Three-nation comparative study of the causes of homelessness among older people

The study design and findings from England

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This paper is the first in a set of four about a three-nation study of the causes of homelessness among older people. The study was undertaken in England, Australia and the USA. Since the late 1980s in these countries, increased attention has been given to the plight of older homeless people, i.e. those aged 50 years and over, and specialist services have been developed in a few cities to meet their needs. Reports indicate that many have become homeless for the first time in old age, raising questions about the reasons why older people become homeless and whether their homelessness can be prevented.

It was these issues that prompted the collaborative and comparative study of the causes of homelessness among newly-homeless older people. It was carried out by a partnership of researchers and service-provider organisations: the Committee to End Elder Homelessness and the Elders Living at Home Program in Boston, Massachusetts; Wintringham in Melbourne, Australia; and the Sheffield Institute for Studies on Ageing (SISA), University of Sheffield. The Australian element was funded by the Commonwealth of Australia Government’s Department of Family and Community Services, the UK component by the Economic and Social Research Council and The Leverhulme Trust, and the USA element through the general funds of the partner organisations. This paper has two sections. The first describes the study’s aims, design and implementation, and the second reports the findings from England.

I THE STUDY DESIGN AND IMPLEMENTATION

Background and aims

Previous research into the causes of homelessness has had three main emphases. There have been investigations and debates over many years into the relative contributions to homelessness of structural and economic conditions when compared to personal vulnerabilities and disabilities (Avramov, 1995; Baum and Burnes, 1993; Greve, 1991; Shinn and Gillespie, 1994). In recent years, particularly in the USA, systematic empirical investigations have examined the prevalence of risk factors among homeless and never homeless groups, such as poverty, disruptive childhood experiences and mental illness (Caton et al., 2000; Goering et al., 2002; Herman et al., 1997; Koegel et al., 1995). The third emphasis has been on syntheses of the structural, social and personal factors that contribute to homelessness, including the failure of social services and welfare programmes to support vulnerable people (Burt et al., 2001; Lee et al., 2003; Main, 1996; Sosin, 2003; Timmer et al., 1994). Preliminary theoretical models of causal pathways have been proposed (Cohen, 1999; Susser et al., 1993).
The conceptual model used in this study is that homelessness is a function of structural factors and policy gaps, personal problems and incapacities, and welfare-service delivery problems. The study’s aims and objectives were therefore:

1. To collect information about antecedents, triggers and contributory factors to homelessness, by examining both the biographies of recently homeless people and the policy and service context in which they became homeless.

2. To advance the theoretical understanding of homelessness by examining the relative contributions and operation of structural factors, health and welfare service organisation and delivery attributes, and social dysfunction and other personal problems and deficits.

3. To gain insights into the operations and relative contributions of the policy, service and personal factors in contrasting public welfare and philanthropic regimes, by studying a relatively homogeneous category of homeless incidence in three countries.

4. To inform the debate about the prevention of homelessness by identifying the sequence and interactions of events that precede homelessness, the sets of circumstances that are dominant, and the risk factors and ‘early warning’ indicators of serious housing difficulties.

**The population of interest**

The study sampled people who had become homeless during the last two years and were aged 50 years or over when they became homeless. People who met the above criteria and who had previously been homeless were included if they had been housed for at least 12 months prior to their current episode of homelessness. 125 subjects in each country were included.

Homeless people were defined as: (i) those without conventional accommodation who were sleeping on the streets, at transport terminals, in derelict buildings, and other improvised dwellings; (ii) people living in accommodation which was intended as only temporary and who had no lease or security of tenure; (iii) those who were ‘doubled up’ with relatives, friends or other households, i.e. had been residing temporarily for less than six months, were expected to move out soon, and did not pay rent; (iv) people who were without housing when they had been evicted, discharged from prison or hospital, or ceased / left a job which provided accommodation; and (v) people who had housing but were unable or refused to stay in the accommodation.

The study focused on newly homeless older people purposively to gather detailed and relatively reliable information about the circumstances that lead to homelessness. If people who had been homeless for several years had been included, the reliability of the information would have been greatly reduced. After a long interval, a subject’s perception of events and problems is likely to change and their recall of the sequence of events will normally become less detailed and faithful.

**Instruments and interviewing**

**The instruments**

The principal research instrument was a semi-structured questionnaire that collected details about the subjects’ circumstances and problems prior to homelessness. It focused on: (i) background details, e.g. housing history in the preceding three years, previous homeless experiences,
employment history, financial situation, contact with family and friends, and health and addiction problems; (ii) services received or reasons for not having services, e.g. health-care, social security benefits, housing subsidies and home-support services; (iii) help sought when facing housing difficulties and service responses; and (iv) perceived reasons for becoming homeless. A threefold grading was employed of the influence on becoming homeless of the death of a person, marital breakdown or other family changes, loss of a job, financial difficulties, physical and mental health problems, addiction (alcohol, drugs and gambling) problems, and criminal convictions or charges. The grades were ‘not at all’, ‘a little’, and ‘a lot’.

A second instrument was administered to the subjects’ key-workers (or case-workers). It was an assessment form that collected information about their assessment of the subjects’ problems and needs, and their understanding of the events and difficulties that contributed to homelessness. This was completed once they had become familiar with the subjects and had assessed their problems and needs.

The two instruments and the coding scheme were identical in all three countries, apart from the question in the subjects’ questionnaire on ethnicity, which had country-specific codes. A consensus was developed between the partners for categorisations of types of housing and home support services. The instruments were piloted in each country and revised twice.

**Sampling and interviewing**

The interviews started in July 2001 and were completed in August 2003. They were face-to-face interviews by experienced researchers in Australia and England, and by an experienced researcher and out-reach workers in Boston (so people with considerable experience of working with vulnerable and homeless people). The interviews were ‘paced’ by the subject, and in a few instances required more than one session. In England, the sample was obtained by nominations from service-providers in contact with the subject group, including workers from housing advice centres, hostels, day centres, street outreach teams, tenancy support teams, and local authority homeless persons’ units. Most of the sample were people in London, Birmingham and Sheffield, but there were a few from Nottingham, Leeds and Manchester. Altogether, 22 organisations supplied nominations for the English sample.

In Boston, Massachusetts, the sample involved older homeless people referred to the Elders Living at Home Program and the Committee to End Elder Homelessness. The latter works with the client group in hostels and other temporary living arrangements throughout the city of Boston. In Melbourne, Australia, the sample initially drew on Wintringham’s clients, but early in 2003 other organisations throughout the city were approached to increase the rate of recruitment.

To maximise the study sample’s representativeness of the local population of older homeless people and to prevent manifest bias, each partner reviewed the available information on the local profiles of older homeless people, and compared these profiles with their study sample. Particular attention was given to sex, age and ethnic groups. In the final months of the field-
work, efforts were made in both Australia and England to include more women in the study, and in England to include more people aged 60 years and over. In none of the countries was there specific information on the personal characteristics of people becoming newly homeless.

The recording and reliability of the data

Constructing the databases and data recording

A common coding scheme was developed, and each partner coded and entered their data into an identical SPSS database. There were two stages to this process. The first involved constructing a database of variables and value labels for the pre-coded questions on both the respondents’ and the key-workers’ questionnaires. As these questions were coded, Microsoft Word files were created with transcriptions of the responses to the open-ended questions. The second stage involved creating variables and value labels for the open-ended replies, and was undertaken once each country had coded 25 questionnaires. All partners contributed to this exercise. The augmented databases contained 290 variables. The three country databases were merged once the coding and data entry were completed. To protect the confidentiality of the subjects, personal names were not entered into the database nor exchanged among the partners.

Data validity and quality control

It is impossible to collect comprehensive information about the states and events that precede and causes most cases of homelessness. Retrospective details have to be gathered from people who have already been through the experience. Homelessness tends to be characterised by estranged relationships, and it is often not possible therefore to interview others who were involved, such as family and friends. Moreover, the accounts of the subjects and relatives will be subjective, and they will only be able to give selective accounts of the influence of policy and service-delivery factors on the pathways into homelessness. The information gathered from the subjects’ key-workers improved the quality of the data, but many had to give only limited knowledge because they had not known the clients until after they had become homeless. This was particularly true in England, where a few subjects were placed by housing officers in bed-and-breakfast hotels and did not have contact with key-workers.

Data quality-control procedures were followed in each country. The questionnaires were checked by a second person for legibility, appropriateness and completeness, and checks of the coding and data keying were carried out (including duplicate blind coding and ‘read backs’ of the database entries).

Policy and service reviews

In each of the three countries, national, regional (state) and city-specific reviews have been undertaken of the social service, health service, social housing and income protection policies and administrative arrangements that bear on the circumstances of vulnerable people, and which _prima facie_ may influence the incidence and prevalence of homelessness.
Data analyses
A first round of analyses has been carried out in each country. These have examined the profiles and histories of the subjects, and the events and problems that contributed to their housing difficulties and homelessness. The findings from Australia and Boston are presented in the next two papers. A preliminary round of comparative analyses has also been undertaken, and similarities and differences between countries identified (see the fourth paper).

The management of the study
The SISA team has taken the lead in the design and implementation of the study, but the partners have been involved at every stage. Most of the communication has been through electronic mail. Fifteen study development papers on the study’s aims and design, the piloting of the instruments, coding and building the database, and the analyses and reporting have been circulated. An Advisory Group of eight people from the participating countries was formed to provide guidance on: (i) the survey design and methodology, particularly the instruments, sampling design and the analysis plan; (ii) the management of complex multi-centre research projects; and (iii) the articulation and dissemination of the policy and practice implications of the study.

II FINDINGS FROM ENGLAND
In England, 131 subjects were interviewed. The majority (87%) were men – just 17 were women. 82% were born in the UK, most in England (71%). 64% of the subjects were separated or divorced, 28% had never married, and 5% were widowed. Two-thirds were aged 50-59 years when their current episode of homelessness began, 30% were aged 60-69 years, and 5% were over the age of 70 years. 66% had never been homeless before. The profile of the subjects is very similar to that of older homeless people on the streets and in hostels in London (Table 1).

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Study sample(^1)</th>
<th>Hostel residents(^2)</th>
<th>Rough sleepers(^3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>87</td>
<td>87</td>
<td>91</td>
</tr>
<tr>
<td>Women</td>
<td>13</td>
<td>13</td>
<td>9</td>
</tr>
<tr>
<td>Ages (years)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>50-59</td>
<td>65</td>
<td>74</td>
<td>72</td>
</tr>
<tr>
<td>60-69</td>
<td>30</td>
<td>22</td>
<td>22</td>
</tr>
<tr>
<td>70+</td>
<td>5</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Total number</td>
<td>131</td>
<td>389</td>
<td>834</td>
</tr>
</tbody>
</table>

Notes: 1. Three-nation study. 2. One-night survey in 2000 of hostel residents in London; excludes those who had been resident for more than two years (Crane and Warnes, 2001, Table 3.1). 3. Rough sleepers in London, 1999-2000 (Crane and Warnes, 2001, Table 2.2).
27% of the subjects had been in the armed forces or merchant navy, including 14% who had served six years or more. 71% had worked for most of their adult lives, while 22% said that they had been intermittently employed and 7% mostly unemployed. Fourteen subjects (11%) were working when they became homeless. Many others had stopped work because of health problems or redundancy when they were aged in the late forties or fifties.

The subjects’ last housing
Prior to becoming homeless, 34% of the subjects lived alone in a house or flat, 25% had been living with relatives or a marital partner, and 14% with friends. A further 14% had been in shared housing such as lodgings, whereby they had their own bedroom but shared other facilities. Five per cent were in army barracks or other accommodation attached to a job, and the rest (8%) were in mobile homes, residential group homes or prisons. Most were in accommodation rented from the public sector (29%), non-profit housing associations (19%) or private landlords (28%), while 16% owned their homes. The length of time that the subjects had been in their last home varied greatly, from two months to 54 years. Two-thirds had been in their last accommodation for less than five years, while 20% had been there for more than ten years.

Almost one-half (48%) of the subjects were evicted or asked to leave their last home. Those with no prior history of homelessness were more likely to have been evicted than those who had been homeless before (55% and 36% respectively).¹ One reason for the difference may be that the subjects who had formerly been homeless recognised their housing problems, were aware of the possible outcomes, and left before their situation deteriorated and they were evicted. Another reason may be that people who have already been homeless are not deterred by the experience, know that they can get help from homeless sector services, and are less willing to struggle in a tenancy when facing difficulties.

Proximate reasons for homelessness
Models of causal pathways to homelessness conventionally identify two sets of contributory factors: proximate causes (precipitants), which directly precede a person losing or leaving their home, and the underlying risk factors that do not directly cause homelessness but make a person vulnerable. Those who become homeless are most likely to nominate proximate causes as the reasons.

Most subjects described multiple reasons for becoming homeless (Table 2). Thirty-five reported difficulties with the housing itself or the tenure. Fourteen people said that they had to leave because their housing was sold or was to be converted or needed repair, while in nine cases the tenancy ended when a job finished (they were in accommodation attached to the job) or because the tenancy rights were with another person who left or died. Eight people left their accommodation as they had problems accessing or maintaining it when their health deteriorated,

¹ The findings are statistically significant ($\chi^2 = 4.31; \text{df} = 1; p < 0.04$).
while three said that the location of the housing was unsuitable as they were too far from medical services or from relatives.

Table 2  Reasons for leaving or losing the last accommodation

<table>
<thead>
<tr>
<th>Problems</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing factors, e.g. tenancy ended, housing sold or unsuitable</td>
<td>35</td>
</tr>
<tr>
<td>Financial problems, debts and rent arrears</td>
<td>58</td>
</tr>
<tr>
<td>Death of a relative or close friend</td>
<td>13</td>
</tr>
<tr>
<td>Breakdown of a marital or cohabiting relationship</td>
<td>29</td>
</tr>
<tr>
<td>Problems with landlords, co-tenants and neighbours</td>
<td>39</td>
</tr>
<tr>
<td>Number of subjects</td>
<td>131</td>
</tr>
</tbody>
</table>

Fifty-eight subjects said that financial problems and debts led them to become homeless. Of these, 26 (20%) were evicted for rent arrears or debts with utility bills, while another nine abandoned their tenancy because they could not afford the rent. In 33 cases, financial problems were related to income deficiencies caused through the cessation of employment or through social security and housing benefit payment problems or changes. For example, after stopping work, some people could not afford rent and were unaware of their entitlement to housing benefit, while four in private-rented accommodation needed housing benefit to pay the rent but the landlord refused to accommodate people on social security benefits and evicted them. For 25 people, financial problems occurred because of expenditure problems. Some were unable to budget and to manage their money, while a few had past debts and rent arrears which they had to repay each week or gave money to friends and relatives instead of paying rent.

Thirteen subjects reported that the death of a relative or close friend had caused them to become homeless. Three men abandoned the accommodation after their wife died – they were distressed and found it too painful to remain in the home. Another three lived with a parent or spouse who had carried out the household tasks and paid the rent and bills. After their death, the subjects were unable to cope, did not pay rent, and were evicted for arrears. Three had been living with a friend who died, and had to leave the accommodation as they did not have the tenancy rights.

Twenty-nine subjects, including eight women, associated their homelessness with the breakdown of a marital or cohabiting relationship. Most were aged in the fifties at the time. Some immediately became homeless after leaving their marital home. Others moved to private-rented accommodation but left after a few months because they were unable to settle and had arguments with the other tenants.

Thirty-nine interviewees (30%) said that arguments and problems with landlords, co-tenants (including relatives other than marital partners), and neighbours led them into homelessness.
Some people in shared housing found that the other tenants were noisy and difficult to live with and so left the accommodation. Nine subjects, all heavy drinkers, admitted that they or their friends were noisy and disruptive, which led to complaints from neighbours and eventually eviction. There were also instances where heavy drinkers and drug users moved into the subjects’ accommodation, created an intolerable situation, and the subjects either abandoned the tenancy or were ousted out by the new arrivals. Another eleven subjects gave up their tenancy because they could no longer stand the harassment and vandalism from local people.

**Underlying factors contributing to vulnerability**

The subjects described various problems and underlying factors that undoubtedly produced vulnerability and contributed to homelessness. Some reported a link between a particular problem and homelessness, but others did not make the association. The problems were associated with physical and mental health problems, behaviour problems, housing instability and unsettledness, and personal incapacities together with weak support networks.

*Physical and mental health problems*

Prior to becoming homeless, physical and mental health problems were common among the subjects (Table 3). 18% associated their homelessness with physical illnesses and disabilities, and 22% said that depression or other mental health problems had been contributory factors. Eight people had had to stop work because of ill-health, and subsequently experienced financial difficulties and rent arrears. Fourteen said that ill-health led to family and marital problems and relationship breakdown, while nine described how their housing was unsuitable once they became physically ill or were injured, mainly because of access difficulties or its location. Eight subjects said that mental health problems made them lethargic or unable to cope and that this was why they did not pay rent; and six said that the problems caused them to be unsettled or paranoid about neighbours and so they gave up their tenancy.

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Subjects’ reports:</strong></td>
<td></td>
</tr>
<tr>
<td>Physical health problems</td>
<td>71</td>
</tr>
<tr>
<td>Depression / mental health problems</td>
<td>60</td>
</tr>
<tr>
<td>Untreated depression / mental health problems</td>
<td>29</td>
</tr>
<tr>
<td>Heavy drinking or alcohol problem</td>
<td>37</td>
</tr>
<tr>
<td>Criminal charges / convictions</td>
<td>9</td>
</tr>
<tr>
<td>Number of subjects</td>
<td>131</td>
</tr>
</tbody>
</table>
Most subjects with physical health problems had received treatment from their general medical practitioner (GP) or at a hospital. 17% of the sample were not however registered with a GP, most said that they had not bothered to register. In comparison just 3% of the UK general population is unregistered (Crisis, 2002), suggesting that the study subjects were a relatively isolated group. This was more apparent for those with mental health problems. Seventy-eight subjects reported depression or a mental illness, but only 40 people received treatment and only 14 of these had been seen by a psychiatrist. The rest were having treatment from their GP. Hence, 38 subjects had untreated depression or mental health problems, and most said that this was because they had not sought help.

**Behaviour problems**

Forty-eight subjects (37%) reported drinking heavily before becoming homeless, and most of them (33 subjects) believed that this had contributed to homelessness. Eleven said that alcohol problems had led to the breakdown of a marital or cohabiting relationship, five had spent their money on alcohol instead of paying rent and arrears had accrued, while nine had allowed other drinkers into their accommodation which led to complaints from neighbours and eviction.

Illegal drug use and gambling did not feature strongly in their histories. Only 5% reported use of illegal drugs and a similar proportion reported a gambling problem (only one person said that drug misuse contributed to homelessness, and none related their situation to gambling). Other British studies have similarly found a low prevalence of drug problems among older homeless people (Crane and Warnes, 2001). Criminal charges and convictions were reported as underlying factors by 9% of the interviewees. A common scenario was the loss of a tenancy while serving a custodial sentence.

**Housing instability and unsettledness**

There are indications of housing instability and unsettledness in the histories of some subjects. Almost one-third (31%) did not have the tenancy rights to their last accommodation: they were held by a cohabiting partner, relative or friend. Hence, when relationships broke down, they had to leave. Seventeen per cent had lived in three or more dwellings during the three years preceding homelessness. Changes of address was more common among those who were in less secure housing arrangements, *i.e.* renting from private landlords, without tenancy rights, and staying with friends. In addition, 34% of the subjects had previously been homeless.

**Personal incapacities and weak support networks**

Prior to becoming homeless, many subjects were socially isolated and had little or no help at home from informal and formal networks despite their coping and literacy problems (Table 4). According to the key-workers’ reports, 10% of the subjects had known or suspected literacy difficulties and 40% poor money management skills. The keyworkers believed that poor daily living skills had contributed to homelessness for 24% of the subjects.
Two-fifths of the subjects had no contact with relatives or friends, and 28% saw a family member or close friend less than once a month. Hence, just 31% had contact with relatives or friends at least once a month. Only 16% of the subjects were given financial assistance or help with household tasks by relatives or friends.

Only a minority (11%) received formal support services at home. Of the 44 subjects who lived alone in a house or flat, only seven had ‘tenancy support’ or ‘home-care’. Just three subjects attended a day centre or luncheon club where meals were provided. Overall, 76% of the subjects reported no help or support with household tasks, or managing finances and bills from family, friends or home-care workers. One-half said that they did not seek help when they were facing difficulties and homelessness. Some did not know where to go for help, while others were unaware of their problems, believed that nothing could be done to resolve them, or that they were ineligible for services.

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subjects’ reports</td>
<td>31</td>
</tr>
<tr>
<td>Did not have tenancy rights to last home</td>
<td>31</td>
</tr>
<tr>
<td>Lived in 3+ dwellings in last three years</td>
<td>17</td>
</tr>
<tr>
<td>Previously homeless</td>
<td>34</td>
</tr>
<tr>
<td>No contact with relatives or friends</td>
<td>41</td>
</tr>
<tr>
<td>Saw a relative or close friend less than once a month</td>
<td>69</td>
</tr>
<tr>
<td>No formal home support services</td>
<td>89</td>
</tr>
<tr>
<td>Did not seek help when having housing difficulties</td>
<td>50</td>
</tr>
<tr>
<td>Key-workers’ reports:</td>
<td></td>
</tr>
<tr>
<td>Budgeting difficulties / poor money management</td>
<td>40</td>
</tr>
<tr>
<td>Literacy difficulties</td>
<td>10</td>
</tr>
<tr>
<td>Poor daily living skills contributed to homelessness</td>
<td>24</td>
</tr>
<tr>
<td>Number of subjects</td>
<td>131</td>
</tr>
</tbody>
</table>

Policy gaps and welfare service delivery problems
The previous sections have described the reasons why the subjects left or lost their last housing, and have identified several personal and support factors that are likely to have been implicated. From the accounts of the subjects and the key-workers, and from knowledge of service-provision in England, several policy gaps and welfare service delivery factors can be seen to have played a part.

One ‘policy gap’ is that welfare services are not required to ‘seek out’ people in need who do not ask for help. Service-providers expect either people to make known their needs or that relatives and friends will advocate for services on their behalf. Yet many study subjects were
isolated from informal and formal networks, and did not seek help when they were depressed or facing housing difficulties. Likewise, some were distressed or unable to cope following a bereavement, yet had no emotional or practical support. Policy gaps also contribute to homelessness because some people are ineligible for particular services. For example, in England those without a dependant are generally not entitled to public housing if they are aged under 60 years or if they have public-housing rent arrears. Twenty-three subjects became homeless aged in the fifties following a marital breakdown. They left their marital home at the time of separation, but without serious health problems would not have been entitled to public housing.

In terms of the delivery of welfare services, a widespread problem in the UK is the administration of Housing Benefit, a state social security income benefit administered by local authorities. Problems with processing claims and renewals lead to delayed payments, rent arrears and eventually eviction. Until recently, Housing Benefit claims had to be renewed each year. Several subjects experienced problems with social security claims, renewals or payments. Another problem is the response of services to people in a crisis. 50% of the subjects asked for help from service-providers when they were having difficulties. Most (42%) approached a housing provider, and a small proportion (13%) sought help from more than one agency. Although the services were aware of the subjects’ difficulties, they failed to intervene or to prevent homelessness.

Conclusions
This study has shown that many people become homeless for the first time after the age of 50 years. Some had led settled lives, remained at one address and worked for decades. For most, multiple factors were responsible for their homelessness. They described both proximate reasons why they left or were evicted from their last home, and recent states and events that affected their lives and contributed to homelessness. There was also evidence that policy gaps and service delivery problems contributed substantially to homelessness.

More than most previous UK studies, this study has collected detailed and rich accounts of the entry into homelessness. It has shown the complexity and diversity of contributory factors, and the ways in which personal factors interact with disadvantage and the gaps and lapses in the nation’s social protection and welfare state. There are still many questions to research, but the study provides a substantial evidence base from which to propose interventions. This is being done through a series of workshops with service-providers and practitioners.

References

2. In October 2003 the rules changed for pensioners and approvals are now for up to five years.


Acknowledgements

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