

# Where will they go?

## Full Report

What homeless people in Glasgow said about  
homelessness, hostels and homelessness  
services





## OUR PURPOSE

# Glasgow Homelessness

Network strives to prevent, alleviate and ultimately eradicate homelessness by raising awareness of the issue, facilitating a joint working approach, influencing policy and provision at all levels and empowering homeless people to contribute to this process

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# Foreword

Glasgow's Homelessness Partnership, of which GHN is part, was formed to bring about a major change in the way homelessness is tackled in the city. Learning from successive stages of the Rough Sleeping Initiative, the partners recognised that Glasgow's large scale hostels, originally set up to be part of the solution to rising homelessness, had instead become part of the problem. A decision to close large scale hostels and at the same time realign the wider range of services to make them more appropriate, more responsive and ultimately more effective, was taken. Turning a decision to reshape services on such a large scale into a plan of action involves many months of research, planning and negotiating with many stakeholders, including a wide range of voluntary and statutory sector service providers, and practitioners in many disciplines. However, the key stakeholders are the people whose lives are directly affected by the experience of homelessness, and the aim of the Partnership in supporting the production of this report was to ensure that their views could be heard and taken into account in the process of change.

Living a life within the cycle of homelessness that is characterised by periods spent in a hostel, sleeping rough, living with friends, being in hospital or prison, being housed and the tenancy breaking down and so on, is not easy, and doesn't leave much energy for prioritising and contributing to planning for change. The many people whose views are expressed through this report gave freely of their time, describing experiences and understandings that, while sometimes shocking and sometimes humorous, are absolutely critical to plans for service development and delivery. If this knowledge and understanding is used to underpin the planned realignment of services, there will be the best possible chance of succeeding in the ultimate aim of minimising the damage caused by homelessness and the associated human, social and economic cost.

This must not be an exercise undertaken in isolation. It is the beginning of a dialogue, and a process of service user involvement, where recognition is given to the needs and quite legitimate aspirations of some of Glasgow's most marginalised citizens. The process of change has begun, and the processes of service user involvement have also begun, in the work behind this report and in the involvement processes in several local organisations. Both must develop in parallel, to the point at which service user involvement is embedded in planning and delivery of every aspect of homelessness services, in every sector, at both individual and collective level.

Margaret Taylor  
Chief Executive  
Glasgow Homelessness Network

# Summary

During 2002, Glasgow Homelessness Network (GHN) conducted a consultation exercise with 158 service users. The consultation exercise was commissioned by the Glasgow Homelessness Partnership as part of the development of Glasgow's homelessness strategy, the decommissioning of Glasgow City Council hostels and the re-provisioning process.

The views and opinions of homeless people are presented in the report that follows. The information was gained through 29 focus groups and 88 individual interviews conducted with a broad range of service users across the city.

This important report describes the findings from the focus groups and individual interviews, summarises the key themes that emerged and sets out development issues for those who are planning and providing services. As a consequence, it contains invaluable information for agencies involved in commissioning, planning and providing services. GHN hopes that the report will contribute to a well-informed, needs-led and client centred approach to hostel decommissioning and re-provisioning, and to the development of a local homelessness strategy which takes into account the views and the experiences of homeless people.

## Key Themes

The key themes that emerged from the research are grouped under the following headings:

### ***Understanding Homelessness and its Prevention***

For those who took part in the survey the main causes of homelessness were addictions; breakdown of living arrangements; loss of tenancy after being in some kind of institution such as prison, hospital or care; threat of or actual violence; financial problems; and ill health.

Many said that a traumatic experience had directly or indirectly contributed to their homelessness. Most said that if the agencies they had contacted had intervened earlier or had provided more support or information, their homelessness could have been avoided.

### ***Remaining In Homelessness***

A significant number who took part said that they wanted to remain in homelessness. There were clearly positive aspects to living in homelessness including staff support,

company, and safety as well as negative aspects of tenancies such as loneliness and the responsibility of running a home.

### ***Moving To A Tenancy***

People moving from homelessness into a tenancy need support. The support needed includes practical assistance as well as visiting support for as long as people feel that they need this. This highlights the need for services to both support people to move into tenancies from homelessness and to address the internal and external factors that can lead to homelessness.

### ***Living In A Tenancy***

Service users had both positive and negative views about living in a tenancy. People typically mentioned freedom as being the most positive aspect of living in their own tenancy. Negative aspects included isolation, loneliness and boredom as well as a lack of practical skills in budgeting. This has implications for the services that need to be in place to ensure that people have the support they need to maintain their tenancy.

### ***Hostel Closure***

Nearly one person in three did not know about the hostel closure programme and there are clearly issues about conveying future plans to people who are homeless. There is no consistent information being given to homeless people who often receive misleading information. People mentioned both positive and negative aspects about hostel closure.

### ***Re-provisioning***

Many respondents said they preferred smaller accommodation projects and support from staff with counselling and related skills. They said that support should be provided for as long as they need it.

They highlighted the importance of separate accommodation for different groups of homeless people, for example according to age, gender or support for drug/alcohol problems; and accommodation with support which prepares people for resettlement.

They also said that there should be accommodation with support which prepares people for resettlement.



## Development Issues

The research highlights a number of development issues for action by service planners and providers. These are:

1. Increase the level of information about hostel closure and re-provisioning amongst service users
2. Ensure that the hostel closure process takes into account the expressed needs of people who currently use GCC hostels
3. Optimise the potential for voluntary sector services to respond to increased demand following hostel closure
4. Ensure that the re-provisioning process meets the needs of service users
5. Develop new supported accommodation
6. Provide access to mainstream housing / resettlement opportunities
7. Develop sustainable move-on solutions
8. Improve statutory sector service provision for homeless people
9. Develop targeted addiction services
10. Prevent protracted or frequently repeated homelessness
11. Improve analyses / understanding of how the experience of homelessness impacts upon individuals

These development issues are now being progressed through the Glasgow Homelessness Partnership.

# Introduction

In December 2001, as part of the development of Glasgow's homelessness strategy and the hostel decommissioning process, the Glasgow Homelessness Partnership approached Glasgow Homelessness Network (GHN) to conduct a consultation exercise with service users. The main purpose of this exercise was to obtain homeless people's opinions, observations and concerns about the planned hostel decommissioning and re-provisioning process, and to find out more about how people experience homelessness in our city.

## ***The consultation exercise aimed to:***

- Obtain homeless people's opinions, observations and concerns about hostel de-commissioning and other key changes taking place within the homelessness network
- Inform service users of the details of the changes to Glasgow's homelessness services
- Inform and influence the development of Glasgow's decommissioning/re-provisioning processes, and inform the city's wider homelessness planning and implementation strategies
- Inform and influence the development of a city-wide integrated approach to user involvement at both the strategic and day-to-day levels of service planning.

GHN conducted a two-phase consultation exercise with service users during 2002. Phase 1 comprised 29 focus groups with 70 service users. Phase 2 comprised individual interviews with 88 service users which explored, in more depth, the key themes emerging from the first phase.

This important report describes the findings from the focus groups and individual interviews, summarises the key themes that emerged and sets out development issues for those who are planning and providing services. As a consequence, it contains invaluable information for agencies involved in commissioning, planning and providing services. GHN hopes that the report will contribute to a well-informed, needs-led and client centred approach to hostel decommissioning and re-provisioning, and to the development of a local homelessness strategy which takes into account the views and the experiences of homeless people.

# Stage 1: Focus Groups

## Methodology

We chose a number of survey sites, spread across the range of homelessness service provision and targeting a wide range of client sub-groups within the homelessness population.

We sent pre-publicity to agencies before focus groups took place, with posters and fliers (targeted at service users) which explained the purpose of the survey and what participants should expect if they decided to take part. Agency staff received a briefing paper, outlining the key aims and methods involved in the survey.

The topic guide<sup>1</sup> used to facilitate discussion in focus group settings was developed in consultation with members of the Glasgow Homelessness Partnership Executive Group.

Information obtained in focus groups took the form of written transcriptions and audio recordings, and to ensure that detailed discussion of issues took place, each focus group lasted an average of two hours.

We facilitated 29 focus groups at 21 sites between January and May 2002, with 13 of these focus groups proving viable<sup>2</sup>.

A total of 70 individuals participated in the focus groups.<sup>3</sup>

## Sampling

We arranged the focus groups in a variety of settings in an attempt to reach as many different 'sub-groups' of the homeless population as possible. By targeting these sub-groups (differentiated by age, gender, total length of homelessness, type of living situation, support needs, and current / past experience of large-scale hostels), the survey aimed to capture the full range of relevant experience within the total sample of homeless people targeted, with sufficient numbers in each 'sub-group' to yield useful information about each type of individual experience of homelessness.

As the research progressed, if particular groups or 'sub-types' of homelessness experience were seen to be under-represented, new focus groups were set up to redress any imbalance. This was not to ensure a 'proportionate' sample of the homeless population, but rather to ensure that the survey yielded information from participants which represented the entire range of the homelessness experience.

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<sup>1</sup> See Appendix 1 – copy of focus group topic guide

<sup>2</sup> See Appendix 2 - details of focus group sites

<sup>3</sup> See Appendix 3 – profile of focus group participants



## **Analysis**

We carried out in-depth and systematic data analysis using a transcribed record / audio recording of each focus group. We coded the data contained in these records according to a pre-developed coding frame

The following report is based on group consensus, recurring themes, and majority opinions.

# The Findings From Focus Groups

## 1. Level Of Information / Knowledge About Hostel Closure

There was an evident lack of detailed information about hostel closure, as well as a number of misperceptions (e.g. “only one or two hostels will close”) among focus group participants.

Information about closure and re-provisioning had been obtained largely by word of mouth, mainly from other homeless people, but also (only on an ad hoc, one-to-one basis) from agency staff.

Some people had no information at all about hostel closure, and were not aware of any impending changes (6 groups / 11 individuals). Some of this group were long-term residents in GCC hostels.

*“This isn’t the first time we’ve heard this”*

Some were sceptical as to whether closure would actually take place – they were aware of closure plans, but did not believe it would actually happen (5 groups / 18 individuals).

## 2. Opinions About Closure Timescales

Focus group participants were asked to comment on the proposed five-year timescale for hostel closure.

Typically, people said that the five-year proposed closure timescale was too quick, and the most common concern was that new (re-provisioned) services / existing voluntary sector services / hostel dwellers themselves would not be prepared for closure within this timescale.

*“It’s too soon, people should have somewhere else to go before the hostels close”*

*“They won’t find homes for people in that amount of time”*

For those who felt that the closure timescale was too slow, this was usually related to highly negative feelings about current GCC hostel provision. These respondents thought that GCC hostels should close as soon as was practicably possible.

*“They should have bombed those places ten years ago”*

*“They should shut them tomorrow”*

### **3. Positives About Hostel Closure**

The main positive about closure related to an overwhelmingly negative view of current GCC hostel provision (raised by all groups). Participants thought that hostel closure was a positive development because of the negative elements of current provision. These are:

#### ***The Physical Environment***

- large-scale group living / anonymity / feelings of de-individualisation (11 groups)

*“Some people get lost in big places like this”*

*“You’re just a number”*

- poor physical standard of accommodation
- rooms are too small

*“You are in a cell, it’s like a prison cell”*

- noisy environment
- unhygienic
- having to share toilet and washing facilities
- lack of privacy

#### ***The Effect Of Hostel Life On Addictive Behaviours***

- common perception that people develop drug and alcohol problems in GCC hostels. Participants mainly related this to the availability of drugs and alcohol in the hostel environment, but also to the effects of peer pressure, pressure to conform to ‘norms’ within homelessness, and the ‘self-medication’ explanation of addictive behaviours (using alcohol or drugs as a way of coping with the stressors of living in a hostel environment) (7)

*“Ten years ago boys moved into Bell Street. It was overcrowded and there was no help there, so the boys ended up with drink and drug problems”*

*“There’s more of a chance of getting into drugs in the hostels”*

*“Young people go into the hostels clean and come out strung out”*

- the widespread availability of illicit drugs in GCC hostels (6 groups) (often linked by participants with not being able to remain drug-free, especially following rehabilitation, detoxification, or decision to become drug-free)

*“I left Red Towers and was sent to Norman Street. Within 24 hours I was using again”*

- the level of drug use / drug users in hostels (cited as a negative by non-drug users)

*“People are always chapping on your door, looking for kit, citric, money”*

- drug dealing
- alcohol use in hostels
- the widespread availability of alcohol in hostels (related by participants to problems remaining alcohol-free, especially following rehabilitation, detoxification, or decision to become alcohol-free)
- drug overdoses
- the perception that drug users and alcohol users don’t get on

### ● Points to consider:

*High levels of drug and alcohol use in hostels may also contribute to some of the other negative elements of GCC hostel provision identified in this section – e.g. theft, begging, unsafe / violent environment.*

### **Quality Of Service / Level Of Support And Intervention / Attitudes Of Staff:**

negative attitude of GCC hostel staff (all groups), with staff most commonly described as being:

- *“judgemental”*
- *“arrogant”*
- *“uncaring”*
- *“unhelpful”*
- *“not interested”*

*“Your opinions aren’t listened to”*

*“They talk to you like you’re a bit of dirt on their shoe”*

*“There’s no respect from staff in hostels – they just check to see if you are alive”*

*“The staff do nothing for you, they’re not interested”*

- unsafe / violent environment (commonly linked by participants to the failure of security / supervision measures, the small staff-resident ratio, the effects of alcohol and drug use, and the physical layout of the building) (7)

*“People drinking, people using drugs. There’s no safety, even with the cameras”*

*“They’re scary places, especially the first time you come into one”*

*“Some people don’t even come down to the canteen when they come in at first, because they’re too scared to come out of their rooms. So they go hungry”*

*“Older men don’t feel safe in with the young ones”*

- not enough help from hostel staff to secure a tenancy (5)

*“They told me they couldn’t deal with my housing. No matter how many times I asked them, they said they couldn’t help”*

*“I didn’t get to see a caseworker in hostels. It was only when I came to (voluntary sector organisation), they contacted my housing officer, and I got a flat. After four-and-a-half years in a hostel, when they couldn’t sort out my housing”*

- not enough staff
- staff not well trained
- too easy to get barred from GCC hostels (participants mentioned the inconsistency of decision-making, and discussed the perception of unfounded and unfair decisions being made at the discretion of individual staff members)

*“You look at them the wrong way, you say the wrong thing to them, and you end up barred”*

- no support or not enough support available in GCC hostels
- no privacy (related to staff coming into rooms without knocking)

*“Staff don’t even chap the door, they just walk in, there’s no privacy. That really annoyed me. It’s like a prison”*

- not enough choice of area when moving into tenancy

- too long to wait for housing (related to above, lack of housing-based interventions)
- not enough to
- do / boredom
- living in hostel feels like being in prison

### ***Emotional Effects / Internalised Effects Of Living In GCC Hostels***

- hostels are particularly damaging to women (linked by participants to decreased levels of confidence among hostel-dwelling women / becoming involved with violent or predatory men / linked to vulnerability following the experience of domestic violence)

*“Women can be at risk from men who use them for drugs”*

*“There is a whole cycle of violence that homeless women can get caught up in”*

- living in hostels decreases confidence levels

*“I’ve got no confidence now to look after a place of my own”*

- difficulties in maintaining relationships with partners / family (related by participants to GCC hostels’ no-visitors policy)

- becoming dependent

- becoming institutionalised

*“Being in hostels makes you start thinking only about yourself. It also takes away your responsibility. You just start taking stuff, instead of going out and trying to do things for yourself”*

- losing a sense of responsibility

*“People are so used to doing nothing for themselves, they just give up hope of a different way of life”*

- suicides

*“Homeless people commit suicide because they don’t get the support in hostels that they need”*

- feelings of powerlessness / loss of control

*“I feel like I haven’t got any power over my own life”*

*"I've got no control over what happens to me"*

- hostels are particularly damaging to young people This was linked by participants to the dangers of young people becoming quickly institutionalised and 'trapped' in homelessness, and also to the dangers of young people being influenced in a negative way by people who have been homeless in the longer term.
- hostels are particularly damaging to people who are especially vulnerable particularly in relation to people with mental health problems or learning disability. This was linked by participants to the fact that some hostel dwellers "prey on" and exploit vulnerable people, particularly for money

*"People who go into hostels are usually quite depressed – you've split up from your wife, or you've been flung out the house by your parents. You go into hostels and you're easily led. There are parasites in hostels who prey on vulnerable people. They're waiting for them when they walk through the door. It's easy to fall into the wrong company"*

- hostel life makes you feel anxious

#### ● **Points to consider:**

*The issues described above do not include the potential internalisation / effect on mental and emotional health of the other factors cited above – for example, the attitude of staff, the effects of living in an unsafe / violent environment, lack of support, large-scale group living / feeling of de-individualisation.*

#### **Environment (Non-Physical)**

- large scale group living (all groups) – anonymity / feelings of de-individualisation
- intimidating environment (9 groups)
- unsafe / violent environment (7 groups)
- 'bad atmosphere' (4 groups)

*"The way people are all living together, it's not the right atmosphere"*

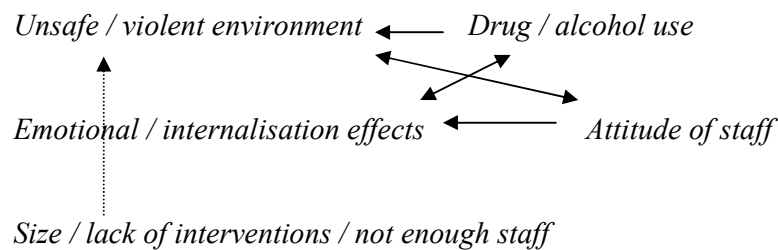
*"Hostels are a breeding ground for trouble"*

- Other

- *would rather sleep rough than stay in a hostel (3)*
- *only received help when approached voluntary sector service (3)*

● **Points to consider:**

*The inter-relationships between the above factors should be recognised, for example:*



***An example of the complex inter-relationship between the factors identified as negatives about current GCC hostel provision could be framed as follows:***

Drug / alcohol use in GCC hostels could be construed (at least in part) to be a coping mechanism that helps individuals to deal on a daily basis with living in a highly stressful environment, with feelings of de-individualisation and anonymity, and with the negative attitudes of staff

The pervasiveness of drug / alcohol use in GCC hostels may, in turn, be a direct cause of the lack of safety within hostel environments (aggressive and uninhibited behaviour as a result of intoxication, and arguments over alcohol and drugs, being obvious contributing factors to an unsafe environment)

High levels of drug / alcohol use and associated behaviours may lead to a negative response from staff, and / or to the generation amongst staff members of a stereotypical view of hostel residents, which could, in turn, lead to increased levels of antipathy between residents and staff

The antipathy between residents and staff, together with service users' perception that GCC staff are not helpful in terms of helping people to move on, may lead to increased levels of stress amongst service users, which in turn may lead to increased levels of alcohol, and drug consumption.

#### **4. Positives About Hostel Closure, NOT Related To Negative Perceptions Of Current GCC Hostel Provision:**

Other positives about hostel closure mainly centred around participants' hopes that hostel closure would bring with it the opportunity for better accommodation, increased levels of targeted support, and a needs-led approach to interventions:

- better supported accommodation will replace GCC hostels (7)
- homeless people will receive increased / improved levels of support (5)

*"It's good to shut the hostels if smaller and better equipped places were built in their place"*

*"Hopefully there will be more care, you don't get cared for in hostels"*

##### **Addiction**

- there will be increased and improved levels of support for people with drug / alcohol problems
- people attempting to remain drug / alcohol free will have a improved chance of succeeding in this goal
- drug and alcohol users will be able to access rehabilitation units

*"It would be a better opportunity for drug users to get help and get clean"*

##### **Positive Effects On Mental And Emotional Health**

- there will be less suicides amongst homeless people

##### **The Benefits Of Developing New Supported Accommodation**

- people will have a sense of individuality in smaller supported accommodation units
- people will have their own space, and increased privacy, in smaller supported accommodation units

##### **Increased Opportunities For Resettlement**

- people in hostels will get tenancies
- there will be more jobs for 'home helps'

## **Other**

- it will take longer to get barred from the new supported accommodation units / can stay in them all

## **Points to consider:**

*It is important to note participants' emphasis on supported accommodation in this section. When asked about the positive elements of hostel closure, 12 groups talked about the potential for developing new supported accommodation, whereas only one group mentioned the increased opportunity for mainstream tenancy resettlement. This emphasis is interesting, given the current emphasis on mainstream (tenancy) resettlement in the re-provisioning agenda.*

## **5. Negatives About Hostel Closure:**

### ***Participants identified the following negative aspects about hostel closure:***

- Concerns About The Re-Provisioning Process Not Being Carried Out Well

### ***The main concern was where people would go.***

*"There needs to be places for people to go before they shut the hostels"*

*"I think they might force us to move out, but that wouldn't be right"*

*"The council have not thought about the consequences, and people will just end up sleeping rough"*

### ***Other concerns included:***

- people's only support will be taken away when the hostels close
- there will be a negative effect (in the form of increased demand) on voluntary sector services
- what will happen to people who currently have alerts?
- nothing else is being created to replace the hostels
- where will people who become homeless in the future go?

*"It all boils down to money – they're not going to spend money on people like us"*

### ***The Potential For An Increase In Homelessness And Rooflessness Following Hostel Closure***

- 11 groups thought that hostel closure would cause an increase in rough sleeping. This was commonly linked to concern that the re-provisioning process would not be carried out well and that, in the absence of new or increased levels of accommodation provision, ex-hostel dwellers would be forced to sleep rough.

*"We'll see more people on the streets"*

*"It's better than staying on the street. I get my breakfast and it's cheap. Hostels shouldn't be closed, more people will end up on the streets"*

- Five groups said that living in GCC hostels was better than living on the street.
- Four groups said that there would be an increase in homelessness following hostel closure. This was linked to the view that people in GCC hostels are not actually homeless because they have (what is perceived by service users to be) relatively secure accommodation. Focus groups were concerned that hostel closure would bring about an increase in the number of homeless people moving between and through homelessness services.

### ***Concern About What Would Happen To People Who Want To, Or Need To, Remain In Homelessness – The 'Attractiveness' Of Homelessness / Hostel Provision For Some Homeless People***

*"Some people are happy where they are"*

*"There's a lot of people that enjoy living in hostels"*

*"They're perfect, if that's what you want. If you're in and out the jail, selling gear and all that, then it suits you to be in a hostel"*

### ***Group participants raised the following issues:***

- There are people in hostels who want to stay there (8 groups)
- There are people in hostels who only want accommodation, they don't want help

*"Some people only want somewhere to stay – they don't want any help"*

- There are people in hostels who don't want the responsibility of a tenancy
- There are people in hostels who enjoy the activities in hostels
- There are people in hostels who do not want tenancies
- There are people who have been in hostels for so long and who now do not want to, or are not able to, move on (related to institutionalisation, and the loss of - or lack - of skills amongst people who have been homeless in the medium-long term)
- Hostel dwellers do not have to pay much rent in hostels
- People can be anonymous in large-scale hostels – but would be under more scrutiny in smaller supported accommodation units

***Group participants stressed that the needs of this client group must be taken into account in the hostel closure and re-provisioning process.***

*“You've got to break it down and categorise people – those who don't want another way of life and those who do want to turn it around”*

***Estimated Proportion of those who wish to remain in homelessness***

*“I'd rather be homeless than have my own house. When you're homeless, more people try to help you. If I was in a house, I'd just be left there to rot”*

*“I would stay in supported accommodation for the rest of my life. You know the staff are there. It's scary when you get your own house. You have too much time to think about things”*

- When asked to estimate the proportion of people who wished to, or needed to, remain in homelessness, focus group participants estimated that – on average – nearly half of the population who are currently homeless would remain in homelessness if given the choice.

***Focus group participants (in 8 out of 13 groups) identified three distinct groups of people within the homeless population:***

- People who want to move to a tenancy and who currently have the skills and resources to live successfully in a tenancy (estimated by survey participants to be, on average, between 10 and 20% of the homeless population)
- People who, when asked, will say that they want to move on to live independently in a tenancy, but who do not currently have the skills and resources to live successfully in a tenancy (estimated by survey participants to be, on average, between 30 and 40% of the homeless population)

- People who want to remain in a hostel or in supported accommodation and who do not want to, or could not live, successfully in a tenancy (estimated to be approximately half of the homeless population)

*“People don’t want the responsibility of keeping a house. If they can go down in the morning for their breakfast, and they’ve got enough money for a can, that’s all they’re bothered about. That suits them, they just don’t want the pressure”*

***In relation to this last group, respondents have identified two groups of people who wish to remain in large-scale hostels:***

- Older people, particularly those with alcohol problems, who appreciate the lack of day-to-day responsibility inherent in hostel life, who are largely institutionalised and whose main friendships and social support structures are within the hostel environment
- Younger people who are drug users, who also appreciate the lack of day-to-day responsibility inherent in hostel life, who are not yet facing major health and social consequences as a result of their substance use, and who are not yet at the stage of wishing to address their substance misuse

*“...the ones that are old and have been there for ages, and the drug users who don’t care”*

*“People come to accept the hostels as their homes, just because they have been there for so long”*

*“People are left in hostels for so long, it becomes their home, they get used to it”*

**● Points to consider:**

The perception amongst focus group participants that these three groupings exist in the homeless population poses a number of interesting questions:

- *Do (at least some of) those people who say that they wish to remain in homelessness do so because they lack confidence in their ability to move on?*
- *What kind of interventions would be effective in raising levels of confidence and self-efficacy amongst this group? How could the needs of this group be effectively assessed and appropriate resettlement support packages developed?*
- *How would pre-resettlement interventions differ from post-resettlement interventions?*

- *Do those people who say that they want to move on to live in a tenancy, to the exclusion of other types of accommodation provision, do so because of the relative lack of a range of alternative types of move-on accommodation? What other kinds of (short, medium, and long –term) move on provision does the city need? What degree is this assertion shared by those who work with, or plan services for, homeless people*
- *For those who express the wish to move on to mainstream, independent living, but who currently lack the ability and / or the skills and resources to do so, what kind of interventions would be most effective at assisting people to obtain these skills and abilities? How would pre-resettlement interventions differ from post-resettlement interventions?*
- *For those who want to, or choose to, remain in homelessness, how would their accommodation and support needs be best served in the long term?*

Clearly, finding answers to these questions is absolutely central to the development of a closure and re-provisioning process that is effective in meeting the diverse and complex needs of people experiencing homelessness in our city.

### ***The Effect Of Hostel Closure On Homeless People’s Use Of Alcohol And Drugs / The Effect Of Hostel Closure On The Crime Rate***

Participants in three focus groups expressed the view that:

- hostel closure will increase the levels of drug and alcohol use amongst ex-hostel dwellers (linked by participants to increased rough levels of homelessness and rooflessness, and problems in coping with the detrimental life-changes that hostel closure could bring)
- there will be a rise in crime and arrests following hostel closure (linked by participants to increase in rough sleeping / more people on the street)

### ***Concerns About Resettlement***

- there are not sufficient resources in the community for people who have resettled

## **6. Re-Provisioning (Supported Accommodation)**

*“If I was forced to move I would much rather stay in another hostel, but not in a tenancy”*

When participants were asked, “what should replace GCC hostel provision?”, they spoke primarily of the need to develop new supported accommodation:

All groups thought that new supported accommodation should be developed, and that this would serve the purpose of ensuring that current GCC hostel dwellers, those who frequently use GCC hostels, and those who become homeless in the future would have accommodation if and / or when they required it.

All groups thought that well-staffed supported accommodation would enable the provision of higher levels of support / improved quality of support, which could be targeted at specific support needs (with a particular focus on homeless people with addiction problems).

### **Size Of New Accommodation:**

All groups said that new supported accommodation should be significantly smaller than current GCC hostel provision – on average, the suggested size of new supported accommodation was 28 beds.

### **● Points to consider:**

*Compared to the average size of supported accommodation in the voluntary sector, a 28-bedded unit represents relatively large-scale accommodation. The suggestion of 28 beds took place in the context of a discussion about people's experience of large-scale, 250-bedded hostels, and that a 28-bedded supported accommodation unit, in comparison to current GCC hostel provision, would seem relatively small-scale.*

*The suggested size of new supported accommodation units ranged from six to 100 beds, with suggestions in the upper range increasing the final average. In fact, six out of thirteen groups felt that new supported accommodation units should contain no less than six, and no more than 16 beds.*

### **Targeting Different Client Groups**

11 groups thought that new accommodation should have targeted (i.e. separated) client groups with particular emphasis on separate accommodation units for people with drug problems and people with alcohol problems.

### **Staffing In New Accommodation**

Eight groups thought that staff members should have a 'better attitude' and / or value base compared with staff in GCC hostels

*"In new places, we would need staff with better attitudes than in the city council hostels"*

Six groups thought that staff would need to be “well-trained”, and knowledgeable about the issues affecting homeless people

Five groups said that staff would have to be more available and more visible than was currently the case in GCC hostels

*“Staff should be reasonable, and should care about people”*

### **Visitors Policy**

Five groups thought it was crucial that residents were allowed to receive visitors in supported accommodation. This was clearly linked to the point made by participants regarding the no-visitor policy in GCC hostels and concomitant difficulties in being able to sustain relationships with family members, partners and children whilst living in a GCC hostel.

### **The Need For Resettlement Preparation / Midway Point Accommodation:**

*“People need places to go until they decide what they want to do”*

Seven groups identified the need for specialist ‘resettlement preparation’ accommodation (similar to the resettlement-focused supported accommodation services currently provided by Wallace of Campsie House, Oxford Street and Branston Court).

Such accommodation would be semi-independent, with support focused on helping people to prepare for mainstream (tenancy) resettlement. Length of stay in projects such as this would be dependent on the resettlement support needs of individual service users.

Focus group participants thought that service users would have a significantly increased chance of sustaining mainstream tenancy resettlement, if they were able to prepare for resettlement in such accommodation units.

## **Other Suggestions About The Required Elements Of New Supported Accommodation**

### **Environment / Physical Space**

- residents should be allowed privacy (3)
- each individual should have his / her own room (3)
- accommodation should have spacious rooms (2)

- the environment should be safe
- the atmosphere should be friendly and welcoming
- all residents should have their own toilet facilities
- accommodation units should have a self-contained 'bedsit' model of accommodation provision (similar to that provided by Talbot Association Kingston Halls)

### **Support**

- should be key-working model of support / an allocated staff member for each resident (2)
- additional help / support for elderly people
- help with personal care for people who are elderly or infirm
- a high staff-to-resident ratio

### **Staffing**

- medical help / nursing staff available in projects (3)
  - should not transfer current GCC hostel staff to new supported accommodation units (3)
- “The city council staff definitely should not be involved in running the new places, that would be a nightmare”*
- have long-term residents working alongside staff
  - projects should be staffed by workers who are knowledgeable about drug / alcohol problems

### **Policies / procedures**

- should be rules and agreements re drug / alcohol use / behaviour (2)
- “Rules and agreements would need to be set, as the most important thing for everyone is to have a safe environment”*
- should be facilities for children to visit in new accommodation

- 'rule-free' accommodation for people who have particularly complex needs / accommodation where it is extremely difficult to be evicted or barred

*"There needs to be places where you can drink and use drugs if you want to – but in places like that, there would still need to be the right kind of support. In reality, there's always going to be people who drink and use drugs"*

## **Recreation**

Supported accommodation units should have:

- gym facilities
- activities / "things to do" (2)

## **Types of accommodation**

- core and cluster accommodation model (i.e. self-contained flat, with support staff available when required, and communal area for use by staff and residents) (2) – similar to Loretto Housing Association Duke Street Project re-provisioning model
- accommodation where service users can stay in the long-term / permanently if they wish to do so
- short-stay units that lead directly to a mainstream tenancy

*"accommodation where you are just left alone if that's what you want" (i.e. accommodation without directive or intrusive support)*

*"There needs to be houses where you can do what you want without getting chucked out, if that's where you're at in your life. Some people don't want help, and they have to be given somewhere to go too"*

- different kinds of supported accommodation for people with different needs
- *accommodation with support which is accessible* at the point where service users "decide they want to change"
- accommodation for people who are not ready to stop using drugs
- projects for people not able to manage a tenancy
- accommodation targeted at people with physical disability / mobility problems
- various types of accommodation with varying levels of support / a choice of accommodation that will meet the various needs of service users at various stages in their experience of homelessness

**Accommodation should be provided with the following target groups in mind (i.e. separate accommodation provision for each group)**

- people with addiction problems:
  - *people who have had alcohol problems but are no longer using alcohol in a problematic way (dry houses)*
  - *people who wish to continue using alcohol (wet houses)*
  - *people who have had drug problems but are no longer using illicit drugs*
  - *people who wish to continue to use illicit drugs*
- age groups:
  - *people under 25*
  - *people over 25*
  - *older people who are vulnerable as a result of their age*
- gender
- other client groups:
  - *people with mental health problems*
  - *people with learning disability*
  - *people with physical disability / mobility problems*
  - *people who are vulnerable and therefore require targeted support but who have none of the problems identified above*

*“People with drug problems and people with alcohol problems shouldn’t mix with each other”*

*“They need to separate people. When I was a user, I didn’t want to mix with people that didn’t use. When I was coming off it, I wanted to go to a place where people didn’t use”*

*“People that take drugs, they’re not interested in what’s going on around them. They don’t care what state the toilet or the kitchen’s in, but other people in the hostel do care about that sort of thing. It’s a different attitude”*

**Reasons given for having separate accommodation units targeted at specific kinds of client group:**

- would enable the provision of targeted, specialist support (10 groups)
- different client groups are perceived not to mix well when using services together, namely:
  - *drug users and alcohol users*
  - *men and women*

- *young people and older people*
- some service users can be particularly vulnerable to exploitation / intimidation by other service users, namely:
  - *women (perceived to be at risk from violent or 'predatory' men)*
  - *people with mental health problems*
  - *people with learning disability*
  - *older people*
- there will always be people who want to continue to use drugs / alcohol, therefore separate units are needed in order to accommodate these two client groups
- people with the same, or similar needs, will be able to provide peer support to each other if accommodated in the same unit

***Reasons given against having separate accommodation units for targeted groups***

- supported accommodation units need to reflect the mix of people in society
- separate units may lead to isolation / stigmatisation of particular client groups (particularly drug users)
- people with different needs can learn from each other and support each other
- the scale of current GCC hostel provision can emphasise the differences between client groups – in smaller supported units, the same kind of tensions would not be as evident, and would be easier to address when they did arise

**7. Re-Provisioning (Tenancies)**

Of the ten groups which highlighted the need to provide mainstream housing as part of the re-provisioning process, all thought that supported tenancies would be required

Six groups said that it was important to give service users the choice of whether they wanted to move to a tenancy or to supported accommodation

Three groups thought that shared mainstream tenancies (with visiting support) should be provided (i.e. where two or three people who had moved on from homelessness could live together in one tenancy)

***Other suggestions were:***

- supported accommodation should be automatically available / accessible for people who have moved on from homelessness but who have failed, or are failing, to manage in a mainstream tenancy
- moving to a tenancy should be a gradual process
- existing empty housing stock should be used to house people moving on from homelessness
- where possible, tenancies for people moving on from homelessness should be furnished

***Participants also identified a range of potential problems in providing tenancies to people who had moved on from homelessness:***

- people may sell furniture from furnished flats (particularly if they have an active alcohol / drug problem)
- in shared tenancies, relationship breakdown may lead to repeat homelessness
- in shared tenancies, it may be difficult for tenants to agree on visiting arrangements (particularly where visits from children are concerned)

## **8. Re-Provisioning (Other)**

Three groups thought that current GCC hostel provision should be used in the re-provisioning process, either in the short-to-medium term, or on a permanent basis. Participants in these groups thought that current hostel provision should be refurbished, and separated into smaller units for targeted client groups.

Two groups thought that City Housing should not be involved in the direct provision of new supported accommodation.

## 9. Appraisal Of Services / Service Gaps

We asked participants what they thought of the range of services currently on offer, and to identify any gaps.

### 1. Appraisal Of Services

#### Statutory Sector Services Compared With Voluntary Sector Services:

- participants had a significantly more positive opinion of voluntary sector homelessness services as compared to statutory sector (housing and social work) services
- participants were more positive about voluntary sector provision on the grounds that:
  - *staff in voluntary sector agencies were more helpful / more proactive in ensuring that useful interventions took place (10 groups)*
  - *staff in voluntary sector agencies had a better attitude compared to the attitude of those who worked in statutory sector services (primarily in terms of the former being less judgemental and more client-centred) (10 groups)*

#### Social Work Services:

The negative appraisal of social work services (based upon experience of both the Homeless Persons' Team, and various area teams) was explained in terms of:

- contact with social workers / social work services is not helpful / circumstances do not change as a result of this contact (8 groups)
  - "They're hopeless, they don't do anything for you"*
  - "They've never done much for me"*
- social workers display a lack of interest in service users (3 groups)
  - "Social workers just aren't interested in you"*
- the process of being allocated a social worker takes too long (3 groups)

However, the Homeless Addiction Team, a social-work based service, received praise from service users in seven groups – mainly on the grounds that addiction workers in this team seemed interested in service users, engaged well with service users, and were proactive in ensuring that useful interventions took place.

In addition, participants in three groups spoke of their positive experience of the Homeless Person' Team.

### **Housing Services:**

The negative appraisal of housing services (based upon contact with the Hamish Allan Centre and GCC hostels) was explained in terms of:

- staff were unhelpful / interventions did not take place
- staff displayed poor / negative attitudes towards service users

*“The council – you don’t get any help with your housing from the council, they just keep putting obstacles in your way”*

### **Mainstream Health Services Compared With Specialist Health Services:**

*“You get treated like shit”*

*“I just felt judged”*

*“You get treated differently from other people”*

- participants had a significantly more positive opinion of specialist health services (i.e. those targeted specifically at homeless people, and delivered directly to where homeless people are) as compared to mainstream health services
- negative appraisal of mainstream health services (primarily GP and Accident and Emergency Services) was based on participants’ view that:
- staff in mainstream health provision discriminate against service users on the grounds of their alcohol / drug problems (6 groups)
- staff in mainstream health provision are judgemental (6 groups)
- staff in mainstream health provision discriminate against service users on the grounds that they are homeless (5 groups)

*“Homeless people are treated like second class citizens by doctors”*

*“GP practices don’t want you if you are homeless”*

- participants’ positive appraisal of specialist health services was based on the following perceptions:
  - *specialist health provision is accessible because it is available in hostels, supported accommodation, and day / evening centres (8 groups)*

- *people who work in specialist health services are less judgemental, and more understanding of / engaged with service users' circumstances (7 groups)*

*"When I went to the doctor at the Mission, I was treated like a human being"*

### ● **Points to consider:**

- *While it is imperative that service planners and providers take into account service users' less than positive appraisal of social work, housing and health services, and equally important to develop ways of rectifying this negative perception, the factors which may influence this perception deserve to be mentioned: statutory responsibilities which are perceived to be intrusive, or damaging in some way (for example, social work's child protection and criminal justice functions), can influence service users' perception of services*
- *how service users interpret the execution of statutory responsibilities, perhaps without being fully aware of the legal responsibilities and restrictions incumbent on statutory service providers, can also influence service users' perception of services*
- *the effect of resource limitations and large case loads on the quality of service provision within the statutory sector is a factor which may often be overlooked by service users who, as a result of their homelessness and other complex social and personal circumstances, often feel in urgent need of assistance.*

A recognition of these influences on service users' appraisal of statutory service provision should not deflect from attempts to address the problematic issues raised by focus group participants. It must also be recognised that negative experiences and shared negative perceptions of services, particularly if they accumulate and are reinforced over time, have an effect on service users' willingness to engage with services. This unwillingness to engage ultimately means that homeless people are less likely to find sustainable solutions to their homelessness.

However, the aforementioned services can proactively address these issues for example through staff training, increased service user involvement and positive promotion of their service.

## **2. Gaps In Current Service Provision**

The most frequently mentioned gaps in service provision were:

- resettlement units which provide accommodation with resettlement preparation support

- wet houses, where service users can use alcohol on the premises
- rehabilitation units for drug users
- detox units for people with drug / alcohol problems
- not enough trained staff across homelessness service provision
- not enough support available across homelessness service provision
- counselling services
- key-worker based services
- help for people with mental health problems
- a night-time drop-in service

Participants also thought that there was not enough information about the range of services available to homeless people. Participants in six groups felt that this lack of information represented a major gap, and the idea of producing a comprehensive directory of services for service users was suggested in 3 groups.

## **10. Reasons For Long-Term Homelessness Histories / Why People Become ‘Stuck’ In Homelessness**

When asked to explain why a significant number of people remain in homelessness for substantial periods of time, the primary reasons given by participants were:

- Internal / emotional reasons
- Reasons of personal choice
- Practical reasons
- Failure to resolve addiction problems

### ***1. Internal / Emotional Reasons***

Explanations centred on the ways in which people who are homeless:

- become institutionalised (11 groups)
- become ‘settled’ in the homelessness lifestyle, or in hostel accommodation (11 groups)
- become used to having no responsibilities / find having no responsibilities an attractive proposition (10 groups)

- find comfort and emotional safety in being with other homeless people (10 groups)
- lose motivation for change (9 groups)
- fear change (9 groups)
- prefer being in the company of other people, as opposed to feeling isolated in a tenancy (7 groups)
- lack confidence (4 groups)

## **2. Personal Choice**

Participants in ten groups said that people remained in hostels, and in homelessness generally, because they had made a personal choice to do so. (The question of the extent to which this represents a 'free' choice, and the various influences which can be brought to bear upon this choice, are discussed above).

## **3. Practical Reasons**

The practical reasons cited for remaining in homelessness were mainly related to financial concerns:

- it is cheaper to live in hostels than it is to live in a tenancy
- there is no need to budget or pay bills when living in a hostel

## **4. Failure To Resolve Addiction Problems:**

Participants in nine groups said that on-going, unresolved drug use issues prevented people from moving on from homelessness. Seven groups thought that unresolved alcohol problems prevented people from moving on. The obstacles to moving on that drug / alcohol problems presented were described by participants as:

- day-to-day priorities are focused on obtaining alcohol / drugs (making long-term planning difficult, or impossible)
- active drug / alcohol problems cause people to lose hope for the future, or to simply not care about their future
- active drug / alcohol problems decrease levels of confidence, particularly in terms of being able to live independently in the future
- the psychological, social, emotional and health consequences of long-term drug / alcohol problems mean that people can become incapable of moving on to independent living.

## ● Points to consider:

*It is important to recognise the ways in which the above factors may inter-relate in determining the length of an individual's homelessness history. For example, for some individuals, citing personal choice as a reason for remaining in homelessness may well mask other, more complex reasons, such as lack of confidence or fear of change. Similarly, the inability to successfully resolve drug or alcohol problems while homeless may well result in lower levels of confidence, and a lower perception of self-efficacy, with regard to moving on.*

*It is also important to take into account the degree to which the relative lack of appropriate resources in the city may impact upon people's ability to move on. The fact that focus group participants have called for more resettlement preparation accommodation, and more resources to help homeless people resolve addiction problems, lends additional weight to the argument that, with appropriate resources in place, service users could potentially move through their experience of homelessness more quickly and may also have a greater chance of resettling successfully.*

***It is useful to consider the underlying reasons for protracted (or constantly repeated) homelessness as a complex, multi-causal issue, mediated by a number of factors such as:***

- an individual's background and life experience
- the primary cause and total length of an individual's homelessness
- a person's current emotional and mental resources (particularly in terms of dealing with change)
- the degree to which an individual internalises the social stigma and discrimination which accompanies the experience of homelessness
- the degree to which a person has become institutionalised while experiencing homelessness
- the presence of addictive behaviours
- the degree to which addiction has impacted upon an individual's physical, mental, emotional and social health
- the degree to which other factors increase an individual's vulnerability (for example, the presence of mental health problems, learning disability, brain injury, old age etc.)

- the lack of an appropriate, evidence-based range of interventions which address the damaging emotional, psychological and social impacts of the experience of homelessness
- the lack of addiction services targeted specifically at people experiencing homelessness.

## **11. Resettlement Support**

### ***What can go wrong following mainstream tenancy resettlement, and what kind of support do homeless people need to resettle successfully?***

Identifying the problems that homeless people encounter after resettlement is not simply an exercise in exploring the particular anxieties of this population in relation to resettlement, but an important means of identifying the primary causes of resettlement breakdown / repeated homelessness.

#### ***Participants identified four main impediments to successful resettlement:***

- Emotional / psychological difficulties
- Practical difficulties
- Insufficient levels of support
- Problems relating to the geographical area in which individuals are resettled

Participants were more likely to identify problems associated with the emotional impact of resettlement than they were to identify any other potentially problematic issues.

#### ***Emotional And Psychological Difficulties:***

##### **Loneliness**

All groups identified loneliness and isolation as a problem that homeless people would encounter following resettlement.

*“Loneliness and depression could lead to suicide”*

*“After you move into a tenancy, all the support that you had is taken away”*

##### **Compromised Mental Health**

Seven groups said that homeless people could experience depression following resettlement.

Three groups said that homeless people resettled in mainstream housing would be at increased risk of suicide.

*“People aren’t prepared for living on their own, they would get depressed – they wouldn’t be able to cope with the pressures of keeping a home”*

### **Addictive Behaviours**

Participants in eight groups said that successful resettlement was unlikely for those people who continued to use alcohol or drugs in a problematic way. On-going addiction problems were thought likely to cause difficulties with budgeting and practical household tasks, as well as causing problems in relationships with neighbours

*“It would be hard to keep a tenancy if you were still mad wi’ it”*

Five groups felt that, for those people who had resolved drug / alcohol problems prior to moving on from homelessness, resettlement would be accompanied by an increased risk of relapse.

*“You would be putting a lot of people at risk and under pressure by putting them into tenancies – especially the ones that have addictions. You would be better putting them straight into Parkhead Hospital”*

*“Being in a tenancy makes you drink more, and alcohol is a depressant”*

### **Other emotional impacts of resettlement**

Six groups said that ‘boredom’ would emerge as a problem following resettlement. The main concern was that people living alone simply would not be able to find activities which would satisfactorily occupy their time.

*“I wouldn’t know what to do with myself in a tenancy”*

*“You’d just be looking at four walls all day”*

Six groups said that people moving into mainstream housing would experience ‘fear’, ‘anxiety’, and ‘panic’, and that this kind of reaction would militate against successful resettlement.

*“I’m scared it won’t work out”*

*“I’m frightened to be left on my own again – no-one will be there for me”*

Five groups felt that the pressures of ‘having too much responsibility’ would operate as an obstacle to successful resettlement.

*“The responsibilities and the pressures can become too much”*

***Some of the other emotional and psychological problems identified were:***

- 'Insecurity
- 'Lack of confidence'
- 'Lack of motivation'
- 'Not being able to cope'
- 'Difficulties forming new relationships'
- 'Having too many problems'

***Practical difficulties:***

- Eight groups thought that budgeting would be a problem following resettlement
- Participants in eight groups thought that they would experience problems with paying bills
- Four groups were concerned about not being able to carry out practical household skills (cleaning, laundry, cleaning communal areas)
- Four groups voiced concern about difficulties with cooking
- Six groups felt that problems could arise in terms of relationships with neighbours (particularly in terms of not being accepted by neighbours, or being negatively judged by neighbours on the basis of past or current problems)
- Five groups thought that difficulties would arise when drug-using friends and acquaintances visited following resettlement, and that there was potential for tenancies to be used by friends and acquaintances for the purposes of injecting

*"It's really hard to break links with other people that you know on the scene – they end up coming to the house so they can hang around there and get a hit. And once you start that, you can't stop it. Then safety's a problem again"*

***Insufficient levels of support:***

- Three groups thought that insufficient levels of (agency) support in tenancies would cause problems in terms of being able to sustain resettlement
- Four groups identified the lack of family support following resettlement as being problematic

### **Problems relating to geographical area:**

- Ten groups expressed concern about homeless people being resettled into poor housing based within the most economically deprived areas of the city. The issue of homeless people often being offered 'hard to let' properties was frequently raised

*"They'll just move people into terrible areas – they'll throw them out like dogs"*

- Nine groups raised the issue of the potential isolation attached to being resettled in an area of the city which the individual did not know or had no historical or familial connections with
- Five groups talked about the dangers inherent in being resettled in an area of the city which was 'unsafe'.

This was related by participants to the originating cause of homelessness, and the desire not to return to the area where their homelessness had been originally precipitated by domestic violence, sexual or physical abuse, threats of violence from neighbours or other people living in the local area, past criminal histories in the area, or the experience of trauma in the area (rape, sexual assault, violent physical assault, or burglary)

### **● Points to consider:**

*The barrier to resettlement most likely to be mentioned by participants was that of the negative emotional and psychological impact of resettlement. This is in keeping with some of the themes explored above pertaining to the negative internal, emotional impact of the experience of homelessness. Clearly, if sustainable solutions to homelessness are to be found, an increased awareness of the potentially negative **emotional impact of resettlement must be incorporated into the planning and delivery of resettlement services.***

### **What Kind Of Support Do Homeless People Need In Order To Resettle Successfully?**

#### **Pre-Resettlement Support:**

Participants identified the following requirements:

- preparation / training for the practical tasks and skills associated with independent living (budgeting, cooking, paying bills, general household tasks) – identified by all groups

- resettlement preparation accommodation which allows staged re-entry to mainstream independent living (similar to Wallace of Campsie, Oxford Street, and Branston Court models of supported accommodation) - identified by nine groups
- addiction services targeted at homeless people:
  - residential detoxification services (9 groups)
  - residential rehabilitation services (7 groups)
  - improved access to methadone prescribing services (5 groups)

**● Points to consider:**

*It is not surprising that participants have identified the need to have targeted addiction services in place before resettlement, given the previously explored issue of how the presence of addiction problems presents a major obstacle to successful resettlement.*

**Post-Resettlement Support:**

*“I was drinking a lot when I was in my tenancy, and having people to stay. The pressure and the loneliness was too much. I would need a lot more support the next time I go for a tenancy”*

Participants said that people moving on from homelessness required a range of supports if resettlement were to prove successful and sustainable. The main types of support identified were:

- practical
- emotional
- related to specific support needs
- related to recreational, educational, training and employment needs

**Practical Supports Required:**

- financial support / help with budgeting / benefit advice (11 groups)
- practical support with the daily house-keeping skills associated with independent living (7 groups)
- help with buying food / help with cooking (6 groups)
- help to use household appliances (cooker, washing machine, power card meters) (5 groups)
- written information about local services (3 groups)
- help with housework / cleaning (3 groups)

- help to get on with neighbours / mediate disputes with neighbours (2 groups)
- help to take medication (1 group)

#### **Emotional Supports Required:**

- somebody to talk to / 'confide in' (11 groups)
- contact with a worker / 'to know that somebody is coming' (6 groups)
- counselling / talking support (6 groups)
- emotional help or support (5 groups)
- help with confidence-building (5 groups)
- 'someone to check up on me' (3 groups)
- befriending (2 groups)
- help with parenting (2 groups)
- 24 hour crisis help-line (2 groups)
- 'safety nets' if a crisis does occur after resettlement (2 groups)
- other emotional supports identified:
  - *'help to steer clear of domestic violence'*
  - *'self-esteem classes'*
  - *'being taught how to be responsible'*

#### **Support Related To Specific Needs:**

- help with drug use (4 groups)
- help with alcohol use (3 groups)
- help with mental health problems (1 group)
- help with literacy problems (1 group)

#### **Support Related To Recreational, Educational, Training And Employment Needs:**

- help to access employment / education / training (3 groups)
- 'courses' / 'classes' (content not specified) (3 groups)
- 'something to do' (2 groups)
- assistance to link into Princes Trust projects (2 groups)
- computer training (1 group)

#### **Family Support:**

Participants in five groups thought that the chance of sustainable resettlement would be increased if they had support from family members after moving on from homelessness.

Participants in three groups pointed out that some people would not require (or would not want to engage with) support following resettlement.

## ● Points to consider:

*Focus group participants identified a wide range of supports required resettlement. However, well-targeted and effective pre-resettlement supports - particularly in relation to practical skills and confidence-building - may counteract (at least some of) the need for very intensive support in these two areas after resettlement has taken place.*

*People who have experienced homelessness must be prepared both emotionally and psychologically for resettlement, and equipped with the practical skills needed for independent living, BEFORE the transition to independent living takes place. Good quality preparation is the key to resettlement sustainability. The call from service users for more resettlement preparation accommodation recognises this.*

### **The Length Of Post-Resettlement Support**

Participants in all groups thought that the length of resettlement support could only be decided on the basis of each individual's assessed needs. They emphasised that post-resettlement support could vary from the very short-term to the very long-term, depending upon the needs of individual service users.

### **Resettlement Workers**

Participants thought workers should be:

- caring (9 groups)
- non-judgemental (8 groups)
- interested (5 groups)
- “willing to spend time with you” (3 groups)
- “willing to listen to you” (2 groups)
- “respectful” (2 groups)

# Stage 2: Individual Interviews

The phase 1 focus groups illustrate how participants experience homelessness and hostel life. Participants outlined their fears about and hopes for the hostel decommissioning and re-provisioning process, and provided a valuable insight into the complex social, psychological and emotional impacts, both of being in and of moving on from homelessness.

This information is useful, not only to the de-commissioning and re-provisioning planning process, but to all agencies and individuals involved in the commissioning, planning and delivery of services for people who are homeless.

As part of the overall consultation exercise, the key issues that emerged from focus groups were taken forward for further investigation in one-to-one interviews.

## ***This second phase of our survey aimed to:***

- Further explore the most pertinent issues raised by service users in the focus group setting
- Clarify issues which were framed by service users in generalised terms during the focus group phase
- Consider further service gaps and explore models of accommodation and support to address gaps, prevent repeat homelessness, and enable effective resettlement
- Focus the consultation exercise in such a way that the local planning structures with responsibility for hostel closure and re-provisioning have information which is relevant, useful and directly applicable to plans currently being developed
- Further consider the views of groups under-represented in the focus groups (including people sleeping rough, people who have moved on from homelessness and people who have been homeless in the short term).

## Methodology

We interviewed 88 people in a range of homelessness settings<sup>4</sup>, within different sub-groups of the homelessness population.

### ***The individual interviews explored:***

- What kind of supported accommodation is required in terms of range and scale - particularly for those who do not wish to move out of homelessness into independent living situations?
- How useful is the staged re-entry model of resettlement?
- What type of support / interventions are required in the pre-resettlement, resettlement and post-resettlement phases?
- What are the perceptions and motivations of those who do not want to move on from homelessness?
- What would have prevented respondents' homelessness?
- For those respondents who had resettled, what would prevent repeat homelessness?

We also asked some questions relating to Social Work Services Purchased Services Review to ascertain the number of users who used Social Work Purchased Services and their experience of these services.<sup>5</sup>

### ***The Sample***


We interviewed 88 people<sup>6</sup>, 7 of whom were sleeping rough. The sample was as follows:

	Number of respondents
Individuals who have moved on from homelessness & who now live in tenancies	23
Currently homeless but want to move into tenancy	46
Currently homeless & want to remain in homelessness	17
Not known	2

<sup>4</sup> See Appendix 4 – Sites visited by interviewers

<sup>5</sup> See Appendix 5 – Purchased services review questions

<sup>6</sup> See Appendix 6 – profile of individual interview participants



The research did not set out to achieve a representative sample, but simply to ensure that homeless and previously homeless people in a variety of circumstances and settings were included. 75% were 40 or under (different age groups may have differences in perceptions about homeless accommodation, aspirations, and care and support needs). 69% had first experienced homelessness at age 25 or under (9% under 16, 60% between 16 and 25). 49% of the sample had been homeless for five years or more.

The following section outlines the findings from the individual interviews.

# The Findings From Individual Interviews

## 1. The Causes Of Homelessness

### *Causes Of Homelessness*

Interviewees gave many reasons which caused their homelessness for the first time.

These could be grouped into seven broad, and often overlapping categories:

- Addictions
- Breakdown of living arrangements
- Bereavement
- Loss of tenancy after being in some kind of institution such as prison, hospital or care
- Homelessness because of perceived threat of violence or actual violence
- Financial problems
- Health

For many people, their entry into homelessness was due to some loss of support, or change in the infrastructure of their lives such as family breakdown or bereavement. Homelessness was eventually caused by a *series* of knock on events - for example bereavement together with unemployment, a drop in income and increased abuse of alcohol.

This has implications for the kind of support that might prevent homelessness in the first place, and how to inform those who *may become* vulnerable and need support, about the services available

### **1. Addiction**

43% of interviewees said that either their own addiction to drugs or alcohol or that of other family members had contributed to their homelessness. They commented on the impact that drinking or drugs use had on their living circumstances, such as their relationship with other family members, or ability to keep a tenancy:

*"I was using. I had to split from my girlfriend because I stole from her."*

*"Fights with my dad - the fighting was always there, my dad got angry when I drank, so he booted me out."*

*"I had a four-apartment in Easterhouse. I was drinking heavily and had the DTs. I abandoned the house. I didn't want anybody to see the state I was in. I ended up skippering when I was 20."*

*A few had left home because of parental alcohol problems.*

*"My mum and dad had big alcohol problems."*

*"My dad was an alcoholic. I had to leave. I had to manage on my own."*

## **2. Breakdown Of Living Arrangements**

Some kind of breakdown in living arrangements affected over half of the interviewees (often related to drug or alcohol problems). A few became homeless after marital/relationship breakdown and others were asked to leave because of arguments with other family members.

*"I moved in with my girlfriend and we split up. I became homeless."*

*"I went off with an older man who was a drug-dealer and a gangster. I had lots of money and drugs, and then I left him and ended up in prostitution and homelessness."*

*"I never got on with my step-father - I left for my mum and my wee brother's sake."*

*"I didn't get on with my mum's new partner. She made me leave."*

*"I got lifted for a warrant and was on drugs and my parents couldn't cope with me, so they threw me out."*

## **3. Bereavement**

Almost one in five became homeless following a bereavement. For some people, emotional loss was compounded by also losing their home.

*"My mother died when I was in jail - 3 days before I got out. I had nowhere to go."*

*"I had my own flat, and I met a woman and moved in with her. I gave up my flat. She died after a year, and I was told to leave by her daughter."*

*"My mum and dad died within one day of each other, and I had no other family. I had to come straight to the hostels. I was 18. I had no support, no social worker, nothing."*

*"My four year old daughter was murdered in 1961. My wife committed suicide. I did 8 years for killing the man that murdered my daughter. I've been homeless ever since."*

For some, bereavement affected their ability to cope.

*"I left the army 25 years ago - then I got married and had 20 years of happy marriage. Then in one month my wife and my son both died. Then I got depressed and gave up."*

For others, bereavement was compounded by other events such as losing their job.

*"My mum and dad died. When they were ill, I was paying all the bills. I lost my job when they died. I couldn't afford to keep the house, so I handed in the keys."*

*"My dad died. I had been staying with him after my mum died. I was working so we had lots of stuff. My dad helped with his DLA benefit. I lost my job. I was really scared after my dad died. I was getting sheriff officer's letters for the debt. I didn't know what to do, so I left the house and went to the HAC, ended up in hostels."*

#### **4. Leaving An Institution**

One in five people became homeless after leaving an institution. There was typically a lack of support after leaving care, or a breakdown in arrangements during hospitalisation or prison.

*"My dad didn't want me - I got put into care. There was nowhere to go when I got out."*

*"I got no support after leaving care - was given a tenancy with no support with budgeting. I wasn't used to benefit forms, poll tax and all that - I gave it up."*

*"I got stabbed - was in hospital for ages, and the council said my tenancy had been abandoned."*

*"I was in Barlinnie for an unpaid fine - I went back to my flat and the council had cleared out everything. I thought my rent was getting paid and it wasn't."*

*"I ended up in a psychiatric hospital, and then I became homeless when I left there."*

#### **5. Violence Or The Threat Of Violence**

One in five people became homeless as a result of physical or sexual violence within the home.

*"I was being abused at home by my older brother."*

*"I was raped one week after I left the children's home."*

*"A violent father. I got doings for nothing. He was very abusive."*

*"Beatings - my brother used to beat me up and I had to leave."*

*"I did not get on with my step-father. He was violent to me at my mother's request, and I used to hit him back. I got thrown out and became homeless."*

## **6. Financial Problems**

A few people said that losing their job had caused their becoming homeless. For others, unemployment was only part of the story, with the consequent lack of money compounding or causing other problems. For example, for one person, redundancy and poverty led to alcohol use, which in turn led to marriage breakdown.

*"I took redundancy at Yarrows - I'd worked there for 14 years. Then I hit the drink through having no money and getting stressed. Then my marriage fell apart because of my drinking, and I became homeless."*

## **7. Health Problems**

A few said that mental health problems contributed to their homelessness.

*"...I got depressed and gave up my house"*

One person said a physical health problem contributed to their homelessness.

## **2. Preventative Measures**

Respondents were asked whether they thought anything could have been done to prevent their homelessness. A quarter said that nothing could have been done, although if they had been better supported e.g. after bereavement they may have avoided homelessness.

Most respondents suggested measures that might have helped them, mainly more support from services, practical help and information.

## **Specific Agencies**

Respondents mentioned the following agencies which, had they provided more support or information, might have prevented their homelessness.

### **Hamish Allan Centre (2)**

*"You just get put into a hostel from the HAC - there's no advice or support."*

### **The Housing Department (3)**

*"A support worker from the housing department could have helped stop it."*

*"I would have liked support at this time to try for a tenancy outwith the area that I was in - this would have prevented me from having to go into hostels."*

### **Support When First In Hostels Or Supported Accommodation (4)**

*"Better support in the Bell Street Assessment Unit - I was there for eight weeks and I only saw the case-worker once in 8 weeks - I had to go and find them."*

*"By age 22, I was in Bell Street.... but I was scared to do anything around support. I didn't ask for support. Bell Street takes everything away from you. Not everyone will go and ask for help. I had no family, I was on my own. There should have been some kind of key work support, without having to ask for it - someone who gets to know you, especially if you're shy."*

### **Support In Prison (2)**

*"A bit of fair play from the council. Some advice, some support, some knowledge about my rights."*

### **Support From Social Work Services (11)**

*"The social work department did not set anything up. It was, 'good luck, cheerio.' By age 22, I was in Bell Street."*

*"Social work could have helped. I came out of care and went to my sister's. I got no help and neither did she."*

### **Help With Housing (3)**

*"The social worker should have got a house for me quicker - it took too long. Things got worse and I couldn't stay at home any longer. I shouldn't have had to become homeless at all."*

*"If there were people to turn to when you have trouble at home, people like good social workers who took your side and made sure you were going to get a house and help."*

## **General Support (4)**

*"Once I was in the hostels, the social worker always insisted that I wasn't ready for independence, so social work help earlier on would have helped."*

*"Maybe social work involvement at the time would have helped."*

## **Other Services**

Interviewees said they would have liked services such as sheltered accommodation, safe respite accommodation, refuge and protection and also counselling.

*"If sheltered accommodation had been available, it would have stopped me from becoming homeless"*

*"If I'd had some kind of safe accommodation or respite accommodation then I would probably not have been homeless"*

*"If the abuse had never been allowed to happen and I'd have been protected, then it would all not have happened"*

*"If there had been a safe place for me to go during the years of child abuse, like a refuge – that would have taken me out of the situation"*

*"The violence (from husband) had been going on for years – throwing away food, not letting me eat, hurting me. I didn't know about Women's Aid then. My children went to my parents – my mother's was a safe place. When I was in the hostel I visited them all the time, but it would have been far better if I hadn't had to be separated from them. There should be more refuges for women"*

*"Counselling would have helped. In those days, there was no support and no help. You were just left to get on with it."*

*"I was on a self-destruct course following a facial wound, so it would have been difficult. Counselling would have helped."*

## **Other Support**

Interviewees said they would have liked:

- **Practical Help**

This included advice before and after becoming homeless; help with budgeting and paying bills; help with running and living in a tenancy; and practical support such as with finding work.

*"Somebody to look after my money."*

*"Someone to work with - to show me how to budget, how to run a house. I wouldn't have made some of the mistakes then."*

*"I didn't have any support to keep my tenancy - If I had I might not have had to go through this."*

- **Information**

This included information about services which, in large part, already exist.

*"If I had access to lots of information about helping agencies, and if they had had good open attitudes, then I'd have taken help. I had no information"*

*"I didn't know where to get help"*

*"If I'd been aware of help it might have made a difference – I didn't even know about the HAC"*

*"I didn't know about any services. A homeless person directed me to the HAC"*

*"I didn't know where you went. I eventually went to the HAC, went round all the hostels. I couldn't work, my drinking got worse"*

*"If I'd known where to get help that might have made a difference"*

*"I didn't know until I got into the hostels that there are people who can help you with debt"*

### **3. Remaining In Homelessness**

Over a quarter of homeless people interviewed said that they wished to remain in homelessness (more women than men).

#### ***Positive Aspects Of Homelessness***

Positive reasons for wishing to remain in homelessness included staff, friends and company, and practical support.

*"I need to be in a place with staff who are qualified and who care for me"*

*"The support is here – I need support for some time"*

*"I need a supported place"*

*"There are plenty of people around – I was afraid I was going to die alone at home, so now here there are people"*

*"I like the company, people have been in here for years, they are just the same as me - I have known them for years"*

### **Negative Aspects Of A Tenancy**

When asked what was negative about having their own tenancy, interviewees said that they needed support, that they would be lonely and that it was hard to manage practical aspects such as paying bills, shopping and cooking. A few commented that a tenancy would not be as safe.

*"I need support and help to get solutions to problems"*

*I would be lonely. I've been used to the company all these years"*

*"I wouldn't be ready – to pay bills and all that"*

*"I don't feel I could cope with shopping and cooking and everything"*

*"I worry that the flat could get broken into – you're safer in the Kingston Halls"*

*"I feel safer in Inglefield Street"*

### **Continuing To Be Homeless - Preferred Accommodation**

Although we could not determine how long people wished to remain in homelessness, we gained useful information about preferences for support, staff, location and rules.

#### **Support**

- Practical help (cooking, laundry, collection of prescriptions / benefit books) (4)
- Help with drug use (2)
- Emotional support (2)
- Help with budgeting (1)
- Support re childhood sexual abuse / court cases (1)
- Nursing staff (1)
- 'Staff to check that you are okay' (1)
- Help with benefit problems (1)

### **Other Residents**

- Women only (2)
- Mixed, young men and women
- Separate older people from younger (drug-using) people

### **Staff**

- Good attitude (10)
- Sufficient numbers of staff (6)
- Staff with a sense of humour (2)
- Staff who are available to help you at night

### **Location**

- In or near the city centre (5)
- 'Where I am now' (i.e. current hostel location) (2)
- Homeless people should have a choice of what area they want to live in
- Not near the city centre (1)

### **Rules / policies**

- Set time for returning at night which was not too early (5)
- Don't mind, as long as the rules are reasonable / fair (5)
- Being able to come and go as you like (2)
- Being able to stay out overnight (2)

### **What Might Make People Move To A Tenancy?**

Respondents were asked whether there was anything that would make them want to move on from homelessness. A few commented:

*"Would move to a tenancy if someone would cook for me"*

*"Would only move if this place was closing down"*

*"I would like to live somewhere where I could control my drinking"*

*"Nothing would make me move"*

## **4. Moving To A Tenancy**

46 (37 men and 9 women) respondents were homeless, but wished to move into a tenancy.

## **Support People Need To Prepare For Living In A Tenancy**

Although a few people said that they did not require any help, most said they would need support including help to obtain a tenancy, 'training/preparation' for a tenancy such as paying bills; and support, for example with drug/alcohol problems.

*"I need a worker to get me a tenancy – I don't even know if I'm on a housing waiting list. I have a housing officer, but she hasn't told me. I need this kind of help first"*

## **Support People Need Once In A Tenancy**

Most said they would need support to live in a tenancy. Some focused on practical support such as benefits or budgeting advice, or help with an alcohol or drugs problem. For many, what was important was that if something did go wrong, they could rely on someone to be there such as visiting support.

*"A once a week visit from a trusted support worker would help"*

*"Somewhere where I could go and ask for help if I needed it. No contact if I don't need it, but it's there if I do"*

*"I need to feel safe, I need to know that I will have security at the new tenancy and help I can call on at short notice, because all the tenancies in the past went bad"*

*"Someone to call on when a crisis develops"*

*"Support in your own house, help with budgeting, benefits, how to do voluntary work"*

The agencies mentioned as possible sources of support included:

- Social Work
- Simon Community Street Team
- APEX
- HAT
- Positive Steps
- Barnardos' Street Team
- Simon Resettlement Team
- GAMH

## **Length Of Time Support Is Required**

Over half stressed the need for on-going support with no time limit:

## ***Problems Of Being In A Tenancy***

Respondents were asked whether they could foresee any problems once they were living in a tenancy. Almost one quarter (11 people) did not foresee any difficulties. Over three quarters (35 people) envisaged one or more problems. Most frequently mentioned were problems with money and paying bills along with loneliness and isolation. They also mentioned relapse, boredom, stress, problems with child custody/access, problems with abusive ex-partner and difficulty of adapting to a new way of life.

## ***Overcoming Problems***

Solutions to the difficulties included visiting support, courses, activities and work, help with budgeting and legal help.

## ***Missing Homelessness***

One in three people said that they would miss nothing about homelessness.

*"It's been a nightmare"*

*"You are joking aren't you?"*

Others said they would miss their friends and company, staff and personal freedom.

## ***What Might Cause Homelessness Again?***

Almost a fifth said that they might become homeless again for reasons including relapse, and maintaining contact with old acquaintances as well as loneliness, stress and inability to cope.

## ***When Faced With Problems In A Tenancy, What Might Prevent Homelessness?***

Interviewees said that if they had problems in their tenancy, homelessness could be prevented by visiting support or help from social work as well as counselling, help to go to college and also willingness to admit to having problems.

*"More help and support out in the community"*

*"Making use of the help that's out there"*

*"If I continue seeing workers I have a relationship with, this might help"*

*"Counselling and support, help to stay on an even keel"*

*"Good support, available when I need it"*

*"Just support and help, and being able to tell someone when I need help"*

## **5. Living In A Tenancy**

Over a quarter of interviewees (14 male and 9 female) had previously been homeless, but were now in tenancies.

Three quarters (74%) of those in tenancies said they were settled or very settled and the rest (22%) said they were unsettled or very unsettled.

22% thought there was a chance they might become homeless again, 39% thought they would not, and 39% were not sure. Those who thought there was a chance that they could become homeless again had tenancies of between three months and a year, which has implications for the support needs of those with new tenancies.

Several people had received help or assistance before moving into their tenancy and a few had spent time in accommodation that specifically prepared them to live in their own tenancy such as Wallace of Campsie House, William Hunter House, Branston Court, CHYP, Simon Community Tollcross project.

### ***Pre-Tenancy Support***

#### ***Agencies***

Agencies that had given support to respondents prior to their getting a tenancy included:

Agency	Number of respondents who had gained help
Simon Community Resettlement/ Tenancy Sustainment	4
YMCA Resettlement	4
GAMH	3
RSI Housing Support Workers / AROs	3
Simon Resettlement Training	2
Positive Steps	2

Others mentioned were: the Partnership Project, Routes Out, Shelter, GAS RSI worker, Simon Community BUDS, Barnardo's Street Team, Homeless Addiction Team, Wayside Day Centre, City Station, Ethnic Minorities Enterprise Centre.

### ***Types Of Support Received Before Moving Into Tenancy***

16 people had received support including help to obtain furniture, assistance with benefits, practical advice on budgeting and household management as well as someone to talk to.

## **Most Helpful Types Of Support Received Before Moving Into Tenancy**

Interviewees said that the most useful help they had received before moving into a tenancy was emotional support; help with money (budgeting, benefits, debts) and help with mental health problems.

## **Tenancy Support**

### **Types Of Support Received Once People Had Tenancies**

20 people had received help or assistance after moving into their tenancies, from 15 different agencies. This included visiting support (8), help with practical aspects such as budgeting and furniture (5) and other support such as help with neighbours. Three people did not receive any support after gaining a tenancy. 15 people had tenancies with visiting support built in.

They said that the most helpful support they could receive after moving into a tenancy was emotional support, visits from a worker and support to deal with problems as they arise.

*"It's good having a worker there for you, because I need help with everything – money relationships, everything, and also being able to go and see the worker at their office"*

*"The fact that somebody knows where you have been, where you want to go – that you are not alone. It can be a very lonely world if nobody comes near your door"*

*"I like having a support worker – I'm not looking forward to not having support. Tenancy visits are the most valuable help"*

*"Help with things that are difficult, to get them sorted"*

*"General support as different problems came up"*

*"Support – knowing that, if there's a problem, there's someone is there to help, and the trust"*

Post-tenancy support which *would* have benefited respondents included visiting support, tenancy visits from the housing department, help from social work and help with mental health problems. They also mentioned practical support with budgeting and debt, help to get into work and support with drug and alcohol problems.

*"I would have liked the housing department to visit more often. We've had one visit in 6 months"*

*"I think I should have got visits from my social worker after I moved in, to check that I was okay"*

*"The only thing not getting helped was my mental health. The GP does not have the time or the patience to help me"*

*"I got the tenancy very quickly – too quickly, I didn't get the chance to prepare. I didn't get a choice – this was a fire-damaged house. I had to scrub it myself. It was really dirty and the bath was terrible. So I didn't get enough help. I got no help with furniture or carpets. The social worker and homemaker weren't allowed to help you with practical things, like laying carpets"*

### **Length Of Time Support Is Required**

Over three quarters said that they should be supported as long as they needed, or until they felt ready to cope on their own.

### **Positive And Negative Elements About Being In A Tenancy**

All 23 respondents said there were positive aspects about being in a tenancy. This included not having to obey hostel rules, not having people 'annoying' them, freedom to come and go, personal space, control, peace and privacy. They also mentioned feeling safer, and the benefits of having good neighbours.

*"You can have friends up if you want. You don't have to obey hostel rules"*

*"You can live your life without obeying somebody else's rules"*

*"You can come and go when you want - you can make your own rules, and not have to live under somebody else's rules"*

*"I can lock my own door and say no to people. There's nobody annoying me"*

*"There's nobody hassling you"*

*"You can come and go as you please"*

*"You can go in and out when you please"*

*"You can come and go when you want, you can make your own rules"*

*"Freedom to do my own thing"*

*"Personal freedom"*

*"Can stay out overnight"*

*"Having my independence"*

*"I enjoy myself in a tenancy – it's my own space. I can have a bath with the door open. I've got privacy. I can have my girlfriend up and she doesn't have to leave by 9pm"*

*"I'm a loner and it gives me peace. I hated the shared accommodation"*

*"My independence – without staff walking in and out"*

*"There are no staff, sometimes being nice to me and sometimes being horrible. There's nobody telling me when I can go to bed"*

**Negative aspects included loneliness, boredom, managing bills, lack of support and lack of safety.**

*"I get very lonely"*

*"The loneliness is the worst thing"*

*"It can get lonely at times, especially at night"*

*"Not knowing anybody in the area"*

*"There's nothing to do, I get bored all the time"*

*"Having £35 a week to live on, it's not a lot of money"*

*"I'm unsettled because I don't get any support"*

*"I'm not safe here, I liked the women's refuge"*

*"The lifts are a big problem, because of stuff that happened in the past. I need re-housed"*

### ***What People Miss About Being Homeless***

Almost a half did not miss anything about being homeless. Others missed friends and companionship and a few missed the freedom.

*"I miss the camaraderie, the sharing"*

*"The gossip and old pals"*

*"The company – you got some good laughs"*

*"In a way, I miss a kind of freedom"*

*"The sense of freedom"*

### **What Would Make A Tenancy Better?**

Interviewees typically said that a tenancy would be better if they had more money, more help and support and more activities to help with loneliness. A few mentioned help with benefits and furniture.

*"Life would be easier with a bit more money"*

*"I can't cope on the money that I get"*

*"There are things I need for the house, but can't afford"*

*"Some support at weekends"*

*"A bit more support, somebody to help me deal with problems"*

*"Social things, like activities, support groups. Stuff to relieve the loneliness and boredom"*

*"If I had places to go. Socialising, a new routine – to stop the boredom"*

### **Support To Prevent Re-Entry Into Homelessness**

Interviewees said that homelessness might be prevented if they had visiting support or someone to call on if there were problems for example with benefits or drugs/alcohol.

*"Being visited by a worker I can relate to"*

*"If I could lift up the phone to a worker and just say 'I'm messing up'"*

### **Resettlement-Preparation Accommodation**

Four people had used resettlement-preparation accommodation. Two said that resettlement-preparation accommodation had benefited them before moving into a tenancy. Nine said that they would have liked such accommodation.

*"It would have helped me cope better. I had no furniture and this should not have happened"*

*"I felt on my own – a bit of help could have made me feel better about moving"*

## 6. Hostel Closure And Re-Provisioning

### ***Hostel Closure***

Over three quarters of respondents (67) knew of the council plans to close all of its hostels within the next few years but over a fifth (20 people) did not.

### ***Positive Aspects Of Hostel Closure***

Over a quarter (23) thought there was nothing positive about hostel closure. 65 people (nearly 74%) listed positive aspects about hostel closure. A range of problems associated with hostels were identified:

#### **Environment**

- Dirty / unhygienic (8)
- Overcrowded / too large (5)
- Unsafe disposal of needles (3)
- High incidence of theft (3)
- Rooms too small (2)
- Bullying / intimidation (2)
- Lack of privacy (1)

#### **Drug/ Alcohol Use**

- Drug dealing / availability of drugs (10)
- High prevalence of drug use / drug users (5)
- People develop drug problems in hostels (4)
- People who have become drug-free are unable to remain so in hostels (2)

*"I've known perfectly straight people who go into hostels and get a drug problem"*

#### **Support staff**

- No support available in hostels (5)
- Poor attitude of staff in hostels (comments included a perception that they were bullying, inconsistent, not interested, uncaring) (5)

*"They are over-crowded, the buildings are all run down, the rooms are too small, there's no privacy, the staff are just not interested"*

### **Positive Alternatives To City Council Hostels**

Some people thought that hostel closure could mean better alternatives such as smaller units and improved accommodation and support services; and also that people would be re-housed. A few said that hostel closure was positive only if new accommodation services were set up to replace the hostels.

*"The positive is that the council will have to look at new / upgraded services for homeless people"*

*"Hopefully there will be smaller and better equipped accommodation when the hostels shut"*

*"It means people will have to get houses"*

*"It will mean people will not have to go through what I went through"*

### **Negative Aspects To Hostel Closure**

While a few people thought that there was nothing negative about hostel closure, 85% thought that there were negative aspects including no replacement accommodation and a potential increase in rough sleeping

*"It is negative because there is nowhere else for people to go"*

*"You have to make sure that there are places for people to go"*

*"This leaves lots of people with nowhere to go"*

*"Where is everybody going to go?"*

*"Where will all the old homeless guys go?"*

*"What will happen to homeless people?"*

*"Where will all the old people and people with mental health problems go?"*

*"Where will they go? They'll end up on the streets"*

*"There will be more people on the street"*

*"It leaves people with only the street because the housing department does not want junkies and alcoholics in the community"*

*"There will be more people on the streets that can't cope with houses"*

*"You'll see more people on the street in cardboard boxes"*

They were also concerned about the potential inability to cope with tenancies and that some people want or need hostels.

*"Some people can't handle their own house"*

*"Some people are not ready for their own house"*

*"A lot of people can't handle tenancies"*

*"Some people don't want flats, they like the company in hostels"*

*"I don't think old people will resettle, where are they going? All they've ever known is hostels"*

*"Some people don't know anything else – where will they go? How will they cope?"*

Other concerns were the lack of planning for closure, mainstream accommodation and support generally for coping with a tenancy.

### **Alternative Accommodation To Hostels**

Interviewees were asked what kind of accommodation should replace city council hostels. The clear preference was for smaller units.

Type Of Accommodation	Number	
Smaller accommodation projects (including 'small' & 'smaller hostels with support)	69	78%
Tenancies with visiting support (including a number of flats within one building, with support and a communal area)	13 (5)	15%
Drug rehabilitation units	5	6%
'Halfway' houses (i.e. accommodation which is not highly supported and which prepares people for independent living)	2	
Shared tenancies, with support	1	
Re-building existing hostels into smaller hostels	1	

### **Supported Accommodation**

Interviewees said that supported accommodation should provide personal space and that cooking and toilet facilities should not be shared. They also thought it was important to have different types of accommodation to suit different needs e.g. for couples, 'drug-free'.

*"Small separate units, not massive big places with lots of people – that makes people vulnerable"*

*"Your own flat, but supported if you want to talk to somebody"*

*"Units a bit like this (Wallace of Campsie), where people have to learn to cook, shop, the normal things in society, the fundamentals"*

*"You need different types to suit different kinds of people"*

Examples of good models of supported accommodation were:

- Wallace of Campsie House (3)
- Blue Triangle Projects (3)
- James Shield Project (3)
- Simon Community Projects (2)
- London Road (2)
- William Hunter House (2)
- Bob McTaggart House (2)
- YMCA Branston Court (1)
- Circus Drive (1)
- Hope House (1)
- Clyde Place (1)

### ***Necessary Elements Of Supported Accommodation***

Necessary elements of supported accommodation were identified as including staff that are well trained (particularly with counselling skills), and who are helpful, interested and respectful. The accommodation should be good quality and safe.

### ***Separate Accommodation For Different Groups Of People***

64 (73%) respondents thought it would be good to offer separate accommodation. Almost a third mentioned the need to have separate accommodation for people with drug/alcohol problems.

Separate accommodation	Number
Separate drug users and people with alcohol problems from people who do not have problems with drugs or alcohol	20
Separate older and younger people	16
Separate alcohol users and drug users	12
Separate drug-users and ex- drug users	3
Separate men and women	6
Separate people with mental health problems and alcohol / drug users	3
Have separate units only for people with mental health problems	3
Separate accommodation for people with high support needs	1
Separate accommodation for asylum seekers / refugees	1

They commented that people with different needs do not mix well. This is particularly important for those who are trying to remain drug or alcohol free but who are exposed to those who are still using.

*"Homeless people are damaged people, you can't treat them all the same – drink, drugs, not feeling good about themselves – mixed hostels don't help"*

*"Lumping everyone in together puts people at risk – like, people with mental health problems end up in with people taking drugs"*

*"It might be a problem, people trying to stay clean, while other people were still using. Even people on methadone – it can be difficult if people are trying to stay clean"*

*"Drug users should be separate – it's horrific that people who don't know that scene have to mix with people who are injecting"*

### **No Separation**

17 (19%) respondents did not think that different groups of people should have separate accommodation. They commented on the importance of mixing with others to develop understanding and to reflect society in general.

*"People need to mix, to understand all the different problems, to raise awareness"*

*"It's the same problems people face, so the needs are the same – segregation is pointless"*

# Key Themes

## 1. Understanding Homelessness and Its Prevention

### *Understanding Homelessness*

For those who took part in this survey, the main causes of homelessness were:

- Addictions
- Breakdown of living arrangements, including bereavement
- Loss of tenancy after being in some kind of institution such as prison, hospital or care
- Threat of or actual violence
- Financial problems
- Health

Many said that a traumatic experience had directly or indirectly contributed to their homelessness. One in five interviewees became homeless because of a threat of, or actual violence. The same proportion said their homelessness was a consequence of bereavement (usually a close family member such as parent or child).

This has implications for the kind of services needed to support people in such situations and the information that needs to be made available.

### *Prevention*

Most people said that if the agencies they had contacted had intervened earlier or had provided more support, their homelessness could have been avoided. Many cited a lack of information as a contributory factor. They said that they would have liked more practical support; such as money advice, help with budgeting and managing bills. The types of assistance that people said would have helped were neither complicated nor expensive.

## 2. Why Do People Remain In Homelessness?

Almost one in five interviewees said that they wanted to remain in homelessness. Taken at face value, this might seem surprising. But when we investigated further we found out that there are positive aspects of living in homelessness such as staff support, company, safety and a sense of belonging; and negative aspects of

tenancies such as responsibility for paying bills, loneliness, lack of support and low confidence about their ability to cope.

Many people thought they would not get the support they needed to budget or run a house. Their preoccupations were similar to those who were moving to their own tenancies although the latter could see that there were workable solutions.

This has implications for the kind of information that is provided to people within homelessness and the support they receive in planning for the future. Would attitudes change if people were aware of the range of support services available and the accommodation options open to them?

### **3. Moving To A Tenancy**

Clearly, people moving from homelessness into a tenancy need support. Respondents highlighted a range of support that they would find beneficial. This included practical assistance to obtain a tenancy, 'training' in household management skills and help with drug/alcohol problems.

The knowledge that they could call on someone if there was a problem was very important. One in four said they would like "visiting support" to check on how things are going. The majority of respondents thought that this support should be for as long as they felt they needed it.

While a few people did not foresee any problems once they were in a tenancy, over three quarters envisaged one or more problems. These included loneliness and isolation, boredom, stress and anxiety, adapting to a new way of life and money. One in ten people thought that they would miss friends and 'the company'. A few thought that maintaining contact with old acquaintances might lead them into homelessness again.

Respondents suggested solutions to such problems, for example, visiting support. They also suggested attending courses and activities, finding things to do in the community, and getting fit, as strategies to counter loneliness and boredom.

This highlights the need for services to both support people moving to tenancies after homelessness and to address the internal and external factors that can lead to homelessness.

### **4. Living In A Tenancy**

Respondents had both positive and negative views about being in a tenancy. Negative aspects included isolation, loneliness and boredom as well as a lack of practical skills in budgeting. This has implications for the services that need to be in place to ensure that people have the support they need to maintain their tenancy.

People typically mentioned freedom as being the most positive aspect of living in their own tenancy.

Practical and emotional support offered at the point of need were seen as important both for making living in a tenancy better, and to avoid or cope with crises, which could lead to repeat homelessness.

People highlighted the importance of practical support such as help with budgeting, making calls, and general help in obtaining a tenancy, as well as emotional support - 'the worker being there'. They also said that it was important to get assistance in negotiating their way around the system, or help to gain the confidence to do so themselves.

They also emphasised the need for continuing support. This included not only practical support such as help with GPs or neighbours, budgeting and household management, but also knowing that someone is there if they run into problems, or someone to check how they are doing. Over half stressed the need for more support with no time limit.

## **5. Hostel Closure**

### ***Lack Of Information***

70% of interviewees were aware of the hostel closure programme. However, nearly one person in three did not know about the plans and there are clearly issues about conveying future plans to people who are homeless. From this survey generally, it is clear that homeless people are unaware of the range of services and support mechanisms available now or in the pipeline.

The focus groups highlighted that there is no consistent information being given to homeless people who often receive (potentially misleading) information through rumour and conjecture.

### ***Positive Aspects Of Closure***

**The following aspects were noted as being positive:**

- Glasgow City Council hostels are too large with little support available
- People feel anonymous and de-individualised within large-scale hostels

The general availability and widespread use of illicit drugs within large-scale hostels has become unmanageable for hostel staff and creates an atmosphere of fear and tension within the hostel environment, particularly for non-drug users.

## ***Negative Aspects Of Closure***

**The following aspects were noted as being negative:**

- People were uncertain about where they will go once the hostels are closed, particularly those who are older, those who are especially vulnerable (as a result, for instance, of failing health, learning disability, compromised mental health), long-term hostel dwellers, and those who have become 'institutionalised' as a result of their homelessness
- Many thought that closing hostels would result in more rough sleeping since many people currently living in hostels will not be able to (or may not want to) manage either independently in the community, or within supported accommodation.
- The potential for people to become lonely and isolated, and the loss of the friendship and camaraderie often experienced within large hostel settings

## **6. Re-provisioning**

### ***Alternative Accommodation Models***

Respondents made suggestions about the types of alternative accommodation which should be provided. 78% of those interviewed said they preferred smaller accommodation projects and support from staff with counselling and related skills.

Tenancies should be provided with individually tailored support programmes that should be available for as long as the individual requires it (some individuals may require minimal support, others may require long-term or permanent support).

Respondents suggested the importance of separate accommodation for different groups of homeless people, for example according to age, gender or support for drug or alcohol problems.

There should be accommodation with support which prepares people for resettlement and allows for a period of transition from homelessness to independent living – the Salvation Army's resettlement projects were cited as good practice examples of a transitional service.

### ***Support***

Increased levels of service provision for homeless people with addiction problems are urgently required. Also required is specialist, easily accessible and readily available counselling provision for homeless people with complex needs, particularly those who have experienced childhood sexual abuse, and more generally for those for whom the effects of trauma is an ongoing factor in their homelessness history.

# Development Issues

The research highlighted important development issues. These are set out in the following section. This information is key to commissioning, planning and delivering services.

The extent to which the development issues are tackled depends on the commitment of agencies. The importance of joint working is implicit. All agencies involved in the decommissioning/ resettlement/ re-provisioning programme should develop and sustain formal structures to ensure a joint approach.

It is also important for agencies to review the resettlement/ re-provisioning programme regularly to ensure that what is being provided is what people want and need.

## **1. Increase the level of information about hostel closure and re-provisioning amongst service users**

### ***New services or supports required:***

- The implementation of a formalised way of delivering information about closure and re-provisioning to hostel dwellers and to other homeless people
- The development of a liaison / information service to run in parallel with the hostel closure programme, whereby liaison / information workers would have on-going presence in hostels, and in other types of service provision. The purpose of this service would be to ensure that hostel dwellers and other homeless people were kept fully apprised of the progress of the closure and re-provisioning programme

## **2. Ensure that the hostel closure process takes into account the expressed needs of people who currently use GCC hostels**

### ***Implications for the planning process:***

In planning for hostel de-commissioning, the following must be taken into account:

- The frequency at which participants identified the potential for an increase in rough sleeping as a direct result of hostel closure

- The fact that a significant proportion of people express a wish to stay in homelessness because of the company, friendship and sense of belonging
- The (often complex) needs of those people who want to, or perceive a need to, remain in homelessness

### **3. Optimise the potential for voluntary sector services to respond to increased demand on following hostel closure**

#### ***New developments required / implications for the planning process:***

- Measures should be put in place which will monitor any increased demand on the voluntary sector during and after hostel closure
- Capacity-building work in voluntary sector services to take place in parallel with the hostel closure programme
- Monitor the uptake of voluntary sector services pre- and post-closure, to explore trends in service use and establish whether these trends are related to hostel closure

### **4. Ensure that the re-provisioning process meets the needs of service users**

#### ***Implications for the planning process:***

- Take steps to ensure that the negative elements identified by focus group participants about current GCC hostel provision are not replicated in the re-provisioning process
- Take steps to ensure good practice in new supported accommodation service provision, and the development of high quality, client-centred services

### **5. Develop new supported accommodation**

#### ***Implications for the planning process:***

- Ensure that new accommodation is of optimum size to ensure the delivery of targeted support to all individuals

- Within an accommodation setting, ensure the delivery of high quality and levels of support which is targeted at particular need
- Recruit staff who are well-trained and knowledgeable about the needs of this client group, and who have a sound value base
- Recognise the need to establish a range of supported accommodation options, which will meet the needs of service users at different points of the homelessness 'continuum'

***New services or supports required:***

- Develop a range of high quality accommodation and support options for those people who choose to remain in homelessness
- Develop separate accommodation units which are targeted at specific groups within the homeless population (according to support needs, gender, and age)
- Develop more pre- resettlement preparation / midway point accommodation (similar to accommodation currently provided by Salvation Army and YMCA)

**6. Provide access to mainstream housing and resettlement opportunities:**

***Implications for the planning process:***

The re-provisioning process must take into account the emphasis given by participants in regard to:

- The expressed need for supported tenancies, as opposed to the development of a resettlement programme which focuses primarily (or solely) on the housing needs of those who currently use (or may in the future use) GCC hostels

***New services or supports required:***

- Develop new / innovative models of move-on accommodation, with particular attention being paid to the viability and usefulness of developing small, shared tenancies for groups of people moving on from homelessness

## **7. Develop sustainable move-on solutions:**

### ***Additional research required:***

- Additional consultation with service users is required, in order to obtain more detailed information about the types of support which would be most useful at the pre-resettlement, resettlement, and post-resettlement stages

### ***Implications for the planning process:***

- The development of new types of interventions and innovative methods of support for people at each stage in the resettlement process is key to the development of sustainable resettlement solutions
- There will be significant resource implications for planners to consider given that a high proportion of people who took part in this survey wanted support that was not time limited
- A clear and fundamental understanding of the emotional and psychological impact of resettlement should underpin the planning and delivery of resettlement services
- For the population of homeless people who have moved on from homelessness into mainstream housing, a formal method of monitoring the extent and the causes of resettlement breakdown should be established
- Attention must be paid to the potential for the offer of housing in certain geographical areas to precipitate resettlement breakdown in vulnerable individuals
- Recognise the need to develop new and innovative types of pre- and post-resettlement interventions and an improved range of move-on options

### ***New services or supports required:***

- Establish a range of targeted addiction support services available after resettlement
- Interventions which have a focus on assisting homeless people to develop practical skills relevant to independent living must take place before a person has moved from homelessness into mainstream housing
- More resettlement-preparation accommodation should be developed, aimed at offering homeless people the opportunity to participate in a programme of staged re-entry into mainstream housing and independent living

- Both pre- and post-resettlement interventions should contain elements which address service users' expressed need for financial assistance, and income maximisation

## **8. Improve statutory sector service provision for homeless people**

### ***Implications for the planning process:***

- Take cognisance of service users' current level of dissatisfaction with statutory service provision, together with their perception that statutory services are not helpful in terms of effecting change in the lives of clients, and that the often arbitrary nature of responses given increases the potential for discriminatory practice
- Take steps to ensure capacity building within statutory services (within the limitations of available resources), with the aim of enabling these services to better meet the needs of homeless people
- Implement relevant training programmes for staff that work within statutory services, with a particular emphasis on meeting the training needs of health, social work and housing staff. Measures should be taken to ensure that training for all staff groups covers:
  - *core values underpinning good practice*
  - *non-discriminatory practice.*

## **9. Develop targeted addiction services**

### ***New services or supports required:***

- The development of a range of addiction-focused services which are specifically targeted at homeless people, and which have the capacity to deal with the range of complex issues that homeless people with addiction problems can present
- All addiction services targeted at homeless people should have a resettlement focus which directly addresses the long-term accommodation needs of service users
- The range of new resources required include:
  - *residential detoxification and rehabilitation*
  - *improved access to substitute prescribing*

- *improved access to generic / addiction counselling services*
- *non-residential programmes which address the social, recreational, training and employment needs of homeless people with addiction problems*
- *on-going post-resettlement support services for people with addiction problems*
- *respite services for homeless people with addiction problems who have made a decision that they wish to remain within homelessness services. (Residential respite provision should have the primary aim of assisting individuals to address the negative health and emotional consequences of addiction within a safe environment)*

## **10. Prevent protracted or frequently-repeated homelessness**


### ***Implications for the planning process:***

- Development of accessible and early crisis intervention or safety net services for resettled people who begin to experience difficulties
- Pre and post resettlement services need to consider the barriers homeless people face in integrating into local communities. They need to help homeless people access opportunities and provide support-type services that tackle loneliness and isolation
- The implementation of aggressive, proactive homelessness prevention measures, in order to ensure that people who become homeless in the future do not go on to experience protracted / repeated homelessness
- Integrated assessment for all homeless people, and diversion from city centre homelessness, should become established practice in Glasgow

## **11. Improve analyses and understanding of how the experience of homelessness impacts upon individuals**

### ***Implications for the planning process / additional research required:***

- Recognise the need for additional qualitative research which would inform the development of an appropriate, evidence-based range of interventions which address the damaging emotional, psychological and social impacts of the experience of homelessness
- In current and future homelessness planning, take into account the damaging emotional, psychological and social impact of trauma, abuse, violence and



bereavement which are compounded by and linked to the experience of homelessness itself.

# Appendix 1

## Focus Group Topic Guide

### **1: Basic Information About The Planned Changes On The Homelessness Scene**

Give information, as provided by Head of Homelessness Partnership

### **2: Hostel Closure**

Did you know already that the city council hostels were being closed down? Where did you hear this information? How long have you known for? Do you think 5 years is too slow a timescale or too fast a timescale to close down the city council hostels? (or is it just right?)

What do you feel about the city council hostels being closed down? Do you think it is a good idea / bad idea / or do you not really care one way or another?

What do you think the good things are about the council hostels being closed? What do you think the bad things, if any, might be about the hostels being closed?

### **3: Re-Provisioning**

A number of beds will be lost when all of the GCC hostels close down. What do you think these beds should be replaced with?

#### ***Prompt examples, where needed:***

- Tenancies with no support
- Tenancies with support
- Furnished tenancies
- Non-furnished tenancies
- New hostels or supported accommodation
- Shared tenancies
- Cluster flats with support / communal area

If new hostels / supported accommodation were to be built in the city, what do you think they should be like?

- size – no. of beds
- level of support
- staffing
- should they be for particular groups of homeless people (e.g. people with drug problems, alcohol problems, mental health problems), or should everyone just go into hostels together, like before?

- rules / policies

What kind of problems, if any, do you think people will face when they move out of big hostels into tenancies? What sort of help do you think people will need when they move into tenancies?

Anything else you want to say about what should be put in place of the hostels, that hasn't been talked about already?

#### **4: Appraisal Of Current Services / Gaps In Services**

On the whole, what do you think of the services (help) that are (is) available for homeless people in Glasgow today? Do you think there are enough services / enough help? Do you think that the services available are generally ok, or are some good and some bad? All good? All bad?

What gaps are there in homelessness services today? What kinds of services for homeless people are not available? What is missing from homelessness services as far as you are concerned?

What do you think of -

- Accommodation / hostel services in Glasgow?
- Health services for homeless people?
- Day and evening services for homeless people?
- Social work services for homeless people?
- Addiction services for homeless people?

#### **5: Moving On From Homelessness**

If you were to move on from being homeless, where would you want to live? If you had a choice in the matter, what kind of place would you want to live in? Prompt – e.g. tenancy, big hostel, small hostel, supported accommodation, shared tenancy, any other kind of place?

What do you think are the main obstacles to people moving on from homelessness? What stops people from moving on from homelessness? What keeps people on the street or living in hostels for long periods?

Do you think most people WANT to move on from being homeless? Do you think some people want to stay on the street or in hostels? What kind of proportion of homeless people would you say wanted to stay homeless (living in hostels or on the street)?

On the whole, what kind of help do you think people need to successfully move on from homelessness? What kind of help would you yourself need to move on from homelessness?



***Prompt, e.g.:***

- accommodation, what type?
- support, what type?
- area?
- medical help
- employment / constructive activity

What length of support do you think people need after moving on from homelessness  
– short term, medium term, long term, permanent?

# Appendix 2

## Focus Group Sites

### ***Glasgow City Council hostel provision:***

- Laidlaw House
- Broad Street Hostel
- James Duncan House
- Inglefield Street Hostel
- Norman Street Hostel

### ***Voluntary sector support services***

- Glasgow Association for Mental Health, Homelessness Outreach Project
- Wayside Day Centre

### ***Voluntary sector supported accommodation:***

- Glasgow Simon Community Govanhill Womens' Project
- Talbot Association Kingston Halls
- Talbot Association Belmont Street Project
- Talbot Association Govanhill Project
- Glasgow Simon Community Tollcross Project
- Glasgow Simon Community Castlemilk Project

### ***Unsuccessful Focus Groups:***

- James McLean Project (2 groups attempted)
- Glasgow Simon Community Service User Group (2 groups attempted)
- Peter McCann House (2 groups attempted)
- Glasgow Simon Community Maryhill House (1 group attempted)

### ***Focus Groups which took place but which required multiple attempts before sufficient numbers of service users were able to participate:***

- GAMH
- Inglefield Street Hostel
- Norman Street Hostel
- Talbot Govanhill

# Appendix 3

## Profile of Focus Group Participants

Each focus group participant completed an anonymised form. The profile of participants was as follows:

### **Gender**

Male	51
Female	19

### **Age Range**

16-25	13
26-40	28
41-60	27
60+	2

### **Age when first experienced homelessness<sup>7</sup>**

Under 16	7
16-25	26
26-40	22
41-60	14
60+	1

### **Total length of homelessness history<sup>8</sup>**

Under 1 month	1
1-12 months	2
1 year – 3 years	12
3 – 5 years	11
5 – 10 years	20
10 – 20 years	21
More than 20 years	3

### **Self-identified support needs**

Drug problem	27
Alcohol problem	23
Mental health problem	21
Other support need	3

<sup>7</sup> Participants were asked to report the age at which they experienced homelessness for the first time

<sup>8</sup> Participants asked to estimate the total length of their homelessness experience to date, irrespective of whether they classified themselves as homeless at the point of participating in the focus group

### ***Current living situation***

Supported accommodation	34
Hostel accommodation (unsupported)	31
Tenancy without support	2
Tenancy with support	3

### ***Experience of living in large scale hostels***

Bell Street hostel	38
Broad Street hostel	32
Norman Street hostel	42
Kyle Street hostel	20
Cheapside Street hostel	24
Inglefield Street hostel	7
Hope House	16
Kingston Halls	22
Loretto Duke Street	9
Bellgrove Hotel	6

# Appendix 4

## Sites Visited By Interviewers/ Numbers Of People Interviewed At Each Site

Interview sites were chosen in order to gain optimum access to the survey target groups. Sites were chosen so that the interviewers were not replicating visits made during the focus group phase of the survey.

<b>SITE</b>	<b>No of Interviewees</b>
Bob McTaggart House	6
Circus Drive Project	2
City Mission	5
Holland Court	1
Hope House	2
Inglefield Street	4
James Shields Project	7
Kingston Halls	4
Link Up	1
Lodging House Mission	6
Move On	5
Simon Community Adelphi Centre	4
Simon Community Resettlement Training	2
Simon Govanhill Women's Project	4
Stopover	3
Wallace of Campsie House	5
Wayside	4
William Hunter House	5
YMCA Resettlement	3
Street/ other	5
Tenancies	8
Not known	2
<b>TOTAL</b>	<b>88</b>

# Appendix 5

## Profile Of Individual Interview Participants

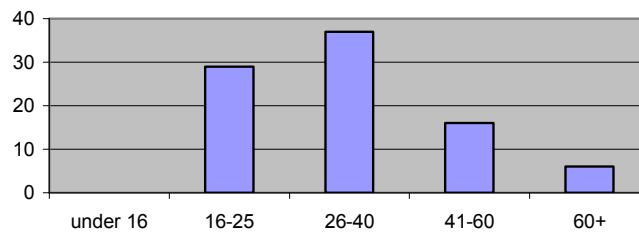
### Gender

Male	62	70.5%
Female	26	29.5%
<b>TOTAL</b>	<b>88</b>	<b>100%</b>

### Age range

AGE	NUMBER	PERCENTAGE
under 16	0	0
16-25	29	33%
26-40	37	42%
41-60	16	18%
60+	6	7%
<b>TOTAL</b>	<b>88</b>	<b>100%</b>

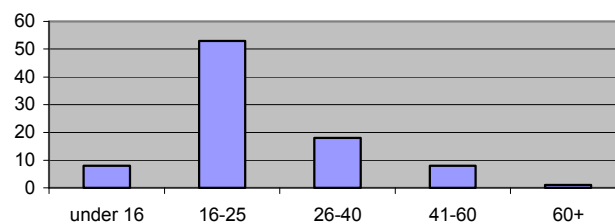
Age range of respondents



### Age first experienced homelessness

AGE	NUMBER	PERCENTAGE
under 16	8	9%
16-25	53	60%
26-40	18	21%
41-60	8	9%
60+	1	1%
<b>TOTAL</b>	<b>88</b>	<b>100%</b>

Age first experienced homelessness



### **Total length of time homeless**

	<b>Male</b>	<b>Female</b>
Under one month	0	0
1-12 months	10	1
1-3 years	13	3
3-5 years	10	8
5-10 years	15	7
10-20 years	14	7

### **Current accommodation**

23 people interviewed were now in tenancies after having experienced homelessness. Other respondents were in a range of homelessness accommodation, including hostels, supported accommodation, 'care of' addresses and rough sleeping.

<b>TYPE</b>	<b>NUMBER</b>	<b>%</b>	<b>Male</b>	<b>Female</b>
supported accommodation	46	52%	33	13
hostel accommodation (unsupported)	7	8%	3	4
tenancy with no visiting support	8	9%	7	1
tenancy with visiting support from any agency	15	17%	7	8
bed and breakfast accommodation	0	-		
'care of' address	3	4%	3	
sleeping rough	7	8%	7	
Other	1	2%	1	
<b>TOTAL</b>	<b>88</b>	<b>100%</b>		

### **Further breakdown of the accommodation status:**

	<b>MALE*</b>					<b>FEMALE</b>				
	<b>u16</b>	<b>16-25</b>	<b>26-40</b>	<b>41-60</b>	<b>60+</b>	<b>u16</b>	<b>16-25</b>	<b>26-40</b>	<b>41-60</b>	<b>60+</b>
Currently in own tenancy (23)	0	4	8	1	1	0	2	5	2	
Want to move to tenancy after homelessness (46)	0	15	16	6	0	0	3	5	1	
Want to remain in homelessness (17)	0	3	2	1	3	0	2	1	3	2

### **Self-identified health-related support needs**

Respondents were asked to identify any health-related support needs they had, and it is clear from the following that significant numbers of respondents did have health care issues. This is significant because only five people cited mental health problems as a cause of their homelessness, and one person discussed a physical health

problem, although this does not preclude respondents from already having health problems prior to homelessness. Nonetheless, evidence from other studies has described the effects that being homeless has on physical and mental health.

Of the homeless, or previously homeless people interviewed, only 18 respondents **did not** identify any health related problem.

ISSUE	NUMBER
drug problem	33
alcohol problem	28
mental health problem	49
physical health problem	50
chose not to answer question	3

The categories in the following table are not mutually exclusive, therefore, no totals have been given.

	Male					Female				
	u16	16-25	26-40	41-60	60+	u16	16-25	26-40	41-60	60+
drug problem		8	12	1			5	7		
alcohol problem		5	10	6	2		1		3	1
mental health problem		9	12	5	2		6	9	5	1
physical health problem		11	10	7	2		6	8	5	1
chose not to answer		1	1	1						

### ***Profile of rough sleepers***

Seven people in the survey were rough sleepers, all male.

AGE	NUMBERS
under 16	0
16-25	3
26-40	4
41-60	0
60+	0

All first experienced homelessness between 16 and 25, and had been homeless for over a year. Despite the fact that they were all under 40, three had been homeless for over 10 years.

***Total length of homelessness***

under 1 month	0
1-12mnth	0
1-3 yrs	2
3-5yrs	1
5-10yrs	1
10-20yrs	3



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