & 17 year olds and to Social Fund payments (Community Care Grants and Crisis Loans);
- few of the homeless adults interviewed were engaged in employment, training or education, and only those in contact with specialist homeless families' support projects seemed to have received specific help with this;
- disruption to children's schooling is a major source of distress to both children and adults in homeless households, and difficulties with enrolment and teachers' attitudes sometimes exacerbated these problems;
- targeted support for homeless children and with parenting skills seemed highly valued but lacks a clear funding stream;
- families interviewed in Highland and Glasgow had received far more targeted support than those in Fife and Dundee; these multiple interventions were generally much appreciated but could lead to service co-ordination difficulties, most obviously in Glasgow; and
- the involvement of homeless families in both the interventions they personally receive and in future policy and practice development was very limited.



## Chapter 7 Conclusions and Recommendations

This chapter is still in note form. Some of the key areas we plan to pick up on are outlined briefly below.

### Specialist and Mainstream Services

- Should have specialist services available for homeless families where possible (don't have to be exclusive to this group but have to be specifically tailored to meet their needs).
- These families need specialist services both because of the particular difficulties that their insecure housing circumstances bring (e.g. mobility); and the extreme social exclusion faced by those with multiple problems (housing problem is just most visible manifestation)
- Advantages of specialist services include the *intensity, flexibility, understanding* can bring. They are often better resourced than mainstream but that isn't only reason that they get a better response – also approach, ethos and commitment.
- The ethos of such specialist services should be (and usually is) about enabling people to link back into the mainstream rather than about segregating/stigmatising them.
- Problem with reliance on 'mainstream' services is that without specialist services to act as 'bridges' back in to them many homeless families won't have confidence, motivation etc. to access what is there. Provision of information is not sufficient
- Specialist services also play a key role in 'culture' change in mainstream services through advocacy etc.
- It is possible to provide these services in all parts of Scotland in a cost-effective way because of 'floating support' model (e.g. Highland). No need to have complexity/scale of services of Glasgow. Given importance of low level support, can achieve much without huge commitment of resources
- Glasgow and Highland have made good use of Supporting People opportunities to expand services for homeless families; Dundee and Fife seemed to have missed the boat on this, and are more typical of Scottish LAs
- Where there are multiple (specialist) interventions, co-ordination is essential – one person needs to 'care manage'
- Volunteer befriending programmes should be encouraged for homeless parents

### Temporary Accommodation

- Policy to end use of B&B is right – conditions are very poor; use of 'mixed' hostels should similarly be eliminated
- All families in temporary accommodation should have access to some form of targeted support to help them cope with disruption – even if only at a minimal level for those with fewer needs
- Temporary accommodation/support providers should have key role in ensuring that families stay in contact with health and other mainstream

services to help overcome disruption and locational problems caused by temporary accommodation

- Supported accommodation units for the more vulnerable homeless families was identified as a key gap in the urban areas- was interest in women's refuge 'core and cluster' models
- Lack of adequate play facilities for children across all forms of temporary accommodation is a major concern and should be prioritised in policy development

### **Permanent Accommodation**

- There are clearly going to continue to be problems of shortage (rural) and quality/neighbourhoods (urban) for all homeless groups
- Targeted support for homeless families would help them to cope with resettlement, particularly into difficult neighbourhoods
- Every effort should be made to ensure that social rented stock is let in a 'habitable' state
- Access to the private rented sector should be pursued, where this is in line with the needs and wishes of the family

### **External Violence**

- Key problem for homeless families, particularly in Glasgow
- Should think about adapting some of the services for those subject to domestic violence for use with this group

### **Social Work and Health Services**

- How best to minimise impact of drug (or alcohol) misuse of parents on homeless children was a key concern for both services
- Lack of access to drugs services was the key health gap for homeless families
- Problems with accessing alcohol and mental health services as well
- Housing/low intensity support can't act as substitute for social work interventions where these are required – social work seems severely overstretched

### **Work/Training/Benefits**

- Much more needs to be done to re-engage homeless parents in education, work etc – would help self-esteem, confidence, networks etc
- Poverty trap issues and childcare/childcare costs have to be dealt with before they can engage in these activities
- As in so much previous research, the Social Fund and benefits for young people are highly problematic. Some changes at the margins (on timing of Community Care Grants, for example) could make a major difference)

## **Education**

- Disruption to children's schooling was key concern for both homeless parents and children
- There is a much bigger role for Education to play in minimising problems for homeless children - paying fares to keep in school, keeping track of kids who drop out, etc.

## **Children's Play and Support Needs**

- Children need specific targeted support in dealing with trauma and disruption (and stigma) of homelessness (and events that caused homelessness)
- Very few children's workers – need secure funding stream for this type of work with vulnerable children
- Play facilities should be a priority in all temporary accommodation – in 'communal' provision need play rooms; in all need gardens - cramped conditions don't allow children play space. Prioritised by all parents: needed not just for the children, but also to ease pressure on the parents.
- Parenting training much appreciated for more vulnerable families

## **Prevention**

- In all case studies, it was identified that more work on prevention was needed (e.g. on stopping evictions/abandonment)
- Glasgow seemed to have strongest agenda on prevention, with Housing Support Service, but yet to bear fruit, and time limited, low level support etc.

## **Culture and stigma**

- The 'attitudes' of service providers was critical to homeless families access to services, and to how they felt about them
- Achieving culture change in mainstream services working with homeless people is a difficult but crucial process, specialist advocates etc can help
- Every effort must be made to minimise any stigma attached to living in temp accommodation, and certainly mustn't be exacerbated by service interventions (e.g 'homeless curtains' in Glasgow )
- Much more needs to be done to involve homeless families in their own 'care planning' to help gain control of their lives; and service user feedback also needs to be much better developed

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