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Homelessness, Pathways to Exclusion and Opportunities for Intervention

Dr Jamie Harding, Adele Irving, Dr Mary Whowell

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Book design by The Cyrenians

About the authors

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Foreword

The Webb Memorial Trust, who funded this report and the research on which it was based, was founded shortly after Beatrice Webb's death in 1943 for 'the advancement of education and learning' with particular emphasis on increasing social justice.

The Webbs, of course, have other 'memorials', they founded the London School of Economics and the magazine, The New Statesman. But it was Beatrice's focus on poverty - promoting the often almost iconoclastic view that poverty was not the fault of the individual but was a fault of inadequate social structures and economic mismanagement - for which she was famed.

Her submission, along with M.P. George Lansbury, of the Minority Report to the Poor Law Commission in 1909, has been heralded as the first seeds of the welfare state.

She believed poverty was contingent on adverse circumstances and if you removed those circumstances the problem would disappear. In 2010, the Trust, with that in mind, commissioned The Cyrenians to carry out work amongst the homeless in the North East many of whom were now their clients, to determine to what extent the problems presented at the outset of their involvement could be traced back to social exclusion from an early age.

Was there a link between the conditions individuals experienced from birth, childhood and at school and the likelihood of becoming homeless through drugs, alcohol and/or family breakdown?

The in-depth interviews conducted by Northumbria University demonstrate beyond doubt a powerful correlation caused by a sequence of a lack of life chances which they have termed, 'lifelong' exclusion.

While this affected about half of the respondents, the report has concluded the remaining half have suffered from a 'life events' exclusion, describing significant events as causal factors for exclusion. We are already seeing from the recently increasing number of those identified as sleeping rough in our urban areas that the effects of reduced grants from local authorities and declining budgets of local charities.

This report argues that some of that increase could have been prevented by investment preventing child poverty in the first place and given greater assistance at stages where individuals are at their most vulnerable, in care or leaving prison for example.

My thanks go out to the authors, researchers and staff team at Northumbria University, the homeless charity The Cyrenians, and particularly to those individuals who agreed to participate in this research.

Mike Parker *Honorary Secretary, Webb Memorial Trust.*

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Brief

This research was funded by the Webb Memorial Trust and examined the origins of poverty and exclusion among a sample of homeless people. The Webb Memorial Trust was established in 1947 as a memorial to the socialist pioneer Beatrice Webb, who undertook studies of the origins of poverty, most notably through the 1909 Minority Report to the Poor Law Commission.

Introduction

When studying the origins of poverty and exclusion, homeless people are a particularly appropriate group to choose because, as David Seymour noted in 2009 in a report for the Joseph Rowntree Foundation:

> *A smaller number of people are in much deeper poverty. Homeless people are among those at the extreme end in the UK. It is not just those sleeping on the streets but those who lack a proper, secure home…*

In the study described in this summary, researchers sought, through wide ranging interviews, to establish causes of poverty among homeless people and to identify points where intervention by services might have reduced or prevented the levels of exclusion that respondents experienced.

Methodology

Eighty-two homeless people were interviewed at a range of projects across the North East of England. Among the themes covered on the interview schedule were childhood, education and training, significant life events, the future, employment, income and debt, health and disabilities, becoming homeless, needing homelessness services, crime and institutionalisation, drugs and alcohol, marriage, family and social networks, housing history, family and friends.

Summary of Findings

The key finding of the research was that there were two distinct pathways into homelessness, a 'lifelong' and a 'life events' pathway. While not every participant fitted clearly into one or other of these pathways, they represented a helpful lens through which to examine respondents' accounts of their lives.

The respondents as a group were clearly disadvantaged in childhood, with an over-representation of factors such as being in local authority care, living in rented housing, non-attendance at school, leaving school without qualifications and having few career ambitions. Two factors which appeared to have a particularly damaging effect and were often linked, were experiences of parental addictions and domestic violence. There

was a high incidence of traumatic experiences in childhood, many of which involved violence. Although the large majority grew up in a household where at least one person was working, they tended to have spent their childhood in rented housing, suggesting that some were part of the working poor.

These disadvantages were continued into adulthood, where rented accommodation continued to dominate housing histories and where unemployment interspersed with brief periods of insecure employment was the norm for many. However, there were also respondents who reported a happy childhood, who had achieved qualifications and skilled employment and who had enjoyed a stable relationship and housing situation. For these people, their current situation of homelessness and poverty seemed to be best explained by a traumatic event such as bereavement or relationship breakdown, often accompanied by alcohol addiction.

Addictions had played a major part in the lives of respondents, both as children - whether their own addiction or that of their parents - and as adults. While many felt optimistic about the future and had set themselves realistic aims, their greatest fear was often lapsing back into addiction.

Key Statistics
- Approximately half of the respondents stated that the happiest time of their life was childhood or adolescence, despite many experiencing traumatic events in childhood.
- 25% of respondents grew up in local authority care (UK population average: 1%).
- 80% had grown up in a household where there was at least one person working but most had lived in rented housing. Over a quarter had been forced to leave housing as a child.
- Approximately 45% of respondents had no qualifications (UK population average: 11%) and only half had regularly attended school (UK population average: 7%).
- 24% (of the 75 who answered the question) experienced reading and writing difficulties in school (UK population average: 5-8%) and 24% had been a victim of bullying at school.
- 50% of respondents had experienced long periods of unemployment and one fifth had never worked (UK population average: 3%).
- 4% of respondents are currently employed and 19% are involved in education and training.
- A little over 70% of respondents had experienced financial problems at some time in their life, with difficulties in paying bills and difficulties associated with addiction being most frequently identified. Only one third had sought help for this.
- Over 80% of respondents had had their own home at some point, more frequently rented than owner occupied housing. 20% had never lived independently.

- 65% of respondents had been in a long term relationship, but few were at the time of interview. The most common reason for relationship breakdown was alcohol or drug use.
- Almost 50% of respondents had dependent children; 21% said their dependent children were in care.
- Approximately one quarter of respondents had a disability, 45% had a long term health problem and 71% had had a mental health problem (UK population average – 28%).
- A majority of respondents had had a problem with drugs and, in just over half the cases where an age was given, the drug problem began before the age of 18. Most respondents who had had a drug problem had committed crime as a result of it.
- Approximately half the respondents had had a problem with alcohol at some point and 35% said that they had an alcohol problem at the time of the interview. 34% (of 62 who gave an age) reported drinking before the age of 13. Problems with alcohol were typically triggered by a significant life event.
- Three quarters of respondents had a criminal record and over half had been to prison; crime was mostly typically linked to drug and alcohol problems. Only half of the respondents who had been to prison reported receiving any help on leaving prison.
- Approximately one quarter of respondents had been homeless for more than a year before coming to the project. Over 70% had had more than one period of homelessness and approximately two thirds had slept rough at some point. Respondents tended to have become homeless for the first time in their 20's.

Gender Differences
- Men were more likely than women to say that their childhood had been happy and that they had been 'well off'.
- Women were less likely to have qualifications and to have had a job for more than two years than men.
- Men were more likely to report that drugs and alcohol had been a problem for them in the past, compared to women and at any earlier age. As a result of addiction, men typically reported a physical health problem, losing housing or relationship breakdown, while women were more likely to report losing their children.
- Men were also more likely to have a criminal record and significantly more likely to have been in prison than women.

Differences between those who had been brought up in care (care leavers) and the wider sample
- Care leavers were less likely than other respondents to rate their childhood experiences as 'happy' and to identify childhood or adolescence as the happiest time of their life.
- Care leavers were more likely than other respondents to have enjoyed school and to have positive memories of it, although less likely to have left school with qualifications and to have regularly attended school. Care leavers were also more likely to have had a difficulty with reading and writing at school.

- Care leavers were particularly unlikely to have held a job for two years or more.
- Care leavers were less likely to have social network that they could turn to for support than those who had not been in care.
- Care leavers were more likely to have a problem with drugs (and before the age of 18), but less likely to have a problem with alcohol, than those who had not.
- Care leavers were more likely than other respondents to have been homeless previously but less likely to have slept rough.

Points for Intervention
The research pointed to a need for more effective services for children who experience addiction, both on their own part and on the part of parents. Other points at which services might have made a difference in the lives of respondents were prior to being evicted from their own accommodation and on release from prison: the research presented a familiar story of lack of support on leaving prison for a minority of respondents.

Introduction

This research was funded by the Webb Memorial Trust and aimed to continue in the tradition of Beatrice Webb, established through the publication of the 1909 Minority Report to the Poor Law Commission. The research sought to examine similar themes in a present day context by exploring the origins of poverty and exclusion among homeless people. Homeless people were a particularly appropriate group to choose because, as Seymour (2009, 26) notes:

> *A smaller number of people are in much deeper poverty. Homeless people are among those at the extreme end in the UK. It is not just those sleeping on the streets but those who lack a proper, secure home…*

Researchers sought, through wide ranging interviews, to establish causes of poverty and to identify points where intervention by services might have reduced or prevented the levels of exclusion that participants experienced, resulting in homelessness. The key finding was that a significant proportion of the respondents experienced a range of exclusionary forces from an early age, which contributed to their present day poverty and homelessness. These respondents are referred to as being in a 'lifelong' pathway. In contrast, others appeared to have stable and happy lives as children, a pattern which continued into adulthood, until they were faced by traumatic life events, often accompanied by alcohol addiction. This second group are referred to as being in the 'life events' pathway. The report explores these two pathways further, by examining a range of experiences the homeless people had in their lives, and identifies points where services could have potentially prevented homelessness or reduced its impact.

Methodology

Semi-structured interviews were the key method of data collection for the research project. A total of 82 interviews were conducted with participants of six projects for homeless people in the North East of England between November and December 2010. Some of these projects were run by The Cyrenians – a North East based organisation working with vulnerable, disadvantaged and homeless people – and some by other organisations. They included residential projects and day centres for homeless people. The people interviewed (who are referred to as 'the sample') represented a snapshot of all those who were at the project on the day that the interviewers visited and who were willing to participate in the research. The interview schedule was designed specifically to explore routes into homelessness and had questions relating to the following key themes: the project participants were living in, education and training, significant life events, the future, employment, income and debt, health and disabilities, childhood, becoming homeless, needing homelessness services, crime and institutionalisation, drugs and alcohol, marriage, family and social networks, housing history, family and friends. A copy of the full interview schedule is available in Appendix One. The interviews were carried out by peer researchers who had similar life experiences to

the homeless people taking part in the research; the interviewers were managed by NeSay Ltd, who specialise in this type of data collection by peers. All of the participants consented to take part in the research, had the option to withdraw without giving any reason for doing so, could miss out any questions they did not want to answer and were offered a copy of their interview transcript should they want one. The research was also scrutinised and approved by the ethics committee at Northumbria University.

The data was analysed by Dr Jamie Harding, Adele Irving and Dr Mary Whowell from the School of Arts and Social Sciences at Northumbria University. Key variables were recorded and analysed using the PASW computer program, while more detailed comments were analysed using qualitative methods, including coding. An example of this coding can be seen in Appendix 2. The nature of the interviews being undertaken by a peer research team with the homeless people (who often had complex and difficult life experiences) meant that not all questions could be asked in every case; researchers were sensitive to participants' needs in the interview situation and did not probe for answers when the participants stated that they did not want to discuss certain issues. This explains why, in many of the tables included in the report, the number of participants is shown as less than 82. In particular, respondents were often unwilling to talk about their childhood, which meant that the amount of material on this subject was less than the researchers had hoped for.

The data is largely presented in this report in sections that reflect the life stages of the research participants. However, each section does not stand alone but rather contributes to a bigger picture, which provides a better understanding of pathways to homelessness.

Summary of Research Findings

The key finding of the research was that there were two distinct pathways into homelessness, a 'lifelong' and a 'life events' pathway. While not every participant fitted clearly into one or other of these pathways, they represented a helpful lens through which to examine participants' accounts of their lives.

The participants as a group were clearly disadvantaged in childhood, with an over-representation of factors such as being in local authority care, living in rented housing, non-attendance at school, leaving school without qualifications and having few career ambitions. Two factors which appeared to have a particularly damaging effect, and were often linked, were experience of parental addictions and domestic violence. There was a high incidence of traumatic experiences in childhood, many of which involved violence. A large number of participants, particularly men and respondents brought up in care, also experienced problems with addiction in childhood.

Participants who fitted into the 'lifelong' exclusion pathway were particularly likely to have experienced a range of disadvantages as children; many of which were linked. For example, those who rated their childhood as unhappy were less likely to attend school

regularly or achieve qualifications. However, the converse was true, with participants in the 'life events' pathway often experiencing happy childhoods, reporting a wide range of positive experiences at both home and school. These findings should be slightly qualified by noting that some participants considered their childhood to be happy, despite experiences which others might consider to be highly distressing.

In adulthood, the pattern of disadvantage was largely repeated. Although most participants reported enjoying work, approximately half had experienced long periods of unemployment, which appeared to be linked to lack of qualifications, drug and alcohol addiction and long term health problems and disabilities. A majority of participants had experienced financial problems, often linked to difficulties in paying daily bills and/or addictions. Less than half had been part of an owner occupied household and there was a high incidence of eviction for both rent arrears and anti-social behaviour.

Although most participants had been involved in relationships in the past, there was a high incidence of participants losing touch with their biological family, partners and children. Some participants reported close friendships, but others did not have friends outside the project where they were a service user. Addictions played a major part in the breakdown of relationships, although difficulties with alcohol in particular could be both a cause and a consequence of relationship problems.

A majority of participants had been in prison at some point in their lives. Their opinions of this experience varied, with some feeling that it brought some structure to their lives and others reporting feeling isolation. A large minority received no support on leaving prison and for some their release merely meant a return to homelessness, addiction and the circumstances that had contributed to them committing the crime for which they had been imprisoned.

Those participants in the 'lifelong' exclusion category were likely to have experienced a range of disadvantages in adulthood, as they had as children. However, those in the 'life-events' category, again, reported stable lives as adults that could include settled, skilled employment, living in the same place for a substantial period of time and being in a long term relationship.

This raises the question, of course, of why people from such stable backgrounds should become homeless. The answer appeared to be most frequently a traumatic life event, often combined with a problem with alcohol. However, while these life events were traumatic, and in a few cases exceptional, they were also frequently those that most people will have to face at some point in their lives, such as bereavement or relationship breakdown.

There was a high incidence of addiction to drugs and alcohol across the sample; it was clear that these problems were closely linked to many others that the participants

faced. Efforts to tackle addiction could be thwarted by swopping one addiction for another or through association with peers or a partner who were continuing to misuse alcohol or drugs.

When looking at pathways into homelessness in relation to gender, there were distinct differences between male and female respondents. Men were more likely to have enjoyed positive experiences and periods of stability in their lives and therefore, were more likely to fit in to the 'life events' pathway than women. Female respondents in particular tended to experience 'lifelong' problems of exclusion prior to becoming homeless. For example, men were more likely to say that their childhood had been happy and that they had been 'well off', with 71% of men reporting to have a happy childhood compared to 50% of women, and 44% of men reporting to be well off compared to only 18% of women. Men were also more likely to have qualifications than women (36% of male respondents (21 out of 56) had no qualifications, compared to 65% of women (11 out of 17)) and were more likely to have experienced periods of employment longer than two years. Only 2 (23% of 9) women had held a job for two years or more, compared to 26 (61% of 43) men and accordingly, were also more likely to have paid for independent housing through benefits rather than wages. On the other hand, men were more likely to report that drinking had been a problem for them in the past: 58% (38 of 60) reported that this had been a problem, compared to only 44% (8 of 18) women. Men were also more likely to report a physical health problem, to have lost housing or to have suffered relationship breakdown as a result of alcohol, while women were more likely to report losing their children. Twenty-three men (34% of 58) considered that they had an alcohol problem now, compared to only 4 women (22.2% of 18). There was no statistical difference between the age at which men and women first started drinking, with drinking beginning at ages 14 and 15 respectively. Although the differences were not particularly large, men were more likely to have had a drug problem than women: 67% of men (40 of 60) reported having had a problem compared to 56% (10 of 18) women. However, men were more likely to have had a drug problem before the age of 18 and were more likely to report losing their job and have financial difficulties as a result of drug use, while women were more likely to report losing their children and their housing. In terms of crime, there were only small gender differences in the likelihood of having a criminal record; although women were more likely to have a record for shoplifting, while men were more likely to have been to prison - with 66% of men having been to prison compared to only 35% of women. In terms of relationships, women were more likely to have children and to be in contact with their children than men. Twelve of 18 women had dependent children (67%) and 9 (50%) saw their children, compared to 45% and 32% for men. The children of female respondents were more likely to be in care, while the children of male respondents were more likely to being looked after by their mother or a family member.

Differences could also be found regarding pathways into homelessness when comparing the experiences of those who were brought up in care and those who were not. In all, 19 respondents were brought up in care. Invariably, this group of

respondents typically followed the 'lifelong' pathways to homelessness. Generally speaking, this group of respondents typically experienced traumatic events in childhood (such as bereavement, the loss of a parent, physical abuse or addiction in the family, for example) and accordingly, were much less likely to describe their childhood experiences as happy. They were also less likely than other respondents to identify childhood or adolescence as the happiest time of their life when reflecting upon their life course. They were less likely to have left school with qualifications and to have attended regularly and more likely to have had a difficulty with reading and writing; although, they were more likely than other groups of respondents to have enjoyed school and to have positive memories of it. Reflecting educational attainment and experiences, respondents brought up in care were particularly unlikely to have held a job for two years or more; only four of the 27 respondents (15%) who had held a job for two years or more had been brought up in care. More positively, 88% (15 of 17 respondents who answered the question) had been involved in voluntary work, compared to 43% (23 of 54 respondents) who had not been in care and 31% (5 of 16 respondents who answered the question) were currently involved in education and training, compared to only 11% (6 of 53) who had not been in care. This group of respondents were also significantly more likely to have had a problem with drugs at some in their lives; 16 of 19 care leavers had had a problem with drugs (84.2%) compared to 31 of 56 respondents (55.4%) who had not been in care. This group were particularly likely to have had a drug problem before the age of 18 and to have experienced a relationship breakdown, lost children or committed crime as a result of drugs. Yet, they were less likely to have had a problem with alcohol than other respondents. In other areas of the research, not referenced above, there were no significant statistical differences between those who had been in care and those who had not.

It should be noted, however, that of the 19 respondents who were brought up in care, seven were brought up by foster families, five were brought up in care homes and seven did not specify the type of care which they were brought up in. Although they all faced an increased risk of experiencing a range of disadvantages in childhood and adult life, there were also differences between those who were raised by foster parents and those who were raised in care homes. In particular, the respondents who were raised by foster families spoke warmly of their time in care and had much more positive experiences throughout their lives than those raised in care homes and in some cases, had more positive experiences than those raised by their biological parents. Those raised by foster families did not always fit into either the 'life events' or 'lifelong' pathways to homelessness, having mixed experiences in relation to key aspects of their lives.

Furthermore, the 'lifelong' and 'life events' pathways no longer seemed a helpful method of differentiating between participants when considering their current homeless situation. All tended to appreciate the support that they were provided with in their current project, particularly the availability of a key worker and help to deal with addictions. The most frequently reported difficulties were with fellow service

users, particularly if they had addiction problems. Respondents feared lapsing back into addiction if they were surrounded by peers who also used drugs or alcohol.

Many participants appeared to have realistic hopes for the future, involving paid or voluntary work, based either on their previous work experience or a desire to 'give something back' by supporting people with addictions. Re-establishing or making contact with family, particularly children, were other aims that were identified for the future.

Most participants had positive feelings about the prospect of living independently. However, fear of difficulties with addiction was a key reason for some participants preferring the thought of supported, rather than completely independent, housing in the short term.

The area where respondents most frequently identified that they would have appreciated more support was with regard to addictions. The research made clear the value of effectively tackling addiction problems, whether they were experienced by children, their families or adults. Support to tackle addiction also seemed central to enabling people to exit homelessness and exclusion. Other areas where more extensive and effective services could have an impact were where people faced eviction and on release from prison.

Part 1: Literature Review

Defining Homelessness

In the UK, homelessness is defined by law in the Housing Act 1996, which states that 'a person is homeless if there is no accommodation that they are entitled to occupy; or they have accommodation but it is not reasonable for them to continue to occupy this accommodation'. Individuals to whom this definition applies are entitled to help by a local authority if they are in 'priority need', are not 'intentionally' homeless and if they have a local connection to the area. 'Priority need' is defined as those who: are pregnant or live in a household with someone who is pregnant; live in a household that contains one or more dependent child; or live in a household that contains a person who is 'vulnerable'. The term vulnerable can be applied to individuals who find it difficult to manage alone due to old age, learning difficulties, mental health problems or a disability, and young people 'at risk' (Crisis, 2011). Individuals who meet these criteria are commonly known as the 'statutory homeless'; the local authority has a duty to accommodate their housing needs. The law has been criticised for not classifying people with drugs and/or alcohol dependencies, ex-offenders and people with terminal illnesses as 'vulnerable' (Pleace et. al. cited in Cox and Lawless, 1999, p.20). Homeless people who are not covered by the legal definition are entitled to advice and assistance only (Thompson, 1988, p.9-10). One effect of the legislation has been to reduce the number of households with children in emergency accommodation, meaning that most forms of accommodation specifically for homeless people have tended to accommodate people without children (often referred to as 'single homeless people') (Cloke et. al., 2010, p.151).

However, the definition of homelessness which is included in the law is not shared by everybody: many different definitions of homelessness can be applied (Anderson and Christian, 2003, p.106). The following list of circumstances could all be considered as homelessness: rooflessness (i.e. street homelessness or 'rough sleeping'); living in emergency/temporary accommodation for homeless people; living long-term in institutions because no other accommodation is available; bed and breakfast or similar accommodation unsuitable for long-term residence; informal/insecure/impermanent accommodation with friends or squatting; intolerable physical conditions, including overcrowding; and, involuntary sharing (e.g. abusive relationships) (Fitzpatrick et. al.. 2000, Anderson and Christian, 2003, p.106).

Causes of Homelessness

There is no universal consensus on why certain people become homeless (Cox and Lawless, 1999); although there has traditionally been a distinction between explanations that focus on the personal problems of the homeless individual and those which emphasise 'structural' causes of homelessness. The former, usually referred to

as the agency approach to homelessness, can be divided into two strands. The first strand believes that individuals are responsible for their own homelessness. This can be seen as a 'victim-blaming' approach resulting in a minimalist response such as the provision of basic accommodation and is often associated with right wing politicians (Grimshaw, 2001, p.5). The alternative individual explanation of homelessness maintains that people become homeless because of a personal inadequacy or failing, for which they cannot be held entirely responsible. For example, a personal problem such as mental illness or alcohol abuse may mean individuals are unable to maintain permanent housing (Cox and Lawless, 1999, p.22). In contrast, those on the political left have tended to view homelessness as stemming from structural inequalities and constraints (Grimshaw, 2001, p.7). The structural view of homelessness argues that unfavourable conditions such as small stocks of low-cost housing, high unemployment and high levels of poverty are causes of homelessness, regardless of the extent of personal problems among those negatively affected by them. Indeed, successive studies into the causes of homelessness in the UK have confirmed that the single most common characteristic of homeless people is poverty (Anderson, Kemp, & Quilgars, 1993; Drake, O'Brien, & Biebuyck, 1981; Niner, 1989; O'Callaghan et. al., 1996), suggesting the need to think less in terms of personal responsibility and more about empowerment and citizen participation (Becker, 1997; Jordan, 1996; Williams & Pillinger, 1996). Housing problems are usually seen as being a reflection of a number of indicators of poverty and social exclusion (Dyb, 2009, p.811). However, this is not to deny that those suffering from personal problems may be the most vulnerable to becoming homeless (Elliott and Krivo, cited in Cox and Lawless, 1999, p.23) or that homelessness can be the result of a range of structural and individual factors, occurring in certain circumstances for certain groups (Fitzpatrick, 2005). Various comprehensive reviews of homelessness research suggest that homeless individuals are typically affected by the interplay of the following factors.

Structural	*Individual*
Housing demand (linked to demographic trends) Lack of affordable housing (Eviction / Repossessions)	Family disputes / Childhood disputes
Poverty	Physical and emotional abuse
Unemployment / Welfare dependency	Poor physical health and mental health problems
Ethnicity	Institutionalisation / Offending behaviour (Care, prison, armed forces)
Changing trends in family formation and fragmentation	Drug or alcohol misuse
	Lack of qualifications and skills Social Networks Debt

It is argued that changes in circumstance over the life course (such as leaving the parental home after arguments; marital or relationship breakdown; widowhood; discharge from the armed forces; leaving care; leaving prison; a sharp deterioration in mental health or an increase in alcohol or drug misuse), coupled with other risk factors, triggers an episode of homelessness for some people. As Fitzpatrick (2005, p.4) argues: 'structural factors create the conditions within which homelessness will occur and people with personal problems are more vulnerable to these adverse social and economic trends than others; therefore, a high concentration of people with personal problems in the homeless population can be explained by their susceptibility to macro-structural forces rather than necessitating an individual explanation of homelessness'. (Fitzpatrick, 2005, p.4). However, the causal processes that link risk and trigger factors of homelessness still need to be understood further; there remains a need for a more refined analysis of 'pathways' in and out of homelessness (Anderson and Christian, 2003, p.112).

Pathways In and Out of Exclusion

Research into the causes of poverty, homelessness and exclusion, and the relationships between causal factors, are well established but trying to establish which is the most important at any given time and to a particular group of homeless people remains an extremely difficult task. In the early literature on homelessness, there was a widespread consensus that the typical homeless person was male, with a long history of deteriorating social relationships, and unemployed or only marginally attached to the labour force. The homeless male was also argued to typically suffer from chronic alcoholism and was frequently in contact with the criminal justice system (Bahr, cited in MacKenzie and Chamberlain, 2003, p.5). Homelessness was not thought of as a 'process' with people entering and exiting the population. Homeless people were simply viewed as people engaged in a lifestyle of chronic homelessness (MacKenzie and Chamberlain, 2003, p.6). More recent work has acknowledged the diverse experiences of homeless people.

In their review, Anderson and Tulloch (2000) identified routes into and out of homelessness, but the research evidence did not allow them to identify different routes through homelessness. However, experiences of poverty and low income, as well as age were identified as the most important characteristics defining different pathways into homelessness. After age, gender and household type emerged as important variables with lone parents, for example, likely to be more vulnerable to homelessness than couples with children (Burrows, 1997). However, household dynamics mean that families and single people without children were most vulnerable to extremes of adult homelessness.

Tipple (2000) argues that there are two broad types of homeless people. The first is people living through what they deemed 'short-term crisis poverty'. Their homelessness tends to be temporary, resulting from a disruptive episode in their lives which results in a period of homelessness. This is in contrast to men and women

for whom chronic exclusion (in its most visible form, homelessness) can appear to be a persistent way of life. Long-term alcohol and drug abuse, severe mental illness, chronic health problems or family problems may compound employment and housing problems. When their financial resources and social networks are exhausted, they resort to the street. Their situation is more complex than those who are homeless through crisis poverty (Tipple, 2000, p.51).

Finally, MacKenzie and Chamberlain (2003) argue that homelessness should be seen as a 'career process'. They suggest that the manner in which someone becomes homeless has an impact on the chances of their homelessness becoming long term and chronic. However, this idea remains under-developed.

Understanding the Needs of Homeless People

The range of definitions of homelessness has major implications for our understanding of the issue, affecting questions such as who should be classed as homeless; how many individuals are homeless; how we respond to them; and, how to assess the effectiveness of policies and programmes implemented to address homelessness (Tipple, 2000, p.19). Definitions of homelessness have tended to become broader over recent decades, recognising a range of different forms of housing need, such as rooflessness, insecure accommodation and inferior or substandard housing, for example (Busch-Geertsema, 2010, p.25). As a result, a range of policies and services designed to tackle both 'structural' and 'individual' problems associated with housing and to meet the housing needs of homeless individuals have been developed.

Providers of services for homeless people have recognised that homelessness is not only a housing problem (see McNaughton, 2007, p.25) and that it reflects a range of other needs, linked to individual wellbeing. As McNaughton (2007) argues, 'beyond access to housing, deep exclusion and multiple needs [are] prevalent factors in many of these people's lives'. So homelessness service provision has become increasingly sophisticated, with service providers going to increasing efforts to provide services designed to address drug and alcohol issues; health problems; educational and training needs; voluntary work and paid employment opportunities; issues associated with relationship breakdown; etcetera.

What are much more difficult to identify and address, however, are the key points of risk for different groups of individuals at different times in their lives and appropriate interventions which may then prevent homelessness in later life. For young people, for instance, indications of worsening conflict with parents may signal increased 'risk'. For adults, the accumulation of financial debt may be the forerunner to a housing crisis leading to homelessness. For couples, it may be deteriorating relationships often involving violence, which signal family breakdown and possible homelessness (MacKenzie and Chamberlain, 2003, p.59). For offenders, leaving prison will often lead to homelessness. For these different groups of individuals, early intervention

(providing assistance to prevent individuals continuing on a pathway to homelessness) is vital, but will involve several different forms of practice; more difficult is that these practices will need to be applied to individuals who may not be aware of their level of risk. Adopting a 'whole person' approach to tackling the needs of homeless service users is essential but addressing the underlying causes of homelessness in order to prevent homelessness, poverty and exclusion in later life, is an inherently more complex task.

New Labour's Response to Homelessness

This line of thinking was echoed by New Labour, who signalled a commitment to tackling homelessness in 1997. The government extended the Rough Sleepers Initiative and then launched its own Homelessness Action Programme (HAP) in 1999, with a large geographical scope and a significant amount of funding attached. The Rough Sleepers Unit was created and imposed strict conditions on organisations receiving money from HAP (Cloke et. al,, 2010, p.32-33). Labour were able to claim success in substantially reducing the numbers of rough sleepers (Harding and Willett, 2008, p.434). However, a recent change to the method of counting rough sleepers has cast doubt on the extent of this achievement (Inside Housing 18.2.2011); rough sleeping statistics from February 2011 suggested that 1,768 people were sleeping rough in England on any one night, considerably higher than the figures produced by the method of counting used under the Labour governments (DCLG, 2011, p.13).

Central to New Labour was the belief that homelessness was part of a broader phenomenon of social exclusion; it was consistently argued that suitable housing was only one of a number of needs of homeless people, 'the provision of housing alone cannot solve homelessness. Underlying problems which led to homelessness in the first place have to be addressed in order to provide long-term solutions' (ODPM, 2005, p.13). Part of the solution was seen to be encouraging homeless people to access services beyond their immediate housing need (Cloke et. al., 2010, p.152-153). The belief that social problems had complex and longstanding causes was also demonstrated by the commitment of the Labour governments to eradicate childhood poverty by 2020 (Goldson, 2002, p.687). Early measures developed to tackle child poverty included: increases in child benefit and the income support earnings disregard; the introduction of children's tax credit; the creation of the Social Exclusion Unit; the creation of a Children and Young People's Unit; the introduction of Health Action Zones and Education Action Zones and, the creation of Sure Start (Goldson, 2002, p.687-688). The pace of redistributive measures, however, slowed after 2003 and, despite some reductions in child poverty, Hirsch (2008) estimated that the government was not making sufficient progress to reach its 2020 target. In fact, data from the Department for Work and Pensions suggested that income inequality increased in the three years from the 2005 general election, making Britain a less equal country than at any time since the 1960's (Guardian 8.5.2009).

Another commitment of the Labour government was to reduce the number of households in temporary accommodation, making this the one key performance indicator for local authorities in the area of homelessness (Harding and Willett, 2008, p.434). The quality of temporary accommodation provided to homeless households increased alongside an increase in funding and tighter restrictions on the voluntary sector, although the improvement was not achieved consistently across the sector (May et. al., 2006). Voluntary sector organisations wishing to access the increased financial support for homeless people were required to submit to more control of their activities (Cloke et. al., 2010, p.36-40), most notably through the Supporting People programme, which re-distributed money previously paid through Housing Benefit for housing support into a fund controlled by the local authority. Greater collaboration between the statutory and voluntary sector was also an aim of the 2002 Homelessness Act, which required local authorities to develop homelessness strategies and to work in partnership with other agencies to prevent homelessness. One impact appeared to be a higher level of preventative work taking place with people who there was no duty to secure accommodation for under the homelessness legislation (mainly single homeless people). Such work was further boosted by the introduction of a specific Preventing Homelessness Grant.

One initiative initially funded under the Government's Respect agenda was the creation of Family Interventions Projects, which sought to intensively support and challenge families who were at risk of eviction due to their anti-social behaviour. An evaluation of such a Family Intervention Project in Newcastle showed that the families who used the service were extremely needy and that most had wanted earlier intervention. In addition, the project bolstered community confidence, improved the perceptions of the council and prevented future offending (Barefoot Research and Evaluation, 2010). These findings were echoed at a national level, where similar projects were shown to reduce anti-social behaviour, the need for enforcement activities, education and learning problems, truancy and bad behaviour at school, concerns about child protection, mental health problems, domestic violence and drug and alcohol problems (National Centre for Social Research, 2009).

Labour also sought to increase the level of support provided to some specific groups who were over-represented among homeless populations. Extra measures to support those leaving local authority care were proposed in its Green Paper 'Me, Survive Out There?' (DoH, 1999) and implemented in the Children (Leaving Care) Act 2000. A new system of 'pathway plans' was introduced, to be agreed by the local authority and a young person in care by their sixteenth birthday (DoH, 1999, section 3.4-3.13). Local authorities were made responsible for meeting all the financial needs of the young person until they were eighteen, even if they were living independently, in order to remove the financial incentive to discharge people from care prematurely (DoH, 1999, section 3.14-3.23). Other new responsibilities were finding suitable accommodation for a young person in local authority care until the age of eighteen (DoH, 1999, section 3.18-3.19) and the provision of limited emergency support for

young people who left the new care arrangements (DoH, 1999, section 3.35-3.37). People who had been in care were also one of a number of groups added to the list of those who should be considered in priority need under the homelessness legislation by the 2002 Homelessness (Priority Need for Accommodation) (England) Order, along with people who were vulnerable as a result of serving a custodial sentence. However, early analysis of the impact of the order suggested that the number of former prisoners who benefited was small (Harding and Harding, 2006, p.148). The provision of housing advice and support to people leaving prison has been notoriously poor and examples of good practice isolated (Harding and Harding, 2006). The most striking example of continuing difficulties in this areas was the report by Nottinghamshire's probation service that it had issued five tents to homeless offenders in 2010 (Inside Housing 6.5.2010).

The Coalition Government's Response to Homelessness

The coalition government which took power in 2010 mentioned poverty only briefly when outlining its programme, although this was to promise to maintain the goal of ending child poverty in the UK by 2020. It also pledged to re-focus Sure Start on the neediest families with funding adjusted to provide 4,200 extra Sure Start health visitors (HM Government, 2010, p.19). The current government has also made a commitment to ensure that no one has to spend a second night sleeping on the streets and has provided an additional £20 million to Homeless Link to seek to achieve this aim, in addition to protecting the Preventing Homelessness Grant from cuts. In addition to the immediate aim of helping homeless people off the streets, the government made five related commitments:

- To help homeless people access health care, highlighting the role of specialist health care services for homeless people, including those with a dual diagnosis of mental health and addiction problems.
- To help homeless people into work, prioritising their access to services such as Jobcentre Plus and Further Education.
- To reduce bureaucratic barriers to providing services to homeless people.
- To develop a proposal for community based budgets for adults with complex needs.
- To devolve responsibility for tackling homelessness, most notably in London (DCLG, 2011, p.9-11).

The Government has recognised particular concerns around 'transitions' between different forms of housing and has made the following further commitments:

- To ensure that all offenders at risk of homelessness are identified on arrival in prison.
- To encourage closer working between criminal justice agencies and homelessness organisations.

- To identify what needs to be done to prevent people at risk of rough sleeping from being discharged from hospital without accommodation.
- To enhance the resettlement support to early service leavers and to promote the through-life support available to former members of the Armed Forces.
- To promote work among young homeless people and support those leaving local authority care; statutory guidance had already been sent to local authorities on the need to provide housing with support to 16 and 17 year olds and care leavers (DCLG, 2011, p.19).

However, despite these commitments, fears have been expressed that cutting public expenditure is likely to lead to increases in poverty, exclusion and homelessness. The Institute of Fiscal Studies has predicted that cuts will lead to increases in absolute – rather than relative – child poverty for the first time in 15 years, with 200,000 more children pushed into absolute poverty (Guardian 16.12.2010). The Local Government ombudsman has warned local authorities against seeking to evade their legal responsibilities to homeless people in the face of funding cuts (Guardian 6.7.2011). Recent cuts to the Supporting People programme and other publicly funded services have led to concerns being expressed that homeless beds will become unavailable (Inside Housing 22.3.2011) amid reports that services for homeless people were already having to turn more people away (Inside Housing 21.4.2011). A leaked letter sent by the private secretary of the Communities Secretary, Eric Pickles, suggested that 20,000 people could become homeless as a result of limits being proposed to Housing Benefit payments and a further 20,000 from limits to the total amount of benefit payable to any one household (Guardian 4.7.2011). In this context, it is increasingly important that local authority and voluntary and community sector resources are targeted in the areas which will have the biggest impact on vulnerable and disadvantaged individuals in society, based upon reliable research evidence. Local authorities and the voluntary and community sector will need to become increasingly innovative in their approach to homelessness and in exploring new ways of partnership working in order to meet local needs. Furthermore, resources will need to be targeted effectively and, where possible, based upon reliable research evidence.

Part 2: Childhood Experiences

The participants in this study discussed a range of childhood experiences. It is here that the evidence of two pathways to homelessness begins to emerge. Some participants reported happy and apparently stable childhoods, while others led difficult and excluded lives from the beginning. Different elements of childhood are considered in this section of the report.

Family in Childhood and Childhood Happiness

Approximately half of the participants stated that the happiest time of their life was during their childhood or adolescence. This was reflected in the qualitative analysis whereby it was clear that a number of participants had experienced positive family relations, with some participants describing the loving relationship they had with family members, or indeed the notion that they felt loved. This was evident in a range of family circumstances:

> P - *I was bad off when my Ma passed away and that but when like when my auntie took me into care like I was getting, getting the stuff that I wanted you know basically so I had a good life you know.*
> I - *Aye, on the emotional side of that? Were you provided with like love and care and stability?*
> P - *Love and care, aye, exactly. I grew up with me family, all me family and the fondest memories I had is us all staying together. My family stuck together.*

At the beginning we were poor, however, me mum and dad, me parents who are now deceased, they made everything to make it okay.

Conversely, however, some participants described being in a family unit which was without love and, indeed, there were a number of participants who described relationships with family as having a negative impact on them. While some of the obvious examples of negative relationships, such as those involving violence, are discussed in later sections, participants reported feeling unloved for a range of reasons.

> *There wasn't any love... it wasn't a loving sort of family but I didn't want for anything. I had the very best of clothes, the very best of electric stuff do you know what I mean, basically like if I cried and I was in a bad mood I would get like a new pair of trainers rather than a cuddle sort of thing so you know, so it was materialistic but as far as like stuff like that it concerned I was well off but it was no fun, you know.*

Cos I've got like a disability mate, that's why me ma and da they didn't, they thought I was different so they fuckin' hoyed us out. Sorry about swearing, but they hoyed us out.

In terms of the statistics, the majority of participants considered their childhood to be 'happy', with 72% of men and 50% of women stating this (see Figure 1). When participants were asked to identify the happiest time of their life, the two most frequently given answers were during childhood or adolescence or with a partner and/or child. The majority of participants – 44 (62% of 71) – said that they had mainly positive memories of their childhood, compared to 23 (32%) who said that their memories were mainly negative and four (6%) who had a neutral opinion.

Perceptions of happiness in childhood by gender				
	Yes	No	Neutral	Total
Male	43 (72%)	9 (15%)	8 (13%)	60
Female	9 (50%)	6 (33%)	3 (17%)	18
Combined Total	52 (67%)	15 (19%)	11 (14%)	78

Figure 1: Happiness in childhood by gender

However, a note of caution should be issued when considering the findings relating to happiness. Of the participants who described their childhood as happy, 17 actually described a traumatic incident or lifestyle in the interviews, which would not normally be understood to contribute to a person's happiness. The arguments made here do not seek to judge how people understand and experience happiness; however some of the incidents are of such severity that it is difficult to understand how they could contribute to a 'happy childhood'. To understand this it is useful to return to the data, and the words of the participants themselves:

One participant said, 'I have got a very vivid memory in my head actually, when I was 11 year old and I seen my first murder. So that is my, it is not my earliest childhood memory but it is a very vivid one.' The participant described their childhood as happy, that they 'never wanted for anything [and that they]... had a great bunch of pals, we were all very close knit'.

One participant said his earliest memory was sniffing glue, but described his childhood as happy, stating 'Al I can remember - happiness' The participant never got on with their father, and started using drugs at 11, but did say 'my Mam done everything for me man.' This participant was also set on fire at the age of 12.

Another participant was domestically abused by his father, but also stated he was taken out by aunties on day trips, and said in the interview that it was 'quite a good childhood really'.

Conversely, other participants described their childhood positively because traumatic things did not happen to them. For example, one stated that their childhood was happy because they were not domestically abused. This suggests that to these particular participants trauma during their lives was the norm and so avoidance of this led them to describe their childhood as happy.

Further analysis of the data revealed that understandings and descriptions of childhood were closely linked to the theme of traumatic childhood events: 19 of the participants revealed traumatic events to interviewers when discussing their childhoods. These incidents included: domestic violence, familial drug and alcohol use, having to care for parents, being raped, bereavement and losing family members, and getting 'locked up' and sent to prison.

However, it is important to state that 23 participants described their childhood as happy when there was nothing in the interview that appeared to contradict this. One discussed holidays with 'rich aunties', another who had been in care talked about holidays abroad and how he 'didn't want for anything', and another discussed how they felt well off, coming from a 'loving family, secure environment' and stating 'well, everything was there'.

Addiction in Childhood

Drugs and alcohol will be discussed in more detail in a later section. However, it is important to note here that a majority of participants had, or had previously had a problem with drugs and, in just over half the cases where an age was given, the drug problem began before the age of 18. As noted in Figure 2 below, men were more likely than women to have a drug problem before the age of 18.

Had drug problem before age 18			
	Yes	No	Total
Male	22 (41%)	32 (59%)	54
Female	2 (11%)	16 (89%)	18
Combined Total	24	48	72

Figure 2: Participants who had a drug problem before the age of 18 by gender

Regarding alcohol, 21 participants (34% of the 62 who gave an age) reported that they began drinking before the age of 13. The median age at which participants had begun to drink alcohol was 14.

A common theme in the data set was participants describing their childhood as happy until they began using drugs or alcohol. Also evident was participants being impacted as children by having to care for dependent adults, or having drug or alcohol dependent people in the family: a number discussed problems associated with their parents' addictions.

Relationships with Parents

Addictions had a major impact on the differences in relationships that many participants reported between their mother and their father. Although some participants had an equally amicable relationship with their father as with their mother, this was not the norm. Mothers were discussed in the context of childhood by 14 of the participants; the discussion was largely positive, with one participant remembering the smile on their mother's face, one saying they were happy at school and happy with their mother, one experiencing a traumatic event but talking about how he had a 'brilliant Ma' and one talking about how their 'ma' 'was there' for them.

In contrast, relationships with fathers tended to be discussed in negative terms, often in the context of a father's addiction. For example, one father died from alcohol dependency, one was a heroin user and dealer, one respondent spoke about their father being out all night drinking, one described how his father drank all weekend, and another said that his dad used heroin then used to beat his mother.

Domestic violence was a theme of the discussion of fathers, with some participants reporting being a victim and others recalling observing domestic violence occurring between family members. In some cases, the violence was linked to addictions. One participant described his experiences thus:

> *I never really had a good childhood because my dad was on heroin and he used to beat my mam and that up and we were in and out of refuges all our lives, so that is why I grew up too fast, because I just wanted to get away and ended up taking it.*

One participant described the violence from her father as the 'horrible parts' of her childhood, while another recalled how he was beaten by a step-father.

Experience of Care

Sixty-three participants (78% of 81) had been brought up predominantly by biological parents but 20 (25%) had been in care at some point. This is a huge over-representation when considering that approximately 1% of the UK population spends some time in local authority care. Those who had spent time in care were less likely than other participants to say that their childhood was happy, to rate childhood or adolescence as the happiest time of their life and to say that their family would help them in times of

need. They were also more likely than other participants to have had a drug problem; both at any age and before the age of 18 (see Figure 3). However, they were less likely to have had a problem with alcohol.

In care during childhood				
		Yes	No	Total
Drug problem before age of 18	Yes	10 (59%)	12 (23%)	22 (31%)
	No	7 (41%)	41 (77%)	48 (69%)
	Combined Total	17	53	70

Figure 3: Participants who had a drug problem before the age of 18 by whether in care

Although there were a number of disadvantages experienced by respondents who had been in care, not all had negative reports of their childhood: indeed, a number reported living with loving, supportive foster parents. The data suggested that stability at home was more important to cohesive family relations than living with a biological parent. A number of participants were brought up by grandparents, aunties/uncles and foster families. In some cases, these respondents described more positive childhood experiences than those who lived with their biological parents. One person interviewed explained that they were in care between the ages of 12 and 16 but described their foster home as 'good', 'stable' and 'happy' and explained that because they were in foster care, their tutor used to regularly check on them and maintained close contact with their foster family. In another instance, a participant recalled being raised by their mother and not knowing their father, but described their childhood as happy because they were surrounded by family and friends. They commented,

> *I grew up with me mam, I never met me da 'cos he left when I was born...*
> *Me mam used to work and then she twisted her spine one day when she*
> *fell on the ice and she ended up in a wheelchair... I remember going up the*
> *quarry with me granddad and picking coal and bringing it home for the*
> *fire... [childhood was] well happy cos I had me family around us and friends.*

Education and Experiences of School

There was an over-representation of educational failure and educational problems among the sample, although negative experiences of school were not universal. 74 participants discussed their attainment and, of these, 33 (45%) had no qualifications at all.

The highest qualification achieved by 14 participants was GSCE's; for five participants it was A-levels; and two participants had completed a university degree. The majority of participants with GCSE's completed them at school. A small number, however, completed them in prison or at college in later life. Twenty (27%) had completed

vocational courses since leaving school. Courses were generally arranged for these participants via Homeless Organisations or Jobcentre Plus. On average, female participants had fewer qualifications than male participants.

Eighteen respondents (24% of the 75 who answered the question) said they experienced reading and writing difficulties in school; although few specified what the difficulty was and what impact, if any, it had on them. This proportion is significantly higher however than amongst the general UK population where such learning difficulties are estimated to affect between 5% and 8% of people. Approximately two thirds of participants with reading and writing difficulties recalled being given some form of assistance for this at school. This generally took the form of receiving 'extra help' from their teachers, although some reported being put into a 'special' class at school where they could be given more intensive support and two participants attended specialist schools as a result of their learning difficulties. One-third of participants said they did not receive any additional support for their learning difficulties at school. Only two participants reported ongoing literacy problems today. Those who had been in local authority care were more likely to have had a difficulty with reading and writing, than other groups of participants. Furthermore, one participant reported having ADHD as a child and said they did not receive any support for this – reporting that the school simply 'could not cope' with them. They subsequently left school without any qualifications.

Attendance at school was also commented on by 77 participants. Almost 50% reported regularly attending, 35% said that they did not regularly attend and 15% suggested their attendance was sporadic. The reasons underlying participants' absence from school varied. For some, absence was linked to specific issues at school such as being bullied; a lack of interest in learning; not liking 'authority'; not getting along with their teachers or the influence of their peer group:

> I used to play the nick and when I started the bullying, I used to get, what's the word for it? I can't remember the proper word for it, sent home and not allowed back at school for a week or so.

> Most of the time, I didn't gan to school and the last 3 year, I done approved school... I just didn't like it at all, know what I mean, I was more interested in sniffing glue and shit like that with me mates, know what I mean.

In a number of cases, however, absence from school was beyond the control of participants. One participant did not attend because they were in prison from the age of 12. More common causes of non-attendance were wider familial problems such as having to look after an alcoholic or sick parent at home or a traumatic event such as bereavement, for example:

Not after me dad died... there were periods in me like early teens obviously, you know, shortly after me dad died where I didn't attend for like quite a few months after... and me mam... he was in and out of psychiatric treatments.

Memories of school were discussed by 81 participants. Participants were fairly evenly split as to whether they liked school or not, with 36 (44%) saying yes they did like school and 34 (42%) saying no, while 11 (14%) gave neutral answers. 34 (47% of 73) discussed positive memories and 31 (42%) discussed negative memories, while 8 (11%) gave neutral responses. Those with positive memories of school recalled making and socialising with friends; enjoying particular classes; getting along with their teachers; being well thought of at school; learning new things; and getting a sense of achievement from doing well at school. Two participants even described their school days as the happiest time of their lives.

Oh aye, it was the happiest days of me life... I was just happy there, you know, I had all me mates around us and as I say, I got on with all the teachers.

Just meeting friends... some of the classes I used to go to like metalwork and woodwork and learning how to make things.

I got seven GCSE's above C... I was always into sport at school, that we me thing, I was into running, swimming, football, I mean I was quite happy at school, I didn't really have any problems at school to be honest... I just had some good friends there, didn't mind the classes.

I loved reading books, which I do to this very day and I love history and I would go to the library.

The majority of participants who did not like school recalled memories of being 'bored' and being frequently in trouble with their teachers, such as one who 'hated the place... it wasn't for me like... I can read and write like, but I didn't get qualifications... I was always getting into trouble and that so that's why I didn't like it for'. In the most extreme case, a participant recalled being violent towards their teachers and was expelled as a result, 'I got thrown out of school when I was 11... I broke a teacher's nose... I was getting home tutoring for about six month but... I hit him with a pool cue so that went so, but I have basically learnt myself you know as the years went on'.

In many cases, participants' dislike of school was linked to wider issues such as suffering from reading and writing difficulties, being bullied and familial problems. Of course, not all participants fitted neatly into the above two groups. There was a small group of participants who reported not liking school but nonetheless were able to identify a positive aspect of it which they enjoyed.

For example, one had negative views overall but said 'I enjoyed Maths at school when I was there' and another said, 'I liked school because I met people at school that lived on my estate'.

Of 74 participants who discussed bullying at school, eight (11%) said that they had been a bully, 18 (24%) said they had been a victim of bullying and five (7%) said they had fulfilled both roles. The eight participants who admitted to being bullies typically reported not liking school and having poor attendance; all had experienced problems in their home lives, such as having an alcoholic parent, suffering abuse at home or being in care, for example. One participant specifically attributed their bullying behaviour to domestic problems, reporting:

> *I would consider myself as a bully at the time... I was always on report or was getting wrong, I wasn't the favourite with the teachers... but obviously though, through events which have happened in my life, I didn't used to think that way... I was backwards and forwards from family group, from foster parents.*

The 18 participants who were bullied reported various reasons for this. The most common reasons were because they were in care or because they had a medical condition, such as epilepsy. When asked what impact bullying had on them, many reported simply 'getting on with it' and did not suggest that it had a significant impact. A minority stated however that it had a negative impact on their self esteem and made them not want to go to school. For example, one said, 'I was bullied twice... low self esteem and, and just the normal shitty feelings what you get really' and another commented, 'It made us feel scared in a way'.

Aspirations for life after school had been particularly low amongst the participants. Only three participants recalled having particular career aspirations. These participants reported enjoying and regularly attending school; left with qualifications and went on to do A-levels or a course; and, reported having a stable upbringing:

> *I did Art and Design... I'm good at art and design... I wanted to be an aerial photographer.*

> *I went for like higher electronics qualification, but I messed about... I wanted to become an electrician basically.*

> *I went to College and Uni after I left. I picked the catering course, it was something that I started at secondary school and continued into higher education... I wanted to be a chef.*

Participants almost universally reported regrets about their time at school, irrespective of their educational attainment. The majority wished they had worked harder and had gained some or more qualifications and at higher grades.

> *Aye. I wish I had stuck in and done better, even though I went but it was more for a laugh than actually concentrating,*

> *I didn't concentrate as much as I should have, you know... I never done enough to get more qualifications.*

> *Nah I never went to school, I can't read or write or owt... I should have went really like so I could learn how to read and write.*

> *Aye, I really wish I hadn't went to Prison at such an early age and I'd stuck at school, get me GCSE's and stuff like that.*

Only a small proportion of participants did not report having any regrets about school. This group of participants fell into two categories. The first group generally left with at least five GCSE's and then went on to secure a good job in later life, such as one participant who said, 'The qualifications I got, you know, like even like metalwork and things like that, it, it helped me to get a job in later life'. The second group of participants generally left school with few qualifications, if any, due to familial problems. This group reported not having regrets about school, accepting that circumstances beyond their control had significantly impacted upon their education, for example: 'I could have done better at my GCSE's like but obviously, other things on my mind, you know what I mean.'

Wealth and Poverty in Childhood

Despite a number of questions on the subject, it was often difficult to establish the type of material circumstances in which the participants grew up. One clear finding was that most had come from a family background of work in some form: 64 of 80 participants who gave an answer (80%) said that at least one family member had been working during their childhood.

However, housing circumstances suggested that participants' grew up in households with limited means: the majority lived in rented housing and a quarter were forced to leave accommodation during their childhood. Although respondents were not asked about parental income levels, it seems likely that some had grown up in households who were 'working poor', defined by the European Commission as working for over half of the year but having an income that is below 60% of the national median (Hanzl-Weiß et al., 2010, p.1).

As well as being more likely to consider their childhood 'happy', men were more likely to say that they had been well off as a child (see Figure 4); 64 (90% of 71) grew up in a household where at least one person was working.

Perceptions of Childhood Circumstances				
	Well off	Badly Off	Neutral	Total
Male	26 (44.1%)	9 (15.3%)	24 (40.7%)	59
Female	3 (17.6%)	3 (29.4%)	9 (52.9%)	17
Combined Total	29 (38.2%)	14 (18.4%)	33 (43.4%)	76

Figure 4: Participants who considered themselves to be well off or badly off as a child by gender

However, the comments that accompanied this answer indicated that memories were complex. For example, one respondent described her happy childhood memories: 'Just little, just little things like playing out and the shop being at the top of the street and little good memories.' Yet, she also spoke of her parents struggling financially, her dad doing 'fiddle jobs' to make ends meet. Despite this, however, she described herself as being 'immaculately kept' as a child. One participant described his childhood as being mixed in terms of being well and badly off when growing up because other kids had what he described as 'better' clothes than him.

The Two Pathways in Childhood

As noted in earlier sections, experiences of childhood were marked by high rates of local authority care, low educational achievement, few career aspirations, living in rented housing, domestic violence and addiction among both adults and children. For some participants, experiences of both home and school were overwhelmingly negative, providing clear evidence of being on a pathway to homelessness from an early age. For others, both school and home life seemed to be happy, suggesting that the evidence lay elsewhere.

Those participants with positive memories of childhood typically:

- Left school with qualifications.
- Claimed to regularly attend school.
- Described positive experiences of school.
- Had a stable home environment, described their childhoods as 'happy' and could recall happy memories from their childhoods.
- Regarded themselves as 'well-off' when they were growing up; at least one parent worked in their household.

Participants who experienced the above factors could provide happy accounts of their childhood:

It was happy... I was provided for and I was on my own so I got all the attention.

There was nothing I had to ask for... I got everything I wanted and stuff like that, you know, it was always, seemed happy.

My earliest memory is going to the beach... I had 3 brothers and a sister, mum and dad... it was a good time, we had good laughs... I had loads of friends from school and like outside activities... I just remember having a good time growing up... all the family have always worked... I just can't remember any bad times.

I had a normal childhood... we were alright. We had a caravan so we used to go on holidays you know.

Without a doubt it was happy, happy childhood... I was well looked after, you know, I cannot fault them on that - two great people.

However, it was clear that, for other participants, childhood had consisted of a series of inter-connected difficulties. Some of the typical characteristics of these participants were:

- They did not gain qualifications at school, or gained few.
- They claimed to regularly miss school.
- They generally did not like school and recalled negative experiences while at school.
- They generally reported a lack of stability of home and in many cases, reported experiencing significant traumatic events in their early years.
- A number of participants also reported problems of drug and alcohol abuse in their teen years. For example, 24 participants had developed a drug problem before the age of 18 and 21 participants reported that they began drinking before the age of 13.

Many of the participants in this group were in care as children (often, a care home, as opposed to living with a foster family). Other common circumstances were involvement in crime, experience of domestic violence in the family and parents having addictions.

It has already been noted that those who had been in care were less likely to consider their childhood as happy and that some who experienced difficulties at school blamed this on their home situation.

Further findings which indicated that problems were inter-connected included:

- Respondents who had been in local authority care were less likely to say that they had enjoyed school.
- Those who had been in care were more likely to report having a drug problem before the age of 18.

Qualitative comments of participants demonstrated further the links between different types of difficulties, particularly when they included addiction on the part of parents and / or domestic violence:

I can remember loads, but it is not very good stuff... it is bad stuff. My dad... was a heroin addict... he used to beat [my mam] up and that and then she left him... so we had to leave a go to a refuge.

Me most vivid earliest memory is me stepfather, he used to beat us up when I was younger until I got to the age when I got bigger and then he tried it on once and I gave him a good hiding and that was it, he left us alone after that... I was put into care because when I got out of prison... well at first, I went into a mental institute and got into prison and when I came out, me parents couldn't cope with us and they put us into a hostel.... before 16.

I had a pretty crap childhood... in and out of care... Foster homes... since about the age of six. Mother... she was an alcoholic.

My earliest memory is my Mam lying in a middle of a road, being knocked out by her boyfriend and a big artic lorry just missed her... I have spent most of my life in and out of foster homes.

Me dad died when I was 11 year old and after that I started like knocking about with people who were in like a similar situation like single parent, you know and basically dropped out... didn't like school.

Two participants blamed their educational difficulties specifically on their family situation:

My Mam and Dad split up like at 11... I got took away from like a little town to a big fucking city, do you know what I mean. I think that is what fucked my life up but you cannot blame things like that and I used to blame my Mam and Dad.

Just things that happen in childhood, like obviously my brother dying, my granddad dying, my Da dying... unhappy times.

So, the two pathways to homelessness were evident in participants' discussion of their childhood. For some, a series of inter-connected difficulties meant that they experienced exclusion from an early age. For others, childhood appeared a happy time, and their route into homelessness began later in life. Part 3 of the report will consider the situations that participants faced as adults, how these were affected by their childhood experiences and why some who appeared to have such positive experiences as children became homeless.

Part 3: Experiences as Adults

As this section will illustrate, the pattern of different pathways into homelessness continued into adulthood. This part of the report will discuss the findings in relation to a number of elements of adult life, before showing how the inequalities identified in childhood persisted into adulthood, at least until traumatic life events and/or addiction affected some of the sample.

Employment, Voluntary Work and Training

Employment

Seventy-eight participants discussed their employment history. Of these, 63 (81%) had a job in the past. The participants' employment histories ranged from professional careers to blue and white collar jobs to 'fiddle' jobs, which can be described as cash in hand, with income not declared for tax or benefit purposes. In total, five participants (8%) reported having 'professional' careers. Among the professional occupations held by participants were being a pharmacist, an antique dealer, a civil servant, a support worker within the NHS and a computer programmer.

The remaining participants' employment histories were almost evenly split between blue and white collar jobs – working as chefs, electricians, engineers, brick-layers, glass-cutters, miners, welders, builders, roofers, joiners, mechanics, painters / decorators, farmers, refuse workers, postmen, security guards, waiters, cleaners, retail assistants, swimming pool attendants and bar staff, for example. Three participants said they had done or were doing 'fiddle jobs' for money. The reasons for undertaking 'fiddle jobs' were different in each case. For one participant, 'fiddle work' was their only source of income for a number of years. They left school without qualifications and were in and out of prison for much of their lives. Doing 'fiddle jobs', such a painting and decorating, was the way in which they survived in a time of instability when leaving prison and battling a drug addiction. For the other two participants, however, 'fiddle jobs' have been a source of extra income in times of relative stability. One participant did 'fiddle jobs' in addition to other relatively long-term jobs as a source of extra income. The other participant reported doing 'fiddle jobs' since becoming homeless and saw this as a positive development. They viewed doing 'fiddle jobs' as a way of 'getting [themselves] back on [their] feet'. They were also involved in voluntary work and a college course.

Almost one fifth of participants have never worked. This is significantly higher than in the general population where only 3% of people have reportedly never worked. However, 28 participants (36% of 78) had held a job for two years or more; although male respondents were more likely to have had a stable job than women. Of the male interviewees, 26 of 43 (61%) had maintained a job for more than two years, compared to only two of nine women (23%) and 15 participants (19%) had the same job for

significantly longer periods. Five participants had the same job for three – nine years and nine participants had had the same job for 10 – 15 years, with one participant reporting that they had worked for 30 years in the same job.

These figures reveal that almost one third of participants had enjoyed periods of relative stability in their working lives and one fifth had enjoyed significant periods of stability in their working lives. Equally, however, almost 50% of participants had experienced long periods of unemployment, in some cases lasting more than 10 years. One participant reported being unemployed for 40 years and others reported being unemployed for 'years and years and years', and 'all my life really', perhaps apart from having 'the odd fiddle job'. Not surprisingly, there was a direct link between types of employment (in relation to skill and wages) and the length of periods of employment experienced by participants.

Of the 63 participants who had been employed in the past, 56 discussed their opinions of working and 49 (85%) said they enjoyed working. A number of participants gave very enthusiastic – albeit general – responses to whether they liked work, including: 'Oh aye, I'm pretty depressed that I haven't got a job now like', 'I loved it....It was great' and 'Yeah, the camaraderie was great'. One participant reported enjoying work, despite struggling with a drug addition, 'Aye I enjoyed it, but it was trying to juggle it with a heroin habit and that... it was too much'. Only eight participants said they did not enjoy working and one participant gave a neutral response. These participants recalled working long hours for little financial reward.

In addition, 79 participants commented on their current employment status; only three (4%) were currently working. The key factors linked to the large majority of participants' unemployment status were: drug and alcohol addiction, lack of qualifications (in 37 of 76 cases – 49%) and long term health conditions / disabilities:

> Canny 'cos I'm on DLA... I'm on that much prescription drugs now...

> Canny 'cos I've got permanent liver damage... I've got a hernia problem, I cannot work again as simple as, you know.

> Would if my health got better. But right now there is no way I could go on a labour site or anything that is involving lifting heavy things.

Voluntary Work

Of 76 participants who answered the questions in relation to work and unemployment, half had been involved in, or were involved in, voluntary work. These respondents had engaged in a variety of activities including: working in charity shops, with the local church, in local community centres, selling poppies for the army, dog walking and fulfilling caring roles with older people and people with disabilities. Six participants

were particularly active members of their local community. One participant, for example, reported 'I did furniture removal and delivery... helped people who had just moved into places', another said, 'Yeah, for two and a half year, working for FareShare... [as a] driver's assistant... just going round five days... nearly 40 hours a week' and another worked as a first-aid officer with St John's ambulance.

For some participants, volunteering was seen as a means to gaining employment, for example one participant worked in a charity shop to gain retail experience. However, for the majority of these participants, the purpose of doing voluntary work was 'giving something back' to an organisation which has personal significance to them or the sharing of experiences and supporting those who were experiencing the same difficulties as they had faced. Here, the focus of voluntary work was predominantly helping those battling drug and alcohol addictions or mental health issues and supporting young people. Of those who had been in care, 15 of 17 (88%) had been involved in voluntary work: a higher percentage than for the remainder of the sample.

Training

Only 14 of 74 (19%) participants who answered the question were currently involved in training. They were enrolled on courses with a number of organisations including A4E (Action for Employment), The Cyrenians and Newcastle College. Participants were studying for a range of vocational qualifications such as NVQ's in Youth Work and Health, Child Care and Social Work; and City and Guilds qualifications in Events Organising. They were enrolled on a number of one day practical courses such as manual handling, first aid and health and safety.

Financial Difficulties

Of 74 participants who answered the questions on finances, 56 (76%) reported experiencing financial difficulties at some point in their adult lives. The type and gravity of financial difficulties experienced by participants ranged from feelings of being 'short' of money, to credit card debts and loans totalling over £30,000, to bankruptcy. The most common types of financial difficulty experienced by participants were: being unable to pay household rent and bills, linked to persistently low income; debt associated with drug and alcohol addictions; debt accumulated through credit cards and loans and financial difficulties as a result of relationship breakdown. Of the respondent group, 13 participants (18%) reported financial difficulties that were long-term – often linked to persistently low income as a result of long periods of unemployment, low paid work and dependence on benefits. For example, one participant explained, 'Yes, financial difficulties for clothes and that... me parents helped us, but like, unemployed with a young son to bring up, it was difficult to say the least'. Similarly, two said they had experienced 'lots' of financial difficulties in adult lives due to a lifetime on means tested benefits. One participant, who had a disability following a serious accident at work, attributed their financial difficulties to not

receiving the correct benefits, 'well I'm not getting the benefit that I should be getting and it's making it hard because I've got a bad back and I'm using taxis and it's using all me benefits'. In two cases, participants reported that they had experienced financial difficulties as a result of having their benefits sanctioned.

More specifically, 11 participants (15%) reported being unable to pay their rents and households bills, at some point in their lives. One recalled, 'when I had my own ken... Obviously I had to pay the rent and obviously my gas and electric and all that, it was fucking horrible like'. Another explained, 'Yeah, for the last few years I've had a bit of difficulty... it started off when I was in my own place, not being able to afford the rent after losing some benefits and... even in a place like this, after you've paid your rent, you don't have quite enough... for personal use... it's just budgeting'. Another participant remembered often sitting in the house with no gas or electricity on, in an effort to minimise their bills.

Financial difficulties associated with addictions were also experienced by 11 participants (15%). For two, these difficulties were the consequences of alcoholism. One explained that they grew up in a pub as their parents were landlords. They began drinking and taking drugs from an early age, saying 'I basically wasted me money on alcohol'. They later went on to explain that funding their alcoholism resulted in them going to prison, 'I ended up in jail all the time 'cos I used to like, where am I gonna find me next drink for tomorrow and I used think I'll burgle somewhere'. For another participant, financial difficulties as a result of alcoholism started in their thirties, when their marriage ended, 'I just snapped one day and that's when the drinking started and I just spiralled on from down there... I mean the basics went first, the food went, deodorant and everything and basic cleanliness and then it was the gas, the electric, the Poll Tax, the rent'. This participant went on to lose their home. Few participants had the luxury of funding their habit through their wages, with the exception of one who reported, 'sometimes the day you got paid, it was gone by the next morning and stuff, you know, and then you're left'. However, for the majority, their drug habits were linked to criminal activity (such as stealing to obtain money for drugs).

Five participants (7%) had incurred significant levels of debt though the use of credit cards and loans. Credit card debt ranged from £2,000 to £35,000. One explained, 'I'm like over £2,000 in arrears with Lloyds TSB, that was because I was getting a credit card where you can pay for stuff like getting contract phones and stuff', while another admitted, 'I'm in 22 grand's worth of debt at the minute... car loans and credit cards... about 5 at the time' and a third stated, 'Seriously, yeah... Well at one point I owed £35,000'. While one participant did not divulge their level of debt, they explained that they took out a series of loans and credit card when they were working but were unable to make the repayments after losing their job.

Four participants experienced financial difficulties after the breakdown of a relationship linked to factors such as divorce settlements, child maintenance and legal

costs. One participant explained, 'when I got divorced, well it cost us 30 odd grand then I had to pay maintenance for the bairn and that, that was a struggle'. In another instance, financial difficulties resulted from the breakdown of a relationship as the participants developed an alcohol addiction. They explained, 'Aye last year when I finished with my missus... I hit the drink bad'.

Finally, in the most extreme case, one participant – a previously successful businessman – experienced financial difficulties when their business collapsed. They explained, 'I went from [being] in credit for £250,000, having £250,000 worth of assets, to having £300,000 worth of debt within 18 month'. This participant subsequently went bankrupt.

Help with Financial Difficulties

One third of the participants who had experienced financial difficulties (18 in total) had sought help from an individual or organisation. Eleven sought advice or assistance from a public or voluntary sector organisation, such as their local Jobcentre Plus office, their local Citizens Advice Bureau or Newcastle City Council. In two instances, Jobcentre Plus organised 'crisis loans' for participants; an interest-free, short-term loan from the Social Fund which is then repaid via the claimants' subsequent benefits payments. Whilst this was a helpful short-term solution, the participants complained that paying the loans back was 'difficult' and left them with very little income to live on in subsequent weeks. In other cases, the Citizens Advice Bureau and British Legion acted as advocates on behalf of the participants and organised repayment plans for them. Other participants sought help from family members such as their parents and siblings. For some, family have been an ongoing source of help. However, one participant sought help from private money lender. This resulted in them getting into further debt and they commented that 'the loan repayments were double the original amount'.

Housing History

Seventy-six participants discussed their housing history as an adult. Of these, 61 (80%) had lived independently at some point in their lives, either in rented accommodation or as an owner-occupier. The majority (49 in total) had only rented in the past; only 12 participants reported having owned their own property (either on their own or with a partner). Significantly, 20% of respondents had never lived independently. This group of respondents all had lived with their parents, been in care or being stayed with friends immediately prior to becoming homeless / resident at their project. Here, respondents reported being 'kicked out' following a family feud, for example. In some respects, living arrangements prior to becoming homeless could be attributed to the ages of respondents. In others, however, their living arrangements were symptomatic of chaotic lifestyles, whereby respondents had an unstable family background, were suffering from addictions, had poor educational attainment and employment histories and lacked positive social networks.

Fifty-six participants identified the longest period of time lived in a single property during their adult lives; only nine reported that they had not lived in one place for more than two years. The mean figure given was 5.8 years and the median was four years. These figures indicate that 80% of participants had experienced periods of relative stability in their housing situation.

The main source of income used to pay for their homes was discussed by 57 participants. Over half of the participants' homes (31) were subsidised through benefits, 12 (21%) paid for their property through wages; and 14 (25%) financed their homes through a combination of benefits and wages.

A number of patterns emerged when comparing participants' answers to these three questions. Not surprisingly, those who owned their own home tended to fund their home through wages and typically reported that they had remained in one property for longer periods of time. Conversely, those who rented a home were more likely to have this subsidised through benefits or a mix of wages and benefits, and experienced shorter periods of tenancy. This pattern can also be linked to participants' employment histories, whereby those who enjoyed relative stability in their working lives were more likely to have owned, rather than rented, their own home. However, not all participants followed this pattern: one, for example, rented the same house for 14 years with their partner and funded this through wages.

Of the 65 people who had lived independently in the past, 63 identified reasons for leaving the home which they had been resident at for the longest period of time. The most common reason for leaving a home was the breakdown of a relationship. Over one third of these participants' housing circumstance had been affected directly by relationship breakdown. For example, one had been married and lived in the same home with their partner for 17 years. When they split up, the participant signed over the marital home to his wife and moved out. Another participant had been married for 18 years; he had lived in his last (rented) marital home with his wife for eight years, when his wife had an affair. They divorced and the participant served time in prison for assault of the new partner. When he left prison, he became homeless. In another case, a participant explained that they had lived with their partner for six years in rented accommodation. When their relationship broke down, they said, 'I just cracked up... I basically just left it... packed all my stuff, rang the council and says I don't want it and walked away'.

The second most common reason for participants leaving their home was eviction; approximately one third of participants (31 in total) had to leave their property for this reason. In nine cases, participants were evicted for rent arrears and in six cases for anti-social behaviour (either their own behaviour or that of their partner). In one case, the loss of housing was linked to disability. Following an accident in later life, one participant went on incapacity benefit and could not afford to pay their rent. They were evicted as a result. In another case, the death of a partner was the trigger for eviction.

This participant worked and owned several homes throughout their adult life (one for eight years and one for four years), funded through their wages. He started suffering from depression when his wife died, however, and explained:

> I think I started suffering from depression and... I couldn't open mail for instance, you know, just look at it, but I couldn't open it and things like that and the bills just got out of hand. I was living in a caravan that I owned, but I couldn't afford the ground rent and I was just too depressed to do anything about it so in the end they took the caravan off me to pay for the ground rent and they took all the belongings with it.

In the vast majority of cases, however, eviction as a result of arrears and anti-social behaviour was strongly linked to drug and alcohol addiction. Ten participants reported losing their home as a result of alcohol and nine reported losing their home as a result of drugs (which typically resulted in them being unable to pay their rent / mortgage and anti-social behaviour). In one case, a participant recalled being evicted for anti-social behaviour linked to alcohol, reporting, 'I was always causing too much hassle... I was just getting locked up every other day... drink, drink, drink, drink, drink'. Another participant reported, 'I don't think I've ever lived over the six months before being evicted... I got kicked out [of my last home] for noise'. In one case, a participant had rented a house for a number of years and this was funded through benefits. They went on to secure a job but then spent their income on funding their drug habit and therefore fell behind with the rent. It should also be noted that, in five cases, participants lost their homes due to being sent to prison, but this was typically as a result of criminal activity linked to drugs and alcohol.

In 12 cases, participants chose to move from the home which they had been resident at for the longest period of time. This was for a variety of reasons, including the anti-social behaviour of other residents. Indeed, a number of participants spoke of being victims of crime, for example, 'I had to give it up... through people putting me windows out and stuff'.

In four cases, participants reported leaving their home as they were unable to afford their mortgage or rent as a result of a change of circumstances such as redundancy, the collapse of a business or illness. One participant, for example, moved to London to work for a large engineering company, but was forced to move back to the North East when they were made redundant and could no longer afford to pay their rent. Another lost their home of two years due to the collapse of their business.

Two participants were forced to leave their home due to the landlord choosing to sell the property at short notice and, in one case, a participant left their long-standing home due to domestic violence.

Relationships as Adults

Fifty-two of 80 participants (65%) who answered the question reported that they had been in a long term relationship at some point in their lives – with 23 having been married - although only 17 (21%) were in a relationship at the time of the interview, with eight having been in that relationship for two years or more. The most common reason for relationships breaking down was alcohol or drug use, followed by growing apart or just breaking up (see Figure 5). The median length of time participants remained in relationships was 19 months.

Reason	Number of participants
Alcohol or drug use	19
Grew apart / just broke up	11
Partner unfaithful	6
Partner's behaviour	5
Impact of bereavement	3
Partner's drug use	2
Spent all my money	2

Figure 5: Reasons for relationship breakdown

The qualitative analysis showed that drugs and alcohol could affect relationships in a number of ways, including drug and alcohol consumption increasing when a relationship ended and couples using drugs and/or alcohol together and this leading to the disintegration of a relationship. Some participants also stated that their use of alcohol and drugs prevented them from having a relationship with another person who may not use drugs and alcohol. In numerous cases, drug and alcohol use prevented participants from having a relationship with their children. Thus drug and / or alcohol use intersected with the family lives of participants and the relationships they had in many other ways:

> P - *If I stayed off the drink, drugs, drink I would, I might have had a family you know but it obviously didn't work that way you know.*
> I - *Yeah. Since the relationship has broke up has it made things, worse?*
> P - *No, not really, not really like. I would rather stay away and, because I... am not going to let my kids...look at my kids when I was on drugs and drink and stuff like that you know, I don't want my kids seeing me like that, you know, I would rather stay away you know. It [relationship breakdown] has turned me to drink and heroin sort of thing, well not to heroin I was already on heroin it has made my habit worse do you know what I have got no urge to come off it you know I have got nothing in my life any more – I am on the drink now do you know what I mean.*

Somebody says to me now you know do your rattle and you can see your daughter once a week but it not going to happen is it so, you know, it has screwed me up a bit.

The impact of domestic violence in childhood was discussed earlier and this factor also had an impact in adulthood, with five participants' experiences of relationship breakdown being linked to violence:

And we had that for five years and then I left him because he was beating the life out of me, came down here, worked in bars mostly, call centres, not been in work for seven years and I just got back into work two weeks ago.

Only four participants mentioned or discussed love and affection in relation to relationships, partnerships and marriage. One participant said of their relationship breakdown: 'I mean at the time I was heartbroken, I mean I look back now and obviously I still love her.' However, participants tended to talk about relationship breakdown in terms of a less specific negative impact. For example, one said: 'I'm shattered by it', while another stated that her relationship breakdown had a 'very bad impact, I had no confidence, no nothing. It takes years and years to build it all back up.' One respondent provided a rare example of a positive impact of a relationship breakdown: he had been forced to examine his life and decided to give up drinking.

To briefly consider children in the context of relationships, 53 participants (67% of 79 who answered the question) had children; in 37 cases these were dependent children, in 15 cases adult children and in two cases both. Approximately half of the participants who had children were in contact with them. Of the 34 participants who identified the person or people who cared for their dependent children, 7 (21%) said that they were either in care or had been adopted. Some participants were unable to see their children but others took the decision not to see them because they did not want their children to see them in their current situation, e.g. suffering from addiction:

P - *I still send them cards and presents and stuff like that, you know, money through the post but I don't actually go and see them you know.*
I - *Yeah.*
P - *That is just the best way you know.*

She would be taken off her Ma – if I got back with the mother or something do you know what I mean, criminal record and drugs and that on my record and that, you know better off without her, her better off without me to be honest with you, as much as it kills me, selfless rather than selfish I suppose.

Participants also varied in the extent to which they were in touch with their birth families: some had no contact at all and, for others, contact was sporadic:

Yeah I grew up with me brother, I've got a younger brother and two sisters, older sister and younger sister, very close then and very close now, but there's been spells in me life where I've had no family connections.

My Mam is dead, my step Dad has disappeared, my nana is dead, my granddad is dead, all my uncles are in jail, my cousins are in jail, my twin brother's in jail, one of my twin sisters is in Australia, one of my twin sister's, the other twin sister is in America and that is that – I am on my own.

Forty-six of 79 participants who answered the question (58%) said that family would help them if they were in need. The identity of the family members who would help are shown below in Figure 6. Participants were able to offer more than one answer.

Family member who would help	Number / percentage
Parent(s)	20
Sibling(s)	14
Child or children	2
Most members of family	1
Foster parents	1

Figure 6: Identity of family members who are able to help

The most frequently identified form of help that would be provided by family members was with short-term accommodation; this was identified in 17 cases (39% of 44), although in six cases this was specifically prompted by the interviewer. Additionally, 15 (34%) said their family would help them financially and 8 (18%) said that their family would do almost anything for them. Four of the participants said that their family would not provide them with money and three that they would not provide them with accommodation. The reasons for not providing accommodation were not stated but, in every case, the reason for not providing money was the participants' drug and / or alcohol misuse.

A common reason for not seeking help from relatives was fear of 'disturbing' their family's lives with their own personal issues and problems that participants wanted to deal with themselves:

It was my Mam and my sisters, they tried to help me come off the gear and stuff, but I always used to just run away and that and they did try their hardest and it gets to the stage where they cannot try any more – bless them. Otherwise it is disturbing their lives.

Friends and Social Networks

Sixty-two respondents (79% of 79 who answered the question) had friends, although in 12 cases these consisted solely of people from the project they were accessing at the time of interview. The majority saw these friends on a regular basis, either daily or weekly. In addition, 37 participants said that their friends would help them in times of difficulty; in 14 cases by providing short term accommodation, in eight by lending money and in four by offering advice. Other forms of support identified by participants included providing food or drink, help to get work, helping participants stay away from alcohol or drugs, looking out for their health or even providing drink, drugs or 'tabs'.

However, in some cases, friends were not in a position to help or participants were not willing to ask for it. The data revealed that participants would not ask for help for two key reasons; the first was a fear of imposing on the lives of their friends - linked to a fear of embarrassment - and the second was that many of their friends were described as being in the same position as them:

> *A lot of them would put me up – all of them would put me [up] they always ask me but I would, I would be too embarrassed, I wouldn't want to wake up on their settee at seven o' clock in the morning when the lass is sitting down there feeding the bairn and that, I would feel out of place do you know what I mean*

> *I don't like asking them cos like people I know from school don't really know the full story, I didn't want to say I'd had problems with drink and stuff, it's a bit embarrassing. But people here, you know, everyone here is like in the same boat you know so you cannot really get help here.*

> *Well I think everybody, well not in here, because everybody is in the same boat type of thing but, I am person, I will be honest with you, if I have got any troubles I like to sort them out myself. I wouldn't, I wouldn't put it on anybody, well I wouldn't ask anybody in a way.*

> *Some friends would help and some wouldn't. They would probably provide me with the help that I wanted but I wouldn't let them do it because it would probably disturb their lives – do you know what I mean?*

> *Well if push come to shove I would, you know, spend a few nights there but you have got to think they have got their family as well…*

However, there was a more complex relationship with friends than just one of seeking out accommodation and finances. A small number of participants realised that past friendships were only held together by substance misuse:

The friends that I have got back there I don't consider friends because when I look back now I think you weren't really a friend you were just like a, somebody I took drugs with, somebody I drank with, somebody who would stab me in the back as soon as they bloody look at you so, I don't want to go back there. I would rather stay here.

No, all my friends are all alkies or junkies eh, anyway even when I get up there I wouldn't even want to bump into any of them to be honest with you.

One participant acknowledged the damaging nature of his former friendships and was making strenuous efforts to build new ones:

I - *Right, and how often do you see your friends?*
P - *About 4 times a week and sometimes most days 'cos I have work friends as well, I'm trying to build friends outside substance misuse, it's important.*

There is certainly an underlying theme of stigma running through the data set. This is evidenced by some participants feeling too embarrassed to accept help, or realising that friends and family might be unable to provide help, and others recognising that their peer groups consisted only of other people experiencing similar life situations to them, with some limited acknowledgement of the need to move beyond this. Yet the data set also reveals that friends and networks are important to the participants and in some contexts, could be described as an important lifeline.

Crime and Prison

Sixty of the 79 (76%) participants who answered the questions relating to crime and prison had a criminal record and 44 (56%) had been to prison. All 60 participants with a criminal record identified at least one cause of crime. The reasons interviewees gave for committing crime are shown in Figure 7 below:

Cause of crime	Number of participants
Drugs	27
Alcohol	14
To get money / food	12
Friends were doing it	4
Boredom	4
Family problems	2
Other	3

Figure 7: Participants' main reasons for committing crime

Some of the qualitative comments reflected that there could be a combination of factors that led to offending:

Normally under the influence of alcohol or under the influence of drugs or need of money, in with the wrong crowd, you know, doing what everybody else says, or what everybody else did I should say, you know, so basically that.

Peer pressure, yes. Shoplifting - the majority of the time it was because I never got no pocket money or basically I had no money to get anything so it was always sweets and stuff like that, or sandwiches and the assault was because of some lad was picking on my pal's girlfriend and he didn't have the bottle to do anything so I done him in.

Moving forward to consider prison, 39 of the 44 participants who had been in prison were able to say something about its impact on them. The most frequently given answers are shown in Figure 8 below:

Impact of prison	Number of participants
Neutral	9
Liked or loved it / nice	9
Hated it / bad	6
No impact	4
Got detoxed	3
Lost everything	2
Saw life differently	2
Trapped	2

Figure 8: Impacts of prison on participants

It is clear from the table above that there were positive and negative impacts of prison. For some who were positive about prison, it was the structured nature of the experience that they particularly valued:

I am telling you they were that strict it was like being in the army, you had to march and that. You know you were at the gym every single day doing the dirty dozen – oh honestly like if you went in all junkied up, you see after a few month you were well solid to get out there and feeling really fit and the day you get out and that you just feel brilliant…

The whole thing, three squares a day, lovely little bedroom, telly, baccy, I thought this is, I couldn't believe it, it was pretty… I mean obviously it was a bit scary, it was a bit scary, but like you know, looking back it was

an education. I had an education in there as well so it was like, I'll tell
you what it is, it saved my life, you understand why people say they get
institutionalised, don't have any responsibilities, you got your food provided…

I -   Right and what happened to you? Could you tell me what is what like
       while you were in prison?
P -   I used to love it, because I felt safe when I was in jail.
I -   You get a roof over your head and three meals a day and that.
P -   Yeah.

However, for others prison was a negative experience for a variety of reasons, ranging from one participant who found separation from their family difficult to another who said that they learned how not to get caught as often.

For those participants who experienced prison as an opportunity to keep away from drugs and alcohol, a level of stability was removed from their lives on their release. Indeed, many returned to the same situation that they were in prior to going into prison, reflecting the view of one participant that prison was a 'break'. Some talked about the lack of support on release and others recognised that they were in a cycle of going in and out of prison:

I -   What happened to you when you come out of prison?
P -   I was released homeless and I had to find somewhere to live.
I -   Did you receive any help from anybody when you came out of prison?
P -   No. Just friends.

I -   And what happened when you came out?
P -   The first two times I just come back out and been homeless and that again,
       back to my old ways the third time I came out I got put into a hostel.
I -   Did you receive any help from anybody when you came out of prison?
P -   The third time I did when I came to the hostel, but the other times, no.

P -   Like I used to get out, I used to get drink…
I -   Same cycle, back into…
P -   Aye and then I used to like, I wanna go back to jail so I used to get meself
       locked up.
I -   Back to jail again, vicious circle, it's like a cycle isn't it?
P -   Aye I used to think there was better people in there like.

Vicious circle isn't it. You start off all right and all that, bump into old
associates and just think I will have one more hit do you know, ra, ra, ra –
one more time for old time's sake sort of thing and it is just a vicious circle
basically. Going to jail, get yourself cleaned up, come out, ruin yourself. That
is certainly what my life has consisted of like.

The quantitative analysis provided further evidence of the lack of support available on release from prison. Of the 44 participants who had been to prison, 39 answered the question as to whether they had received help on their release; 21 of these participants (54% of 39) said that they had received help and 18 (46%) that they had not. In addition, 16 participants were able to identify who had helped them. The most popular answer was the probation service (in seven cases) followed by family and friends (in four). Asked to assess the support that they had received, three said that the assistance on leaving prison had been helpful, four that it had not been helpful and the remainder did not answer. The positive and negative consequences of leaving prison were also identified by participants and are shown in Figures 9 and 10 below:

Consequence	Number of cases
Think twice	3
Started project	3
Help from family / friends	2
Started new life	1
Total	9

Figure 9: Positive Consequences of Leaving Prison

Consequence	Number of cases
Returned to alcohol / drugs	9
Slept rough / homelessness	5
Returned to prison	3
Got in with bad crowd	2
Total	19

Figure 10: Negative Consequences of Leaving Prison

Some participants objected to their relationship with the probation service for a number of reasons:

You know if I turn up two minutes late for my appointment I am breached and back to jail. How is that helping people?

You know so if my Metro, doesn't come in and I have got to wait for the next one, turn up for probation 5 minutes later, they will breach me and I will go back to jail, now how is that helping me?

On one occasion actually I got out of Prison and I actually voluntarily went to probation to try and address me offending issues, but they weren't helpful at all

Considering a different perspective in relation to crime, 58 participants (of 79, 73%) had been a victim, but in only four cases was this crime related to their homeless status. Some of these crimes had been serious: for example, rape and being shot, which had a significant impact on participants' lives. Similarly, several of the participants had committed very serious crimes, including attempted murder, manslaughter, GBH, assault of a police officer and conspiracy to murder. Crime therefore had a major impact of the lives of the respondents, in numerous different ways.

Health

Physical Health

Levels of disability and long-term health conditions amongst the sample were higher than in the general UK population. Of 77 participants who answered the questions relating to health and disability, 21 (27%) reported having a disability and 37 (45%) reported having one or multiple long-term health problem(s). Poor physical health was particularly prominent amongst male participants, with 31 (51%) reporting that they had had a long-term health condition, compared to only five female participants (28%). In addition, 31 of 60 men (52%) reported that they had had a long term illness in the past, compared to five of 18 women (28%).

In three cases, participants were born with their health conditions or had suffered from their conditions from an early age. One participant was born with cerebral palsy and two had suffered from epilepsy since childhood. In other cases, health conditions were the result of accidents in adult life, at work or in cars. These participants reported suffering from arthritis; experiencing regular and intermittent pain; and, neck, back and leg problems. Two participants had long-term conditions as a result of domestic violence.

> *For the majority of participants, however, health conditions were symptomatic of being homeless and subsequent chaotic lifestyles. Five reported suffering from respiratory conditions such as asthma and bronchitis and two have suffered from pneumonia. For example, one participant had chronic bronchitis, having lived 'on the streets for almost 14 years', another stated 'I have been in hospital with pneumonia and I have got asthma...*

> *I was homeless on the streets' and a third claimed 'me right lung has collapsed twice, I've had two pneumathoraxes to build me lungs up, I've had pneumonia twice and I'm an asthmatic'. This participant said they had been homeless for a large number of years and 'just lived on the streets wherever [they] could'.*

Pneumonia is particularly common amongst homeless people, partly because risk factors include drug or alcohol abuse.

Other common illnesses among respondents were linked to alcohol consumption, smoking and drug abuse; this was true in 13 cases, 12 of who were men. Two participants had stomach ulcers; one described the unpleasant consequences: 'Mhm... like stomach ulcers... I was in pain for like months, I didn't realise what was going on, I didn't go to the doctors or anything and then all of a sudden, I was just being sick, blood, so I got the ambulance and they got us into the hospital... I nearly died'. Two participants reported significant sclerosis of the liver and pancreatitis as a result of drinking, one was recovering from throat cancer reportedly caused by smoking and a number had Hepatitis C as a result of drug use. One participant discussed an ongoing battle with their health as a result of heroin abuse and hepatitis,

> *Well I have got Hep... so that is part of my health... with me being on the heroin, I am weak... I cannot function properly unless I have had a dig and a drink and just it is hard when I have got nothing in me then I struggle but when I have got both in me then I can get by but obviously I am still like, it is still affecting me... I look at myself and I think I don't look any different but everybody else says they can see the weight just dropping off me sort of thing... it is like affecting my health.*

Approximately half of the participants reported that their health conditions have had little impact on their lives. For example, two who had diabetes said that, although they needed to take regular medication and to declare their condition to potential employers, their conditions were 'under control'. Similarly, two participants who had epilepsy reported that their conditions were being controlled by drug therapy and one reported that, despite ongoing muscular problems: 'I'm pretty healthy, I try to keep fit'.

For the remaining participants, however, their health conditions had significantly impacted upon their quality of life, their ability to secure and sustain employment, and, their ability to live independently. Eight participants suggested that their conditions have resulted in them being unable to work. In six cases, this was due to a long-term illness or accident. For example, one participant said that a spinal injury at work has 'affected [their] chances of getting work' due to their physical limitations and others' perceptions, saying 'a lot of people are prejudice[d]'.

Furthermore, the medication which they were taking had resulted in further health problems, 'the drugs I am on has affected other organs in my body... it stopped my pancreas from working properly which means I am diabetic... and [the] diabetes affects my eye sight'.

In only two cases did participants report being unable to work due to the impacts of alcohol and drug abuse. For one participant, having Crohn's disease resulted in them being unable to continue living independently, 'the biggest impact was having to leave my home because I wasn't well enough to look after meself there and moving up to the North East to be looked after, that was quite difficult'. Some participants who felt that they were

currently unable to work due to drug and alcohol abuse felt that it would not continue to have an impact on their lives once they had gained control over their addiction.

Mental Health

Fifty five participants (71% of the 78 who answered the question) reported that they had a mental health problem. This is significantly higher than in the general population where mental health problems affect approximately 25% of adults at any one time. Mental health problems ranged from 'feeling down' to severe mental illnesses such as schizophrenia. One participant discussed the impact of schizophrenia in the following terms 'I've got schizophrenia... people don't know the right way to take me, one minute I'm one way and one minute I'm another way'.

Most common amongst participants, however, was depression, which 46 (of 78, 59%) said they had. Depression had varying degrees of impact. For some, it left them feeling 'down' and 'anxious'; one participant said 'I just feel stressed all the time'. Another participant reported feeling 'just horrible... you feel like shit'. Others reported feeling a lack of motivation and energy, most clearly exemplified by one participant who said that: 'sometimes I just don't want to get out of bed, just want to go to sleep and forget about everything'. For others, however, depression manifested itself in more severe symptoms such as panic attacks, suicidal thoughts and self-harming. Two participants had been sectioned, one had taken a number of overdoses and others reported severe symptoms very clearly: 'a lot of anxiety, suicidal thoughts, I tried to commit suicide'; 'I've had depression for years and I was quite a bad self harmer... when I was self-harming, I nearly lost my arm, I had to get 90 stitches'. Two participants suggested that depression has resulted in them being unable to work and one had lost their home as a result of depression.

Bereavement was the most commonly cited cause of depression. Six participants suffered from depression as a result of a significant loss. In two cases this was the loss of a parent – as one participant explained: 'I suffer from depression and it was because I lost me mam and me dad all in the same year'.

In two cases, depression was triggered by the loss of a child; and one participant became depressed after the death of their wife.

There was also a relationship, between drug and alcohol abuse and depression. In some cases, it was clear that drug and alcohol abuse (but mainly alcoholism) was a cause of depression. Comments included 'sometimes I get depressed... I think it was basically off the drink really like' and 'I think it's down to the drugs that I was using, because it was amphetamines I was using'. In many cases, however, it was difficult to determine whether drug and alcohol addiction was the cause or consequence of depression. For example, one participant discussed suffering from 'anxiety, panic attacks and drink dependency' but explained that, when they feel depressed, they drink more. Another

reported a similar pattern, 'depression... bad, big time... I drink more... hell of a lot more...three or four bottles of whiskey a day' but went on to say '... when I started the drink, that is when everything went downhill'.

Other causes of depression included an abusive family background and the loss of a job. One participant explained, 'since not been working... I wished I was back out, see that's what is getting me down now like, depression that I haven't got a job'. Interestingly, only one participant attributed their depression to being homeless, 'it's just living in this type of environment... it does your head in, you know what I mean you gan into somewhere and you mention this is your address and they look at you, you know what I mean, they don't want to know'.

Of those who suffered from mental health problems, 80% had received professional help. In many cases, this appeared to be only providing medication, but some participants were accessing additional forms of support such as counselling. Most of those who expressed an opinion said that the assistance they had received had been helpful. As a result, the majority of participants reported feeling that they have started to get their depression under control. As one put it, 'It's okay now... I'm ready to change now... I wasn't ready to change before'. A minority, however, reported that they did not feel they had been given sufficient support to help them deal with their condition. For example, one participant who self harmed said 'I've never really received any help, just they fix me up in hospital... I'm on tablets for depression... I've been on Metazipine now for about 14 year, you know and it's just not working any more'. Another stated, 'I've suffered from anxiety attacks and depression, I still have them slightly. The only help I've received is medication which didn't work'. Some participants also ended up abusing the medication which they put on. In addition, one participant reported that their counselling sessions were not useful: 'Well I did used to gan to [support service]... I went to a few appointments in that, but... just talking to people, it just does nowt'.

When asked what they would do if they needed medical help in the future, 64 participants (80% of those who answered the question) said they would go to their GP.

Other answers were given much less frequently: a support worker in six cases, a Community Psychiatric Nurse in four cases, a family member in four cases and The Cyrenians in three cases.

Drugs and Alcohol

As detailed in earlier sections, drug and alcohol use impacts on multiple areas of respondents' lives such as childhood, relationships and health. The majority of participants had addiction issues relating to use of alcohol or drugs. Drinking featured as a problem in 42 of the participants' lives (of 80 who answered the question, 53%). As a result of their alcohol use, 19 had committed crime, 15 had experienced physical health problems, 13 had gone to prison, 12 had experienced relationship breakdown,

10 had lost children, 10 had lost housing, seven had experienced financial problems, three had experienced mental health problems and three had lost a job. In addition, 25 participants received assistance for alcohol addictions and 15 considered this assistance helpful. The most frequently identified location for the assistance was a statutory treatment service (in six cases).

Men were more likely to report that drinking had been a significant issue for them previously; with 35 of 60 (58%) reporting this compared to eight of 18 (44%) women. Men were more likely to report a physical health problem, losing housing or a relationship breakdown as a result of alcohol, while women were more likely to report losing their children. At the time of interview, 23 men (40% of 58) reflected that they had a current alcohol addiction, compared to four women (22% of 18). In terms of the age that participants began drinking – not necessarily problematically – gender differences were less evident: for men the mean was 14 and the median 14; for women the mean was 15 and the median 14.

In relation to drug use, 51 participants of 80 (64%) who answered the question reported that they had a drug problem. Of these, 35 had a problem with heroin, 26 with cocaine and 38 with other drugs (including crack). Although gender differences were not as substantial as in the case of alcohol, men were more likely to have had a drug addiction than women. 40 of 60 men (67%) who answered the question reported an addiction, compared to 10 of 18 women (56%). In 24 cases (53%) of those who had a drug addiction and identified an age at which it started, the addiction had developed before the age of 18. Participants were also asked whether their drug use was linked to other problems: 30 people said they committed crime as a result of their drug use, 22 went to prison, nine lost housing, nine experienced relationship breakdown, nine experienced mental health difficulties, nine lost children, eight experienced financial difficulties and 7 lost a job.

While use of drugs before the age of 18 was considered briefly in the section on childhood, it is discussed here in more detail.

There were clear gender differences, with 41% of men who answered the relevant question having a drug addiction before the age of 18, compared to just 11% of women.

Reasons for using drugs as a child included the influence of familial addiction and a situation of domestic violence where drug use made everything 'better'. Some respondents took drugs at school while others truanted in order to be involved in drug taking. Some participants described the escalation of drug use, for example, one participant described how he began drinking at 13, and then at 15 he 'hit the smack'. One participant described his drugs use at the age of 12, the impact it had on his family, and his subsequent referral into care:

Heroin cocaine, amphetamines, I would say that was about it because I don't touch dope, I don't like it… Well it just tore me family apart really and that's why I was put into care because they couldn't handle us.

Sixteen of 19 respondents who had been in cared reported an addiction to drugs (84%) compared to 31 of 56 participants (55%) who had not been in care. Respondents who had been in care were particularly likely to have experienced a relationship breakdown, lost children or committed crime as a result of drugs and were especially likely to have a drug addiction before the age of 18. However, they were less likely to have had a problem with alcohol than other participants.

The strongest thematic running through the data on drugs and alcohol were difficult or in some cases traumatic experiences in the lives of the homeless people, either as children or adults. In 50 cases, there appeared to be a link between such traumatic events and the misuse of drugs or alcohol. Some of the events, although traumatic, were those that normatively occur in everyday life including bereavement and relationship breakdown; others were complex and difficult to manage issues including the loss of children, coping with familial addiction, domestic violence, being in care and going to prison. The pattern of cause and effect varied, with some participants using drugs and alcohol to cope with their circumstances and others blaming their addiction for events which happened after drug or alcohol use has begun. For example, some respondents were clear that their alcohol or drug misuse was the cause of their relationship breakdown:

What I would do, I would get a half bottle of vodka and drink it neat in like twenty seconds and pass out and everything blotted out, and then wake up and do the same thing again. See no wonder she divorced us.

This was one of a number of consequences of addiction associated with the notion of loss, a discursive thematic which ran through the interview data. In material terms this loss represented the breakdown of relationships, the loss of children, family, friends, accommodation and jobs. More commonly however participants would state simply that through addiction they have lost 'everything'. For example, one participant experienced drug addiction as a young person and in interview discussed injecting drugs whilst at school stated: 'I lost everything didn't I, you know had a good start like my mum and dad had everything ready for me to get a job, they were going to give me a car, you know start me up in life basically and I just...' Another participant described how after he started using heroin his partner left him, as a response to which he used more heroin: 'I have got no urge to come off it you know, I have got nothing in my life anymore - I am on the drink now do you know what I mean. Somebody says to me now you know do your rattle and you can see your daughter once a week but it's not going to happen is it so, it has screwed me up a bit.' The impact of addiction was summarised by one participant in the following terms: 'It has fucked my whole life like truthfully speaking to you mate, I am not lying to you, I have fucked my whole life up on it.'

For other participants, substance misuse appeared to be a consequence of other problems. For example, one participant's mother was an alcoholic who used to keep her children off school to care for her when she was ill from the addiction. The participant used amphetamines for 10 years and also had an alcohol addiction. Her mother's addiction impacted her life in detrimental ways: 'My Mam being the way she was and my Dad not being there and my Mam used to pinch off my grandma and stuff like that and it was horrible. For another participant, it was a relationship breakdown that had preceded their addiction: '[I][s]tarted used drugs as [I]split up with girlfriend, on a script now, I am off the gear but I am still an addict...'

In some cases, substance misuse appeared to be a method of 'blocking out' particular life events. Although this was only explicitly described in the interviews by eight participants, it useful in the context of understanding the use of drugs and alcohol to cope with loss. One participant described addiction as the 'big sleep', which he deemed the 'ultimate sort of solution really'. Another, who experienced domestic violence from the age of six to twelve described his use of drugs as a way of making everything 'better' and said that it 'made all my problems go away, especially on the coke'. For one participant, alcohol addiction was a way to handle depression after losing a child: 'I know it doesn't help drink like, but it blocks it out for a bit.'

There were two particular findings in relation to drug and alcohol use that may have particular relevance for service provision Firstly, although there were only three reported cases of couples using alcohol and drugs together, they raised important questions about the provision of services. Members of two of these three couples described the ineffectiveness of treating one person from the couple for drug/alcohol use. In both scenarios, as soon as the person who had been treated went back to their partner (who was still using drugs or alcohol), they soon went back to using as a couple. A similar scenario happened when participants returned after receiving treatment to peer groups who also use drugs. The effectiveness of treatment therefore might be increased where couples and peer groups are treated together - when this is appropriate and consensual. The second finding with clear practical implications is that a significant minority of the research participants, 28, reported swopping one addiction for another, having multiple addictions or using drugs and alcohol to counteract negative effects of another substance. For some participants, multiple substance misuse appeared to be part of a pattern of experimentation, for example, one described using 'acid, whizz, sniffing gas, sniffing glue… then around 22 I got into heroin and crack, someone showed us how to make crack and that and the other and it continued.' For others, attempts to stop misusing one substance – particularly without professional help – involved using another, as one described it: 'If I took the cold turkey, just drink loads of beer and it would just chill us out.' For another participant, this was a normative social practice: 'well, just the usual, just exchange one addiction for another'.

Significant Life Events

The impact of addiction problems and traumatic events was evident again when respondents were asked to identify the single factor that had had the greatest impact on their life. Of 70 respondents who gave an answer, only seven (10%) identified a positive factor: drug treatment in two cases, a Training Centre project in two, contact with The Cyrenians in one, a child being born in one and having a new interest in their situation in one. In contrast, 63 identified a negative impact, with four of these participants identifying two negative factors. The most frequently identified negative impacts are shown in Figure 11 below:

Negative impacts	Number of participants
Drug problem, alcohol problem or both	17
Bereavement	12
Relationship breakdown	8
Leaving, or being forced out of, family home	6
Committing crime or being in prison	5
Being in dysfunctional childhood home	4
Being a victim of crime	3

Figure 11: Significant events which had a negative impact on the lives of the participants

There were strong links between this question and two others, which asked respondents to identify the happiest and unhappiest time of their lives. Of the group 77 participants were able to identify a happiest time; the most common responses are illustrated in Figure 12 below:

Happiest time	Number of participants identifying
During childhood or adolescence	30 (Of these, 8 identified their childhood family specifically as being a source of happiness)
With partner / child / family	22
Now	8
When child was born	6

Figure 12: Common responses for participants' happiest time in their lives

In addition to this, 70 participants were able to identify the unhappiest time of their life – the most common responses are shown in Figure 13:

Unhappiest time	Number of participants identifying
After bereavement	17
When relationship broke down	13
When on drugs	11
Now	7
Going into care	4
On streets / first starting this project	4
In dysfunctional childhood home	3
In temporary accommodation for first time	3
Losing children	2
Losing children	2

Figure 13: Common responses for participants' unhappiest time in their lives

Once again, the impact of addiction and problematic life events is very clear. However, to present these findings through lists and tables is an over-simplification. Participants had very complex and sometimes chaotic lives, where it was difficult to unpick the impact of individual factors. This was evident from one participant had witnessed a murder, and another who had experienced an attack themselves that could have been fatal, yet did not mention these as being among their most significant life events. In addition, one participant identified a range of overlapping factors that contributed to their current life situation: 'Crap relationships, never having no money, just social problems, you know, social pressure and everything.' So although the findings about specific events are useful, they must also be understood in the broader context of the dataset.

The Two Pathways and Adulthood

The distinction between those respondents who had faced lifelong exclusion and those whose exclusion was a more recent phenomenon became clearer when considering the experiences of respondents as adults. Childhood stability, family background and educational attainment were key determinants of stability in the participants' adult lives and their employment histories. For example, all five participants who had professional careers and the majority of participants who occupied skilled jobs reported to have had relatively stable lives throughout childhood and early adulthood. Conversely, those who occupied low-skilled, low-income jobs and experienced long periods of unemployment during their adult lives had usually suffered exclusion throughout childhood - having an unstable upbringing and poor educational attainment.

Naturally, there were exceptions to this trend. A small group of participants who had successful working lives did not leave school with qualifications (due to illnesses as children, for example) but reported being brought up in a loving and happy family. For

example, one participant was in a youth offending institution as a child but completed their education whilst in there and left with qualifications. At this point, they met a long term partner and got a job as a tradesman.

Financial instability had also been a key feature of many of the participants' lives, but particularly those who had faced lifelong exclusion. Those in the 'lifelong' group tended to have suffered from long periods of financial difficulty associated with persistently low income (linked to long periods of unemployment, long-term welfare dependency and low paid work) and drug and alcohol addictions (also linked to time spent in prison).

The housing histories of participants also reflected their pathways to exclusion. Participants who followed the 'lifelong' pathway typically tended to rent as opposed to own their own property, experienced short tenancies and relied on benefits to subsidise their accommodation. This can perhaps be attributed to their poor educational attainment and employment histories. These participants often experienced eviction due to rent arrears, drug and alcohol addiction and spending time in prison. Conversely, those in the 'life events' group were more likely to have owned their own property, enjoyed longer tenancies and paid for their accommodation with wages.

Health issues tended not to be central to a pattern of lifelong exclusion, except in the case of participants who have a disability through birth or due to an accident in later life. Instead, there was a strong association between drug and alcohol addictions on the one hand and physical and mental health problems on the other. There were differences between the two pathways in terms of the types of addictions typically experienced, with both drugs and alcohol featuring heavily in the experiences of people in the 'lifelong' pathway, while only alcohol dependency was a key feature of the interviews with the 'life events' group.

By definition, the 'life events' groups had experienced a traumatic event which appeared to be a key trigger for exclusion and such events could be a cause or consequence of alcohol dependency - or both. It was at the point of the traumatic event that the advantages that the 'life events' group experienced over the 'lifelong' exclusion group began to reduce. As a number in this group developed alcohol addictions, this resulted in some being evicted for anti-social behaviour. In some cases financial difficulties resulted directly from the significant life event such as redundancy. However, more often they were indirect consequences of factors such as relationship breakdown and / or alcohol dependency. This could lead to an inability to pay household bills and other debts, with some in the 'life events' group identifying unemployment as a contributing factor to homelessness. In contrast, it could be argued that for those who had suffered lifelong exclusion, the absence of employment had been a long-standing feature of their adult lives and, as a result, employment lacked the significance which it had for participants in the 'life events' group.

However, whatever the advantages experienced by the 'life events' group over the 'lifelong exclusion' group earlier in their lives, all were approached to participate in the research because they were homeless and facing severe exclusion. The next section addresses their current situation and the possible pathways out of exclusion.

Part 4: Current Circumstances and Future Aspirations

This part of the report relates to participants' aims and hopes for the future; how likely they think it is that they will achieve their aims; the types of support which they would like to help them achieve their future aims; and, potential barriers to success. This section fits less comfortably with the two pathways to exclusion lens which has provided the organising framework for this research, largely because the inequalities discussed in the previous two parts no longer applied in a situation where all participants were homeless. However, the data discussed here is important in pointing to possible routes out of exclusion and the obstacles that exist to following them.

Experiences of Homelessness

Of 82 participants, 66 considered themselves to be homeless prior to accessing their current project and16 did not consider this to be the case. Of those who considered themselves to be homeless, in approximately one quarter of cases this had been for more than one year. Of 74 participants who answered the question, 53 (72%) said that they had been homeless on previous occasions. In addition, 47 participants identified the age at which they first became homeless: the mean was 25 and the median 20 participants had become homeless for the first time at the age of 17 or younger, with 13 being the youngest age and 55 being the oldest age.

Participants cited a range of triggers for their most recent episode of homelessness. The most common reason cited – which is consistent with the data in the housing history section – was relationship breakdown. Participants reported leaving the home which they shared with their partners and finding themselves either 'sofa surfing' or without any accommodation. The second most common trigger was eviction - either from a home which the participant owned or rented or from a previous hostel. Eviction could be for rent arrears; drug and alcohol addiction; and / or anti-social behaviour. In eight cases, participants said they became homeless as a result of leaving prison and three deliberately tried to return to prison. The reasons for this approach were clearly identified by one participant:

> I was dossing on couches like couple of nights here, couple of nights there but people get sick do you know what I mean, you can't keep putting yourself onto people and, in the end I just thought right, I am just going to go to jail, get myself to court and get myself sent to jail.

Finally, in a number of cases, homelessness was triggered by a family dispute or the death of a parent. As one participant described it: 'me mother died and me dad started seeing a new woman and she had kids and that and there wasn't enough room for me', so they left the family home.

Participants came to be at their current project through a range of routes, most commonly the Housing Advice Centre; through friends and family / word of mouth; through another hostel; and, through the police or probation service. A number of participants – who had been sleeping rough – also reported to have been helped by The Cyrenians via outreach work which seeks to reach excluded individuals who are not currently involved with services.

Of 76 participants who answered the question, 30 considered themselves to be homeless now and 40 did not. Six gave neutral responses. Those who considered themselves to be homeless, despite being resident at their current project, attributed this to the temporary nature of their accommodation; they made comments such as: 'You can't guarantee your bed is safe'; 'Cos you can get thrown out of here at any time'; and 'Well in a way because you know you have got to move on at some point'. Those who did not consider themselves to be homeless whilst living at their project attributed this to having 'a roof over their heads'; therefore defining the concept of 'homelessness' in its most narrow sense. Few participants commented on their feelings about being homeless, but typically, participants reported feeling 'down in the dumps', 'disappointed', 'unhappy' and 'frustrated'. Others described being homeless as 'horrible', 'terrible', 'crap' and 'not nice'. Participants' negative comments were sometimes linked to feeling that they lacked control and freedom over their own lives, had to follow rules, were not able to have their families visit them, lacked privacy and did not have somewhere to call their own.

Importantly, 39 participants said that they had slept rough at some point. Those who had slept rough for significant periods of time often reported turning to crime for survival – breaking into cars, caravans and abandoned buildings, for example, for shelter and shoplifting for food. Others would deliberately commit a crime so they could spend a night in a cell or go to prison. They also reported feeling cold and hungry and a number developed illnesses such as pneumonia. Participants also reported being assaulted while sleeping rough.

Project Participants were Living In

Length of stay varied greatly within individual projects, ranging from one week at the time of interview to eleven years. The median length of using a project was six months and the mean 15 months: the mean figure was higher because of five participants who had been involved with their project for four years or more.

Participants reported receiving varying levels of support across projects. In five projects, at least 75% of participants reported receiving support. In one project, only 10% of participants reported receiving support. The main types of support received by participants were: housing support; drug and alcohol support; financial advice; employment support; referrals to additional services (drug and alcohol, domestic violence); and, links to a key worker. Participants most frequently identified having

the key worker and the support of other staff as the most valuable elements of support which they had received whilst at their project. Key workers were reported to fulfil various roles including developing support plans for the participants and referring them on to other services. What participants most appeared to value, however, was 'having someone to talk to' and to encourage them to reach their aims. This was particularly true when staff were ex-service users themselves. Participants commented on the value of talking to staff who had been through similar experiences:

Aye it's more useful than probably than what actual drug services are to be honest, these people are realistic and they've been there.

Basically my key worker... He makes sure I get things done and stuff like that.

The people that run it is genuine people, they have had the t-shirt and done it so I can have a conversation with them and they don't pull me to bits for what I do.

I was in hospital 'cos like I had liver damage and like me key worker didn't want us to gan into anybody else's room 'cos there was bottles lying about and they didn't want us to give in to temptation to start again... so they've been very supportive.

In terms of specific types of support, drug and alcohol support were often cited as one of the most useful services which respondents had received either at their project or via referrals from their project. A number of participants reported having successfully reduced their alcohol intake through the support of their key worker, services at their project and referrals onto services, such as statutory treatment services. In addition, some felt more in control of their drug problems after receiving support to engage in a methadone or abstinence programme. Comments included:

Absolutely loads of support... I had massive alcohol issues and things like that when I first come here and I was getting in touch with loads of people to sort all that out.

Yeah they've helped us to reduce me alcohol intake and I've been to an Alcohol Treatment Centre.

Aye with me drug use and that, got meself back on me script and that and got us stable.

I'm off me drugs now... they've got us onto medication and that, I've stopped using heroin and things like that, I'm on a prescription for methadone.

More generally, respondents spoke warmly about their projects; none said that the report they had received had been unhelpful. Among the warmest praise was:

If I wasn't in here, I would be dead by now.

Really useful. You can talk to them about anything and they are there for you.

Really, really useful... if it wasn't for these people I don't know if I would even be alive today to tell you the truth'; and, 'It has put me right back on my feet.

Almost all participants were able to identify at least one thing which they liked about living in their project. Responses fell into two main categories. The first was that the project fulfilled fundamental needs; providing participants with shelter, warmth, regular meals and washing facilities, for example. The second related to the social benefits of the project. The majority of participants spoke of not feeling isolated and alone; enjoying having the support of staff; making friends with other project residents; living with people with shared experiences; and, having a sense of belonging. A typical responses was: 'Good bunch of lads... they help you when they can'.

Despite this, participants were also able to identify a number of undesirable aspects of living at their current project. The most popular response to this question was the behaviour of other residents. Participants reported that there were significant levels of substance misuse, alcoholism and noise in their project, making comments such as: 'The idiots and people with drink problems'; 'It's just the people in it... drug users... alcoholics' 'all the young ones getting pissed up and making noises at daft o'clock in the morning'. Participants who gave this type of response were typically recovering drug addicts and alcoholics themselves and expressed concern that being surrounded by others drinking and taking drugs would cause them to relapse. Indeed one participant reported that they had stopped drinking for a while but have recently started drinking again and attributed this to their surroundings, commenting, 'It's other people drinking in front of us like... I'm wanting to be drinking myself... I've started again'. Participants also suggested that there were often episodes of violence, theft and bullying within their project, for example: 'You normally get bullied for money or owt like that' 'Sometimes there's bother, like I can't be bothered with that you know'.

The second most common complaint was not being allowed friends and family to visit them at their project. However, a number of participants went on to say that they would not like their family and friends – particularly their children – to witness the way in which they currently lived. Other less common sources of dissatisfaction were the quality of the meals provided; occasional theft; and the temporary nature of their current living arrangements.

When asked if they would like to change anything about their current project or any additional services they would like to be on offer, the majority of participants said 'no' and did not suggest any improvements. Where service developments were suggested, however, the most common responses were:

- Additional support to secure independent accommodation: a number of participants talked about being on a housing list but not knowing what else to do.
- Additional drug and alcohol support: some of these participants were already accessing support which suggests that they may have wanted additional contact time with their support worker/group, or were possibly not accessing services because they did not know how to.
- Those who did not have a key worker suggested that having a single point of contact would be useful.

Other responses given by just one participant each included: having the opportunity to learn 'basic household skills' before moving into supported accommodation or independent housing; having access to a payphone; and the project being visited by a doctor who could prescribe medication.

Aims for the Future

All 80 participants who discussed their future outlooks were able to identify at least one clear aim for the future, while 43 were able to identify two or more. However, the levels of aspiration expressed through these aims varied. Some were simple and basic – for example 'get a job, that's all, get a job' – while others were more ambitious: 'I'd like to get like my own place, hopefully get onto some kind of college course, get a job, meet new people, meet someone... going out at weekends and stuff'. The most common aims for the future identified were: securing independent accommodation; being involved in education or employment; family-orientated aims; coming off drugs and alcohol; and, gaining a sense of stability.

Accommodation

This was the most common aim – indeed, was identified as the sole or primary aim by 59 participants (almost three quarters) identified this as their sole or primary aim. Forty-seven of 65 participants (72%) reported feeling positive at the prospect of this in the future. A number of participants spoke about not only wanting a 'house', but wanting a 'home'. The concept of a 'home' was particularly well illustrated by one respondent:

> I hope to get... me own flat, you know, I'm a certain age soon and the next place I get, I want it to be the last one... this'll be the home I end me days in so it's gotta be perfect... I want a place I will feel happy in and I'm gonna end me days in, that's what I've stuck out for.

For some participants, securing their own accommodation was seen to be a key milestone in relation to 'moving forward' or a symbol of stability. This was reflected in comments that they wanted 'to be settled again', 'to settle down', 'to just live nicely', and 'to be back on [their] feet'. For others, however, securing their own accommodation was considered to be a springboard to achieving other aims, such as seeing their

children more often or regaining custody of their children. For example:

I would like to have my own place... and then I can have my son with me again.

…to get a house eventually and you know, start having me daughter weekends, just to get her back.

For five participants, a dislike of their current project was a key incentive for securing their own accommodation. For example:

I'd like not to be here next Christmas 'cos this is me second Christmas here.

Getting out this place really ain't it... 'cos I dinna want to be in here for the rest of me life, know what I mean.

When asked where they would like to live in the future, almost 40% stipulated they would like to live in a property near to their friends, family and children. Whilst a number of participants said they were not nervous about living independently in the future because they have done so in the past and therefore know what to expect, equally, a number of participants had neither lived nor rented their own accommodation before. Almost a quarter of respondents reported feeling positive but anxious about the prospect and a small number of participants reported feeling worried and anxious about living independently in the future. One key reason for feeling nervous about living independently was a fear of change:

At the minute, a bit daunting because you get so used to this safeness and security that you get here... when you think about going out on your own it is a little bit scary.

I'm getting a bit like at the age where you know, you're set in your ways and [get] a bit like concerned about moving.

Some participants had specific fears about managing financially in independent accommodation but the most common fear was over lapsing into misusing drugs or alcohol. A number, while hoping to secure their own accommodation in the long term, preferred the idea of moving into supported accommodation in the short term, fearing they may 'relapse' back into a lifestyle of drug and alcohol abuse, with one participant saying that they were 'terrified' of living independently. Other comments included:

At the minute I'd be a little bit dubious because of me drinking.

Aye I worry about it a little bit and that, but I've been clean of drugs now since May and like once I done my alcohol detox in October I've hardly touched a drink since either, you know, so I'm on the right track kind of thing.

More independent accommodation where support could continue to be provided was seen by some as a realistic step that could reduce the likelihood of relapsing.

Education, Voluntary Work and Employment

Thirty participants (over one third of participants) expressed the ambition to secure or continue in education, voluntary work or employment in the future; for twelve participants, getting a job was their primary aim. Others participants were already in paid employment and simply wanted to remain in their current jobs. For some securing a job – and accordingly, financial stability – was seen to be a key means by which to start regaining their independence. As one respondent put it, 'I would like to have found meself a job, at least by this time next year... even if I am still here, I'd like to be working, paying me rent here out of me wages and putting some money away for a flat'. For others, securing a job was considered to be something would give them a sense of direction and structure in their lives, for example: 'Get a decent job and a bit more stability... That's what I would like... It is not asking a lot is it?' For the majority of participants, however, securing education and employment was a secondary aim; many were unable to work due to poor physical / mental health and drug / alcohol addiction.

For those who wanted to work, the majority had very clear and realistic ideas about what they would like to do in the future. Approximately half said they would like to return to the field which they had most experience in, for example:

Yes, maybe back in a supermarket... I've done that before.

I'd be happy to go back to engineering if could get a job in it.

I would stick to what I was been doing now like lately – catering.

Many respondents who were involved in voluntary work wanted to secure employment in the area in which they are volunteering; most typically in drug and alcohol support and youth work, where their experience could be useful. Motivations for this type of work were wanting to 'put something back' or make use of participants' own experience. As one put it, 'I've been through that path.' Some were already studying for qualification that would make this type of employment a realistic possibility. Three participants expressed concern however that volunteering with a drug or alcohol support service would result in them relapsing, for example: 'Aye, but the only thing is though with the drug and alcohol bit, knowing meself, I've been through a canny few drugs, it would more than likely tempt me to go back to doing them that way when at the minute with having a clean head.'

The majority of participants who answered the question said that they would like to continue to be involved in, or to become involved in, voluntary work in the future. This was often seen as another option if paid employment provided difficult to find.

Amongst those who stipulated what type of voluntary work they would like to do, the most common choices were: drug and alcohol support; working in a charity shop; working with animals; or, helping to renovate physical spaces.

Of the sample group, 37 participants (65% of 57 who answered the question) said that they would like to be involved in training and education in the future; although almost half of these participants did not stipulate what course they would like to do. Participants most commonly reported that they would like to undertake a vocational curse such as mechanical engineering, horticulture, joinery, electrics, hairdressing, catering or IT. Another common response was to undertake a course in counselling or drug and alcohol support. Finally, four participants said they would like to go back to college to improve their literacy and numeracy skills.

Relationships

Sixteen participants (20%) reported aims that involved relationships with other people. Some who were currently single wanted to meet a new partner. Others wanted to rekindle or rebuild relationships with families, particularly to see their children or increase their contact with them, for example: 'I just want to have my son come and see us every now and then'. For some participants, the worst thing about living in their current project was the isolation from their families (often for geographical reasons). For them, a key aim was to move closer to their families, for example: 'I'd like to get me life back on track... moving back up towards me family'.

Addiction

In relation to drugs and alcohol, 11 participants reported that one of their aims was to gain control over their drug and alcohol addictions in the forthcoming year. Some respondents spoke simply in terms of 'sorting out' addiction issues, while others identified practical steps that they might need to take, such as booking themselves into 'rehab' or joining a Methadone programme. For participants who already have their drug and alcohol issues largely under control, their aim was to maintain this level of control. For this group of participants, dealing with their drug and alcohol issues was seen as a key to 'getting back on their feet'.

Stability

While it is implicit in much of the above discussion, some respondents discussed non-specific aims which clearly centred on the idea of stability. Comments of this nature included 'to settle down with meself', 'to live a normal life'; 'to move forward' and to 'get a bit more stability'.

Fulfilling Future Aims

Of 80 participants who discussed their aims for the future, 76 went on to predict their likelihood of fulfilling these aims. Participants benchmarked their likelihood of success based upon two key factors: their level of motivation and progress made in relation to these aims to date. Notably, 51 participants (67%) believed they would fulfil their future aims. While a number of participants gave short answers such as: 'I hope it does' and 'I cannot see anything stopping it from happening' others talked about belief in their capacity to achieve future aims, commenting 'I think I'm capable of it, aye'; 'I will make it happen, I will make it happen... it's only me that can mess it up, you know what I mean... I don't intend to mess it up'; and 'It might take more than a year, but I want to get there'. A number of participants who were confident about securing employment in the near future reported having job interviews lined up or pro-actively looking for a job at the time of the research interview. Those who were hoping to secure their own accommodation in the coming year reported being on housing lists or were filling in application forms for a house. As noted above, some participants who wanted to gain a sense of control over their drug and alcohol problems reported plans to go into rehab in the coming months.

Twenty-three participants (30%) were unsure about how likely it was that they would achieve their future aims, giving responses such as 'I might, I don't know, just you never know what is round the corner'; 'I want it to, but I'm not sure whether it will' and 'I dunno, I'm not too sure at the minute'. Only two participants stated definitely that they did not believe that they would achieve their aims for the near future; they did not give reasons for holding this view.

Support to Fulfil Aims

Sixty-two participants discussed the type of support from individuals/services which they would think will help them to achieve their aims. As well as this, 27 participants (45%) suggested that continuing to receive the level / types of support which they were currently receiving would be sufficient. Participants were particularly appreciative of the support which they receive from The Cyrenians – either through the project which they were currently living in or through day centres.

The most crucial form of support which participants currently received appeared to be a confidante, as opposed to a specific type of service; participants frequently talked about the value of 'having somebody there really if [they] need them' and 'the help that [they] get now from [their] support network'.

Additional forms of support were identified by 35 participants, and it was suggested that they would like to receive in order to help them achieve their aims. The most popular responses were: additional help to secure independent accommodation such as liaising with council and completing housing forms, additional support to tackle

addictions and additional support to identify training and employment opportunities. A smaller number of respondents said they would like additional support in the form of someone to talk to, to help them maintain their willpower and motivation, for example: 'Just help with self-esteem'; 'just will power and that, motivation'; and 'just more or less someone to talk to like when I've got troubles'.

Barriers to Fulfilling Aims

One or more factors that could prevent them achieving their aims were identified by 54 participants. The most frequently identified factors were drug and alcohol addictions, with over half the participants who answered the question suggesting that this would be the biggest potential barrier. Participants were particularly concerned about their ability to give up alcohol whilst being surrounded by other residents drinking in the project where they were residing. One commented 'I am not going to get back on drugs... I know that for a fact... but the drink is sometimes a worry for me obviously because I am still quite raw just now... I get tempted for a drink quite a lot, especially when you are seeing all them taking it in'; another said 'I am surrounded by it where I live, even my pals on my landing they all drink'. A smaller number of respondents focused simply on their own level of motivation, for example: 'The only thing that could stop it from happening is me. Everything is in place now for me to try and turn my life round. If I don't do it now... I am never going to do it... it is taking its toll and it is just doing me in to be honest'. Other possible barriers identified by respondents included a lack of support, getting into trouble with the law, mental health problems, being unable to manage their finances and, being evicted from the current project due to behavioural issues.

Part 5: Conclusion and Issues for Service Provision

The findings of this research had much in common with those of other studies which have distinguished between homeless people experiencing crisis-triggered poverty arising from disruptive life events and those who have faced long-term exclusion, resulting in homelessness. Similarly, the 'life events' and 'lifelong' pathways discussed in this report suggested very different points at which interventions could have prevented homelessness. When examining participants' current situation and possible routes out of homelessness, however, the two pathways appeared to have merged, with the types of support that were needed being determined by the complex needs of individuals.

Some participants acknowledged their own role and agency in bringing about their exclusion, accepting responsibility for factors such as not achieving in education, losing jobs and becoming addicted to drugs. However, most were also able to identify a point where the provision of services could have made a difference to them. The most frequently identified times when participants judged that help could have made a difference are shown in Figure 14:

When would have welcomed help	Number of participants
When taking drugs	12
Now	10
When bereaved	5
When had alcohol problem	4
When in prison	3
When losing or lost children	3
When left prison	2
When experiencing mental health problems	2

Figure 14: Common responses as to when participants would have valued help

These responses are consistent with the findings discussed in this report, which showed that addictions affected both of the pathways into homelessness, the participants' current situation and their hopes and fears for the future.

The key findings in relation to the respondents who were in the 'lifelong' exclusion pathway – that a range of inter-connected factors can contribute to severe exclusion as a child, which then persists into adulthood – reproduce those of other studies. As was noted in the literature search, successive governments have recognised the severe impact of childhood poverty, as is reflected in their commitment to ending this phenomenon by 2020.

However, the evidence presented here suggests that tackling substance misuse should play a greater part in work with excluded children and their families. Where people became addicted at an early age or there were problems of addiction within the family, the consequences were particularly far reaching. This must be a greater priority in policy terms: in particular, the high level of childhood addictions among those who had experienced local authority care suggests that this is a group who services should target.

The question of how people with such stable backgrounds as many of those in the 'life events' pathway could become homeless and excluded appeared to be most often answered with reference to traumatic life events, often in association with alcohol misuse. However, the nature of these events presents difficulties in recommending services that could be provided or developed – almost all adults are likely to have suffered from bereavement and / or relationship breakdown at some point and the research did not give an indication, beyond the possibility of alcohol misuse, as to how people who might suffer a particularly adverse reaction to such experiences could best be identified and supported.

However, the research did point to some clear areas where improvements to services to adults could help to prevent homelessness and exclusion. As was noted in the literature search, services to people leaving prison have long been acknowledged as a weakness in policy terms; the data presented a sadly familiar picture of people leaving prison to return to the circumstances that had contributed to their offending and even committing crimes in order to find shelter for the night.

Eviction was another point at which it could prove possible to intervene to support people on the 'life events' pathway in particular. The experience of eviction for a variety of reasons was a common one. While attention has been directed in policy terms to supporting families at risk of eviction in recent years, this research suggested that the expansion of such services further – particularly to single people – could help to prevent exclusion or at least to alleviate some of its most severe features.

Addictions also featured heavily when respondents discussed the types of services that could best support them out of homelessness. The informal support provided by key workers and specific support around addictions seemed to be the types of service that were most valued by research participants. There were some particularly important findings about participants seeking to make friends who did not suffer from addiction problems because they feared the consequences of peer pressure, which should be reflected in the types of support provided. Similarly, although the numbers involved were small, the findings suggested strongly that, where partners were misusing substances together, there was little value to treating one partner but not the other.

So, while the research has pointed to a number of areas that should be considered further by policy makers and service providers, one factor stands out as being particularly important. It is clear that effectively tackling addictions – among children,

their families, at the point of traumatic life events and in seeking to exit homelessness – is a key factor if exclusion is to be prevented and relieved.

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Appendix 1: Topic Guide for Interviews

Introduction

We would like you to take part in this piece of research because we want to find out as much as possible about the lives of the people who use this project. We would be very grateful if we could talk to you for between 30 minutes and one hour. You can end the interview at any time that you want to and can leave out any questions that you would prefer not to answer.

I would like to record the interview, but can make written notes if you would prefer me to. The recording will be written down by a company and sent to two researchers at Northumbria University. Nothing will ever be said or written that would mean that you could be identified as someone who took part in the research. If you would like to see a written record of the interview once it has been produced, I can arrange for that to happen.

INTERVIEWER PLEASE GIVE PARTICIPANT A NAME TO INDICATE THEIR GENDER

INTERVIEWER PLEASE NOTE NAME OF PROJECT

Please could you tell me your age?

How long have you lived in this area (roughly)?

The Project You Are Living In

How long have you lived at this project?

What help have you received from this project?

How useful have you found this help?

What do you think is the best thing about living here?

What do you think is the worst thing about living here?

Are there any services that the project provides that you do not find to be helpful?

Are there services that you have not received here but which would be useful to you? (IF YES) Please could you tell me what they are?

Education and Training

Did you get any qualifications through education or training? (IF YES) Please could you tell me what they are?

Can you tell me some of your memories of being at school?

Did you like school? (PROBE FOR WHY/WHY NOT)

Did you have any difficulties in reading and writing? [IF YES] Were you given any help with these difficulties?

Did you regularly attend school?

Were you bullied at school or did you bully other people? [IF YES TO EITHER] What happened as a result of this bullying?

Looking back, do you have any regrets about your time in school?

Did you go to college or university after school?

[IF WENT TO COLLEGE/UNIVERSITY] Why did you pick that course? What did you hope to do with the qualification after College/University?

Employment / Income / Debt

Please could you tell me about any jobs that you have had? (PROBE FOR FULL TIME / PART TIME AND TYPES OF JOB)

What job have you held for the longest time?

Did you enjoy working?

Have you had periods in your adult life when you weren't working? (PROBE FOR HOW LONG, AT WHAT AGE, ETCETERA)

Would you like to be working in the near future? If so, what type of job would you like to do?

Have you ever been involved in any voluntary work or would you like to be in the near future? If so, please could you tell me what type of voluntary work?

Are you involved in any education or training now or would you like to be in the near future? If so, please could you tell me more about this?

Have you experienced financial difficulties at any point in your adult life?

(IF YES) Please could you tell me what they were and when they occurred?

(IF EXPERIENCED FINANCIAL DIFFICULTIES) Did you seek any help from anyone about financial difficulties? (IF YES) Please could you tell me who you sought help from? Were they helpful?

Childhood

We're going to talk now about your childhood, if that's okay. Please could you tell me about the place or places where you were born and grew up? (PROBE FOR AS MUCH DETAIL AS POSSIBLE, TOWN/ESTATE)

Please could you tell me about your earliest memories?

Please could you tell me about the people that you grew up with? (TRY TO PROBE FOR FAMILY MEMBERS OR WHETHER TAKEN INTO CARE)

Did anyone you grew up with work? (TRY TO PROBE FOR WHO)

Did you think of yourself as being well off or badly off as you grew up? Please could you tell me why?

Please can you tell us about the house or houses that you grew up in? (PROBE FOR OWNER OCCUPIED/COUNCIL/PRIVATE RENTED/ETCETERA)

Were you ever forced to leave somewhere that you lived? (IF YES) Please could you tell me what happened?

Would you describe your childhood as happy? Why do you say that?

Marriage / Family / Social Networks

Have you ever been married or lived with anybody in a long term relationship?

(IF YES) Please can you tell me why your marriage(s) / long term relationship(s) broke down?

What impact did this have on you?

Do you have any children? (IF YES) How old are they? Who do you live with? Do you ever see them? How do you get on with your children?

Are you currently in a relationship? IF YES How long have you been in this relationship for? IF NO would you like to be in a relationship, either now or in the future? Why?

Family and Friends

Do you have any family who would be willing to help you in a time of difficulty? (IF YES) Could you tell me who they are and what type of help they could provide you with?

Do you have any friends? (IF YES) Where do you know these friends from? How long have you been friends with them? Would your friends be willing to help you in a time of difficulty? IF YES could you tell me what type of help they could provide you with? (IF PEOPLE HAVE FRIENDS WHO ARE NOT HOMELESS) How often do you see your friends?

Housing History

Have you ever owned or rented a home before (INCLUDES JOINTLY WITH PARTNER)?

(IF YES) Please could you tell me, for each home you owned or rented, roughly how long you lived there?

Did you pay for the housing from wages or benefits or both?

What happened to the last home which you owned or rented?

As an adult, were you ever forced to leave somewhere that you lived? (IF YES) Please could you tell me what happened?
Could you tell us about the type of place that you would most like to live (PROBE FOR AREA, NEAR FAMILY/FRIENDS)?

How do you feel about the prospect of having your own home in the future (PROBE FOR WHETHER EXCITED OR FRIGHTENED, LOOKING FORWARD TO LIVING INDEPENDENTLY OR WORRIED ABOUT IT, ETCETERA)?

Health / Disabilities

Do you have any disabilities or long term health conditions? (IF YES) Could you tell me about it/them? What impact did this have/has this had on your life? (EG UNABLE TO WORK)

Have you ever had any periods of illness? (IF YES) Please could you tell me what the illness was? How long did it last? What was the impact (EG LOSS OF WORK)?

(IF NOT ALREADY DISCUSSED) Do you consider that you suffer, or have suffered in the past, from any mental health difficulty such as depression? Please could you tell me what impact this difficulty has or had on you? Have you received any help for this difficulty? Was the help that you received useful to you?

Who would you go to if you had an illness or other health problem?

Drugs / Alcohol

Has drug-use ever been a problem for you? (YES/NO)

If yes, what drugs did you use (PRESCRIPTION / ILLEGAL DRUGS, NAME OF DRUGS)

At what age did drug use become a problem for you?

What happened as a result of your drug problem? Did you receive any help for your drug problem? (IF YES) Was this help useful to you?

Do you consider yourself to have a drug problem now?

Do you currently drink alcohol or have you ever drunk alcohol in the past?

(IF YES)...

At what age did you first drink alcohol?

Has alcohol use ever been a problem for you? (IF YES) At that time, how much alcohol would you say that you drank in a typical week? What happened as a result of your alcohol problem? Did you receive any help for your alcohol problem? (IF YES) Was this help useful to you?

Do you consider that you have an alcohol problem now?

Crime / Institutionalisation

Please note: if you tell me about any crime that is not yet known to the police, I will have to pass the information on – these questions are about any offence for which you have a criminal record.

Do you have a criminal record? (IF YES) Please could you tell me which offences you have your criminal record for and when they occurred? Please could you tell me why you committed the offences? Did you receive any help for your offending?

Have you ever been to prison? (IF YES) How long for? Please could you tell me what it was like in prison? What happened to you when to you when you came out of prison? Did you receive help from anybody when you came out of prison? What impact did going to prison have on your life?

Have you ever been a victim of crime? (IF YES) Please could you tell me about this and the impact that it had on you?

Becoming Homeless / Needing Homelessness Services

How did you end up being with this project?

Were you homeless before you found accommodation with this project? (IF YES) How long for? What happened while you were homeless?

Have you been homeless in the past? (IF YES) Was that once or on several occasions? At what age did you first become homeless? Please could you tell me what happened after you became homeless?

Do you consider yourself to be homeless now? (IF YES) How do you feel about being homeless?

Significant Life Events

Which event in your life do you think had the most impact on your current situation?

At what time in your life were you happiest? Why?

At what time in your life were you unhappiest? Why?

Was there a point in your life when you would particularly have welcomed some extra help? (IF YES) What was the point and what type of help would you have welcomed?

The Future

What would you like to happen to you in the next year?

Realistically, do you think this might happen?

What help would be most useful to you over the next few months to help you achieve this?

What might stop this from happening?

Thank you very much for your assistance.

INTERVIEW ENDS.

Appendix 2: Excerpt From A Coding Scheme

Drugs and alcohol		
Code	Participant number	Key themes
1 8a	1	Taking crack and methadone (not prescribed) on street – just drink alcohol now. My Mam, well it was coming back to my Ma and basically I used to drink my Ma's when I was a bairn you know, I used to have a gargle of this and that you know, I was young though, but like a couple of years ago – I just chose drink you know but that's when I went on it, you know, just drinking every day.
8a 10	2	14/15 smoking Cannabis and 'popping the pills with me mates' DU problem at 11, trouble with police, paranoid schizophrenia. Got help but then I was like just me attitude, I didn't give a fuck and all that, I thought I was solid
1 4 9 12	3	Heroin a problem when mam died. He was 37. Tried to kill himself. 'the big sleep (drug induced) is the ultimate sort of solution really, but I'm not getting it like, Well just the usual, just exchange one addiction for another. Started to drink a bit more recently' Depends on how things go with [name] at Social Services whether she can get us into somewhere 'cos that's another point I'm gonna make with her; [name of p2] applied for Rehab, she hasn't had an answer back, but it's just, it's exactly the same as several year ago when we went to [name of service] y'know, I got titrated onto Subutex and it took them 3 month to titrate [name of p2] by which time I had already been on Subutex, tried me best to save up, you know, like ones I had bought on the streets to try and get her on them meself, you know, but it took so long and everything happening and then I've ended up dropping out because she was still using, you know. See them titrating couples together and keep them closer together and things.

3	4	Drugs - long term relationship broke down - lost kids - has one child age 12 - live with mum - don't see them. Drug use a problem – started becoming a problem at 16, 17. Turned to crime as a result, received help and no longer has a drug problem. Don't drink, never has done.
8b		
11		
12		

Drugs and alcohol key themes;

1. Multiple addictions to drink/drugs
2. Coming off drugs and alcohol alone
3. Relationship breakdown
4. Couple using together
5. Familial addiction
6. Notion of always being an addict
7. Not using drugs or only recreationally
8. Childhood drug use
a. Trying drugs when young
b. Addiction as a young person
9. Blocking out
10. Drug use and health complaints
11. Notions of loss and loosing things/family/life due to drugs use
12. Drug use after traumatic life event

Appendix 3: Comparisons Between The Sample of Homeless People and the UK Population

It was not always possible to make comparisons between the sample of homeless people who were interviewed for this research and the UK population. For example, it seems very likely that the sample were more likely to have lived exclusively in rented housing, both as children and adults. However, as statistics are only available as to the percentage of households living in rented housing at any one moment in time, it was not possible to provide a comparative figure for the UK population. Where figures were available to make comparisons, the pattern of disadvantage was very clear.

Factor	Sample in this research	UK population
Been in local authority care	25%	1%
Reading and writing difficulties	24%	5-8%
Failed to attend school regularly	35%	7%
No qualifications	45%	11%
Mental health problem	71%	28%
Never worked	19%	3%

For further information on The Cyrenians, please visit www.tcuk.org

For further information on Northumbria University, please visit www.northumbria.ac.uk

For further information on the Webb Memorial Trust please visit www.webbmemorialtrust.org.uk