THE CULTURE OF HOMELESSNESS:

An ethnographic study

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ABSTRACT

The thesis argues that homelessness is complex and synergical in nature. It discusses the life events and processes that often trigger, protect against and predict the likelihood of someone becoming homeless (and/or roofless). It argues, that people's routes into homelessness are complex, multiple and interlinked and are the result of biographical, structural and behavioural factors. This complexity increases with the age of the individual and the duration of their rooflessness. The thesis explores the homeless culture as a counter-culture created through people being pushed out of mainstream society. It argues, that what happened to people in the past, created the nature of the homeless culture. Furthermore it is argued that any serious attempt at resettling long-term rough sleepers needs to consider what it is that the homeless culture offers and whether or how this can be replicated within housed society. The thesis goes on to demonstrate that there are immense, complex, multi-dimensional difficulties to be faced by those exiting rooflessness. These difficulties arise from complex structural, behavioural and emotional factors that are inextricably entwined within people's lives and, at times, negate positive influences or exacerbate existing problems. It is argued that the current system inadvertently actively discourages and/or prevents people from leaving homelessness and fully re-integrating back into housed society. Radical changes are needed in the way we perceive and tackle rooflessness. The thesis concludes with a discussion of the types of policies and interventions that could prevent rooflessness from occurring or would actively promote meaningful re-integration back into housed society.

ACKNOWLEDGEMENTS

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1. INTRODUCTION

The purpose of this small scale ethnographic study was to explore why it is that despite the fact that previous research appears to have established the causes of homelessness and formulated solutions to it, which have been implemented, homelessness still persists. To this end, the research looks anew at the causes or triggers of homelessness, the process of becoming homeless, the existence of homeless subcultures and their impact on long-term homelessness plus the process of leaving homelessness and reintegration into housed society.

The research looks in detail at the synergical and complex nature of homelessness and the interaction of this complexity with the structures in place within society that are designed to prevent or alleviate homelessness. Among the questions that the research investigates are the following: How do childhood experiences and life events affect people who become homeless? Do they contribute to the cause of their homelessness? What are the causal and exit trajectories of homelessness? Is there a homeless culture, which acts as an umbilical cord that prevents some people from exiting homelessness? Are there specific coping mechanisms or strategies that mean some people are more likely to succeed in exiting homelessness than others?

With this in mind, the research begins by examining the various definitions of homelessness, their impact on our knowledge and the construction of homelessness (Chapter 2). This moves onto a discussion of the way those tackling homelessness perceive and deal with the problem. It is shown that central to all definitions of homelessness is the definition and concept of home. Home is defined as a central part of any individuals' life. It has the power to affect people's ability to socialise, work and develop ontological security. From these definitions a distinct difference between homelessness and rooflessness is identified and this is highlighted throughout the research. The discussion moves on to evaluate the contribution of the homeless industry both to the homeless discourse and homelessness per se. This term is defined and explored within Chapter 2.

The various theoretical perspectives that have been applied to homelessness are discussed, including implicit theories within the literature (Chapter 3). The pervading theoretical perspectives at various points in time have historically driven welfare and homeless policy. The research, therefore, goes onto examine the evolution of current homeless policy in the light of the overall housing policy, employment and economic structures within the welfare state and Britain in general. The overall conclusion drawn

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from this discussion is that much of the current homeless policy has evolved by default, as a result of the absence of any alternative cohesive policy that prevents or at least creates an adequate safety net against homelessness (Chapter 4).

To ensure that gaps in existing knowledge were addressed, this research has a heavy bias towards homeless people's childhoods and family background, the long-term homeless, and the ex-homeless. With this in mind, a holistic approach was taken to ensure that people's experiences of homelessness were viewed in the context of their life as a whole, rather than as short interludes or episodes. The thesis is based on 48 life-story interviews, 52 formal and informal in-depth interviews with homeless and ex-homeless people and over 1020 hours of observation (Chapter 5). To counterbalance this information 24 interviews were carried out with people who had never been roofless but had experienced several triggers of rooflessness. In addition, interviews were conducted with professionals in the field, including charities/organisation directors and housing officials. A grounded theory, reflexive approach to analysis was taken, with conclusions and recommendations being floated, developed and honed during discussions and work with professionals, policy makers, housing officials, charity staff and ex-homeless people.

Whilst it is recognised that such a small-scale study can be in no way representative of homelessness as a whole, there were a number of common factors that, along with evidence from existing research, suggest the findings are typical of the long-term homeless population. If society is serious about tackling the problem of homelessness, by preventing it, managing it and/or assisting people to leave homelessness, then there were a number of significant findings. In an attempt to demonstrate the complex and synergical nature of homelessness, the thesis is deliberately descriptive and uses the voices of homeless people to demonstrate the findings. To preserve anonymity the names of the individuals participating and any identifying information has been changed/omitted.

The thesis found that the origin of the majority of people's routes into homelessness (especially rooflessness) began in childhood (chapter 6). A number of triggers were identified and established as factors that increase people's vulnerability to rooflessness. It was apparent that it is not the triggers themselves that resulted in rooflessness, but the accumulation of triggers especially if they were experienced in quick succession. In fact, rooflessness appears to be predominantly a solution to existing problems rather than *the* problem. The family, relationships within the family and the home environment seem to be the strongest factors that either trigger or

protect people against homelessness. Experiences during childhood often began a series of experiences, decisions and gradual disaffection or alienation from society, the family and home. These events are depicted using route-maps that outline these processes and the accumulation of triggers over time. It appears that the age at which a person first experiences rooflessness is linked to the number of episodes and duration of homelessness. Similarly the age an individual first leaves home appears to have a direct impact on the degree and duration of rooflessness, with those leaving home early and/or experiencing homelessness at a young age far more likely to go on to become roof/homeless long-term. The route maps indicate that, on average, 7-9 years elapse between triggers commencing and rooflessness occurring. Furthermore, there appeared to be an average of 1-2 years in precarious housing, episodic homelessness (not rooflessness) and continuous vulnerability to rooflessness before rooflessness occurred, despite, in many cases, determined attempts to avoid it.

Central to the thesis' findings was the nature and impact of the homeless culture. A culture that developed and exists to serve specific needs that mainstream society have historically proved unwilling or unable to provide for (chapter 7). The chapter examines the process of becoming homeless and fitting into the culture, then explores the allure of the culture. This includes the strong intense friendships developed, the inverse hierarchies and a glimpse into the violent side of the culture as well as the fun side. Although gender is not a main theme, there is a brief look at women within the culture and the impact of homeless people losing contact with their children. The chapter highlights the intensity, vibrancy and attraction of the culture in the context of individuals' need to belong, to be respected and to be able to feel ontologically secure. It indicates why it is difficult for people to leave the culture and why some re-housed people remain locked into the culture. The culture is part of a continuum of social exclusion and inclusion as people excluded from mainstream society, become included in the homeless culture. To leave homelessness and resettle into mainstream society they need to exclude themselves from the homeless culture and fight to be included within the society that rejected them. The later part of this process is discussed as part of people's exit routes from homelessness (chapter 8).

Chapter 8 examines the obstacles that need overcoming by individuals wanting to resettle into mainstream society. It demonstrates the enormity of the task they face. It is shown that access is at issue at all levels, from hostels through to inclusion within the community. It appears that the current system for dealing with homeless (especially roofless) people is counterproductive, actually discouraging them from trying to resettle, or locking them into dependency on the homeless culture for survival. A

number of factors are identified as increasing the likelihood for resettlement failure for people who are already exceptionally vulnerable. The over-riding theme for most of the research participants (other than access) was the condition of accommodation, from hostels through to secure tenancies. This is shown to have a deep long-lasting impact on a number of factors that determine success, including motivational issues, self-identity, economic factors and long-term support. The resettlement process at present appears to be an assault course, with obstacles designed to prove the individuals' desperation, rather than the intended gradual rehabilitation through preparation, support and assistance. This assault course has developed by default over a significant period of time.

The final chapter (9) establishes that there is a tension between a system that is so easy it encourages rooflessness and a system so punitive or harsh that it discourages resettlement. This tension appears to paralyse policy makers and providers, preventing them from moving to a point of equilibrium and creating an effective resettlement programme for all homeless people. The research suggests that the majority of homeless people need some form of help and support to resettle and that this needs to be flexible enough to allow people to progress forwards and backwards along the programme according to their needs and abilities. There were identifiable protecting factors, which protect people from becoming roofless (or at least counterbalanced the negative impact of roofless triggers) and predictor factors that indicated those most at risk of becoming roofless, as well as the people or organisations in the best position to spot the predictor factors as they occur.

If we are serious about preventing homelessness and in particular rooflessness amongst single people, there are a number of options open to policy makers and service providers. These include long-term policies that target the family and tackle issues arising during childhood and the more tangible support services that need to be activated once it is obvious that homelessness is inevitable. Such services would need to be multi-disciplinary, flexible and offer long-term support where necessary.

2. DEFINING HOMELESSNESS

This chapter discusses the importance of defining homelessness, the impact (or effect) of the various definitions, and the definitions used in the thesis. Particular emphasis is placed on the definition of 'home'-lessness. Homelessness is an emotive word that conjures up in people's minds pictures of the tramp walking the street, smelly, dirty and hungry, or the alcoholic, obnoxious, loud and drunk. To view all homeless people in terms of these two stereotypes is to do many an injustice. It can also act as an obstacle to tackling a serious problem.

There is no consensus on the definition of homelessness in the literature. The definition used often relates directly to the objectives and ethos of the body or organisation defining it. Thus all definitions become relative and prone to variation. In spite of this, definitions have shaped and formed public policy, moulded and manipulated public opinion, identified causes and defined solutions. For example:

> **Statutory definitions:** include families in precarious housing or temporary accommodation, but exclude most single male rough sleepers.

> **Voluntary organisation promotional literature:** Most literature promoting individual organisations define homelessness in terms of causal factors that evoke public sympathy (e.g. *"84% of young people arriving at Centrepoint are forced to leave home"* Centrepoint 1997).

The lack of a comprehensive definition, that is acceptable to all, prevents cohesive action on tackling homelessness both as a phenomenon and before it occurs. Carter (Burrows et al 1997), suggests this is because social policy itself has become so 'embroiled' in finding complex explanations that it has created 'individualistic discourses', which deny or obscure any ability to recognise real need even when confronted with rough sleepers. For example, homelessness is often analysed according to the two poles on a wide spectrum of attitudes, namely structural factors or psychological (individual pathological) factors (Watson and Austerberry 1986). Structural factors are arguments about, for example, the high demand for housing, unemployment, rising rents and house prices. Psychological factors focus on the individual and the way they fit into society. Caplow (in Bahr 1973) uses the second pole, defining homelessness as:

> *"a condition of detachment from society characterised by the absence or attenuation of the affiliative bonds that link settled persons to a network of interconnected social structures."* Caplow in Bahr 1973

For Caplow, homelessness is a form of alienation from the rest of society, caused by the loss of an "affiliative bond" (e.g. work, family or home) that links or connects the individual with society. The lack of an affiliative bond effectively excludes them from

society. For Watson and Austerberry (1986), however, Caplow's psychological emphasis implies a need for institutional provision, psychiatric treatment or social work intervention. The truth probably lies somewhere between the two. For some the "affiliative bond" can only be re-established through some form of psychiatric/social work intervention; whereas others simply need the security and stability associated with well-being and 'home'.

There are currently five main types of definition of homelessness:

1. **Statutory or Legal definitions:** are used by national and local governments and are enshrined in the legal framework via legislation. The British statutory definition defines families with dependent children and without access to accommodation, as homeless and those accepted as in 'priority need' on the grounds of 'vulnerability' (i.e. aged over 60, pregnant, suffering from mental ill health, young people in danger of exploitation). This excludes the vast majority of single homeless people, especially men.

   This definition places the onus on the individual to prove that they are homeless and that they deserve help. Those single people identified as undeserving (i.e. not old, not pregnant, mentally healthy), are not entitled to be housed under the law. The UK's statutory definition of homelessness does not include roofless people. They are identified as rough sleepers, not 'homeless' (e.g. Crisis 1998). They are not counted in the governments' homeless statistics.

2. **Continuum definitions:** Some authors (e.g. Bramley 1988) use a continuum of definitions that incorporates all possible types of homelessness from the roofless to those housed but who would rather live elsewhere.

   These definitions are based predominantly on the individual's relation to housing, their housing need and/or the type of tenure they have. Although this is the most versatile way of defining homelessness, it may be criticised for defining everyone as homeless apart from those who own their home outright and are happy with where they live.

3. **Statistical definitions:** identify an issue as a social problem then measure the magnitude of that problem. Such definitions are not discussed in the literature as a separate category; they are incorporated into other categories. Yet they play an important role in shaping the general public's attitudes, fundraising campaigns and political agendas. Statistics on homelessness are derived from literally counting people identified as homeless. Thus, the definition used, determines the number or people that are counted and in turn the size of the problem. For example, in 1993 the homeless figure in Britain ranged from 140,000 households to 8,600 individuals

(Shelter 1993[1]). The former figure refers to those 'households' accepted as statutorily homeless in England and Wales; the latter refers to the estimate of how many people slept rough each night. Statistical definitions tell more about the organisation collecting them than about the actual phenomena they are designed to measure (Hutson and Liddiard 1994).

Homeless people are a transient population; they move in and out of various forms of accommodation and spend time on the streets (i.e. Randall and Brown 1993; 1996). Thus some authors dismiss homeless statistics as irrelevant (Rossi 1989), as counting the uncountable, as merely providing a representative snapshot of the problem, but with no way of identifying how representative that snapshot is. However, based on this unrepresentative snapshot, the general public's attitudes, fundraising campaigns and political agenda's are shaped.

4. **Housing shortage definitions:** are commonly used in Britain. This reduces all other factors/problems that may cause homelessness to the lack of accommodation (i.e. rooflessness) or its unsuitability (e.g. bed and breakfast, hostel, friends floors). Thus homelessness is caused by a shortage of suitable affordable accommodation in the housing market (Avramov 1995; Shelter 1997; Baker 1997). Hostels are full because there is no suitable 'move-on' accommodation (Spaull and Rowe 1992). Little regard is given to individual autonomy or capability to cope in accommodation, sustain a tenancy or resettle in housed society.

5. **General Public's definition:** This definition is not discussed in the literature at all, yet it is an exceptionally important definition. The definition used by the general public establishes how much money organisations receive from donations and therefore has a direct impact on solutions to homelessness. It can be moulded and manipulated by the media and charities promoting and advertising themselves. The definition held can create apathy or public outrage and it can create stereotypes that are useful or undermining (e.g. drunk/dosser that does not want help; the lone mother struggling to keep her baby. Platt 1993). The use of or manipulation of the general public's (populous) definition has never been more powerful than when it prompted a change in legislation via the powerful portrayal of homelessness in films like 'Cathy Come Home' and 'Johnny Go Home'.

2.1 THE DEFINITIONS USED

If we are serious about understanding what homelessness means and defining 'home'-less, it is necessary to first look at what 'home' means. Understanding what 'home' is and its function, helps us to understand what it means to be without that 'home'.

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[1] See also Rossi 1987 for a similar example with Chicago homelessness

However, defining home is not that simple and could be the subject of a thesis in its own right.

2.1.1   Home

Home is a common everyday term that has multiple meanings that vary enormously. This term is truly a synergy, the plurality of physical and emotional meanings attached to it adds up to far more than the term itself could ever convey. Based on both the general public's perceptions (Wilkinson 1995b) and the views of homeless and re-housed people, home is not only a physical place offering safety and security, but a place defined by individuals in terms of: family (family may include close friendships/relationships or a substitute family); a social centre; a unique personal space that allows the individual to define his/herself; a place to relax enough to be 'yourself'; a means by which we order our lives and organise all our activities; something that defines us and our status in life (Wilkinson 1995b). Systematic evidence suggested that some homeless people defined home as their hostel room or a set of relationships within the homeless or travelling community.

> *"It felt like I had a family there. I knew how to fit in. I just worked hard and kept my head down. I made good friends and I really liked travelling around. At that time I lived in cars and caravans"*. Alex, male aged 35; rough sleeper

> *"It feels a bit like having a family. There is a real homely feel"*. Shirin, female aged 18; hostel

This is not a new phenomenon. Hutson and Lidiard 1994 note that some people feel at home living on the streets and do not want to be housed (also Rivlin and Moore 2001) and have defined home in terms of: a social centre; a sense of ownership of that space (or relationships associated with it); a unique personal space to invite people into or choose not to; a physical place where they felt stable, safe, trusted and can trust; family/relationships; a place for emotional and psychological refuge where they could be their true 'self'; a physical and emotional sense of equality with their peers in housed society.

> *"Home, it'd be somewhere nice and warm. With a telly and that to watch and to sort of sit and lie back for a few days while your minds all running on and that"*. Tony, male aged 31; rough sleeper

> *"I need a nice place if I want to live like others, bring friends round etc"* Melanie female aged 16; hostel

From the formal and informal interviews and previous research (Wilkinson 1995b), it would appear that a definition of home as perceived by both members of housed society and by homeless and ex-homeless people could be:

Home is a feeling of safety, trust, continuity and stability that permits the physical, emotional and psychological well-being necessary for experiencing friendships

and relationships. It is a central point in our lives from which other activities like work, friendships and relationships can be experienced and developed. It is also a unique space, place or area through which individuals define themselves and allow themselves to be their true self. A space or place that allows them to feel anchored into their society and equal to or able to mix with their peers.

Buildings and furnishings are a secondary requirement. If the individual has no emotional response to their surroundings and no meaningful social contacts within the premises or the surrounding area and is unable to create them, they do not feel 'at home' (e.g. Rivlin and Moore 2001). Some may argue that on this basis a huge percentage of the general population do not feel at home, and this may be true. However, not feeling 'at home' does not make people roofless; nor are those alienated from people in the area in which they live necessarily homeless. This definition does however, point to what people perceive as home, what they expect from home and what they want when they are looking for a home. Those without a home, e.g. the roofless or precariously housed, are not necessarily seeking a physical place as home and thus can be at home on the streets, on friends' floors, in squats, hostels or temporary accommodation.

This definition comes into its own when looking at long-term resettlement. If people see the streets, an old ambulance or a hostel as home, they are not going to give that up willingly for feelings of isolation, loneliness, instability, stress and anxiety. Similarly, when providing accommodation for roofless people they are unlikely to settle if they do not feel safe, secure and stable. Often these factors are not taken into consideration, which may account for the frequency of episodic rooflessness.

There is a danger here of defining home in such a way (i.e. psycho-social) that those preferring to view the existence of homelessness in terms of individual pathology or inadequacy have a strong case. Thus it needs stating that this is a relational definition that encompasses individuals' relationship with themselves, their peers, the community as well as the employment and housing markets. It is a definition based on the individual's ability to interact with people and their environment as well as within the structures of society, thus it encompasses both structure and agency theories.

2.1.2 Homelessness

As has already been established, homelessness is far more than house-lessness, and there are various definitions of what homelessness could mean depending on who you are and why you want to define it. Within that umbrella phrase, homelessness has several subcategories, which have not yet been defined.

Roofless: those people who literally have no roof over their heads at night and have to sleep on the streets, on benches, in parks or under bushes. These are the people that the vast majority of housed society defines as homeless, though not all roofless people would define themselves as homeless.

Houseless: As more research has been done into homelessness and funding allocated to homelessness, some commentators have become pedantic about what is or is not homelessness and who is or is not eligible for assistance. The pedantic view is that those living in sheds, cars, caravans or tents are not roofless, but they are still broadly speaking homeless or rather houseless.

Precariously housed: those living in hostels, squats, temporary accommodation (e.g. bed and breakfast hotels), friends floors, overcrowded accommodation, and those about to be evicted.

There are other aspects of homelessness that also need defining, some of which are not considered in the literature, and others that have not been developed or have lain dormant for years. Nonetheless, they will form an integral part of the argument and have contributed towards the understanding of the homeless process. For example:

2.1.3 Homeless Community

The homeless community is not discussed in British literature. Perhaps this is, in part, because people working directly with the homeless do not perceive it as relevant to the causes/continuation of homelessness or the reintegration process into housed society. Alternatively, funders do not want to waste time and money establishing the intricate networks, rules and regulations of something that they are trying to end. Or perhaps they prefer to view the homeless as social isolates, lonely, vulnerable and in need of help (i.e. Rossi 1989). Stereotypes of helpless vulnerable victims are useful to fundraisers. They create an image that creates public sympathy. The image of a group of people with a code of norms, values and deep-rooted friendships or feelings of anarchy does not attract funding.

There is literature on American homeless communities (Glasser and Bridgman 1999; Liebow 1993; Wagner 1993; Boelen 1992; Harper 1979), which are ethnographic in nature. Liebow's and Wagner's studies were also longitudinal. The American studies offer an insight into the worlds of homeless people that can be applied to British homelessness. They contain indicators of why 5% of British homeless people prefer to sleep rough and why against all the odds people can survive and thrive on the streets even in wintertime (i.e. Randall and Brown 1996; Social Exclusion Unit 1998c). One aim of this thesis is to redress this paucity of British literature by examining the homeless culture and its impact on its members (chapter 7). What will be established is

that there is no single homeless community. Instead there are many communities, each geographic area having its own. In London, especially, there can be several communities in a small geographical area, some of which intermingle (e.g. Trafalgar Square, Strand and Savoy hotel). The culture comprises of roofless people, plus street users and the precariously housed.

2.1.4 Street Users

Current literature does not separate the roofless from street users. Street users are a group of people who to all intents and purposes live on the streets. They look like and dress the same as the homeless, they are seen with their dogs and cans of larger and they frequent daycentres for the homeless. Yet they live in social housing nearby, which they return to at night. In addition, there are those on the street who have secured a night-shelter or hostel place, but have to spend the daytime on the streets.

2.1.5 Homeless Industry

The homeless industry is a useful way of describing the many organisations/individuals that are involved with homelessness. Bevan (1998) alluded to it in his resettlement handbook, discussing the 'environment' that resettlement services worked within, that included all agencies, institutions and social, economic, political and cultural contexts. Elizaga (2002) argued that the fight against poverty (homelessness) had turned into a good business proposition. Since the commencement of this research, the term homeless industry was briefly used in the media (Walker 2001) to describe the government funded quadrupling of the number of predominantly unregulated organisations working with the homeless in London over the last twelve years. In London there were approximately 500 charities in 1991 rising to about 2,000 in 2001 (Walker 2001). This usage of the term, however, severely limits its meaning and ignores the extent to which homelessness has become an industry with raw materials and end products. The thesis uses the term to include, statutory and voluntary sector organisations, campaigners, churches and charities, plus academics, intellectuals, research organisations, authors and even, university or college training courses. Many of these organisations and individuals rely on the existence of homelessness for their funding or wages. Moreover, some people are now specialists in their own right, experts on certain aspects of homelessness. A whole body of knowledge has evolved that includes its own special language and training courses, thus separating homelessness from other related issues such as housing, health or family.

2.2 ROLE OF THE HOMELESS INDUSTRY

A realistic look at homelessness must include an examination of the impact of the homeless industry on homelessness. As with any industry, it is open to market forces,

for example, since 1990 it has grown rapidly in terms of facilities and the prolific output in research and literature from government, academics and the voluntary sector (see Klinker and Fitzpatrick 2000). This led to specialist government (e.g. Rough Sleepers Unit, Bed and Breakfast Unit, Homeless Directorate) and academic departments (e.g. York University Centre for Housing Policy), plus specialist knowledge, language, training courses and conferences. This is not necessarily a negative factor. It has acted as a catalyst for improving homeless provision.

Furthermore, the industry is self-perpetuating, in that, whilst attempting to alleviate homelessness, it is also in their interest to ensure that there is always a next phase that needs to be looked into or addressed (e.g. suggestions for further research). For example, Phases 1-3 of the Rough Sleepers Initiative led to the Rough Sleepers Unit's focus on prevention and then an examination of the use of temporary accommodation via the Bed and Breakfast Unit. Conversely, without adequate self-regulation there is a danger of 'client hogging' and cream skimming, with organisations competing for easy clients, or to keep funded beds full. Problematic clients and/or those with chaotic behaviour are difficult and not cost effective to help. Similarly many organisations are locked into crisis management rather than prevention as this is historically where the bulk of funding has been aimed.

Market forces not only caused the homeless industry to expand rapidly, but it also resulted in huge conglomerates being formed as charities and organisations formed alliances or working partnerships in an attempt to gain more funding and meet client needs. Some of these conglomerates are now looking into mergers, but this could affect their share of government funding. As we shall see, paradoxically, whilst the homeless industry tries to alleviate the suffering of roofless people and resettle them back into housed society, there is every indication that it is inadvertently part of the cause of roof/homelessness, thereby creating a never-ending supply of homeless people. In some respects, the nature of rooflessness and homeless culture means that in trying to assist these people, a natural by-product of the industry will be people returning to the streets. Similarly, the fact that services do exist has historically drawn some people out of precarious housing (or difficult living situations) and into homelessness and in extreme cases rooflessness, as is shown in Watson with Austerberry's (1986)[2] discussion on late 19th century philanthropic provision and Carlen (1994)[3] and Jencks' (1994)[4] discussions of modern British and American social policy.

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[2] Philanthropists set up hostels, housing associations, lodging houses and a variety of other charities and organisations designed to tackle rooflessness and avoid the use of workhouses and casual wards. They realised that their provisions were in part causing and increasing homelessness. The more provisions they made, the more people stopped finding alternative solutions and went directly to the new schemes.

[3] Carlen saw bureaucratic procedures in statutory and voluntary agencies, housing policy and government

Though not overtly discussed in the literature, the following are based on the hypothesis that some provisions increase homelessness:

- The 1996 Housing Act was designed, in part, to close the loophole between homelessness and a fast-track into social housing.

- The Homeless Act 2002 ended the two-year rule that potentially kept homeless people in limbo, continually vulnerable to rooflessness, for that period.

- Silting-up of hostel accommodation through the lack of move-on accommodation means roofless people cannot move into hostels because there are no beds (Spaull and Rowe 1992).

- Hostels or Bed and Breakfast hotels offering no advice, support or resettlement programme, fail to prepare clients for holding a tenancy, budgeting and coping with day-to-day living, thereby triggering episodic rooflessness (Ravenhill 2000b).

- Resettlement programmes that rush, push or do not support its clients adequately are, in part, to blame for their clients failing to keep their tenancy (Dane 1998).

In addition, the policies and admission criteria of, for example, hostels, daycentres and housing associations can and does exclude people from assistance. Those on the brink of homelessness (not roofless) are excluded from most hostels, especially in London. Furthermore, the eviction and banning of clients from accommodation because of debt or their behaviour may result in rooflessness. The close-knit organisations working in conglomerates means that an individual is often blacklisted or banned from all facilities in that area. Whilst it is understandable that organisations need to discipline some clients and/or ensure the safety of other clients, staff and property, blanket bans exclude people from facilities and increase their alienation from services and wider society. This is a very difficult group of people to work with, they are disaffected, often unwilling to take responsibility for their own actions and persistently flout rules. Nonetheless, the homeless industry's response to that behaviour does inevitably result in rooflessness.

Systematic evidence from formal and informal interviews with the voluntary sector, local authorities and other providers in Camden, suggests that the homeless industry has become incestuous in nature. Funding mechanisms, the lack of regulation and market saturation in provision for some client groups, has prompted charities and other organisations to become unwilling to share or refer on clients that could be helped better elsewhere. In addition, a mixture of apathy, incompetence and ignorance

policy in general as factors that excluded people from help or inhibited their progress, thus resulting in them becoming homeless.

[4] Jencks looked at the effects of improvements to hostel provision in the US, easier access and a change in application procedures for federal housing that gave residents priority. He found that when the risk of spending months on the streets was reduced to a matter of nights, more people were willing to leave unsatisfactory accommodation (friends floors, motels) and present themselves as homeless. Thus gaining

amongst staff, may lead to advice agencies (including housing departments) and professionals (e.g. hospital social workers) failing to refer people onto voluntary sector organisations that were better placed to assist certain homeless clients. This caused frustration, disillusionment and mistrust of authority, sometimes resulting in homelessness, disaffection and alienation from the industry and people spending far longer on the streets or in precarious housing than is necessary.

"What might have stopped all this messyness, would have been if I had been told about New Horizon before. Or else a good keyworker at my first place would have meant that I wouldn't have kept moving". Anita, female aged 20; hostel.

2.2.1 Imports and Exports

The absence of adequate facilities results in roof/homelessness. That includes inadequate medical/psychiatric care, supported housing, hostels or rehabilitation programmes for substance abusers. The lack of facilities and provision for homeless people in general, causes migration within the homeless population. In the absence of facilities elsewhere, the homeless industry inadvertently contributes to this migration. From research in Exeter, it appears that the strength and variety of its facilities drew precariously housed and roofless people in from surrounding villages, towns and cities (Ravenhill 2000a). Similarly, work with the South East England Development Agency (SEEDA) and the Regional Action and Involvement South East (RAISE) Regional Homeless Action Team (RHAT) highlighted hotspots within the South East region with high incidences of homelessness. These hotspots were triggered, in part, by structural factors that affected the availability of low-rent housing (e.g. near airports, prisons, university towns). They were also triggered by migration to cities (for anonymity) and places where facilities either existed or were better (Matthewman and Read 2002).

In addition, to migration by homeless people, there is a vibrant export industry. For example, London local authorities and Charities (e.g. Borderline) facilitate and/or encourage some homeless people to go back to their 'home' area or the area in which they have a local connection. Additionally, some people are offered the option to move from areas with intense pressure on housing to ones with empty available properties (e.g. the North East). Homelessness is about far more than a lack of accommodation. Exporting people moves the cost of provision of support services elsewhere; 'outsourcing' in industry terms. Furthermore, if services are non-existent or these people are not dovetailed into services quickly enough, they become vulnerable to further roofless episodes. This may include migration back to areas with more plentiful/accessible facilities.

The export industry also temporarily exports people to out of borough facilities. For

a fast-track into federal housing. Homelessness increased over time, instead of decreasing.

example, from work with Merton Anchorage Trust and Merton Faith in Action, hostels for the over 25s, non-hospital based drink dry-out clinics and drug rehabilitation programmes do not exist within the Borough, thus people are either exported to neighbouring boroughs or elsewhere in the country. Alternatively from research in Reigate, the lack of move-on accommodation there caused hostels to silt-up (Ravenhill 2000a). Little provision for people over the age of 25 and none for those over 35 resulted in people being re-directed to other facilities several miles away and in unfamiliar areas, away from people's existing social networks.

> "When I went to social services and reported myself as homeless, they told me they couldn't pick me up. I was told that the nearest places for me to go to would be Guildford, Croydon or Leatherhead. But I had no money for the train fare so that was not a great deal of help". Pam, female aged 16; Hostel

There are many more examples of the export industry. Suffice it to say, it is part of the homeless industry and it does result in people being housed, receiving treatment or gaining access to the most appropriate facilities. However, simultaneously and inadvertently it also causes people to be displaced, move away from social networks and become vulnerable to isolation, loneliness and further rooflessness.

2.2.2 Control of Knowledge

Over time, some misconceptions about rooflessness have become entrenched in the literature and expert thinking about homelessness. In part, this has come about through the discourse that has developed. A good example of this is 'causes' versus 'triggers'. For authors such as Fitzpatrick et al (2000) there is little or no distinction between the two terms. However, there has been a discernible shift in thinking resulting from changing the term used from causes to triggers. This changed the whole focus of the homeless industry. Until 1999 the literature discussed causes of homelessness. A list of causes developed from a range of studies that claimed to have found one cause (or more) of homelessness. Once identified, most causes were accepted regardless of the strength of the evidence and were not subjected to further testing. Yet when the causes of rooflessness were looked at more closely, Randall and Brown (1999a) found most of them did not directly cause rooflessness. Instead they were triggers that could potentially lead people vulnerable to homelessness into rooflessness. Moreover it was multiple complex triggers that resulted in potential rooflessness. This recognition paved the way for examining the accumulation of triggers over a period of time and the realisation that rooflessness was a process and rarely a sudden event (DTLR 2001b). This change in thinking stimulated an increased emphasis on the importance of prevention of rooflessness (Randall and Brown 1999a; DTLR 2001b; 2002a,b).

At present, homelessness appears to be synergical in nature. The synergy appears, in part, to be the product of the way homelessness as an issue has been treated and researched in the past. The identification of one misconception and the gaps in knowledge that have since been filled suggests that there may be others. An examination of the literature within the homeless industry shows how these misconceptions and gaps in knowledge may have evolved.

Most research tends to be evaluative, measuring and exploring the extent of what is already known about homelessness, in terms of causes, policy and practice (e.g. Baker 2001; Pleace 1998; Niner 1997; Llewellin and Murdoch 1996; Randall and Brown 1996;1995;1994b;1993; Anderson et al 1993, Audit Commission 1989; Saunders 1986; Drake et al 1981). Just from the dates of the preceding references, it is obvious that this has been going on for a long time. Effectively, the research only tends to find the causes that it looks for or stumbles across as it evaluates a project. For example, when evaluating the long-term impact of the rough sleepers resettlement programme, Alexander and Ruggieri (1998) found the lack of tenant support after re-housing meant tenancies often failed and resulted in roofless. That finding went into the pool of knowledge on homelessness and is regarded as a trigger of homelessness (e.g. Fitzpatrick et al 2000).

Research into different areas of social policy or social problems inadvertently identified factors that left people vulnerable to homelessness. For example, Hobcraft (1998) in his research into the intergenerational transmission of social exclusion produced data that identified people from social class 3a and 3b as the most vulnerable to homelessness. Thus it was suggested, without further explanation, that middleclass attitudes and values may contribute in some way to homelessness, especially youth homelessness. Other researchers can now build into their work a look at family backgrounds and social class. Further research could investigate exactly how middleclass attitudes and values affect homelessness. Hobcraft's (1998) work, using secondary data analysis, is a classic example of the way new ideas get absorbed into thinking on homelessness, without people ever having to speak to homeless people directly. Then when the homeless are contacted, questionnaires and survey-style interviews are conducted covering a range or pre-determined topics. When Anderson et al (1993) and Randall and Brown (e.g. 1993; 1996) conducted their research, the questionnaires were based on existing knowledge. Thus their findings produced nothing new on the causes of homelessness, though the numbers of people that were affected by those causes was surprising.

The effects of funding on research findings cannot be ignored. The bulk of the literature

is based on small, often localised studies into specific aspects of homelessness (i.e. Ruggieri 1998; Alexander and Ruggieri 1998; Pleace 1998; Smith et al 1998; MYSHF 1998; Baker 1997; Llewellin and Murdoch 1996). There is little attempt to develop a more macro picture of the problem. When attempts are made authors simply draw on existing research and base their comments and arguments on that evidence (Fitzpatrick et al 2000; Burrows et al 1997; Watson and Austerbury 1986; Hutson and Liddiard 1994; Coates 1990; Bramley 1988). Thus there is a tendency to generalise inappropriately from small-scale localised studies. This reinforces what is already known, and places that knowledge into a broader theoretical framework. The production of these small specialist/specific studies is stimulated by the need to raise public awareness about specific issues in order to raise funds, to highlight organisations and under-funded aspects of homelessness to the government or to generate central funding (Ravenhill 1998; Fitzpatrick et al 2000; Rossi 1987). This can be a good thing; it raises public awareness, attracts media attention, and feeds directly into government and voluntary organisations' policies.

Often there is a spate of research on the same theme. Once an issue is raised, other organisations want to investigate it from their perspective or highlight a particular 'good practice' model they have for dealing with that problem. For example, research into the links between homelessness and health (Keyes and Kennedy 1992) highlighted among other things, death on the streets. The extent of this was investigated and further research examined the links between homelessness, health and mortality (Grenier 1996; North et al 1996). This research was built on and used as part of Baker's (1997) research into the links between homelessness and suicide. Again, the information was built on and used to inform UNLEASH's (1998) research and step-by-step guide to the best way to deal with the death of a homeless person.

This means that over the course of just over 100 years of constant research into homelessness, there has been no fundamental questioning of the way in which the problem is perceived. Assumptions have been absorbed into the collective consciousness of the homeless industry (academics and providers alike), blinkering people to the possibility of alternative causes and solutions to homelessness[5].

Government led programmes such as the Rough Sleepers Initiative focused the homeless industry's attention on numbers and throughput of individuals through schemes. Qualitative outcomes that were difficult to measure and quantify were sidelined as statistics that could be easily compared across organisations became

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[5] Rossi 1987, demonstrates that such misconceptions and common assumptions generated through the incestuous nature of homeless literature and the lack of thorough detailed research are a problem in

preferable. Attention focused on individual schemes and their achievements, rather than on the interdependence of organisations on each other to provide holistic support for homeless people. This had a direct impact on the way funding was meted out, creating in-fighting and jealousy that ultimately affected the quality of help and resettlement assistance available for roofless people. Some organisations became frustrated at the importance placed on crisis management, statistics and individual organisations' successes. They observed the lack of tools developed for evaluating their success with resolving long-term complex problems that were time consuming but changed lives (i.e. Alexander 1998). Sefton et al (2002) have done some work on this area and on developing the use of economic evaluation on the cost-effectiveness of homelessness prevention.

From 1998 onwards the homeless industry became aware that one very important voice seemed to be missing from most of the literature: that of homeless people. In an attempt to address this, a number of publications began to use direct quotes from homeless people to highlight specific themes or topics. However, the themes and topics discussed were still those based on existing knowledge of homelessness (Jones 1999; Ruggieri 1998). The lack of analysis within these publications meant that little was gained and much potential value was diluted or lost. Homeless people were relegated from expert to freak attraction. Frustration within the homeless industry and amongst such people as MPs, prompted the enigmatic question: Why is it that of those people living in certain circumstances some become homeless whilst others do not? The Rough Sleepers Unit made some attempt to address this, by identifying some factors that protect against homelessness (DTLR 2001b). However, the findings are limited by the heavy reliance on the existing research and bodies of knowledge. The report relies on the stereotypes of homeless people that, over time, were created and established by the homeless industry as an easy means for understanding the people they represent.

2.2.3 Use of Stereotypes

A significant role for the homeless industry is the management of the general publics and governments perception of homelessness and homeless people. They depend on these perceptions for funds and status. The industry has the power to mould and manipulate public sympathy and understanding of homeless issues. They are involved in a huge marketing campaign, thus the way the industry portrays homeless people is of significance. Documentary analysis was undertaken to examine the annual reports, promotional and fundraising literature used between 1997-1998 from organisations in

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America too.

the homeless industry, focusing on the case-study scenarios used. This gave an idea of the stereotypical homeless person being advertised. There were a number of broad stereotypes used that did not reflect the facts outlined in existing literature:

The 'respectable' homeless person: The documents were designed to present the Charities' work in the best light and attract funders. This meant that scenarios often glossed over the more negative characteristics of homeless people and highlighted those that were deemed to be more 'respectable'. For example, alcoholism/drug addiction was perceived as negative characteristics, problems that were aggravated or caused by being roofless, rather than possible triggers of rooflessness. Thus they became more respectable. Similarly, the effects of childhood, family, education and employment were emphasised to create an image of educated employable people, victims of circumstances who needed a helping hand to sort things out. For example:

> **The 'respectable' homeless woman:** 'Respectable' homeless women cannot be alcoholics, chronic crack addicts, prostitutes or child abusers, despite these characteristics being evident among the homeless (Ravenhill 2000a,b). Thus their vulnerability and blamelessness was emphasised rather than the negative aspects of their lifestyles. They were seen as lacking self-confidence/esteem, as being afraid, coming from unsettled family homes, having been abused and running away from something terrible. For older women depression featured strongly as both a cause of and an exacerbation of their experience of rooflessness. Thus, women were presented as victims of circumstances outside their control, people who should evoke sympathy not judgement. Yet they had strength of character to overcome their situation: survivors unwilling to remain roofless or in unstable accommodation. Despite everything, their rooflessness was simply an accommodation problem, centred around finding/accessing accommodation. Women were portrayed as actively trying to avoid rooflessness by approaching hostels, local authority departments or homeless agencies for help. Women were either victims or martyrs, but not to blame. This sanitisation of homeless women by charities detracts attention away from the proverbial 'bag lady' on the street, women diverted into prostitution and the problems of persistent substance abuse.

> **The 'respectable' homeless man:** Respectable homeless men are not drink/drug addicts, nor violent towards their partner/family, though reality suggests differently (Ravenhill 2000a,b). The scenarios portray homeless men as people used to being in paid employment before a relationship breakdown. Men were presented as suffering greatly as a consequence of being roofless and who then developed problems that were caused or aggravated by their rooflessness. These problems subsequently made it difficult to move into accommodation or maintain a tenancy.

The scenarios placed great emphasis on the length of the homeless episode and how long they slept rough. There was no mention of excessive drinking or violence as a cause of some homelessness. Men were portrayed as victims of circumstances, not orchestrators of their own lives. By focusing on qualifications, previous employment, and future aspirations (wanting further education/employment training), they were portrayed as educated, happy to work and keen to take an active role back in housed society: 'respectable' characteristics. Negative characteristics were shown as apparent lapses in good behaviour or problems caused by their rooflessness. Thus homeless men were portrayed as wanting help, being relatively easy to help and worth helping.

This focus on respectable homelessness detracts attention away from the difficult to handle and difficult to help clients that frequent many of the organisations within the homeless industry. By focusing on the easiest clients they distract the general public's attention away from the raw reality that homelessness does not begin on the streets, but in society and families long before rooflessness occurs. These 'respectable' profiles do not match the findings of other literature from the homeless industry (e.g. academic/government research).

The victim-martyr role: The victim-martyr role is one through which people gain sympathy, protection or assistance. It implies passivity, of life happening to a person, they are innocent of wrongdoing or mistakes. People are not responsible for or able to control what has/is happening to them. The martyr role implies that the person is a survivor, long-suffering, has a noble cause, has suffered greatly but has fought hard to overcome. The victim-martyr role is a very useful, perhaps manipulative tool. The homeless industry uses it to evoke a sympathetic response and as a very powerful fundraising tool.

Product of their upbringing: Where biographical details are mentioned in the scenarios, there is great emphasis placed on childhood, home-life and family influences, especially for young people (e.g. divorce, child abuse). People are portrayed as products of their upbringing, innocent victims of circumstances unable to affect what is happening to them. There is little mention of negative background factors, like truancy/school exclusion, early involvement with drink, drugs or crime, violent behaviour and an allergic reaction to all forms of authority. The focus centred on the breakdown of child-parent relationships, with parents (possible funders) often portrayed as virtuous and unlikely to throw their children out (the biggest trigger of youth homelessness, e.g. Fitzpatrick 2000; Randall and Brown 1999a). Such well-established triggers were understated or diluted. For example:

Family conflict, a known significant trigger of youth homelessness (Smith et al 1998; Randall and Brown 1999a), was underplayed. Organisations preferred to use the term relationship breakdown. The difference in term used is important, different terms conjure up different pictures. 'Conflict' tends to suggest negative interaction, active participation, rows and arguments: whereas relationship breakdown hints at passivity, a less active role, especially on behalf of the 'victim'.

Care leaver homelessness is played down. Only 13% of scenarios portrayed clients as care leavers. Existing research shows 32% of rough sleepers had been in care (Randall and Brown 1999a).

The emphasis on the consequences of homelessness is justifiable, in that the majority of charity work is in crisis intervention. However, the inadvertent by-product of that emphasis is to draw attention away from homeless people's pre-existing problems, especially those that were viewed as negative, to do with individual personality or behaviour. The stereotypes portrayed by this part of the homeless industry, skew the media, government and the general public's perceptions of roof/homelessness, diverting attention away from an exploration of fundamental issues such as why despite intensive intervention programmes[6] homelessness still persists.

The homeless industry must be applauded for its potential to alleviate and prevent both rooflessness and homelessness in general. It is an industry founded on, shaped by and perpetuated by the existence of rooflessness as a social problem. It has the power to mould and change public and government perceptions of roofless people. Paradoxically whilst trying to resolve rooflessness, at times it inadvertently creates it. In trying to raise public awareness of the plight of roofless people, it dilutes and plays down the reality. Much thought needs to be given to determine the extent to which these paradoxes are inevitable, avoidable or manageable.

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[6] E.g. the Rough Sleepers Initiative

3. HOMELESSNESS: THEORETICAL PERSPECTIVES

Over the years many theories about homelessness have developed which have both contributed to the understanding of homelessness and fuelled the homeless industry's push for more research. How one approaches this research, to some degree, depends on the theoretical framework used, and although a number of theories broadly apply, in practice no single theory seems appropriate. Thus the thesis adopts an amalgam of parts of theories and these determined the research methods.

3.1 POWER AND PATHOS (an aspect of functionalism)

The sight of people sitting on the streets of England can be, for some people, a very powerful experience, invoking a variety of sometimes conflicting reactions and emotions, including anger and pity. When discussing peoples' reactions to American homelessness, Coates (1990) suggests there is an elusive power that homeless people appear to have to invoke some form of response. Very few people walk by without any reaction at all, whether that is outwardly expressed or not. Coates (1990) notes the Jungian viewpoint that the homeless are: *"the shadow, the darker, harsher side of life and of humanity"*, a side with which we would rather not be confronted.

Homelessness in England has existed at least since the middle ages (e.g. Cope 1990). Yet people have never been comfortable with seeing people sitting and sleeping on the streets. Historically numerous ways of preventing homelessness have been tried or at least ways of preventing people from sleeping rough. Coates (1990), however, suggests that for some unknown, perhaps perverse reasons, we need a visible darker harsher side of life to assist with the rest of society's ontological security. That is, security comes from the knowledge that there are people 'worse off' than ourselves.

Coates (1990) contrasts this Jungian viewpoint with that of Max Weber's interpretation, namely that homelessness is:

> *"an example of the western world's profound evil, stemming from its ignorance, from its insistence on not being shown tragedy, pain, illness, death"*. Coates 1990

The sight of homeless people, especially at Christmas, provokes a moral outcry that something should be done. The experience of tragedy, pain, illness and death is fine in the theatre or cinema. It is unacceptable, however, to leave expensive seats in the theatre, only to be confronted with the fact that it is not fantasy but real. Weber would argue that the western world does not want to be shown real tragedy and pain etc, but peep at it from a safe distance. This is the darker side of humanity.

Coates (1990) argues, that there is an enigmatic power invoked by homeless people. It not only invokes anger but apathy too. Jahiel (1992) argues that even the visible sight of the destitution and suffering of homeless people on the streets has failed to evoke a public reaction strong enough to prevent it. In fact, the majority of the general public is apathetic and indifferent or even hostile to homeless people. This hostility is, according to Jencks (1994) and Weber's explanation, due to the anger provoked at being confronted with the harsh side of reality that people prefer to keep hidden. People are upset by seeing suffering blatantly displayed on the streets amongst the shop windows they browse. The homeless person gives Jencks' (1994) 'prosperous classes' an uncomfortable jolt with reality. This refusal to accept uncomfortable realities leads to the neutering of social problems (O'Neill 1972). Jahiel (1992) observes:

> "*This is not the first time that a societal phenomenon that will be looked at later with abhorrence is accepted by the contemporary population*".

An example is slavery, which was accepted as commonplace throughout the 18th century. This is a part of the past that we would rather forget about and ignore. It is now a thing of shame. Similarly in England throughout the 19th century what we would regard as child abuse was common practice, an acceptable, everyday part of our culture. It is only now in the 21st century that such things are abhorred by contemporary culture.

Homelessness has attracted large sums of money to tackle rough sleeping (through the Rough Sleepers Initiative 1990s; Rough Sleepers Unit 1998-2002; Homeless Directorate 2002 onwards). However, no policy has been created to prevent people from sleeping rough. Why is this so? Why is homelessness regarded as such a part of the norm that we fail to react or be outraged? These questions are beyond the scope of this thesis[1].

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[1] See Hutson and Clapham (1999) for an attempt at an explanation using constructivist theory.

3.2 FUNCTIONALISM

Functionalism is a theory more closely associated with sociology and anthropology than social policy. However, it is a framework that some commentators use for understanding homelessness (e.g. Jahiel 1992; Rossi 1989). Functionalists look at society in terms of social order and social systems, explaining why that order and those systems are maintained through the shared norms and values of its participants[2].

In Jahiel's (1992) discussion of the definitions of homelessness, he uses functionalism to define 'home'. He looks at the functions of 'home' and the 'hazards' faced by individuals when they do not have one (table 1). Jahiel (1992) argues that by understanding what home offers an individual, we can better understand why it is important to prevent homelessness rather than cure it once it has happened.

Table 1   **THE FUNCTION OF A HOME**

Function	Hazard(s) when the Function is lost
1 Protection from the elements	1 Dehydration, heat stroke, hypothermia, exposure, discomfort.
2 Protection from crime	2 Increased risk of robbery, beating, rape, or murder.
3 A place to rest, sleep, recuperate from stress, wash, toilet, clean one's clothes.	3 Stress, fatigue, lack of sleep, poor judgement, irritability, slow reactions, poor hygiene, dirty clothing, so-called 'homeless appearance', dependent oedema peripheral vascular disease.
4 A place to keep one's possessions	4 Need to carry one's remaining possessions.
5 A place to be alone; one's "personal space".	5 Stress & tension, demoralisation, exposure to respiratory infections, etc.
6 Control of entry; a place to be with friends	6 Intrusion of people who may be disruptive, exploitative, or abusive; lack of ordinary social life.
7 One's own place; a place that reflects one's personality, taste & creativity; a place to prepare one's meals	7 Anonymity, demoralisation, increased exposure to alcohol and drugs.
8 A place where one lives with and raises one's family; which provides role models for children; where children do homework.	8 Interference with family life; emotional stress & demoralisation; poor role models & bad influences for children; poor progress of children in school; sometimes, separation of parents from children.
9 An address; a place where one can be reached by mail or phone; a place near work or recreation.	9 Interference with searching for a job or receiving benefits.
10 A symbol of one's belonging to a community; facilitation of political action.	10 Decreased ability to participate in mainstream politics; inability to vote.
11 A place that confers social status	11 Low social status and consequent risk of lowered self-esteem or self-image.
12 Economic value of the home; home as investment; home as a place to engage in gainful work.	12 Low economic status; decreased ability to improve one's economic status.

Taken from: Jahiel (1992) Homelessness: A Prevention-Oriented Approach.

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[2] For a fuller discussion see Parsons 1937; 1951; Merton 1949.

He notes that by defining home in this way, home has biological and psychological functions as well as legal, economic and social functions. Therefore a 'home' has a significant role to play in the stability of society and the socialisation of society members (young and old). Without that stability, there is a whole range of 'hazards' that beset a person, which include those associated with health and hygiene, personal safety, and mental health (also Hiscock et al 2001). Jahiel's (1992) definition of the notion of 'home', however, is predominantly concerned with home as a physical structure, rather than a 'lived experience' that is part of memories, ontological identity, emotions and mental well-being. Although, it is important to note that Jahiel (1992) sees that the lack of such a container can cause severe physical and mental harm.

The main problem with functionalism in terms of homelessness is that from the outset the homeless person is seen as deviant, dysfunctional, even abnormal. This shifts the emphasis from the causes of homelessness (e.g. housing policy or employment structure) to causes that are predominantly people's personal failings or pathologies. To interpret all causes of homelessness as the individual's fault or inability to cope is unhelpful and misleading. For example, Rossi's (1989) examined homeless people's relationships with their families, and saw the individuals' choice to isolate themself was a symptom of their dysfunction. There is no recognition of the fact that families where incest, violence or constant criticism takes place are actually the dysfunctional party. This suggests that the act of isolating themself from such a family could mean the homeless person is functioning normally under the circumstances, rather than being dysfunctional. Functionalism as a theory, therefore, contributes to the debate, but on its own is severely limited as an explanation of what is actually happening.

3.3 STRUCTURALISM

Structuralism is based on the theory that society is made up of many structures that work together to order peoples everyday lives. Social problems can be analysed in terms of how the structures that organise or regulate life do so. Thus a structural explanation of homelessness, rather than focusing on the individual and their relationship to society, focuses on the social structures of that society and the way they affect the individual. Thus structuralist accounts of homelessness would focus on housing, welfare, economic systems and the family, looking at the effect these systems have on individuals or the roles they play in causing and perpetuating homelessness (e.g. Avramov 1995; Smith et al 1998). Shelter as a movement, for example, historically focused on housing as the only solution to homelessness; although they acknowledge that other things are important too (e.g. counselling, drug rehabilitation or good resettlement programmes), the vast majority of their research is still conducted in terms of housing need. Carlen (1994) used a structuralist approach when he examined

the structures that affect youth homelessness. He discusses the governance and agency-maintenance of homelessness, by examining the way policy and practice within existing structures (e.g. Social Services, housing departments, Benefit system) actually keeps some young people homeless or in accommodation that makes them vulnerable to homelessness.

The main problem with structuralism is that by focusing on the structures it overlooks the individuals' ability to be independent of these structures. It doesn't account for the individuals' ability to act, react and interact with their environment, making conscious decisions, taking risks and determining outcomes. Although it should be recognised that structuralists would still argue that an understanding of structures is necessary if the individual's actions and reactions within a given structural framework are to be understood (e.g. Berger and Luckmann 1967).

3.4 DEVIANCY

Although deviance theory stems from functionalism, it is also used within structuralism and interactionism. Functionalist deviance theory can be applied to both positive and negative actions, as a theory it is more renowned for its association with negative actions and popularised by debates on crime and disorder or delinquency. Homelessness from a functionalist deviance perspective is seen both as a threat to society (e.g. breaking the social norms and values) and a natural function of a healthy society (e.g. Durkheim 1938). Words such as dysfunctional have entered the vocabulary of homeless people, probably via the court system or social service intervention. It is not uncommon, when asking people how they became homeless for them to say: *'I'm from what you call one of those dysfunctioning families'* (Frank, male aged 53) and assume that this statement explains everything about their background.

Merton (1949) develops deviancy theory, arguing that the way society is structured (e.g. class systems) forces deviance on individuals within that society. Thus norms and values are like rules in a game. Following those rules results in socialisation and the perpetuation of a given society. However, pressure within society causes some people to abandon the rules of the game creating a state of anomie. Thus, for Merton, homelessness (deviance) would be part of the nature of society rather than the individual's nature.

Structuralist deviance theory looks at individuals' or a subgroups' position within the social structure of society. Subcultures are seen to be the product of a group of individual's who form an alternative set of norms and values to that of mainstream society. In their extreme, subcultures take mainstream society's norms and values and turn them upside down (Cohen 1956; 1966). Thus deviance is perceived as a negative

reaction to a society that excluded some members, with subcultures offering those people a sense of inclusion even though this may be viewed as deviance. Homeless culture then, would be the product of marginalized people within society coming together in reaction against the mainstream to form an alternative parallel culture. This theory explains the homeless culture, but not why people become homeless.

Interactionist deviance theorists divert attention away from the individual and social structure, exploring instead the interaction between the deviant and those who define them as such. This theme is strongly featured throughout Foucault's (1977) Discipline and Punish. As an example, Becker (1974) explores deviance and delinquency through labelling theory. He surmises that it is society's reaction to a behaviour that causes it to be seen as deviant not the actual behaviour. This theory neutralises homelessness, seeing the way homelessness is defined and perceived as the object for discussion, rather than the causes and solutions.

The problem is that although deviance theorists perceive homelessness as deviant behaviour, the reasons why it is deviant vary enormously. No one theory of deviance completely explains the existence of homelessness and Cohen's subculture theory only partially explains homeless culture. The problem with deviance theory is that it straddles too many grand theories and so has become a metamorphic term that changes according to context and theory held.

3.5 SYMBOLIC INTERACTION

This was a popular theory in American sociology up until the 1960s and 70s; it was popularised by GH Mead (1934) and Blumer (1969); Goffman (1959; 1968) was also classed predominantly as a symbolic interactionist. This theory places emphasis on social process rather than structures and functions. Individuals interpret themselves and their everyday environment in terms of their actions, reactions and interactions with everything around them. This is a self-oriented approach that places the individual at the centre of analysis and looks at the way they construct, deconstruct and reconstruct themselves, their worlds and their own reality. The notion of the individual acting and reacting, constructing and deconstructing both themselves and their worlds is useful when looking at the impact of homelessness on the individual and the choices that they make throughout the process of becoming, being and leaving homelessness. There are a number of theories that have developed directly from symbolic interactionism:

3.5.1 Social Psychology

Mead (1934), for example, believed that the 'self' emerges from a process of internalising social interactions by learning to take on the role of 'the other' through

role-play, thereby understanding different perspectives and gaining a better view of the way they present themselves to others. This process of internalising the world around them and then externalising that world through the way 'self' (the individual) presents itself, is important for Mead because it explains how the norms and values that functionalists speak about, are absorbed into collective culture, and the way people construct their self-image and therefore their self-worth. This is also part of some child psychology theories (e.g. Winnicott 1964).

Symbolic interactionism in Mead's (1934) sense, would be an important part of research into homelessness. Rather than seeing homeless people as passive victims of social structures or their own individual pathologies or dysfunctions, homeless people and people vulnerable to homelessness would be perceived as active agents who directed their own lives. As a theory, therefore, it comes into its own when looking at homeless culture and the way rough sleepers are absorbed into that culture and perceive themselves in relation to others both in that culture and among the housed population.

3.5.2 Labelling Theory

Labelling theory is a way of analysing and explaining the processes involved in the assignment of roles and labels to people in society. These labels can be both positive and negative, and are applied to acts, individuals or groups. This approach has been influential in the sociological studies of deviance, the regulation of mental illness, the effects of gender labels and the effects of labelling in the classroom (e.g. Goffman 1959; 1961; Rosenthal and Jacobson 1992). However, the focus tends to be on the effects of negative labels on the individual's self-image or self-perception.

Goffman (e.g. 1974) uses Mead's (1934) notion of an individual acting, reacting and interacting with themselves and others in a given environment. He describes it as actors on a stage, acting out parts or roles. Each actor (individual) has a role to play. Roles are part taught by others and part learned by the individual through that process of action, reaction and interaction. Furthermore, any one person can have a number of roles that they play either simultaneously or when the situation arises. For example, a person may play the roles of researcher, wife, daughter, sister, student, pupil, stranger, friend. All these roles affect relationships with others, the way people see themselves in certain situations and the way they behave. More importantly they are part of the image a person may have of themselves.

Goffman developed this theory as part of his research into asylums and their impact on mental health patients (Goffman 1961). He saw that people entering mental institutions were firstly stripped of their identity, given a new identity of 'mentally ill' or 'patient' and

from that label they learned or developed behaviour patterns that were associated with that label. These were developed partly through the individual's understanding of what a patient is and should do, and partly from other people's expectations of how a person with such a label should behave. Goffman (1961) identified the power of labels to change people's self-image and behaviour and their power to change the way individuals interact. This is important for understanding immersion into the homeless culture. Often homeless individuals (and groups) are categorised and defined through typologies, for example, homeless alcoholic, youth homeless, passive beggar, (e.g. Hunter 1998; Hutson and Liddiard 1994; Rossi 1989; Krauthammer 1985). The causes of homelessness are similarly categorised under main headings that can obscure individual causes, for example, family conflict (hides incest, abuse, arguments), relationship breakdown (hides divorce, domestic violence) and lived in institutions (hides ex-servicemen, ex-prisoners, care leavers) (e.g. Smith et al 1998; Randall and Brown 1993; 1996; Anderson et al 1993).

The positive side of such labels is that people in the homeless industry know and understand what they mean, many categories indicate a set of needs that are important for hostel management and resettlement. However, as Goffman (1968) points out, many labels have negative consequences, they can have stigma attached to them. For some recovering from homelessness and trying to re-enter housed society, the stigma of having been homeless is a source of shame. They do not want people in their new surroundings to know that they have been homeless. The fear of people finding out makes it difficult to take part in everyday conversations. Similarly, the labels people attach to homeless people affects the way we view them, treat them and even give money. One homeless man, for example, when asked if at anytime he thought that he would become homeless, replied:

> *"I never thought I'd be homeless. I'd seen people who were homeless and thought they were lazy layabouts that should just get a job. Now I am homeless. I know it's not as simple as that, people aren't like that."* Roy, male aged 38; hostel

Labelling worked two ways in this example. Firstly there was the label that he assigned to homeless people before he became homeless. This affected his attitude towards people on the streets. Secondly, there was his view after he became homeless. That view suggests that he did not see himself fitting the label he originally ascribed.

Labelling theory becomes inadequate as an explanation of why people behave the way they do as it ignores the actors' ability to make moral choices about how they want to behave as a homeless person. In addition this theory also ignores individuals' psychological or pathological predispositions that affect the way they behave and react. A number of critiques of labelling theory have developed, including victim-blaming.

3.5.3 Victim-Blaming

This critique of labelling theory suggests that by concentrating on deviance, the victim is ignored. Neale (1997) looks at homelessness and 'victim-blaming', noting that there is a tendency to blame the victim for what has happened to them; i.e. either the victim has chosen to become homeless, or the victim's personal weaknesses or inadequacies have led them into homelessness. Neale fails to extend this argument further and look at the way the role of victim is used to gain advantage. From the current research it is evident that many homeless people learn how to 'play the victim'. That is, they learned how to behave and what they needed to say to get the most help, raise public sympathy, get social security benefits or deal with the police and the courts. This is not a new phenomenon. Rose (1988) when discussing the vagrant underworld in Britain from 1815 onwards gives a colourful account of the different forms of beggar to be found in Britain at the time, and how these people relied on their ability to dress up and play the role of a victim of, e.g. the Napoleonic wars (wounded soldier), the errant husband or the wicked stepparent.

3.5.4 Normalisation

The term normalisation though commonly associated with the treatment of mentally handicapped people (e.g. O'Brian 1981) or Foucault's discussion on power and 'micro-powers' (e.g. Neale 1997;Foucault 1977), can be applied to homelessness. Although normalisation is not a theory connected directly with symbolic interactionism, it is another way of explaining the affects of labelling theory. O'Brian (1981), discusses the way mentally handicapped adults (e.g. those with Down Syndrome) were often dressed by their parents in similar clothes to their parents (including adult shoes and handbags) as a way of neutering their difference, and attempting to make them look more normal than the 'normal'. Thus they were assigned a label that did not nor could ever fit their appearance or behaviour and were asked to conform to an unnatural way of being. In contrast, Foucauldian thought views normalisation as moulding people into 'normal', a process achieved by encouraging people to regulate and achieve their own conformity with the established rules. Thus pressure comes both externally and internally to make people comply with cultural norms and values. Normalisation applies both to how people become part of the homeless culture and the struggle they have to feel a part of housed society when leaving homelessness. This tension between the label applied and the way the individual feels and functions within society is part of deviance theory.

Throughout this century there has been an increasing view that homeless people need 'treating' or 'reforming', as though they were suffering from some form of medical disease. This medicalisation of homelessness has caused such authors as Krauthammer (1985) to diagnose 95% of homeless people as mentally ill (also Rossi

1989). It also led directly to current resettlement programmes and the notion that homeless people can be retrained (e.g. given life-skills) and treated for the condition of homelessness, through keyworker support, counselling or social work intervention. Thus people who experience abnormal things (e.g. incest, institutionalisation, sleeping rough) appear to be expected to retrain, to be re-programmed to look and behave like the rest of housed society.

One of the criticisms of normalisation theory is that normal is a fluid metamorphic term that shifts as society changes, making it difficult to measure deviance from that norm. This makes it difficult to decide when normalisation has taken place. Is it at the point where a homeless person is housed and is living a settled way of life? If so, this does not include those who continue to dress, look, act and deal with personal hygiene as if they are homeless. Alternatively are people normalised when they adopt society's badges, uniforms, habits and vocabulary, so much so that they merge so completely into society that there is no apparent trace of them having been homeless? But then, which of the many badges, uniforms, etc do they choose to adopt, businessman, long-term unemployed, voluntary worker, student, parent, spouse?

These normalisation theorists make the mistake of assuming that normalisation requires individuals to be normalised into mainstream society. However, the inverse of O'Brian's (1981) theory is also true, people can be normalised into street culture. This is both a passive and interactive process. Some actively choose to learn and adopt street culture rules, speech and behaviour patterns, others passively mix with other homeless people and are socialised into a new norm. Fitting-in on the street, as demonstrated later, involves a whole series of changes that transform the individual. What makes normalisation different from socialisation is the element of power and coercion, pressure externally applied to make people conform. Once homeless, institutions react differently to an individual (e.g. banks, shops, benefit offices, housing departments) they set different rules and adopt a different way of talking and dealing with homeless clients. Similarly members of the general public react differently, anticipating a different form of behaviour and set of attitudes. Often any attempt by the homeless person to act 'normal' and be dealt with in the same manner as their housed peers is rejected and treated as deviant and in need of correction.

3.5.5 Constructivist Theory

Constructivist theory has its routes in Blumer's (1969) branch of symbolic interactionism and was developed by Spector and Kitsuse (1973). Constructivism is used to study social problems and the use of power to resolve them. For constructivists, social problems are caused by specific groups within society having the

power to identify and define a particular phenomenon or issue as a social problem that needs tackling. Those in power choose and define how that problem should be tackled. Thus for Hutson and Clapham (1999), the concept of homelessness did not exist as a social problem until the government began to intervene to control, govern and ease homelessness at the end of the 19th Century and predominantly during the 20th century. This then created the term homelessness and gave it the status of social problem. The way a social problem is defined leads to the way policy is constructed and the way policy is constructed leads to organisations (public or private) being created to deal with that problem (Jacobs et al 1999). The problem with this is that the definition of a social problem is not a stable concept. Other people or groups with power can attempt to redefine or modify the definition used and therefore change the nature and function of the organisations created to deal with the problem. Jacobs et al (1999) uses constructivist theory to explain changes in legislation, government policy and voluntary sector responses. This includes an examination of the media's role in changing public and government attitudes towards the homeless. Attitudes to homelessness have oscillated between victim-blaming and structural explanations over the latter half of the 20th century and thereby evoked either 'blame and judgement' or 'sympathy and understanding' (Jacobs et al 1999)[3].

This theory is useful when looking at the homeless industry and the way knowledge, intervention and practical solutions are implemented, evolved and changed. It also facilitates understanding of the role of the media and public attitudes in policy development, the financing of projects and research. However, looking at the way social policy acts, reacts and interacts with organisational and public expectations shifts the focus back towards structuralism. As a theory of homelessness, it is severely limited as it tends to ignore the individual completely by lumping them together into labelled groups which have been classified and defined and round which policy and organisations have been created.

3.5.6. Agency
Agency theory is a central part of symbolic interactionism, ethnomethodology and phenomenology. The focus is on the individual's (or actors) ability to operate independently of the social structures of society, to achieve a given social outcome. For example, the working class child, living in a rundown council estate and from a broken home, achieves a First Class honours degree and becomes a successful businessperson. In this example, against all the odds they achieved a higher standard of education and a better standard of life. They operated independently of the social

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[3] For a fuller explanation of constructivism and homelessness see Hutson and Clapham 1999.

structures of society that are blamed for keeping such a person low-educated and at best doing low-paid menial jobs all their lives. Thus individuals' decisions and their choice of the way to use structures (e.g. housing market, employment) or work within those structures, shows that they have the power to make choices independent of the macro structures within society. In relation to homelessness, people like Prince Charles' old school friend, made a series of life choices within the framework of British social structures. However, this meant that despite his public school education and excellent start in life, he became homeless (e.g. Moyes 1997).

The main criticism of this theory is that you cannot really separate the individual's actions and choices from the effects of structures. Giddens (1984) argues that you cannot look at society as simple polarisations of structure or agency, instead you need to look at the way structure and agency interact together. Giddens calls this Structuration.

3.6 STRUCTURATION

Structuration focuses on the individual's role within a larger structure, highlighting the duality of and interaction between structure and agency. Neither social structures nor individual independent actors can operate without the other existing (Giddens 1984). This is because whereas structures can make social action possible, social action or interaction actually creates those structures (Neale 1997). For Giddens, rather than society controlling individuals, it merely places limits or boundaries on the choices available to people. Thus even groups that are known to have limited choices (e.g. the socially excluded or homeless) still have the power and ability to resist, they do not have to behave in fixed patterns and ways. Thus structuration highlights a gap in homeless research. By inadvertently focusing on fixed patterns and fixed trajectories into homelessness, for example, there is no research into what happens to people who nearly became homeless but managed to avoid it. Structuration would argue that researchers need to look at both those who did become homeless and those who avoided homelessness, to get a balanced view of how agency (individual actions) and structure have worked together to produce the outcome (homeless or not homeless). Thus homelessness cannot be reduced to arguments that the homeless are entirely responsible for their own problems or victims of circumstances beyond their control, nor can it be reduced to either a housing problem or a welfare problem caused by either structural or individual factors (e.g. Neale 1997). Thus for structurationists, simple binary oppositions are insufficient when researching the complex nature of society and human actions, reactions and interactions. Built onto the theory of structuration is the notion of risk and risk society (Beck 1992); a theory that looks at the interplay between structures and individual actions.

3.7 RISK SOCIETY

Beck (1992) proposes the theory that risk is multifaceted and impacts all levels of society from state to individual, each being inextricably linked and inter-dependent on each other. Here there is a sharp shift towards individualism, with the individual responsible for anticipating and negotiating risks and therefore to blame if they fail to do so. To be able to participate fully and survive in a risk society, individuals need to develop a new set of life-skills. They need to be able to anticipate and endure dangers, and "deal with them biographically and politically" (Beck 1992). Individuals need to be aware of both politics and market forces on a global, national and local level. They need to be able to recognise, anticipate and cater for their own needs through work and self-provision of welfare protection (i.e. insurance). All this needs to be done despite the fact that risks are unstable, unpredictable commodities, and the once relied on welfare institutions in society have been destabilised by the nation state drawing back from the safety net of welfare provision (Beck 1992; Croft 2001).

The shift towards individualism and personal provision of welfare protection has increased the reliance on the individual's capacity to understand the risk and take countering risks in order to survive. Those people least able to understand, anticipate and/or prepare for the risks are those most vulnerable to debt, cycles of deprivation, social exclusion and homelessness. The cause and effect of many welfare problems (including homelessness) then becomes blurred as it is continually viewed in terms of individual action, biography and the wider market forces and influences from the nation state and international arena. Croft (2001) proposes that risk should be viewed as a process over time, to account for its reciprocal nature. She identifies three stages, all of which are important when thinking in terms of preventing homelessness.

Contingency: a 'pool' of latent risks that have the potential to have an impact, but remain uncertain. For example, many triggers of homelessness are latent, they may never be activated but they remain risks that could result in homelessness. These risks may be recognisable as possible future events and thus planned strategies can be formed to act as insurance to prevent them being activated (e.g. family mediation, debt counselling, savings).

Crystallisation: an event causes the crystallisation of potential risk into something substantive, this event may be on an individual or collective basis, chosen or imposed. For example, recession causes an individual's redundancy and a shortage of alternative employment opportunities. This diminishes their savings and the home is repossessed, they and/or their family become homeless. Individuals rarely act in isolation, so crystallisation may have a domino affect (e.g. the stress of debt and

repossession causes the partner to leave taking the children). On a collective basis, crystallisation may be caused by much broader events, for example, the impact of benefit level changes (Social Security Acts 1987 and 1989) to young people meant that a whole group of people vulnerable to homelessness became homeless.

Consequences: may be short/long-term, gain/loss, but must be viewed diachronically, i.e. overtime. One consequence may be the implementation of strategic responses from individuals, groups, outside agencies (e.g. charities) or at state level. If several risk events arise simultaneously the effect is 'palimpsest' i.e. they negate each other's impact), this therefore may make the situation better or worse and may affect the strategies put in place. When applied to homelessness, this is important when considering prevention. Strategies can be put in place to counteract the known risks or triggers of homelessness, but events may subsequently take place that were not anticipated and thus dilute or negate the impact of such policies. Policies are often interdependent on the existence of other supporting policies and all are vulnerable to structural factors, for example, housing availability, employment levels, welfare protection.

In addition to the diachronic process of risk at a structural level, is the individual's reaction to their changing circumstances. There are very real dangers, the individual's capacity to assess and plan for risk can be undermined by knee-jerk reactions such as shock, disbelief or a lack of knowledge (Croft 2001). This can have a negative impact and may result in homelessness; for example:

> "*I never thought I would become homeless. I always managed to find work and accommodation together, I rented from the place I worked*". Chris, male aged 30; housed 5 months

> "*Looking back, I never put my name down on the council waiting list, I don't know why, I think I probably didn't know about the list, or just thought it would be a lot of form filling and hassle. I don't know what I thought would happen, I think I thought something would just come out of the air really*". Mark, male aged 28; housed 4 years

This incapacity to act, to pre-empt and plan for any and every eventuality is a risk in itself. It may also contribute to other risk events which when combined with the original one make a far more damaging impact. For example:

> "*My father died. I found him one morning on the floor. Contacted the doctor and ambulance but the hospital pronounced him dead on arrival. Soon after my mother died. The shock. The tenancy for the flat was in my mothers' name. The landlord, when he found out, raised the rent; he trebled it. I couldn't afford to keep living there. I tried to fight the case, but I'd just lost my parents and couldn't sort everything out. I moved straight onto the streets*". Frank, male aged 53; Bed & Breakfast accommodation, long-term homeless

3.8 CONCLUSION

In conclusion, no single theory adequately encapsulates the whole of the problem of homelessness. Different theories offer great insight into specific facets. For example, symbolic interactionism explains a lot about the homeless culture and the impact of homelessness on the individuals' self-perceptions. Constructivism explains the evolution of social policies and public perceptions of the homeless. It provides a basis from which to examine the homeless industry. While structuration and risk society theory offer some insight into the importance of prevention, process and time and the reasons why some people, but not others, become homeless. The thesis, therefore aims to use a combination of existing social theories to examine the phenomenon of homelessness to try and gain a holistic viewpoint of the social problem, the individuals problems and the impact of society's structures and market forces on both of these.

4. HOMELESSNESS: POLICY OVERIVEW

Homelessness like poverty has always existed in Britain (Slack 1990; Thompson 1990; Cope 1990; Rose 1988; Burnett 1986; Crowther 1981; Archard 1979). There is systematic evidence that all the major categories of people found on British streets today (e.g. alcoholics, single people, the mentally ill) have been present at least since medieval times (Cope 1990). The only real changes that have occurred during that time coincided with the elimination of leprosy in Britain around the 14th century, the diminution of rural migrants in the 19th century, the removal of orphans from the streets during the Victorian era and finally the end of the need for widows, the elderly, the very poor and families to live on the streets when the welfare state was introduced.

4.1 WELFARE STATE

The Welfare state is widely accepted as having been introduced between 1945 and 1948 through a series of statutes designed to provide a basic standard of living, education and healthcare in a climate of full-employment (Glennerster 1995; Thane 1982). This legislation focused responsibility for the less well-off in society, firmly on central government via a system of taxation, insurance and wealth redistribution. In this way, it was intended that central government would put in place a 'safety net' of protection for all (Glennerster 1995). The Poor Law, predominantly run locally, provided for the very poor. However, this provision varied enormously in the type and the amount of relief/help that was offered. The system was deliberately designed to be punitive and demeaning, therefore receiving help or assistance was stigmatised. The welfare state aimed to remove the stigma of being poor and in need of relief, making provision for all on a needs basis, rather than the means basis used under the Poor Law[1].

However, despite major changes within society and the ideology of its members, homelessness continued to exist. Surprisingly, whilst removing some groups of people from the street, other categories (e.g. single (especially) men, ex-prisoners, ex-servicemen, people from institutions, e.g. the mentally ill) were not affected by the introduction of the welfare state. Good intentions seemed to have gone awry. Many of the provisions that had fallen into disrepute under the Poor Law were removed once the welfare state was introduced (e.g. workhouses). However, it appears that in some cases the new social policy, no matter how well intentioned, effectively 'threw the baby out with the bath water'. The policy of standardising and nationalising many of the key

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[1] For a full discussion of the origins of the welfare state see Glennerster 1995.

providers (e.g. hospitals, secondary schools) meant that voluntary agencies and charities were sidelined almost to extinction in some services. Thus instead of the welfare state working along side other organisations it either took them over, closed them down or marginalised them (e.g. Glennerster 1995). This effectively weakened that safety net of provisions and left major groups of people who were traditionally vulnerable to homelessness, exposed and in some cases, even more vulnerable.

A serious consideration of homelessness needs to look at the impact of the welfare state. This should include an examination of the development of the prevailing housing policy, employment and economic structures, benefits, marginalisation, homeless legislation and homeless policy.

4.2 HOUSING POLICY

The welfare state hit housing policy particularly hard and on several fronts. However, the full impact of the changes was not felt until the 1960s. The following briefly shows the evolution of housing policy:

Post-war, there was a shortage of housing for the poor. The introduction of local authority housing was seen as the best solution to this. It could be regulated and minimum standards set. Housing association (HA) and private-rented sector provisions were allowed to shrink considerably making the local authority the main source of affordable accommodation. This was not a problem while full-employment and major house-building programmes continued (see Power 1987; 1993).

From 1955 onwards slum clearance began in earnest. New towns were built. New council estates were built not only in city and town centres but on the outskirts too. The intention being to move the poor away from factory-polluted air, overcrowding and poor housing conditions, to areas with clean air, good housing, open spaces and gardens (e.g. Burnett 1986). While this was a good utopian idea at the time, the long-term effect was to move the poor away from the main sources of employment and, in some areas, good public transport links. Eventually this contributed to neighbourhoods and whole areas suffering from mass unemployment. The slum clearances often meant that extended families were separated. This eroded or destroyed the nuclear family's informal support, advice and babysitting provided by the extended family (e.g. Bott 1957; Young and Willmott 1957; 1973). Long-term, this contributed to the isolation of family units, difficulties for women/lone-parents in gaining employment and breakdown of the informal social work/counselling-type functions that extended families offered.

The nice, good quality, low cost accommodation provided by local authority meant that factory owners like William Lever (Port Sunlight), the Cadbury's (Birmingham) and the

Rowntree's (York) no longer saw the need to build their good quality factory villages (e.g. Power 1993; Wagner 1987). The government gradually became the only provider of cheap affordable accommodation. The drive towards owner-occupation, perceived as the best or preferred form of tenure (e.g. Halsey 1988), contributed to the current legacy of shortages in private-rented accommodation. House prices, falling standards in accommodation and government interventions (e.g. owner-occupier exemption from capital gains taxes introduced 1963 and 1965; Power 1993), fuelled a shift in ideology. The number of people wanting to rent reduced and private-rented sector landlords found it more profitable to sell their properties. The reduction of this sector alone had a major impact on the availability of affordable accommodation for those falling outside statutory provisions for the homeless (especially single men).

With the introduction of the welfare state the casual wards and spikes were closed (e.g. Crowther 1981). They traditionally provided cheap beds for the night in exchange for labour (similar to hostels created by William Booth in the 1880s; Booth 1970). Simultaneously there began a gradual decline and eventually the death of digs and the landlady. Digs and landlady provision had developed during the 19th century as a source of accommodation for young men and people in short-term employment. It was felt that full-employment reduced the need for migrant workers and therefore people could either buy or be housed by the local authority. No suitable alternatives were created. Thus when unemployment began to rise, single, young people and seasonal/ migrant workers found it difficult to find accommodation.

During the 1950s-60s immigration was actively encouraged to deal with shortages in the workforce. Ineligibility for council housing (Rose in Power 1993), backlogs in slum clearances and private landlords wanting to sell rundown, hard to let properties, meant that migrant families pooled resources to buy properties. This renewed overcrowding problems and directly contributed to the current high concentrations of ethnic minorities within inner cities and neighbourhood domination by specific minority groups (e.g. Brick Lane).

Both local authority and private sector building historically concentrated on creating family accommodation (i.e. 2+ bedroom houses, flats and maisonettes). This policy, whilst making the best use of available land and increasing profitability (e.g. for HAs and construction companies), resulted in a shortage of one-person units. This policy contributes to the problems experienced by single and young people trying to avoid homelessness and those wanting to move on from hostels and resettlement programmes. Consequently it places ever-greater pressure on existing stock and the ability of the housing market in general to meet demand. It is this mismatch of provision that led to many charities and voluntary organisations campaigning for more housing

(e.g. Shelter), despite the fact that throughout the 1990s there has been a surplus of housing in England and Wales.

The ideology of a dual housing system (owner-occupation/social housing) meant that there was no longer a perceived need for working men/women's hostels. Many gradually closed down or became hostels for the homeless. Stigmatised as such, they were avoided by working people in need of temporary cheap accommodation. For example, until the early 1990s the YMCA remained one of the few organisations that provided working people's hostel accommodation. With the advent of the lucrative rough sleepers initiative many of their hostels changed to Foyer-style accommodation (accommodation tied to in-house life-skills and employment readiness courses). The niche market for this accommodation became the homeless and care-leavers. This guaranteed full hostels, but ended easy access to cheap accommodation for workers.

Changes in the employment structure had an impact on housing. Many types of employment (e.g. apprenticeships and in-service placements) or large employers provided accommodation with the job (e.g. National Coal Board, National Railways, National Health Service nurses' accommodation and large department stores like John Lewis). Most of these employers either do not exist or have reduced or ended the provision of accommodation with work as a general policy. This affects young single people the most, as no real alternatives have been developed.

In the 1980s, the 'right-to-buy' reduced council stock by 25%. The push for increased owner-occupation reduced the private-rented sector by 30% (Wilkinson 1995a). This effectively limited the local authority's ability to provide for the homeless by reducing available stock and use of alternatives. From 1989 onwards the emphasis on a free-market solution to housing problems increased. There was greater reliance on less secure forms of accommodation plus legal changes that involved the reduction of tenants' rights (Hutson and Clapham 1999). The assumption was that independent landlords, such as housing associations, would become the main providers of low-cost housing.

With increased pressure on social housing, the voluntary sector and later the government through the Rough Sleepers Initiative (RSI) tried to increase access to private-rented sector accommodation. Throughout the 1990s, a variety of rent deposit, rent in advance, accommodation registers and access schemes were developed to help homeless people gain access to accommodation. Whilst many were successful, they only helped those people with few or no other problems (e.g. Rugg 1996).

Government funding to housing associations designed to stimulate the expansion of low-cost housing, actually limited access. Access was predominantly via the local

authority housing waiting list and homeless legislation, making these the main route into housing association and low-rent accommodation. This effectively ended HAs' independence and most direct access provision for those in housing need, impacting predominantly on the single and young. In the 1990s, the sliding scale funding to HAs tapered and rents began to rise. Simultaneously local authorities were encouraged to sell or transfer the management of their properties to Registered Social Landlords (RSLs) or tenant management (TMOs). All this effectively increased rents, restricted access and limited the powers of the local authority to house those to whom they had a legal duty to assist.

The two-year rule was introduced in the 1996 Housing Act. Local authorities only had a duty to temporarily house homeless households for up to two years. During this time applicants could wait for more permanent accommodation or find their own in the private sector. This resulted in an increased use of temporary private-rented sector and Bed and Breakfast (B&B) accommodation, which was often substandard. Containing families and single person households in often cramped and substandard conditions did little to resolve homelessness. The lack of support, advice or resettlement help prolonged and exacerbated the problem. The fact that many were temporarily housed in one district and re-housed in another began to affect people's ability to 'settle' and form social networks. This left them vulnerable to repeat episodes of homelessness. Systematic evidence suggested that homeless households experienced the system as punitive.

"They say I have to be patient because I'm desperate. I'm now in a bed and breakfast at the moment. For 6 months". Halina, female aged 32; B&B 6 months

"Everyone says that they give you the worst accommodation first, then you go back and complain and they find you something better." Ashwani, male aged 23; hostel 2 years

"My husband was attacked and robbed and the police said they know they will come back. Camden didn't believe us, even though he was all cut. They rang the police and the police said it's not an emergency. So Camden offer us 1 room for 6 people, no carpets and 30-40 people to one loo. They said if we were in danger we would take anything." Kiera, female aged 31

Throughout the 1990s the increased influx of refugee/asylum seekers and delays in processing their applications, led to pressure on accommodation especially in Kent and the Southeast. Refugee/asylum seekers could apply for accommodation under the homeless legislation and receive housing and other benefits, forcing the increased use of B&B or substandard private-rental accommodation by local authorities. In 1999, the Immigration & Asylum Act attempted to reduce asylum seeker applications. The Act stopped access to housing through the homeless persons legislation and ended housing benefit entitlement. The government set up NASS (National Asylum Support

Services) to takeover arranging emergency accommodation. They aimed to disperse applicants into longer-term temporary accommodation throughout the UK. However, NASS began to accommodate those being processed in B&B or private-rented accommodation. This effectively reduced the number of low-rent properties available for local authorities to use. There was evidence that B&B hostels in London and the Southeast closed and evicted homeless local authority tenants, reopening almost immediately, as NASS hostels. It appears that landlords are paid more for accommodating asylum seekers than homeless people. From work with SEEDA it would appear that statistics for homeless applicants and asylum seeker applicants are counted separately. Asylum seeker statistics are difficult to obtain, making it difficult to determine the number of properties used for asylum seekers in any one local area. This means that local authorities and NASS compete to place tenants in the same properties. Furthermore, competition for properties in London and the Southeast (especially coastal regions in Kent) forced the rents higher and even further out of the reach of single people, the young and those leaving institutions (e.g. prison, armed forces). Once asylum is granted, applicants have the same rights as other British citizens. There is embryonic evidence that in the future a significant percentage of those granted citizenship could apply for accommodation through the housing waiting list or homeless legislation (Ravenhill 2000b; Vasagar 2002).

From the mid 1990s onwards, with house prices soaring and less negative equity, pressure began to increase on housing supply. Gentrification of inner-city areas increased dramatically. Second home ownership began to rise in coastal and rural beauty spots, forcing prices higher for locals and tying up much needed accommodation. As London and the Southeast increasingly became the main business area in England, migration continued to increase. The increased pace of globilisation, migration of white workers (e.g. from Australasia and South Africa) and invited immigration (e.g. teachers, nurses), plus asylum seekers, increased pressure on housing in the region. Prices soared and so did rooflessness, hidden homelessness, family homelessness and the numbers of people homeless at home.

In 2001, major research was undertaken into the extent and dynamics of homelessness in the Southeast (Matthewman and Read 2002). Hotspot areas of homelessness appeared in areas with pressure on low-cost rental housing. Homelessness and pressure on housing coincided with the existence of universities (or high student populations), airports, prisons (leavers), high percentages of seasonal workers, tourist areas and areas with high numbers of refugee/asylum seekers (Matthewman and Read 2002). Furthermore, affluent workers moved into an ever-widening commuter belt, creating a ricochet-down effect of house price and rent rises

that affected those on the lowest income and on the margins of society. Better quality rental properties were priced to attract commuters and exclude those on low incomes or benefits (including the homeless). Delays in housing benefit payments deterred potential landlords who required regular payment and in advance, rather than up to 3 months in arrears.

House prices began to soar and mortgage interest rates remained at an all time low. To slow the house price boom there were calls to raise interest rates. However, with inflation rates at an all time low and the economy teetering on the brink of a slump, the Bank of England was reluctant to increase them. Simultaneously, world events caused a dramatic drop in stock market values, making property once again a safer place to invest. By-to-let mortgages became fashionable, causing more people to own a second property. However, the increase in rental properties available coupled with low interest rates and therefore more tenants wanting to become owner-occupiers meant that rents began to fall, thereby threatening some people's investments. Properties in disrepair, normally on the market at a reduced rate, began to fetch ever higher prices. Unscrupulous landlords with properties in disrepair or not up to market standards (especially big houses, old hotels or children's/OAP's homes) leased them via the local authority to people from the housing waiting list. This practice guaranteed an income when the property was unoccupied and removed the need to keep the décor and furnishings up to high standards.

This practice also meant that local authorities, desperate for accommodation to enable them to exercise their duty to find housing (e.g. in London and South East) were forced to pay high rents for substandard and/or overcrowded accommodation. Formal and informal interviews with local statutory and voluntary sector organisations in the London Borough of Camden showed that this practice was common. Top rates of housing benefit were paid to owners of damp, dirty, poorly maintained properties that offered nothing other than a single room and dirty shared bathroom and kitchen facilities. Furthermore, high market rents were charged by some hostels that offered nothing other than accommodation to homeless people (e.g. no resettlement help/advice, no help filling in forms, etc). This practice appears widespread and local authorities have few alternatives.

The rising house prices and gentrification of many inner cities and large towns meant that low-paid workers were pushed out. Recognising a crisis and the serious threat to basic infrastructures that were dependent on low-paid workers (e.g. nurses, police, fireman, teachers) the government shifted housing policy towards tackling this problem via the Starter Home Initiative (DETR 2000). This policy included the building of new

affordable housing and cash towards house purchases for eligible candidates. No stipulation was placed on affordability so prices remained high. Demand soon outstripped supply for cash towards house purchasers. Simultaneously, to resolve London's crisis in nursing and education, it was decided to invite the immigration of qualified foreign teachers and nurses to the area. Pressure on housing increased.

The high cost of accommodation and rents still high in London a new form of hidden homelessness was identified, that of white-collar nomads (Clark 2002). Young people on high salaries (e.g. £27,000p.a.) could not afford to buy or rent near work. Ineligible for social housing or hostels they are forced to stay with relatives and friends, often sofa surfing or house sitting for considerable periods of time. Although this group are unlikely to become homeless, this is a stressful lifestyle and unsustainable for long periods.

Although housing policy had temporarily reduced homelessness by the 1960s it never really tackled it. The knock-on effect of interconnected policies over time has been a legacy of shortages of suitable accommodation in the right areas, soaring house-prices, exorbitant rents in some areas, and inner-city problems. Housing policy does not act in isolation. It is closely entwined with wider economic structural changes that can negate the expected benefits from policies.

4.3 ECONOMIC STRUCTURE

Throughout the 1980s there was a boom in the economy, house prices accelerated rapidly. Many people, brought up on the ideology that the only sure investment is in property, bought houses that required mortgage repayments that stretched them to the limit. In the 1990s the economy stalled, house prices plummeted and interest rates rose. This caused a brand new phenomenon, 'negative equity', where the value of a property was less than the amount the owner paid for it. The combined effect forced many households to struggle to keep up mortgage repayments. Homes were repossessed. The resulting stress triggered some family breakdowns, which in turn contributed to male homelessness.

A spokesperson from the Camden Law Centre noted that ten years on, these people were only just beginning to rejoin the housing market and recover financially. However, the banks and debt agencies that repossessed their homes and sold them at substantial losses were now coming back to demand repayment of the shortfall, thus throwing their lives into turmoil and uncertainty again and threatening their ability to sustain their new mortgage repayments. Time will tell if this pressure results in further repossessions, family breakdown and single homelessness. With the current housing

and employment markets following the same path as in the 1980s, time will also tell if the situation will be repeated.

4.4 EMPLOYMENT STRUCTURE

Since the inception of the welfare state there have been major changes in the employment structure. Between 1979 and 1990 employment fell dramatically for men of all ages. This was part of an ongoing trend (Campbell 1999). Massive unemployment put a strain on the welfare state as more and more people depended on the benefit system. Areas of mass unemployment gradually developed from the 1970s onwards, mainly concentrated in inner city and/or council estates. This was not merely a British problem. America had work-poor areas (areas with no employment opportunities and high unemployment) with similar problems. Wilson (1998; 1996) argued that employers had either moved out of these areas or were never there in the first place, causing virtually ghettoised communities of people dependent on welfare benefits. Power and Tunstall (1995) identified joblessness as a chronic problem in polarised and marginalised council estates in Britain. This research led directly into her work on riots and violent disturbances in urban areas in Britain. She identified male unemployment especially among young men as a central cause of those disturbances and riots (Power and Tunstall 1997). Male unemployment was also linked to family/relationship breakdown (Kiernan and Mueller 1998), which in turn is associated with male homelessness.

The disappearance of work mattered, because work is not merely a source of income but a key source of status. An individual or a whole community can lose 'self-respect, the capacity to plan, to organise time and to get things done' (Mulgan 1998). However, the problem was not simply the disappearance of work, but a change in the economic structure (Kleinman 1998). The mismatch between the skills required by the labour market and increased demand for specialist skills, meant that the labour force now needed to be educated to NVQ level 3 or higher. The demand for workers attracted commuters from all over the Southeast and foreign workers, but failed to draw on the pool of unemployed people in, for example, inner London areas (Kleinman 1998). This exacerbated unemployment. This increase in unemployment and change in the employment structure highlights the way some of the 'underpins' of the welfare state came adrift. Unemployment, to a large extent, was an unforeseen problem as the intention was to achieve full-employment.

There are other employment structure factors to be considered. In themselves these may not be direct causes of homelessness. However, employment remains an integral part of the way people avoid homelessness and a strategy for exiting homelessness as

well as a source of self-identity and self-worth. These factors must be considered as part of the wider debate about how the welfare state has affected homelessness.

For example, the massive reduction in low-skilled manual work over the last few decades was epitomised by the virtual closure of the mining and steel industries, the closure of many docks, and the sharp decline in the manufacturing and farming industries. This reduced employment opportunities for those people with few or no qualifications and young people just starting in the labour market. Between 1951 and 1981 this caused massive regional changes in the employment structure, 45% of inner city jobs disappeared (Mulgan 1998). The decline continued as the economy changed from one based on manufacturing and production to one based on the service sector and jobs that required specialist knowledge. The service sector is traditionally a strong female employer. Throughout the 1980s and early 90s part-time employment increased dramatically, again traditionally female employment. Thus, there was an increase in the number of women in the labour market, while male employment and employment opportunities continued to decrease. This increase in part-time work rewarded two-income households but created problems for young people, single people and lone-parents. Concurrently, there was a shift from reasonably long-term job security to insecure/unstable employment and shorter fixed-term contracts. This left many people vulnerable to periods of unemployment. Coupled with negative equity and a plummeting housing market in the early 1990s this increased the vulnerability of some single males to homelessness.

The welfare state was conceived when the dominant form of household was two parents, one breadwinner and the breadwinner was male. The increased cost of living means that many households now need two wage earners to survive. However, in the past 50 years the family structure has changed considerably with lone-parent households becoming far more common. Unemployed females head the majority. New lone-parent households in owner-occupied or private-rented sector accommodation, become vulnerable to homelessness, especially when the head of household is unemployed. Furthermore, post-war full-employment created more job opportunities for teenagers. This changed people's attitudes and expectations of young people. From the 1960s onwards when the emerging youth culture began to develop, the number of young people wanting to leave home, find partners and start families early increased. The number of households/potential households increased. By the 1980s and 90s British ideology had changed. Parents no longer expected their children to remain with them until their early twenties. Young people felt they had a right to their own accommodation. These changes in household formation added extra pressure to the housing market. It also contributed to increases in homelessness. Parents

progressively began to throw out/ask their children to leave the family home because they were no longer willing or able to accommodate them. With the introduction of the Social Security Acts of 1987 and 1989, young people with no home, insecure/low-paid employment and no/reduced benefits, faced access problems to all forms of housing. Homelessness among this group increased.

These changes in the employment and family structure created huge problems for single people (especially men) and young people. Traditionally they were classed as the non-deserving poor. In theory they were fit and able to gain employment and work themselves out of poverty. There were no concessions made in the various pieces of legislation that affected homeless people to compensate for the massive changes in the employment and family structure.

4.5 DEPENDENCY CULTURE

The welfare state was designed to provide for everyone and to create a safety net for the deserving poor; the elderly, disabled, widowed or orphaned and those who became temporarily unemployed or ill and could not work. Benefits were meted out on the basis that you paid into the system through taxes and National Insurance contributions, so that when you needed support the benefits system would ensure that you were looked after. However, by the time a couple of generations had passed and unemployment began to rise, increasing numbers of people became dependent on the state. By the 1980s a 'culture of dependency' was identified. This always remained a highly contentious issue, but the perception seems to have developed through the US debate on the underclass (e.g. Wilson 1987; Jencks and Peterson 1990; Smith 1992). Loosely defined, dependency culture refers to groups of people among the permanently unemployed who reaching their late twenties start families having never worked. They are dependent on the state for housing and other benefit payments. Children living on some estates had parent(s), and in some cases, grandparents who had never worked or were unemployed for most of their working lives.

> "Something of the estate life is built into them, they have no desire or inclination to change their lifestyles and do better. It's a trap. Many young people are brought up to believe that the Wednesday dole cheque is like their wages. Instead of collecting their wages they collect their social. The kids expect the system, the government, to sort everything out for them. If they have a housing problem then the social should take care of it. If they have any other problems then the social should take care of them. They are kind of institutionalised into receiving benefits. Even though they don't live in an institution and have never lived in an institution, they are still institutionalised into a way of life". Roy, male aged 38, hostel

People become children of the welfare state, growing up expecting that the state will provide; this is a form of institutionalisation. It suggests that intergenerational poverty or

dependency on the state exists, with some people growing up without a role model that goes out to work (e.g. Hobcraft 1998; Brown and Madge 1982). It was no longer within the remit of their culture to work for a living. Research into income trajectories using the British Household Panel Survey showed that few people in the poorest tenth of the population escape poverty over time (e.g. Atkinson and Hills 1998; Jarvis and Jenkins 1997). Many of those living in local authority or HA accommodation are amongst the poorest fifth of society. Concurrently, the 'poverty trap' was identified. People trapped unable to take employment when they wanted it, because they could not find work with wages high enough to compensate for the loss of benefits.

The Social Security Acts of 1987 and 89 attempted to address young people's dependence on the state for income and/or accommodation outside the parental home. The Acts abolished benefits to 16-17 year olds and introduced reduced benefits (including housing benefit) to 18-25 year olds, the intention being to force young people to stay in the parental home and education for longer and to take part in youth training schemes. Despite charities (e.g. Centrepoint) predicting a rise in youth homelessness as a direct result of this legislation, it was passed. The identification of family conflict/breakdown as major cause of homelessness (Smith et al 1998; Coles 1995; Finch and Mason 1993), suggested that families were no longer prepared to accommodate their teenagers, with all their trials and tribulations, until they were in their twenties.

With the introduction of the Children Act 1989 and the NHS and Community Care Act 1990, attention turned to homelessness among young people leaving care. Care leavers were dependent on the state, because the State acted as their legal guardian. Provisions under these two acts did not fit comfortably together and left care leavers vulnerable to homelessness (Wilkinson 1995a; Coles 1995). The State was accused of being a bad parent, for not taking responsibility for ensuring their dependents had the means and ability to become independent, and for not making plans for their future accommodation needs (Wilkinson 1995a; Coles 1995; Broad 1994). Care leavers were increasingly placed directly into facilities for the homeless (e.g. 18% of Foyer projects clients were care leavers; Maginn et al 2000). This resulted in care leavers being classified and stigmatised as homeless. It also caused even greater pressure on an already short supply of beds for homeless people. Dependency had shifted from the State to the voluntary sector.

At the end of the 1990s, there was growing discontent with the legislation and social services response to care leavers. Concurrently, there was a series of public scandals over children's experiences in care. The government designed/commissioned a number of initiatives and research projects, the aim being, to overhaul social services

in general and tackle the problem of care leaver outcomes. These included: 'Quality Protects Initiative' (www.doh.gov.uk/qualityprotects), *Leaving Care a Time for Change* (DTLR 2000b), *Working Together to Safeguard Children'* (DOH 1999), the White Paper '*Modernising Social Services'* (Cm4169 1998), '*Me, Survive, Out There?'* (DOH 1999). The Rough Sleepers Unit worked with the DoH to look at existing services for care leavers. This culminated in the Children (Leaving Care)(England) Act 2000 and the Care Leaving Strategies Handbook (DTLR 2002c). The Act set out to ensure that in future care leavers had comprehensive personal pathway plans that mapped out a clear route to independence. These plans were to continue until their 21st birthdays, and included adequate financial support, access to accommodation, employment, training and further education. Responsibility shifted back to the government, but dependency was shared between government and the voluntary sector, this time with the aim of ensuring future care leavers had the means and ability to become independent.

In an attempt to further dismantle the dependency culture, the government shifted the focus of welfare benefits away from unemployment and onto work related benefits (i.e. benefits received through the wage packet). In 1998 the New Deal was launched. The aim was to create a get-up-and-go society of people in work (Independent 1998 in DWP 2001), transforming the passive social security system into an active welfare state that helped people into jobs (DWP 2001). A series of programmes were set up aimed at young people aged 18-24, the 25 plus, 50 plus, lone-parents and disabled people. The offer of training and work experience together attempted to redress the balance between the skills people had and those required by the labour market (Kleinman et al 1998; Ravenhill 1998)[2].

The New Deal was not equipped with the ability to tackle homelessness alongside unemployment. The Rough Sleepers Unit recognised the need for 'meaningful occupation' and employment for the homeless. However, they disregarded the New Deal in favour of voluntary sector led employment schemes (e.g. DTLR 2001a), creating a dependence of homeless people on the voluntary sector and suggesting a voluntary sector monopoly of homeless issues. The employment service found that New Deal helped short and intermediate term rough sleepers on Job Seekers Allowance (JSA), but not the entrenched roofless. Furthermore, it only helped when it was part of a broader resettlement programme that catered for housing needs too (Employment Service 2000b). The New Deal had little impact on the entrenched

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[2] The following provide further information and evaluations of the scheme DWP 2001; O'Donnell 2001; Lissenburgh 2001; Kodz and Eccles 2001; Employment Service 2000a; Millar 2000
www.dfee.gov.uk/fullemployment

homeless and those under 18. There was little evidence of any real impact on homelessness and the movement of people from dependency to work related benefits.

4.6 SOCIAL EXCLUSION

With increased links with Europe a new concept entered the British welfare policy scene in the late 1990s: Social Exclusion. Basically certain groups of people are excluded from full participation in society (compared to their peers), through a mixture of structural, welfare, area based and personal factors (e.g. addictive behaviour). Social exclusion is not merely a welfare problem. However, the welfare state is inextricably linked with social exclusion through, for example, educational achievement, standards of health, access to employment, housing and finance. It was recognised that social exclusion was rarely about any one factor operating in isolation; most factors were interlinked and therefore mutually reinforcing (SEU 2001c). It was also linked to the areas people lived in, access to community life (e.g. SEU 2001b; 1998b), and the life chances of groups of individuals (e.g. SEU 1999; 1998a,c). See SEU 2001c or www.cabinet-office.gov.uk/seu. The roofless were seen as some of the most socially excluded people in society, though homelessness is just one symptom of social exclusion. Roofless people often had multiple problems that together resulted in their exclusion.

Social exclusion diverted attention away from the notion of dependency culture and the stereotypes of lazy, idle people that were reminiscent of the Poor Law. Instead attention was focused more on structures, area based dynamics and the impact of these on individuals and their ability to operate within those parameters and move in and out of social exclusion. The welfare state, though originally designed to provide a basic standard of living, education and healthcare to ensure that people were not excluded from society, had inadvertently created social exclusion for a number of its recipients. Policies had effectively marginalized people through housing, housing areas, standards of education and ability to achieve and maintain good health.

The government's shift in thinking away from centrally funded welfare towards a mixture of public/private provision had been gathering pace throughout the 1990s. By the beginning of this century, the government saw its role in tackling social exclusion as predominantly stimulating the private and voluntary sectors to increase and diversify their provision. By working alongside central and local government it was envisaged that access to welfare provisions would no longer be a form of social exclusion. Attempts were made to ensure that the welfare state through public and private provision was actually a source of social inclusion, enabling people to fully participate in society. For example, there are two initiatives currently being implemented:

- **Connexions:** a multi-agency approach aimed at providing information, advice, guidance, support and personal development for all 13-19 year olds through personal advisors. Thus enabling them, regardless of background, to get the most out of their education and facilitate a smooth transition to adult life. It was designed to be administered primarily through the education system[3]. The Rough Sleepers Unit worked with Connexions in an attempt to ensure that their advisors understood and assisted homeless and potentially homeless young people, providing knowledge of the issues involved and information on existing local services that could be utilised (Connexions Service National Unit 2001)

- **The Supporting People Programme:** an initiative through which vulnerable people (e.g. the elderly, homeless, ex-offenders) are offered housing-related services. These are designed to add to existing services, enabling them to live in the community and sustain their tenancy. The level of support varies according to need (www.supporting-people.dtlr.gov.uk).

4.7 HOMELESSNESS POLICY

When the welfare state began it was assumed that homelessness would become a thing of the past. Full-employment, municipal housing, a basic income safety net, access to adequate health care and education would act to prevent homelessness. The majority of homeless people would become self-financing and the few that remained uncatered for could be sent to the rehabilitation centres that were set up under the National Assistance Act 1948 to teach unemployed people the 'work ethic'. For reasons outlined above under housing policy, employment structure and economic structure, homelessness did not end.

By the 1960s a series of events instigated a growing need for new legislation specifically dealing with homelessness. They included; the 'Cathy Come Home' film (1966); launch of Shelter's campaign (1966); squatter movement (1960s and 70s); Dennis Nilson murders (1970s) and the 'Johnny Go Home' film (1975). As a result of media driven public outcry against homelessness, legislation was rushed through parliament in the form of the Housing (Homeless Person) Act 1977. This was the first piece of legislation specifically dealing with homelessness. Although this was a major contribution, unlike in education and health, no one single piece of legislation dealt with the whole of the problem of homelessness. Instead provision and entitlements were scattered through a number of statutes. At the beginning of the 21st century the situation is still the same.

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[3] see www.connexions.gov.uk

Under the 1977 Act, the welfare state became statutorily responsible for providing accommodation for those people defined as 'statutorily' homeless. Thus help was focused on families and those vulnerable by age, physical disability or mental health/handicap. This created a safety net of provision for this group, by giving priority access to council housing it ensured that the elderly and families no longer needed to be homeless, and that families were no longer split up and children taken into care because of homelessness. Thus the welfare state successfully managed to remove several groups of people from homelessness. Excluded from these provisions were single people who were not seen as vulnerable or in priority need. It was still assumed that this group could work their way out of poverty and/or homelessness, or that they should remain in the parental/family home until they could support themselves. This was despite changes in family structures, the recession at that time and changes in the economic structure, which affected the availability of jobs for all. The thinking stemmed from two historical viewpoints; that those capable of working but refusing to do so, did not deserve help; and it was people's personal failings and inadequacies that caused homelessness, therefore it was their personal responsibility to change.

The 1977 legislation, over-time, set up a new set of problems, around fast-track systems into housing, and priority need categories. Five main problems emerged:

1. People (including families) in precarious forms of housing (e.g. sofa surfers) or poor housing conditions found it easier to declare themselves homeless rather than wait for years on local authority waiting lists before being re-housed. This artificially inflated the statutory homeless figures. Homelessness became a means for getting a fast track into council housing.

2. To combat this a set of hurdles were created through which local authorities had to take applicants before they could be accepted as homeless. Local authorities had to investigate and establish that people were 'homeless' and in 'priority need' (including vulnerable), plus their 'intentionality' and 'local connection' before a legal duty to accommodate/assist could be established (Jacobs et al 1999). These hoops and hurdles were created in an attempt to suppress demand. Eventually they collapsed creating a legal nightmare for local authorities and the government.

3. An unfair system was created. People abiding by the rules and staying in often unsuitable accommodation, appeared to be penalised. They were denied access to or had to wait years for local authority accommodation, despite having equal need for housing.

4. To stand a chance of getting housed, some people had to have problems or gain problems that ensured that they fitted into the vulnerability and priority need

categories. These had to be acceptable problems, for example, mental illness rather than unacceptable ones such as substance abuse (Carlen 1994). Young people and single adults had to lie to get housed, adopting labels (e.g. mentally ill) and learning to act in ways that proved they deserved housing because of vulnerability (Wilkinson 1995a; Carlen 1994). Normally, people would avoid such labels. Furthermore, the stigma of being labelled with a 'problem' meant that other people, in priority need, did not come forward.

5. Another group of people knew that the legislation existed but did not fully understand it. They assumed that because they were single adults, they had no entitlement to help or accommodation. Therefore they never applied under the homeless legislation for housing, nor did they register on council waiting lists before they became roofless or while they lived in hostel accommodation. They were not recorded in official statistics. Unable to gain access to affordable housing they were stuck in hostels or cycles of episodic homelessness.

Although amendments to the legislation were incorporated into the Housing Act 1985 pt III, little was done to resolve these problems at this stage. In fact, a further problem was added when the government began to close the large mental hospitals:

6. Hospitals were closed without setting in place adequate provisions for community care. This meant that some long-term (now) ex-patients, who having been discharged, found they could not cope with the transition. They became vulnerable to roof/homelessness. The reduction in the number of hospitals put pressure on existing bed spaces. This made it more difficult for people who became mentally ill to find a safe place to stay while they recovered. Once roof/homeless, these people were not easy to help within the traditional hostel system. Very little had changed for this group.

The Children Act 1989, in relation to homelessness, created a framework for providing a good quality service to care leavers in an attempt to stop them from becoming homeless. Homeless young people under the age of 21 were to be recognised as vulnerable and in need of help with finding accommodation. By the end of the 1990s it was recognised that this legislation was not having sufficient impact of care leavers' future homelessness. In a further attempt to ensure that care leavers had adequate assistance and access to the services they need, the Children (Leaving Care)(England) Act 2000 was introduced.

The NHS and Community Care Act 1990, in relation to homelessness, had little impact. It placed a duty to assess and identify the care needs of some groups of people and to plan for and purchase services that met those needs. This only affected homeless

people who were mentally ill, care leavers (to some extent), women at risk of domestic violence and some drug/alcohol mis-users. However, the complex procedures involved in applying, filling out paper work and attending interviews meant that many vulnerable homeless people gave up on their application or defaulted (by not attending the interview) long before the investigation into their case was completed. Baldock and Ungerson (1994) argue that, to get the best out of welfare provision, the 'client' needs to be well informed, have a good grasp of 'welfare culture', be articulate enough to communicate their needs and persistent in pursuing assessors, purchasers and providers of care. This effectively rules out most homeless people, especially the vulnerable.

The NHS and Community Care Act 1990 added two more problems to the list above:

7. An 'export industry' developed. Local authorities, whilst exercising their duty to house the vulnerable (especially care leavers, people with mental ill-health or drink/drug problems) used facilities outside their borough to house people. In some respects this was good. It was better for a minority of these people to be housed away from the area and people they knew, giving them a chance to make a fresh start. However, in many cases, it meant that local authorities did not need to provide adequate facilities (e.g. live in drink/drug rehabilitation services), or could save money by reducing the number of people requiring long-term help/housing in their area. The extent of this is not known, but research suggests that it may be extensive (Wilkinson 1995a).

8. Agency maintenance of homelessness developed. Vetting procedures set up under this legislation developed into cream skimming 'good', 'deserving' people, rewarding them with 'nice' accommodation in nice areas (Carlen 1994). Other, less easy to help people, had to run the gauntlet of poor quality hostels and B&B accommodation. Some social service departments actively discouraged people from applying for accommodation and/or presenting themselves as homeless (Carlen 1994). Additionally, exclusion categories and referral procedures adopted by social workers, housing officers and hostel staff prevented groups of homeless people from gaining access to accommodation (e.g. male only hostels: Cowan 1997; Stone 1990).

In 1991 the Big Issue street paper was launched. It was designed to be bought and sold by the homeless at a profit and introduced the possibility of self-help: a 'hand-up not a hand-out'. The aim was to give homeless people independence and a way to work their own way out of homelessness, by earning enough money for rent deposits. In 1995 the Big Issue recognised the need for and developed support services to help

vendors access housing, training, education and a listening ear. For a time, attention was diverted away from entrenched views of lazy, undeserving homeless people.

Research into local authority implementation of homeless policies highlighted major discrepancies and inconsistencies in the way the legislation was implemented (e.g. Pleace 1995; Bramley 1993; Niner 1989; Evans and Duncan 1988). Pressure on the legislation mounted. Charities (e.g. Kingston Churches Action against Homelessness) began to employ solicitors to ensure that local authorities carried out their statutory duties towards homeless clients. Increasingly the law courts were used to make legal rulings to establish, define and mould the legislation (see Hutson and Clapham 1999). Pressure on available housing grew and increasingly local authorities had to turn to the private-rented sector. In 1995 a ruling was made that enabled local authorities to discharge their duties by providing temporary accommodation (Jacobs et al 1999). The legislation was left battered and bruised and under severe strain.

The Housing Act 1996 was introduced. The government attempted to redress the problem of fast-track access into local authority (and by this time HA) accommodation by establishing a single route for the allocation of social housing: the waiting list. Homeless households were now offered temporary accommodation for up to two years and the option to apply to go on the housing waiting list. Or they were directed to other affordable private-rented sector accommodation known to be in the area. Local authorities also had a duty to provide advice and assistance to the non-statutorily homeless (including single adults). Whilst tackling, in part, the problem of queue jumping, the legislation created three further problems to add to the now growing list:

9. Help became temporary and short-term. This kept people in precarious housing and continually vulnerable to roof/homelessness. Temporary accommodation meant that households were exposed to frequently changing address and their children to frequent changes of school. Living conditions were often poor and cramped, especially when B&B hotels were used. Local authorities only had a duty to direct non-statutory homeless people to hostels or private-rented sector accommodation. This resulted in people being given, often outdated, long lists of hostels and HAs. All were usually full or unable to help because they did not take direct access clients.

10. The Act failed to offer any real support to homeless single adults, people with drug/alcohol problems and people with borderline mental health problems or borderline learning disabilities. Adequate provision was not made either through housing allocations or supervised housing. There was no statutory duty to act

unless such people could prove they were vulnerable and in priority need. Consequently this group continued to slip through the net and become roofless.

11. The act tried to unify local authority policies and prevent young people leaving home early and gaining accommodation via the homeless legislation. It stipulated that young people (including care leavers) could no longer be regarded as vulnerable and in priority need by virtue of age alone. They had to have other circumstances, that when combined with their age, made them vulnerable (e.g. in danger of sexual/financial exploitation).

There was another problem. While the legislation created some form of weak but preventative safety net, it did not tackle the problem of the thousands of people already sleeping rough in England each night. Many had been on the streets for a considerable length of time. In 1990 the Rough Sleepers Initiative (RSI) began. This was a project designed to make it unnecessary for people to sleep rough. The government through the RSI tried to stimulate and increase voluntary sector services and provision. It offered funding to organisations already dealing with rough sleepers. The project was so successful that it was extended twice, with a separate Homeless Mentally Ill Initiative and an outside London section for the rest of England. Each phase was evaluated, gaps and best practice were identified and new solutions devised. More money was targeted to stimulate ever better provision. The hostel, day-care and resettlement systems were transformed.

Catering for the homeless became an industry in its own right, dubbed the 'homeless industry'. More charities sprang up. Cream-skimming the easiest to assist clients was rife. Competition for funding both for projects and research began. Little or no regulation of the industry meant that the quality of accommodation and resettlement help received was a lottery, especially in London. Funds became targeted at research and monitoring systems that attempted to regulate the homeless industry and control bed-spaces. For example, the Rough Sleepers Clearing House was created. This university-style clearing house was set up to monitor available beds and the outcomes of resettling homeless people in mainstream society. It found (Dane 1998) that aftercare of the homeless was failing. People were pushed through the system and into housing without adequate support, preparation or long-term help with tenancy sustainment. It became apparent that single person homelessness could not be simply an accommodation problem. Despite this, the number of people sleeping rough in England and Wales fell to a third of the pre-1990 level[4].

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[4] See Rough Sleepers Initiative evaluations Randall and Brown 1993, 1995, 1996, 1999a,b.

The RSI's latter phase actually began to undermine its own good intentions. The funding mechanism had created lead charities with a proven record of good practice. These gained the lion share of funding and meted it out to the organisations they worked with. This created cronyism and jealousy within the homeless industry, as only charities willing to cooperate with the lead organisations had access to RSI funding. This led to three further problems:

12. Designated beds became the norm: beds in hostels were often reserved for RSI clients, specific charities and local authority statutory duty clients. No change was made to the reservation of beds for women and the under-25s. This meant that despite extra provision, access was severely restricted and most 'direct access' hostels were no longer open to people walking in off the streets. Moreover, there were times when reserved beds were left empty, while people wanting a bed for the night continued to sleep rough. As provision increased, access actually decreased. The most affected were males over the age of 25 and those with difficult to handle problems/behaviour.

13. Client hogging began: funding was often metered on a client number or bed occupancy basis. Infighting over funding and clients was rife between organisations with similar geographical areas. Homeless people missed out as some hostels failed to transfer clients to hostels better suited to their needs. This prevented the development of a cohesive, unified, client centred response to homelessness.

14. A hard-core remnant developed: consisting of long-term, difficult to handle homeless people trapped on the streets, such as people with mental health or behavioural problems, e.g. those subject to self-harming, violent behaviour or substance abuse.

Concurrently, during this period, intensive research by the government, academics and voluntary organisations was conducted into all aspects of homelessness. These included the causes, methods for encouraging people to leave the streets and resettle, the resettlement process, the 'revolving door' syndrome[5], the 'silting up' effect[6] and how to help the hard-core remnant of long-term homeless people that seemed to be unaffected by the initiative.

By the end of RSI's third phase it was recognised that a harder line needed to be taken

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[5] People trapped in difficult to break cycles. Moving either from street to hostel and back or from hostel to housed and back onto the streets/hostels.
[6] Hostels and specialist accommodation filled up. Residents could not move on into specialised services or accommodation. They had to stay in the hostels. This prevented other people moving off the streets.

with entrenched and complex multi-need rough sleepers to move them off the streets. The tide of new homeless was slowing. So attention and resources needed to be diverted away from provision and crisis management into prevention and more specialist complex help. Simply providing accommodation without support was no longer an adequate solution. Accommodation providers, including HAs, needed to provide resettlement programmes and tenancy support (DTLR 2001a,b; Ravenhill 2000b; Randall and Brown 1999a,b). Policy in the 1990s had shown that by defining a need and setting aside government funding for that need, hitherto rigid voluntary sector organisations could be persuaded to adapt their provision to cater for real client needs as opposed to just containing clients. More funding was advocated.

Although undoubtedly the RSI had been successful, it failed to both remove the need for people to sleep rough and end the continual tide of new homeless people. That was despite increased provision, better targeted services, more available accommodation and consistent research. Throughout history there has always been a core of people who prefer to live on the streets. Folklore tended to set the number of such people somewhere between most or all rough sleepers. However, research now showed that only 5% of rough sleepers would choose to stay on the streets if offered suitable accommodation (Randall and Brown 1996; SEU 1998c). This small minority could not account for the number of people still on the streets. There had to be some other explanation.

In December 1997, the government set up the Social Exclusion Unit (SEU). The SEU elected to target rough sleeping as one of its first priorities. It argued that the homeless were some of the most excluded people in society and 'at the sharp end of social exclusion' (SEU 1998c). They acknowledged that legislation was fragmented and responsibility for helping the homeless was split between various central and local government departments and other agencies. There lacked of a coherent 'joined up', integrated policy. The RSU (Rough Sleepers Unit) was formed. It aimed to and succeeded in cutting rough sleeping by two thirds by the year 2002. They set out to create a centralised, co-ordinated and united policy with all relevant government departments working together and alongside the voluntary sector. The RSU aimed to link beds with the 'right sort of help' especially for the hard-core, difficult to help homeless. They advocated a continuum of care, with a clear route from the streets to a settled lifestyle. Street outreach work was overhauled, to provide a more co-ordinated approach and to limit the activities of, for example soup runs, which were seen to be reinforcing street lifestyles. Services catering for substance abusers and those with mental health problems were to be increased. Attention also focused on prevention, particularly care leavers and those from the armed forces or prison. Most of these aims

were met in London, but elsewhere in England services remained uncoordinated and patchy. The clarity of the route from street to a settled lifestyle was often dependant on the roofless person stumbling across the right help or charity. Local authority departments (e.g. homeless persons units, social service or housing departments), even in London, often placed people in accommodation with no support. Whilst some projects were excellent, some charities remained in the pre-1990 ethos of crisis management only.

Preoccupation with examining the street lifestyles of the hard-core remnant meant that begging was reintroduced into the political arena and was clamped down on (Rough Sleepers Unit 2001; Danczuk 2000; Fitzpatrick and Kennedy 2000; Dean 1999). A huge TV campaign asked the general public to 'Change a life', give to a charity not a beggar (www.changealife.org.uk). It was felt that begging sustained a roofless lifestyle. However, neither the government nor the RSU acknowledged the hundreds, possibly thousands, of street users[7] who begged. Attention focused on the need to create 'meaningful occupation' for rough sleepers, by offering them a place to go during the daytime. The aim being to end the boredom of street living and equip roofless people with the motivation and skills needed to re-enter housed society in a sustainable way[8].

Research itself came under scrutiny. Despite the plethora of research into homelessness over the previous decade, there was no easily accessible or reliable picture (Randall and Brown 1998; Alexander 1998). Research findings were scattered throughout many formal and informal agencies each with limited budgets and their own hidden agendas. This fragmentation and the lack of any standard measure against which statutory and/or voluntary organisations could measure their achievements, made it difficult for organisations to evaluate how well or badly they were doing (e.g. Alexander 1998). In 2000, Suzanne Fitzpatrick pulled the main research together in an accessible format (Klinker and Fitzpatrick 2000; Fitzpatrick et al 2000) and thus highlighted gaps in knowledge and paved the way for further research.

By the end of the 20th century homeless policy, though not legislation, had been transformed. The focus had shifted from concentrating on crisis management and containment of roofless people. There was now a prevention-oriented approach combined with stronger emphasis on resettlement and long-term sustainable re-integration back into housed society. However, the divide continued within the voluntary sector between hybrid well organised, well funded charities at the cutting edge of research and provision, with strong programmes and comparatively good

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[7] Those living in hostels, precarious housing or secure tenancies that lived on the streets in the daytime
[8] See www.detr.gov.uk/housing/information/rough; Homelessness Training Unit 2000

success rates, and the often smaller charities or local authority dominated organisations (e.g. hostels) which continued to cater for the most basic of client needs. Provision and exit routes from homelessness were still a lottery.

The prevention-oriented focus changed the way homelessness was analysed. Attention moved from the causes of homelessness to factors that predisposed people to being vulnerable to or triggered their homelessness. Causes became an obsolete term that could not explain the complexity of and interaction between peoples' personal circumstances, their biographies and wider structural factors. Commentators discussed homelessness in terms of homeless careers (e.g. Fitzpatrick 2000; Hutson and Liddiard 1994), routes into homelessness (e.g. Ravenhill 2001; 2000b), people at risk of homelessness (DTLR 2001a; Connexions Service National Unit 2001; DTLR 2001b) and the process of becoming homeless (DTLR 2001a; Ravenhill 2001; 2000b; Fitzpatrick 2000; Randall and Brown 1999a,b). Risk factors were identified (Randall and Brown 1999a) and subsequently trigger, welfare and protecting factors (Connexions Service National Unit 2001; DTLR 2001b). Trigger and welfare factors were seen to increase the risk of homelessness, whilst protecting factors lessened that risk. To all intents and purposes welfare factors (e.g. mental ill-health, substance abuse, learning difficulties) were the same as triggers, they simply indicated that homelessness could have been prevented or delayed had effective welfare been available. It was recognised that people with trigger and welfare factors, but no protective factors needed to be identified at an early stage to prevent their homelessness (DTLR 2001a).

There was a tug-of-war between triggers and counter-balancing protecting factors. Diagram 2 attempts to show this. The onion-like rings represent the main influencing factors on individuals' lives. These can be both positive and negative. Each ring could then be subdivided into segments (like an orange) each segment would represent either a trigger or protecting factor. Each ring is inter-related with the other rings. Each influencing factor (e.g. family background) is related to structural, community and individual factors. Some issues are repeated in more than one ring, for example substance abuse may feature in family background, childhood factors and adult triggers with the substances being taken by the parents, child or adult. In the centre are the fixed characteristics that an individual cannot change, such as their gender, age, their social class of origin and mental capacity (e.g. learning difficulties).

Diagram 2

Model of the Positive and Negative Influences on Homelessness

STRUCTURAL FACTORS

ADULT TRIGGERS

CHILDHOOD FACTORS

FAMILY BACKGROUND

Individual

Age, Gender
Social Class of Origin
Mental Capacity

Positive Factors ← → Negative Factors

With the identification of risk, trigger/welfare factors and the counter balancing protective factors homeless policy entered a new era. There was recognition that intervention designed to prevent homelessness was far more than structures, housing, employment or issues of poverty. It was also about tackling situations before they became a huge problem, such as identifying young people at risk of homelessness before the age of 14 (Bruegal and Smith 1999), teaching in schools on leaving home, housing and what to do in a crisis like homelessness (Ravenhill 2001; 2000b; Randall and Brown 1999a), family mediation (Randall and Brown 1999a; Bruegal and Smith 1999) and tackling runaways (SEU 2001a). Despite growing evidence of family life contributing to social exclusion and homelessness (e.g. SEU 2001a;1999), there was still no recognition that family policy, as with homeless policy, needed to change.

By the end of 2001 the RSU had reached its targeted two-third reduction in rough sleepers. Prevention was being researched and pilot projects existed and were being evaluated (Havell 2001). The RSU became the Homeless Directorate and attention shifted to the over use of B&B accommodation as temporary housing for both single people and, in particular, families (e.g. B&B Unit www.housing.dtlr.gov.uk/bbu). However, there were four further problems to add to the list:

15. Visible rooflessness had been reduced in city centres, especially London. However, systematic observation showed that attempts to reduce these numbers were not as successful as government figures showed (also Branigan 2001). Areas were targeted for intensive outreach work and police move-on policies. This pushed some rough sleepers into other more secluded locations. For example, throughout 1999-2000, drives to reduce the number of rough sleepers in the Strand, Covent Garden and Leicester Square (London), pushed people away from the main thoroughfares. The result was an increased number of roofless people in and around the London School of Economics (LSE) buildings among other places. Numbers increased from an average of 1 to an average of 8 per night around the LSE at its peak. The RSU's hard-line policy was to remove sleeping sites by fencing or gating off doorways and delivery points. Simultaneously, they sent outreach workers to encourage rough sleepers to 'come in from the cold' and enter the hostel and resettlement schemes (DTLR 2001a). However, significant numbers of people continued sleeping rough in increasingly secluded places or moved away from city centre into the suburbs. Undetected, they were not accounted for in government statistics. Thus although undeniably the numbers of rough sleepers were going down, rooflessness was being pushed further out of city centres and into less visible locations.

16. As the drive to move people off the streets moved one roofless group either into hostels or out of the area, another group began to take their place. Over time, those left on the streets appeared to get older moving from the 20s-30s age range to the 40s-50s.

17. No real distinction was made between rough sleepers, the homeless[9] and street users[10]. This meant that although night-time figures reduced (e.g. those on the streets after 12pm), there was only a minor impact on the number of homeless and rootless people seen by the general public during the day and evenings.

18. By tying up hostel beds and HA accommodation for designated RSU clients, access was severely restricted. This irony was demonstrated during observations at the recording of a television episode of 'The Carlton Debate'. Leading homeless activists (e.g. Louise Casey head of the RSU, Shaks Ghosh director of Crisis, Victor Adebowale the then chief executive of Centrepoint) declared that there were hostel places available that night and therefore no need for people to sleep rough. However, the roofless participants on the programme were not offered beds for the

[9] Those living in hostels or precarious housing.
[10] Those living, drinking or sleeping on the streets during the day, but with a place to stay at night.

night. After cocktail sausages and wine in the hospitality suite they left to sleep rough. Beds were available for rough sleepers that had been contacted by Contact and Assessment Teams (CAT; outreach workers). CAT teams were not working in the studio and there were no direct access beds available. This carefully orchestrated debate gave the illusion that people were sleeping rough out of personal choice, rather than necessity.

By 2001 there was growing dissatisfaction with the homeless legislation. The two-year rule was widely accepted as counter-productive both for local authorities and homeless people. So too was the inaccessibility of accommodation for the under 25s, especially those aged under 18. This caused hostels to silt-up and undermined the government's intentions. Concurrently, integrated coordinated responses were not being automatically stimulated within many local authorities, especially in rural areas. Consequently people continued to migrate to towns and cities from areas with little or no facilities for the homeless. In 2002 the Homelessness Act was introduced. This changed the way local authorities viewed homelessness. For the first time they had a duty to research, form and publish a homelessness strategy. The strategy was also to be taken into account by housing and social services departments (e.g. via the Supporting People programme due to start in 2003). Local authorities now had to look at prevention, provision of accommodation and provision of support for homeless people. Furthermore, the two-year rule was also lifted, ensuring that local authorities had a duty to house the statutory homeless until suitable permanent accommodation could be found. Local authorities, for the first time, had a duty to find people fleeing from domestic violence in priority need. Furthermore, where a threat of violence existed they were not to be sent back to their local authority of origin. It is too early to tell the full impact of this legislation. What is evident is that, the vast majority of roofless single people are still not catered for.

4.8 CONCLUSION

In spite of over 50 years of government policies and numerous pieces of legislation homelessness persists. There is still no single piece of legislation that deals with homelessness. No statutory duty to accommodate roofless single people. Assistance and access to appropriate services remains patchy at best. Opinions on the root causes of homelessness have oscillated between personal failings and structure. Finally, although family is seen as a significant factor in homelessness, as well as other societal problems (especially among young people), there has been no significant change in family policy. Rooflessness remained a synergy. With this in mind the thesis set out to look afresh at rooflessness to see what, if anything, had been overlooked.

5. METHODOLOGY

The main aim of the thesis was to look afresh at single person homelessness, especially long-term rooflessness. With this in mind, Glaser and Straus' (1967) grounded theory was used. Glaser (1998) argues that 'all is data' and is relevant information, regardless of the source. This includes observations, interviews, documents and media coverage. The main objective is to find out what is happening from as many perspectives and viewpoints as possible. Then by laying these side-by-side and systematically analysing them, drawing out dominant themes. This synopsis offers increased accuracy (through repetition) and facilitates objectivity. This in turn is intended to free the researcher to write an abstractive account of their research (Glaser 1998; 2002).

The thesis uses a combination of methods within the grounded theory paradigm with a heavy emphasis on ethnography. These include observation, participant observation, life-story interviews, in-depth unstructured and semi-structured interviews and documentary analysis. The aim was to get a thorough incite into rooflessness from different perspectives, e.g. roofless people, voluntary sector and local authority organisations. Furthermore, to ensure a comprehensive coverage of the field, more than one location was used. A combination or respectable county towns, coastal areas and suburbs were used to show homelessness in places other than just central London. Research was conducted in Bedford, Exeter, Merton, Reigate, and various inner London boroughs. This facilitated a view of rural, coastal, inner city and suburban roof/homelessness and their co-dependency and interaction. With the life-story interviews, the thesis sought to use a large enough sample from which broad inferences could be brought. Thus it was important that equal numbers of males and females were interviewed across a wide age range. Similarly, it was important to capture people's experiences at various stages through the homeless process to ensure recently recalled data was available. It was not possible to gain a sufficiently racially diverse group, so race and ethnicity is not discussed within the thesis (appendix p235). Furthermore, to balance the information gained from roof/homeless people, interviews with people who had never been roofless but had experienced several triggers of rooflessness were also conducted (appendix p238).

The main criticism of grounded theory is the question of accuracy. Grounded theory and especially ethnography raises concerns about researcher bias, data bias, subjectivity and misinterpretation of the data. In an attempt to avoid such criticisms researchers have tried to be more reflexive, observing the researcher, their impact and reactions as part of the data (Hodgson 2000; Clifford and Marcus 1986; Hammersley

and Atkinson 1983). Postmodernists tried to include the researchers voice within their text in an attempt to make them more valid (e.g. Alsop 2002; Day 2002). For example, Day (2002) experiments with using the Goffman-style different aspects of self (e.g. researcher, author, narrator, daughter, sister) and Alsop (2002) uses different self-identities (e.g. teacher, mentor, ethnographer, writer and German immigrant to the United States). However, for Glaser (2002) this detracts from the purpose of grounded theory and is the product of Qualitative Data Analysis's pre-occupation with accuracy. Glaser (2002) argues that the researchers thoughts and opinions are just another variable and should be coded along with all the other information. Personal bias and/or interpretations are ironed out and made objective when they are viewed alongside all the other information. Systematic analysis inevitably distances the researcher from the data as perspectives become abstracted, conceptualised and then patterns highlighted.

Charmaz (2000) introduces constructivist grounded theory as an alternative research method, the main aim being to record multiple social realities accurately. She argues that the mutual creation of knowledge between the observer and observee is vital if we are to understand the subjects' meanings. To gain this kind of knowledge requires the development of a relationship between the researcher and researched, so that questions can be asked, issues discussed and clarified and a mutual understanding can be reached concerning the information given. She argues that grounded theorists separate the experience from the experiencer and therefore the meaning from the story. This therefore limits and reduces understanding of their experiences. For Glaser (2002) she is overly preoccupied with data accuracy and therefore, is in danger of not being able to conceptualise anything, producing instead a purely descriptive account that loses the relevance of doing the research.

Carmaz's (2000) need for accuracy centres around the type of end product produced. She sees many grounded theory (and by default ethnographic) texts as stories composed by the researcher, suggesting that theorists construct their image of a reality but not *the* reality. This is similar to Tyler's (1986) argument that every aspect of ethnographic research is subjective. The text produced from ethnographic observation is conceived through the researcher internalising (taking into the imagination) sets of events, patterns of interaction and the language used within the scene. But these events, patterns and interactions are taken out of context, because the whole scene along with atmospheres, smells and feelings can not be transcribed, nor can what happened before the researcher arrived or what continued to happen after they have left. Thus the data is reduced to a mere fragment of the whole. When the researcher records the scene in a text (written, video or photographic) they produce a 'fantasy' about the 'reality' that they have seen: "a fantasy reality of a reality fantasy" (Tyler 1986

p134). Once written, an ethnography becomes a reality in the sense that the text is an object that can be read and studied. Tyler (1986) suggests that this text is a 'reality fantasy'; that is, it has become a reality because it exists in text format, but it is still a fantasy because it only represents a fragment, a snapshot of the truth, conceived in the researcher's mind.

For Charmaz (2000), Tyler (1986) and Clifford and Marcus (1986), there is the recognition that a polyphony of voices exist, that if listened to can be heard. Glaser (2002) argues that there are not only different voices, but individuals may hold different multiple perspectives on the same theme and/or their perspective may vary. Thus, individuals can hold diametrically opposed views concurrently and without questioning their opposition. Glaser (2002) suggests, that it is unnecessary to try to understand people's beliefs, but to accept their views as data, code it and conceptualise accordingly. The act of coding, laying numerous accounts from a variety of sources side-by-side and comparative analysis allows dichotomies to exist without contention. For example, within the homeless culture deep friendships can coexist alongside extremely violent relationships and members of the homeless culture accept this as normal[1]. By using a number of research methods, the thesis aimed to look at these dichotomies as part of the complex nature of rooflessness.

There is a natural struggle between the desire to produce Charmaz's detail, to portray accurately roofless people's stories, and the need to reach Glaser's level of abstraction. This is a fine balance. The text from each story becomes almost sacrosanct in the researchers mind. However, a meaningful portrayal of rooflessness, incorporating the polyphony of voices and views, requires a concise yet accurate text, that avoids stereotyping and diluting the homeless culture and people's lived experiences. Furthermore, ethnographic researchers inevitably become attached to some of the people they research. It is inevitable that some stories and/or characters stick in the memory more than others. However, by systematically recording each observation, conversation, interview and the researcher's thoughts feelings and reactions, all is available for analysis in the future. Similarly by incorporating in the text quotes from the interviews and observation diary and including life route-maps for individuals, some of the detail is used to support the abstracted theories.

Hodgson (2000) points out that ethnography (and grounded theory) is not merely the study of people, but a process of learning from them through interaction and exchange of ideas and information. An important part of the thesis was the observation and participant observations undertaken. People are naturally purposive, they interact with

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[1] Culture Chapter

and interpret the world around them, reacting to it and amending their actions according to their perception of that world and the way they are perceived within it. Thus a necessary part of ethnography is the study of people within their social context. Behaviour and the way individuals interact with their setting is as much a part of the study as conversations and questions asked and answered. Thus people's response to the researcher being present and the researcher's response within the scene is a valuable part of the study and at times an object for study. The thesis does not pretend to be an objective analysis of rooflessness or homeless culture. It is an abstracted account that attempts to define some of the dominant features and describe the homeless process into, through and out of rooflessness. The thesis attempts to understand the process, the trigger factors and people's interaction with life events to explain why rooflessness persists and how the homeless culture continues to exist. The thesis and the research were also shaped by the research questions and aims of the research.

5.1 RESEARCH QUESTIONS

Grounded theorists prefer not to start their research with a formal hypothesis, as the main aim is to not prejudice the data by holding preconceived ideas, but to see what emerges from the research. Thus a very broad and general hypothesis was held from the outset. Namely, why is it that despite the fact that previous research appears to have established the causes of homelessness and formulated solutions to homelessness accordingly, which have been implemented, homelessness still persists? The thesis is part of an ongoing systematic exploration of single person homelessness (Wilkinson 1995a;b;1996; Ravenhill 2000a;b; 2001). This was combined with voluntary work with marginalized women and mental health sufferers, also paid and voluntary work for a number of organisations working with/for the homeless[2]. Thus the research was informed by extensive previous knowledge and practical experience during the life of the research. This was grounded on a thorough review of the literature both prior to the research and throughout its duration. The prior knowledge indicated potential areas for examination, which at the start of the research, had not been examined and led to a number of questions that informed the design of the research. Among the questions that the thesis investigated were the following: How do childhood experiences and life events affect people who become homeless? Do they contribute to the cause of their homelessness? What are the causal trajectories of homelessness? What could be done to prevent people from becoming homeless? What are the exit trajectories from homelessness? Does the homeless culture act as an umbilical cord that prevents some people from exiting homelessness? Are there

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[2] KeyChange, Merton Anchorage Trust, Merton Faith in Action, The Salvation Army, The South East England Development Agency

specific coping mechanisms or strategies that mean some people are more likely to succeed than others? Although these were underlying questions that informed the structure of the research, extensive observation and participant observation enabled far more data to be gathered. Thus a much broader range of significant issues emerged.

5.2 METHODS CHOSEN

The research for the thesis was conducted over a period of 4.5 years on a part-time basis between October 1997 and July 2001 (appendix p236). The thesis used a combination of several different qualitative research methods[3].

Life-story interviews: with roofless, homeless and ex-roofless people resettled into housed society (48; appendix p237).

Depth interviews: with roof/homeless people (21), key people working within the homeless industry (33), and people who had never been roofless despite having experienced several triggers of rooflessness (14). This also included telephone interviews with key people working within the homeless industry (24). In addition there were 77 informal interviews/long conversations with a similar group of people (appendix p238).

Observation: covert observation on the streets predominantly in central London, Bedford, Exeter and Wimbledon (approximately 764 hours appendix p239).

Participant observation: predominantly as a volunteer worker at Merton Anchorage Trust (approximately 225 hours). Plus smaller scale participant observation as a researcher at hostels/daycentres in London, Exeter, Reigate and Bedford (appendix p239).

Documentary analysis: of the life-story scenarios of homeless people used in the literature (e.g. annual reports, promotional/fundraising materials) from a variety of voluntary sector organisations working within the homeless industry. In all, 152 organisations were contacted, of which 90 replied. Of the 90, 75 used some form of biographical scenario of roof/homeless people within their literature. This generated 99 scenarios for analysis.

These methods were chosen to ensure a variety of data from different contexts. They also created a means for cross-checking the information gathered. Thus, for example, the information gained from the life-story interviews could be checked and interpreted in the light of the ethnographic observation and participant observations. The interpretation of the observations was cross-checked through informal conversations and depth interviews. By using grounded theory analysis all the information could be laid out and systematically coded and analysed.

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[3] The number of life-story & in-depth interviews conducted (plus organisations contacted for documents) was designed to ensure a large enough sample from which broad generalisations could be made.

5.3 JUSTIFICATION OF METHODS CHOSEN

The thesis sought to look at homelessness from a Structure-agency (structuration) theoretical perspective, examining homelessness as a social and structural phenomenon alongside the everyday reality of being homeless. To achieve this and to look afresh at homelessness there needed to be a rupture with the conventional methods for viewing homelessness. A new way of seeing needed to be found (Berger 1972). The research needed to move away from the comprehensive surveys that neutered and diluted the true meaning of roof/homelessness. It needed to understand the way roofless people viewed the world and interpreted it and themselves in terms of what they saw (e.g. Berger 1972). The processes involved in becoming roofless, being roofless and leaving rooflessness needed to be understood alongside the social construction of the individual's reality (e.g. Berger and Luckmann 1967). This reality involved choices, decisions and actions that needed to be made in an ever-changing political and social world (e.g. Beck's 1992; Risk society). For Giddens (1991), this can produce ontological insecurity. Insecurity that can become so severe that it affects the individuals' ability to function within the society in which they live (e.g. Croft 2001)[4].

If we assume that those with the most knowledge about rooflessness and the homeless culture are those who have lived that life-style, then the research methods employed needed to treat roofless people as knowledgeable experts within their field. By treating roofless people as actively constructing their own identities and social worlds, the thesis aimed to gain information about their conduct and the conduct of others within their world (individually and collectively). By using a combination of life-story interviewing and observation the thesis aimed to discover how individuals interacted within the social structures of conventional society and the homeless culture, plus their motivations and reasoning for making choices/decisions. The aim was to gain some understanding of the complex and interconnected nature of the homeless process.

5.3.1 Life-Story Interviews

The life-story interview is a qualitative research method that uses face-to-face depth interviews to gain biographical retrospective and current information. It is usually recorded and analysed in a chronological format (e.g. Parry et al 1999). It is not a commonly used method within social policy or sociological research, for a variety of reasons including questions regarding the accuracy of the information gained. However, the accuracy of people's recollections has been shown to be reliable even after a substantial number of years have elapsed (Parry et al (1999). Chamberlayne et al (2000) argue that biographical interviews are a rich source of information from a

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[4] Theoretical Perspectives Chapter

historical, present-day, social policy and individual (agency) viewpoint. Furthermore, biographical-style research is useful when attempting to relate the personal to the social and structural (Giddens 1984) and generates insights both into social processes and the individuals understanding and reaction to those processes. It shows how these intersect and are mutually dependent. Life-stories are useful for understanding the choices that people make in the light of the constraints and assumptions placed on their lives (Chamberlayne et al 2000). For Thomas and Znaniecki (in Faraday and Plummer 1979) the life-story is the 'perfect type of sociological research'. They recognised that there are enormous problems with checking the validity of the information, and problems inherent with analysing a massive amount of material. However, they still conclude that if social scientists are to research any kind of happenings accurately, they need to take into account the life histories of those individuals involved.

The life-story method is also part of case study research, it is used to evaluate causes along side the effects of time (Robson 1993). In case-study research it becomes a useful tool for pattern-matching, looking for patterns that emerge and comparing them to those already in existence in the literature as a means of proving or disproving a theory. For May (1993) it is a means for exploring the 'truth', by finding out what people actually did and what actually happened instead of what experts think they did or think happened to them. By discussing how they felt at the time the interviewee can give 'personal meaning and value' to particular events or activities that may otherwise have been missed (May 1993).

The main criticism of life-story interviews and interviews in general is that people may lie or tell the interviewer part truths (e.g. Gardner 2001). Similarly by omitting details this may change the slant of the information gained. For Gardner (2001) this is because the interviewee may present a Goffman-style actors front-stage presentation of themselves. That is the interviewer sees the self that the interviewee wishes to be seen in public. This may be a sanitised good self, a victim-martyr self[5] or a fictitious imaginary self. The interviewer rarely gets to see the backstage self with all its contradictions, unpleasantness and deepest insecurities (Gardner 2001). By recording 48 life-story interviews and at least 32 in-depth formal and informal interviews (see appendix p237-238), the thesis aimed to get behind the presented persona to find a more accurate picture of what the roofless process really meant for individuals. The aim of the research was to draw out dominant themes/topics that emerged from numerous accounts/sources of information. The replication of information given in life-stories and other interviews suggested that this information was more likely to be

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[5] Theoretical Perspectives Chapter

accurate. Furthermore, the thesis used observation and participant observations to capture some of those 'backstage' personas usually hidden in interview, thus facilitating a more reliable picture. There were examples of blatant lies by interviewees (not included in the main analysis). For example, one interviewee gave an account of several events and facts that appeared to be inaccurate:

> By the Age of 26 she had completed a degree course to become a medical doctor but ran out just before the final exam, so did not qualify (a 6 year course). She had also achieved a BA university degree in child psychology and was now part way through doing her Masters. She took her O'Levels aged 12 and her A'levels aged 15. She achieved all of this whilst playing truant on a regular basis, being expelled from several schools. Having a baby at 16, getting married at 21. Doing national service in another country and spending 6 months per year in that country from the age of 14. Taz aged 26. Research diary

There were other examples where interviewees did not lie, but alluded to events or processes without actually overtly stating them. Where these were spotted during the interview there was probing for more information. However, for some, events were alluded to which they either found embarrassing, derogatory or simply too painful to recount.

> "Certain things happened to me as a child that made me start drinking. I started drinking at 13". Aileen, female aged 39; hostel, homeless approx. 23 years

> "I don't really want to go into details about my life and my family and all that. I can't, I can't talk about it, I never have and I never will. Lets just say I wouldn't wish it on anyone". Tim, male aged 42; housed 2 years. Research diary

For Clifford and Marcus (1986) this would demonstrate that accounts could only ever be partial truths. However, it should be accepted that life-stories will always be biased and partial as memories are often repressed or merged with others (Parry et al 1999). People remember things that are of significance to them, many things are forgotten (Gardner 2001). The fact that events are merged or omitted does not necessarily mean that their experiences and interpretation of their life is any the less accurate (Hubbard 2000).

In this research people rarely recounted events in true chronological order, they frequently skipped from one era to another and back as they recalled details on a thematic basis and/or as one memory triggered another. In an attempt to chronicle their life-stories, interviewees from the outset were asked to give some indication of the date, their age or some national event so as to give some idea of time-scale (Humphrey 1993; Brown 1990). This was later ordered into chronological order using life route-maps (e.g. p93-94). These also served to give an idea of process over time. Furthermore, the information gained from the research was influenced by the parameters set out at the beginning of the interview (e.g. Gardner 2001). Namely, interviewees knew that the interview was a life-story, thereby indicating the amount of

information required and the time-scale of events. They were also asked to talk about how they became homeless, thus limiting their life to a specific context. Thus the life-stories and route-maps represent individuals' interpretations of their lives. The restructuring of information during analysis into rough chronological order meant that the life-stories were merely the researchers (re)presentation of their representation of their lives based on the theme of how they became homeless. However, this does not mean their accounts are invalid or less expert in anyway. The life-stories indicated events which people felt were pertinent to their route into, through and out of rooflessness. They are examples of (re)lived experiences through which they explained how they became roofless and the retrospective significance and meaning of events/actions either by them or affecting them. Moreover, contained in their explanations and interpretations of events and processes is vital information about how they perceive their situation and what is happening to them. These perceptions are an important part of understanding why existing services succeed or fail. It is for these reasons that Dixon (1998 in Jones 2001) argues that the combination of biography and theory makes both elements stronger especially when theory emerges from the lived experiences of groups of individuals.

The act of interviewing is an important part of the research. As one encouraging charity worker phrased it during the piloting phase *"if you're new to this they will smell it a mile off"* (Bromwin, research diary). The art of interviewing, therefore, involved adopting a Goffman-style actors' role and learning and transmitting the rules of a game called interview that two actors were about to play. By playing the part of a confident competent researcher that had clearly been researching for years(!), the illusion was created of someone in control of the interview. This meant that the interviewee could relax in the safe knowledge that someone was in charge and play the role of information giver. The game continued. The researcher needed to communicate enough interest and understanding in what was being said to elicit detailed information, but not so much understanding that the interviewee assumed that a common set of meanings existed between the two. In this way the aim was to stimulate dialogue without impeding it. This was a lengthy game as interviews lasted at least an hour.

Although life-story interviewing is an unstructured in-depth interview technique a rough agenda was taken into the interview (appendix p240). This was a useful prop. It gave an indication to the interviewee of the length of the interview and that plenty of detailed information was required. After being informed about the reasons for wanting their life-story, interviewees were asked to tell how they became homeless. The interview agenda became a useful aid to recording information and a means for quickly checking the interviewee had given information on all relevant aspects of their life (e.g. route into

homelessness, childhood, schooling). When they had finished telling their stories, areas that had not been covered could be mentioned and more information gained. Throughout the interview people were prompted for their age at the time of events/processes and their duration. A wind-down session was included at the end to allow interviewees time to ask questions and reflect on what had been said. This was a necessary part of the interview as it was important for the interviewer to acknowledge and take responsibility for the fact that the telling of some life-stories had been particularly upsetting for interviewees and they needed time to relax and compose themselves before leaving the interview.

> "I'm really glad I came today because I needed to talk about it. I needed to get it out in the open". Melanie, female aged 16; hostel

> "This is really good therapy, its good to talk about it sometimes". Mark, male aged 28; roofless 3.5 years, housed 4 years

This was never more important than when interviewing one man who expressed strong suicidal feelings and plans made for a suicide attempt.

Another prop was introduced to the interview, the tape recorder. This was the preferred method of recording the information given. It allowed the researcher time to take in what was being said, probe for more detail and observe the body language and facial cues of the interviewee. Simultaneously, it created a more relaxed atmosphere and facilitated the free flow of conversation and information. However, many interviewees preferred not to be taped. The main reasons given for this were fears that somehow the DSS may hear the tape and this might affect their benefit entitlement (despite assurances of confidentiality), or that tape-recorded interviews reminded them of the police. On these occasions, notes were made during the interview, which were then completed immediately after each interview. Furthermore, interviewees preferred to see the interviewer writing information down regardless of the tape recorder, especially if they felt that what they were saying was important. At the end of every interview notes were made about the setting, attitudes and behaviour, and other general comments and impressions gained by the researcher. The recordings and notes were then transcribed and prepared for analysis.

5.3.2 Interviews

Although life-story interviews are depth interviews a number of interviews were carried out that did not contain full biographical detail. Some people having consented to life-story interviews found it too painful or intrusive to talk about all aspects of their life. As with life-story interviews depth interviewing uses open questions designed to guide and focus discussion rather than control and direct answers. There are two main forms: the semi-structured and the unstructured interview (both named after the type of question

guide used). Depth interviewing (as with life-story interviews) is a time consuming method, not just because of the length of the interview, but because each interview requires careful planning in arranging and securing visits, writing up notes/transcribing tapes and conducting the analysis (Robson 1993). Much of the justification for the use of depth interviews can be found in the above discussion on life-story interviews.

The thesis used both semi-structured and unstructured interviews depending on whether the interview was pre-arranged (e.g. with homeless people), who was being interviewed (e.g. the director of a charity) and the type of information required.

Semi-structured interview: A set of broad questions or headings were used to guide the discussion with the interviewee. This facilitated freedom within the interview to probe some issues more deeply or follow-up lines of enquiry that emerged from the interview and to clarify or seek elaboration on some answers (May 1993).

Unstructured interview: The unstructured interview is more like a conversation between the interviewee and researcher, with the emphasis placed on allowing the interviewee to talk freely, to pursue topics or lines of thinking as they think of them. The researcher is free to probe further or redirect the conversation towards suitable topics, but without using set questions or a set pattern of topics. The beauty of this method is that it challenges the ideas of the researcher whilst simultaneously allowing the interviewee to answer questions using their own language and their own frame of reference (May 1993). Thus they are able to draw on the ideas, mental pictures, analogies and meanings with which they are familiar, instead of feeling forced to use the set jargon of officialdom. Furthermore, the interviewee is less likely to tell you what they think you want to hear. Instead the more relaxed atmosphere facilitates a freer flow of information, uncluttered by too many pre-conceived ideas. This means that a better understanding of the interviewee's point of view can be gained. As with any method within research, there is always the problem of researcher bias. The degree to which this becomes a problem is dependent on the type of information required and its intended use.

5.3.3 Observation and Participant Observation

The justification for using observation has already been discussed under grounded theory. The act of conducting observations is an important part of the research. The observations were covert. This meant that the researcher had to disappear within the scene so that they could see and observe without being seen. Although this was voyeuristic in style it was a useful way of gathering information about street life without influencing it by researcher presence.

Disappearing within the scene required staging another Goffman-style role. This included dressing appropriately for the scene and assuming a character (e.g. tourist, worker on a tea/lunch break, passenger waiting for a bus/train). By not drawing attention to their presence the researcher can move close enough to clearly hear conversations and watch actions and interactions without drawing attention to themselves or alerting people to the fact that they are being watched. The gaze becomes an important part of observation. If the aim of the observation is not to be noticed it is essential not to make eye contact or look directly at the people being observed. Furthermore, the researcher cannot make notes at the scene. Thus all observations need to be remembered and transcribed later. For critics of this form of grounded theory (e.g. Charmaz 2000) this style is too fuzzy and they prefer direct contact with people allowing questioning. For this purpose participant observations were used. Thus there was a combination of covert observation that allowed the researcher to simply see and observe and participant observation that allowed the researcher to observe again, but clarify some of the observations.

Participant observation allows the researcher to observe the actions, behaviour and language used by people in their natural setting. The researcher participates in the everyday life of people for a period of time. During this time they watch what is happening, listen to what is said, observe reactions and interactions, ask questions and generally collect whatever data is available that might shed light on the issue being researched (Hammersley and Atkinson 1983). For May (1993) it is an inductive rather than a deductive method. That is, it allows ideas to emerge from the research, rather than superimposing existing theories and ideas on the subject and testing or validating them. Emerging ideas and theories can then be pursued in interviews. Conversely, Hammersley and Atkinson's (1983) note, the main criticism of this method is that it is highly subjective and rarely inductive as it is based on impressions of what is happening not rigorous analysis. Clifford and Marcus (1986) argue that this subjectivity

is not weakness but strength. Rich descriptions and narratives on specific topics or time periods, form a bridge between branches of qualitative research and/or quantitative research.

Participant observation was a vital part of this research. A lot of information was gained from just spending time with homeless people, learning how they think and feel, how they interpret their world, what matters, what makes them laugh and what hurts. An important aim of the research was to ensure that the roofless were not devalued to the level of statistics or just another interview. Throughout the thesis quotes from the observation diary and interviews have been used to help to keep a human face on the research.

The thesis used a mixture of small-scale and longer participant observations (appendix p239). Small-scale studies were carried out at daycentres and hostels where life-story interviews were being conducted. Clients knew of the research and where appropriate its aims and objectives. Approximately 3-5 hours was spent in a location at any one time, venues were visited several times. A description of the setting is recorded separate from the interviews and provided useful contextual information. Many conversations were held with people who did not want to be interviewed, but were happy to chat (staff and clients). Thereby, important information was gained which added to the data. The longer participant observation conducted at a drop-in centre was covert. From the clients' point of view, the researcher was a volunteer helper, part of the staff. From the staff's point of view, the researcher was a doctoral student, expert in homelessness and there to assist and advise staff. Although covert participant observation raises ethical issues about stealing (e.g. Tyler 1986) the British Sociological Associations code of ethics were adhered to. Covert rather than overt observation was selected to facilitate the observation of clients and staff and the inter-relationships in their most natural form. Having a role other than researcher within the scene meant easier access to all types of information at many levels without people feeling they needed to guard/omit information. A research diary recorded the observations, casual conversations and the researchers thoughts, feelings and reactions to the fieldwork.

5.3.4 Documentary Analysis

Documents form an inevitable part of grounded theory (e.g. Glasser 1998). They include anything from press to government reports, text to photographs, statistics to biographies. Documents can be the research object or part of a triangulation of research methods. They can offer an indication of the way people, events and cultural meanings are constructed (May 1993). Documents can be a representation or

reflection of reality or even a means for constructing social reality. Thus the way homeless people are portrayed by the homeless industry[6] becomes an important part of homeless research. Such portrayals direct public, government and funders perceptions (and homeless people's self-perceptions) of homelessness. They are in part responsible for shaping the homeless industry and therefore to a certain extent homeless culture.

By using documentary analysis to examine the life-story scenarios of homeless people used by the homeless industry, the thesis aimed to explore any existing stereotypes and the construction of homelessness as an issue. In the early stages of the research they also acted as a cross-reference/comparison for the information gained from the life-story interviews. A tick-box spreadsheet was created containing topics and issues mentioned and raised within the scenarios. This created a quick frame for frequency analysis to determine the most commonly mentioned subjects and facets of homeless people's lives. From these dominant issues, the broad stereotypes used by the homeless industry emerged[7]. The agencies used in the documentary analysis were drawn from across the spectrum of the homeless industry to give the research a more comprehensive and balanced insight. These were selected from homeless directories and organisations featuring in the existing literature.

5.4 PRACTICAL ISSUES

5.4.1 Data Sources and Gatekeepers

Life-story and depth interviewing homeless people is not without its dangers to personal safety, especially when these are conducted in interviewee's homes, cafés or parks[8]. This being so, gatekeeper agencies were used to select the majority of interviewees. The gatekeepers were asked to apply common sense judgements when brokering contacts with potential interviewees and arranging a suitable place for the interview (a safe place for both researcher and interviewee). This meant that when interviewing away from daycentre/hostels interviewees were vetted by the organisation for suitability and safety. This inevitably affected the data gained as those selected were often more stable and articulate. The depth and informal interviews during participant observation helped to counter this skew and included people with more chaotic behaviour and some under the influence of alcohol/drugs. Thus the life-story interview data was weighed and balanced against less stable, less articulate viewpoints.

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[6] Definitions chapter

[7] Definitions chapter

[8] Nordstrom and Robben 1995 & Lee and Stanko 2003 demonstrate just how dangerous fieldwork can be

Gatekeeper organisations were initially drawn from those responding to the request for information from the documentary analysis and organisations contacting the researcher for professional advice/work. Snowball interviewing broadened the remit of the research as clients and/or organisations brokered further interviews with other people/organisations. This facilitated interviews with the roofless, those in hostels/temporary accommodation and those recently housed. No organisation seemed to keep in contact with the re-housed for more than a year, unless they continued to use daycentre facilities. Thus those who had been roofless but had resettled into society were far more difficult to find. Location took considerable time. All these interviewees were found from independent sources, including conferences/ seminars on homelessness and friends of acquaintances. Snowball interviewing was not possible with this group as most severed all contacts with their homeless past as part of their re-integration into mainstream society.

5.4.2 Personal Safety in the Field[9]

It is a researcher's duty to ensure that they are as safe as possible in the field when researching[10]. In this research, as a safety precaution, when interviewing people in their own home, local parks or cafes, an arrangement was made with a secretary within CASE[11] to act as 'base'. Before the interview, the secretary was given, in writing, the date, time, address and/or location of the interview, the name of the organisation and contact person who arranged the interview. Also included was a statement specifying the duration of the interview (1 hour) plus instructions to call the police if the researcher had not contacted base within a specified time period. On the day, before entering the address/location of the interviewee, base was telephoned, repeating the written information already given and stating that the interview was about to commence. Confirmation was given that they would be contacted again within 1½ hours from that time. They were reminded that if they did not hear from the researcher then the police should be contacted. If the interview went over the 1 hour allocated, base was contacted to inform them that the researcher was safe and would contact within a specified time. After the interview, base was contacted to inform them that the interview had finished, the researcher had left the premises/area and was in a safe place.

There were also issues of personal safety to consider when interviews were conducted with roof/homeless people on the premises of organisations, especially if they were conducted in a separate office away from public view. There were times during the fieldwork when there was danger or fear of danger. At these times, it was necessary to

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[9] See Lee 1995 and Linkogle and Lee-Treweek 2000, for a more thorough discussion
[10] For example, Rossi 1987 &1989 ensured safety by using pairs of interviewers accompanied by off duty policeman to conduct interviews between midnight and 6am in Chicago.
[11] Centre for the Analysis of Social Exclusion at the London School of Economics

deal with personal safety as a priority but to remain observant as to what was happening within the scene.

> "A drunken man began to shout at four women sitting round a table drinking tea. None of the women spoke they just looked at him. He got very angry and started to lean over the table. He seemed to be talking to the young woman opposite him. She stared at him but didn't speak. A mixture of booze and a thick Scottish accent meant that I could not understand what he was saying. He began to bang his fists on the table, lunging forwards making sure they landed in front of the young woman. She leant backwards staring at him, but didn't speak. She seemed frozen. The other women started telling him to calm down. He began to throw chairs across the room. A female member of staff asked him to leave. He continued to shout and bang the table. An older (late 50s) male staff member stood nearby. He continued shouting. His eyes never left the young woman. Another female staff member intervened and began to block his view of the woman and slowly they managed to get him to leave. During this time I remembered there was an office and a kitchen door on either side of a recess. I reversed into the recess only to find both doors were shut with staff and clients locked inside. I relocated myself behind a nearby pillar to block the path if a chair was thrown my way". Observation Diary

> During an interview: "Jill had just finished telling me about her extremely violent partner. A man came over to our table, stood between Jill and me with a hand on the back of both chairs. Jane was sitting on my other side. This was the man banned from the daycentre last visit. He talked to Jill, asking her what she was doing and how long she would be. He asked for money and 'fags'. He stretched across her threateningly and she flinched away. He was intimidating and Jill was clearly terrified of him. It seemed a long time for staff to persuade him to move away from the table and leave". Observation Diary

> "During my interview with Tessa, she suddenly stood up. I made a quick note of where the door was and manoeuvred myself in case I needed to run. She turned her back to me and pulled down her trousers to reveal her bare buttocks so that I could see her operation scar". Observation Diary

> "When I arrived at Stephen's home there was another man there who said he wanted to be interviewed too. This was not anticipated. During the interview I was pre-occupied slightly with the need to feel safe. I made sure that I had a clear exit route to the door and my mobile phone was to hand and switched on. Both interviews were conducted without incident". Observation Diary

5.4.3 Researcher Effect

The theoretical side of researcher effect has been already discussed. The researcher did influence the type of information given in two ways. It was felt that in both instances researcher effect could not be avoided, nor would it have saved any useful purpose to try and avoid researcher effect. Firstly, pregnancy throughout the participant observation at Merton Anchorage Trust could not be hidden. This had a number of impacts. People approached the researcher to talk more frequently than in other observations, initially to discuss the pregnancy. Men and women gave a lot of information about their own children, birth experiences, and in some cases, memories from childhood. Much of this data would probably have been unobtainable had the researcher not been pregnant. Secondly, a decision was made early on in the research

that some knowledge could be passed onto interviewees (and roof/homeless people at the observations) without prejudicing the findings. Some of this information was requested. Alternatively requests were generated from probing questions asked during the interview. For example, people struggling to save for quarterly bills were asked if they were on card meters. Some had not known that these existed and wanted to know more.

5.4.4 Use of Photographs

Photographs were used throughout the thesis as a means of demonstrating pictorially the different aspects of homelessness (Wilkinson1996; Burgin1982). This ethnographic use of photography was employed in part to convey something of the fieldwork that words cannot easily convey (Wilkinson 1996; Ball and Smith 1992; Woolgar 1988; Sontag 1977). The use of any photographs in research always raises contentious ethical issues surrounding invasion, intrusion, voyeurism, stealing, even apathy and rejection (Wilkinson 1996; 1995b; Sontag 1977; Becker 1975). To minimise ethical problems, care was taken to photograph the majority of people in such a way that their faces and/or identity was obscured (those photographs taken of people facing the camera were taken with their permission). Care was taken when inserting the photographs so as not to be demeaning or derogatory (Becker 1975).

5.5 ETHICAL CONSIDERATIONS

The British Sociological Associations Code of Ethics were adhered to. Ethics are at issue at all stages of the research from design and implementation through to analysis and presentation. Thus following the code of ethics ensures that both the researched and the researcher are safeguarded.

Sensitive issues[12]: People's biographical information often contained details, which were personal and private. Some of the issues raised caused powerful feelings of distress and pain when individuals recalled events (e.g. rape, incest, violence, abandonment). One interviewee broke down in tears as he remembered the kindness of an employer who helped him move out of homelessness and stay out. We had to take a break while he recomposed himself. It is important that interviewee's feelings are respected and that the interviewee is not left at the end of the interview feeling exposed and violated. Each interview ended with a request for non-intrusive biographical information (e.g. age, marital status) and a wind-down session to minimise the 'research effect'.

Confidentiality: Each interviewee was assured of confidentiality before the

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[12] See Lee 1993 for a more thorough discussion

interview began and reminded at the end that what had been said was in confidence. They were also told what the research was about, what it was for and why it was important. It was made clear that to preserve their anonymity their name would not be used in the research, nor would any names or places they mentioned. Pseudonyms were created to obscure their identity. To secure the later interviews with people who are resettled in society, copies of the researchers existing work using life-story interviews was sent in advance (Ravenhill 2000a;b).

Privacy: Some depth interviews were conducted within earshot of other people (e.g. daycentre canteens, cafés). Where possible, interviewees were encouraged to move to a separate office. Those who did not want to were happy to be interviewed in this way. There is every possibility that this impeded the quality/detail of personal/intimate information given. However, the information that was recorded during these interviews was still detailed and very useful.

Paying for Interviews: Many researchers/funders pay for interviews with roofless people. This means that some now expect to receive payment and refuse to be interviewed or scale down the information offered. Some organisations working with the roofless (e.g. Big Issue) refuse access to clients unless payment for interviews is offered. This new trend in paying for interviews does make it more awkward for the researchers that follow afterwards. Payment also raises contentious issues around the type of relationship that is developed between researcher and interviewee when money/goods are being exchanged. There are also problems of the way payment is perceived (e.g. wage or a gift to a beggar) and the value placed on their experiences or the information they have to offer. The majority of the interviews conducted in this research were without payment. It was hoped that this conveyed individual's value as a person and that their opinions, experiences and suggestions were of interest and value. To place a price tag on that would have been to cheapen their experiences. Furthermore people needed to take part in the research because they wanted to not because they wanted money. As part of an agreement with the L.B. Camden, paid for interviews conducted with their clients (9) were included in this research (Ravenhill 2000b).

5.6 METHOD OF ANALYSIS

The method of analysis used followed a basic grounded theory analysis model (Kelle 1997; Straus and Corbin 1990; Glaser and Straus 1967). Qualitative data analysis is necessarily time consuming and labour intensive. It involves the systematic coding of the texts before analysis can begin and is the pre-requisite for systematic comparison between texts. The codes are initially used to identify specific segments of text on a thematic or topological basis. The texts are examined line-by-line for content and

meaning and coded accordingly. This involves considerable time reading, re-reading, interpreting and later comparing similar texts. The comparison of texts within each theme or topic generates a second layer of codes that form the construction of basic concepts, types and categories. These become the basic building blocks of theories (Kelle 1997). Often there are several layers of codes that cause abstraction from the data and gradually build theories (e.g. Glaser 2002). In this research the codes were organised initially in hierarchical networks. Where Atlas/ti (version 0.4) computer assisted qualitative analysis software was used codes were also grouped into families based on themes. Both devices acted as filtering mechanisms that facilitated simple code-and-retrieval of relevant texts for comparison. The definition of codes was recorded initially in an alphabetised notebook and finally within the Atlas/ti memo function. This built into the analysis an element of rigour and accuracy. As the coding progressed comments on the data and hypothesis were also recorded and linked to the data. The actual coding procedure followed 6 stages:

Table 3 **Coding System**

	Coding stage	Examples of Codes	Description and Use
Stage 1	Specific variables (attached to whole documents)	Age, gender, nationality, current housing status	Systematically comparing e.g. men with women or age groups
Stage 2	Thematic coding	Route in, Slept rough, Way out	Broad categories that break the information into segments. These can be filtered so that, e.g. all coded information relating to routes in can be analysed
Stage 3	Coding paradigm/ heuristic concepts (applied to text)	Social class, education, institutionalisation, kinship networks	Using existing theoretical concepts to create a skeleton for further analysis
Stage 4	Code categories or indexing	Education: Qualifications, Hostel: conditions, Crass comments by officials	Open codes (derived from common-sense knowledge) and in vivo codes (used by interviewees). These included subdivision of the initial coding paradigm
	First order constructions	Jungle drums (information passed on the street), Homeless peoples theories: advice to others	Theories of the members of the culture studied. Usually common-sense knowledge known to its members. Coded using both open and in vivo codes
Stage 5	Typology building (the first stage of theory building)	Positive social networks, Negative social networks,	Codes were divided into, for example negative vv positive attitudes or experiences
Stage 6	Concept formation (emerging theories)	Inverse hierarchies, Fright and flight, Victim-martyr, Copy cats	Labelling patterns of behaviour, stereotypes or processes.

Stage 1-3 involved pre-determined commonsense knowledge codes applied to the text (axial coding). Stages 4-6 involved generating codes directly from the content of the text (open coding; e.g. Kelle 1997). It was these stages that allowed new insights to emerge. The aim of the thesis was not to become too theoretical and so abstracted from the data that the day-to-day grim reality was lost in a conceptual discussion. One

of the thesis' main findings was that homelessness is complex and its triggers and solutions are many and varied. Thus it would have been counterproductive to continue analysis and coding and to condense and theorise the issues into patterns and stereotypes. This would have rendered the data meaningless in this context.

The act of initial coding (before analysis begins) took an average of 4 months for each source (documents, observations and life-story interviews). Three different mediums for analysis were used according to the type of data generated and its intentional use. The documentary analysis used a simple excel spreadsheet for a frequency analysis of codes used. The dominant codes were then formed into larger concepts to define the stereotypes portrayed. The results were discussed in chapter 2. The observation and participant observations (including the interviews conducted within that context) generated an enormous volume of handwritten data. For the purposes of this research it wasn't time efficient to transcribe this. Thus information was coded in the notebook margins. The codes developed in the documentary analysis were applied and other relevant codes developed and incorporated into the coding paradigm. A basic cut-and-paste method was used to synopsise this information. The results were discussed in chapter 2. The life-story interviews, the core of the data were transcribed and adapted for use in Atlas/ti. These were then coded using the above framework (table 3), incorporating the codes generated from the previous two stages.

The use of three different methods of analysis of the data did not affect the results for this research. It must be recognised that if a more theoretical analysis had been intended then it would have been better to transcribe the life-story scenarios from the documents, all the observation material and interviews as well as the life-story interviews for systematic comparison. This would have benefited from computer assistance (e.g. Atlas/ti). As it stands the use of similar codes and development of the coding paradigm across all three analytical techniques means that the findings are robust.

6. ROUTES INTO HOMELESSNESS

Most people are never likely to become roofless or homeless. However, a significant minority of people are vulnerable to homelessness, some of whom remain so for a very long time, yet never actually become roofless. Others are not only vulnerable, but do become roofless at some stage. The thesis aims to explore the complex nature of homelessness by looking at the factors that trigger rooflessness and protect against it. Current literature is beginning to discuss the notion of counterbalancing or protecting factors that can delay or prevent rooflessness (e.g. Connexions Service National Unit 2001; DTLR 2001b). However, it doesn't consider how to artificially stimulate these when they don't exist in an individuals' life.

Most of the literature on homelessness is concerned with people's immediate entry into rooflessness. Focusing on the last few events or triggers experienced, viewing these as the main cause. Recent literature tries to move away from this oversimplified view of causes, discussing homelessness in terms of housing careers and/or employment histories (e.g. Rosengard 2002; Chamberlain 2001; May 2000; Anderson and Tulloch 2000; Fitzpatrick 2000; Pavialin et al 1993). This type of analysis marked a shift away from the traditional overemphasis on individual vulnerabilities and failings (May 2000). May (2000) used a structuralist theory to analyse the impact of poverty on housing and employment, to account for episodic rooflessness. Rosengard (2002), Anderson and Tulloch (2000) and Fitzpatrick (2000) explored the use of pathway analysis to understand peoples' routes into and through homelessness. This Scottish contingent attempted to create a set of simple trajectories to explain the complex routes homeless people take into housing. If homelessness were simply a housing and/or employment issue then May and the Scottish contingent succeed in offering an explanation of the structural aspects of homelessness and their impact on the individual. However, this

chapter aims to demonstrate that homelessness is far more complex than simple binary structural problems.

The literature makes an attempt at understanding this complexity from roofless individuals' perspectives, however, it tends to focus on the more immediate concerns and skims over the past (e.g. Alexander and Ruggieri 1998; Jones 1999). A limited literature exists that itemises some of the deeper causal factors (e.g. Randall and Brown 1999b; Havell 2001), but this is predominantly survey research. Despite the recognition that current responses to homelessness have proved inadequate in both tackling the existing problem and preventing it (e.g. DTLR 2001b), there is no thorough consideration of the deeper underlying causes of rooflessness. Until the causes are understood, there is no way of understanding how to prevent it or deal with it. The thesis aims to look at just how far back the causal trajectories can be traced and how the accumulation of triggers over considerable time, predisposes some people to extreme vulnerability to rooflessness and/or considerable periods of episodic rooflessness.

To create a picture of the homeless process, route-maps were constructed to give an idea of the series of chronological events that interviewees identified or perceived as the causes of their homelessness and the decisions they made en route. The approximate age of the individual at the side of the sequence of events, gives an idea of the length of time the homeless process was evolving and an idea of when in history trigger events (or periods) were taking place. This in turn gives an indication of the prevailing social policies and available help at that time. The route-maps were piloted in Ravenhill (2000b) and a number of seminars held based on that research, to gauge their clarity and readability. The commissioner of that research wrote:

"The route-maps of the 14 case studies will make compelling reading for those working in the social policy field. They indicate that more could have been done during childhood, adolescent and early adulthood to prevent the slide into homelessness that these individuals went through". Ravenhill 2000b p4

The route-maps are only intended as a brief summary of the individual's life. What cannot be represented is any emotional trauma, stress and anxiety that surrounded specific events. Instead, this has been demonstrated in the analysis through quotes from the actual interviews.

By including a sense of time it becomes evident that rooflessness is a process, rather than a sudden one-off event, and that this process begins considerably earlier than existing studies suggest. Once this is recognised and accepted it facilitates the breakdown of that process into stages at which that process accelerates, the types of events or pressures that cause that acceleration and the different types of intervention or support that would be the most beneficial. The historical perspective also offers an indication of the success or failure of current and past social policies on family, homelessness and housing. It is important to recognise that current rooflessness must be considered as a product of the past. Only in that context can we interpret the failure of structural factors (e.g. hostel access, leaving institutions), the way homelessness has been perceived and constructed as a social problem (i.e. homeless policy) and the way the individual has responded within the framework of both structure and policy.

The route-maps demonstrate the complex inter-related circumstances that lead to homelessness. The importance of time and the age a person first experienced homelessness becomes evident. For some people their route is relatively simple (e.g. Melanie's route-map p93) while other routes are far more complex (e.g. Tessa's route-map p94). By and large, the complexity of the route is dependent on age, with younger people following a simpler route and older people (especially the long-term episodic roofless) having highly complex routes.

Looking at these two route-maps, it is important to note that the first event perceived by the interviewees as contributing to their homelessness began before age 10. By age 10, both note they remember finding it difficult to cope with the situation and both start running away from home. It is worth noting that Melanie is already within the hostel system, but exceptionally vulnerable because of the type of hostel she has been placed in. Tessa first became roofless in the late 1970s/early 80s, before the Rough Sleepers Initiative began to seriously tackle the homeless problem. Early intervention may have prevented her from joining the drug, prostitution and homeless cultures.

MELANIE'S ROUTE-MAP

Age 7	Parents split		
Age 10 - 13		Not coping with situation	
	Doesn't see either parent much	Starts running away a lot	Gets in with wrong Crowd
		In trouble at school	
Age 13	Social services brought in	Placed in care	Starts drinking, drugs & sleeping around
		Placed with Aunty	
		Not happy, back to mums	
Age 15	Mum throws her out & goes on holiday	Gets job in hairdressers	
		Stays with friend	Someone doing drugs there
			They beg money from her
		Goes to another friend while their son's in prison	
Age 16	Goes to Social Services	They say they can put her in care	Doesn't want this Again
	Goes to Under 25's*	Sort out Income Support	
		Send her to HPU	They require personal paperwork
	Sorts out required Paperwork	HPU delay processing claim	Not coping so delays finding paperwork
	HPU send her to Boys' hostel	Goes back to HPU	
		Sent to mixed hostel - with families	Settles in, learns Routine
			Gets a boyfriend who stays overnight
		Keyworker finds a more suitable hostel place	Boyfriend can't stay - Rejects offer
			Outcome pending

Under 25s = Housing advice centre
HPU = Homeless Persons Unit

TESSA'S ROUTE-MAP

| Age 5-10 | Mum & dad both ill they never worked | Witnessed dad being 'evil' to mum | Parents kept splitting up & getting back together |
| | | Keeps putting herself into voluntary care | She's unhappy at home & not coping |

Age 11	Interfered with by mum's friend	starts running away from home	Leaves school
Age 13	Leaves home sleeps rough	In with wrong crowd involved in crime	sent to Borstal
Age 16	Starts taking drugs	Sleeps rough	Leaves Borstal
	Becomes prostitute		

Age 17 - 18	Has 1st child	Social services find her a L.A flat	Drug habit increases
Age 21	Sleeps rough into drugs 'big time'	Child taken into care	Evicted for rent arrears
Age 22	Prostitution again - has 2nd child	Social services put her in temp. housing	Given permanent flat
Age 23/4	Child taken into care	Lodger beats her child	Takes in a lodger both on heroin
	Gives up on life evicted for rent arrears	Sleeps rough - Prostitution again	

Age 27	Prostitution still - has 3rd child	Placed in a rehab mother & baby unit	Baby taken into care at 6 weeks
		Carries on using drugs	Social services house her
Age 28		Moves in with pimp	Evicted for rent arrears

Age 32	Stops prostitution moves out of pimps	Moves in with a man she met	He beats her she moves out	Sleeps rough
Age 34	Housed in temporary flat	Hospital sends her to HPU	Hospitalised with drug related illnesses
Age 36	Offered permanent bedsit		
	Very unhappy with offer but accepts	Outcome Pending	

HPU = Homeless Persons Unit

LA = Local Authority

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There was systematic evidence from all the interview data, to suggest that early intervention, had it existed, may have prevented long-term episodic rooflessness for most of those who first became roofless at/before age 16. There was also evidence that there was an average of 9 years between triggers starting and homelessness finally occurring. Many of these triggers began in childhood. Childhood is touched on in some of the literature looking at youth homelessness, which establishes child abuse and time in care as strong triggers. However, there is no systematic look at childhood factors that predispose people to rooflessness. The thesis aims to show that it is important to look at the childhoods of roofless people and that the routes of homelessness for many begin there. It is no longer sufficient to simply conclude that roofless people had bad childhoods as this glosses over the reality of the situation. It is not the actual events that are important, it is the impact of these events and other people's reactions to these events that converts them into triggers of rooflessness.

For example, frequently changing home address during childhood appears insignificant as a trigger of homelessness, although this was a common feature of the life-stories. What it can cause, however, is a loss of stability, social networks and close links with kin. Where such disruptions are frequent and over a prolonged period of time it affects the child's ability to form relationships, and create the social networks that have been identified as important protecting factors that prevent roof/homelessness (Connexions Service National Unit 2001; DTLR 2001b; Ravenhill 2000b). Such instability may cause deeper ontological problems, leaving the child feeling 'home'-less and insecure.

> "I'd been in care from age 4 to 13. I've been in children's homes and from age 8-11 I was in 6 different foster homes. Most of the foster homes were temporary... that meant that I had to keep changing schools, I was never in a school long enough to make good friends and get into a routine". Anita, female aged 20, hostel.

In this example, there had been early intervention. The problem was its value. The intervention was designed to resolve one set of problems but inadvertently increased the young persons' vulnerability to rooflessness. Thus early intervention, though of value can be negated by the type or quality of the intervention or by the lack of follow on support and assistance.

The problem is compounded when frequently changing home address is associated with other factors, for example, change of area and/or school, parents separating, time in care or parent in the forces. Moving house frequently is stressful for anyone, but when combined with these other factors, its impact is augmented. For example, children of armed forces' personnel seemed over-represented in the sample, frequently changing home address, the absent parent and institutional way of life appeared to

have had a profound impact on their identity, confidence and the strength of their social networks and kinship ties as adults.

Informal interviews with people who were never homeless, but frequently changed home address during childhood, highlights the potentially far-reaching impact this can have in adulthood. These interviewees experienced difficulty settling down, making long-term friendships and tended to continue to move frequently, preferring to live in more insecure forms of tenure. They opted for superficial friendships so that when they moved they could cut off all ties more easily. A combination of insecure accommodation and weak social networks left them vulnerable to homelessness. A vulnerability that helps to explain why once roofless, some people experience episodic rooflessness for considerable periods of time (e.g. 20 or more years). This is one of a number of indications that childhood experiences and events can have an impact across the life-course. It indicates that some seemingly insignificant factors can have important policy implications, for example, concerning the way accommodation is dealt with for both children in care and families in temporary accommodation. There are also implications concerning the role of the current employment market and globalisation: both may subject individuals and families to high levels of geographic mobility. This can cause problems for both the adults and children. Already the combination of geographical mobility and the current housing market has created white-collar nomads (Clark 2002) and homeless low-paid workers (e.g. construction workers, hotel staff; Matthewman and Read 2002).

The above example shows the complexity of the impact of seemingly small events. A minority of children, those apparently most vulnerable to rooflessness, experience hugely traumatic events or periods of time. The term 'traumatic-life-events' is used to refer to events and experiences identified by the interviewees themselves as traumatic or described in such a way as to indicate that they were traumatic. Many traumatic events are discussed individually in the literature, e.g. child abuse (e.g. Fitzpatrick and Kennedy 2000; Randall and Brown 1996; Anderson et al 1993). However, here the term is used to include events that are much rarer and not easily quantified (e.g. bullying, alcoholic parent, death of a close relative or parents/siblings serious illness). A consideration of these events is important. McIntee and Crompton (1997) argue that the impact of trauma on the developing child, affects the way they perceive themselves and their world. Perceptions that are carried into adult life and affect their long-term ontological security (also Terr 1990; Winnicott 1960). It was apparent from the interviews that trauma affected coping mechanisms, self-esteem, the ability to form relationships and decision-making and it was these factors that transformed events into

triggers for children who lacked the 'safe' positive environment that counter-balanced the impact of trauma (e.g. McIntee and Crompton 1997).

For some, events were so traumatic that they experienced flashbacks, terror and depression as a result (Ravenhill 2000b). These are all symptoms of 'post-traumatic stress disorder' (or PTSD). Interviewees described incidents where seemingly unrelated events triggered flashback memories of trauma that came without warning and left them fearful of their own memories. There were accounts of periods of severe flashbacks that triggered suicide attempts or self-harming. They tended to use alcohol or drugs to control the flashbacks.

> "It is horrendous for me to cope with now, as a 14 year old what chance did I have? I still have painful memories that flood back but that is getting better, it is slowing down now". Stephen, male aged 40; housed 4 years

Symptoms of PTSD are best treated with counselling. However, access to such counselling is often via the mental health system, which as we know from Goffman's work (1961;1968) can label people and interfere further with self-perceptions. In addition, the usual 3-6 month waiting list for free counselling and lottery for quality deters people from seeking help. Likewise, the inability or difficulty in changing counsellor if personality clashes exist also deters people from seeking help. Drink, drugs, self-harming and suicide attempts are readily available coping mechanisms: strategies that are a common part of PTSD.

From the formal and informal interviews, the most difficult common and traumatic event to recover from appears to be abuse. Here child abuse refers to sexual, physical and emotional abuse, with sexual abuse the most common. Interviewees describe it as:

> "My stepfather used to take my sister and me to my uncle's. My uncle and his friends would sexually abuse both of us. This went on for years until I was in my 20's. By then it was rape. My step father knew and still took us round to my uncle's or let my uncle into our house to look after us while he and mum went on holiday". Alex, male aged 35; rough sleeper

> "My stepmother would climb into bed with me or invite me into hers to cuddle me if my father'd beaten me. When I woke up in the morning she had sex with me. This went on for years until I was 16. While she was having sex she would shout 'fuck me Charlie, fuck me'. Her father was called Charlie and he used to sexually abuse her". Stephen, male aged 40; housed 4 years

> "My father was a very violent man. He threw me down the stairs regularly, punched and kicked me. I was thrown through a glass door once. At various times he broke my ribs, my wrist 4 times, I had concussion and was hospitalised once...He used to punish me if my sisters did anything wrong". Stephen, male aged 40; housed 4 years

> "I was on the child protection list, mum and dad used to hit me, not hard. I think I deserved it... If my dad saw me in the street he would slap me and beat me in

front of my friends. I know I was bad and deserved it, but in front of my friends! He made my mouth bleed one time and broke my brace in my mouth". Melanie, female aged 16; Hostel

From previous work (in a women's centre) with women abused in childhood, it appears that the nature of abuse means that it not only has an impact at the time, but that impact is often permanent affecting the individuals' capacity to trust, form lasting relationships and relate to peers, adults and people in authority (Richardson and Bacon 2001). There was systematic evidence from this research to suggest that abuse is linked to low self-worth, distorted self-image, episodes of running away, leaving home early or in an unplanned way, domestic violence, self-harming, PTSD and time in care. Although current social policy means that there is greater awareness of the need to prevent, intervene and minimise the harm of abuse, it still exists. Moreover, many of the long-term entrenched roofless grew up before such policies existed. Treating homelessness as a housing issue for such people ignores the pain and long-term impact of abuse. Failure to recognise this results in the use of alternative coping strategies designed to anaesthetise the emotions, but which lock the individual into the homeless culture and cycles of episodic rooflessness.

If we are serious about helping such people, then we need to look again at existing facilities, as dealing with the aftermath of abuse is complex, time consuming and fraught with dangers. From the work in the women's centre, there was systematic evidence that for some, speaking about the abuse brought back memories, suicidal feelings, bouts of depression and/or violent angry outbursts. However, from that work and the current research there is evidence to suggest that people desire to tell their story as a cathartic form of exorcising the ghosts and confirming with others or re-affirming, that what happened to them was as bad as they felt it was. There was evidence suggesting the cathartic storytelling is a by-product of considerable time spent in counselling or within the psychiatric system; it was such an everyday part of their lives that they appeared numb to the impact their story may have on others. As a consequence, it became increasingly difficult for them to communicate with and form friendships with people who did not have the same experiences.

The incidence of child abuse and its impact on adult life demonstrates the profound long-term impact that traumatic experiences can have. Such experiences appear to affect almost every aspect of the individual's emotional and social life, which may lead to some people withdrawing to the margins of society or being pushed out of mainstream society because they do not fit the 'norm'. Once on the periphery of society there are fewer ties that bind them into that society and prevent rooflessness. There are other seemingly less traumatic events that have a similar impact. For example,

being bullied can feel like abuse and has a similar impact on the child that goes on to affect them as adults, e.g. being bullied at work (www.childline.co.uk; www.scotland.gov.uk). There was systematic evidence that bullied people were over-represented among the long-term roofless. The importance of bullying has only begun to be understood and accepted since the late 1990s. What is apparent is that it weakens and inhibits the individual's coping mechanisms and social networks; factors that are necessary to protect against both bullying and rooflessness.

> *"At secondary school I was bullied, spat on, teased and hit regularly. This affected me so badly, I nearly had a nervous breakdown. The doctor signed a letter for me to leave school at 15 so I didn't have to suffer anymore". Aileen, female aged 39; hostel and long-term rough sleeper*

The nature of rooflessness means that people have rarely experienced just one trigger; the problem of multiple triggers is frequently discussed in the literature (e.g. Fitzpatrick and Kennedy 2000; Randall and Brown 1993; 1996; 1998; Anderson et al 1993). What tends not to be considered is the relevance of so many triggers occurring during childhood, the significance of experiencing three or more triggers in quick succession and the long-term impact of this. Ian and Foxy's route-maps (p100-102) are far more complex than the first two. They show the entire route into, through and out of rooflessness to date. For both these men, problems began in early childhood, age 6 or before. They experienced 3-6 traumatic-life-events respectively between the ages of 6 and 15. At this point they became either homeless and/or roofless. The emotional trauma's experienced, the instability of the family and home gradually built. For Foxy, this resulted in angry conflicts at school, which further exacerbated the situation. This demonstrates that it isn't simply the events, but the way they are handled and the way individual's reaction to events is dealt with, that augments the initial traumas and turmoil making them into triggers of rooflessness.

The impact of traumatic-life-events should never be underestimated. Ian's route-map shows that the death of parents (or siblings) during childhood has a profound, life changing impact that leaves the child vulnerable.

> *"I lost my parents when I was 6. I was shipped from brother to brother. I just drifted into homelessness". Ian, Male aged 52; housed 1 year*

> *"I lost my mum when I was 8 years old. Dad got a new partner and I fell apart. They just kept sending me off to boarding school. I met an older feller and lived with him for nearly 4½ years. I moved in with him when I was nearly 15. He used to beat me. He drank, so I drank, but I used to be beaten. It took me a long time but I ran away from him..." Heather, female aged 19; hostel resident.*

IAN'S ROUTE-MAP

Age 0-6
Father alcoholic

Had polio as a child — Affected his legs

Age 6
Parents died — Shipped from brother to brother

Age 14
Then just drifted — Stayed with friends, family or on streets

Age 17-33
Became homeless — Travels all over country — Slept rough & in hostels / Been in psychiatric unit for drinking - 4 times / In & out of detox and rehab units — In trouble with police – drink related

Aged 34-47
Met much younger woman (glue-sniffer) in hostel — Found a place to live together — He's still drinking — She began drinking, became alcoholic

He couldn't cope with — Her drinking / Her vulnerability & dependence on him / Responsibility of bills, rent, cleaning — Split after 13yrs together

Aged 47
Went to Bedford — Discharged — Spent time in psychiatric hospital — Took an overdose

Asked what to do at police station — Sent to night-shelter — Drinking - didn't care what happened to him — Used night-shelter for a long time

Aged 49
Staff offered place in the hostel — Thought about it for a long-time — Decided to try it

Afraid of mentally ill people / Afraid of druggies & other alcoholics — Scared -difficult to settle-in / Couldn't cope with other peoples problems — Atmosphere relaxed

Went to Church for tea, a doughnut & a warm — Felt sermons spoke to him — Became a Christian

Age 50
Still drinking, but allowed in — Invited to join discipleship house - for Christians only

Ran away to London — Didn't feel settled in himself / Didn't feel he could cope / Didn't want the responsibility — Scared — Offered flat

Slept rough for a week — Went to a night shelter — Encouraged to go back to Bedford

Age 51

- Waited till he was ready
- Discipleship house staff - very supportive
- Back in Bedford
- Went on dry out programme
- Found flat
- Moved in with just light bulbs
- Church helped by providing furniture
- Went to church Sunday & midweek
- Charity staff visited regularly
- Midweek group folded
- Hit the drink again
- Lucky if he saw anyone each day
- Found it difficult to cope
- Wanted to go back on streets
- Felt very lonely, felt lost
- Sold everything including furniture to buy booze
- Church people talk with him
- Contacts project again
- Feels has genuine friends now - not acquaintances

Aged 52

- Church provide more furniture
- On benefit - can't afford to go out much
- Decides to stay
- Makes friends with man aged 71 in block of flats
- Tries to resolve loneliness problem
- Joins 2nd church for extra midweek meeting
- Meets female ex-psychiatric patient
- She's in debt, not coping on her medication
- Realises may be about to repeat previous mistake
- Moves in with her to look after her
- Decides to marry her
- Tries to help her
- Now in debt
- Calls wedding off
- Moves back into his own flat
- Still trying to solve loneliness Problem
- Still finds it difficult to ask for help when needed

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FOXY'S ROUTE-MAP

Age			
Age 6	Mum an alcoholic		She starts beating him
Age 8-11		Parents argue a lot	
		He's piggy-in-the-middle	Starts getting into fights at school
		Dad tells him he's not his real dad	
Age 12		Sisters go with dad	
	Dad Leaves	He & brother stay with mum	Mum still drinks & beats him
	He's bought a dog		
Age 14	School & L.A don't believe him	Told school about abuse	
			Mum gets new boyfriend who beats him & mother
	Dad does nothing	Told dad about abuse	
	Angry		Fights at school increase
Age 15		Expelled from school	
	Puts teacher in hospital		Thinks this will bring parents together & solve all the problems
		Runs away from home - takes dog	
	Breaks into derelict buildings/sheds to sleep		Begins stealing food for dog and himself
Age 16	Goes to L.A for Housing		They say can't help, too young & there's nothing wrong with him
Age 18	Went to L.A for help	Dog means cannot be placed in hostel/temporary housing	Put on housing waiting list
		Sleeps rough, in sheds & derelict buildings	Goes to sister for wash & laundry
Age 24	Offered H.A 1 bed flat - moves in	Flat damp & cold	
		No furniture, no cooker	Applies for social fund loan gets enough for cooker & bed
Age 25	Gets a Job		Meets girl she moves in with him
Age 30		Child born with Cerebral Palsy	Becomes a father
	Told 6 month wait for transfers	Requests bigger flat that's not damp	
Age 31	Move into new flat	Girl friend can't cope & walks out	Stops work to look after baby
	Some benefits start coming in	Church steps in, stops eviction / Eviction notice	Benefits stop for 6 weeks - rent arrears
Age 32	Struggles to live on benefits	Not entitled to disability allowance until child 5yrs	Can't pay for extra help or special
			Finding it difficult to cope

L.A = Local Authority
H.A = Housing Association

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Trauma rarely happens within a vacuum. It was not unusual for the child to react through disruptive/angry behaviour at school, running away from home, arguments in the home, involvement in crime, depression, stress related illnesses or feelings of isolation and loneliness. This in turn caused immense pressure on relationships within the family, in care and/or at school.

Foxy, experienced a 'pseudo' death, in that his parents separated and he lost his father and with it part of his self-identity (one of Mead's (1934) or Goffman's (1974) roles, that helped him place himself in his world). The sudden shock of finding out that your parents and/or family are not related to you in the way you always thought they were, is difficult for anyone to cope with. It causes a sudden rupture of ontological security and loss of identity that may have a life-long impact

"When I was 15 I found out that Ian who I thought was some kind of cousin once removed was actually my brother. This came as a big shock I was only told after I got off with him... it was a shock to find out he was my brother and that really fucked me up". Debs, female aged 28; hostel, long-term homeless

"When I was in my teens I was told that someone I thought was an uncle, who kept visiting me and taking me out, was actually my father. I was angry when I found out and angry about the way I found out". John, male aged 52; housed 12 years

"My parents were arguing all the time and I was piggy in the middle. Then dad told me one day he was not my dad. I ran away from home. I was about 15 or 16 at the time". Foxy, male aged 32; housed 8 years

The impact of parental separation on children has, until recently, been underestimated. Recent research linked parental separation with clinical depression in under four-year-olds (Guardian 2002). Parental separation is a common experience in today's society. It is also a strong feature of youth homelessness (Smith et al 1998). The literature highlights the impact of stepparents on the incidence of rooflessness, especially for young males. However, from both the formal and informal interviews there was systematic evidence to suggest that it isn't parental separation per se that becomes the problem, but the conflict within the home before and during an acrimonious divorce or when a stepparent enters.

"When I was 6 or 7 mum found out dad had been having loads of affairs. I heard all the arguments. They split. I stayed with mum. Dad remarried. I got a lot of shit put in my head by his wife, she sent sick letters to mum. Mum showed the police the letters. They said they had never seen anything so awful. There were horrid words and pictures on posters she'd made. My teachers were helpful, they did try, they offered me to go in 3 days a week. I had a bad attitude. I was a bit mad. I had a bad temper and I'd fight and cry. I was just trying to let the anger out. Looking back now I'm shocked at my behaviour. It was home problems that affected me so bad. The split between mum and dad made me piggy in the middle. Because of that I wasn't staying home a lot, I would go to friends' houses. In the end she [mum] threw me out". Melanie, female age 16; hostel

There is literature on the long-term impact of parental separation during childhood on the individual, though this is not related to homelessness (CASE 2001). Children with separated parents were more likely to divorce. Emotional problems stemming from early childhood experiences were also triggers of divorce (CASE 2001). This is another example of childhood trauma, going on to affect adult behaviour. It also introduces an intergenerational element to the debate.

There is no mention in existing literature of either inter or intra-generational[1] homelessness in England. However, there was systematic evidence in this research to suggest that there are a number of both inter and intra-generational elements that are inextricably linked with rooflessness. For example, intergenerational triggers were alcoholism, time in care, abuse, domestic violence, violence, frequently changing home address and homelessness. Evidence of more than one sibling becoming homeless, suggested that intra-generational rooflessness existed. Once roof/homeless, one sibling often taught the other how to survive and how to get access to accommodation.

"Looking back in my family history, all my family have been homeless, you know transient people. Someone always lived in a cave so to speak". Mary, female aged 55; temporary accommodation

This is an important finding that needs further investigation, but suggests that where trigger factors exist and are not dealt with, they can be transmitted down the generations and/or within families. It also suggests a need for tackling social problems within society and the family regardless of whether they trigger rooflessness for that individual. It is possible that more support is needed for families to deal with problems and learn new coping strategies. There also appears to be a need for greater awareness of the immense pressure placed on some children as they grapple with adult problems and issues during their formative years. For example, there appeared to be an over-representation of people with an alcoholic parent during childhood among the interviewees. (No interviewees discussed drug-addicted parents, but it is reasonable to assume that their experiences would be similar). We know that alcoholism is a family problem, as the nature of alcoholism means that the rest of the family are unavoidably affected (www.al-anon.org). An alcoholic parent also increases the likelihood of violence and child abuse occurring within the home. Al-anon identify a number of problems that teenagers with alcoholic parents experience and carry through to adulthood. These include problems with trust, self-esteem and self-worth, fear of authority figures, criticism and/or confrontational situations as well as problems with forming relationships and expressing emotions (www.al-anon.org). From this

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[1] Inter-generational being down the family line (e.g. father to son). Intra-generational being across family lines e.g. brother to sister.

research it would appear that they were also more likely to enter into relationships with alcoholic and/or domestic violent partners. This is a good example of multiple triggers, with one trigger causing or being associated with other triggers of rooflessness and thereby increasing the potency of all those triggers.

> "I still see my dad. He is not with my mum. She's an alcoholic and beat me from the age of 6. That's why they split up". Foxy, Male aged 32; housed 8 years

> "The atmosphere in the family was not a relaxed atmosphere because my step-father was an alcoholic. He was not violent, but was verbally not nice to everybody." Chris, male aged 30; housed 5 months

Another family factor overlooked within the homeless literature, but associated with multiple triggers of rooflessness, is that of children witnessing domestic violence. From the formal and informal interviews there was systematic evidence to suggest that children who did so, experienced similar problems to those of children with alcoholic parents, with the addition of PTSD symptoms. They also appeared to be more likely to form relationships with one or more violent partners or become the violent partner. More disturbingly, there seemed to be an anaesthetising affect from early experiences of violence that reduced the fear of aggression and violence on the streets, thus making the street feel safe in comparison to home.

> "Dad would just flip. Anything, nothing would set him off, he'd just see red and start lashing out. Once I tripped and fell downstairs. Dad started shouting at mum, blaming her for me falling. She was crying and saying 'no don't'. He grabbed her hair and dragged her down the stairs and told me it was my fault mum was crying". Amely, female aged 37; housed 10 years, research diary.

> "He used to beat my mum up and always shouted round me as a baby. Once he hit mum while she was holding me. Mum thinks that is why I'm as I am now." Alex, male aged 35; rough sleeper

> "I didn't get on with mum's boyfriend. He hit her and tried to tell her what to do. I didn't like him, he wasn't going to tell me what to do". Sandra, female aged 16; hostel

Both alcoholic and domestic violent parents appeared to acclimatise young people to the homeless culture making it easier for them to join the culture. Thus when triggers of rooflessness were mounting they were more susceptible to or found it easier to become roofless. Moreover, the impact of these triggers, their accumulation and interaction compounded the problems experienced by people not yet emotionally mature. Thus they may have reacted in an irrational way or made seemingly foolish or bad decisions. Historically this tends to be viewed as personal failings. However, it would appear that such failings are more to do with family influences and learned coping strategies. In addition, society's failure to inform young people about their options and/or create workable solutions to their problems, leaves them with few or no options other than sleeping rough or precarious forms of housing such as friends'

houses/floors. This suggests that rather than choosing to be roofless, some teenagers experiencing extreme circumstances during childhood are pushed into rooflessness. Rooflessness appears to be the solution to their problems rather than the problem. The age at which rooflessness occurs, the individual's early experiences of the homeless culture and the lack of strong positive social networks and other protecting factors (e.g. good education, previous employment) appear to determine the degree of difficulty experienced in both avoiding being pushed into rooflessness and leaving it once there.

The relationship between triggers of rooflessness and the complex nature of family backgrounds and circumstances can be difficult to grapple with. This is complicated further by the realisation that the very systems designed to protect young people, on occasions, appear to inadvertently create triggers of rooflessness. For example, those spending time away from the family home during childhood are known to be exceptionally vulnerable to rooflessness, especially care leavers (Randall and Brown 1993; Anderson and Quilgars 1993). The literature on care leavers tends to focus on transitions from childhood to adult, leaving home early and institutionalisation (e.g. Hutson 1997). This ignores the reasons why a child is placed in care. Anita's route-map (p107) shows the impact of family, time in care and rejection by parents on the decisions Anita, made that influenced the rest of her life. This demonstrates the need to view time in care in terms of the life-course for its impact to be fully understood. Anita's route-map should be viewed in the context of the prevailing social policy at that time. Children rarely stayed with one carer and were likely to experience a series of separations and/or rejections. It is probable therefore, that this dulled and numbed the child's emotional response to adult and/or authoritative figures. Furthermore, care has been shown not to be the safe haven people intended, with children remaining vulnerable to abuse and exploitation both in care-homes and foster-placements. Simply being in care means that the child is likely to have experienced a number of significant triggers of rooflessness.

The government recognised the impact of care on adult outcomes and introduced the Quality Protects programme in 1998 and changed legislation to ensure care leavers have adequate guidance, assistance, finance and opportunities to make the transition from child to adult and function as a full and equal member of society (see policy chapter). These changes are too recent for their impact to be observable and have no effect on those who went through the care system before they were implemented (a number of the long-term roofless were care leavers, some aged 40+). There is little help available to help them now. Society's failure to recognise that social problems need addressing, both retrospectively and for the future, contributes to the continuance of problems such as rooflessness.

ANITA'S ROUTE-MAP

Age 4 — Put into care

Age 7 — Parents divorce — Mum gets depressed & starts drinking

Age 8 - 11 — Lives in 6 different foster placements. — Plays truant, runs away — Foster home changed — Finds it difficult to make friends

Changes school with each placement

Asks to go home

Age 13 — Mum & dad go to court to get her home — Court give temporary residency order — Court assigns a social worker

Mum takes her back — Mum drinking heavily

Throws herself into school work — Mum alcoholic - loses her job

Age 14 — Doesn't want care again- says nothing — Mum's boyfriend sexually abusing her — Intense arguments with mum start

Age 15 — Social worker leaves — Not replaced — That ends her support

Passes 6 GCSEs grades A-C

Age 16 — Looses contact with dad

Arguments increase Mum kicks her out — Goes to social services — Offer her care placement till 18 — Says no

Goes to HPU — Given list of hostels to telephone — No Vacancies

Says no — Invited into prostitution — Sleeps rough with homeless friend — Sleeps on friends floor

They can't help — Goes to Alone-in-London

Given bed for 2 weeks — Asks for help — Accidentally finds Centrepoint nightshelter

Age 17 — Transferred to hostel — No effective Key-worker — Evicted for rent arrears — Sisters for 2 weeks

No hostel places — Goes to Housing advice — Sleeps rough — Thrown out. Told to go to HPU

Advised to try New Horizon drop in

Eventually found a hostel place — Doesn't like it. No help/support given — Leaves after 6 months

Moves in with friend in Patchwork HA

Accepted but has to wait for vacancy — Applies to Patch-work for housing

Gets job in pub with accommodation — Not allowed friends to stay. Friend evicts her

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                                                                    ┌─────────────────┐
                                                                    │Given good       │
      │                                                             │Key-worker       │
┌─────────────────┐   ┌─────────────────┐   ┌─────────────────┐     └─────────────────┘
│Patchwork HA place│  │Dilemma. Choose  │   │Quits job &      │     ┌─────────────────┐
│becomes available │  │work or secure   │   │moves in         │     │Starts sorting   │
└─────────────────┘   └─────────────────┘   └─────────────────┘     │life out         │
                                                                    └─────────────────┘

Age 19  ┌─────────────────┐   ┌─────────────────┐   ┌─────────────────┐   ┌─────────────────┐
        │Does NVQ in      │   │Course ends- asked│  │Finds out        │   │Doesn't do       │
        │childcare        │   │to stay for placement│ │pregnant         │   │placement        │
        └─────────────────┘   └─────────────────┘   └─────────────────┘   └─────────────────┘

Age 20  ┌─────────────────┐   ┌─────────────────┐   ┌─────────────────┐
        │Key-worker advises│  │Ends key-worker  │   │Means automatic  │
        │her to go to HPU  │  │support          │   │termination of tenancy│
        └─────────────────┘   └─────────────────┘   └─────────────────┘

                              ┌─────────────────┐   ┌─────────────────┐
                              │No help or       │   │Feels bewildered │
        ┌─────────────────┐   │support given    │   └─────────────────┘
        │HPU give place in │  └─────────────────┘                         ┌─────────────────┐
        │mother & baby hostel│                                            │This alienates   │
        └─────────────────┘   ┌─────────────────┐   ┌─────────────────┐   │hostel staff     │
                              │Room given       │   │Asks to change   │   └─────────────────┘
                              │full of ants     │   │rooms            │   ┌─────────────────┐
                              └─────────────────┘   └─────────────────┘   │Given room on    │
                                                                          │2nd floor        │
                              ┌─────────────────┐                         └─────────────────┘
                              │Has severe asthma│
        ┌─────────────────┐   └─────────────────┘                         ┌─────────────────┐
        │Told to go to HPU │  ┌─────────────────┐                         │No lift, finds   │
        │to change hostels │  │Requests 2nd     │                         │stairs difficult │
        └─────────────────┘   │room change      │   ┌─────────────────┐   └─────────────────┘
                              └─────────────────┘   │Heavily pregnant │
                                                    └─────────────────┘
                                                    ┌─────────────────┐   ┌─────────────────┐
                                                    │GP writes to hostel to│ │GP concerned     │
                                                    │request room change│  │for her health   │
                                                    └─────────────────┘   └─────────────────┘
        ┌─────────────────┐   ┌─────────────────┐   ┌─────────────────┐   ┌─────────────────┐
        │Goes to HPU for  │   │Told to sit tight│   │Feels helpless,  │   │Still no support │
        │help             │   │its not for long │   │vulnerable & depressed│ │offered          │
        └─────────────────┘   └─────────────────┘   └─────────────────┘   └─────────────────┘
HPU = Homeless Persons Unit                                               ┌─────────────────┐
H.A  = Housing association                                                │Outcome          │
                                                                          │pending          │
                                                                          └─────────────────┘
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HPU = Homeless Persons Unit

H.A = Housing association

The route-maps used so far have demonstrated the need to create a safe stable home (or home-like) environment for children to grow and develop into adults able to fully function within society. Care not only causes disruption to home-life, but also disruption to schooling. School, like home, is a defining part of most children's ontological identity, thus its impact is both profound and far-reaching. There was systematic evidence to suggest that disrupted schooling is over-represented among the roofless. Schooling was disrupted through time in care, parents frequently moving house, illness/parental illness, truancy, bullying or school exclusion. Where disrupted schooling was due to truancy or school exclusion, it would appear that those children were prone to early violence, criminal activity and substance abuse. Truancy appeared more prevalent than school exclusion, with truancy acting as a coping strategy for dealing with dissatisfaction or other underlying factors. Moreover, disrupted schooling had an unavoidable impact on positive social networks, self-identity, academic achievement and disaffection from mainstream society.

The above examples demonstrate the way that each trigger has multiple impacts and complex web-like interconnections that serve to compound their potency. Children experiencing three or more triggers seem prone to running away from home or leaving home early, especially if one or more trigger is abuse or serious family conflict (80% runaway because of family problems SEU 2001a). 1 in 9 children have runaway from home for at least one night by the age of 16. A quarter of these, sleep rough and 1 in 14 survive through stealing, begging, drug dealing or prostitution (SEU 2001a). The age a person first sleeps rough has a profound impact on future episodes of roof/homelessness (Ravenhill 2000b; SEU 2001a). There was systematic evidence that running away from difficult childhood circumstances led to future rooflessness, even when 10 or more years elapsed before they became roofless. One of the biggest deterrents to sleeping rough is the fear of sleeping rough. Once a person has slept rough for as little as 3 days they can become accustomed to the lifestyle and learn how to 'be' homeless and survive: their worst fears are over (Ravenhill 2000a; 2000b). To a certain extent this nullifies that deterring fear and although they may run away and then return home, they are more vulnerable to rooflessness in the future.

Evidence suggests that teenagers with a history of running away were more likely to leave home at or before age 16. The likelihood of rooflessness increased if they had repeatedly run away. The younger the person left home, the greater the probability that they would have few or no qualifications, be ill equipped to compete in the labour market, have fewer or no life-skills, and have little or no savings. As under 18-year-olds are not legally able to hold a tenancy or automatically entitled to benefits, many averted immediate rooflessness by spending time sofa-surfing, staying with a series of friends

or relatives for weeks, months and in a few cases years. There was evidence to suggest an average gap of 3¼ years between starting to runaway from home and becoming roofless. Thus, it is possible that there is time, were appropriate interventions to exist, to divert these people away from rooflessness. Longer term it points to a need for more support for families with vulnerable teenagers.

In addition to sofa-surfing, there was evidence to suggest that some runaways delayed rooflessness by joining the armed forces. In some cases it was delayed for 20 years or more. This suggests a need for further research to establish whether the armed forces triggers homelessness (e.g. Ballintyne and Hanks 2000; Highgate 2000; Randall and Brown 1994a) or delays and exacerbates an existing problem. Furthermore, other runaways delayed homelessness through an early marriage or cohabiting partnership, becoming roofless when the relationship ended (see Mary's route-map).

"I married at 16, divorced at 22 or 23 then married again at 24 and was divorced again by 29. But because they [parents] threw me out...I had nowhere to live."
Mary, female aged 55; temporary housing.

More disturbing, there was systematic evidence of a link between long-term rooflessness[2] and the age a person left home. Only where people left home after age 19, did the likelihood of becoming long-term roofless appear to reduce. The long-term homeless spent an average of 13.5 years sleeping rough or precariously housed, most became roofless before age 18. This emphasises the importance of effective early intervention to divert people away from rooflessness or to quickly dovetail them into adequate facilities. It is now recognised that early crisis intervention can prevent long-term rooflessness for this age group (e.g. Havell 2001). However, evidence suggests that for some, it is difficult to receive the help on offer as childhood experiences can leave them confused and unable to trust any authority figure. It takes time to breakdown such barriers and help them to live more productive lives, where they feel physically, mentally and emotionally secure.

"I feel really frightened at the moment, everyone I've ever trusted in the past let me down. Now I'm afraid to trust anyone. I don't know who to trust I can't tell whether or not I am being ripped off." Shirin, female aged 18; Hostel

Few escape these tumultuous teenage years that are difficult for both parents and child to navigate. The difficult child-adult transition is documented in the literature (e.g. Morrow and Richards 1996; Wilkinson 1995a; Coles 1995). Teenagers are growing in independence and self-awareness, but are hampered by emotional and ontological insecurity. There was evidence to suggest that those experiencing triggers of rooflessness were more likely to have an augmented independence and lack respect

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[2] The long-term roofless being those who spent 2 or more years continuously sleeping rough, or long periods roofless interspersed with relatively short periods in hostels or housed.

for authority. This together with the tendency to move in and out of sexual relationships made the transition even more difficult. Evidence suggested that a mixture of age and negative childhood experiences might create unhelpful attitudes that lead to unwise decisions and/or rooflessness, or at least an unnecessary elongation of roof/homeless episodes. For example:

- At 14 some felt they were adults and became rebellious at school or home and began running away.

  "Do you want to know what a lot of us think at 14? If you're old enough to have periods you're old enough to take care of yourself". Jo, aged 26; hostel

- At 16 some knew they were adults and knew they could cope with anything in life. They tended to think that society would make allowances for their behaviour and mistakes because they were young.

  "I was there 6 months. I didn't know anything about rent and food, so I thought I'd pay next week and I kept thinking like that. I got evicted. I thought, because I'm young I'd get away with it, you know, they'd make allowances or something". Anita, female aged 20; hostel

  Once away from home, reality begins to dawn. Some started to realise that they did not have the skills they needed to cope with everyday things.

  "Because I'm young it's all new to me, I didn't understand things, when you're grown up you get letters and things that you do understand. I didn't pay rent at first. It was £6.25 a week. I'd got to get food, cigarettes and things". Sandra, female aged 16; hostel

- By 18 they begin to recognise that they need help and that they, not other people, need to do something about the situation.

  Two leading youth homeless charity spokespersons noted that 16-17 year olds are difficult to help because they are still enjoying their newfound freedom and kicking their heels up. They feel the world or the system owes them. Once they reach 18, they tend to realise that they need to do something to change things. At that point they are willing to try and are easier to help.

- By their early 20s, some may have sorted themselves out and have their life on an even keel. Some may remain precariously housed for years. Some may enter into a series of cohabiting relationships that are both harmful and abusive. A minority may remain roofless and become the long-term homeless.

Not all young people left home at/before age 16 by choice; some were thrown out/asked to leave by parents no longer willing or able to accommodate them. This was often as a result of constant rows and arguments between parents, stepparent or siblings. Those without positive social networks to turn to for assistance and/or accommodation may become roofless. The causes of such intense rows and arguments are documented and often involve problems with household rules, finance and/or employment problems, or behaviour (Ravenhill 2000b; Smith et al 1998).

"My mum kicked me out. We had arguments, bad arguments a lot of the time. My sister had all ready moved out. Mum decided it was time I moved out as well. I was only 16 at the time". Anita, female aged 20; hostel

"It was very argumentative. I had no independence, no privacy. Mum kicked me out because of arguments over 1½ to 2 years". Ashwani, male aged 23; hostel 2 years

"My mum just packed my bags and put them on the doorstep and went on her holidays for 2 weeks. I was 15 then". Melanie, female aged 16; hostel

Parents finding it difficult to cope find there is little or no help or advice available to guide them on how to deal with teenage problems and family conflict. The only help available is often through social services, but this is usually for teenagers or families with additional problems or those already in contact with social services for other reasons. There was evidence to suggest that the parents who were most likely to throw their children out were middleclass (Registrar Generals Social Class (RGSC) II and IIIn). Middleclass parents appear to be less tolerant of their offspring and less able to seek help from social services when they need it. There was also evidence that some middleclass parents used boarding schools for younger teenagers, to delay or avert problems. It may be that existing schools projects aimed at preventing rooflessness (e.g. Havell 2001) need to be extended to cover boarding schools and schools in middleclass areas.

Socio-economic classifications of origin are a recognised means for giving a crude indication of the type of area and property a person is most likely to have been brought up in. Those in lower classes are the most likely to receive poorer quality education, gain poorer examination results and enter the labour market at a lower point (or not). This in turn affects social mobility and ability to afford stable accommodation. Society now recognises family, school and local area as important factors in future social exclusion (Burgess et al 2001; CASE 2001). Current literature establishes a firm causal link between poverty and homelessness (Anderson and Tulloch 2000; Third and Yanetta 2000). This suggests that socio-economic class of origin and the local area a child is brought up in ought to influence future social policies and targeted intervention and prevention of roofless policies. This assumption is a consequence of the homeless literature's tendency to focus on individual's status at the point of rooflessness or immediately before.

However, there is recognition in other bodies of literature (though not formerly researched) that it is not the really poor[3] (Atkinson and Hills 1998; Jarvis and Jenkins 1997) but the nearly poor[4], who are the most vulnerable to homelessness (Hobcraft

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[3] RGSC V and the unemployed
[4] Those on the margins with low paid and/or insecure employment

1998; Smith et al 1998). Moreover, when looking at family backgrounds, homeless literature implicitly suggests that some youth homelessness is a lower middleclass (RGSC IIIn and IIIm) problem rather than a working class problem (Smith et al 1998; Hobcraft 1998). However, these findings were limited by the range of social classes in the social housing estates studied. From the formal interviews, there was evidence to suggest that the main class of origin could be as high as RGSC II, the traditional middleclass. This is much higher than the existing literature indicated and makes the incidence of Prince Charles finding that one of his school chums was homeless less surprising (Moyes 1997). The traditional working classes and unemployed appear to be under-represented on the streets, suggesting that despite having the better start in life, and potentially access to better and higher levels of education and employment, middleclass people were not able to avoid becoming roofless.

There was also evidence to account for the difference between social class of origin and the literature's finding that poverty is a trigger factor. The evidence indicated sharp downward social mobility from the family of origin to the individual's class just before rooflessness. One of the main reasons for this was the high incidence of roofless people having left home at or before age 16. More disturbing, it appears that most of those leaving rooflessness and living in settled housing for 4 years or more became stuck in long-term unemployment, regardless of their start in life. There was some evidence to suggest that those spending the least amount of time roofless and in the homeless culture were more likely to enter employment, with those in good jobs prior to rooflessness gaining better jobs afterwards.

It would appear that family poverty may not be an essential trigger of rooflessness. The evidence does suggest, however, that rooflessness can trigger long-term poverty, regardless of class of origin and future housing status. The interplay between family background and class of origin offers an explanation for some adult routes into rooflessness.

6.1 ADULT ROUTES INTO HOMELESSNESS

There was evidence from both the formal and informal interviews to suggest that adult (age 19+) rooflessness often stems from triggers that began to amass in childhood. However, rather than becoming roofless at or before age 16, they began their adult lives as members of housed society. For these adults it is important to look not only at what finally triggered their rooflessness, but also what prevented it up until that point. In addition, there was also evidence of adults becoming roofless who had no apparent childhood triggers. Triggers for this group included: relationship breakdown, destructive relationships, traumatic life-events, substance abuse, mental health problems, debt,

arrears and eviction. Both sets of adults experienced similar adult triggers, but those with childhood triggers appeared to be more vulnerable to rooflessness. Adult triggers, like childhood triggers, appear to be inextricably entwined together, thus viewing single triggers in isolation is unhelpful.
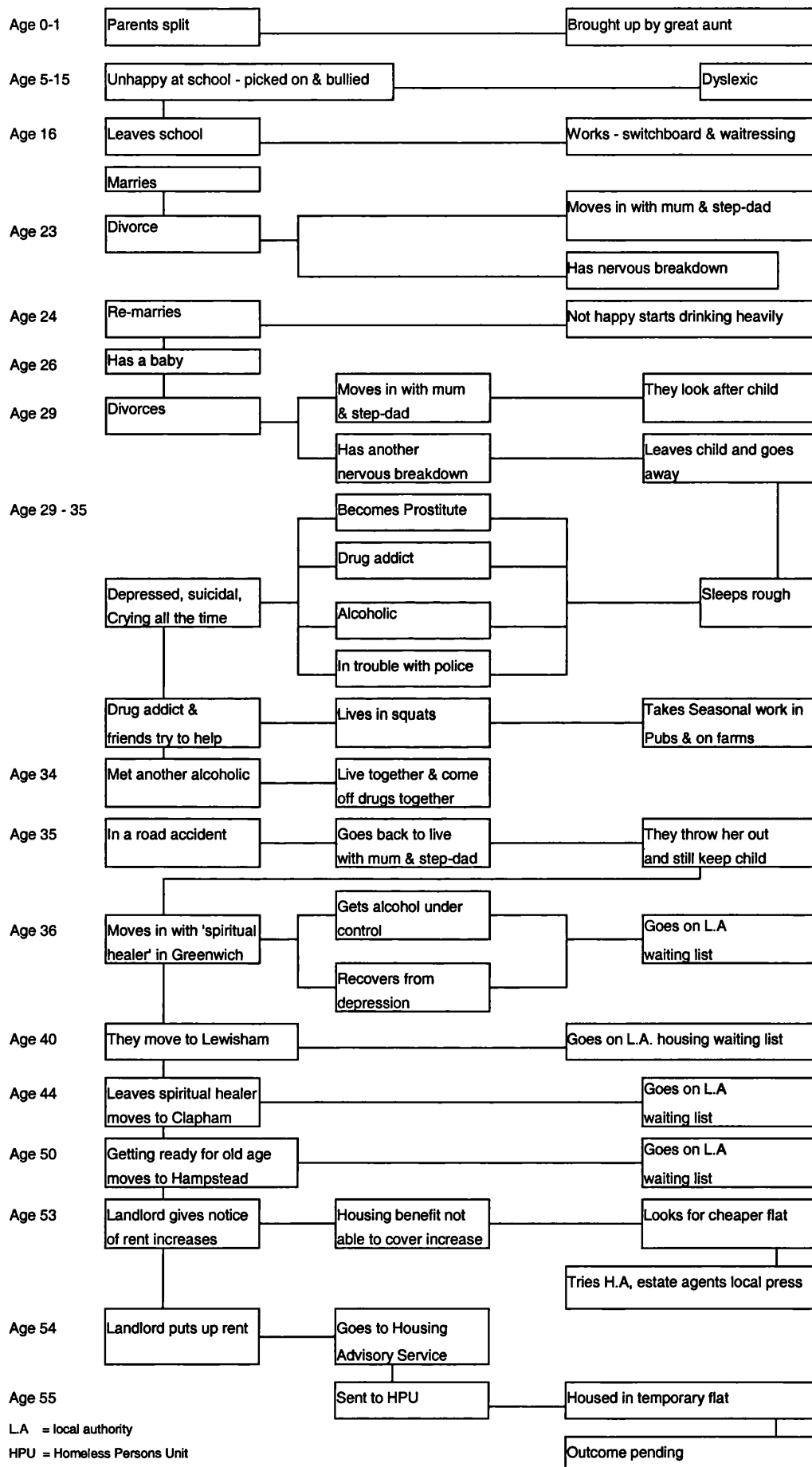

Mary's route-map (p115) shows that triggers did exist in childhood, but their impact was not strong. An early marriage protected against rooflessness for some time, however, the lack of relationship with her parents during childhood and subsequent adult problems combined to trigger rooflessness at age 29, before the 1977 safety net homeless legislation was enacted. Once back in housed society, she remained precariously housed for approximately 20 years before becoming homeless again and receiving help from her local Homeless Persons Unit.

Relationship breakdown is the most commonly cited trigger of adult rooflessness. The literature alludes to interlinked triggers such as debt, depression and substance abuse, but fails to acknowledge the chain-reaction-style process that can accelerate to trigger rooflessness. There is little emphasis on the impact of negative/weak social networks, childhood triggers and previous roof/homelessness on the likelihood of rooflessness occurring, although Morrow and Richards (1996) do suggest that those with strong family support structures who are able to return to the parental home after leaving are less likely to become roof/homeless. From informal interviews with people who had never been roofless, but experienced relationship breakdowns, it would appear that people such as Mary, lacked the protecting factors that prevented their rooflessness. Namely, stable employment (e.g. professionals: accountants, lawyers), membership of a community group (e.g. church, club/society), strong positive family ties or family members offering accommodation and emotional support.

MARY'S ROUTE-MAP

Age			
Age 0-1	Parents split		Brought up by great aunt
Age 5-15	Unhappy at school - picked on & bullied		Dyslexic
Age 16	Leaves school		Works - switchboard & waitressing
	Marries		
Age 23	Divorce		Moves in with mum & step-dad
			Has nervous breakdown
Age 24	Re-marries		Not happy starts drinking heavily
Age 26	Has a baby		
Age 29	Divorces	Moves in with mum & step-dad	They look after child
		Has another nervous breakdown	Leaves child and goes away
Age 29 - 35		Becomes Prostitute	
		Drug addict	
	Depressed, suicidal, Crying all the time	Alcoholic	Sleeps rough
		In trouble with police	
	Drug addict & friends try to help	Lives in squats	Takes Seasonal work in Pubs & on farms
Age 34	Met another alcoholic	Live together & come off drugs together	
Age 35	In a road accident	Goes back to live with mum & step-dad	They throw her out and still keep child
Age 36	Moves in with 'spiritual healer' in Greenwich	Gets alcohol under control	Goes on L.A waiting list
		Recovers from depression	
Age 40	They move to Lewisham		Goes on L.A. housing waiting list
Age 44	Leaves spiritual healer moves to Clapham		Goes on L.A waiting list
Age 50	Getting ready for old age moves to Hampstead		Goes on L.A waiting list
Age 53	Landlord gives notice of rent increases	Housing benefit not able to cover increase	Looks for cheaper flat
			Tries H.A, estate agents local press
Age 54	Landlord puts up rent	Goes to Housing Advisory Service	
Age 55		Sent to HPU	Housed in temporary flat
			Outcome pending

LA   = local authority
HPU = Homeless Persons Unit

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Relationships are an integral part of society, they become part of people's identity and create ontological security. Family and a cohabiting relationship are strongly associated with feelings of home (see definitions p14). Thus relationship breakdown represents far more than the loss of a partner, it also represents the loss of stability, altered identity, ontological insecurity as well as the loss of home or the feeling of home. From the formal and informal interviews there was evidence to suggest that many roofless people, not only saw relationship breakdown as a significant trigger of their rooflessness, but the reformation or new relationship as the solution to their problems. A new relationship not only met the need for accommodation, but also the need to feel 'normal', to 'belong' and be 'loved'. The use of relationships as a solution to rooflessness inevitably links relationship breakdown to episodic rooflessness.

> "Once in the 70s, I came straight out of prison and got married. It only lasted for about 4 or 5 years. We moved to Edinburgh, because she was Scottish. We had a son who will now be 20ish. As soon as the relationship ended I moved back to London. Once in London I began the same cycle again of drugs and prison for 6 months." John, male aged 52; housed 12 years, long-term homeless.

The types of relationships most likely to trigger rooflessness are the negative destructive ones (e.g. domestic violence, addicted partner or partner with mental illness). Such relationships tend to alienate people from mainstream society, making it difficult for them to use social networks for assistance when a housing crisis occurs. Those trying to escape abusive relationships, often find there are few or no options open to them. Hostels and refuges are often full making the streets the only alternative option. This being so, it suggests another example of people being pushed towards rooflessness, rather than actively choosing to become roofless. They become roofless, by default in the absence of any real alternative.

These destructive relationships tend to be under reported in general homeless literature, when acknowledged they focus on domestic violence. Under reporting probably results from the heavy use of surveys, that concentrate on single roofless people, who are predominantly male (i.e. Randall and Brown 1996; 1993; Anderson et al 1993). Specialist literature on women's homelessness does give a broader insight (e.g. Ravenhill 2000a; Jones 1999), but tends to focus on domestic violence and ignores the experiences of men.

> "She would force me to have sex with her, the way I see it, she would rape me. I didn't leave because that was the story of my life, I hated it, but I couldn't leave." Stephen, male aged 40; housed 4 years

This omission in literature leaves a huge gap in knowledge about roofless women, violent men leaving partners and the abuse of males. The nature of destructive relationships means that people can feel powerless to take control of their own lives

and situation and therefore spend longer in the relationship before they escape (Yearnshire 1997). For example, an addicted partner can put immense pressure on a relationship, the family and the finances; but the partner remains reluctant to leave or throw them out. There was evidence to suggest that partners often become addicts too (e.g. through misguided notions of helping the partner). Addicts also appeared to partner other addicted people, thereby locking them into a destructive co-dependent relationship that often became volatile and violent. Systematic evidence suggested that there was a blurring of the norms and values that normally separate housed and homeless cultures. This made it easier for those locked into destructive cycles to slip between the cultures creating episodic rooflessness.

Another example would be relationships with a partner with mental health problems. There was evidence that roofless people often partnered people with mental health problems. A natural by-product of the way the mental health system works, using daycentres to create social support networks, is the tendency for mental health patients to form friendships and enter into relationships with other people with mental health problems. These relationships are inherently weak and can be destructive as the strain of living in such a relationship can exacerbate or cause mental health problems. The use of psychiatric facilities to treat substance dependency places the homeless and those vulnerable to rooflessness within the mental health structure and therefore in a position to form relationships with people in the mental health system.

> "I married again, a woman that I met 'in the system' [on a psychiatric ward]. She was a chronic drug addict, I thought that if I loved her I might help her". Kev, male aged 44; housed 5 years, long-term homeless.

> "She was high on medication and high from her psychotic depression. I told her I was trying to keep cool, stay off the drink and keep coping with life. I said I'd help her, but I couldn't carry her." Ian, male aged 52; housed 1 year, long-term homeless (see route-map)

A further example of destructive relationships would be where domestic violence takes place. There is a domestic violence syndrome that locks the victim into the relationship: on average women will be assaulted 35 times before reporting domestic violence to the police (Yearnshire 1997). There was evidence to suggest that for roofless people a history of child abuse led them into violent relationships and often a series of violent relationships (also British Crime Survey 2000). Domestic violence was described as:

> "He started hitting me and was very violent. One time he dangled me over a 7th floor balcony threatening to drop me". Aileen, female aged 39; hostel, long-term homeless

> "He beats me and gives me bruises. I've had black eyes and very black bruises in other places. He lands out with no warning. He can be luvy-duvy one minute

and then wham the next with no warning. He smashes my things in the flat and keeps smashing the windows". Jill, female aged 32; housed 1 year, 2nd episode

"*I used to live with my fiancé, he was violent towards me. When I mean violent, I mean being kicked and punched, thrown across the room and things like that*". Jackie, female aged 34; hostel

It is little wonder that this kind of continual assault on the physical as well as psychological person can leave people feeling that the streets are a comparatively safe place. Even though many women were then victims of rape and further violence, the streets still appeared to be preferable. The possessive nature of violent relationships meant that many women leaving their partners were subjected to intimidation. In an attempt to break away from this, women tried to hide or move out of the area. This meant breaking existing social networks and for some created a housing crisis and deprived them of an adequate safety net of support.

"*I had a bad relationship, I lived with a man who battered me. I left him and tried to hide from him, but he kept finding me. So I left the area and moved away. I thought I had friends here, but I ended up sleeping in a bus station*". Jan, female aged 20; hostel
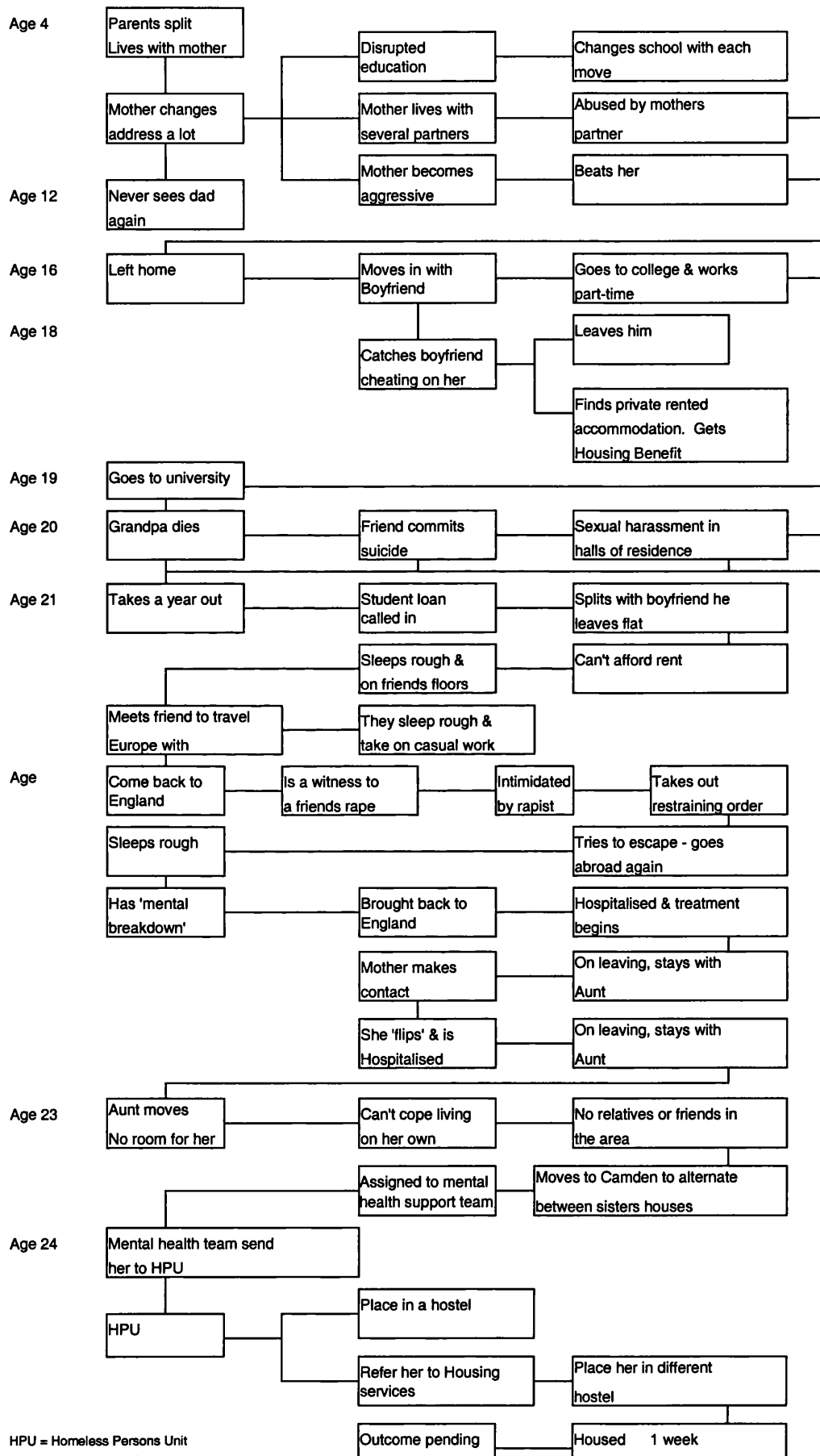
"*I was engaged and working, my life seemed normal. My relationship with my fiancé ended violently. When he drank he became very violent. I moved out to get away from him, I stayed with friends to hide from him. I ended up in a squat living with people I knew from the streets*". Jenny, female aged 23; hostel

Women were often diverted away from rooflessness by people inviting them to live in squats or sleep squat-style in ex-roofless people's accommodation. This left them homeless and precariously housed and continually vulnerable to rooflessness. Attitudes to women within the homeless culture left them vulnerable to exploitation. These destructive relationships created complex problems that united to compound or trigger rooflessness. Moreover, the association between destructive relationships and substance abuse was strong. Substance abuse was both responsible for relationship breakdown (e.g. triggering violence) and the anaesthetic or solace sought by people experiencing and/or fleeing from destructive relationships.

"*I'll tell you why women become homeless, it's because of violent men. They live with men that become violent and then they have to leave, but they've nowhere to go so they end up on the streets. Take me; I had four good men but the relationships were trashed because of drink. Drink turns the man bad, he goes violent.*" Sandy, female aged 27; hostel

Where children are involved, relationship breakdown becomes more complex as it may signify the loss of contact with children. There was evidence from both the formal and informal interviews to suggest that many roofless people, especially women, suffered years of guilt and anguish over the loss of their children. Once roofless and/or abusing substances, this guilt and grief appeared to make it difficult for them to recover and move on.

VALERIE'S ROUTE-MAP

Age 4	Parents split Lives with mother	Disrupted education	Changes school with each move
	Mother changes address a lot	Mother lives with several partners	Abused by mothers partner
Age 12	Never sees dad again	Mother becomes aggressive	Beats her
Age 16	Left home	Moves in with Boyfriend	Goes to college & works part-time
Age 18		Catches boyfriend cheating on her	Leaves him
			Finds private rented accommodation. Gets Housing Benefit
Age 19	Goes to university		
Age 20	Grandpa dies	Friend commits suicide	Sexual harassment in halls of residence
Age 21	Takes a year out	Student loan called in	Splits with boyfriend he leaves flat
		Sleeps rough & on friends floors	Can't afford rent
	Meets friend to travel Europe with	They sleep rough & take on casual work	
Age	Come back to England	Is a witness to a friends rape	Intimidated by rapist	Takes out restraining order
	Sleeps rough		Tries to escape - goes abroad again
	Has 'mental breakdown'	Brought back to England	Hospitalised & treatment begins
		Mother makes contact	On leaving, stays with Aunt
		She 'flips' & is Hospitalised	On leaving, stays with Aunt
Age 23	Aunt moves No room for her	Can't cope living on her own	No relatives or friends in the area
		Assigned to mental health support team	Moves to Camden to alternate between sisters houses
Age 24	Mental health team send her to HPU		
	HPU	Place in a hostel	
		Refer her to Housing services	Place her in different hostel
HPU = Homeless Persons Unit		Outcome pending	Housed 1 week

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Relationship breakdown as a trigger of rooflessness, therefore, is not simply about divorce. It must be viewed in the context of the individual's life-course, the multiple events that when occurring together increase the likelihood of rooflessness occurring. Multiple complex events occurring in quick succession destabilises the individual, rupturing their protection against rooflessness and leaving them unable to cope when a housing crisis arises. Most people would have difficulty coping with a series of traumatic consecutive or simultaneous events. Valerie's route-map shows the accumulation of events. Although from age 4-18 she experienced abuse, frequent changes of address, rejection by parents, homelessness and precarious housing, she always managed to avoid rooflessness. However, once at university, a series of traumatic-life-events occurred in quick succession and in the absence of parental support eventually triggered rooflessness.

From the interviews there was evidence to suggest that rooflessness often culminates from the erosion of self-confidence and self-identity combined with traumatic-life-events and bad/irrational decisions. Negative reactive responses were common coping strategies and included escapism (running away, substance abuse), withdrawal (depression) and an inability to cope with everyday life for a time. Although rash or unhelpful decisions may have been made at this point, evidence suggests that such decisions appeared to be a perfectly 'normal' reaction to an 'abnormal' situation. The crucial time appeared to be during the natural recovery period after trauma when most people tend to withdraw to recoup and recover. If other triggers occurred at this stage then vulnerability to PTSD, other mental health problems, addiction and roof/homelessness dramatically increased. The number of traumatic-life-events experienced tended to increase with age, length of time spent roof/homeless and/or precariously housed. For example, the following occurred as a result of rooflessness:

"I realised that he'd been preparing me to go on heroine and be a prostitute, hence the rape, the sexual abuse and the free drugs and drink". Francesca, female aged 45; housed 30 years

"I was raped the day after I arrived; in a graveyard. It was another tramp who'd not leave me alone. He was very violent and threatened me with a dog-chain and scissors. He owns some of the girls in the area and he thought he owned me". Debs, female aged 28; hostel, long-term homeless

Historically, the assumption has been that adult rooflessness is the result of personal failings (e.g. Hope and Young 1986; Watson and Austerbury 1986; Booth 1970). This fails to take into account the long-term impact of individuals' biographies that left them ill equipped to cope and the lack of alternatives open to them when they attempted to avoid rooflessness. Both the formal and informal interviews suggested that the biggest trigger of rooflessness at this stage was not personal but structural. Most interviewees

did not know where to go in a housing crisis; others knew to go to the Local Authority housing department, but did not realise that they were not statutorily vulnerable and therefore were only entitled to advice. Furthermore, before becoming roofless and in many cases for the first week or so after becoming roofless, many did not know where their local hostels were or how to find them. When finances were low or non-existent, there were no alternatives to hostel accommodation, which was usually full anyway. A combination of lack of knowledge, access problems and the lack of realistic alternatives actually triggered rooflessness. In addition, evidence suggests that where housing crisis occurs as part of an escalation of triggers and/or traumatic-life-events, people are vulnerable and often need support to either remain housed or find housing. In extreme cases, people will remain vulnerable and in need of support for the rest of their lives which could be 40 or more years (e.g. Ravenhill 2000b; Jones 1999). This is compounded by problems such as substance abuse, which appear to negate the statutory authorities' willingness to assist. Alternatively it makes it difficult for individuals to accept and receive the help or support offered.

Regardless of personal or structural influences, substance abuse increased the likelihood of rooflessness. This was perhaps visibly one of the most destructive and pernicious triggers. It damaged health, undermined coping mechanisms and inhibited strong positive social networks within mainstream society, leaving people vulnerable to exploitation and rooflessness.

> *"I kept the flat for a while, but I carried on drinking heavily. I soon started staying in bed all day again, drinking myself unconscious. I started being sick and kept pissing the bed, but every time I woke up I just drank some more until I passed out again. I lay in my piss and sick and couldn't be bothered to get out of bed to sort myself out"*. Aileen, female aged 39; hostel, long-term homeless

In addition, there was systematic evidence to suggest that where substance abuse was not a trigger of initial rooflessness, once immersed in the homeless culture addiction often followed. One London Borough ex-mayor remembered that as an addicted rough sleeper he was only concerned about where the next drink was coming from and where to sleep. This constant obsession with drink or drugs seemed to lead people into crime or aggression and increased the likelihood that they would not eat, thereby increasing the substance's potency and compounding their problems. Until recently, substance abuse was seen more as a social evil than a problem, therefore little government funding was targeted specifically at the long-term rehabilitation of roofless substance abusers. Crisis found 81% of homeless people were addicted to drugs or alcohol, half the alcoholics wanting help received none and 3 in 5 drug users had not been able to use a detoxification service in the last 12 months (www.crisis.org.uk). Alcohol and drug dependency clinics and rehabilitation centres are often full, with waiting lists making it

difficult for people to access help when they need it. Recently a number of extra rehabilitation centres were set up in London creating a crisis management service that quickly filled to capacity. Those who could not get in were left to try and access mainstream services and centres. Evidence suggests that the kind of help available locally to substance abusers was a lottery. Many had to use the local psychiatric system or travel considerable distances to gain help. A number found that local health authorities were unwilling to fund comprehensive lengthy treatments.

"Once you start on drugs you're scum as far as the authorities are concerned. They don't look at why you start using in the first place". Tessa, female aged 36; temporary accommodation 2 years, long-term homeless

There was disturbing evidence to suggest that short-term detoxification programmes (e.g. on psychiatric wards) were used to control addiction, rather than recover from it. The informal interviews suggested that if addicts felt their addiction was out of control, or beginning to noticeably affect their health (e.g. liver sclerosis flare-ups) they used residential services to temporarily dry-out or clean up until their symptoms eased (e.g. Ian's route-map). There was little evidence that such programmes encouraged them into longer programmes or helped to resolve rooflessness. In fact, evidence suggests that such programmes actually increased people's vulnerability to rooflessness through rent arrears or the loss of temporary forms of accommodation (e.g. hostels).

"During the first 2 years I was homeless on the streets I went into detox 3 times, each time I left and returned to the streets. I can't remember whether anyone talked to me about hostels at the detox". Chris, male aged 30; housed 5 months

"I've been in detox a few times and dried out, but I can't let it go. I'm an alcoholic now and I keep having really bad binges, then I go somewhere, stop drinking for a week or so, give my body a rest, then something happens or I remember something and I'm back drinking again." Stephen, male aged 40; housed 4 years

"During the dry-out, all my personal insecurities started coming to the surface again and I had difficulty coping. I contacted my family and they helped me get professional help and some counselling. In the end I went into hospital for a year long programme of psychotherapy". Michael, male aged 32; housed 6 years

There is evidence in the literature to suggest that the two cultures (drink and drugs) do not mix, that is, homeless people rarely seem to abuse both substances (e.g. Baker 2001b). The present study found that in an attempt to recover from drug addiction, some users drank heavily and then became addicted to alcohol. Further research is needed to understand any possible links. In addition, there was evidence from the informal interviews and observations that a number of substance abusers did not recognise either that they were addicted per se, or the full extent of their addiction, describing themselves instead as, for example, a heavy drinker (a finding supported by Crisis www.crisis.org.uk).

Although addiction is pernicious and is strongly associated with rooflessness, it is a negative coping strategy adopted as anaesthesia to suppress feelings. The fact that many people are addicted to food, shopping, caffeine, chocolate, work, exercise, or gambling, suggests that addiction is a common coping strategy used by the general population. However, addictions such as alcohol, drugs, gambling and food are viewed by society as negative, self-destructive and wrong, whereas addictions such as exercise or work are socially acceptable. In the same way that there are socially acceptable addictions, there are also socially acceptable triggers of rooflessness. Substance abusers were often unofficially viewed as undeserving and so were disadvantaged when applying to local authority housing waiting lists. Once housed, many were unable to cope in a housed setting, finding it difficult to budget and keep up personal and house hygiene. This means landlords (both statutory and private) are less likely to accept them as tenants. Once housed, the absence of adequate help and support, triggers subsequent episodic roof/homelessness. Thus the relationship between rooflessness, substance abuse and housing is complex, affecting both structural and individual levels. This means that where people become addicted, either before or during rooflessness, there is no simple, easy solution. Instead there is a web of complex psycho-socio problems that need to be dealt with alongside structural problems both within the homeless industry, social and private housing sectors. These are inter-connected factors that cannot be viewed in isolation if solutions are to be effective and far reaching.

One major problem with addiction is that it tends to be viewed as the individual's problem, rather than in the context of other circumstances that push the individual into using addiction as part of their coping strategy. This led some commentators to view addiction as a mental health problem (e.g. Krauthammer 1985). Here again we see triggers and understandings of triggers overlapping and interconnected. Mental illness has become an over-loaded term that covers huge variations in the degree of mental health problems. For example, it is unhelpful to group chronic schizophrenia in the same category as depression or addiction. Although sharp deterioration in mental health is discussed in the literature as a significant trigger of rooflessness (Randall and Brown 1999b; Fitzpatrick et al 2000), there is much debate as to which comes first, mental illness or rooflessness (e.g. Hope and Young 1986). This research draws attention to one of these subcategories that dominated homeless and ex-homeless accounts of their routes into homelessness: depression.

One key finding rarely discussed in homeless literature, except as part of general mental ill health was depression. Systematic evidence from both the formal and informal interviews suggested that this was an exceptionally strong feature of adult

routes into rooflessness. Depression can be a debilitating illness that affects the individual's ability to relate to others, cope with everyday life and make decisions. It is often accompanied by feelings of low self-worth, a lack of confidence, low powers of self-motivation and in its extreme form it can lead to suicidal feelings. Severe forms affect people's cognitive and motor activity making the simplest of tasks difficult or impossible (Rossi 1989). The nature of depression means that although it is treatable, it takes time for all cures to work (both talking therapies and anti-depressants). Moreover, its very nature means that it is often difficult for sufferers to recognise they need help. Consequently, associated problems (e.g. rent arrears) often escalate and trigger rooflessness.

> "I got down. I realised I'd a big problem when I couldn't be bothered to get up on a morning and started staying in bed all day. It wasn't just that I could not be bothered. I really couldn't get up. I lost my job. Unemployed with debts still rising, I got more down. I started drinking a bit more because I wanted to feel numb, I didn't want to feel bad anymore". Tommy, male aged 35; rough sleeper

> "The problem is I'm down again. The trouble with being down is that you don't know when you will come back up again. It can take a few days or it can take a year or so". Roy, male aged 38; hostel

> "After the break-up I became very, very depressed. I thought that my world would cave-in. I thought I had nothing left. I'd no friends and no one to turn to. All that I could see was black. At first I thought I could never feel any worse, but then I began to feel worse and worse." Gabriella, female aged 35; housed 3 months, long-term homeless

Depression, like mental ill health and substance abuse can both trigger and be triggered or exacerbated by rooflessness, making it very important for those in precarious housing or experiencing episodic rooflessness, to identify and tackle it early. There was systematic evidence of a cyclical link between depression and suppressing behaviour (e.g. substance abuse) that locked sufferers into a cycle of anaesthesia and thaw with the problem simultaneously relieving and causing the other. Where substance abuse and depression was linked, there appeared to be an increased risk of rooflessness.

One of the major contributors to depressions that triggered rooflessness were feelings of alienation, isolation and 'not fitting in' to society. Loneliness has been discussed in the literature as a trigger of episodic roof/homelessness (Lemos 2000) and as part of the roofless experience (Baker 2001b), but not as part of people's routes into rooflessness.

> "As a child I felt there was something wrong with me that meant I didn't fit in. I couldn't handle life emotionally. I felt something must have been missing from birth. Like a computer programme, I hadn't been programmed to fit in, to feel loved, or to let people get close to me". Tommy, male aged 35; rough sleeper

"My biggest fear is being on my own. I'm OK in a crowd, but I am afraid to feel alone and be on my own. I think that deep down I have always felt like it, but the drugs covered it up for years". John, male aged 52; housed 12 years

There was evidence to suggest that deep-seated isolation and loneliness was associated with early experiences of bullying, neglect, rejection and problems at home, which at times caused fear, anxiety and self-loathing. Interviewees linked these intense feelings to relationship breakdown, poor social networks, inability to ask for help and an inability to perceive or receive help when given. For some they were also linked to debt, eviction, depression, suicidal feelings and an inability to cope with everyday life. All this suggests that for some loneliness and isolation during and after rooflessness is merely an extension of a pre-existing problem.

At the extreme end of depression are suicidal feelings and attempts. Suicide accounts for 25% of deaths among homeless people, compared to less than 1% in the general population (Baker 2001a). The blackness and despair of depression can leave some people feeling that they no longer want to live or certainly that they want the feelings to end. The irony was that for some, failed suicide attempts led to deeper depressions as they felt that they had failed yet again.

"When I first came here I was a mess. I wanted to die. I took four overdoses". Heather, female aged 19; hostel

"I left the house and went back to my parents. I took the best Malt Whisky, a hosepipe, tape and some sleeping tablets. I attached the exhaust with the hosepipe into the car and sealed up the windows. I took the sleeping tablets and drank the Malt Whisky". Roland, male aged 52; housed 17 years

"I wanted to die, I mean I really wanted to die, this was not a cry for help or anything. I wanted it all to end". Tommy, male aged 35; rough sleeper

Suicide attempts resulted in hospital admissions; however, there appeared to be a surprising number who were discharged with no apparent help (this may be due to their perception of help, counselling was not perceived as help). Others, once discharged, became so depressed that they could not attend sessions designed to help them. Time in psychiatric hospitals, as demonstrated by Goffman (1961;1968) affects the individual's perception of self and their relationship with others. Informal interviews with nurses and patients (who were never roofless) suggest that it only takes 2-3 days for a patient to become accustomed to the hospital's routine, a new vocabulary and topics of conversation (e.g. listing ailments, using medical jargon). The longer a person is in an institutional setting the deeper and more permanent the impact of institutionalisation becomes. Leaving the institution may destabilise their ontological security and/or trigger depression, mental health problems or substance abuse.

Furthermore, people make institutional friendships. Institutions can become communities with a set of relationships that are bound by rules and norms and where

friendships can only exist in the context of that institution. This is not unusual, most people have such friendships at work, in churches or in pubs, clubs or societies. The difference is that when a person spends long periods of time in an institution, they lose contact with or fail to make friendships and relationships that transcend the institutional setting. This reduces the strength and quality of social networks outside the institution, so much so that when a housing or other crisis occurs, there is little or no safety net to fall back on for help and assistance.

'Time in institutions' is well-documented within homeless literature (e.g. Randall and Brown 1999a,b; SEU 1998c), which acknowledges that rooflessness may result from inadequate preparation for everyday life or problems with accessing accommodation after leaving (Ballintyne and Hanks 2000; Highgate 2000). However, it fails to acknowledge that it isn't the time spent in an institution that is important but the impact of institutionalisation. Both Goffman (1961) and Foucault (1977) examine the impact of institutionalisation, the way it strips away self-identity replacing it with that of patient or prisoner. This ritual stripping of identity combined with constant surveillance of every aspect of the individual's physical and emotional life must inevitably have a profound impact on the individual and their ontological identity. Homeless people cited institutionalisation as part of their routes into homelessness and described it as:

"*After 18 months inside I was all mentally institutionalised*". Roland, male aged 52; housed 17 years

"*I became homeless in 1984 when I was discharged from the army. I did 24 years in the service. I was a single man. I should not just have been returned to the community without any help. I had been in the forces all my life until then. I had no help, just discharge papers and a travel warrant*". Stuart, male aged 57; housed 10 years, long-term homeless

Both Goffman and Foucault's studies examined the impact of time in compulsory institutions. This research looked at both compulsory and voluntary institutions and their impact on roofless people's lives. There was evidence to suggest that institutionalisation must be viewed in terms of the life-course rather than an episode in time and its immediate aftermath. Thus it is important to view why people entered the institution, their experiences in the institution and the long-term impact of that institution as one long process within the context of their lives. Institutions appeared to delay rooflessness as well as trigger it. Table 4 shows the complex relationship between trigger factors and institutionalisation. Both the formal and informal interviews suggest that a number of trigger factors often existed before people entered an institution. There were also a number of factors that occurred, often by default, by virtue of being in an institution. Thus before people left institutional life they had already experienced a number of triggers in addition to institutionalisation. On leaving an institution, precarious housing and inadequate preparation or support triggered rooflessness for

some, but most entered housed society. However, once in housed society a number of other triggers then began to amass that were interlinked with institutionalisation including the strength and quality of social networks, learned coping strategies, and relational problems.

Table 4   Triggers of homelessness before during and after time spent in institutions

Institution	Before entering the Institution	In the Institution	On leaving the Institution
Care*	Child abuse	Rejection	Weak, negative or no social networks
	Family breakdown	Frequent change of address	Inability to cope with everyday tasks
	Parent not willing to accommodate	Disrupted schooling	Leaving home at/before age 16
	Traumatic event	Disrupted home life	Long periods in precarious housing
	Running away	Bullying	Domestic violence
Armed forces	Child abuse	Traumatic-life-events	Weak, negative or no social networks
	Family breakdown	Institutional friendships	Leaving home at/before age 16
	Parent not willing to accommodate	Frequent change of address	Frequent changes of address
	Traumatic event	Unstable home-life	Debt, rent arrears eviction
	Running away	Relationship breakdown	Relationship breakdown
	Parent in armed forces	Bullying	Substance abuse
	Frequent changes of address		Inability to cope with everyday tasks
			Onset of mental illness
			Own aggression/violence
Prison/ Remand centre	Substance abuse	Bullying	Weak, negative or no social networks
	Previous homelessness	Traumatic-life-events	Long periods in precarious housing
	Traumatic events	Institutional friendships	Debt, rent arrears eviction
	Bullying	Loss of accommodation	Relationship breakdown
	Disrupted schooling	Rape	Substance abuse
			Onset of mental illness
			Own aggression/violence
Hospital	Onset of mental illness	Institutional friendships	Weak, negative or no social networks
	Accident/ injury	Loss of accommodation	Debt, rent arrears eviction
	Traumatic-life-event, child abuse	Loss of physical ability	Relationship breakdown
	Depression		Inability to cope with everyday tasks
	Inability to cope with everyday tasks		Mental health problems
	Substance abuse		Substance abuse
Boarding school	Family breakdown	Bullying	Relationship breakdown
	Traumatic-life-event	Disrupted home life	Inability to cope with everyday tasks
	Frequent changes of address	Institutional friendships	Parents not willing to accommodate
			Long periods in precarious housing
			Debt, rent arrears eviction
			Onset of mental illness

*Although many in care spent most or all their time in families, there was an element of institutionalisation through external monitoring

Institutionalisation and the loss of protecting factors (e.g. employment) was also linked. Existing research suggested a link with structural factors too, e.g. the geographical location of an institution (Matthewman and Read 2002). For example, prisons, universities, hospitals are often located in major towns and cities. People leaving institutions often settle in that area, either because they are familiar with it or because help and assistance is set up locally. When these towns and cities are in areas with high pressure on housing supply (e.g. the South East) it is difficult for people to find accommodation. Rooflessness becomes a by-product of the over-heated housing

market, as people on low-income, benefits or homeless are priced out of the market or seen as undesirable tenants[5]. Matthewman and Read's (2002) research, though focusing on structure, demonstrates the complex interconnections between structures and the social and emotional lives of individuals. For example, Matthewman and Read (2002) alluded to the role of tied accommodation for contract, seasonal, catering, security and construction workers in triggering rooflessness during periods of unemployment.

There was systematic evidence in this research to suggest that other economic factors can also trigger rooflessness. For example the recession in the early 1990s caused debt, rent/mortgage arrears and subsequently eviction. The pressure from these events may not only have triggered homelessness but also relationship breakdown, depression, mental health problems and substance abuse.

"*I blame the building society for my homelessness. When recession hit at the beginning of the 90s, carpentry work dried up. With no job and massive increases in mortgage interest rates, I started to get into debt. Round this time my girlfriend and daughter left me. I found it difficult to cope with the end of the relationship, unemployment and increasing arrears. I became down, so I started drinking and taking drugs. The mortgage arrears continued and I was taken to court several times. Each time an agreement was worked out so I could pay an affordable amount towards my mortgage. It would be alright for a few months then the interest rates would go up again and they'd put up my repayments, so they'd take me to court again... Once I lost the court hearing, I had to file for bankruptcy and lost my house and most of its contents. I moved in with a series of friends for a while. I got into another relationship and moved in with that girl. But I started feeling down again. That relationship ended and that made me feel even more down. This left me with no money, no job and nowhere to stay*". Roy, male aged 38; hostel

Adults often realised that roof/homelessness was a possibility for an average of 1-2 years before it happened (e.g. Mary's route-map). Although they spent much of this time in denial, they did not fit their own preconceived ideas of roofless people (e.g. tramps, alcoholics). Many tried to avoid rooflessness, spending a further year in various forms of precarious housing before becoming roofless (e.g. Melanie's route-map). Once roofless there was an average of 1-2 years before they sought or were offered assistance. Evidence suggests that the main reason for this was ignorance about how to avoid rooflessness, what to do in a housing crisis and eventually a lack of alternatives open to them. There appeared to be an assumption that when crisis eventually happened, the state would assist. Even some parents held this assumption, evicting their teenager in the belief that the state had a duty to house them.

More disturbingly, both the formal and informal interviews suggested that when people did try to seek help to avoid rooflessness, they often approached local or central

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[5] See Homeless Policy Overview

government departments for assistance only to be met with dismissive attitudes, staffs' lack of knowledge, long waiting lists, inadequate services; alternatively they were passed between departments (e.g. Waters1999).

> A teenager being physically abused. "*I told social services, they said with the size of boy that you are, you should be able to fight back. I went to the council, they said I couldn't get a place until I was 18, and only then if I get married, pregnant or had an accident. So there was no chance. I spent 5 or 6 years on the local authority waiting list. Most of that time I slept rough in sheds and derelict buildings*". Foxy, male aged 32; housed 8 years

> "*When I went to sign on I was told I couldn't get any money. When I said what am I supposed to do with no money, they said become a rent boy in Tavistock Square*". Allan, male aged 56; housed 2 years, long-term homeless

This resulted in unnecessary rooflessness and the migration of roof/homeless people to London or larger cities where better assistance and facilities were available. Moreover, the current homeless legislation means that the physically fit and mentally healthy are penalised by the system. This is part of Carlen's (1994) agency maintenance of homelessness[6]. Furthermore, as the majority of assistance focuses on crisis management, assistance is only available after becoming roofless, thereby actively encouraging rooflessness[7].

6.2 CONCLUSION

This chapter has demonstrated that routes into rooflessness are complex, multiple and interlinked. The complexity of the triggers increases with the age of the individual and the duration of their rooflessness and/or episodic homelessness. This makes crisis intervention increasingly difficult the longer a person remains roofless, precariously housed and/or vulnerable to rooflessness. The complex triggers consist of biographical, structural and behavioural factors that when combined increase people's vulnerability to rooflessness. Such triggers are also closely associated with weak social networks, poor self-esteem/confidence, few/no protecting factors (e.g. employment) and people on the margins of society. This exacerbates and accelerates the roofless process. For many, rooflessness would appear to be the answer to their problems rather than the problem, which explains its continuance, and suggests that a closer look at the family and social networks is needed. To date, the homeless industry and wider society has proved unable to deal with much more than crisis management more often at the point of rooflessness. This actively pushes people out of mainstream society and at times into rooflessness. Furthermore, it creates a situation in which individuals are almost forced into creating or joining a counter-culture in which they can survive. It is this counter-culture, the homeless culture, that will be examined in the next chapter.

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[6] See also Carlen's (1994) discussion on agency maintenance of homelessness.
[7] A phenomenon identified in Jenks (1994)

7. HOMELESS CULTURE

Little has been published on homeless culture in Britain, partially because the research is difficult, time consuming and costly. Besides this, people within the homeless industry fear that such an analysis could create a discourse by which homeless people would be judged, and this is felt to be unhelpful. However, it is important to homeless people to have a defining discourse that accurately portrays their lifestyle (Min 1999). Furthermore, if we are serious about preventing and resolving rooflessness we need to understand the importance of the homeless culture, in attracting and holding members. The thesis aims to give some definition to the British homeless culture and explore how and why it becomes attractive and locks people into roof/homelessness for considerable periods of time.

From the previous chapter, it would appear that the complex nexus of triggers of rooflessness effectively pushes those vulnerable to rooflessness to the margins of mainstream society. The vast majority do not decide to take to the streets but are effectively pushed there. Once there they become part of a continuum of social exclusion and inclusion where people on the margins of mainstream society, move into and through (or bob in and out of) the homeless culture, a culture that developed or evolved around the support needs of this group. The thesis uses systematic evidence based on formal and informal interviews plus approximately 1082 hours of observation to show the intensity, vibrancy and attraction of the homeless culture in the context of people's need to belong, to be respected and to be able to feel, as Giddens (1991) would argue, ontologically secure. It is the need to 'belong' somewhere, anywhere and to feel secure that often acts as a catalyst for new members joining or helps to create a subculture in an area.

Subculture is defined as the system of beliefs, values and norms adopted by a significant minority in any given society or culture, in this case, the roofless, homeless or precariously housed in Britain. Subcultures often develop from a position of marginalisation and powerlessness within mainstream society. Thus the function and attraction of the homeless culture can be interpreted as having developed to serve specific needs that mainstream society does not cater for. Subcultures (including the homeless culture) also have discernable identifiers, for example, language, dress, demeanour and behaviour. These give an identity to both the group and individuals within it. The homeless culture exists in most major towns and cities in England. In areas where roofless statistics are the highest, the culture splinters into further subgroups, thus ensuring that most who want to, can belong. Subcultures enable members to become 'mainstream' within their group. A key feature of the culture is its

paradoxical capacity to absorb loners, who remain isolated yet part of the homeless culture. Furthermore, systematic evidence suggested that those refusing to identify with the homeless culture or admit that they were roof/homeless were more likely to spend less time on the streets. They often actively sought help and viewed rooflessness as a temporary blip that could be overcome. Consequently, they appeared to be more successful when moving into a secure tenure.

In general homeless culture is characterised by dense social networks and reciprocity with people experiencing anxiety and depression when they leave or are denied access. These characteristics are not a purely British phenomenon within the homeless culture (e.g. Wagner 1993). Nor are they peculiar to homeless culture alone, they are a characteristic of poverty cultures in general (e.g. Gans 1962; Stack 1974).

Wagner (1993) warns that in analysing homeless culture and the variations within it, there is a danger of stereotyping people according to diagnostic types or the social problem(s) perceived to have propelled them into rooflessness. Thus it is important from the outset to distinguish between classification and association (Wagner 1993). People who associate with a particular subculture do not necessarily subscribe to all the norms and values within that subculture. Equally, an individual's association with a particular subculture does not indicate their route into nor the triggers that resulted in rooflessness. Historically social scientists have encountered problems when distinguishing between triggers and the effects of being roofless (e.g. Wagner 1993; Marcuse 1988). For example, depression can trigger homelessness and be triggered by homelessness, so too can alcoholism. For many, association with the homeless culture is influenced rather than determined by social problems, thus some form subcultures based primarily on age or gender.

"Association is complex, based in part on chance, on subjective self-concept, and on demographic characteristics but also on overall limited social roles that exist within the street community." Wagner 1993.

No subculture is homogenous, there are bound to be different subgroups within the main culture. These are usually based on people grouping together with something in common. Wagner (1993) used 5 broad categories for his discussion of American homeless culture, including street drunks, street kids, young turks, social clubs and politicos. Wagner's subcultures are defined using age group, geographical location or the public space the subculture tends to frequent. Most of Wagner's categories could not be applied to British homeless cultures, although the social club is similar to the daycentre groupies and street drunks might be applied in its broadest sense to street drinkers.

The following are descriptions of dominant subcultures within the British homeless culture. They should be viewed broadly as groups that associate together and although they have been defined as categories, the headings used to define them should not be regarded as stereotypes or as groups of people with identical problems that have common solutions. Most subcultures can be single or multi-sex, containing a variety of age groups, although it is rare for teenagers and those over 35-40 to mix in the same subculture.

7.1 DESCRIPTIONS OF DOMINANT SUBCULTURES

It is impossible to discuss all the subcultures in great detail, as the homeless culture is synergical in nature. A number of the subcultures are subdivided into smaller groups (especially in London) and other groups are hidden from view (e.g. squatters). All are part of homeless culture as a whole. This section will focus on the overarching subcultures that tend to dominate the scene.

7.1.1 The Street Drinking Culture

Street drinkers are often seen sitting on street corners, in parks, bus stations and doorways at almost anytime of day or night. They unite to drink. Evidence suggests that it is rare for non-drinkers or drug users to fit in with this crowd (e.g. Baker 2001b). In areas with high concentrations of street drinkers a number of smaller groups form, categorised by age, the severity of their alcoholism or men only. There is great camaraderie, much teasing and merriment. With inhibitions gone, some groups mock passers-by making fun of them and their aversion. Systematic evidence suggests that they see all passers-by as the same. They mock one group because another group will kick, spit and even urinate on them later. Ballintyne (1999) found that 64% of rough sleepers were victims of verbal abuse and 35% had been wounded. Two out of three attacks were by the 'general public'.

Alcoholics go to great lengths to explain the difference between an alcoholic and a drunk and are anxious that people do not confuse their identity.

> "What do you see, an alcoholic or a drunk? It's important. You think it's all the same, that we're drunks and alcoholics. Well remember this, we are alcoholics because we drink; because we drink too much. But a drunk is someone who beats up on his wife. None of us are drunks, none of us are like that. We have nothing to do with drunks". Jason, male rough sleeper aged approx 40, research diary

Evidence from observation and informal interviews suggests that there are two dominant diametrically opposed daytime subgroups: the depressive contemplators and the clowns. People of all ages and gender can belong to either group. The two groups do join at times and exchange banter and some people switch from group to group

reflecting their mood and needs at that time. However, as Danczuk (2000) notes "whether their friends are drinkers or drinkers are their friends, one thing is certain, the drinking group is extremely tight-knit".

Depressive contemplators: are characterised by groups of drinkers sat in huddles, several crammed onto one bench with others sitting on the floor close by their feet. Heads nearly always bowed, sometimes sitting in silence, often moaning about their problems or life before they started drinking. They rarely welcomed other people into the group, but if people sat with them, adopted the same posture and were quiet, they were accepted and absorbed, without anyone making eye contact. In daycentres, they sought the most staff time, were more likely to feel suicidal and needed the most help with application forms.

Clowns: are characterised by their animation, laughter, playful joking and teasing. They were open, greeting people with a side-on hug or a huge handshake, shouting their name loudly or 'how are you my man'. The clowning antics always appeared immature, almost like raucous giggly 35-year-old teenagers. Evidence suggests that the show was deliberate designed to provoke a reaction, any reaction, meeting an ontological need to prove they existed to both themselves and others. The more people stared, frowned on their behaviour, or reacted in anyway, the more outlandish the behaviour.

> A-J was on his feet, reeling from time to time with can in hand as he overbalanced but tried to keep the can steady so as not to spill a drop. The friends watched every move, commenting on what he was doing…People at the bus stop reacted, some turned away and ignored the scene, others turned to watch the proceedings. With an ever-growing audience, A-J joked loudly that he had become a circus attraction. His friends asked where his 'act' was. A-J struggled to take off his coat without letting go of his can, 'I'll show you'. He ran the 20 yards across the pavement, climbed the short stone stand that anchored the ornate lamp-post, then climbed half way up the lamp-post. 'Ta-da' he announced. 'More, more' egged the group watching. The people at the bus stop swapped roles. Those refusing to look turned round to see what was happening

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and those that had been watching, looked away in embarrassment. 'Now for my grand finale' he announced. He fumbled with his button and zip then pulled down his trousers baring his buttocks to moon at the crowd. He stood on his perch for a while laughing at the people at the bus stop. Someone shouted 'the law'. He jumped down, adjusted his clothing and went back to the bench 'I nearly pissed myself' he announced. They carried on laughing and joking. A-J, male aged 44, Observation Diary

In daycentres clowns are easily recognised: they are the 'life-and-soul' of the mealtime, joking with staff, chatting up women or, in one centre, playing basketball. Altruistic in nature they often adopt weaker roofless people who need looking after, acting as protectors (e.g. against bullies) or pseudo-parents making sure members are safe at night or when they pass out drunk. Their loudness and clowning antics can be intimidating, but act as a deterrent to onlookers and therefore act as protection from the outside world.

7.1.2 The Drug Addicted Culture

Drug addicts were not systematically observed on the streets, but they were present in the hostels included in the study. There they provided evidence of their perceptions of their subgroup. Drug addicts often hide away, preferring squats, stairwells, alleys or parks out of the sight of the public and police. In contrast with the street drinking culture, they seem less violent. Some drug users speak about the 'old days' when as travellers they had more freedom, with travellers' sites perceived as a safe haven for drug use.

7.1.3 Daycentre/Hostel Groupies

Groupies are often seen sitting on the steps, pavement or nearby greens outside daycentres, night-shelters and hostels that eject residents in the daytime. In the absence of anywhere else to go, they wait for opening time. Where appropriate they even sleep rough in the vicinity. Groupies may also be members of, for example, the street drinking culture. Daycentres are often in locations where people can easily sustain their dependency, gain access to food or beg. They exist in most cities, but classic sites in London are:

The Lambeth Daycentre near Waterloo station, which offers off street seating on benches or steps under the church porch. In the summer it has a small, partially secluded fenced off lawned area with park benches. It is near good food supplies, pubs, off-licenses and public toilets. Historically, amongst its groupies were members of the 'bull-ring' community that thrived in the nearby subway until its closure.

Riverpoint Daycentre situated in the crypt of a church near Shepherds Bush, offering off street seating on a flight of stairs, and boasting a nearby green with

park bench seating to spend the hours between opening times. It is also conveniently situated near a shopping centre, which provides useful begging sites, public toilets and a source of food and drinks.

St Martin's in the Field Social Centre has off street seating on the steps under the church porch. This is a good sunbathing spot and in the height of summer offers shade from the sun. This area is a popular tourist attraction and therefore has useful begging sites. A number of food outlets and public toilets are situated in the vicinity.

The Passage Daycentre is situated near Victoria Street, which has numerous useful shop doorways and recesses for sleeping. It boasts a number of off-licences for the heavy drinker. There are also usefully designed buildings which offer protection from the rain or warm air vents at street level for outdoor heating in cold weather and numerous side streets that make quick getaways very easy.

Groupies tend to frequent one centre on a regular basis, forming friendships with others who attend. At night-time, they often spend the night together, nearby on the streets, in squats or crashing on one friend's floor. Thus the groupies are not necessarily roofless, some have accommodation but are lonely or want to be with their drinking friends.

> "Who, me love? No not me. I've never been homeless in my life. What made you think that I might have been? I started drinking after my two sons left home. The wife died and I lost my job. I come here because I get a free meal and you can have some good conversations". Toby, male aged 50s, observation diary

Groupie friendships appear to be very intense. Fights easily breakout, especially over women and money. These are usually quickly settled by a 'good punch up'. Where such disagreements are severe, one of the groupies may have to leave the area.

Two men were searching for Danny because he owed them money. They were very aggressive with staff and clients. Danny escaped through a back exit and ran down the street. The men chased after him. Half the clients said they had to go because they were friends with or knew Danny and if the men didn't find him they would be back and after them. Danny, male, Observation diary

Staff are worried, no one has seen Danny since he ran away from the church. They tried to find out how or where he is from his friends, but they say 'he is keeping his head down'. Apparently he owes some money and can't afford to pay it back at the moment, so he has to stay away. The men looking for him are violent. Danny, male, Observation diary

The specialist daycentre groupies (e.g. those with mental health problems) are less likely to be territorial. By using the same facilities they get to know each other well through group sessions and less formal contact. A common understanding of what it is like to live with mental health problems unites them. Although no attempt was made to systematically observe people with mental health problems, it became evident both through formal interviews and more informal conversations that a separate group within the homeless culture existed with its own norms and values.

7.1.4 Precariously Housed

The homeless culture contains street users as well as rough sleepers. Thus some culture members are precariously housed, such as those living in temporary accommodation, hostels, B&Bs, squats or staying with friends. They often experience episodic rooflessness and may be part of any of the subcultures or create one of their own. Evidence suggests that the precariously housed often form groups centring on accommodation (e.g. a squat, a persons home used as a flophouse). It would appear that when mixing within the homeless culture, they become insular, protecting each other from 'outsiders'. There are 'in jokes' that mark them out as a subgroup. At times there are deep caring relationships; if one person is upset or 'down' the rest can be down or protective. Some see themselves as a family unit. Evidence suggests that these groups can be volatile; if there is an argument, it can easily turn into a brawl.

> *"It's great in the squat, it's like a family. Most of the time we get on well, you have to. There are times when you need to know when to keep yourself to yourself though. We have some good laughs, we have some good fights too. But that's how it is. Rolling round punching one minute, but if someone from outside starts on one of us, we start on them".* Woza, male aged 30ish, research diary

7.1.5 Intermittent Participants

A number of individuals drift from daycentre to daycentre and town to town. Unlike other nomadic communities (e.g. travellers), they do not form groups, preferring to remain as individuals. However, they have a number of characteristics in common and they perceive themselves as belonging to a distinct subculture. They form two distinct groups:

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Loners rarely make friends, they trust no one and find it difficult to use homeless facilities. They drift to avoid too much social contact and move if anyone gets too close. They tend to sleep alone on roofs, in sheds, behind bushes, in dark secluded alleyways. Some can be very resistant to services aimed at helping them.

> "*I've tried everything with him. I've tried chatting to him, I've taken him out for a meal, everything. When it boils down, he is just plain nasty and selfish. He's out for himself, he only speaks to people if he wants something. He never asks, he just demands, 'buy us a burger', 'give us a cig'. He's never grateful. He is intimidating; you hear a lot of stories about his violence*". BK Andy, daycentre staff

Evidence from the formal and informal interviews suggests that loners were driven by fear. They had a yearning for human contact yet pushed others away. Some felt mentally or psychologically disturbed by their experiences in life (rape, bullying) or had mental health problems and so isolated themselves. Some in the homeless culture began as loners, after making friends they settled into the culture in a particular area or at a specific daycentre.

> "*You have to be persistent with outreach work and gain people's trust. This may take time. We found one man living in an old shed. When we first made contact, he would not come to any of the facilities and did not want help. Over time we made friends and eventually he came into the night-shelter. He'd been a train driver and after someone jumped in front of his train he had a nervous breakdown. He lost his home and everything, he felt too guilty and untouchable to mix with other people*". Outreach worker, Bedford

Drifters come into a community, stay a short while and then move on. They don't want to be tied down or have to 'settle down'. It is difficult to observe drifters except at a distance or through other people's eyes via informal conversations and interviews.

Evidence suggested that many had been travellers. People appeared to drift out of boredom, for holidays or to find new areas where they had not outstayed their welcome. There appeared to be a tendency for drifters to run up rent arrears, or get into trouble with police and then move on. They appeared to be disruptive when entering local homeless cultures and divisive when they left. Long-term roofless people viewed them as part of the culture, recognising drifters over newcomers. Although members of subgroups welcomed drifters, they took action to minimise the harm.

The following subgroups comprise of homeless and ex-homeless people who have been in settled housing for at least 5 years. However, they are still very much a part of the street/homeless culture.

7.1.6 Homeless Advocate or Activists

Homeless advocate/activists are those ex-homeless people who decide to become politically/socially active and get involved with organisations working with or for the homeless. Some band together to form new organisations aimed at helping and/or fighting on behalf of roofless people (e.g. NOMAD project in Sheffield). Evidence suggests a number of reasons for this, including philanthropic, reciprocal and practical reasons.

Evidence from formal and informal interviews and observations suggest that this group often act, behave, dress and speak like the roofless. Their homes can be unkempt and dirty. Some still frequent the same daycentre, as client, staff or volunteer. Although not roofless, they still tend to identify themselves more with the roofless than the general housed population. For some there is a gradual movement along a continuum of responsibility that leads to increased confidence and full-time work. For them the role is an essential part of resettlement. This means that they may become part of two cultures, straddling the divide between homeless and mainstream cultures. From this position they act as facilitator attempting to help others make the transition. This is not an unusual phenomenon, it occurs within other subcultures, for example members of the deaf culture often alternate between the hearing and deaf cultures and act as mediators or facilitators between the two groups (Sainsbury 1986). This is also part of Goffman's (1959;1970;1974) theory about 'self' and the different roles that any one individual can play both simultaneously and according to the environment or setting they are in.

7.1.7 Homeless at Heart

The homeless at heart are found in every daycentre for the homeless. They are often lonely and isolated in their accommodation. At the daycentre they spend time with friends and mix in a culture that accepts them as they are. Daycentres are good for

economic and practical reasons too. On benefits, people find it difficult to make ends meet. Daycentres provide cheap or free food, clothing and laundry facilities, or help with form filling and accessing benefits. The homeless at heart tend to dress and speak like the roofless and it is difficult to tell them apart. They class themselves as members of the homeless culture. In the summer months some occasionally sleep rough with their friends. Unlike the episodic roofless (who lose their housing mainly through inviting friends round who then cause a nuisance), this group avoid having friends to stay and pay their rent regularly.

"It's just bad luck isn't it. It's almost as if your surrounded by mates. Some people they choose to be on the streets see. The majority of people are not like it. After a while, like, it comes down to loneliness. They sleep rough for a month sort of thing, its ordinary you know. And that's all right, that's fine in summer. But if you do it 365 days, then it's a totally different game". Jez, male, research diary

It would appear that the homeless at heart find it difficult to feel part of and function within mainstream society. This being so, they are effectively forced to remain within the homeless subculture where they feel accepted and where they receive a level of support that mainstream society is currently unwilling or unable to offer. In this they are not unusual. Other minority groups (e.g. the deaf) form their own counter or parallel cultures to counter-balance the need to feel and be perceived as 'normal' (Sainsbury 1986; Higgins 1980). In this sense the inverse of normalisation is taking place. Rather than individuals being made to dress, act and behave in a manner compatible with mainstream society, they instead choose to create a society in which they are the norm. Sainsbury (1986) notes that it is not being deaf that makes an individual a member of the deaf culture, it is through identification with the culture, shared experiences and participation in the culture. This is also true of the homeless culture, to be part of it the individual has to participate in it, identify themselves as homeless and share in the culture.

A similar development has been observed among servicemen under duress, for example, the prisoners of war in the biography "The Miracle on the River Kwai" (Gordon 1963). Like many roofless people, they endured gruelling physical and mental hardships, poor diets, poor accommodation, and little or no medical assistance. The soldiers realised the importance of emotional and physical support, the need to belong to someone and be valued by someone. Without these ingredients people literally died from lack of care or no will to live. They set up a buddying scheme to ensure that every soldier had someone who cared and was responsible for looking after them. Among the roofless, such strategies were evident. Intense friendships and a sense of belonging offered emotional support and ensured the ontological safety of the individual as well as the group. The intense friendship and reciprocal care received within the homeless

culture seems not to be prevalent in mainstream society. The lack of an alternative within housed society, may contribute to the marginalisation of people dependent on and/or in need of such care. Effectively forcing people to remain within the homeless culture.

Each of the above subcultures forms an integral part of the homeless culture, but the culture is far more complex than groups of people that associate together. To understand it and its impact on its members and those who are excluded we need to understand how people enter the culture, how they become a part of it, how the culture's norms and values are transmitted and what they are. It could be argued that in many ways the process of becoming roofless mirrors the process described by Goffman's (1961) description of institutionalisation. There is the initial inertia, the stripping of self-identity as clothes wear out, hygiene and personal care becomes impossible to maintain and the corporate identity is absorbed. There is a language and demeanour that needs to be adopted for survival. Homelessness then becomes one of Goffman's (1970) games, the rules of which need to be learned and accepted, before the actors within that game can play. The idea of learning to play the game is a form of institutionalisation that is reinforced by mainstream society through labelling (e.g. Goffman 1961; 1968). Cumming and Henry (1961) disagree with Goffman, using Parson's (1951) theory to argue that both society and personality are action systems, and what is interesting is not the individual's personality nor the structure of society, but the interface between the two. Applied to homelessness, it is at this interface that the homeless culture is born.

7.2 LEARNING TO BE HOMELESS

Sleeping rough does not make the individual a member of the homeless culture; it makes them roofless and vulnerable to exploitation and violence. People have to accept the culture and want to be part of it before they can belong. Thus rooflessness appears to be a learned way of life. People experienced a definite divide between being outside and inside the culture; inclusion was perceived as 'fitting-in'. Fitting-in was at times a scary process. However, those who had been systematically emotionally dulled by life-experiences, found it less frightening. The streets were preferable, safer and less frightening than remaining in their previous accommodation.

Some people appeared to ease into the homeless culture gradually before becoming roofless, whereas others are plunged into rooflessness finding the experience terrifying and bewildering and then they become part of the homeless culture. Those easing in gradually were often the precariously housed and those who began mixing with street users and roofless people (e.g. to drink) before they became roofless. This gradual, mutual withdrawal from mainstream society and mainstream societies withdrawal from

the individual is identified in Cumming and Henry's (1961; Parsons 1951) disengagement theory. When applied to rooflessness, it involves a gradual decrease in interaction between the potentially roofless person and the social systems (e.g. family, education, work) they belong to. Disengagement results in the individual being less bound into mainstream society.

Engagement with mainstream society is an important stabilising factor for the individual's ontological security (Giddens 1991). Applied to rooflessness, this suggests that disengagement may exacerbate existing feelings of isolation and disaffection, thereby accelerating the homeless process. Separation from the predictable norms, values and expectations of the mainstream, may increase anxiety and fear and threaten ontological security (Giddens 1991) and/or create feelings akin to Durkheim's anomie (1952; Merton 1949). In an attempt to counterbalance this instability and threat to ontological security, it would appear that some take refuge within the homeless culture. In turn, the homeless culture acts as a strong anchor reinforcing its values, and creating a community in which the individual is accepted for who they are, thus creating stability and security. This need for security, order and predictability ties the homeless person into the homeless culture making it difficult or impossible to leave and re-engage with the seemingly hostile mainstream society.

Disengagement theory does not account for those who had little or no contact with homeless culture prior to rooflessness and those suddenly becoming roofless. Those who suddenly move from housed society into rooflessness can experience an enormous culture shock.

7.2.1 Culture Shock

Culture shock can exist for all new entrants into rooflessness, but the shock appeared greater for those in self-denial about the precariousness of their housing situation and those who left accommodation abruptly. The sudden rupture with reality, tangible fear and uncontrollability of the situation is enough to shake anyone's ontological foundations. The biggest culture shock appeared to come not from the way they perceived themselves, but the way other people perceived them.

> "*Living on the streets came as a big shock, partly because I never thought it would happen to me, but also because I'm not used to the people. People are not nice to me now. Most people walk straight by, as if you're nothing, as if you don't exist. Some look down their noses at you. Some are really horrible and call you names. Kids are the worst because they come up and kick you when you're lying down. They can give you a right kicking*". Tommy, male aged 35; rough sleeper

The roofless are often perceived to be deviant and mainstream society tends to judge and treat them accordingly. Culture shock occurred with the sudden imposition of a

new social identity, an identity through which they were expected to create a sense of 'self' and conform to a set of norms. Current homeless literature does not consider the social identities we try to squeeze roofless people into. Systematic evidence suggests that, once roofless, the process of degradation and dehumanisation causes a crisis. The need to feel physically, psychologically and emotionally secure, to know that the 'self' (e.g. Mead 1934) and social identity are stable and can remain so, becomes paramount (Giddens 1991). It would appear that this rejection by mainstream society and its institutions forces the individual to seek out alternative stabilising factors as protection against mental health problems that may develop or worsen. This point of struggle between the old identity and way of life and the roofless identity pushes people into joining the homeless culture. They are forced to learn how to look, act and speak like the roofless in order to survive both mentally and physically. Thus people do not mutually withdraw from society as society withdraws from them; instead society pushes them out of the mainstream and isolates them (Townsend 1928; Sainsbury 1986). That is, their exclusion is externally applied rather than a process of self-exclusion or disengagement. That being so, a form of normalisation takes place, where pressure externally applied causes people to conform.

The process of learning to be homeless is relatively short. Research shows that it appears to take only 2-3 days for an individual living on the streets to learn how to be homeless and become acclimatised to parts of the homeless culture (Ravenhill 2000a). In that time, people get over the initial traumatic shock of sleeping rough, learn where to get food, clothing and laundry facilities, where the begging patches are (if they need one), which spots are claimed by someone else and make friends or acquaintances who tell them how to fit in and survive (Ravenhill 2000a). The individual then starts to acclimatise.

> "The first night you're cold. You don't sleep. You keep walking around from place to place. You can't settle anywhere. The next day you are dead on your feet, desperate for sleep, but you daren't. The next night's not so bad, you get a little sleep. You get used to it really quickly, once you do, its not that bad. You start making friends and then that's it really". Jen, female, research diary

New Horizon Youth Centre noted that after 3 weeks sleeping rough a young person feels mentally and physically fine, especially in the summer; they feel that they can cope with sleeping rough and in some cases are enjoying the experience. They also note that after 3 months, there is a noticeable decline in mental and physical health (Ravenhill 2000b). Homelessness is not an easy option.

> "I had to sleep rough. I remember waking up with my hair and hand frozen on the pavement. It hurt a lot. Can you imagine that?" Van, female, research diary

7.2.2 Fitting-in

People rarely sought out the homeless culture, this happened by accident. The novice was often spotted and befriended by someone acting as chaperone or guide. Although wary at first, individuals seemed to welcome this as it avoided confrontations on the street and gave them a feeling of relative security. Drinkers tended to be befriended by drinkers, druggies by druggies. This was reciprocal as the old hand benefited from the novice's few useful possessions and perhaps even money.

> *"I was frightened. I slept in the bus station. I met someone there. He took me to the daycentre the next morning. He said he knew a girl in this hostel, so he asked the staff to see if there was a place for me."* Jan, female aged 20; hostel

> *"Once on the streets you've got to get to know people; as long as you don't tell them too much. I met a couple of people, I knew him from his asking for change near where I lived. I slept rough with them".* Anita, female aged 16; hostel

The process of fitting-in is accelerated by intense, constant close contact. Friendships are formed that offer a form of counselling. This softens the blow of the triggers of rooflessness and culture shock. These friendships can have a calming affect on the panic experienced when first becoming roofless and they appear to stabilise the mood of people who are depressed (e.g. creating ontological security).

> *"Mixing with the crowd, sleeping rough with them, joining in the banter gradually brought me out of myself. I found a new way of coping, just by chatting with the other people on the streets. I got to know lots of people and became very pally, they helped me forget about my family in Denmark and my brothers in England".* Chris, male aged 30; housed 5 months

One way of being absorbed into the culture is by being invited into a squat. It is usually men who invite women in. On the streets women are seen as more vulnerable and in need of protection. Men also like to have women around, assuming they will cook, clean and create a homely atmosphere. A woman in a squat can reduce the levels of aggression and violence and create the potential for a relationship. Reciprocally, women gain relative security, especially if one man looks after her. However, this is usually in exchange for sex and is no insurance against the ever-present danger of rape.

> *"Almost as soon as I arrived, I met the 'wrong people' and began living in squats. I didn't have to spend many nights sleeping out, because people kept inviting me back to their places and I usually went. I was offered one place, but I was raped there. After that I left the squatting scene and went to a hostel but that was worse than the squats."* Gabriella, female aged 35; housed 3 months

Evidence suggested that many women were diverted away from sleeping rough, both into squats and more disturbingly, into prostitution. Young women and vulnerable teenagers were targeted for prostitution, in exchange for protection and accommodation (Browne 1998).

"I had to sleep rough with a couple of people I know. She was working [a prostitute], she offered to take me to meet the same man that got her working. But I said no". Charlie, female aged 16, research diary

In an attempt to fit in on the streets vulnerable people were often drawn into lifestyles to which they were unaccustomed. For example, there was evidence of people gaining their drink or drug problem on the streets to fit-in and/or as a learned practical tool of survival.

"When you're on the streets you drink yourself into a stupor just to get to sleep especially if you're on your own." Kim, female, research diary

"The drink keeps you warm. If you have money to spend, it's best spent on booze not food. Food doesn't warm you up, help you sleep, or help you go numb. The drink warms you up". Gravy, male, late 30s, research diary

It is at this stage, just as the newly roofless person begins to learn the culture and change their behaviour that the real identity crisis begins in earnest. Systematic evidence suggests that many feel trapped into behaviour that as a housed person they would never have contemplated. Feelings of isolation from the housed world become intense often prompting one of two reactions: a desperate bid to leave the homeless culture and rejoin housed society or complete immersion in the homeless culture. The latter group appeared more likely to become homeless long-term. This struggle for an identity becomes all the more complex for those with distorted self-images resulting from childhood experiences. This distortion often made it easier to adopt the roofless persona.

"When you've been abused, you feel dirty, you feel horrible. You feel everyone can see your dirt. It's like if they come near you, if they touch you, they will get dirty too. That makes life hard. You feel inferior at work. You feel inferior socially. You find it hard to make friends, have relationships. Then you feel like there is a big gap between you and the rest of the world. You hate it, but you can't bridge it. You feel numb and powerless, unable to move, unable to change the way life is". Jen female

The initial triggers of rooflessness appeared to weaken people's coping mechanisms increasing their vulnerability and reliance on the homeless culture for support. This was further exacerbated by the exhaustion, dehydration and malnutrition experienced by many longer term roofless people. There is a tendency to misinterpret this as the individual's 'personal weakness', when in fact it is more a reactive response to adverse circumstances (e.g. Glasser and Bridgeman 1999).

"I'm an alcoholic and have been for years. Certain things happened to me as a child and that made me start drinking. I started drinking at 13. I was bullied at school. I was spat on, teased and hit regularly." Aileen, female aged 39; hostel

"I trained to be a construction worker, during training and after on the job I still noticed that I found it difficult to 'fit-in', mix with other people socially, and generally make friends. This made me feel different. I felt stuck and didn't know

how to change things, how to let people be friends and how to be friends with them. I think something must have been missing from birth. Something must be wrong with me to feel so socially inept". Tommy, male aged 30; rough sleeper

The loss of their old identity came as a welcome relief for some. They recreated themselves, changed their name and adopted unusual dress styles. In mainstream society they felt anonymous, whereas on the streets they were known. This identity crisis appeared more acute for the older newly roofless (mid twenties and older). Systematic evidence from both formal and informal interviews suggested that it was important to this older group of newly roofless people to be viewed as something other than roofless. They perceived themselves in terms of their pre-roofless status. Men perceived themselves in terms of their job title and family status, whereas women perceived themselves in terms of parental occupation or motherhood. Both also used sub-identifiers, including good family background and educational achievements. They used negative as well as positive labels to describe themselves, convey status and indicate their self-worth.

7.3 THE CULTURE

Once an individual has acclimatised to rooflessness and survived the first few days and weeks, it becomes increasingly difficult to help them move back into mainstream society (Ravenhill 2000a). This is, in part, because of the intensity and strength of the networks and friendships formed early on. Separation from such intense friendships can be painful and may become increasingly difficult the longer a person remains within the homeless culture. These cohesive friendships and informal support networks are at the heart of the culture's continued existence.

7.3.1 Strong Intense Friendship

The strong intense friendships are often described in familial terms. Friends are described as being like family or brothers, involving trusting the other with personal biographical details. They offer interdependence on each other, for protection, stability and comfort. In this, they are not unusual, such intense friendships also exist in the armed forces or university Halls of Residence. Among the roofless a paradoxical trust appears to exist, they trust each other with their lives, but not with their money. It is the shared experiences, especially of hardships that creates this trust (Highgate 2000). The depth of friendship was described thus:

> *"We love each other. Not like that, not that kind of love. We're like brothers, we're family. We sleep together; not sex, we're not into that. We curl up at the back of the car park and he puts his head on my stomach. Once we were all curled up and he put his arm over me, I said 'what the bloody hell do you think you're doing'. He said he didn't have a missus and he didn't have a teddy to cuddle up to, so I would have to do. He cares for me. He sees I'm all right. We care about each other."* Jason, male, research diary

"I took sandwiches round the bull-ring, there was a woman there who fainted. She looked very ill. The men looked like really hard men, you wouldn't imagine them having any compassion. They picked her up and put her on a settee they had under there. I said 'shouldn't we call an ambulance?' They told me she'd discharged herself from hospital that morning. The doctors said there was nothing they could do for her. She only had a matter of days left. 'She's come home to die', they said". Church Minister: Vauxhall

"Everyone helps each other you know. You always have the community like. They don't just watch you die. There's an old boy with diarrhoea. Nobody's helping him but us, the people on the streets. Like when he shits himself it isn't left, it isn't Joe Bloggs that wipes his arse, you know". Tony, male aged 31; rough sleeper

Even where less intense friendships exist, the feeling may still be strong enough to determine whether a person tries to settle into their own tenancy or give it up. One of the causes of episodic roof/homelessness is that people miss their friends on the streets once they are housed (e.g. Dane 1998).

"What I really want to do is go back to my old drinking ground to meet the people I've known for 2-3 years, but I know that I can't because everything I've worked for will go pear-shaped. They would just come, live here and wreck the place. Now I have to just forget about all of them, but I'm finding it really hard." Chris, male aged 30; housed 5 months

As established the homeless community provides ontological security to its members and one important part of that security is created through the informal counselling service offered to its members through friendships - a service available 24 hours a day.

7.3.2 Informal Counselling and Support System

Mental ill health, and depression in particular, are both a trigger and a product of rooflessness (Marcuse 1988). Systematic evidence suggests that the nature of the homeless culture means that people are more tolerant and ready to listen. There is great safety in the knowledge that other people know how you feel.

"You need people to understand what you're on about, but they don't. They don't give a shit. Your family get fed up with you going on about stuff, they don't understand. You go to the doctors, the hospital and they look at you as though you're mental. On the streets people care, they know where you've been. They know what its like. And you feel great at last, I'm not mad. They've been through it too and they know what its like". Ben, male, research diary

Systematic evidence suggests that some counselling skills were acquired through people's own contact with the mental health system. During that time they amassed enough knowledge to spot telltale signs and patterns of behaviour and know what to do and say to divert people away from suicidal feelings or deep depression. This function of the homeless community literally saved lives. Even where counselling skills were not evident, the deep caring and support often pulled people through.

A new woman was brought to church this evening. She was drunk and sleepy, and had obviously been crying a lot. Her friends explained her dad had died and her family did not want her to go to the funeral. They could not stop her crying, she cried all day and night and they were afraid that she would make herself ill. Her friends were coping with the situation the only way they knew how. They begged or stole enough cans of lager for her to drink and pass out for a few hours. Every time she woke up she cried, so they acquired more cans until they could knock her out again. Observation Diary

Evidence suggests that these support systems made leaving the streets difficult, as the vulnerable often had to leave the people they had relied on for their life, sanity and survival. It was hard to let go of that level of support, knowing that there was no equivalent for them in mainstream society. Conversely, evidence suggested that high dependency by vulnerable people on such support systems left them open to abuse. More importantly, this dependence could result in a negative reciprocal relationship that locked people into the homeless culture and prevented them leaving. Interdependence among vulnerable people, at times, endangered friends and groups within the homeless culture. Those perceived to be strong were relied on heavily. The intense pressure of supporting others emotionally and psychologically, whilst still vulnerable then pushed them down. There was evidence that this caused cycles of depression and episodic rooflessness, plus a return to drinking and substance abuse.

"Everyone in the group sees me as strong, as getting my life together, I'm not. They all tell me their problems and expect me to have the answer. I feel swamped and it makes me not want to meet them. I can't cope with them. If I don't meet up, I'm on my own, bored, lonely, then I'm on a downer and I can't afford a downer, not again". Robbie, male, research diary

Evidence suggests that relationships were often used for intense support, especially by the mentally ill. Some became very dependent on their partner. From work with housed people with mental health problems, it would appear that this is common. The negative impact is increased when a partner is a self-harmer. It would appear that self-harm was used to blackmail the partner into caring for them or to make the partner responsible for their mood swings and actions. This increased difficulties for those ensnared in someone else's cycles of depression and mental ill health.

"I just got out of hospital, with suspected concussion. It was my girlfriend, we were at the bus stop and she pulls out this knife and says that she's going to slit her throat. So I grabbed her arm to get the knife off her. She's done it before you know, cut herself, lots of times. She's been in and out of hospital. Anyway, I tries to get this knife and I wrestles her to the ground. No word of a lie, we were rolling in the road. She is strong when she's like that. I got the knife, but she runs into the shopping centre and I chases after her. Now people think I'm going for her, because I have the knife and she's screaming. But If I don't catch her she'll do something else to herself; there's no stopping her when she's like this. I don't know if I slipped or was tripped, but I smacked my head on the floor and went out. They got an ambulance and everything. She came with me like, but she cut

her throat that night and now she's in hospital again." Fenny, male late 20s, research diary

Last week his girlfriend cut herself. She went to his flat. He told her they were finished and he couldn't cope anymore, he left her in the hallway. She was banging, shouting and screaming and neighbours called the police. She kicked a hole in the door and cut herself again. She smeared blood all over the walls. He is afraid to go back to the flat and thinks he may get evicted. Observation Diary

Some homeless people were exceptionally needy. There appeared to be a void, a vacuum inside that nothing filled, there was almost a childlike need to be loved and cared for. These people had often spent large proportions of their life in and out of institutions, especially psychiatric hospitals. They learned coping strategies involving high dependency on others, use of casualty facilities and any means available to gain attention from people in caring roles (such as daycentre staff, nurses). Institutional care and/or attention from professionals was interpreted as a form of affection that temporarily filled the vacuum.

Tim was very upset today, he had taken a lot of drugs. He seemed to move and speak in slow motion. A-J explained that Tim was upset because he had given him some jumpers and Sanjay at the burger bar had let him use his place for a wash and shave. He was upset because he couldn't believe that anyone could be so nice to him. A-J said he couldn't cope with the feelings caused by people treating him like this, so he got stoned. He explained, Tim 'gets it worse in the middle of the night, he gets lonely and wants to be loved. He travels all over London to go to casualty because he can usually sit there for 4 hours and sometimes get a cup of tea. He has company there and at the end of the evening he gets a nurse to sit down with him and listen. He just wants love and that's how he gets it'. Observation Diary

This kind of use of both self-harming and casualty departments would appear to be a means for coping with severe emotional or psychological distress, often stemming from childhood experiences. Alex explained it like this:

"It's like you're in pain, inside, deep inside. You remember stuff, stuff in your childhood. You hurt and you need to let the pain out, you need the pain to stop. When you cut, its like you put an open wound on the outside, so people can see how much you hurt. It makes your brain focus on the pain on the outside instead of the pain inside. So it's kind of a release. You go to casualty, and they stitch you up and if you're lucky they talk to you and you feel human. Or they treat you like a mad person and you feel worse, but then you have a bandage and a cut that shows you hurt. You look after your cut and nurse it better. You look after it like you want to the pain inside. Once it's all healed up, and the pain on the inside starts building again, you have to cut to let it out or you'd freak out". Alex, male aged 35; rough sleeper; long-term roofless

People with such intense need can be a drain on the rest of the homeless community and can cause considerable distress (especially self-harmers). Indeed self-harmers had a dual impact on the people around them. Members of the homeless community try to prevent them from harming and feel guilty if they do not succeed. Simultaneously, self-harming marks individuals out as vulnerable and in need of care. Through a

mixture of threatened and actual harm, they create an environment around themselves that is protective, attentive and allows them to be dependent on others. This dependence and attention is then interpreted as love and caring.

Intense friendships and interdependence do not result in equality within the homeless culture. Although there is great tolerance and understanding, there is still a very clear hierarchy and pecking order.

7.3.3 Hierarchies and Pecking Orders

Systematic evidence from formal and informal interviews and observations suggests a strange inverse of mainstream society's hierarchies and pecking orders within the homeless culture. The homeless person with the most problems and difficulties ranks the highest. For example, survival of the worst child abuse, addiction, the most roofless episodes or longest duration of rooflessness is respected more than qualifications, social class, or employment record. On the street Sclerosis of the liver or Hepatitis are badges of merit. This inverse hierarchy seems to stem from the perception of life as an endurance test, with survival being the key factor. Survival is perceived as taking strength of character not weakness. They know people who did not survive; they died or disappeared into oblivion through chronic substance abuse or drugs used to control mental illness. Survival and endurance was worn as a badge of honour, a source of pride and status to be boasted about. The more badges the higher up the hierarchical ladder the individual moves. This boasting and status is in some respect cathartic.

> *"No one messes with J-J, he's been at this for too long. He knows everyone there is to know. People like him, they trust him, he's a good sort. He'll look after anyone. There's nothing he hasn't done, there's nowhere he hasn't been. He knows you know, he knows. He's king, ha ha! king".* Jason, male, long-term roofless, research diary

> *"16 year olds can't know what it's like to be really homeless, they haven't been homeless long enough. People here say they are going over on the coke they think they're drug addicts, but they're not. They wouldn't be able to take the real stuff I've taken in the past. They aren't heavy users like I used to be. Some people here wish they'd a drug habit, but all they really want is to belong to people, they're sad."* Van, female, research diary

These inverse hierarchies caused problems at hostels and daycentres, especially when the newly homeless did not recognise them. Problems were also be caused by re-housed daycentre users reversing the hierarchies as they tried to resettle. There was evidence of intolerance towards younger homeless people in particular and those with small or no drink/drug problems. The tension within the hierarchies created common bonds between residents who perceived themselves as 'the same grade'. This stimulated the creation of informal support networks between peers. However, peer pressure at times had a negative impact as it deterred people from leaving the

homeless culture. Leaving was seen by some as a sign of weakness and failure to cope with rooflessness. Furthermore, it would appear that it was difficult to exchange the respect gained within the homeless culture for obscurity in the housed society.

"They couldn't hack the life, they wanted out. It's hard being homeless, you've either got what it takes or you haven't. They haven't. They are better off out of it if they can't hack it". Woodsy, male

Failure in the resettlement process appeared to be another badge of honour, proving they had deep-seated complex multiple problems unlike other roofless people. Thus the inverse hierarchy structures within the homeless community created a sense of respect for people not respected in mainstream society. Thus inverse hierarchies act as a strong incentive to remain roofless, or within the hostel system. More disturbingly, evidence suggested a macabre side to the inverse hierarchies. Women appeared to boast about the number of rapes like trophies. Criminal records were a source of pride, providing it was respectable crime (e.g. violence, theft). A record for GBH or murder did not necessarily create friends, but ensured privacy and no bullying. Crimes like child abuse, rape or violence against the elderly were not respectable and these needed to be kept quiet.

"I had all my money stolen along with my spare clothes, shoes the lot. I wasn't streetwise. I kept myself to myself after that. I kept myself safe, I just told everyone I'd been inside for attempted murder and no one came near me". Roland, male aged 52; housed 17 years

Inverse hierarchies, in part, developed and are reinforced by the homeless industry, medical profession, social services and housing departments. For example, when applying for social housing, the more problems you have the more points you gain. If you have complex multiple needs, you are a 'special case', one meriting more time and more elaborate support. In court, if you can claim to have a dysfunctional family, this is a useful status that excuses or dilutes the strength of the crime committed. There was evidence to suggest that language and jargon of professionals is incorporated into the homeless culture's vocabulary. Common understandings were assumed that shortened explanations of common problems or sets of circumstances. This avoided painful complicated explanations. The use of jargon acted as a series of labels adopted by people within the homeless community that in mainstream society would have been viewed as negative, embarrassing or shameful. These labels represent more badges of honour.

Hierarchies are not always accepted passively. The homeless culture is very volatile; aggressive arguments and violence can erupt at anytime. There are times when there is jostling for power, status and respect. Many of these power struggles take place

around territorial ownership and, to a lesser degree, the ownership of people (often women or weaker people dependent on the group) within that territory.

7.3.4 A Violent Culture

Violence within the homeless culture is paradoxically as much a part of the culture as looking out for each other. Conflict can occur within groups, between groups or between homeless culture members and 'outsiders'. Informal interviews and observation suggests that angry, violent (especially) men are common within the culture. A number have been diagnosed with behavioural problems and have trouble controlling their tempers and violent outbursts. Many are angry at 'life' and at the way things have turned out for them. There were also feelings of intense frustration and anger at a system that excluded them from accommodation or the help they needed. This led to intolerance and provoked anger at the apparent injustice of much smaller matters. When mixed with drink or drugs little incidents easily sparked off rage and violent outbursts.

"Last night Jim came in pissed out of his head. Packer sat on Jim's box and broke it. Jim lost it. He went for him. I mean he really went for him. They were rolling round everywhere, punching each other. They broke nearly all the furniture we had. But that's how it is". Woza, male; squat, research diary

"I enjoyed living with travellers. Sometimes it could be a dangerous place. I remember seeing PH beating the shit out of Daz with a shovel for breaking an ambulance window. Site politics, I suppose". Debs, female aged 28; hostel, long-term homeless

To a certain extent such incidents were not perceived by the homeless culture as violent. Instead they tended to be viewed as a fight among friends/family, a good way of *'airing a grievance'* or *'clearing the air'*. Some would even say it was *'a good laugh'*. Those who were not accustomed to living with violence before they became roofless soon acclimatised to it and learnt strategies to keep themselves safe and deal with their fear. Some victims of domestic violence and/or physical child abuse appeared to find the volatile and violent atmosphere both exciting and comforting, yet simultaneously terrifying. People spoke of a *'buzz'* and associated this with *'like a drug'*. This offers insight into why some people enter a series of violent relationships. Furthermore, evidence suggested that a combination of violence being perceived as the norm and the strong anti-police culture meant that most crimes within the homeless culture were never reported.

"I would be naive not to admit that what goes on in their world I know very little about. Most crimes, most acts of violence and certainly there is a lot of bullying going on, and most of that will never make it to the crime sheet". Constable, Victoria area police patrol

In many ways the violence and people's reaction to it shaped the homeless culture. Those experiencing the violence as intimidating/terrifying either withdrew from the culture or looked to link with a 'protector'. Protectors were often violent people who controlled their violence and liked the power and status of protecting others. Violence and the fear of violence deterred some people from using hostels or daycentres, making the streets appear safer. This could be catastrophic for the newly homeless. Evidence suggested that some long-term roofless people had witnessed violence in hostels in the early days of rooflessness and were so afraid they refused any future help that involved living in a hostel. However, over time, most appeared to become blunted, even immune to their instinctive fear of violence. This enabled them to function within the culture as impassive spectators, whilst remaining vigilant against becoming the victim or being caught up in the middle of the violence. Thus violence was tolerated and incorporated into the culture as a normal everyday occurrence.

Evidence suggested that one of the biggest triggers of violence was alcohol, fuelled by the ever-present latent anger waiting to be released. Disputes over begging patches also triggered violence. The literature establishes begging as a strong feature of the homeless culture (Vision 21 2000; Danczuk 2000; Fitzpatrick and Kennedy 2000; Dean 1999). The evidence suggested that key begging patches were fought over and owned by individuals. In some areas beggars had to gain permission and were allocated timeslots. Time on a patch was sometimes paid for or protection money charged. Begging on someone else's patch was perceived as akin to stealing and left people in serious danger of being beaten. The length of time individuals spent begging seemed to depend on how much money they needed and how long it took to raise that amount of money. Some begged to raise enough money for a meal or hostel fee, others for alcohol or drug money. It was often treated as a chore rather than an enjoyable experience.

"It doesn't sound a lot to have to get up and sit on the streets and beg, but some days it takes a lot to move you know, to actually get up and move, to walk. Normally I don't do a lot of begging, I do it to try and scrape enough together. I don't want to beg for too long today. I'd be happy if I managed a fiver for the day". Tony, male aged 31; rough sleeper

Many found it embarrassing when they first started to beg and would not make eye contact, or would read a book or do puzzles. Over time they became acclimatised, had their self-respect sufficiently crushed or were simply desperate for money. Begging was more common among those with chronic substance abuse problems and easier to do when numbed by those substances. Contrary to Vision 21's (2000) findings where over two thirds of their sample begged, the majority of people in the present study refused to beg and were offended that people assumed that they did. Most survived on benefit money, the shared resources of their street friends and in some cases shoplifting or busking. Big Issue selling was not seen as begging, but there were a number that would not sell it. For many it seemed important to state that they did not beg as a means of defining their lifestyle and status. People refusing to beg perceived themselves as higher in status than those who did, with Big Issue sellers and buskers somewhere in the middle. There are two dominant types of beggar, aggressive and passive. Aggressive beggars directly approach people for money. Some use intimidation, but most simply ask for money. They often stand or walk round well-populated areas, for example, bus stations, on trains or main pedestrian routes. In contrast, passive beggars usually sit on the pavement waiting for passers-by to drop money into a hat or empty cup. Some make it a little more obvious by adding a sign: 'Hungry and Homeless' or 'Please Help'. Others add pathos by holding out a silent hand and making eye contact with people.

There are other forms of begging. One involves developing a 'sob' story and touring different projects, churches or vicarages, hoping for a financial handout. Another is the passive-aggressive beggar, passive because they tend not to approach people or verbally ask for money, but aggressive because of the place they choose to sit, by cash machines, for example. A police spokesman viewed this form of begging as aggressive because it can leave people feeling intimidated, in fear of crime, or morally obliged to give. Police in some areas (e.g. the Charring Cross district; including the Station, The Strand and Leicester Square) had a liberal attitude to begging, recognising that public safety was the main issue, they turned a blind eye to passive begging and intervened to stop aggressive and passive-aggressive begging.

The police are often drawn into the homeless industry. Evidence suggests that in some areas, they also become part of the periphery of the homeless culture and were involved in shaping the culture. A rapport built up over a number of years with rough sleepers developed a level of trust in certain officers. The roofless knew the rules for that area and followed them. Newcomers to the area/street were then obvious and both the homeless community and police advised them about facilities and acceptable behaviour. Police spoke of a reciprocal element between themselves, the roofless and shopkeepers. Roofless people, though they may steal from shops during the day, inadvertently acted as security guards at night and this relationship was recognisable by all.

The homeless culture reels from extreme to extreme with the intense friendships, yet violent relationships, times of bullying and times for romance and periods of fun and happiness in the depths of despair. Women played a strong and vibrant role within the culture. Their presence triggered cohesion and division, peace and war, romance and devastation.

7.3.5 Women Within the Homeless Culture

There were a significant number of women within the homeless culture. As previously established there was a reciprocal male-female relationship within the culture that calmed volatile atmospheres and created a form of protection. Systematic evidence suggested that there were sexual relationships among the roofless and within the homeless culture generally. These served a number of purposes, including the possibility of accommodation if one partner had somewhere to live, and a means for feeling 'normal' within an abnormal situation. Relationships met the need to belong and be valued. They demonstrated that roofless people were not completely down-and-out. They were worth something. Moreover, their man/womanhood still existed. Evidence suggested that within the culture's inverse hierarchy, having a partner was seen as a

badge of honour, especially for men. Some men viewed women as a possession, merely a sexual object to own, sell, demand sex from or rape if consent was not given.

"I was raped the day after I arrived in Exeter in a graveyard. It was another tramp. He wouldn't leave me alone. He was very violent. He threatened me with a dog chain and scissors. He shoved his penis up my arse. He owns some of the girls in the area and he thought he owned me". Debs, female aged 28; hostel, long-term homeless

"*Some men say they are protecting you, but really they are pimping off you, using you. They just beat you up. It comes to a point when you've no choice but to do it*". Tessa, female aged 36; temporary accommodation, long-term homeless

However distasteful, some long-term roofless women appeared happy to accept male dominance and ownership. These women were more likely to have experienced serial domestic violent relationships, sustained sexual abuse as children, have learning difficulties or lower intellectual ability and have little self-esteem or self-worth.

Another part of people's desire to feel 'normal' was the need for fun. The evidence suggested that members of the homeless culture had plenty of fun times. They organised events and outings, which often involved alcohol and a little illegal activity (e.g. stealing, fare evasion).

7.3.6 Having Fun!

Rooflessness can be very dull and boring. There are few places to go once daycentres close at night, for the weekend or for bank holidays. Those within the culture who are capable of organisation and keeping track of days and time, sometimes coordinate and arrange special events for the others. However, things invariably go awry, but this is part of the fun.

A-J's friends made arrangements with some of the women for a barbecue. The men were in charge of building a barbecue on a nearby building site and the women were to bring the meat. There was great excitement as the event was planned everything was arranged for Sunday at 12pm...The men managed to steal onions, tomatoes and some slightly rotten vegetables, from behind the supermarket. They broke into the building site, found a grate lid and some bricks and set up a barbecue. They hid their stockpile of lager and set off to meet the women. The women overslept and didn't arrive until 3pm by which time most of the stockpile of lager had gone. Having forgotten to steal some meat they decided to go ahead with the barbecue and had grilled tomatoes, onions and mouldy vegetables. Observation Diary

It seemed to be the case that camaraderie was an essential part of the homeless culture. The ability to banter served as a kind of entry visa to more relaxed less intimate friendship within the culture. It facilitated bonding with people, building trust and deepening friendships and relationships. Camaraderie identified insiders from outsiders. The gentle chiding and friendly goading was used to communicate group

rules to newcomers, without causing confrontations or aggression. Humour and camaraderie served specific purposes:

Table 5   The Purpose of Humour and Camaraderie

Let off steam	Sharing funny stories, having a good laugh released/diffused tension and aggression. Thereby reducing violent atmospheres.
Break the tension in emotionally charged situations	Puns and play-on-word games released emotional tension in situations such as, group discussions on incest, death or suicide attempts. Untreated, such emotional situations may lead to drink/drug binges, suicidal feelings, violence or self-harming.
Cheer up	Those recognising the danger signs when the whole group felt 'down', lightened the atmosphere with humour to avoid the dangers of depression within the group.
The funny side of life	By making sad/awful events seem funny people fulfilled their need to talk about issues, without dampening everyone's spirit.

"You has to see the funny side. The harder it gets, the more you needs to laugh. You go mad if you don't. Sometimes it's a bit sick, but life's a bit sick and you has to see the funny side". Don, male, research diary

Sometimes, despite people's best efforts humour and fun collapsed into trips down memory lane. A large proportion of the observations were carried out whilst pregnant, thus researcher presence often triggered memories of parenthood or their own childhood. An intense sense of loss caused by separation from their children was re-awakened for some.

7.3.7 Homeless People and their Children

Part of the process of becoming roofless for many older people, involved the loss of children (e.g. through relationship breakdown or care orders). This created enormous feelings of guilt. Mothers were affected more than fathers, as their children were more likely to go into care than remain with their partner. Mixed with the grief and despair was a sense of failure. Some felt they had failed their children and at being a mother. Anger about the situation translated into a reactive response, motivating some people to try and resolve the problems that lead to rooflessness, in an attempt to win back their children (or, in the case of some men, to win back their child's affection). Anger was expressed about themselves and the 'system' they felt failed them and their children. Crushed by the enormity of that task and their own continuing problems, despair gave some an excuse to give up on themselves and life. Some ethnic minority people (e.g. Asian women) had an added dimension as those thrown out of or fleeing the marital or paternal home had to fight their culture/religion too. It is very difficult to help women in particular, back into mainstream society; a world where they feel guilty and that people frown on them because they were not 'good mothers'. The grief and guilt experienced by some can be acute and debilitating.

Contrary to what was anticipated, the evidence suggested that fathers as well as mothers felt this deep loss. At times the pain of loss appeared to lie dormant until something (e.g. the researcher's pregnancy) reminded them. For others it was an ever-present part of their daily life. Memories of lost children had a direct impact on behaviour and levels of substance abuse, substance abuse being a coping strategy.

Since he found out that he couldn't see his children again, his drinking increased dramatically, the number of assaults committed increased and the amount of time in police cells/court increased. There was even been a short spell in prison. His friends are worried that if his drinking doesn't slow down, he will not survive the summer. Already his face and nose are red and liver inflamed. His dress sense has changed from 'dapper' to outrageous. Observation diary

"If my kids go into adoption there is no way I am coming off smack, that's all I'll have left and I'll need it then to go on living". Van, female, research diary

How people left their children was important. Those parents able to choose how they left their children (e.g. placing them with relatives or in care) coped better than those who could not. Although they grieved and pined for their children, they knew they had made the safest or wisest choice.

"By the time my daughter was 4, I was having drinking binges so heavy that I'd blackout. One time while I was unconscious, she put lipstick all over her face, broke all my fags, emptied milk and eggs all over the kitchen floor and emptied some drawers. Another time I came round and found my mother in the flat. She told me that she'd been standing on the windowsill and opened the window. If she hadn't come when she did she might have fallen out. She was taken into care, but because I reported myself to social services. They were already involved. While I was drunk I hit her, she didn't have any bruises nor nothing, but I was frightened of what else I might do if there were a next time. She went to live with my mother". Aileen, female aged 39; hostel, long-term roofless

Many parents were eager to talk about their children, stating proudly *'I'm a dad you know'*, or giving details of their children's age and gender, any news they heard and any hopes of meeting them again. Jason had even saved a gift to give his daughter on her 18th Birthday:

Jason was drunk tonight and looking ill. He told me about his daughter. He said he was only hanging on [to life] until she was 18. He has 18 months to go. He has a gold locket and chain that belonged to his mother and he wants to pass it on to his daughter on her 18th birthday. After that he says there is nothing left. His friends say he hasn't got very long to live now unless he stops his drinking. (He died two months later). Observation Diary.

The researcher's pregnancy opened up opportunities for people to reminisce about their own pregnancy or memories of their partners. This appeared to be cathartic, creating an opportunity to talk through some of the grief they felt at being shut out of their children's lives. People were keen to follow the progress of the researcher's pregnancy, feeling the bump and offering advice. The telling of birth horror stories was

common practice in both the homeless culture and mainstream society. Not everyone coped with the researcher's pregnancy and the illusion of 'domestic bliss' and 'happy families' that the pregnancy seemed to represent. Some people moved away when conversations turned to pregnancy or babies. The most hostile response, however, was encountered after the baby was born and we visited the project.

> "You come here with your fucking picture of happiness and your fucking domestic bliss on show. What about the rest of us fucking no hopers, left behind on the shit heap, struggling to get a fag or a drink. We're fucked up and you bring a kid round to see it. You're fucking mad, fucking mental. Fuck you". Billy, male, Observation diary

It seemed that sometimes social services and some rehabilitation programmes used roofless woman's children as 'carrots', rewards for achievement and good behaviour (i.e. they can have their children if they do 'well'). For some this tactic worked, they turned their lives around and under monitoring succeeded in getting their children back. However, for those with complex problems, treat and reward simply increased feelings of guilt and failure. Evidence suggests that this tactic was used even when the chances of being given custody were remote. This appeared to be cruel, destructive and caused unnecessary pain.

7.3.8 Death on the Street

Death is an ever-present part of the homeless culture, the long-term members knew of at least one roofless person's death, most knew of several. Indeed, the longer a person remained in the culture and/or the more severe their substance abuse, the greater the chance that they had seen a close friend die of street, drink and/or drug related diseases. The degree of impact from homeless deaths varied according to people's relationship to the dead person and the number of friends they had seen die. At times, feelings were so deep that they transcended words. During the observation period there were 4 deaths. The homeless culture (including daycentre/hostel staff) is very tight-knit and any death never fails to have an impact both in the immediate and for some the long-term.

Experienced hostel/daycentre staff were prepared for the fall-out from the death of a community member, and often grieved with their clients. St Martin's in the Field Social Centre hold annual memorial services for homeless people that die, allowing their peers time to grieve and remember, putting a little dignity back into their death. Existing research shows frequent mismanagement of roofless deaths (Unleash 1998). One inexperienced staff member found the reaction of their clients to a death beyond comprehension. "You would have thought that they'd have got used to it by now. It happens often enough". Colin, Observation Diary

Evidence suggested that death within the homeless culture, at times, triggered the memory of previous deaths, which exacerbated grief. People appeared to re-experience the pain of all the deaths or pseudo deaths (e.g. death of a relationship or job) experienced during their lifetime. The feelings appeared to be as raw as if these deaths had happened recently and were grieved for again. This appeared similar to PTSD (post-traumatic stress disorder) symptoms, with flashback memories making them relive events, pain and feelings of guilt that they survived.

> *Jason died Tuesday. The mood was different tonight. Both hyper and sombre at the same time: very strange. Conversations seemed to be dominated by death. A-J related his father's death. He died when he was 8. He thinks he killed him. He was a tearaway and was naughty at school that day. He thinks this gave his dad a heart attack. Alec cried about his son's hit and run accident. Rich talked about his marriage, how it ended, how he missed his children and wife.* Observation Diary

Such memories appeared to trigger severe depression or rage or they alternated between the two. This was both eased and exacerbated by substance abuse. Trauma was compounded by feelings of guilt that they had not been there or tried but could not save their friend. One man had gave his best friend mouth-to-mouth resuscitation to keep him alive until the ambulance came, but he died two days later.

Surprisingly some had a totally different reaction. Many long-term members of the homeless culture, suffered physical, emotional and/or mental pain and torture daily, their closest friends were happy for them, even envious of them when they died; *'the lucky bugger'*. Members of the homeless culture often knew who was dying. They recognised the signs, the physical and mental deterioration, the dangerous volumes of alcohol/drugs being consumed. Even though death was a welcome relief, it was important to their friends that they were remembered, that their name was known, that someone in their family wanted the body and that they were buried properly.

> *"He showed us his memorial wall. A huge picture made out of lots of photographs of all the people he has known. In some photographs people are quite well dressed, others he obviously met on the street. He pointed to face after face after face, saying he's dead, he's dead now, she's gone, they're all dead now. Most of the people on that wall were dead. The rest were in a bad way or drinking somewhere. It was awful".* Dorothy, staff

The last two sections of this chapter discuss important aspects of the homeless culture, which are often disregarded or overlooked and somehow separated from the culture, namely the role of the homeless industry and the use of space and construction by the roofless. The first is part of the way the culture interacts with mainstream society; the homeless industry straddles the two cultures offering a gateway between them. The latter is part of self-expression, ingenuity and a practical demonstration of problem solving skills.

7.3.9 Homeless Industry

The homeless industry, primarily involved in prevention and resolving rooflessness, is an inevitable part of the homeless culture and so is involved in constructing and shaping the culture. As established hostels/daycentres become meeting places, places to socialise, they create social networks and perpetuate the culture. Precarious housing (e.g. hostels) and resettlement are functions of the homeless industry yet facets of the homeless culture. This is not a failing of the homeless industry. It helps create a more stable unified subculture and facilitates the flow of useful information between members. It firmly links the subculture to mainstream society.

Structural facilities (e.g. hospitals, casualty, police homeless persons units) are part of the homeless industry and become institutions within the homeless culture. They create social networks, shape the culture's language and pass on useful knowledge. Similarly the legislative process shapes the demographic profile of the homeless culture, opening and closing entry/exit routes in and out of the culture.

7.3.10 Constructions and Space

A feature of homeless culture is the use of and identification of physical space on the streets (Glaser and Bridgman 1999). The concept of space is far deeper than simply a set sleeping or begging patch. The evidence suggests that it is no accident that areas with public toilets, off-licences, overhanging roofs, recessed doorways and buildings with hot-air vents are frequented by the roofless and street users. They offer limited shelter and/or hygiene. Moreover, space and the ownership of space creates power, has definable purposes and can be political. Space can be used to:

- **Create an obstacle on the pavement** or thoroughfare that draws attention to the person(s) sitting on the street. It also draws attention to homelessness itself, though not necessarily their intention, it is implicit in their actions.

- **Create a safe place to sleep** or spend the night. Location is key especially when people sleep on their own. Some increase safety, for example a loading bay is raised off the ground, has walls to three sides and a roof providing shelter and is out of the way of pedestrians. Alternatively a fenced off square of pavement under the eaves of a building provides protection from the elements and pedestrians feet.

- **Define identity**, for example, cardboard city in Lincoln's Inn fields and the Bullring near Waterloo station were full of cardboard and wooden constructions personalised by their owners. More recently, one elderly woman used polythene sheets and wood from construction sites, to build a shack on a traffic Island behind a church on The Strand. The shack included a park bench (bed), upturned tea chest (table) and a few crates stacked (chair). The table had a bottle with flowers in it and a tablecloth. She sat in her open doorway reading a paper and looking out on the traffic. She managed to keep the construction there for several weeks.

- **Create a home:** 'Home' is rarely about property and buildings, but a set of feelings and people, a set of defined actions. Thus a piece of carpet found on a skip during the building works on St Catherine's House, spread on the ground under the scaffolding and boarded areas at the corner of a busy junction, defined a physical space. Wooden pallets (table and chairs) created a living space. Friends living together, the invitation of others to join them for a drink, a party and/or a sleepover, created a sense of home. This group managed to keep their space for several weeks, rolling back the carpet during the daytime so that they did not block the footpath and attract police attention.

"*Once back in Wales, the ambulance was cramped so we built a tepee. We got tarpaulin sheets off the sides of lorries and cut down some trees. It was a fantastic construction. We were really proud of it. We got a proper wood burner, so it was really warm in there*". Mark, male aged 28; roofless 3½ years, housed 4 years

It seemed that the occupation and ownership of space was a powerful part of identity, self-preservation and to a certain extent self-worth. Space was strongly connected with power. It gave the roofless the power to make people walk a different route, to walk round them, to see them, to see their rooflessness, to see what rooflessness had done to their bodies their clothes. Space gave the roofless the power to alienate, repulse and intimidate passers-by: even when sitting quietly they created a fear of crime. Simply occupying doorways or a set of park benches created no-go areas. Space gave the roofless the power to exclude the general public from their group, from their culture and

in doing so they took back some of the power stripped away during the process of exclusion from mainstream society. One woman managed to virtually close a set of public toilets in Merton as she set up home in the cubicles, creating a sleeping and living area, using the sinks as her kitchen and her dog as a defence. After being discharged from a psychiatric hospital with nowhere to live, the local authority would not house her so she made herself a home and waited to be arrested or sent back to hospital. She had the power to prevent or deter people from using the toilets, to silently demand that something be done and to cause enough public outcry for the local authority to take action.

Space was also used for retreat, to hide or to become anonymous. By finding a space away from public view (e.g. a roof top, an underground car park or a grave yard), people retreated to their space and stored or hid possessions creating a sense of safety. Alternatively, by changing their space (or geographic area) roofless people could blend in with the homeless culture, becoming anonymous, something they could not do on their own or in their home area. This created space away from people as well as an area. Space therefore, was simultaneously a means of identity and anonymity, a way of standing out or disappearing and a means of power for the comparatively powerless.

7.4 CONCLUSIONS

This chapter examined the homeless culture, its attractions, its mechanism for inclusion and acceptance, the fun and the heartache. In many ways, what happened to people in the past, created the nature of the homeless culture. The culture was created out of need, for example, the need for intense friendships and acceptance, pseudo-families and informal counselling and support. The absence or inaccessibility of these structures within mainstream society effectively drew and locked people into the homeless culture. People entered the homeless culture before becoming roofless, some members never become roofless. It would appear that the main pull factors that attracted people to the culture were:

Table 6   Pull Factors Attracting People into the Homeless Culture

Homeless Culture	Housed Culture
Friendship	Isolation and loneliness
Acceptance	Rejection, failure and exclusion
24 hour a day support/counselling	3-6 month waiting lists, (bi-) weekly sessions.
Acceptable drink/drug habit	Unacceptable drink/drug habit
Being a somebody	Being a nobody

The homeless culture, as will be demonstrated in the next chapter, is important for resettlement and exit routes from rooflessness. There are implications for policy

intervention at several different levels, including prevention of rooflessness, crisis intervention and support services for people who are precariously housed. There are also implications for tenancy support and sustainment schemes, adequate access to personal social services and daycentre/befriender schemes that create positive social networks and friendships in mainstream society. Finally, there are also serious implications concerning the absence of meaningful daytime facilities and/or occupation for street users, who are often drawn into the homeless culture because no realistic alternatives exist.

8. EXIT ROUTES FROM HOMELESSNESS

The thesis has established that routes into homelessness and triggers of homelessness are complex, multi-faceted and not easily dealt with. Homelessness is far more than simply housing and support needs. Rooflessness occurs over a long period of time, and ensnares and entrenches people into a way of life that ordinarily they would not have chosen for themselves. Once roofless, the very experience of rooflessness compounds the issues involved. Most of those who are roofless for any length of time enter the homeless culture: a culture born out of the needs of its members. It offers inclusion into a community, stability, support and friendship. Many of these things were lacking and sometimes craved for before they were roofless. Given the intense levels of support offered by the structure of the homeless culture, it is difficult to replicate these or create adequate structures to maintain people outside of it. This means that many trying to leave rooflessness become trapped in cycles of episodic rooflessness. The research examined roofless people's exit routes from homelessness, their route into settled accommodation and housed society and the frailties of what is currently done to assist them make this transition. Those who successfully made this transition had employment, settled accommodation (some had mortgages) and some had families. Success and the degree to which people felt a part of housed society, was defined by the individuals themselves. Central to ex-roofless people's definitions of a successful transition was the extent to which they were able to complete the home-making process (e.g. Rivlin and Moore 2001). As established earlier

(chapter 2), home is far more than a roof: it is a physical, emotional and psychological place and state. It is vital to the ontological identity and security of the individual.

Exit routes involve a process that takes time. There are clear stages that are broadly common to all those following that process (Bevan 1998). The thesis demonstrates that this process is neither simple nor easy. It is fraught with hurdles that deter and block people's progress at all stages of resettlement: 85% of rough sleepers are not first-timers (Randall and Brown 1999a). If we are serious about helping people to fully enter into housed society, these obstacles will need to be overcome. Thus, any serious attempt at ending rooflessness needs to focus on getting resettlement right. As established in chapter 6, it appears that rooflessness was the solution to many roofless people's problems rather than the problem. To exit, there are huge behavioural, psychological, emotional and practical changes that need to be made. Accommodation and support, though important, are just one small fragment of the resettlement process. The thesis examines these changes using accommodation, support needs and the resettlement process as a backdrop.

There has been little discussion in the literature on exit routes until recently. In the past focus tended to be on housing options (Pleace 1995) and reasons for tenancy failure (Dane 1998). More recently, pathway analysis was used to plot exit trajectories (Rosengard 2002, Anderson and Tulloch 2000; Fitzpatrick 2000). However, the focus remained on routes into housing not the complete resettlement process; physical, emotional and psychological re-integration into housed society. There were also problems with the application of pathways to exit routes. They could not cover the whole gamut of circumstances. Thus there was no recognition that successful pathways could include people returning to the parental home, those entering relationships or house/flat shares, those offered temporary unsupported accommodation, those going through drink/drug rehabilitation programmes and those helping themselves by using the private-rented sector. Furthermore, authors found it difficult to demonstrate the way some people alternated between different paths, moved up and down pathways or used different paths simultaneously (Fitzpatrick 2000). Thus there was a tendency to oversimplify exit routes. Moreover, the pathways used relatively short time spans as a measure of successful reintegration (e.g. 6 months; Rosengard 2002). This is despite existing evidence to suggest that this stage of resettlement takes far longer (in excess of 18 months; Dane 1998). Pathway analysis is useful as a snapshot view of tenancy outcomes and routes into and through a variety of types of accommodation. However, it offers very little information about episodic rooflessness, timescales, the struggle to resettle and the obstacles and hurdles faced by those attempting to re-join housed society.

The language used in the literature to discuss and describe the resettlement process blurs and obscures many of the harsh realities. Long periods of time and difficult life-experiences are condensed into single phrases and sentences, for example, poor housing conditions (e.g. Fitzpatrick 2000). This debases the resettlement process and makes it ambiguous. It detracts from the long struggle faced by those attempting to resettle. The thesis therefore attempts to use a more descriptive analysis that leaves the reader in no doubt about the realities of the resettlement process.

The exit process begins with the individual's decision that they want to leave the street and the realisation that they can (Alexander and Ruggieri 1998). Systematic evidence from formal and informal interviews suggested that one of the biggest driving forces of success was the individual's motivation and determination to succeed. This was often highest amongst the newly roofless. The longer a person was roofless the more disaffected they became and the more difficult it was to help them. The first few nights or winter on the street was sometimes all that was needed to give them the determination to succeed. "*Then winter came. I thought I'm not going to survive. It's too cold. I can't live outdoors through the winter*" (Roland, male aged 52; roofless 6 months, housed 17 years). The picture is different for the long-term roof/homeless. Evidence suggested that a catalyst was often required to create the necessary motivation and self-determination.

8.1 CATALYSTS

Systematic evidence indicated four dominant catalysts that began the exit process. For some, the decision was quick and decisive; they decided to change and did. Behind such decisions were the first two catalysts. Firstly, they felt that they had reached the bottom and the only way from that point, was up. Alternatively, they found that the

lifestyle was getting too much for them to cope with, they needed to get life onto a more even keel.

> "*I thought it's time to get out of it. I was really underweight, emaciated. I had a bad, bad drug problem. I thought, if I don't get out, I'll die*". Mark, male aged 28; roofless 3½ years, housed 4 years

> "*After about 7-8 months of feeling like this, I woke up one day and decided I wanted nothing more to do with drugs. I booked myself into a drugs centre and was put on a course of methadone*". Gabriella, female aged 35; episodic roofless 7 years, housed 3 months

At this point, motivation and determination were high. To succeed in the resettlement process, this needed to be supported and harnessed. Roofless people were vulnerable, accustomed to rejection; problems with self-esteem and confidence were common. Evidence suggested that without support and guidance, many lacked the ability, or found it difficult, to assert themselves and proficiently use the help that was available (also Baldock and Ungerson 1994). Motivation and determination often appeared to be crushed by the sheer complexity of the system, unmotivated staff and access problems.

Sudden shock or trauma was the third catalyst. This may be an assault, rape, disabling accident, near death experience or the death of a close street-friend. It would appear that such a catalyst created a rupture with their reality and threatened their ontological security. This formed a window of opportunity for people working with the homeless to intervene and help offering counselling, support and a resettlement plan. One daycentre manager noted, that this window of opportunity to really help an individual, is a very narrow one. Opportunities were frequently missed because people had to apply and wait for their application to be processed. Or they had to wait for a place to become available. Thus despite the government's and homeless industry's best efforts, by the time help became available, people were discouraged or had given up. "*There are only so many brick walls you can bang your head against before you knock yourself out*". Don, male, research diary

The realisation that someone cared was the fourth catalyst. Typically it was staff at homeless facilities or outreach workers who showed care. The sudden realisation that they existed and mattered to people outside the homeless culture appeared to increase self-esteem, create hope and motivation to begin resettlement. The person who showed care was not always the person who could help. Thus this catalyst relied heavily on the attitude and response of staff within the homeless industry. This was a strong trigger for the entrenched roofless. However, without additional motivation the catalyst alone was rarely enough to carry the individual over the first few hurdles. Occasionally it was friends or family who showed care.

"London was a turning point. A friend from college saw me and recognised me. They took a photograph and gave it to me to keep. I still have it" The photograph was of a man with long mattered hair and a beard full of dirt and food. *"That photograph gave me a good look at myself. I hardly recognised myself. I still keep the photo as a reminder of where I've been and how low I sank. Just to make sure that I never go that low again".* Michael, male aged 32; episodic roofless 5 years, housed 6 years

The sudden recognition of what he had become, the realisation that this was not who he really was inside, ruptured his obsession with where the next drink and meal was coming from, long enough to think. This started a two-and-a-half year struggle to leave the streets, stop drinking and re-enter housed society. He is now an accountant with a mortgage.

All too frequently catalysts failed. People became trapped in the revolving door between hostel and street. The key to success was harnessing motivation and determination and creating it throughout the resettlement process, a process that takes strength, courage and determination in the face of sometimes incredible opposition. A number of factors undermine and weaken catalysts. They include a mixture of structural, behavioural and psychological factors. These include waiting times, delays, access problems, confusion over benefits, institutionalisation, fears over stigma, loneliness and depression. This was in addition to the problems that triggered their initial rooflessness and those acquired through the experience of rooflessness.

8.2 ACCESS PROBLEMS

Access was the most significant issue throughout the entire resettlement process. It affected every aspect of resettlement. It caused huge delays (in some cases 2-3 years), clogged up the system, created an apparent shortage of hostel and temporary accommodation and triggered episodic rooflessness. A serious look at homelessness needs to include an examination of access problems at different levels of resettlement, beginning with good advice and assistance.

Access to advice: Inability to access the necessary help, advice and facilities (e.g. hostels, benefits, social workers, support, even friends) is social exclusion. The most easily accessible sources of advice outside the daycentre and hostel systems was predominantly Local Authority run. This meant that advice was given in terms of the individual's priority need status. Those to whom the local authority had a statutory duty were found hostels or temporary accommodation. However, the accommodation rarely included support or assistance to resolve homelessness for the long-term. Those with no statutory entitlement had only a right to advice, not accommodation. In practice people were frequently fobbed off with outdated lists of full hostels and housing associations (HA) that were miles away, rather being given useful assistance.

Furthermore, most non-statutory people were not re-directed to local voluntary sector organisations that were better placed to advise or assist.

> "So I went to social security. I said I need finance and I need somewhere to live, help me. They said if you're 18 have 3 kids and are pregnant come back and we'll help you". Roland, male aged 52; roofless 6 months, housed 17 years

> "The council goes 'have a kid and you get emergency housing'. That wasn't helpful". Jenny, female aged 23; hostel

> "I have a key worker at the council who knows all about what is happening to me. But she says she can't move me to a new flat, only her bosses can do that and that takes time. She said I have to stick it out until I get a flat in another area, but she doesn't know how long that will take." Jill, female aged 32; housed 1 year and being regularly beaten by her partner.

Voluntary sector organisations did attempt to refer clients to housing departments and/or homeless persons units. However, instead of accepting the information provided and checking that, each claim had to be processed from scratch, thus delaying action. As a consequence some people moved from homelessness to rooflessness, spending considerably longer than necessary on the streets and became disaffected with the system.

> "If I'd known where the hostels were or where to go to ask for advice, I could have been in one 2 years ago and wouldn't have had to spend so much time on the streets. I didn't go to the daycentres because I thought they were for old people". Chris, male aged 30; roofless 2 years, housed 5 months.

Access to crisis accommodation[1]: Those actively trying to resolve their own rooflessness often turned to hostels and HA's for accommodation. There was evidence to suggest that the vast majority of available hostel beds were reserved and unavailable to direct access clients (chapter 6). Furthermore, the main route into most HA properties, was through the housing waiting list. The shortage of available crisis accommodation meant that some people were advised to travel miles for possible places. Frequently, people were passed from town to city, between local authorities and between projects, before any real help began.

> "I tried to find a hostel to stay in, but I was told there were only 4 beds in the whole of London and these had been snapped up quickly" [confirmed by staff] Tommy, male aged 35; rough sleeper.

> "I was told that the nearest places for me to go for help would be Guildford, Leatherhead or Croydon, but I'd no money for the train fare so that was not a great deal of help". Pam, female aged 16; hostel, from Redhill.

Such policies made it difficult for people to leave the streets. Furthermore, making people move miles away from their local area to find accommodation destroyed their

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[1] Night-shelters, hostels, housing association tenancies, bed & breakfast and other temporary accommodation

local connections and social networks. It helped to create hotspot areas centred round good or plentiful facilities (Matthewman and Read 2002). This increased pressure on hotspot local authorities and distorted the real picture by creating an illusion that their area was short of facilities or had a particularly bad rooflessness problem. In fact, many roofless people (e.g. in Exeter and London) migrated from areas with few or no facilities to areas with facilities.

Some roofless people had severe attitude and behavioural problems, sometimes triggered by substance abuse or mental ill health. This resulted in exclusion from accommodation and resettlement programmes. Their behaviour was dangerous for staff and residents. However, some areas had policies that meant once excluded, an individual was excluded from all facilities in that area. This created anger, disillusionment and disaffection from the system. The projects most successful in dealing with such clients appeared to be those offering a sliding scale system of access to various stages of resettlement (e.g. Kings Arms, Bedford; Shilhay, Exeter). This enabled sanctions to be placed on bad behaviour (e.g. moving back a stage or two) without triggering rooflessness again.

Access to resettlement help: Access to good resettlement programmes was a lottery, both within London and nationally. Despite existing literature detailing the need to adequately prepare roof/homeless people before they were given tenancies, many were still offered nothing (e.g. Dane 1998). There were some excellent examples of resettlement work to be found, but organisations were not obliged to offer such assistance. Thus successful resettlement was often determined, not by the individual's motivation to leave the streets, but on where they slept rough, which outreach team contacted them or which charity they contacted. Systematic evidence showed a marked difference between those merely accommodated whilst waiting for re-housing and those undergoing resettlement help. The degree of support was fundamental to long-term success. Those accommodated but offered no help were left bewildered and vulnerable to making the wrong decision. They were far more likely to become roofless again.

> "I get no help, no support, no planning etc. I literally just get accommodation. The manager says he doesn't have time to deal with the petty things you want to ask. Like, the housing benefit wrote and he said you have to sort it out yourself, when you leave here you'll have to sort it and he just left me to it". Anita, female aged 20; hostel

Furthermore, it would appear that the lack of move-on accommodation and inadequate levels of appropriate support frequently negated good resettlement work.

Access to women's refuges: Women leaving violent partners sought or were directed to refuges designed to deal with accommodation plus the physical, emotional and

psychological needs accompanying domestic violence (e.g. Williamson 2000). Fleeing from violent partners often meant leaving in a hurry and in an unplanned way. This could be bewildering and confusing and meant women were not always thinking and acting rationally. Furthermore, refuges were often full, some distance away and difficult places to live in, especially if the individual was mentally vulnerable. The style of women's refuges meant that single women and families were often accommodated together with shared bathroom and kitchen facilities. Evidence suggested that this was difficult for some women to cope with. So much so that some vulnerable single women spent hours on the streets in the daytime, entered the homeless culture, then moved into rooflessness.

Access to drink/drug rehabilitation: Substance abuse problems are common amongst the roof/homeless. However, the existing hostel system was not geared to cope with chronic problems, so excluded the most chronic substance abusers (also Fountain et al 2002). The incidence of hostel managers being charged for allowing drugs on their premises exacerbated this problem (Weale 2000). Equally substance abusers found it difficult to live in hostels that had drug free and/or dry house (no alcohol) policies. Many alcoholics, for example, could not survive more than a couple of hours without a drink. This put an overnight stay in a 'dry' hostel, out of the question. Where hostels tried to assist substance abusing clients, they found it difficult to get people referred to and into appropriate rehabilitation programmes. Waiting lists were often several months long. Therefore they had to hold onto these clients, despite being ill-equipped to help. Furthermore, some programmes required that people had already 'detoxed' before they entered the programme, a policy that exacerbated problems for both hostels and roofless people. Drink/drug rehabilitation programmes do not necessarily offer accommodation help or advice as part of the programme. Evidence suggests that many clients ended up roof/homeless again on completion of the programme. Many returned to substance abuse as part of the homeless culture. This meant they became trapped in cycles of 'detox', rooflessness and substance abuse.

Access to settled accommodation: Systematic evidence from formal and informal interviews suggested that the non-statutory roofless can be trapped in hostels and crisis accommodation for 2-3 years. Thus creating the very real danger of institutionalisation.

> "I'm on the council waiting list, but have been told that I have to wait another 3 years before I can be housed." Joan, female aged 36; hostel 6 years.

The Foyer Federation noted that their clients became disillusioned, frustrated and disheartened when they could not find move-on accommodation, feeling their lives were put 'on hold' indefinitely. Being trapped in hostels made it difficult for some people

to gain employment or further education places, lead a 'normal' social life or leave the homeless culture behind them (e.g. Rosengard 2002; Ravenhill 2000a). Many felt stigmatised.

"It really pisses me off that I have to be back by 11.30pm on an evening. People at work really take the piss out of me. I can't cover extra hours at work, stay on late or do overtime without worrying about having to get back in time". Shirin, female aged 18; hostel

"All hostels have a stigma attached to them. Most people think that if you have to live in a hostel, then you must be a psycho or mental patient. This is insulting". Jackie, female aged 34; hostel

"When you're in a hostel people stereotype you. They make a judgement about you. They think you must be dirty and smelly. Living in a hostel makes it hard to get a job. They don't believe you have qualifications. They just assume that you lie about them." Pam, female aged 16; hostel

A combination of feeling trapped and stigmatised meant that some people were prepared to take the risk of moving in with friends (sofa-surfing) or a new partner, to get out of the hostel. Many clients tried renting in the private-rented sector, but found that rents were too high or landlords did not accept people on benefits. Rent in advance was often a problem, despite numerous schemes existing to tackle this. Furthermore, moving out of the hostel into these types of accommodation meant, according to legislation, that people were housed. Thus they lost their place on the housing waiting list. This left people precariously housed and vulnerable to further rooflessness if rental contracts or relationships ended.

Access to follow-on support: Once in settled accommodation, many entrenched roofless people needed a significant amount of support and assistance regardless of the quality of the resettlement programme. Until recently there was a dearth of support and what existed was fragmented. There have been calls for increased support for re-housed people to maintain their tenancy (Dane 1998; Macdonald and Jackson 1998; Randall and Brown 1995; 1994b). Good practice guidelines have been published (e.g. DTLR 2002a;b; 2001b; Bevan 1998; Macdonald and Jackson 1998). Despite this, support schemes, their quality, duration and the type of support available, were frequently inadequate. Those receiving support were offered 6-18 months of tapering support. This was despite evidence to suggest that this would be far too short (Dane 1998) and despite some people needing support for the rest of their lives (Ravenhill 2000b; Jones 1999). Systematic evidence suggested that where support was offered, case loads and clients' fear of asking for help, or ignorance about the support they could receive, meant few were receiving the help reportedly on offer. There was also confusion over who was offering support. It was not unusual to find people with 3-6 keyworkers from a variety of organisations and each with over-lapping remits. At times,

clients felt their privacy was invaded, found it difficult to settle in and found too many visits or probing questions stifling and intimidating. Too many Keyworkers appeared to cross the fine line between facilitating independence and creating clients overly dependent on charities and the government (e.g. Randall and Brown 1995; Jenks 1994; Carlen 1994). Both over-dependence and inadequate support contributed to further rooflessness.

Informal support was a vital part of some people's long-term resettlement. There were three main sources of support: family, probation officers and churches. Those re-housed and in contact with their families appeared to find it easier to resettle and re-integrate into housed society. Family relationships offered stability and informal support. They enabled the individual to be more ontologically secure, facilitated positive self-perceptions and enabled them to meet other people.

Evidence suggested that those with probation officers found it easier to resettle and gain access to the type of help and support they needed whenever they needed it. This appeared to be known generally amongst both probationers and those who had never been in trouble with the police or courts. A natural by-product of being on probation meant that roofless and re-housed people had someone to co-ordinate assistance, regular compulsory sessions to attend, someone to facilitate access to hostels or drink or drug rehabilitation centres. More importantly, someone could act as a guarantor for accommodation and assist with finding employment/training schemes. Their knowledge and understanding of the individual's history meant that good probation officers could anticipate their needs and prepare them for each stage of resettlement. If things went wrong the individual always had someone to fall back on who would assist them.

Systematic evidence suggested that religious organisations played a significant part in some people's recovery. Some used churches as clubs or societies that they attended regularly. This enabled them to meet and make friends, even if these were relatively superficial (institutional friendships). For some, religious beliefs gave them hope, confidence and an anchor point within their lives. The counselling-type services offered by many churches were experienced as a form of cathartic inner healing.

> "Lots of prayer helped too. I had prayer from the men's team at church. I got a lot of support that other people don't get. I spent hours at the front of the church just crying while they prayed for me. I was letting the pain and the anger out". Roland male aged 52; roofless 6 months, housed 17 years.

Although religion was not appropriate for everyone, the positive social networks, a place to make friends, a common interest, somewhere to go, something to do and for some a sense of belonging were important facets. Some or all of these facets could be replicated elsewhere within society.

Access to inclusion in housed society: One of the biggest battles re-housed people faced was the fight against loneliness and isolation (e.g. Lemos 2000). This at times led to unwise decisions that triggered further rooflessness[2]. Those who had been entrenched in the homeless culture were accustomed to years of intense social support and company 24 hours a day. As with those leaving the armed forces, prisons and other institutions, withdrawal of this level of intense human contact appeared to cause distress, the onset of mental health problems (e.g. depression) and feelings of isolation and loneliness. Furthermore for some people isolation and loneliness pre-dated their initial rooflessness, at times originating in childhood.

> *"Loneliness is a killer. It's easy to have a nice place. The biggest downfall is what to do. It's nice to have contact with people. I know I need it".* Ian, male aged 52; roof/homeless 17 years then 4 years, housed 1 year

> *"I'm still afraid though, because I really have no one to turn to. One of my biggest fears is what happens if I get ill. If I get ill, I really am on my own. And when I get down I'm on my own. I have a good cry when I need to, but I am still on my own."* Shirin, female aged 18; hostel

Re-housed people often lacked confidence, had rusty social skills and found it difficult to deal with everyday tasks. This made it difficult for them to meet and make friends. Conversations were difficult as there was little/no common ground to start with. Ex-servicemen, who had never been roofless, reported having similar relational problems. Making friends was an essential part of settling into an area. Friends were the basis for positive social networks that protected against rooflessness. However, fitting into housed society and making friends was often impeded by re-housed people's feelings of shame and dirtiness.

> *"Even when I moved in I felt that I was still homeless. The future is down to me now. It is hard to get back into mainstream society because when you've been homeless you lose a lot of self-esteem. After that it is hard to get back into feeling normal".* Chris, male aged 30; roofless 2 years, housed 5 months

Furthermore, the re-housed had difficulty accessing places where they could meet people. For example, it would appear that men make friends through work, the pub, sport or at the gym. Women appear to follow similar paths, with the addition of school-gate/toddler group friendships for mothers. Most of these cost money and are difficult to afford on a regular basis when on benefits. There was evidence to suggest that it might take up to two years for housed members of society moving to a new area to establish solid friendship networks. This may well be longer for the re-housed. With keyworker support often tapering within 3 months of being housed and most ending at 6-18 months, there is a huge gap between institutionalised social contact (keyworker) and social networks forming within the community. To deal with the boredom, isolation,

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[2] see Ian's route-map p100

loneliness and lack of support, many re-housed people (especially older men) returned to homeless daycentres for companionship. This then trapped them within the homeless culture, in some instances up to 8 years, making it more difficult for them to enter housed society's culture. This increased their vulnerability to further rooflessness.

The more innovative re-housed people found a way around problems of loneliness and meeting people. One man helped at a local furniture project (Clive, male aged 44, hostel resident for 2.5 years). Another applied not for a befriender, but to be one. This set up a reciprocal relationship that benefited both people.

> "I'm befriending a man whose just left Broadmoor prison. That's a prison where mental cases have to go when they break the law. I see him once a week. I go round to his house and then take him down to the pub for a drink. The man is finding it hard to settle in, the same way I did. We both find it difficult to make friends, but we are getting on fine. My time befriending him is coming to an end, but I'm hoping to get a new person to befriend and then keep seeing this man."
> John, male aged 52; roof/homeless 20 years, housed 12 years

Loneliness and isolation is not unusual within housed society. We already provide both formal and informal facilities for a number of groups, including the elderly, new mothers, people with learning difficulties and mentally ill people. Therefore it should not be surprising that newly housed people, especially the long-term and vulnerable roofless, should need such facilities too.

8.3 BENEFIT PROBLEMS

Benefit problems caused difficulties with sustaining access to accommodation throughout the resettlement process, starting with hostels. In exchange for a bed in a hostel roofless people must be prepared to register for housing benefit. Registering for benefits requires proof of identity. A combination of the way people leave home, the roofless lifestyle and the frequent loss of possessions means that many find themselves without identification. Waiting for identification delays processing the claim. This causes hostels to have cash-flow problems, especially if the resident leaves before their claim is processed. This also encourages hostels to hold onto clients until they are assured of payment, even if they should have been referred to more appropriate facilities. Furthermore, most hostels levied surcharges not covered by housing benefit. This meant that delays in income support benefits caused arrears. Although hostels were willing to work with clients to pay off arrears, roofless people found it difficult to cope.

People were frequently transferred between, for example, hostels and resettlement programmes. Each time they needed to make a new benefit claim. Then they had to wait for the claim to be processed before regular benefit payments were re-established. At times this could be 2-3 months and could cause fear, anxiety and confusion. It was

common for benefits to be stopped or suspended because people did not understand that they had to reclaim every time their circumstances changed. Some became roofless again as a result.

The substantial delays in processing benefit claims actively discouraged landlords from accepting benefit claimants, especially in areas with high demand for rental properties, such as London, Reigate, Exeter. Similarly, once in settled accommodation, benefit delays resulted in local authorities and HAs issuing notices to quit as part of their automated processing systems. There were systems to ensure delays in processing benefits did not cause rooflessness. However, systematic evidence suggested that not all re-housed people knew of these or were embarrassed to ask for help. Furthermore, at times the fear and anxiety over the notices to quit caused or made it easier for some people to return to a previous stage in the resettlement process that was less pressurised; this often meant rooflessness.

The relationship between benefits and paid employment confused many people. Some, especially mature short-termers, felt that work was the best way out of homelessness. Thus once in hostels they sought employment. However there was confusion over the amount that could be earned before benefits were affected. There was little understanding of just how much hostel places cost (usually a lot more than the average rent). Thus with little advice available some homeless people took employment, lost benefit entitlement and then lost their accommodation.

> *"I was offered a place in a hotel [B&B], housing benefit paid the rent. I stayed there for 3 months. Then I started a job 2 days a week. They cut my housing benefit so the hostel needed an extra £45 a week, which I couldn't afford. In the end they asked me to leave. I ended up back on the streets".* Andy, male aged 51; staying with friends

Work and training courses: not only did work offer a way out of rooflessness, it was also seen as a way of alleviating social isolation and loneliness, especially where people already had experience of employment. However, many were not physically or mentally fit enough for work in the short-term. Poor diets, malnourishment, painful street related ailments, such as arthritis, foot or back problems, substance abuse related disorders (liver sclerosis, hepatitis) made them physically weak and ontologically unstable. This was exacerbated by problems with sleeping, relaxing, depression and general day-to-day functioning. For re-housed people, the solution was simple: most wanted to ease back into work, starting with voluntary, then part-time work, gradually building their stamina and taking on more responsibility. However, the benefits system made this difficult.

> *"Without this voluntary work that the probation officer is setting up, I will go mad with loneliness. Not everyone who has been homeless and is housed is up to*

doing any work, even voluntary work. They need help with finding something to do with their time, if they are to make a real go of things and get better". Chris, male aged 30; roofless 2 years, housed 5 months

Furthermore, those capable of working and wanting to, often experienced problems and discrimination because they had been roofless. Moreover, CV's were outdated or people had little or no work experience. No recent employment record meant employers could not easily assess their suitability for a post. Access to employment was further exacerbated for those with a prison or mental health record. Those eligible to use the New Deal preparation for work programme found it easier to get back into employment. However, this was predominantly the younger, short-term roofless. Furthermore there were penalties if they started a New Deal programme then found they were unable to work. Benefit sanctions directly threatened their ability to sustain their tenancy. Those not qualifying for employment preparation programmes (New Deal, foyer programmes) and without a current CV had to be innovative to gain employment.

"I went for a dozen interviews. To get a job I made up a CV. I knew what I could do, so I made up some lies to fit the job and cover up my time in prison. Those jobs that took references didn't give me a job because they found out they were lies. One company offered me a job. They didn't take up references. I got on very well there for 6 years." Roland, male aged 52; roofless 6 months, housed 17 years.

It was common for re-housed people to seek and find employment, voluntarily or salaried, with homeless charities. This took some of the stress away from entering work. They had expertise and were familiar with the job. Although this could be a positive move, there were dangers. Some people were locked back into the homeless culture with the ever-present temptation to return to substance abuse and street life. For example, one alcoholic man had been dry for nearly five years when he decided to use his experiences to help out three young alcoholic roofless men. He took them into his home, but found it difficult to cope with the smell of alcohol, finding alcohol hidden on the premises and the constant temptation. After a few months he started drinking heavily again, got into debt and was in danger of losing his partner and home. Trevor, male, Observation Diary.

Systematic evidence suggested that training courses and further education were perceived both as an exit route from rooflessness and a way of combating social isolation. This was especially so for those under age 25. However, the preferred course 7of action was to ease into study and training gradually. Furthermore, many worried about education and training affecting their benefits and making it impossible for them to remain in a hostel or tenancy.

Access and benefit problems were not the only obstacles faced by roofless people trying to re-enter housed society. The standard of accommodation offered was a source of considerable hardship, anxiety and distress.

8.4 STANDARDS OF ACCOMMODATION

A commonly held view is that a roof, any roof, is better than none. However, in practice, the state of hostels, temporary accommodation and social housing actually deterred some people from leaving the streets.

Hostel standards: Hostel conditions were an essential part of the resettlement process. They offer a pedagogical dimension, a way of learning by example a number of the life-skills required for independent living. There were some excellent examples of hostels (e.g. Randall and Brown 1999a) and the number has been steadily increasing. However, evidence suggested that it might take only one bad experience to alienate people from hostels and resettlement. This explains why despite improvements in facilities over recent years, some entrenched roofless people were still fearful of hostels and preferred the streets.

> *"Hostels are alive with lice and all sorts of diseases. It's cleaner living in a cardboard box on the street than in hostels. In a hostel you get 8 people or so to a room and all you have is a curtain between your beds. I tell you it's not a good place to be. It's much cleaner and safer on the streets".* Tessa, female aged 36; episodic roofless 20 years, temporary accommodation 2 years[3]

> *"There was just one big room with 5 people sleeping in it; like a hospital. There were lots of mentally ill people there, people with drink problems and prostitutes. You had to lock everything in your wardrobe; but people could still nick your stuff. Each key opened all the wardrobes. You'd hear people screaming and shouting, but you can't lock your room door for fire and safety".* Anita, female aged 20; roof/homeless 2 years, hostel[4]

There were real fears about health and safety. Fear of crime such as theft, threatening behaviour, assault and sexual harassment was prevalent. There were also fears over contracting infectious diseases; in fact, there was a high incidence of hepatitis among the roof/homeless, especially those on drugs and alcoholics. Hepatitis is contagious and some strains are only passed on through bodily fluids. Hepatitis B is highly infectious and hygiene of plates and cutlery needs to be observed closely. It is both easier to catch and a bigger killer than Aids. Evidence suggested that some facilities had few or no measures in place to protect clients (e.g. Ravenhill 2000a).

People's desperation seemed to be used as the measure of their need: if people were desperate enough, they would take anything. Existing research found that people were satisfied with substandard accommodation (Pleace 1995; Thomas and Niner 1989;

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[3] see Tessa's route-map p94

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Kemp and Rhodes 1994). However, their satisfaction was based on their low expectations. In contrast, systematic evidence from this study suggested that many roofless people were not happy with being accommodated in dirty, squalid and potentially dangerous hostels.

"The first accommodation they gave me was awful. It was an old borstal. You can tell, because it has A block and N block and A wing and that. They call it Parkhurst, it's not really called Parkhurst, but you may as well call it that. It's a disgusting place. People of all ages go there, people from 16 right through to, well to OAPs by the looks of some of them. It's awful. People pee under your door. And there is stealing from the rooms. The showers and loos are disgusting. You can't clean yourself there. One person seems to die every fortnight; some are suicides though. You are surrounded by wino's. People, staff, you see putting on rubber gloves to drag them off to a separate room to strip wash them. They've got nits and things. You see bad things in these sorts of places. Ashwani, aged 23; hostel 2 years*

Most members of the general public would find such conditions intolerable. It is understandable therefore, that some homeless people became depressed within the hostel system and others preferred the streets. Furthermore, the constant shortage of hostel places meant that people were often accommodated in inappropriate hostels. For example, *"The hostel I'm in now has 64 families in 3 houses that are all connected"* Sandra, female aged 16; hostel. A different 16-year-old girl left home to get into a YMCA hostel then found that there was a 3-month waiting list. Her estranged mother managed to find her a hostel that did accept her straight away, with several chronic drug addicts and dealers as residents. Conversely, good hostels had a major positive impact on roofless peoples lives. They offered a realistic alternative to the streets and instilled confidence and self-worth.

Boredom was major problem. Not all hostels allowed residents on the premises during the day. This forced residents to use homeless daycentres or pass the time in libraries, cafes or with street users. Boredom on the streets tended to increase drinking, drugs and unruly behaviour and demoralised and depressed a number of people (also Homeless Training Unit 2000; Danczuk 2000).

"They kick you out at 9am and you're not allowed back until 5pm. It's horrible if you've no friends to sit with or go to because you've no money." Anita, female aged 20; hostel

"You're on the streets from 9am to 7.30pm. There's a daycentre open 12.30 to 1.15 but that's not open on a Saturday and Sunday. When you're on the streets you get hassled by the police to move on; but where to?" Andy, male aged 51; staying with friends

Bed and Breakfast (B&B) conditions: The pressure on crisis accommodation, especially in London, meant that some single roofless people were placed in B&B's

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[4] see Anita's route-map p107

alongside families. Once there, they rarely received any support or access to resettlement programmes. The standards of such establishments were far below that of holiday-let standards.

> "*The toilets are horrible. There is always lots of stuff in them. People who stay there don't care. They don't care about themselves, their room or the place. It is safe-ish, but a few months ago, when I was trying to make friends, I was warned that a man keeps going into my room, they told me I must lock the door*". Halina, female aged 32; B&B 6 months

Temporary accommodation conditions: Those placed directly into temporary accommodation were seen as privileged within the homeless community and homeless industry. Systematic evidence suggested that the condition of such accommodation was a lottery. Some felt the standards were designed to be punitive, by testing their desperation and punishing them for being roof/homeless. For example, this 55 year old woman[5] had been roofless for 7 years, then used the private-rented sector for 20 years. Although on the housing waiting list, she had changed areas approximately every five years, so had to keep reapplying. After 20 years a mixture of failing health, a sharp increase in rent and a ceiling placed on housing benefit left her homeless and unable to afford anywhere else to live.

> "*The accommodation I have is a bit of a health hazard. Housing pays for me to live in a place with cockroaches, flies and spiders. I have a phobia of spiders. It's a shit heap. It was filthy dirty with sticking dust that was about a centimetre thick. The carpets were stained. It looked like the place had been used by drunks. There were holes in the furniture. What I wanted was my own bed. I told them I couldn't sleep in theirs; it was stained and dirty. But they said I would have to pay for them to keep it in storage. I put it in the garden. They promised to repair the bathroom and sort out the cockroaches, but they didn't. The lino etc is really bad, it's got holes in it and there's water dripping somewhere it smells of damp. They still haven't done anything. They got rid of the carpets, I persuaded them to do that. I had new ones put in. But even that was a lot of trouble. They said that I could have a choice of colours and asked what colour I would like. So I told them*

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[5] see Mary's route-map p115

that I'm not fussy, I like bright colours so any bright colour would do just as long as it cheers the place up. Do you know what colour I got? Brown. It's depressing. Brown is depressing". Mary, female aged 55; temporary housing

This was not an isolated incident. Formal and informal interviews with housing personnel, suggested that housing officers rarely visited properties before letting them. They perceived these conditions to be temporary, meeting crisis need before more permanent accommodation could be secured. 'Temporary' was usually a minimum of 2 years. Furthermore, implicit in a number of discussions was the suggestion that deserving and undeserving homeless people still existed.

Social housing conditions[6]: The condition of social housing, the secure settled accommodation offered to roofless people, was also a lottery. Properties in substandard, uninhabitable conditions were often let with no real plans for repair or making them fit for habitation.

> *"I eventually got offered the place I am in now. When I moved in all there was, was 1 light bulb and a kitchen cupboard. The place is very damp. There is a lot of glass, which means it steams up and goes mouldy"*. Peter, male aged 38; roof/homeless 19 months, housed 9 months

> *"The flat was damp, always getting broken into. It took 8 months to get a door and then I got 3. It took two weeks for the housing association to sort things out when the ceiling fell in"*. Foxy, male aged 32; housed 8 years

The disappointment after waiting often for several years for accommodation should not be underestimated. One of the biggest motivations for leaving the streets and going through resettlement was getting a home. This one factor spurred people to achieve great changes in behaviour and lifestyle. For example, one woman (Tessa's route-map p??), with an 18-year history of drug addiction, prostitution and rooflessness, motivated by ill health and a serious operation, decided to change. She was placed in furnished temporary accommodation. She paid her rent regularly, started a methadone programme and came off the game. After two years she was offered this permanent accommodation:

> *"I've been offered a studio flat and I've got to take it. They offered me a dump. The temporary accommodation is better. At least there I've a 1-bed flat that has furniture. The bedsit has no furniture and the walls are bad it needs decorating. I received a letter on Monday, viewed the place Wednesday and I have to move in by Monday. It takes 3 days to get gas and 3 days to get electric, so that won't be there on Monday. It takes 4 weeks to get a community grant or a loan, so I've no bedding, no bed, no nothing. They told me I've got to start the tenancy on Monday regardless. I was given a £45 voucher for a DIY place to decorate the bathroom, because they didn't have time. That's not going to get a bed is it? I have to move regardless, because my benefits stop on this one and start on the other. Nearly 2 years I waited and I get a place with no bedroom. They said I*

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[6]Local authority and housing association properties.

could appeal, but I was told that my chances of winning are very slim. You only get one offer and you've got to take it. I was told that's where I've got to live unless I'm evicted. They said this is my last chance, if I'm evicted they won't help again." Tessa, female aged 36; temporary accommodation

From interviews conducted in homes, there was evidence of people being housed in properties in serious disrepair. Grants for paint etc. merely enabled people to cover up the worst problems. Evidence based on viewings of comparable ex-council properties (via estate agents) on the open market suggested that renovations costing in excess of £30,000 were needed to make such properties habitable. It would appear that vulnerable people were asked to live in tenancies that most of us would struggle to live in, decorate and maintain. Most people housed in such conditions felt that they had simply moved from roofless to homeless, housed but not settled (see Rivlin and Moore 2001). It would appear that such conditions created ontological and self-identity problems that left people vulnerable to further rooflessness. Furthermore, as some people felt ashamed and embarrassed about their past and their accommodation, this made it difficult for them to invite people to visit, thus reducing the likelihood of full integration into housed society.

Conversely, good furnished accommodation strongly influenced successful reintegration into society and the ability to create distance from the homeless culture. For example, against all the odds a successful businessman, who became roofless after a relationship breakdown, time in prison and time in a psychiatric hospital, was given good quality furnished accommodation. This had a direct impact on the potential long-term outcome:

"I had been sleeping rough and drinking heavily. I ended up in a 1 bed flat. It was tiny, but it had furniture and at least I'd got into the system. I knew I needed to

play the system. I needed to clean up, I needed finance and I needed to get a job. When I first moved in I went to the Salvation Army, I said I need help with going to job interviews, they gave me a suit and some other clothes. Getting the job was a big help. I didn't have enough money on the dole to get back into the mainstream. That was the hardest part, not enough money. Moving from sleeping rough into accommodation that was furnished also helped. The local authority rented it to me. I don't know how they did it. I don't know what I would have done without that place; back in prison probably". Roland, male aged 52; roofless 6 months, housed 17 years. Has a mortgage, wife, son and runs his own photography business.
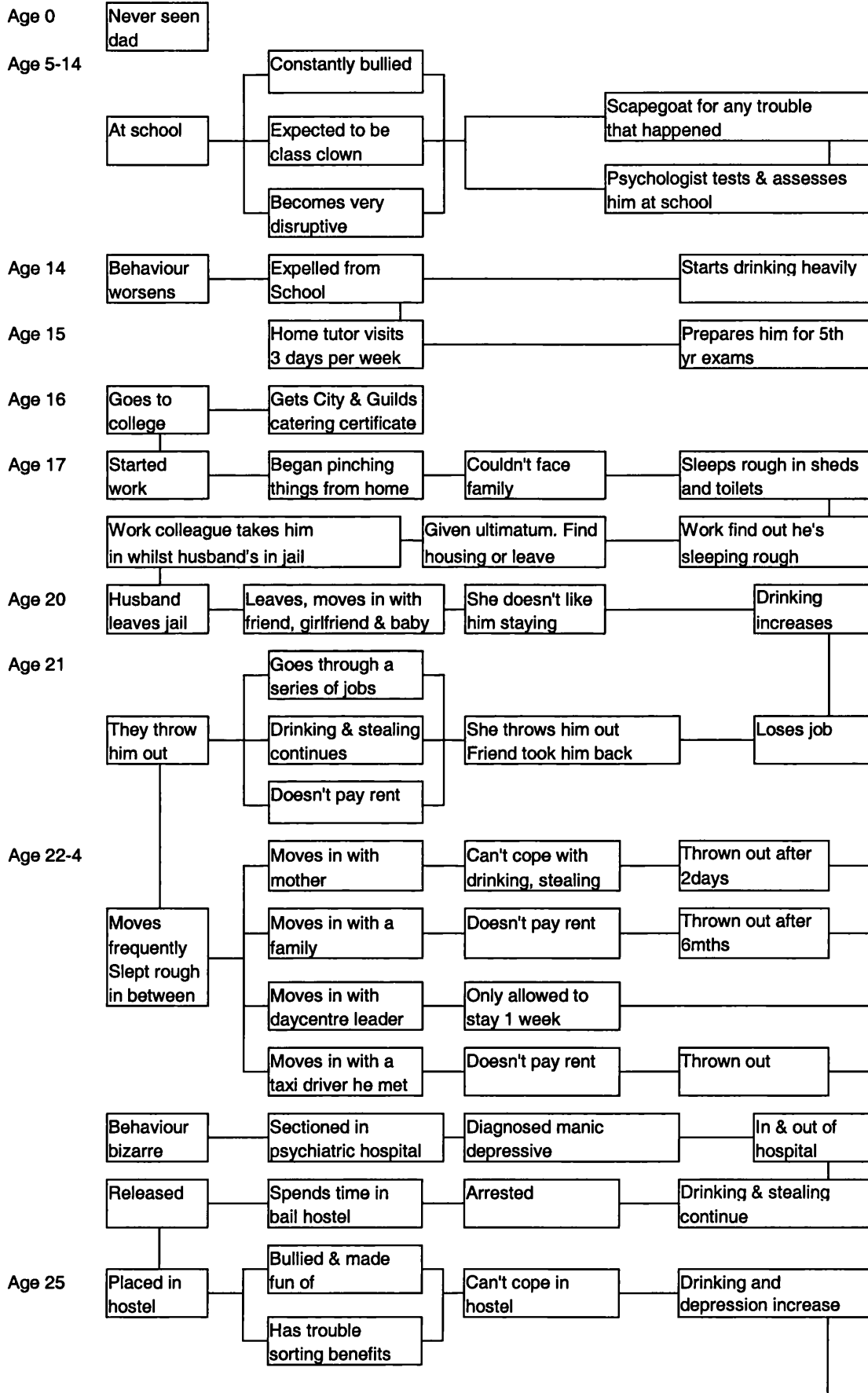
Providing people with a tenancy is not resettlement but re-housing. The transition from rooflessness to integration into housed society is far more than a route into adequate accommodation and support to keep that accommodation (e.g. Rivlin and Moore 2001; Depres 1991; Harowitz and Tognoli 1982). There are a series of physical, emotional and psychological changes that need to take place. These form the rehabilitation process. A serious look at resettling people into housed society needs to understand the draw of the homeless culture and work out ways of counter-balancing its impact. Over time, situations need to be created that allow individuals to learn to survive and thrive without it.

8.5 THE RESETTLEMENT PROCESS

The literature identifies 14 stages of resettlement; referral, introduction, assessment, housing options, resettlement plan/care plan, referral on, preparation for the move, gearing up for change, the move, settling in, post move-on support, flying solo, evaluation, safety net (Bevan 1998). These stages are supposedly flexible, allowing each individual to progress at their own pace. As the resettlement process takes time, Bevan (1998) proposed that support started before a tenancy was offered and then continued through four stages after they moved in. This was designed to prevent tenancy failure and episodic rooflessness. Systematic evidence suggested that many roofless people did not receive adequate resettlement help. Many were forced, by default, to skip from Bevan's (1998) referral stage to flying solo with no assistance or safety net if things went wrong. The resulting tenancy failures were often dismissed as the personal failings of the homeless person. Furthermore there was often little recognition that as people progressed through the re-integration process, their needs and problems would change over time (e.g. Dane 1998; Baker 1997). Thus levels and types of support needed to be flexible and capable of adapting through the transitions people made. Gary's route-map (p184) demonstrates the impact of a flexible system on resettlement.

Evidence from projects in Exeter and Bedford suggested that chaotic entrenched roofless people, especially substance abusers, repeatedly started the resettlement process then left. Gradually over time, they progressed further before leaving or, as

GARY'S ROUTE-MAP

Age 0 — Never seen dad

Age 5-14 — At school
- Constantly bullied
- Expected to be class clown
- Becomes very disruptive
- Scapegoat for any trouble that happened
- Psychologist tests & assesses him at school

Age 14 — Behaviour worsens → Expelled from School → Starts drinking heavily

Age 15 — Home tutor visits 3 days per week → Prepares him for 5th yr exams

Age 16 — Goes to college → Gets City & Guilds catering certificate

Age 17 — Started work → Began pinching things from home → Couldn't face family → Sleeps rough in sheds and toilets

Work colleague takes him in whilst husband's in jail → Given ultimatum. Find housing or leave → Work find out he's sleeping rough

Age 20 — Husband leaves jail → Leaves, moves in with friend, girlfriend & baby → She doesn't like him staying → Drinking increases

Age 21 — They throw him out
- Goes through a series of jobs
- Drinking & stealing continues → She throws him out. Friend took him back → Loses job
- Doesn't pay rent

Age 22-4 — Moves frequently. Slept rough in between
- Moves in with mother → Can't cope with drinking, stealing → Thrown out after 2days
- Moves in with a family → Doesn't pay rent → Thrown out after 6mths
- Moves in with daycentre leader → Only allowed to stay 1 week
- Moves in with a taxi driver he met → Doesn't pay rent → Thrown out

Behaviour bizarre → Sectioned in psychiatric hospital → Diagnosed manic depressive → In & out of hospital

Released → Spends time in bail hostel → Arrested → Drinking & stealing continue

Age 25 — Placed in hostel
- Bullied & made fun of
- Has trouble sorting benefits
→ Can't cope in hostel → Drinking and depression increase

Age 26 | His things stolen → Sleeps in hospital chapel 3 nights → Has money, runs away from hostel → Benefits sorted out & back-dated

Sleeps rough in sheds and parks

Age 27 | Can't cope v. depressed → Goes back to hostel → Bullying starts again → Very depressed hospitalised

Age 28 | Discharged to same hostel

Given HA flat → People intimidate him in the streets → He's scared & doesn't feel safe

Flat repeatedly broken into

Bullied into lending money → Don't pay him back starts stealing → Desperate to escape

Age 29 | Visits project applies for place → Asks church friend if there are any hostels in that town → Starts going to church in another town

Age 30 | Moves into Nightshelter → Walked streets for hours during day → Stays there consistently pays rent

Still drinking heavily. Makes friends with street drinkers

Age 31-5 | Broke rules, smoked in room

Good behaviour moved back to hostel → Evicted, given place back in night-shelter → Didn't pay rent → Moved into hostel

Broke rules, would not do chores

Starts to cut down drinking

Age 35-7 | Stops drinking → Stays in hostel 3yrs without breaking rules → Tries to control manic depression → Thinks he's better, stops tablets &/or forgets tablets

Back in hospital back on tablets → Has severe bout of mania

Age 38 | Gets own key, buy own food, cook and do own washing

Wants to move to 4th stage house

The future → Pay towards running the house - but ready to do so

Wants to live with a family

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different issues surfaced, moved down the process to an easier stage. Such programmes built in both flexibility and room for setbacks.

"I've been here and in the night shelter and back ever since. I've been to stage 3 and back a few times too. I've now been stable since 1998. I'm quite happy here, but I want to move into 4th stage house. Stage 4 is more flexible you get your own key, buy your own food, cook your own food and do your own washing up, etc. You have to pay towards the running of the house though". Gary, male aged 38; hostel resident 2 years

In contrast, a project in Wimbledon washed its hands of clients returning to drink after being helped into alcoholic rehabilitation programmes. Intolerant attitudes and ignorance about the issues facing roof/homeless people did not help recovery or resettlement. Projects unable to tolerate, manage or allow for failure triggered further roofless episodes.

Many roofless people when looking at move-on accommodation felt certain that they could cope on their own in a flat/bedsit (e.g. Dane 1998). However, on moving in, they often found that the loneliness and isolation was far worse than they imagined or that they simply could not cope. In the absence of a system that allowed them to directly re-enter hostels or move into shared or supported accommodation, they gave up on the tenancy and became roofless. Evidence suggested that those offered trial flats allowing them to learn independence in a protected environment, were more likely to chose the best housing option for themselves and successfully resettle.

"I went on a scheme to re-house me. I spent several months in a hostel where you had your own cubicle, but not much privacy. After proving that I could look after the cubicle I was promoted to my own room, which had cooking facilities in it. I had all the same backup, people to talk to and advise me, but I also had a private life in my own room. Once I could cope in my own room they moved me on when I was ready. That was important, it has to be when you think your ready and not before". John, male aged 52; roof/homeless 20 years, housed 12 years

The ethos behind particular resettlement strategies appeared to follow three dominant perspectives; medicalisation, normalisation and the battle for the mind. These perspectives influenced the way roofless people were viewed and the way resettlement was approached.

Medicalisation: a view that homelessness is a problem that requires treatment, care plans, recovery periods, counselling and rehabilitation. Medical jargon has become an established part of homelessness discourse, thus it is difficult to analyse the resettlement process without using it. The strong association of mental illness and drink/drug addiction with rooflessness reinforces this view as addiction is often treated in psychiatric hospitals. Medicalisation appears to come from the over-emphasis of policy on crisis management rather than prevention. This focuses attention primarily on

the characteristics of roofless people, rather than broader structural factors. Similarly by viewing rooflessness as the problem, attention is diverted away from the biographical and structural factors that triggered it.

Normalisation: a view that the behaviour, clothing and life-style of roofless people needed to be modified in order to enable them to appear to fit into housed society. This viewpoint is strongly associated with medicalisation. The original concept stems from the psychiatric tradition[7]. Normalisation appears to be derived from the expectations of those providing resettlement. They expect to be able to teach roofless people, how to live in housed society, regardless of the reasons for their rooflessness or its duration. The emphasis is on behaviour modification rather than helping people deal with the root causes of their rooflessness. Rooflessness is viewed as dysfunctional behaviour rather than a product of interwoven complex biographical and structural problems.

Battle for the mind: from this viewpoint, rooflessness needs to be viewed in terms of individual's biographical history, their coping strategies and self-perceptions. The battle for the mind appears to come from the idea that it is people's mindset that needs to change. Over time, some individuals learn poor coping strategies and develop misconceptions about themselves that lead to, for example poor self-esteem. People could be helped to reintegrate into housed society by receiving help to deal with past events, learn new ways to cope with everyday and complex issues (both structural and personal) and gain an understanding of and confidence in their own abilities. Thus, they were not merely re-housed and taught to cope, but enabled to thrive and lead meaningful and fulfilling lives.

This latter approach appeared to be the most holistic. It allowed the individual to develop by enabling them to cope with their own past and events that subsequently happened. This is an important concept within resettlement. Many roofless people felt disconnected from reality and housed society. Disconnection was caused by a number of interconnected factors stemming both from their route into and experience of rooflessness. The intensity of such experiences had a deep psychological impact. Resettlement that did not tackle this frequently resulted in further rooflessness.

As the nature of street life meant that individuals were obsessed with the here and now, a sense of future was often lost. With it went the hopes and dreams that future brings. Indeed, some people felt doomed, that the future did not exist. Others were depressed, feeling that they would not survive long enough to think of a future.

"The problem for me at that age was that I never really believed that I would get old. I could not imagine it and did not want to. That's why life continued the way it

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[7] See Chapter 3 Homelessness: Theoretical Perspectives

did. I had no thoughts for the consequences or the future. As far as I was concerned, the future simply did not exist". John, male aged 52; housed 12 years, roof/homeless 20 years

Those attempting to resettle after years being roofless experienced culture shock. A combination of ending (or drastically curbing) substance abuse and moving into some form of accommodation could be psychologically unsettling. A similar form of culture shock may be observed in missionaries returning to western society form third world countries: interviews with returning missionaries suggested that they experienced reverse culture shock more powerfully than initial culture shock. This was true of roofless people too. A number felt the shock of returning to housed society more acutely than their first experience of rooflessness. One man, now a married male nurse with a son, noted his experiences when he went home after 3½ years of roof/homelessness.

"I was happy but things were hard to come to terms with. Things like hot water coming out of taps, toilets that flushed. I was used to digging a hole with a spade. It wasn't bad though. It was surreal. That whole time getting used to things again was just surreal. But it was claustrophobic after not having to worry about much, having no responsibilities. Had I gone straight from the tepee to the flat, I wouldn't have made it. I couldn't have done it." Mark, male aged 28; housed 4 years

There were a lot of adjustments to be made, especially for the entrenched roofless. People had to re-learn how to live in accommodation, how to live in close proximity to other people, personal hygiene, budgeting and later on cooking, cleaning and planning ahead. Those who left home at or before age 16, may never have acquired these skills and needed to start from scratch. Learning such skills was made more difficult by low self-esteem, befuddled brains from years of substance abuse and raw emotions.

In addition to the practical things that needed to be learned were coping strategies. Some individuals needed to change the way they dealt with things or had coped in the past. For example, some used drink or drugs to avoid thinking or feeling, others had opted for the 'fright and flight' (running away from problems) or 'ostrich' (pretending its not happening) coping strategies. These negative coping strategies had contributed to their rooflessness and its continuance. To avoid people repeatedly making the same mistakes, old coping strategies needed to be unlearned and replaced with new, more effective ones.

One of the biggest psychological hurdles that needed overcoming was the fear of failure. Some of these feelings were deep-rooted, stemming from childhood. Feeling a failure eroded self-confidence and crippled and inhibited success however good the resettlement programme. Failure is a natural part of everyday life, people needed to learn how to cope with and manage failure without being completely crushed by it.

"When I leave [hostel] I want to feel secure and safe with my new place. I don't want to live in fear of being evicted or of losing the place once I have it. I want help now to prepare for that". Shirin, female aged 18; hostel

Systematic evidence from formal and informal interviews suggested that despite wanting help, roofless people found it difficult to accept/receive help. A combination of the fierce independence and fear of trusting people needed for survival thus far, inhibited their ability to ask for and accept help. Furthermore, those with mental health problems, learning difficulties or substance abusers found it difficult to understand the information, instructions or advice given. At times help was imposed on people with little or no explanation of what was being offered and why. Thus help was, at times, perceived as invasive, intrusive or inappropriate. All this meant that, on occasions, help was available, but individuals were unable to receive it or use the resources available to them. For example, this man's housing officer was also his keyworker: he did not understand this, so opposed assistance.

"I'm a little confused about the housing association that I rent from. Harry from the housing association is my landlord. I've received a letter saying I've been here for over 2 months now and he wants to visit me to see how things are going. This is none of my landlord's business. I feel as though I've to justify myself to my landlord. In the past I've never had to speak to landlords about personal stuff and I don't understand why I have to now." Chris, male aged 30; roofless 2 years, housed 5 months

Lack of knowledge played a large part in episodic rooflessness, including not understanding entitlements of simply that they could ask for help. Some found it difficult to identify the type of help they needed. Unable to ask for specific help, they received none. Thus it was not their inability to receive help that was the problem, but their lack of knowledge or inability to perceive that there would be help available.

"I didn't know what to expect, so I didn't really expect much. They answered my questions. I don't really know what to ask for or what help I need, or if I need help. They do answer my queries and that's it. I assume that's all I get." Chaloka, male aged 30; housed 1 month

"People keep asking me what kind of help I needs, but I don't know, I just knows I needs help because I'm not coping and don't know how to cope". Tommy, aged 35; rough sleeper

"Looking back, I never put my name down on the council waiting list, I don't know why. I think I probably didn't know about the list, or just thought it would be a lot of form filling and hassle. I don't know what I thought would happen, I think I thought something would just come out of the air really". Mark, male aged 28, housed 4 years

A major factor that influenced the success of tenancies appeared to be the individual's perspective on the resettlement process. Some of those housed for months, even years, viewed their tenancy as a matter of luck. They felt lucky to have accommodation, unlike their roof/homeless friends. Their continued success in

maintaining that tenancy was not perceived as hard work and/or their motivation to succeed, but because they stayed lucky. When things went wrong (e.g. with benefits or bills) these people often failed to seek help. This left them vulnerable to further rooflessness. Those who had experienced episodic rooflessness over a number of years, felt that repeated tenancy failure proved their theory. This was despite their ability to identify budgeting, debt, substance abuse, lack of knowledge or understanding of the support on offer as contributory factors to their episodic rooflessness.

> "The next challenge is to buy clothes and things like that, to be normal. This is hard, because you don't want to buy new clothes or a chair or something, just in case things don't work out and you're thrown out." Chris, male aged 30; roofless 2 years, housed 5 months

Another danger with believing that successful re-housing was due to good luck was the natural desire to want to share that luck. This often meant inviting roofless friends to stay with them. This frequently resulted in tenancy failure and rooflessness. Similarly the intense isolation and loneliness experienced by those re-housed, enticed them into inviting roofless friends to live with them. Those determined to make re-housing a success and reintegrate back into mainstream society, realised that such success relied on them severing all links with the homeless culture. Self-isolation or self-exclusion from the homeless culture was a painful and difficult process.

> "What I really need is help to meet people. I go to probation once a week, but they are the only people I really meet. The hardest thing was giving up seeing my drinking friends, meeting with them and chatting. Now I only know 1 person in the block, but I don't speak to him much. I'm scared to meet my old friends because I know that it wouldn't work, because I'd just start drinking again. The hardest thing was starting afresh not knowing anyone". Chris, male aged 30; roofless 2 years, housed 5 months

The intense sense of loneliness and isolation experienced by some, led to depression, which inhibited their ability to make new friends within housed society. Additionally, some found that they were sharing a tenancy with their worst enemy, the person they despised the most, had the least respect for and simply did not get on with; themselves. For many, recovery was literally a matter of willpower as they battled for survival.

A serious look at resettlement would need to consider ex-roofless people's perceptions of how it could or should work, any gaps in existing provision, and what does not work. In practice, most wanted programmes that had several stages to progress through. They wanted time to deal with the issues that triggered their roof/homelessness within a safe environment. Most expressed a need for preparation for moving into a flat, what to expect, how to get fuel supplies connected, information on card meters and other

ways of paying bills, how to set up a home, where and how to get furniture and basics such as bedding, pans, etc. The overriding concern was for help with and practice to budget before having a tenancy.

"I needed to be able to progress through different schemes. You know, like you spend 3 months here then you go onto the next step and the next step and the next and back into society. You could feel confident at being homeless then and move forward" Jenny, female aged 23; hostel

"Money, I could do with help with budgeting, because I really find that hard. I need help with getting my own things together, ready for when I moves into a new place. I need advice, someone to advise me on what to do and how to do it". Shirin, female aged 18; hostel

"I'm not sure how to get things like getting the electricity on. One friend phoned her mum to find out how to get gas." Anita, female aged 20; hostel.

Systematic evidence from formal and informal interviews suggested that difficulties often set in once the novelty of trying to furnish their place and juggle finances wore off. Most felt ill-prepared for the long-term. The hardest time appeared to be at the end of the first year. By then, most had their basic furniture and their finances were under control. However, most still had no friends and were not in employment and/or were unable to work. At this stage some found that the isolation became unbearable. The drudgery of constantly counting every penny and never being able to afford luxuries, such as new clothes, made it difficult for them to be optimistic about the future. The next 12 months appeared crucial. Those who managed to make it past 2 years in housing were the most likely to remain housed for sustained periods. After being re-housed for 2 years they still appeared vulnerable to further episodes of roof/homelessness, especially those who had to move frequently when tenancy leases ended (e.g. those housed in the private-rented sector or, in some cases, with housing associations).

"I have to move out of this place. I hope the new place will be permanent. The owner of this place wants it back off the housing association. We all have to move out, I had a letter about it. They are moving us to a place down the street. It's a brand new place. I've seen it. I hope it's going to be ok. The worst thing is I've just decorated this room". Samir, male aged 26; housed 1 year

Horizon youth homeless charity, noted that when their clients' tenancies failed, it was most likely to be around 6 months or 18 months after moving in. Losing tenancies at 6 months appeared to be triggered predominantly by debts and substance abuse-related problems. However, the tenancies that broke down at 18 months were different. At 18 months support had either ended or was about to end. Horizon noted that those who hit problems at this point appeared to be embarrassed or reluctant to return to homeless agencies for help if difficulties set in. They were outside the system. The formal and informal interviews suggested that people had not asked for help when they hit crisis

point, mainly because they felt that it was '*down to them now to make things work*'. Those with resettlement support, did not discuss all their problems with keyworkers; they did not want to '*cause too much trouble*' or worry the keyworker. Thus, those who could have been in a position to spot danger signs were unable to pre-empt situations or assist.

Evidence from the formal and informal interviews suggested that rules were an important part of successful resettlement. It appeared to be important to understand how rules were set and how hidden rules were learned. Rules were discussed as a sore point at the outset of resettlement, deterring people from entering night-shelters/hostels. However, once in a resettlement programme, people wanted to know how to change. The most successful resettlement programmes appeared to be those beginning with light, broad rules that were then added to as and when individuals could cope with the next phase of resettlement. For most, rules needed to exist to create a sense of security. Rules that were too slack were counter-productive, leaving people feeling unsafe both physically and ontologically. Equally rules that were too rigid made it impossible for the individual to achieve, feel valued and learn how to decipher right from wrong behaviour for themselves. In some senses this aspect of resettlement can be compared to toddler training (Green 1995). Many of the same principles apply. Rules were part of discipline, but also part of a Goffman-style game that needed to be learned. Fitting-in, belonging to any society requires that we learn the rules and know how to play the game to be able to fully participate. If we are serious about re-integrating the roofless into housed society, we need, at the very least, to teach them how to play the game and give them the skills and the means with which to participate.

> "*A basic set of rules I was given to follow. I knew that if I didn't follow the rules I would be out. The rules applied to everyone, it was disciplining people so they didn't misbehave. Everyone felt equal and that felt safe. The hostel prepared me for life on my own. I didn't know anything so I wanted to learn. The hostel even learned me the way around Sainsbury's*". Samir, male age 26; roof/homeless 6 years, housed 1 year

Finally, feeling respected, heard, equal and valued were important aspects of resettlement. This instilled confidence and the desire to continue with the programme. Similarly programmes that created a sense of achievement created a positive learning environment and attitude to life. Positive attitudes and self-perceptions appeared vital to both long-term success and in coping with the initial inertia of moving into a tenancy.

8.6 MOVING IN AND BUDGETING

Moving house is renowned for being one of the most stressful activities. There is every reason to suggest that this would be even more stressful for re-housed roof/homeless people taking on their first secure tenancy. That aside, there were a number of

obstacles that needed to be navigated as part of the moving in process. If we are serious about ending episodic rooflessness then we need to examine carefully these obstacles with a view to making them easier to overcome.

Most re-housed roofless people appeared to be ill-prepared. They did not know what to expect in terms of the type or condition of the property they were likely to receive. Most had no plans or savings for removal costs, furniture or basic supplies, such as cleaning or cooking utensils. Permanent or secure tenures were almost always unfurnished, thus such preparation was vital. Indeed, evidence suggested that few roofless people received even the most basic of advice when moving in, for instance, about existing projects in their area (e.g. furniture schemes), getting utilities connected or the different payment methods (e.g. card meters). The formal and informal interviews with providers suggested that some projects/hostels felt that it was not their duty to assist in this way and so offered no guidance or information. Some felt that clients could not take in that amount of information. Just getting the keys and benefits sorted out was stressful enough. This appears to be illogical. People so vulnerable that they could not cope with information about the moving-in process, were moved in without any information or assistance and expected to cope.

> "Gas and Electric you have to connect it all. I moved in in December, with no gas and had to wait 3 days to have it connected. There was no card meter. I had no water for 30 hours because I couldn't find the tap. It was dark and I had no electric to see with". Samir, male aged 26; roof/homeless 6 years, housed 1 year

> "I had problems sorting out the gas electricity and water when I moved in. I made appointments for them to turn their services on, but they didn't turn up and I'd be waiting in for hours in case they arrived. No telephone caused problems because I couldn't chase them up until the next day, and then I could only rebook the appointment. This was very stressful and I found it difficult to cope with sorting everything out". Gabriella, female aged 35; episodic roofless 7 years, housed 3 months

There were some excellent examples of good preparation for re-housing. Although the extent to which roof/homeless people were able to save for and amass possessions ready for moving into accommodation was dependent on structural factors, such as the degree of security within hostels (e.g. own lockable room) and staff willingness or ability to accommodate an individual's needs or plans. For example, a Reigate hostel encouraged those tenants accepted on the housing waiting list, to save money, plan colour schemes for their new accommodation, buy in basics such as tea-towels, tin-openers, kitchen and bathroom accessories. Ontologically this was very effective as it gave those waiting to be housed something to aim towards, taught them budgeting skills and gave them a sense of pride and self-respect. Saving and planning, sometimes 2 years in advance, made it less likely that tenants would default on their tenancy.

"I have a lot more pride in myself now. I take care of myself. I am budgeting my money better. I've been gradually buying things in for when I move. I've got all my kitchen stuff, now I'm working on my bathroom. I've chosen the colour schemes and everything. I've spent a lot of money". Heather, female aged 19; hostel

Many tenants struggled to resolve problems left behind by the previous resident, including arrears on bills, damage done to the property or the hostility of neighbours. Some ex-homeless people had to spend weeks and months trying to get fuel suppliers to recognise that a tenancy had changed hands. Some took months to pay off other people's arrears, running the risk of getting into serious debt themselves.

"When I moved in I had no heating. It took 3½ months to get emgas to clear the bill for the house which the last tenant had arrears on. So I was without electricity and gas all that time. They kept losing the letters and saying that they couldn't find any record of the property changing hands". Peter, male aged 38; roof/homeless 19 months, housed 9 months

"I keep getting sent a reminder bill for the previous persons gas, so I have to keep contacting the gas board to ask them not to cut me off because I'm a new tenant. The gas board seem slow to respond. I have seen the size of the gas bill and am worried if my bill is the same amount I will not be able to afford to pay it. So I sit in the dark and don't have the heating on to cut down on gas and electric". Gabriella, female aged 35; episodic roofless 7 years, housed 3 months

"At 7am someone was banging on my door, threatening to break the 'fucking door down'. They thought I was someone else, the person that used to live there. The council changed the locks and said I had to be reasonable about this, they don't usually change the locks for people". Valerie, female aged 24; housed 6 months

It took an average of 3-6 days for most people to get some form of lighting and heating sorted out. However, many did not have cooking facilities, so home-cooked meals were out of the question. It took some people months before they could afford cooking facilities, such as microwaves or two-ring hotplates; most had no cutlery or pans. Setting up home is far more expensive than normal week-to-week living, requiring a substantial outlay to buy, for example toilet rolls, washing up liquid, salt, sugar and other everyday things that we normally replace periodically. Thus most people either ran up rent arrears soon after moving in, stole what they needed or had to return to daycentres for meals, laundry and personal hygiene. Resulting tenancy failures were recorded not as structural problems, but as the individual's personal failings, failure to budget, set up home or pay their rent.

"I now understand why some people sell the Big Issue even when they have a place. They have to sell it to survive. There are a lot of bills to pay, and a lot of expenses, especially when you're first moving in". Mrigesh, male 49; housed 2 years

Not surprisingly then, the majority of re-housed people experienced real difficulty in getting furniture for their accommodation (also Rosengard 2002; Alexander and Ruggieri 1998; Randall and Brown 1994b; 1995). Those using furniture projects had to

wait for donations of items they needed. Financing the acquisition of furniture was also problematic: some were entitled to a furniture grant/loan from the social fund, but applications took approximately 4 weeks to be processed. Loans meant that people started their new lives in debt. Some would not take a loan for fear of losing their tenancy.

> *"It took 8 months just to get the basics in furniture. There's a charity where you can get a 3-piece suit for £20 and delivered. I had to save up for 2 months for a cooker. I was lucky someone gave me a second-hand microwave."* Andy, male aged 51; roof/homeless 18 months, housed 2.5 years

> *"Eventually I was given a flat, I put into the social for a loan but they refused. I only got enough money to pay for a cooker and a bed. Nothing else. I'd a roof, but nothing to put in it."* Foxy, male aged 32; roof/homeless 9 years, housed 8 years

These difficulties with furniture and fuel supplies meant that a number of those re-housed felt they rented a squat or were sleeping rough indoors. A number struggled to feel positive about their situation; feeling that the only thing that separated them from rooflessness was bills, and a few bricks and mortar. One interviewee who moved into an unfurnished housing association property, noted: *"I've constructed a hive inside the flat, to keep myself warm and to stop people being able to look in"* Peter, male aged 38; roof/homeless 19 months, housed 9 months.

Evidence suggested that budgeting was perhaps the biggest concern for the vast majority of those re-housed. They experienced sleeplessness, constant worry, stress and depression. Many missed meals to pay bills or went into arrears to buy food or essential clothing. Those with substance abuse problems struggled to budget and support their addiction. In an attempt to budget and control expenditure, most re-housed people preferred to pay bills on a weekly or fortnightly basis to match benefit payments. Most companies actively deterred this, preferring payments that followed company payroll systems (monthly payments).

> *"One of my biggest problems is budgeting, if anything will cause me to lose my flat that will. I made sure my gas is on a card meter and the electric in on a key meter, because I simply wouldn't cope with receiving bills once a quarter. I would be constantly worried about having to save up that much money"*. Chris, male aged 30; roofless 2 years, housed 5 months

> *"It's not easy keeping the place going. I keep getting into arrears with the rent especially when I've been on a binge. If I've money I will buy anyone a drink. So I never have money and I keep having to sort the rent out"*. Stephen, male aged 40; housed 4 years

> *"When they housed me they housed me in a housing trust and the rules were that you could only be in 2 weeks arrears on your rent before they processed you for eviction. I had to learn to budget then and that was hard. At first I'd get into arrears, then when the next giro came through I would go down to the office, pay all the rent arrears off, but have no money to live on for the next fortnight. This*

happened several times". John, male aged 52; roof/homeless 20 years, housed 12 years

Low-income budgeting is common practice for individuals and families surviving on benefits and they find it difficult. However, as has been shown many roofless people came from middleclass backgrounds. Thus they were unused to this degree of restricted expenditure. Those used to middleclass lifestyles were used to a better diet, better clothing and a different general standard of living, all of which was impossible to achieve on benefits. Furthermore, most were financially worse off in accommodation than in hostels. Some resented the restrictions that low-income placed on their social lives. Thus, in addition to budgeting some re-housed people had to battle with preconceived ideas and expectations.

> *"My main concern is how I'm going to cope with the expenses, paying for the heating and water. I have to be very cautious when shopping, because I don't have a lot of money and it's easy to overspend. I can't always have foods I like or that's good for me because I can't afford them"*. Gabriella, female aged 35; housed 3 months

Furthermore, there was evidence to suggest that a number of roofless people (especially the young) naively thought that it did not matter if they did not pay their bills or ran up arrears. They appeared surprised to have been evicted. The young assumed that allowances would be made for their age.

> *"I didn't know anything about rent and food so I said I'd pay next week. I kept saying next week so I got evicted"*. Anita, female aged 20; mother and baby unit

> *"It's just bugging me about getting some money. I don't understand budgeting. It is really hard, I live off £41.50 a week. I can't work because they will stop my money. It's hard paying your rent and all that. It's like £20 per week. Plus I am still paying off for my TV and video. I have no money for myself"*. Sandra, female aged 16; hostel

Many of those re-housed struggled with budgeting and finding a routine or creating some form of financial plan. Those that succeeded not only were likely to keep their tenancy, but had a better quality of life. There were examples of innovative ideas.

> *"I've sorted out my bills problem. I have my giro paid directly into a bank account and now everything is taken out by direct debit. I think its great because the bank does all my budgeting for me."* John, male aged 52; housed 12 years.

> *"I got a loan from the DSS, about £100. I'm on my third £100 now. I get a loan to buy something and when I've paid it back I get another. I bought stuff from a catalogue; you have weekly terms. I buy one thing at a time and pay it off bit-by-bit. I already had my TV and some furniture at the hostel. I bought those from the catalogue and paid them off every week"*. Samir, male aged 26; housed 1 year

There were examples of re-housed people turning budgeting into an art form. Some used it to curb or stop their substance abuse. They ensured that they never had spare cash to spend on drink or drugs. Others opted for the treat and reward method, using

the money they saved from not buying drink or drugs to buy something else they wanted. However, this required great self-discipline and determination.

> "One of my biggest problems is budgeting. At present I've managed to get everything planned, but my focus is on stopping myself from drinking. So when I gets benefits I spends all the money straight away. I puts the electric on a key, the gas on a card, pays the rent and then buys all my food and the dog's food for the next 2 weeks. I planned it this way so that I'm so skint for the fortnight that I can't afford a drink even if I wanted one. This way I've no bills and nothing to keep worrying about. All of this is taking some getting used to because I'm used to having money everyday, but spending it on drink" Chris, male aged 30; roofless 2 years, housed 5 months

> "I've slowed down on the booze. The good thing about this is I've actually got a bit of money now, so I can go out and buy clothes and things. I bought some clothes the other day and it made me feel good." Sandy, female aged 27; hostel

8.7 HOPES AND DREAMS FOR THE FUTURE

Those in hostels and temporary accommodation appeared to see the future in terms of accommodation, a relationship and/or a job. Most could not imagine anything existing beyond getting a tenancy, or could not imagine ever living in a tenancy despite wanting one.

> "I don't know what is going to happen in the future, but I think I can face it a bit better now. I've stopped drinking altogether. I still have to take things one step at a time and that's probably going to last for quite some time". Colin, male aged 47; sleeping rough and on friends' floors

> "I would like to settle down, have a girlfriend. But no one would have me with these scars [scars from self-mutilation], no one half decent anyway. I'd like somewhere of my own that I can afford. But that's a long way off". Alex, male aged 35; rough sleeper

More disturbing, many re-housed people had no real ambitions for the future. Many of those in tenancies still lived one day at a time after 4 years in housing. With the exception of those in full-time employment, many found it difficult to talk in terms of the future, even those re-housed for 10 years or more. Although some talked about finding college courses, employment or counselling they did not speak in terms of long-term career prospects, but getting themselves sorted out. They could only look a short distance into the future. People appeared to be afraid of hoping for a brighter future with an almost religious fear that if they hoped too much they would 'curse' the present.

> "My goal is to stay off drinking for one year. I now want to start going to a gym, to get my strength back and to help me feel healthier." Chris, male aged 30; roofless 2 years, housed 5 months

> "I am having cognitive therapy and next year we are going to go through therapy from my childhood onwards. I am trying to organise to go back on a degree course and I am going on assertiveness and confidence building courses". Valerie, female aged 24; housed 6 months

Those failing to be able to see any form of future, appeared to be those still entrenched

in the homeless culture and/or those still vulnerable to rooflessness. Similarly those only able to look a short distance into the future seemed to be those still afraid of becoming roofless again, those struggling to cope with their tenancy or struggling with life in general. This struggle kept their focus on day-to-day survival and left them vulnerable to stress, depression, and failure to thrive in housed society.

Those with the most hope were the people with careers in full-time employment, such as nursing or accounting. They expressed the future in terms of promotion, partners/spouses, plans for their family. They could see the next ten years and were happy to view the future. This group were the most integrated back into mainstream society. Even the language used to describe the future was different. They viewed rooflessness as a past experience never to be repeated, and spoke in terms of the problems they had overcome, beaten or conquered.

"I get my nursing degree this year and figure that if I work hard I could get promoted to sister within four years and then financially we should be much better off". Mark, male aged 28; housed 4 years

8.8 CONCLUSION

This chapter has demonstrated that there are immense, complex, multi-dimensional difficulties to be faced by those exiting rooflessness. These difficulties arise from complex structural, behavioural and emotional factors that are inextricably entwined and, at times, negate positive influences or exacerbate existing problems. Difficulties appear to increase with the duration of rooflessness and the intensity of involvement with the homeless culture. Although deserving versus undeserving is supposedly an outdated concept within social policy, there are clear indications that value judgements concerning roofless people in general and drink/drug addicts in particular, have shaped and defined existing resettlement policies. These have then become entrenched within the homeless industry and local and national government provisions. This has, by and large, created an uncoordinated approach to resettlement that actively discourages and/or prevents people from moving into tenancies and fully re-integrating back into housed society.

There are clear indications that a number of changes could be made to make resettlement easier and more sustainable. These will be discussed along with the main findings and recommendations in the next chapter.

9. CONCLUSIONS AND RECOMMENDATIONS: PREVENTION AND INTERVENTION

The thesis began looking at the way homelessness is defined and how these definitions affect policy, funding and the general public's perceptions of rooflessness. A discussion of a cross-section of sociological theories held by a variety of scholars looked at the way rooflessness is treated and the way theory can affect social policy. No single theory proved adequate to completely explain rooflessness, though structuration perhaps came the closest. There was an examination of the impact of various social policies on rooflessness since the inception of the welfare state, including housing, economic, employment, and homelessness policy. Many of those currently on the streets had been affected not only by earlier social policies but also by current policy on roof/homelessness. Much of the existing policies designed to prevent, resolve and re-integrate roofless people into housed society developed by default rather than systematic design. The resulting consequence has been a legacy of disjointed, uncoordinated projects and pieces of legislation, despite several attempts to unite them. Successful assistance for the roofless appears to be a lottery dependent on geographical location, government and voluntary sector policies and funding sources.

The thesis demonstrated the complex nature of rooflessness, by examining people's routes into, through and out of that state. It established that the causes (or triggers) of homelessness are many and varied often stemming from childhood. Rooflessness appears to be the solution to long-standing problems rather than the problem itself. It would appear that people spend considerable time trying to avoid rooflessness before it actually occurs. Services to prevent rooflessness are currently predominantly limited to crisis management, that is, intervening after or when rooflessness is about to occur. Thus, the lack of help available and lack of access to accommodation eventually leaves people with few alternatives. Despite the homeless industry's detailed (though unrecorded) knowledge of the homeless culture, little is done to counter it and make it easier for people to re-integrate into mainstream society. The lack of a cohesive united response to all aspects of rooflessness has resulted in many policies diluting or negating the impact of others. This being so, roofless episodes are created or lengthened by some of the homeless industry's attempts to assist and by central and local government policies. The thesis has discussed in detail the process of re-integration and identified the many and varied obstacles and hurdles that need to be navigated and overcome by roofless people before they can gain secure tenancies and/or set up home and re-integrate back into mainstream society.

The thesis proposes that serious attempts at stopping rooflessness occurring need a two-pronged approach starting at policy level. Firstly a preventative approach, action taken when rooflessness is clearly imminent to avoid it becoming a reality, action should be aimed at structural, biographical and behavioural problems. Secondly an intervention approach, involving action at a much earlier stage that is designed to minimise the impact of the triggers of rooflessness as they occur, but before rooflessness becomes imminent. As the triggers of rooflessness appear to occur throughout the life-course and across the social classes, the most effective intervention would need to mirror that. This section of the thesis will begin by focusing on prevention of rooflessness and what can be done within the realms of crisis management.

Firstly, however, there must be a consideration of Carlen (1994) and Jencks' (1994) argument. Easier access and good quality facilities have been shown to increase the number of people willing to take a chance at declaring themselves homeless in order to access better provision. This inflates homeless figures, clogs up the system and places vulnerable people in danger. The art of any effective social policy towards prevention and/or resettlement is finding the right balance between offering people a fast-track into accommodation and making it so difficult to get accommodation that it is virtually impossible to avoid rooflessness or escape from it. Prevention and crisis management of rooflessness needs to find that balance.

9.1 PREVENTION

For prevention to be successful, there needs to be a consideration of both initial rooflessness and episodic or rooflessness after resettlement. The evidence suggests that we need to look again at the way rooflessness is crisis managed. The focus needs to shift from the current reactive response to a more proactive one. With this in mind it is important to look at what can be done immediately before roof/homelessness occurs in order to prevent it. The thesis has established that isolated triggers rarely result in rooflessness. It is the accumulation of triggers over time (7-9 years) and/ or their occurrence in quick succession that makes them so potent. The length of time between triggers starting and rooflessness occurring suggests that there ought to be ample time for prevention (and even intervention) to take place.

Furthermore, systematic evidence suggested that people rarely became roofless by choice or as the result of an isolated incident. Nor did most become homeless and roofless at the same time (there was usually a gap of 1-2 years). Many spent months, even years, avoiding rooflessness. Rooflessness only occurred when all other options had been exhausted. It is important to examine which options such people chose as

this gives an indication of where policies to prevent imminent rooflessness should be aimed. The following were the most common methods used to avoid rooflessness:

Sofa-surfing or sleeping at friends/relatives: this was the most common first port-of-call. Those who had experienced triggers of rooflessness but who had not become roofless, suggested that this was, at times a very successful way of avoiding rooflessness. Although they usually used one or two friend's floors/sofas unlike those who became roofless who sometimes moved frequently round a series of friends until they had run out of people to rely on. The longer a person sofa-surfed, the more likely it was that they would experience diminishing standards of accommodation and alienate their friends and family. Sofa-surfing was also used as part of people's long-term housing strategies for avoiding repeat episodes of homelessness or as alleviation from time on the streets or in hostels (also May 2000). There is a natural assumption that sofa-surfing would mean cleanliness, warmth and comfort. However, those on the verge of rooflessness or seeking respite from the streets were more likely to sofa-surf in squat-style accommodation. Some people ended up sleeping between cigarette ends, ash and dried up vomit patches. Others slept in baths or walk-in wardrobes.

House hunting: most of those who became roofless as older adults (e.g. aged 22+) tried to resolve their own problem by finding accommodation. They used local newspapers and estate agents to try and find low-rent properties. However, in areas like London and the Southeast few were available.

Statutory and voluntary advice agencies or departments: most of those who became roofless as older adults spent considerable time before becoming roof/homeless trying to find help or assistance with their housing problems, from Citizens Advice Bureaus, police stations, law centres, their own solicitor/lawyer, local libraries, Housing Advice Centres, Benefits office (or DSS) and (usually as the

last resort) the Homeless Persons Unit or Housing Department. A significant number of potentially roofless people found that these places had either outdated or no information. Most were simply told to go to the Homeless Persons Unit, regardless of statutory entitlement. As established the lists of hostels and housing associations passed onto these people as sources of emergency accommodation, were usually full and rarely direct access.

When looking at prevention it is also important to look at what roofless people themselves felt would have prevented their rooflessness. Systematic evidence suggested that most felt rooflessness had become inevitable and at that stage nothing could have been done (see also Waller 2000). However, they did have views on what might prevent roof/homelessness in general (table 7).

Table 7 Roofless People's Views on What Would Prevent Rooflessness

A help centre	Local, with someone specialist in homelessness that acts as an advocate and directs people to the help needed. Gives proper advice not just a list of full hostels. A centre that supports you, but doesn't stop working with you until all your problems are sorted out.
Access	Immediate access to a night shelter and/or a regular bed.
Publicised information	About what to do and where to get help.
Education in school	Compulsory education on the 'real world'. Teaching you what to do in a crisis and how and where to get help. Explaining how to leave home properly and how to rent a place.
Rent regulation	To stop the high rents and enable people on benefits or low incomes to enter the private rented sector. Benefits that cover the rent.
Referring on	Agencies and departments that refer you to someone who really can help if they can't.
Adequate preparation	Budgeting skills, understanding benefits and filling in forms. Being told what to expect when you move into a hostel place or flat, having the responsibilities of a tenancy impressed on you before you move in, including behaviour towards the rest of the tenants, rules on visitors, etc.
More help for the over 25s	More hostels, rehabilitation programmes etc for those over the age of 25. Especially in out of London areas.
Counselling and advice	Someone to talk to when things start going wrong in a new tenancy. Counselling when needed throughout your life and especially before leaving prison.
A relationship	A relationship, someone to belong to and love. Someone that cares about you and you care about them. Someone to settle down with and start a home or even a family.

Although interviewees recognised that these were the types of things that would have prevented rooflessness, in hindsight they also recognised that many of the triggers that led them into rooflessness in the first place had started in childhood or certainly years before rooflessness occurred. By the time roof/homelessness was imminent, people either did not recognise that they were about to be homeless or felt that their situation was beyond hope. Thus, when asked whether they would have made use of their suggestion had it existed or they'd known about it before they became roofless, most said no. They could not imagine that anything could have stopped the roller coaster of

events, once started, that resulted in their rooflessness. They felt that prevention would have needed to be compulsory for it to work under these circumstances. They recognised that something needed to be done before crisis point, or before they had given up trying to avoid homelessness. Thus a number of their suggestions indicated much earlier intervention was needed.

The most overriding suggestion was for somewhere that offered adequate help, advice and assistance. A place that that continued to assist the client until they were stable and in accommodation and took into account accommodation, psychological and ontological needs. Although many advice centres existed, most offered crisis advice only. At times this was out of date or woefully inadequate. There is a need for a new and radical approach to the prevention of rooflessness. Systematic evidence suggests a need for some form of 'one-stop' shop service. One that used a keyworker advice and advocacy-style system and that spanned a number of existing local authority departments (including social service, health and housing) and voluntary sector organisations. It would need the authority to conduct housing need assessments, register people on the housing waiting list and organise counselling or substance abuse treatment. Housing, social service, social security and health departments plus voluntary sector organisations would need to trust the service to such an extent that they would allow one comprehensive piece of paperwork to be filled in that was acceptable by all the other organisations. This would end the problem of having to fill in a new set of forms for every department and/or service required. It would make a clear easy to access system that did not exclude people who could not cope with mountains of red-tape and paperwork. This type of facility would need to be open to both self-referral and referrals from statutory and voluntary sector as well as lay people (e.g. family/friends). Such a facility would not help those in denial about their potential rooflessness or those unable to ask for assistance. However, it would be available to their friends/relatives for advice or for referral by people capable of spotting their vulnerability to rooflessness, before it was imminent. The facility would also need to be linked into existing facilities or stimulate the creation of new facilities and schemes that promoted the creation of positive social networks and other protecting factors.

Such a facility would need to incorporate the ability to tackle a wide range of issues that needed counselling or long-term advice and help, such as debt counselling, anger management, family mediation, assertiveness training and chronic depression. Counselling would need to be easily and immediately accessible, instead of the current 3-6 month waiting lists. The facility ought to be able to broker quick and easy access to services aimed at other more complex problems including substance abuse. Systematic evidence suggested that better access to counselling across the life-course

was needed. Such a counselling service needed to be flexible and designed not to make users feel stigmatised or inferior because they needed help.

There is also a need for genuinely direct access[1] emergency hostel/night-shelter beds and housing association places. Access to most emergency and temporary accommodation requires rooflessness to have already occurred. There are currently few or no provisions for those trying to prevent their own rooflessness. This suggests that we need to re-think the types of accommodation available to the general public (those not roofless). Looking back over British housing history[2], in the past we have had the answers, but somehow through policy development and other changes we lost a lot of good ideas. There needs to be some form of working persons' accommodation. Historically we had working men's hostels and digs. Nowadays executives use hotels and high-class bed and breakfast accommodation in the same manner. However, there is little provision for lower paid workers and members of the public sector services (e.g. teachers). Accommodation needs to be of good quality, clean and a pleasant environment to live in. Halls of Residence style accommodation for single people on benefits and low-incomes could be one solution. This may reduce the stigma of hostel living, create cheap affordable housing for young workers, the upwardly mobile and Clark's (2002) white collar nomads. Stigma would only be reduced if this form of housing became fashionable for young singles and possibly childless couples. Many recent graduates are already familiar with this style of accommodation. This type of accommodation could be used for a variety of ages and build on and expand the existing foyer model. Thus, where appropriate, such accommodation could include employment preparation and life-skills training (or link in with other projects already providing these).

Historically the creation of social housing, ended the creation of good quality housing in factory villages. Although tied accommodation coupled with the end of jobs for life, has been cited as a cause of homelessness, there is every indication that it may prevent and delay a lot of homelessness too. There is a need for employers to become more involved with the housing of their workers, especially when they require a high degree of social mobility, including young people leaving their home areas to find work or people living and working in areas with expensive housing (e.g. teachers, police or fire officers). Furthermore, there is also a need to stimulate work away from the London and the southeast and in areas where there is more available cheaper housing. These areas would need adequate infrastructures available to assist and prevent people in danger of becoming roofless from doing so.

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[1] Self-referral.
[2] Homelessness: Policy Overview chapter

Housing also needs to be re-considered as part of the resettlement process. Keeping people within the hostel system while they wait for some form of social housing and/or supported housing to become available is counter-productive and in some cases damaging. Rather than continued calls for more hostels, there needs to be a faster movement of people from hostels to independent living training or probationary accommodation. This would ensure that those placed in secure tenancies are adequately prepared for independence and that hostel places were freed up for those on the streets and/or facing imminent rooflessness. Although, this will never be an easy option to put in practice in areas of high demand on properties, this should not be dismissed as an option.

As part of preventing tenancy failure and repeat episodes or rooflessness, there is an urgent need to re-consider the way properties are let and the condition of the properties let. Systematic evidence suggested that the condition of many properties was demoralising, unhealthy and at times dangerous. These were let to some of the most vulnerable people in our society. It appears that properties are rarely thoroughly checked before being let to re-housed people. Alternatively value judgements are made as to what roofless people should be prepared to accept. This is part of a current policy that views the solution to rooflessness as accommodating and containing roofless people away from the general publics view rather than helping them by removing the need to sleep rough. There appears to be a need for a means for regulating the standard and quality of accommodation offered. Ideally there ought to be a detailed survey of the standard and condition of accommodation offered to homeless people. Including hostels, temporary accommodation, and local authority and/or housing association secure tenancies. This should include recommendations for improving standards. There needs to be a duty on all social landlords to check that the property is up to standard and essential repairs are carried out before re-letting.

All establishments (public, private and voluntary) throughout England and Wales that deal with roofless people need to think in terms of long-term resettlement programmes. These ought to be mandatory. All hostels and temporary accommodation providers should either provide or be linked in with resettlement schemes. These need to be regulated to ensure clients get the help, support and assistance they need. There is a need for proper assessments of peoples' problems, needs and capabilities on entering the hostel system. By assessing people's problems and needs a proper resettlement programme can be tailored to suit them. These assessments need to be at a multi-agency level and include housing, health and social service type needs as well as the immediate needs within the hostel system. Such assessments could then be revised as the individual progresses to allow for both fast-track and slow movers. Far too often

providers focus on what they can afford to provide rather than on what is actually needed.

Resettlement should be a rehabilitation process that is holistic and takes into account all the individual's needs and aspirations and leaves them with a sense of confidence and self-worth. There is a strong argument for a flexible, easy-to-use resettlement programme that is not overloaded and that can act quickly and effectively in a crisis situation, yet can adapt and move according to the individuals' progress and/or regression. Such a programme would require clear identifiable pathways or exit routes for people to follow that do not end simply with a bed in a hostel or a tenancy with no support. Resettlement could be staged, with individuals achieving each stage before moving onto the next stage and finally into a secure tenancy. This should be flexible enough to allow those not able to cope, to move onto some form of supported or shared accommodation where appropriate. Completing a resettlement programme ought to be a prerequisite for being offered a tenancy. This would also encourage a change in attitude towards tenancies instead of people seeing them as a product of good fortune and luck, they could be encouraged to view the tenancy as something they deserved and were capable of sustaining. It is hoped that the Supporting People Programme, when introduced, will stimulate local authorities and both purchasers and providers to ensure that adequate resettlement help and support is offered to all those who experience roof/homelessness.

There are a number of policies and practices already in existence that promote successful rehabilitation, including good quality resettlement programmes, tenancy support schemes and befriender schemes (see Rosengard 2002; DTLR 2002a; Randall and Brown 1999a). However, there is a great deal of room for improvement nationally both in actual provision and the quality of that provision. If we are serious about ending/preventing episodic and/or repeat episodes of roof/homelessness, there needs to be a serious look at resettlement. This needs to be on several fronts including the way the physical, emotional and psychological aspects are tackled. It would require a cross-structural approach that moves beyond the homeless industry and social service-type provision to include the commercial sector. The thesis identified clearly definable barriers that acted as disincentives or blocked people's progression through the resettlement process. These were reinforced by a series of definable less rigid obstacles and hurdles that needed to be negotiated and overcome. Resettlement can be divided into two phases; firstly, factors that trigger and promote the desire to resettle. Secondly, factors that promote and drive resettlement once the process has begun. Table 8 and 9 summarise the main factors involved plus the barriers, obstacles

and hurdles encountered by roofless people trying to resettle. The last column suggests counterbalancing supports and pillars that could make the process easier.

Table 8   **Summary of Resettlement Triggers, Obstacles During the First Phase of Resettlement**

Triggers of resettlement	Encourages resettlement	Biggest barriers to resettlement	Biggest obstacles to overcome	Counterbalancing supports and pillars
Catalysts	Reached the bottom, life-style getting too much, sudden shock/trauma, someone cared	Gaps in information and knowledge. Substance abuse, depression & anti-social behaviour	Homeless culture. Loneliness. Staying motivated/determined to succeed	Feeling respected, heard, equal & valued. Progressing at clients pace
Crisis intervention	Adequate assistance and accommodation as soon as they become roofless	Not statutorily homeless. Gate-keeping strategies preventing access to hostels & empty beds	Placed in inappropriate hostels/temporary accommodation	Roofless prevention measures. Daycentre based support
Hostels	Good quality hostel	Accommodation only, multi-room occupancy style hostels.	Hostel regime, stigma, conditions, fear of crime	Flexible, open hostel regime. Single rooms clean environment
Keyworker	Enthusiastic keyworker	No access to support networks, no safety net of support in place	Overloaded key-workers, frequently changing keyworker or no designated individual. Mistrust.	A designated point of regular contact. Creative flexible keywork approach
Resettlement programme	Good flexible resettlement programme	No resettlement work on offer	Hostel and/or move-on accommodation silts up. Institutionalisation in hostel system	Staggered or staged resettlement programme, careful management of failure
Housing	Good quality housing	Poor state of property repair, lack of furniture and basics	Temporary housing, biographical histories, budgeting and finance	Preparation for moving in, help settling in, being given the basics
Employment	Employment	No home, no work No work, no home	No current CV, lack of qualifications, boredom, isolation & loneliness	Further education, vocational training, voluntary work, meaningful daytime activity
Informal support networks	Family/friends still in contact & interested in their well-being. Prepared to take them in	Family disowned them. Proximity to negative social networks	Disagreements within the family. Making new friends	Family mediation. Access to clubs, societies and places to meet/make friends

If rooflessness after resettlement is to be avoided and people are to be fully re-integrated back into mainstream society, then all accommodation providers need to ensure that adequate preparation and support is provided before during and after being offered a secure tenancy. This ought to be for all roofless/homeless people regardless of the duration of the episode of their rooflessness and regardless of their apparent ability to cope with a tenancy. This preparation and support needs to include probationary type periods of preparation for independent living, and time to learning coping strategies. Support after moving into a tenancy needs to be for a minimum of two years that tapers after that point. Careful co-ordination of support needs to considered preferably with one allocated support worker that has the authority and ability to deal with all the persons needs (e.g. drink/drug, mental health and life-skill problems). Furthermore, there needs to be a package of support that accompanies any acceptance of a tenancy. This needs to include checking tenancies are habitable

before the client moves in, notifying utility suppliers of a change of tenant, connexion of utility services, access to furnishings, basic household and food supplies.

Table 9   **Summary of Resettlement Triggers, Obstacles During the Second Phase of Resettlement**

Factors promoting resettlement	Barriers to resettlement	Obstacles to overcome	Counterbalancing supports and pillars
Good quality resettlement programme	Inadequate preparation for moving in, no resettlement programme	Finding alternative sources of advice/help. Frequently moved between projects	Proper resettlement programme. Flexible, builds in room for failure
Access to move-on accommodation when they are ready	No move-on accommodation. Not statutorily homeless. Inappropriate accommodation. System too rigid does not manage failure	Institutionalisation within hostel system. Staggered resettlement	Keyworker (or probation officer) with power to broker access to accommodation and other resettlement help
Condition of accommodation offered	Poor state of property repair, difficulty getting fuel supplies connected, obtaining furniture & household basics	Access to grants/finance to set up home. Access to knowledge of projects that can help. Coping with bureaucracy	Home starter packs. Access to furniture. Easy to follow booklet with pictures explaining fuel supply options
Finance	Rejected for community care grant/social fund loan. Benefit delays/cancellation. Lack of knowledge of entitlements	Poverty and budgeting. Benefit system. Work based benefits.	Preparation for moving in, learning budgeting strategies. Access to good quality advice. Gaining employment
Adequate support	Access to support services/ supported accommodation. Duration of support. No designated individual to contact/keyworker frequently changes	Willingness and ability to access, recognise and receive help when needed	Help to prevent rooflessness. Support to settle. Keyworker known and trusted by client
Friends and local connections	Housed away from family, friends and local connections. Isolation, loneliness and depression	Finding other sources of friendship/social networks. Social isolation. Boredom, no meaningful daytime activity	Joining club, society, church with regular activities. Employment, voluntary work or further education
Coping strategies	None or weak coping strategies	Learning new coping strategies. Confronting their problems.	Feeling respected, heard, equal and valued. Advice/ counselling
Personal characteristics	Inability to use or play the system. Depression	Own attitude/behaviour, onset of depression, return to substance abuse	Innovation, self-motivation, determination, self-confidence. Vision/plans for future
Social inclusion in mainstream society	Depression, mental illness, substance abuse. Still connected to homeless culture. Finances	Quality/standard of accommodation, no furniture. Social exclusion. Access to employment/ daytime activities	Employment/voluntary work, further education or daytime activity. Joining societies/ clubs, churches. Family/ friends close by.
No safety net	Access to advice, help/ support. Access to supported accommodation. Duration of support offered.		Safety net after being housed & intensive support ends

In addition to the above, the thesis identified predictor factors that indicate when resettlement and/or a tenancy is most likely to fail. These include the lack of self-motivation or determination to succeed, feeling trapped or stuck within the system, refusing to accept the advice of keyworkers and an inability to receive or use the intervention offered. Other indicators include an unwillingness or inability to accept hostel or tenancy rules, arrears, falling behind with bills, debts and failure to set-up home. It is difficult to define clear counterbalances for these predictors of failure. However, successful resettlement programmes will anticipate failure and put in place

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support mechanisms, find creative new ways of engaging with clients to motivate them, be patient but persistent in maintaining contact with disaffected people and find a level or speed of progression through the resettlement process that the client can actually cope with.

Furthermore, if we are serious about ensuring that those re-housed are able to fully re-integrate into mainstream society, live meaningful lives with ontological security and stability, the problem of social inclusion needs addressing. A realistic programme needs to be created that starts before the individual is re-housed and continues indefinitely if necessary after the individual has been re-housed. Currently this is difficult as people, especially in London, are often re-housed miles away from hostel and temporary accommodation, they are often not even housed within the same borough. This suggests a need to look at the way roof/homeless people are exported to other boroughs/areas and the negative impact this can have. A practical solution may be to offer accommodation as part of the resettlement programme on a probationary basis, with all the support and independent living training continuing until the individual has demonstrated their ability to sustain the tenancy and/or is happy to move on to independent living. At the end of the probationary period they could remain in the tenancy. Thus efforts to form social networks as part of resettlement would not be undermined or negated by moving to a different area when re-housed. Those unable to cope with sustaining a tenancy could be moved to a supported housing environment.

It is vital that creative ways of engaging with people and assisting them to form friendships and strong positive social networks within mainstream society are developed. People need to be able to move on from the intense support of the homeless culture and find adequate alternatives within mainstream society. Employment and befriender schemes are beginning to be used by the homeless industry, however, there is a need for more support and/or support available regardless of geographical location. Joining clubs, societies and other social groups can be daunting for some. It may be that they need help to bridge the void, perhaps through a keyworker, or designated trusted person, accompanying them to an appropriate venue for the first few weeks.

There needs to be an urgent review of the support services in each local area to establish existing facilities, usage and any gaps in provision. This should be currently underway in preparation for the governments Supporting People Programme due to be implemented in 2003. Support needs to be co-ordinated from the time roofless people enter the hostel/temporary accommodation system, not simply when they receive a tenancy. All social landlords should have a designated follow on/link worker that co-ordinates and monitors each tenants continuing support needs. This should also been

seen as part of local authorities strategies on prevention of homelessness. There should be more accurate monitoring and appraisal of re-housing outcomes in every local authority, with a view to addressing gaps and shortfalls in provision and creating a sustainable service that meets actual (not perceived) needs.

9.2 INTERVENTION

In addition to the need for policies to prevent rooflessness, there also needs to be a careful consideration of possible interventions. The thesis has established the known triggers of rooflessness and that considerable time elapses between the triggers beginning and rooflessness occurring. Thus for intervention to be the most effective, it needs to take place at a point long before the crisis point is reached. Early targeting combined with the introduction of protecting factors and careful monitoring of the individuals circumstances could avoid vulnerability to and rooflessness from ever occurring. Crisis management of rooflessness can be effective, but it is far better to prevent the crisis. However, before any government intervention policies are set, there is a need for further research to review the way British policies are set. All too often we have sticky plaster or makeshift solutions imposed that cause as much damage as they alleviate.

> To give just one example, the two-year rule under the homeless legislation. Local authorities only had a duty to house homeless people for two years while they waited on the housing waiting list or searched for alternative accommodation. This meant that families could be moved several times in a two year period as temporary tenancies in the private sector ran out. This places enormous stress and strain on family life. Homelessness, frequent changes of address, parents' separation, family stress in childhood are all triggers of future homelessness.

The broader repercussions of policies need to be considered before implementation if we are to prevent side effects like roof/homelessness occurring further down the line.

Furthermore, there needs to be a consideration of how to assess the risk of future rooflessness occurring before intervention is implemented. Munro (1999) argues that it is extremely difficult to predict rare events with a high degree of accuracy. This affects policy makers' ability to define a social problem and estimate the risk of future harm. Future harm includes the evaluation of what happens if action is and is not taken, factors that are diametrically opposed. The thesis has provided systematic evidence for a number of triggers of rooflessness, which could be interpreted as indicators of potential rooflessness for other people. It also demonstrated the potential harm of not intervening and/or preventing rooflessness from occurring. However, the main concern for policy makers would appear to be the highly contentious issue of assessing risk of future rooflessness for specific individuals. The main fears being labelling people wrongly assessed or spending millions of pounds unnecessarily on preventing something that may never happen. This is a dilemma discussed by Munro (1999), who

demonstrates the way public opinion and risk assessment practices in child abuse cases defined and shaped social policy and social work practices. This had direct consequences for the children and families involved and for the way risk assessment was perceived and undertaken.

However, there was systematic evidence to suggest that some form of intervention needs to take place. This section will consider possible interventions that are relatively simple, broad based, but designed to be non-punitive or stigmatising. Some of the ideas proposed will affect both those vulnerable to rooflessness and those not, but should be viewed as broadly beneficial and not too invasive. As with Munro's (1999) conclusion, there is a need to challenge people's ideological expectations of fundamental practices within child welfare and social work practices. Furthermore, there needs to be a shift in ideology concerning the way families in general and particularly struggling parents are supported. All too often the current practice criminalizes them or places them under suspicion rather than drawing alongside them and supporting them to find alternative ways of coping and dealing with difficult situations. Moreover, a viable system of support needs to exist. Currently there is little provision for families other than those identified as abusive. This section of the thesis considers when intervention needs to begin and a number of possible forms that intervention could take.

Intervention needs to be part of an ongoing process that develops and adapts to the individuals changing needs and circumstances. The fact that triggers occur for between 7-9 years before an individual becomes roofless suggests that monitoring and assistance may need to last that long. For some people, especially those with mental health needs or severe learning difficulties, this provision may need to be in place for life. Systematic evidence suggested that many triggers of rooflessness began in childhood at some point before the age of 14. Intervention this early and before rooflessness is imminent is difficult to evaluate. It is difficult to determine who, of those targeted, would have become roofless and were prevented from doing so and who would never have become roofless. One thing is certain, intervention without changes to crisis management policies will not work. Intervention would need to be targeted predominantly at those who are the most likely to become roofless. Such people would be those with the most triggers of rooflessness. The fact that many people within the general population experience rooflessness triggers but never become so means that predictor factors need to be identified. It is hoped that the routes into homelessness demonstrated that predictors of potential rooflessness ought to exist[3].

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[3] E.g. the accumulation of known triggers of rooflessness occurring in quick succession, social isolation from mainstream society, substance abuse and/or the onset of mental illness, particularly deep depression.

Table 10 People in a Position to Spot the Predictors of Rooflessness

Types of People	Predictors of Rooflessness
Friends and family	Running away from home, leaving home early, family conflict Sudden change in behaviour (angry/violent or quiet/withdrawn) Domestic violence, relationship breakdown, bullying Child abuse, time in care, leaving institutions Depression, onset of mental illness, increased substance abuse Never left parental home (e.g. by 35+), accumulation of triggers
School/education staff (e.g. lecturers/teachers, Head teachers, students unions)	Runaways from home, leaving home early, family conflict Child abuse, time in care, leaving institutions Frequently moving house/changing school, bullying Depression, increased substance abuse Sudden change in behaviour (angry/violent or quiet/withdrawn) Inability to cope (with life/ budgeting, etc), social isolation Personal accounts of traumatic events, accumulation of triggers
Youth workers (e.g. youth group leaders, connexions staff)	Leaving home early, family conflict, increased substance abuse Child abuse, personal accounts of traumatic events, bullying Sudden change in behaviour (angry/violent or quiet/withdrawn) Socially isolated (no friends), accumulation of triggers
Social services (e.g. social workers, care workers)	Runaways from home, leaving home early Family conflict, domestic violence, relationship breakdown Child abuse, time in care, leaving institutions Sudden change in behaviour (angry/violent or quiet/withdrawn) Depression, onset of mental illness, increased substance abuse Frequently moving house/changing school Long-term precarious housing, accumulating debts Inability to cope, social isolation Personal accounts of traumatic events, accumulation of triggers
Professionals (e.g. banks, solicitors, DSS/income support)	Relationship breakdown, domestic violence Leaving institutions, long-term precarious housing Inability to cope (with life or budgeting, etc), accumulating debts Accumulation of triggers
The homeless industry (e.g. housing departments/advisory services, housing association staff/key workers, estate mangers, hostel managers/staff)	Depression, onset of mental illness, increased substance abuse Leaving home early, leaving institutions Relationship breakdown, serial domestic violence relationships Long-term precarious housing, accumulating debts Inability to cope (with life or budgeting, etc), socially isolated Personal accounts of traumatic events, accumulation of triggers
Church leader/pastor, counsellors (e.g. debt, marriage, family, New Deal, alcohol/drugs, mental health)	Leaving home early, child abuse, family conflict Depression, onset of mental illness, inability to cope Relationship breakdown, accumulating debts, domestic violence Socially isolated, never left parental home (e.g. by age 35+) Personal accounts of traumatic events, accumulation of triggers
Criminal justice service staff (e.g. police, prison staff, youth offender teams, probation officers)	Leaving home early, child abuse, care, leaving institutions Depression, onset of mental illness, increased substance abuse Relationship breakdown, family conflict Long-term precarious housing, inability to cope Personal accounts of traumatic events, accumulation of triggers
Military discharge units	Leaving institutions Relationship breakdown, no family/kin to return to Depression, onset of mental illness, increased substance abuse Inability to cope (with life or budgeting, etc), socially isolated Accumulating debts, accumulation of triggers
Medical professionals (e.g. doctors, GPs, hospital consultants, psychiatrists, nurses, practice nurses, CPNs)	Runaway from home, leaving home early, child abuse Family conflict, time in care, leaving institutions, socially isolated Relationship breakdown, domestic violence Depression, onset of mental illness, increased substance abuse Inability to cope, accumulating debts Long-term precarious housing, never left parental home (35+yrs) Personal accounts of traumatic events, accumulation of triggers

Predictor factors can occur within childhood and/or adulthood. Predictors of rooflessness are only useful if they are spotted in advance of a housing crisis occurring. There are a number of professionals and lay people involved at some stage in people's lives. They are potentially in a position to spot or be told about predictors of rooflessness (both initial and episodic). Table 10 demonstrates the type of people who could potentially spot the predictors of rooflessness and the types of predictors, they could look for. This is a broad and general list of people. Many are not directly linked to homeless services. It is easy to overlook them and dismiss using them to prevent homelessness because it is such a varied group and in some cases, they have heavy caseloads or are difficult to engage within a social policy remit. At present, the majority are unlikely to get involved with looming homelessness. None-the-less, whether we like it or not, these are the people in a position to spot predictor factors.

This means that we need to look beyond housing and social service departments, we need to consult representatives from the above list and we need to create at the very least a referral point for potentially homeless people to be directed to (not formally referred, no paperwork needed) where they can receive adequate assistance. However, although it may be possible to identify predictors of rooflessness, identifying and dealing with them will entail all the difficulties that Munro (1999) identified when looking at intervening to stop child abuse. Furthermore other bodies of knowledge on social problems (e.g. crime) indicate that identifying and knowing the risk factors is perhaps the easiest part. Designing a sustainable, viable intervention programme that lasts, perhaps for years, is far more complex (e.g. Farrington 1996). Thus with rooflessness, a more reliable approach, given the importance of childhood, would be to consider a re-appraisal of the way we deliver childhood services.

Current social services and childcare facilities tend to be focused on crisis management, with the vast majority of resources focused on facilities for child protection. This means that children who could not be classified as at risk, or who are not known about by the authorities, are not eligible for assistance. This has not always been the case in England. Historically social services were much more active and were involved in many other aspects of family life. Current practice has evolved over time in response to government policy and spending cuts. Time constraints, heavy caseloads and low morale have diluted the effectiveness of social workers. Similarly the concentration on child protection and those at risk of abuse has meant that the service has become stigmatised and less approachable or accessible by the rest of the population.

There needs to be a shift in focus here to a more holistic view of childcare and social service provision, with its initial emphasis on a universally accessible system by all

parents and children and where children at risk is a small subsection. This would reduce the stigma assigned to using such services and ensure that people of all walks of life have access to help as and when they need it. A good example of this type of service is those offered to mothers of the under twos. The service is open to all mothers of any social or racial background, it is a service that offers advice and assistance on a range of family and childcare issues with the power to recommend other services, make referrals or offer teaching and training. There are a variety of different types of statutory and voluntary sector clubs and groups that young mums can go to for friendship, new social networks, peer education and advice. However, suddenly by the time a child reaches the age of two we expect parents to be able to cope and know what to do in every situation, children suddenly become model citizens and only have problems that schools can deal with. A similar non-stigmatised service is needed, that is offered to families with children of all ages (especially teenagers). It could include counselling based services, for example family mediation or marriage guidance counselling. There could be optional courses on practical parenting, teenage problems, conflict resolution, coping with divorce; the list is endless. This would not only allow parents to inform and help themselves, but also become a resource for families with problems to be referred to. Similarly a facility open to and used by the middle-classes suddenly becomes in-vogue and fashionable thereby reducing the risk of stigmatism.

In addition, there are currently no structures in place that enable families to understand the dynamics of social interaction, problem solving or conflict management within the home. Thus when the family hits a crisis point, relationship and family breakdown are often the only solution available. The British attitude of private family matters has inhibited the development of policies designed to work with and within families to teach and help them through times of difficulty. This needs to be redressed. Although there are specific circumstances that mean it is not appropriate for all families to stay together, these should be the minority not the majority.

There are also no adequate facilities to deal with family violence both against the spouse or the children. If the only escape from the violence is the street, a hostel or a refuge bedsit for mothers and children with dirty shared kitchen's and bathrooms, this deters women from ending the domestic violent syndrome that so many get caught up in. This in turn affects their children badly. We need clean, safe places for women and children to go to, a home from home that allows them to recover emotionally, receive counselling where necessary and move on to sensible accommodation.

We need a shift in British attitudes and social policy towards the family. An example of the direction in which family policy needs to shift, might be that of France. French

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Family policy is aimed at supporting the family, getting along side those that need help and assisting, supporting or guiding them, to enable them to be the strong stable unit they should be. Social workers work in partnership with the family and their assistance is easily accessible. Families are able to approach social services on the basis that they want help (Hetherington et al 1997). Although they may not get the type of help they request, the family and social workers work together to find solutions. Thus help is perceived as occurring on a voluntary basis rather than a compulsory basis as with the British system. Currently, British family policy means that in order to get help the family must prove their child is 'in need' and 'at risk'. Policy appears overly concerned with discouraging dependency by restricting access to assistance. The disparity seems to arise from the individualistic philosophy that it is better not to need help and needing help is a sign of weakness (Hetherington et al 1997).

Systematic evidence from local authority homeless liaison officers and work with RAISE[4] and SEEDA[5], indicated that one of the biggest stumbling blocks to preventing homelessness (especially youth homelessness), is the parents/relatives unwillingness or inability to accommodate family members. Better family support, via the family type service outlined above, including family mediation is one way forward. Evidence suggested that local authority homeless persons' officers frequently had to beg relatives/family and friends to hang onto people, even just for a short time while they tried to get alternatives sorted out. Finding an alternative bed was difficult, especially in areas with high rates of homelessness, full or non-existent facilities. One suggestion put forward was the creation of some form of financial incentive that would encourage families (in particular) and possibly friends to continue accommodating their young people for longer or to take back older children who had already become homeless. This is a highly contentious issue and would have to work along side family support and family mediation to help both the teenager and parent(s) to navigate the problems associated with the generation gap and constant rows. This could be part of an extension of Child Benefit (but at a reduced rate), or as some form of single room rent allowance. The viability of this or another more practical scheme would need much more research, including work done by an economist on the cost effectiveness of such an approach.

A lack of knowledge played a large part in some people's routes into homelessness. That included their own lack of knowledge leading to bad or ill-informed decisions and/or their friends/family's (the first port-of-call) lack of knowledge leading to unnecessarily long spells of precarious housing and/or misunderstandings (e.g.

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[4] Regional Action and Involvement South East: Regional Homeless Action Team
[5] South East England Development Agency

throwing young people out of the home in the assumption that the state has a duty to house them). To combat this lack of knowledge, those vulnerable to rooflessness and the general public need to be aware of the available options and what to do in the case of an emergency. This requires two forms of action. Firstly the creation of options other than rooflessness: the non-statutorily homeless need and want to be able to avoid rooflessness. Secondly, information needs to be communicated on the scale of public awareness campaigns. Such a campaign is only cost effective if viable options for avoiding rooflessness exist prior to the campaign. Advice and opportunities to avoid rooflessness need to be easily accessible for children and parents, non-stigmatising and flexible, responding to individual circumstances and their ability to receive the help offered.

Systematic evidence suggested that there were a number of factors that pointed to the necessity for some form of school-based intervention, including the need to contact young people before the age of 14 when they begin to react to family and childhood triggers. From the interviews evidence suggested that young people felt that had they been taught about what to do or where to go for help during a housing crisis or when faced with homelessness alongside other issues such as drugs awareness, they may not have become roofless or the duration of their rooflessness could have been significantly curtailed. Such information ought to include information about housing options (including the advantages of staying in the parental home for longer), understanding tenancy agreements (ideal for university students), how to find a flat/bedsit, how to leave home in a planned way, costs relative to income and expenditure and as an appendix what to do when faced with a housing crisis and how to avoid rooflessness. It is important that the aim of such teaching is not the exploration of homelessness, because that is not the norm and should not be glamorised or augmented. Teaching could incorporate negotiating skills, dealing with confrontation and anger management: all useful in anti-bullying policies, future employment, crime reduction, etc. However, we need to have something in place that works when there is a housing crisis. Simply telling people to go to the local authorities Homeless Persons' Unit, or that there are no options, is counterproductive.

Schools-based prevention, though sketchy at best, already exists in some areas (e.g. through Horizons Youth Centre, Safe in the City). However, these programmes target people in poor areas or from poor working class families. Evidence from this research suggested that such a scheme ought to be universal as long-term rooflessness is not class based and possibly more the prerogative of the middleclasses. Furthermore, such an education would benefit both the working classes and those intending to go to university (traditionally the more middleclass). Among the long-term roofless there were

almost equal numbers of people leaving school with 4 or more GCSEs (or equivalent) as there were leaving with no qualifications. In fact a significant number had taken A'levels and two had university degrees (see also Levene 2002). This further suggests that current peer education programmes that are targeted at 'problem' pupils are often missing half the people that need educating. Currently the Connexions programme has the potential to work with those young people identified as having experienced a number of predictors or rooflessness. However, staff involved with everything from careers advice to counselling would need to be aware of the triggers and predictors of rooflessness if they were to be effective.

Schools-based education ought to have a dual impact. Firstly it should affect rooflessness in the immediate future and secondly for the next 10 or more years as those with latent triggers subsequently become more vulnerable to rooflessness. Additionally future friends and relatives would also be more informed. The idea of a schools-based teaching programme was floated at a variety of seminars and conferences attended as part of this research, employment and advisory work. Commentators from national regional and local government, experienced academics and social policy practitioners, expressed concern that a significant proportion of the most vulnerable client group may be playing truant and therefore miss out on the information. This suggests that teaching needs to be aimed at young people under the age of 14 to reduce this risk. Furthermore, specialist programmes aimed at this disaffected group plus youth offending programmes would also need to build this into their programmes.

9.3 CONCLUSION

Although long-term rooflessness is triggered and sustained by many complex, inter-linked problems and circumstances, people can and do manage to avoid rooflessness or once roofless, to leave and lead settled lives. The thesis has identified many factors that prevent people from doing so. These ranged from practical to structural, from ideological to behavioural. However, prevention of rooflessness and recovery could be made much easier for people. If there is to be a serious attempt at ending rooflessness, then there needs to be a number of changes that enable people to seek and receive assistance, both before, during and after rooflessness has occurred. This assistance needs to be easily available to people regardless of their geographical location or ability to ask for and/or receive that help. The thesis has outlined a number of suggestions for both prevention and intervention to avert people from becoming roofless. These vary in complexity and range from the need for structural and policy changes to practical initiatives. The fact that rooflessness is so complex means that solutions need to be client centred, flexible and layered or administered in stages that

reflect the individuals' changing needs. The current system as it stands has historically proved unable to stem the tide of newly homeless and tackle entrenched rooflessness. Without serious ideological changes starting at government policy level and moving down through to voluntary sectors or even the general publics views, the stagnation of current policy will continue. Similarly, without adequate alternatives to rooflessness being created along with access routes to those alternatives, rooflessness will remain to the detriment of us all.

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www.doh.gov.uk/qualityprotects

www.housing.dtlr.gov.uk/bbu

www.qualitative-research.net/fgs

www.scotland.gov.uk

www.socresonline.org.uk

www.supporting-people.dtlr.gov.uk

APPENDIX

LIFE-STORY INTERVIEW STATISTICS

Table 11

GENDER BREAKDOWN

Gender	No.
Men	26
Women	22
Total	48

Table 12

RACIAL MIX

Racial Mix	No.
White - born in England	32
White – Irish	1
White - Scottish	7
White - not born in UK	4
Asian - born in England	3
Black - born in England	1
Total	48

Table 13

AGE RANGE

Age Range	Male	Female	Total
16-17	0	3	3
18-19	0	3	3
20-29	4	7	11
30-39	9	7	16
40-49	6	1	7
50-59	7	1	8
60+	0	0	0
Total	26	22	48

Table 14

STAGE ALONG HOMELESS PROCESS

Stage along homeless process	No.
Rough Sleeper	5
Hostel	15
B&B	1
Temporary Flat/bedsit	2
Housed 1-6 months	4
Housed 7-11 months	2
Housed 1yr	3
Housed 2 years	7
Housed 3-4 years	2
Housed 5-6 years	2
Housed 7-9 years	2
Housed 10+ years	3
Total	48

Table 15 **RESEARCH TIMETABLE**

Dates data collected	Method of collection	No.	Other information
Oct 1997 - Sept 1999	Observations	520 hours	Central London: Covent Garden, Embankment, Leicester Square, Lincoln's Inn Fields, Strand, Victoria Street & Kings Cross, Victoria & Waterloo stations & surrounding area. Plus Mitcham and Wimbledon town centres.
Jan - Aug 1998	Documentary Analysis	75 Documents	Annual reports, promotional and fundraising materials from 152 voluntary sector organisations working with homeless people.
Sept 1998 - Feb 1999	Participant observation	4 meetings	Visitor on the Westminster Police Consultative Forum on Homelessness
	Depth interviews	5	Police & Chair persons of residents committees
Sept - Nov 1998	Life-story Interviews	12	Riverpoint
	Participant observation	15 hours	As a researcher at the Riverpoint daycentre
	Depth interviews	14	With staff, management and daycentre users
	Observations	12 hours	Shepherds Bush Area
Nov 1998 - Mar 1999	Life-story Interviews	5	Keychange: Esther Community. Exeter
	Depth interviews	7	Hostel staff, management and residents
	Telephone interviews	5	With organisations working with homeless people in the area
	Particpant observation	16 hours	As a researcher spending time at the hostel
	Observations	20 hours	Exeter town centre
.Feb 1999	Life-story Interviews	5	Keychange: Wayside. Reigate
	Depth interviews	5	Hostel staff, management & residents
	Telephone interviews	4	With organisations working with homeless people in the area
	Observations	12 hours	Reigate & Redhill town centres & Reigate park
Feb - Oct 1999	Participant observation	225 hours	Volunteer worker at Merton Anchorage Trust. Thursday drop-in session, plus Sunday evenings in & around the church.
	Informal interviews/long conversations	41	With staff, management and clients. Plus informal interviews with church members concerning the informal use of the church on Sundays.
	Life-story Interviews	3	Merton Anchorage Trust.
	Depth Interviews	4	With organisations working with homeless people in the area
April 1999 - July 2001	Life-story Interviews	7	Independent sources, conferences, seminars, or via personal acquaintances
	Depth interviews	14	
	Informal interviews/long conversations	10	
Oct 1999 - Mar 2000	Maternity Leave		
Mar 2000 - July 2001	Observations	200 hours	Central London: as above. Plus Slough and Wimbledon town centres.
May - June 2000	Life-story interviews	9	L.B Camden's Homeless Persons' unit
	Depth interviews	7	Staff, management & organisations working with homeless people nationally & within the area
	Telephone interviews	8	With organisations working with homeless people in the area
July 2000 - July 2002	Participant observation	18 meetings	As an advisor to the committee for Merton Faith in Action on homelessness
Jan - March 2001	Life-story interviews	7	Kings Arms Project. Bedford
	Depth interviews	6	With staff, management and hostel residents
	Telephone interviews	3	With organisations working with homeless people in the area
July 2001 - Mar 2002	Participant observation	9 meetings	As a South East England Development Agency (SEEDA) and Regional Action and Involvement South East (RAISE) member of the Regional Homeless Action Team (RHAT) and research advisor.

Table 16   **48 LIFE-STORY INTERVIEWS WITH ROOFLESS**
& EX-ROOFLESS PEOPLE

Name	Age	M/F	Interview Date	Interview Location	Area	Centre
Frank	53	M	11/9/98	Daycentre	Shepherds Bush	Riverpoint
John	52	M				
Tommy	35	M	14/9/98			
Aileen	39	F				
Roy	38	M				
Stuart	57	M				
Tony	29	M	29/9/98			
Mrigesh	49	M				
Jane	36	F				
Jill	32	F				
Chris	30	M	2/11/98	His home	Finsbury Park	
Gabriella	35	F	3/11/98	Her home	Clapham	
Debs	28	F	18/11/98	Hostel	Exeter	KeyChange: Esther Community
Sandy	27	F	13/1/99			
Kirsty	18	F				
Jackie	34	F	25/2/99	Hostel	Reigate	KeyChange: Wayside
Pam	16	F				
Shirin	18	F				
Joan	36	F				
Heather	19	F				
Jenny	23	F	8/3/99	Hostel	Exeter	KeyChange: Esther Community
Jan	20	F				
Kev	44	M	15/5/99	Drop-in	Wimbledon	Merton Anchorage Trust
Richard	42	M	22/5/99			
Stephen	40	M	5/6/99	His home	Richmond	Independent: met at conference
Alex	35	M		Stephen's home		Independent: at Stephen's house
Michael	32	M	12/6/99	MacDonald's	Sutton	Independent: friend of a friend
Ashwani	23	M	26/5/00	Homeless Persons' Unit	London	L.B. Camden
Valerie	26	F	2/6/00			
Halina	32	F	7/6/00			
Mary	55	F				
Tessa	36	F	16/6/00			
Chaloka	30	M	23/6/00			
Sandra	16	F	28/6/00			
Anita	20	F	29/6/00			
Melanie	16	F				
Francesca	45	F	6/12/00	My home	Wimbledon	Independent: Friend
Allan	56	M	15/12/00	His home	Camden	Independent: homeless seminar
Colin	47	M	1/10/00	Drop-in	Wimbledon	Merton Anchorage Trust
Samir	26	M	26/1/01	His home	Bedford	Kings Arms Project
Andy	51	M		Café		
Gary	38	M		Hostel		
Malcolm	44	M				
Duncan	52	M		His home		
Peter	38	M		Drop-in		
Foxy	32	M				
Roland	52	M	4/9/01	My home	Wimbledon	Independent: wedding photographer
Mark	28	M	1/9/02	His home		Independent: friend of a friend

Table 17   **FORMAL DEPTH INTERVIEWS**

Dates data collected	No.	Who	Contact organisation
Sept 1998 - Feb 1999	5	3 x Police Sergeants; 1 x Police constable	Members of Westminster Police Consultative Forum on Homelessness
		3x Chair persons of residents committees	
Sept - Nov 1998	4	Staff	Riverpoint daycentre
	2	Management	
	8	Drop-in centre users	
Nov 1998 - Mar 1999	1	Staff	Keychange: Esther Community hostel. Exeter
	2	Management	
	4	Residents	
.Feb 1999	1	Staff	Keychange: Wayside hostel. Reigate
	2	Management	
	2	Residents	
Feb - Oct 1999	4	Organisations working with homeless people in the area	Merton
April 1999 - July 2001	14	Various people who had experienced triggers of rooflessness but never become roofless	Independent contacts
May - June 2000	2	Management	L.B Camden's Homeless Persons' unit.
	4	Organisations working with homeless people nationally & within the area	
Jan - March 2001	2	Staff	Kings Arms Project. Bedford (hostel, outreach team and drop-in)
	2	Management	
	3	Residents	
Total	62		

Table 18   **TELEPHONE INTERVIEWS**

Dates data collected	No.	Who	Contact organisation
Nov 1998 - Mar 1999	5	With organisations working with homeless people in the area	Exeter
.Feb 1999	4	With organisations working with homeless people in the area	Reigate
May - June 2000	4	Staff	London Borough Camden
	8	Organisations working with homeless people nationally & within the area	
Jan - March 2001	3	Organisations working with homeless people in the area	Bedford
Total	24		

Table 19   **INFORMAL INTERVIEWS/LONG CONVERSATIONS**

Dates data collected	No.	Who	Contact organisation
Feb - Oct 1999	6	Staff	Merton Anchorage Trust
	2	Management	
	35	Clients	
	20	Church members	
April 1999 - July 2001	10	Various people who had experienced triggers of rooflessness but never become roofless	Independent contacts
Jan - March 2001	4	Organisations working with homeless people in the area	Bedford
Total	77		

Table 20   OBSERVATION: NUMBER OF HOURS

Dates data collected	No. hours	Where
Oct 1997 - Sept 1999	520 hours	Central London: Covent Garden, Embankment, Leicester Square, Lincoln's Inn Fields, Strand, Victoria Street & Kings Cross, Victoria & Waterloo stations & surrounding area. Plus Mitcham and Wimbledon town centres.
Sept - Nov 1998	12 hours	Shepherds Bush Area
Nov 1998 - Mar 1999	20 hours	Exeter town centre
.Feb 1999	12 hours	Reigate & Redhill town centres & Reigate park
Mar 2000 - July 2001	200 hours	Central London: as above. Plus Slough and Wimbledon town centres.
Total hours (approx.)	**764**	

Table 21   PARTICIPANT OBSERVATIONS: NUMBER OF HOURS

Dates data collected	No. hours	Where
Sept 1998 - Feb 1999	4 meetings	Visitor on the Westminster Police Consultative Forum on Homelessness
Sept - Nov 1998	15 hours	As a researcher at the Riverpoint daycentre
Nov 1998 - Mar 1999	16 hours	As a researcher spending time at Esther community hostel Exeter
Feb - Oct 1999	225 hours	Volunteer worker at Merton Anchorage Trust. Thursday drop-in session, plus Sunday evenings in & around the church.
July 2000 - July 2002	18 meetings	As an advisor to the committee for Merton Faith in Action on homelessness
July 2001 - Mar 2002	9 meetings	As a South East England Development Agency (SEEDA) and Regional Action and Involvement South East (RAISE) member of the Regional Homeless Action Team (RHAT) and research advisor.
Total hours (approx.)	**318**	

Table 22

INTERVIEW GUIDE

Tell me about: How you become homeless? **Probe for:**	Fitting in, homeless community, friends Good and bad experiences on streets	Coping strategies	*Tell me a bit about:* Family background: parents, Childhood, teenage years
What you think caused your Homelessness? When did you realise you were about to become homeless?	Leaving the streets Process, time it took, help received	What would have made life easier	Schooling: age left school qualifications Work - before and after
What might have stopped you from becoming homeless?	What action they took to get help or Prevent rooflessness	What advice would you give to others in your situation?	Marriage/ partner/ relationships
Was there anyone you could go to for help? Who/Where/Advice given?	What helped and what made things worse?	What help do you need now?	Drink/drugs Problem? Mental health Trouble with police
Interview no.	Name	Age	Location

240

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Megan Ravenhill

- The Culture of Homelessness -
an ethnographic Study

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