Preparing Homeless People for Independent Living and its Influence on Resettlement Outcomes

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> **Abstract_** *This paper examines associations between the preparation for independent living that homeless people receive and the outcomes of their resettlement. It draws on evidence from FOR-HOME, a longitudinal study in London and three provincial English cities of resettlement outcomes over 18 months for 400 single homeless people. A high rate of tenancy sustainment was achieved: after 15/18 months, 78% were still in the original tenancy, 7% had moved to another tenancy, and 15% no longer had a tenancy. The use of temporary accommodation prior to being resettled and the duration of stay had a strong influence on tenancy sustainment. People who had been in hostels or temporary supported housing for more than 12 months immediately before being resettled, and those who had been in the last project more than six months, were more likely to have retained a tenancy than those who had had short stays and/or slept rough intermittently during the 12 months before resettlement. The findings are consistent with the proposition that the current policy priority in England for shorter stays in temporary accommodation will lead to poorer resettlement outcomes, more returns to homelessness, and a net increase in expenditure on homelessness services.*

> **Key words_** *homeless people; hostels; supported accommodation; resettlement; independent living; tenancy sustainment*

Preparing Homeless People for Independent Living, and its Influence on Resettlement Outcomes

Rehabilitation and resettlement programmes for single homeless people in England have proliferated and become more elaborate over the last 20 years. There have been few rigorous studies of their effectiveness, however, and there is little evidence about what influences the outcomes and little to guide their further development. This paper examines the help that homeless people receive in readiness for independent living and its influence on their experiences once resettled as well as on their housing outcomes. The data are from the FOR-HOME longitudinal study in England of the outcomes of resettlement for 400 single homeless people. The paper first summarises the policies and approaches to rehabilitation and resettlement for homeless people in England and elsewhere. It then examines the help that the study participants received to address problems and to build or restore the skills needed to manage a tenancy, and presents analyses of the influence of this preparation on their everyday lives and on their ability to sustain a tenancy.

Policies and Approaches to Rehabilitation and Resettlement

Policies in England and elsewhere

Since the late 1970s, British government policies have encouraged the adoption and refinement of resettlement programmes for single homeless people. The first stimulus was the closure of many large, obsolescent hostels and common lodging houses, some inherited from nineteenth-century poor-law institutions. The associated 'decanting' programmes increased the involvement of not-for-profit homelessness organisations and led to the first specialist resettlement teams and outcome evaluations (Duncan and Downey, 1985; Dant and Deacon, 1989; Vincent et al., 1995). Late into the 1980s, however, only a few organisations had planned resettlement programmes.

The Labour government elected in 1997 elaborated policies to reduce rough sleeping and to strengthen the spectrum of support from the streets to independent accommodation. In its 1999 strategy document, Coming in From the Cold, key proposals included helping rough sleepers (people that sleep on the streets) most in need, such as those with mental health or substance misuse problems, and providing meaningful occupation opportunities to help people gain self-esteem and the life-skills needed to sustain a lifestyle away from the streets. The prescription was clear: "resettlement support alone is not enough to help people back into mainstream society… our expectation is that immediately on

moving into a permanent home, a former rough sleeper will have taken up appropriate training, education, volunteering, or some form of meaningful occupation" (Rough Sleepers Unit, 1999, p.15).

After the turn of the century, the Labour administration undertook important reforms of funding for homeless people's hostels and temporary supported housing. The Supporting People (SP) programme was introduced in 2003 as a consolidated grant to local authorities for housing-related support services, and replaced various central government funding streams. An overarching aim of SP was to promote independent living, and there was an underlying assumption that homeless people in temporary accommodation projects would be ready to move on within two years (Harding and Willett, 2008). Recent changes to SP are described later in this paper. In 2005, the government introduced the Hostels Capital Improvements Programme (HCIP), and provided £90m of capital funds over three years to modernise hostels and provide better opportunities for homeless people to overcome problems, to move into education and employment, and to prepare for independent living. HCIP was succeeded in 2008 by the three-year Places of Change Programme with a budget of £80m, and in 2011 the newly-elected Coalition government announced a further £42.5m for a follow-on Homelessness Change Programme.

In many other European countries, the United States, Canada and Australia, it is also accepted that hostels and shelters do not constitute appropriate long-term accommodation for homeless people (Busch-Geertsema and Sahlin, 2007). The European Federation of National Organisations Working with the Homeless (FEANTSA) campaigns to end homelessness throughout Europe, with one goal being that no-one should stay in emergency or transitional accommodation longer than is required for a successful move-on (FEANTSA, 2010, p.9). This is reflected in several national homelessness strategies. For example, Norway's 2006 strategy, Pathway to a Permanent Home, states that nobody should stay longer than three months in temporary housing, and Ireland's 2008 strategy, The Way Home, urges that homeless people should be moved into long-term sustainable housing as soon as possible and that nobody should be in emergency accommodation for more than six months (Ministry of Local Government and Regional Development, 2006; Department of the Environment, Heritage and Local Government, 2008). Similarly, the 2008 Australian government White Paper, The Road Home, asserts that homelessness services should focus on getting homeless people into stable long-term housing and into employment, training or other community participation (Department of Families, Housing, Community Services and Indigenous Affairs, 2008).

Approaches to rehabilitation and resettlement

The approaches used to address the needs of homeless people and their re-housing were initially influenced by rehabilitation practices developed in Britain and the US during the mid-twentieth century to resettle the patients of large psychiatric hospitals (Ridgway and Zipple, 1990; Corrigan and McCracken, 2005). The prevailing approach in Britain, Sweden and several other countries uses a 'Housing Readiness' or 'Staircase of Transition' model, whereby homeless people move progressively through emergency accommodation and transitional housing to independent accommodation, as problems such as alcohol and drug misuse are addressed and they acquire the skills to live independently (Sahlin, 2005; Benjaminsen and Dyb, 2008). A similar 'Continuum of Care' approach was intro-duced in the US in 1995 by the Department of Housing and Urban Development (HUD), although recently it has been seen "not as a sequential series of placements but rather as a menu of options" (Wong et al., 2006; Locke et al., 2007).

The 'Housing First' model was developed in 1992 by the Pathways to Housing organisation in New York, and has since spread widely among American non-profit agencies (Tsemberis et al., 2004; Pearson et al., 2007; Kertesz et al., 2009). Its premise is that stable housing for homeless people is the key factor in 'restoration' and needs to be secured before other problems such as substance misuse and mental illness can be effectively tackled (Stefancic and Tsemberis, 2007; Atherton and McNaughton, 2008; McNaughton Nicholls and Atherton, 2011). Various config-urations of the model and the associated case-management services have since emerged (Backer et al., 2007; Locke et al., 2007). Several countries now advocate Housing First models, including Denmark, Finland, France, Ireland and Canada (Toronto Shelter, Support and Housing Administration, 2007; Tainio and Fredriksson, 2009; Houard, 2011).

Gaining employment is recognised as an important element in preventing and ending homelessness. During the last 10 years in England, the US and elsewhere, education, work-training and employment programmes for homeless people have developed rapidly (US Department of Health and Human Services, 2003; Warnes et al., 2003, 2005; Burt, 2007; Shaheen and Rio, 2007). In 2002, FEANTSA established an expert Employment Working Group, and later identified a need for supported employment schemes for homeless people that provide both transitional and low-threshold, long-term jobs (FEANTSA, 2007, 2009). Such schemes have been established in Copenhagen, Bologna (Italy), Düsseldorf (Germany), and Belgium.

The effectiveness of rehabilitation and resettlement approaches

There is limited evidence about the effectiveness of different approaches to rehabili-tation and resettlement. A few British studies in the 1990s found that many resettled homeless people had difficulties adjusting to settled living, managing finances and

bills, and overcoming loneliness and boredom; around 16-31% lost their tenancies, many during the first six months (Randall and Brown, 1994; Pleace, 1995; Dane, 1998; Edwards *et al.*, 2001; Crane and Warnes, 2002). Among 64 older homeless people resettled in the late 1990s, settledness and tenancy sustainment associated with previous stable accommodation histories, contact with family and tenancy support services, and engagement in meaningful activities (Crane and Warnes, 2007).

Several American studies have examined the factors that predict stability and reintegration among re-housed homeless people, mainly with reference to homeless families or single people with mental illness or substance misuse problems. Positive outcomes have been associated with rent subsidies and access to subsidised housing, enhanced support services, treatment for substance misuse, and involve-ment in employment and training schemes (Susser *et al.*, 1997; Zlotnick *et al.*, 1999; Pollio *et al.*, 2000). Chronically homeless people in Los Angeles who received intensive support through a government-funded housing and employment programme had more favourable housing and employment outcomes than a comparison group without such help (Burt, 2012).

The relative merits of 'Housing Readiness' and 'Housing First' approaches have stimulated much debate, and several studies (e.g., Tsai *et al.*, 2010; Pleace, 2011). Evaluations in Sweden and the US found the Housing Readiness approach to be ineffective for some chronically homeless people who were unable to comply with the strict regimes of transitional accommodation, such as achieving sobriety or being compliant with case-management programmes, and that shortages of affordable permanent housing hindered the ability of programmes to move people on (Sosin *et al.*, 1996; Hoch, 2000; Burt *et al.*, 2002; Sahlin, 2005). Housing First models have been associated with good housing retention rates among homeless people with mental illness, particularly when combined with intensive support (Tsemberis *et al.*, 2004; Padgett *et al.*, 2006; Siegel *et al.*, 2006; Tsemberis *et al.*, 2012). Kertesz's *et al.* (2009) systematic review, however, found no evidence that Housing First projects were effective in reducing substance misuse, and that people entering the projects tended not to have severe addiction problems.

The FOR-HOME Study

The aims of the FOR-HOME study were to collect information about the experi-ences of homeless people who were re-housed, and to identify the factors that influenced the outcomes of their re-housing. It was hypothesised that the outcomes are influenced by: (i) biographical and behavioural attributes; (ii) help and support received before and after resettlement; (iii) the condition and amenities of the accommodation; and (iv) experiences once resettled. The study was designed in

collaboration with six homelessness service-provider organisations in London and three provincial cities (Leeds, Nottingham, and Sheffield; see Acknowledgements). Research ethics approval was granted by the University of Sheffield Research Ethics Committee.

The three year study (2007-10) involved the recruitment of 400 single homeless people aged 16 years and over who were resettled by the collaborating organisations into independent accommodation, i.e. they were responsible for rent payments, other housing expenses and household tasks. The criteria excluded those who moved into residential or group homes where personal and domestic tasks are carried out by paid staff, and those with dependent children at the point of resettlement. Face-to-face interviews were conducted with the participants just before they moved, and after six and 18 months (for 23% the third interview was at 15 months because recruitment took longer than planned). All were interviewed at the time of moving, 89% at six months, and 78% at 15/18 months. A further 3% were interviewed early because their tenancies ended. Each interview lasted between one and two hours. At the end of the study, the location and housing circumstances of all but 25 participants (6%) were known (Crane *et al*., 2011).

Using semi-structured questionnaires, information was collected about housing, homelessness and employment histories; finances and debts; engagement in work, training and activities; health and addiction problems; family and social networks; the resettlement accommodation; help and support before and after moving; and experiences since resettlement. At each interview, participants also completed eight questions about their readiness to move, housing satisfaction, settledness and how they were coping. With their consent, a questionnaire about help given was completed by the resettlement worker (387 were completed).

Sampling and representativeness

There are no nationally collated statistics in England on the characteristics of single homeless people who are resettled. To maximise the representativeness of the FOR-HOME sample, data on the age, gender and ethnicity of clients resettled into independent accommodation during 2006 by the six collaborating organisations were collated as a sample frame. A recruitment target of 400 over 12 months was set, and a schedule of sampling fractions and age/gender quotas drawn up for each organisation. A link worker was appointed by each organisation to assist with recruitment and the implementation of the sampling quotas. The target number was achieved, but over 15, not 12, months. The organisations had many hostels and temporary housing projects in dispersed locations, and some resettled clients were not initially referred to the link worker. More work was done to raise awareness about the study throughout the organisations, which improved the rate of referrals to the study.

The participants' age, sex and ethnic profiles in the achieved sample closely matched those of the people resettled in 2006, except for a 20% over-representation of men aged 36+ years, and a 27% under-representation of men aged 16-25 years. All the reported analyses have used weighted data to correct for the under- or over-representation of the sample in four age groups (16-25, 26-35, 36-45, and 46+ years), with separate weights for men and women. The specified age groups were required to pool the 2006 figures from the six organisations. The weights had only minor effects on the frequencies of the variable categories, and in the multi-variate analyses described later the effective sample size increased by just one (0.28%) in Model A and by seven (2.8%) in Model B. Weighting slightly increases the likelihood of identifying statistical significance, however, which should be borne in mind when interpreting marginally significant variables (Maletta, 2007).

There is no reason to believe that the characteristics of the sample deviate substantially from those of single homeless people who were resettled into independent accommodation across England during 2007-08. However, this group accounts for only a minority of departures from hostels and temporary supported housing. It does not include single homeless people with severe mental health or substance misuse problems who move to specialist supported housing or treatment centres, or those who are evicted from or abandon accommodation. For example, only 20% of departures from London's hostels in 2008/09 were into independent accommodation, while 39% were evictions or abandonments (Broadway, 2012). Many in the last groups have concurrent mental health, alcohol and drug problems and chaotic behaviour (Broadway, 2010).

The Participants' Backgrounds

There were 296 men and 104 women in FOR-HOME: 223 were interviewed in London and 177 in Nottingham, Leeds and Sheffield (collectively Notts/Yorks). At the time of being resettled, 28% were aged 17-24 years, 39% 25-39 years, 20% 40-49 years, and 13% aged 50 years and over. 43% in London and 79% in Notts/Yorks were White British or Irish, and 24% were born outside the British Isles. As shown in Table 1, their histories are diverse. Several had been in care as a child, had literacy problems and no educational qualifications, and two-fifths of those aged 40+ had been unemployed for more than 10 years. Mental health and substance misuse problems were common, with mental health and drug problems most prevalent among those aged 30-49 years, and alcohol problems most prevalent among those aged 40 and over (Table 1).

Their reasons for having become homeless varied. Young people were most likely to refer to conflicts with parents; those aged in their twenties and thirties most often mentioned relationship breakdowns, drug problems and leaving prison; people in their forties tended to cite relationship breakdowns or financial, mental health and substance misuse problems; and many of those aged 50+ years cited redundancy, mental health and alcohol problems, or the death of a spouse or parent. The aggregate duration of all homeless episodes ranged from one month to 40 years, with 30% having been homeless more than five years, and two-fifths more than once. People with mental health, alcohol or drug problems, and those aged in their forties, had longer histories of homelessness and higher rates of repeat episodes.

Table 1 Backgrounds, treatment for problems and resettlement preparation by age groups

Characteristics (self-reports)	Age groups (years)				Total sample	Significance level[1]
	17-24	25-39	40-49	50+		
	Percentages					*p*
Backgrounds and problems						
In statutory care as a child at some time	24.1	24.8	18.3	16.0	22.2	*n.s.*
No educational / vocational qualifications	33.0	39.7	35.4	50.0	38.3	*n.s.*
Unemployed >10 years	0.0	22.2	40.7	39.6	21.8	0.000
Current homeless episode >24 months	34.8	48.1	65.9	68.0	50.5	0.000
Homeless more than once	20.7	48.4	54.3	22.0	38.5	0.000
Literacy difficulties	21.6	19.2	18.3	18.0	19.5	*n.s.*
Mental health problems[2]	42.9	70.3	76.5	53.1	61.7	0.000
Alcohol problems[2]	14.3	28.0	48.8	54.0	31.7	0.000
Illegal drug use[2]	47.3	66.7	69.1	28.6	57.0	0.000
Resettlement preparation						
Treatment for mental health problems[3]	79.2	73.4	74.6	69.2	74.4	*n.s*
… from mental health team[3]	39.6	44.0	44.4	53.8	44.3	*n.s.*
Help / treatment for alcohol problems[3]	43.8	70.5	82.1	44.4	65.1	0.003
… from specialist alcohol worker[3]	18.8	52.3	45.0	25.9	40.2	0.038
Help / treatment for drug problems[3]	27.3	57.1	67.8	33.3	51.2	0.000
… from specialist drugs worker[3]	10.9	46.8	49.2	26.3	37.7	0.000
Training on preparing meals / cooking	42.0	21.8	19.5	36.0	28.8	0.000
Training on cleaning a home	38.4	10.3	17.1	26.0	21.5	0.000
Training on paying bills	51.8	35.9	32.1	44.0	40.6	0.019
Training on budgeting / managing money	49.1	35.8	29.6	42.0	39.1	0.035
Involved in ETE[4] at resettlement	45.0	25.5	24.4	18.0	29.8	0.000
Number of participants	112	156	82	50	400	

Notes: *n.s.* not significant.

1. For each attribute, chi-squared tests of 4x2 frequency tables (3 degrees of freedom). The table reports analyses using weighted data, but the same variables were significant when using unweighted data.

2. During the last five years.

3. Only participants who reported the problem.

4. ETE: education or work-training programme or employment.

Preparing for Independent Living

The help that homeless people require in preparation for resettlement is related to their individual problems, disadvantages and limitations. Many need support to overcome or come to terms with the traumas and problems that led to their homelessness, and many require advice or training to build or restore independent living skills. This section concentrates on five aspects of preparation for independent living: stays in temporary accommodation, help to address mental health and substance misuse problems, training in household management skills, training in budgeting skills and debt management, and engagement in education, training or employment. Using bivariate analyses, variations in the receipt of help and training have been examined by age and by several personal characteristics that might indicate vulnerability to managing a tenancy, i.e., mental health or substance misuse problems, long or repeat histories of homelessness, no previous experience of living alone, and coping difficulties when previously a tenant.

The following accounts are based on the participants' reports. There were some inconsistencies with the staff accounts about help received – staff members were more likely than the participants to say that help had been given. One likely explanation is that the two groups' perceptions of help differed. As the staff explained during workshops to discuss the findings, some service-users do not perceive that they need advice or training, and so the staff pass on 'household tips' in spontaneous, wide-ranging conversations and during key-worker sessions where other topics are discussed. Service-users may not recognise or remember exchanges about rent arrears, for example, as 'advice and training' on tenancy management. Some might also be dismissive of the advice given, particularly if it is unwelcome (e.g., reduce alcohol consumption) or if they are unhappy about their resettlement. It is also likely that some workers over-estimated the help given by reporting the expected rather than actual delivery (some staff questionnaires were returned after long delays and some were completed by proxies because the key-worker had left).

Use of accommodation preceding resettlement

During the 12 months preceding resettlement, 59% of the participants had resided continuously in one or more hostels or supported housing projects, 15% had slept rough at some time, including a few who had moved frequently between hostels, night-shelters, friends' accommodation and the streets. Immediately before being resettled, 98% were in hostels or temporary supported housing, while the others were re-housed directly from the streets. The length of stay in the pre-resettlement accommodation varied considerably: 11% stayed three months or less and 23% more than two years. There were no significant differences in duration of stay by age, mental health or substance misuse problems.

Addressing mental health and substance misuse problems

The majority of those with mental health or alcohol problems, and one-half who reported illegal drug use, received treatment or help with the problems during the five years before they were resettled (Table 1). The intensity and professionalism of the help varied from 'advice and support' by hostel key-workers to treatment by specialist mental health and substance misuse teams. Among those with mental health problems, 62% had been prescribed medication, 35% had received coun-selling, and 10% had been admitted to a psychiatric unit or attended as a day-patient. One-third with substance misuse problems had spent time in a detoxification or rehabilitation unit, and 10% had attended Alcoholics Anonymous or Narcotics Anonymous sessions (well-established peer-support groups). 28% with drug problems were prescribed methadone or similar medication.

There was little difference by age in the percentage of those with mental health problems who received treatment, including from mental health professionals. The youngest and oldest age-groups were significantly less likely, however, to have had help for alcohol or drug problems, including from specialist substance misuse workers (Table 1). At the time of resettlement, one-half of the participants still had mental health problems, 13% were drinking heavily (i.e., daily and more than 21 units of alcohol per week), and 30% still used illegal drugs, including 13% who were taking drugs other than cannabis.

Building household management skills

The participants' previous experiences of looking after a home and paying bills varied greatly. One-half had lived alone but only 29% for more than two years. One-half who had previously lived alone had experienced problems coping, mainly because of financial difficulties, substance misuse problems and poor domestic skills. More generally, most people reported 'a lot' of experience of cooking and keeping a home clean, but only one-half were familiar with basic home maintenance (e.g., decorating or carrying out small repairs) and with managing utility payments (electricity, gas, water). Young people had less experience of these tasks – many had lived with their parents or relatives until they became homeless. Interestingly, those aged 50 or more years reported fewer domestic skills than those aged 25-49 years. Several older people had lived with their parents until they had died or had been in lodgings or accommodation attached to a job, and their parents or landlord had been responsible for the bills and upkeep of the property. People with mental health, alcohol or drug problems were more likely to have lived alone for more than two years, and to have experienced problems and been evicted.

Before being resettled, two-thirds of the participants were in 'semi-independent' accommodation with self-catering facilities (also known as 'second-stage' projects), where they were responsible for cooking and cleaning. Most others were in accommodation where subsidised meals were provided and the communal areas cleaned. In all these accommodation types, the residents paid a small contribution towards the rent and services but were not responsible for the utility payments. The types of life-skills training varied among the collaborating organisations. Some had designated life-skills workers who ran workshops on preparing meals, looking after a home, paying bills, and the responsibilities of being a tenant, while in others, the hostel key-workers provided one-to-one advice. All types of advice and help hereafter are referred to as 'training'.

As shown in Table 1, between 20 and 40% of people received training on various aspects of running a home and the payment of rent and utility bills. Some had refused training because they felt they did not need it, and a minority said it was unavailable. Young people, followed by those aged 50 or more, were the most likely to have had training. There were also differences among the six homelessness organisations; for example, rates of training in paying bills ranged from 28 to 55%. There was no difference in receipt of training according to whether people had mental health or substance misuse problems, or previous experience of living alone (Table 2). Indeed, those who had been homeless more than once were significantly *less* likely to have had training; this may reflect poor engagement rather than not being offered help.

Building budgeting skills and tackling debts

Managing finances and debts were common problems. One-fifth said that financial problems had contributed to them becoming homeless, and immediately before being resettled, one-third reported difficulties budgeting and making their money last. 39% said they had training on budgeting and debt management, including help to draw up a budget plan. Young people, followed by those aged 50 or more, were most likely to have received budgeting training (Table 1). There was no relationship between reports of budgeting difficulties and having had budgeting training.

At the time of moving, nearly one-half (46%) reported debts that ranged from £20 to £150 000 (€24 to €182 145). A few with exceptionally large debts had seen a specialist debt adviser and were filing for bankruptcy. According to the staff, 38% owed rent to their hostel or housing project, but the variation by organisation was considerable (from 8 to 66%) and was heavily influenced by the nature of different client groups. People with mental health problems were most likely to report budgeting difficulties, and those with drug problems were most likely to have debts (Table 2).

Table 2 Variations in preparation for independent living and in coping after resettlement

Characteristics (self-reports)	Problems pre-resettlement[1]			Previously lived alone		Homeless experience[2]		Total sample
	Mental health	Alcohol	Drugs	No	Yes, but had problems	>24 months[2]	2+ episodes	
					Percentages			
Resettlement preparation								
Training on cleaning a home	18.9	17.5	19.4	25.2	20.2	22.7	16.3*	21.5
Training on paying bills	38.9	34.9	36.9	45.0	34.5	40.8	30.3***	40.8
Training on budgeting / managing money	35.1*	37.6	37.2	42.0	38.1	41.2	33.6	39.1
Involved in ETE[3,4]	23.7**	26.0	23.3***	36.5**	12.9**	29.1	17.0***	29.7
Rent arrears / other debts[4]	50.2	52.0	52.7*	42.0	56.6	46.5	52.0	46.1
Problems contributing to homelessness completely resolved[4]	44.2***	45.8	51.6	53.5	44.3	42.3***	53.0	52.5
Number of participants	*245*	*126*	*227*	*203*	*85*	*202*	*154*	*400*
6 months post-resettlement								
Problems managing household tasks	29.6*	23.9	27.3	23.0	29.9	30.6*	28.7	24.9
Difficulties budgeting (frequent problems)	32.6	29.7	31.2	29.4	34.2	29.7	29.9	29.1
Problems managing utility bills	41.3**	41.0	42.7**	36.4	41.0	39.0	40.1	36.5
Involved in ETE[3]	27.0***	21.0***	23.5***	42.1**	21.5	24.0***	21.7***	34.2
Rent arrears / other debts	60.8	64.0	64.9**	52.9	67.5	53.8	60.2	57.4
Number of participants	*223*	*118*	*198*	*178*	*77*	*184*	*137*	*358*
15/18 months post-resettlement								
Problems managing household tasks	34.4**	39.4**	30.4	24.5	30.8	30.7	33.0	28.0
Difficulties budgeting (frequent problems)	42.4*	35.9	41.8	38.6	47.7**	40.2	39.6	37.8
Problems managing utility bills	49.0	46.2	55.3**	48.4	49.2	53.0*	43.6	46.8
Involved in ETE[3]	33.7	34.3	31.6*	37.0	33.8	36.0	32.1	37.5
Rent arrears / other debts	70.9	69.9	76.6**	67.3	80.0*	66.7	75.7	68.6
Number of participants	*193*	*106*	*171*	*155*	*68*	*165*	*112*	*306*

Notes: For each problem or background factor except 'previously lived alone but had problems', chi-squared tests of 2x2 frequency tables (1 degree of freedom) comparing people with and without the attribute; for 'previously lived alone but had problems' comparisons are made with 'previously lived alone but had no problems'. The table reports analyses using weighted data. The same variables were significant when using unweighted data but note that among those who had 'previously lived alone but had problems' rent arrears/ other debts at 15/18 months was only marginally significant (p = 0.048). Significance levels *p <0.05, ** p <0.01, *** p <0.001.

1. Self-reports of problems in last five years.
2. Current episode.
3. ETE: education or work-training programme or employment.
4. At time of resettlement.

Engaging in education, work-training and employment

Education, work-training and employment (ETE) programmes were well-established in some of the collaborating organisations, including 'in-house' skills-training programmes such as painting and decorating, gardening and carpentry. Some had their own volunteering schemes, and some ran education and training programmes in collaboration with colleges and businesses. Many FOR-HOME participants received encouragement and assistance from staff to engage in ETE activities. At the time of resettlement three-tenths were involved in ETE, including 10% who were in work. Young people were more likely to be involved in ETE, and those with mental health or drug problems less likely (Table 2).

Several who were unemployed said that they intended to look for work as soon as they were resettled but were reluctant to do so while in a hostel because it was financially disadvantageous. If they took full-time employment, they had to pay a higher fraction of the hostel rent because their Housing Benefit (HB) was stopped or considerably reduced (HB is a housing subsidy that normally covers most or all of the rent for the unemployed). They would have also lost entitlement to a Community Care Grant (a non-repayable social security grant for purchasing furniture and equipment when resettled; from April 2013, the grant will cease and local authorities will be responsible for helping vulnerable people in emergency situations). As one employed participant explained, "I am working full-time and pay more than £500 a month hostel rent, and therefore cannot afford to save and buy things for my new home. Yet I will not get a grant when I move because I am working. I'd have been better off if I'd not got a job until after I was re-housed".

Readiness to be resettled

The timing of resettlement was influenced by restrictions on the length of stay in some projects that are imposed by local authority contracts, by the availability of move-on accommodation, and by the re-housing procedures of local authorities (in one of the provincial cities, the local authority gave people who had been resident in hostels for six months 'priority status' for re-housing, regardless of whether the staff believed they were ready). In addition, seven London participants had to be re-housed as they were in temporary projects that closed.

At the time of resettlement, the participants were asked if the problems that had led them to become homeless had been resolved: 52% answered 'completely', 33% 'partly', and 15% 'no'. When asked if they were ready to move to their own accommodation, 84% said 'definitely' and 15% said 'I think so'. Very few predicted difficulties managing household tasks, but one-quarter anticipated problems with finances and bills, one-fifth with loneliness, and a few with coping generally without the support of hostel staff. Young people were more likely to be concerned about finances and bills and older people with loneliness. People with mental health problems were less likely to say they were ready to be resettled and were significantly more likely to say that their problems had not been resolved (Table 2).

Staff members were less convinced about the participants' readiness to move, believing that 65% were 'definitely' ready and 30% 'probably' ready, but for 5% they were 'doubtful'. Their concerns reflected those of the participants – how young people would manage finances and bills, and how older people would cope with living alone – but they were also worried about the ability of some to manage household tasks, and about substance misuse problems increasing or resuming.

Associations between Independent Living Preparation and Resettlement Outcomes

86% of the participants moved to social or subsidised housing (48% to local authority and 38% to housing association tenancies), and 14% to private-rented accommodation. This section summarises how they coped after being resettled and whether they were still housed at 15/18 months. Associations between aspects of preparation for independent living and resettlement outcomes are examined through bivariate analyses, and the multivariate relationships are presented in two regression models.

Influences on everyday lives

Most participants experienced no difficulties with basic household tasks after they were re-housed. Many young people visited their parents several times a week and were given meals and help with laundry. Several in their fifties went to churches or day centres for homeless people that provided free or cheap food, and several in their sixties or older frequently ate in cafes or pubs, a habit they called 'economical'. One-quarter at 6 and 15/18 months reported difficulties with household tasks, including a few whose homes were very dirty and who hoarded rubbish. Some blamed poor motivation and depression, and some the lack of a cooker or washing machine. Very few said that they did not *know* how to cook or clean. There was no significant relationship between training received before resettlement and managing a home after moving. People with mental health or alcohol problems were most likely to report difficulties carrying out household tasks at 15/18 months (Table 2).

Three-fifths experienced 'frequent' or 'occasional' problems managing finances once resettled, and there was a gradual increase over time in the prevalence of rent arrears and other debts (57% at six months and 69% at 15/18 months) (Warnes *et al*., 2010). Financial difficulties were most common among young people (78% of those aged 17-24 years had debts at 15/18 months compared to 37% of those aged 50+), among those with mental health or drug problems, and among those who had been homeless more than once (Table 2). There was no relationship between training on budgeting and the payment of bills before resettlement and the management of finances once re-housed. There was, however, an association between owing rent on the pre-resettlement accommodation and defaulting with the rent on

the new tenancy: 41% who owed rent to their hostel at the time of moving, but only 19% who did not, had rent arrears on their new tenancy at 15/18 months (χ^2=15.4, degrees of freedom (df) 1, p=0.000).

The percentage of people engaged in ETE increased slightly over time, to 37% at 15/18 months. There was a strong, significant association between engagement in ETE at the time of resettlement and at 15/18 months: 62% who were engaged in ETE at resettlement, compared to only 27% who were not, were in ETE at 15/18 months (χ^2=32.0, df 1, p=0.000). There was also an association between engagement in ETE at resettlement and employment patterns. People who had a job at 15/18 months were more likely to have been involved in ETE when resettled, but those who worked only intermittently once re-housed were more likely *not* to have been involved in ETE at baseline. Many of the latter had obtained casual or short-term jobs through an agency or through relatives or friends, but the insecurity of the jobs and inconsistent work patterns led many into financial difficulties. Engagement in ETE also contributed to positive well-being: at 15/18 months, people *not* involved were more likely to report poor motivation and depression, and were more pessimistic about their achievements, ability to cope and the future.

Influences on tenancy sustainment

After 15/18 months, 78% were still in their original accommodation, 7% had moved to another tenancy, and 15% (55 people) no longer had a tenancy. Among the latter, 19 had returned to the streets or hostels, 13 were staying temporarily with relatives or friends, and eight were in prison. Some had been evicted because of rent arrears or antisocial behaviour associated with alcohol or drug misuse, and several had abandoned the property because of harassment from local people or because they were depressed, lonely and unable to cope. There were no significant differences in tenancy sustainment by age.

There were strong associations between the type of accommodation pre-resettlement, duration of stay and housing outcomes. The participants, who had been continuously in temporary accommodation for more than 12 months prior to resettlement, and those in semi-independent projects immediately before resettlement, were much more likely still to be in a tenancy after 15/18 months (Table 3). The likelihood of retaining a tenancy increased with the duration of stay in the pre-resettlement accommodation, from 67% among those who were resident three months or less, to 100% so housed for 25-36 months (Table 4). Additional months of stay beyond three years slightly increased the likelihood of tenancy failure. Higher rates of tenancy failure were also linked to recent histories of rough sleeping. Three of the five people resettled directly from the streets became homeless again.

Table 3 Bivariate associations between housing outcomes at 15/18 months and (a) background attributes and (b) resettlement preparation

Characteristics	Still housed[1]	No tenancy	Total sample	Significance level[2]
	Percentages			*p*
A. Backgrounds and problems				
Never previously lived alone	51.4	50.0	51.2	*n.s.*
Past problems coping in a tenancy	47.1	42.3	46.4	*n.s.*
Current homeless episode >24 months	54.0	36.4	51.4	0.016
Homeless more than once	36.6	43.6	37.7	*n.s.*
Slept rough during preceding 12 months[3]	10.5	40.0	14.9	0.000
Mental health problems[3]	47.9	46.3	47.7	*n.s.*
Drinking daily and >21 units alcohol weekly[3]	12.3	18.9	13.2	*n.s.*
Using illegal drugs[3]	27.8	42.6	30.0	0.029
B. Resettlement preparation				
In hostels / housing projects >12 months[4]	64.9	20.0	58.2	0.000
In last hostel / housing project >6 months	75.7	41.8	70.7	0.000
In semi-independent accommodation[3]	71.7	40.0	67.3	0.000
Training on paying bills	44.4	25.9	41.7	0.011
Training on budgeting	41.0	29.1	39.2	*n.s.*
Involved in ETE[5]	31.2	14.5	28.8	0.012
Number of participants	317	55	372	

Notes: *n.s.* not significant. The table reports analyses using weighted data; the same variables were significant when unweighted data were analysed.

1. In the original resettlement accommodation or a new tenancy.
2. Chi-squared tests of 2x2 frequency tables (1 degree of freedom).
3. At time of resettlement.
4. In one or more hostels or supported housing projects continuously during the 12 months preceding resettlement.
5. ETE: education or work-training programme or employment.

Table 4. Housing outcomes at 15/18 months by length of stay in pre-resettlement accommodation

Housing outcome	Length of stay (months)							Total sample
	Up to 3	4-6	7-12	13-24	25-36	37-48	>48	
	Percentages							
Still housed[1]	67.4	72.6	83.8	91.4	100.0	95.2	91.7	85.2
No tenancy	32.6	27.4	16.2	8.6	0.0	4.8	8.3	14.8
Number of participants	46	62	74	105	52	21	12	372

Notes: This table reports weighted data; the same pattern was found with the unweighted data.

1. In the original resettlement accommodation or a new tenancy.

Training in the payment of bills and involvement in ETE at resettlement were also associated with remaining a tenant, but training in looking after a home or budgeting had no bearing on the outcome. There was no relationship between tenancy sustainment and either mental health or alcohol problems at the time of resettlement or previous experience of living alone. In contrast, the participants who were still using drugs when resettled were significantly more likely to lose their tenancy (Table 3). Although most participants at the time of resettlement believed that they were ready to move, the doubts raised by the staff proved perceptive. 89% of people whom the staff believed were 'definitely' ready to be resettled were still housed at 15/18 months, compared to only 53% of the 17 people that the staff assessed as 'doubtful'.

Multivariate relationships

Stepwise logistic regression was used to examine the multivariate relationships between various aspects of preparation for independent living and tenancy sustainment. Model A involves all participants and is of whether a person was still housed (in the resettlement accommodation or a new tenancy) after 15/18 months. The independent variables that associated significantly with tenancy sustainment were entered into the model, and four of the seven variables were retained by the stepwise procedure (using a 5% significance criterion) (detailed in Table 5). Being in semi-independent accommodation and remaining in a hostel or supported housing for longer than six months before resettlement had strong positive associations, and using illegal drugs at the time of resettlement and having slept rough at some time during the 12 months preceding resettlement had negative associations. The model was highly significant ($p = 0.000$) and correctly predicted 86% of the cases.

Model B focuses on the 258 participants who had either no previous experience of living alone as a tenant or had difficulties managing a tenancy when living alone (Table 5). Six variables were entered into the model of tenancy sustainment at 15/18 months, and three were retained. As with Model A, being in semi-independent accommodation and remaining in the pre-resettlement accommodation for more than six months were highly significant, and training in the payment of bills also had a positive association. The model was highly significant ($p = 0.000$) and correctly predicted 88% of the cases.

Table 5 Stepwise logistic regression models of whether or not in accommodation (resettlement or new tenancy) at 15/18 months

Variables and model statistics	B	Exp(B)	95% C.I. Exp(B)	p
A. All participants (N = 354)				
Constant	1.123	3.074		0.002
In hostel / supported housing >6 months[1]	1.042	2.836	1.408-5.713	0.004
Slept rough during preceding 12 months[2]	-1.223	0.294	0.138-0.627	0.002
In semi-independent accommodation[1]	1.080	2.945	1.512-5.735	0.001
Using illegal drugs[1]	-0.727	0.483	0.246-0.949	0.035
Model statistics: 85.9% correctly predicted χ^2 = 52.05 (df 4, *p* = 0.000), -2 log-likelihood 236.900				
B. Participants who had not lived alone before *or* had lived alone but experienced problems managing the tenancy (N = 258)				
Constant	-0.175	0.839		0.599
In hostel / supported housing >6 months[1]	1.523	4.584	2.042-10.289	0.000
In semi-independent accommodation[1]	1.510	4.527	2.033-10.080	0.000
Training on paying bills[2]	0.921	2.512	1.013-6.233	0.047
Model statistics: 88.1% correctly predicted. χ^2 = 43.76 (df 3, *p* = 0.000) -2 log likelihood 163.061				

Notes: Weighted data were analysed in both models. Regressions of the unweighted data have the same structure except that the marginally significant variables 'using illegal drugs' (Model A) and 'training on paying bills' (Model B) were not included.

CI: confidence interval. df: degrees of freedom.

Model A correctly predicted 96.2% in accommodation and 23.0% without a tenancy. The variables entered but not retained were: training on paying bills; current homeless episode >24 months; and engaged in education, work-training or employment at time of resettlement.

Model B correctly predicted 95.1% in accommodation and 44.4% without a tenancy. The variables entered but not retained were: using illegal drugs at resettlement; involved in education, work-training or employment at time of resettlement; and current homeless episode >24 months.

1. At time of resettlement.

2. Before resettlement.

Discussion

In both the bivariate analyses and the regression models, the factors that most influenced tenancy sustainment at 15/18 months were attributes of the participants' accommodation prior to resettlement. Those who had been in one or more hostels continuously for more than 12 months immediately before being resettled, and those who had been in their pre-resettlement accommodation more than six months, were more likely to retain a tenancy than those who had had short stays and/or slept rough intermittently during the 12 months preceding resettlement. This finding supports the hypothesis that the longer (up to three years) a homeless person spends in supported accommodation, the greater is his or her preparedness for independent living.

Several causal influences are possible. It may be that longer stays provide more opportunities for people to resolve or come to terms with the problems that led to homelessness, through self-reflection, advice and support from friends and hostel staff, and through rebuilding family relationships. Once in homelessness sector accommodation, they are also more likely to have access to support services, such as mental health and substance misuse workers, counselling and learning programmes. It may also be that having more time to learn or practise independent-living skills, to develop or restore confidence and self-belief and to plan ahead are important effects. Among the FOR-HOME participants, stays of more than six months in the pre-resettlement accommodation were associated with a higher likelihood of training in budgeting and looking after a home, and of involvement in ETE. Another possible explanation is that the relationship between duration of stay in temporary accommodation and housing outcomes is a selection effect, and that shorter stays characterise those with a more chaotic lifestyle. Given that, as reported earlier, there were no significant differences in durations of stay by age, mental health, alcohol or drug problems, if there is a selection effect it is not a simple function of the problems most commonly experienced by homeless people.

There was a strong relationship between being in semi-independent projects prior to resettlement and retaining a tenancy. This type of accommodation not only provides an opportunity for people to practise household tasks, it also encourages them to develop routines and become accustomed to living relatively independently. In addition, it provides extended opportunities for staff to assess a resident's ability to cope with independent living – it is more difficult to assess independent living skills and motivation if people are in hostels or other temporary accommodation where meals are provided and strict regimes in place, or if they are resettled directly from the streets.

The quality of hostel and temporary supported accommodation in England for single homeless people has greatly improved since the 1990s – many new or refurbished projects include self-contained clustered flats and self-catering facilities (Warnes *et al*., 2005). The services provided at some projects have recently been curtailed, however, by reductions in local authority contract funding (the primary source of revenue income for 71% of projects), and by a substantial increase in the number of people becoming homeless. As mentioned earlier, after 2003, housing-related support was funded through the *Supporting People* (SP) programme administered by local authorities. Until 2009, these funds were ring-fenced and from April 2010 the SP allocation was merged into an Area Based Grant but remained as an identifiable funding stream. From April 2011, however, it was aggregated into the local authority Block or Formula Grant with no specific allocation for SP services. This has greatly increased the local authorities' discretion in how they allocate the funds.

The local authority contracts for some hostels now require maximum durations of stay of three or six months. In some cases the intention is to move hostel residents to lower-intensity support settings rather than directly into independent accommodation. Among 500 homelessness service-providers surveyed in late 2011, 58% reported reduced funding for 2011/12 (on average by 15%) (Homeless Link, 2012). The importance of semi-independent accommodation for homeless people is evident from the FOR-HOME data, but the cuts have led to fewer second-stage accommodation projects in the homelessness sector (from 1 193 in 2010 to 1 104 in 2012) and to 1 657 fewer beds, a reduction of 3.5% (Homeless Link, 2010; Homeless Link, 2012).

A serious and persistent problem faced by many participants was managing finances. Training in the payment of bills had a significant positive association with tenancy sustainment, but the regressions found that such training had a significant effect only for people who had no or a negative prior experience of living alone. Other studies have found that money management problems are common among homeless people and other vulnerable groups, and have recommended more training in the management of personal finances (Davis and Kutter, 1998; Harding, 2004; Department for Education, 2010; Elbogen *et al*., 2011). Few homelessness organisations in England have specialist financial advice teams, and at workshops with front-line staff, several explained that they lacked the knowledge, skills and time to advise on strategic financial planning.

People who had rent arrears from their pre-resettlement accommodation were more likely to default on rent when re-housed, suggesting that more needs to be done by homelessness sector organisations to address persistent rent default patterns. If residents are allowed to default on their rent while in hostels, then they may not prioritise rent payments once re-housed. If, however, they become accustomed to paying rent regularly before they are resettled, this is more likely to continue once they have a tenancy. While it is recognised that the large variation among the six collaborating organisations in the levels of carried-forward rent arrears is greatly influenced by the different characteristics of their clients, developing new ways of tackling rent arrears among persistent defaulters would be beneficial.

Involvement in ETE before resettlement was clearly advantageous among the FOR-HOME participants, for it positively associated with morale and well-being, tenancy sustainment and stable employment patterns. Many who were engaged in ETE at resettlement had received guidance from staff in training courses and employment, and several had attended in-house work-training programmes. This was more likely to have been followed by stable employment than jobs acquired through family members, friends or employment agencies. However, funding cuts have also had an impact on the provision of ETE programmes – although almost all

(94%) homelessness service-providers surveyed in late 2011 said that ETE services were available for their clients, one-quarter said that these services had been reduced (Homeless Link, 2012). Other studies have shown that long periods of homelessness pose a major barrier to employment, particularly for those who are mentally ill, and that job training and job placement services lead to more stable employment and positive vocational outcomes (Ratcliff *et al*., 1996; Cook *et al*., 2001; Cook *et al*., 2005; Long *et al*., 2007).

An individual's support needs clearly influenced how well she or he coped after resettlement. People with recent mental health or drug problems tended to fare least well. Indeed, those who were still using drugs at the time of resettlement were significantly more likely to experience tenancy failure. On the other hand, people who had never lived alone before or had experienced past problems managing a tenancy were just as likely to retain a tenancy, providing they had received training in paying bills. People with characteristics likely to result in difficulties with managing a tenancy were not, however, more likely to have received independent-living training. This is likely to be associated with the low level of engagement with support and training of the more chaotic clients, and again suggests a need to develop new ways of delivering advice and support.

Conclusions

This paper has examined the outcomes over the initial 18 months of the resettlement in England of 400 single homeless people into independent tenancies. Most were successful in retaining tenancies. The help that they received in preparation for resettlement varied considerably and depended partly on the temporary accommodation available to the collaborating homelessness organisations, partly on the training and services that they provided, and partly on their links to external agencies and programmes. Some of the organisations ran structured workshops on independent living, and some had well-established education and job-training programmes. Others relied on key-workers to offer advice and training and to signpost service-users to external agencies.

Stays in the pre-resettlement accommodation of two to three years associated with the highest rate of tenancy sustainment, while stays of less than six months had poorer outcomes and resulted in a higher rate of returns to homelessness. While there may be a selection effect (as described earlier), and personal characteristics may influence the propensity to remain in temporary accommodation, findings are consistent with the notion that additional time spent (up to three years) in temporary hostels is intrinsically beneficial. If this is the case, then the current policy priority

in England to shorten stays in temporary accommodation (at least for those requiring 'low intensity' support) is misguided and could increase the likelihood of resettlement failures.

The tentative finding that homeless people benefit from being in temporary accommodation before they are resettled might be taken as contradicting the key principle of the Housing First model, but close consideration finds that this is not necessarily the case. Few Housing First programmes resettle people directly into wholly independent living; in America, many provide staff support and intensive case management services for as long as it is needed (Pearson *et al.*, 2007). Some have staff available 24 hours a day and seven days a week. Similarly, in Finland, emergency shelters and residential homes have been converted into Housing First accommodation units with congregate flats and on-site support services (Tainio and Fredriksson, 2009; Busch-Geertsema, 2010).

The Housing First and UK resettlement pathways have, therefore, important shared features. The semi-independent accommodation provided to the FOR-HOME participants in England is described as 'temporary' accommodation, whereas similar housing and support arrangements in the US and Finland are regarded as 'permanent' housing. Comparisons of the relative merits of Housing First and Housing Readiness models should therefore pay close attention to the configurations of support and monitoring that accompany the various types of accommodation provided at intermediate steps between rough sleeping and fully independent living. In a review of housing models for homeless people in the US, Locke *et al.* (2007, pp.10-24) proposed that "housing configuration seems to be less important than the service approach [intensive services], although more research is needed to confirm this."

Although homelessness intervention and rehabilitation services in England and many other countries have become more comprehensive and sophisticated during the last decade, there have been few rigorous evaluations of the new programmes except in the US. As the presented findings from FOR-HOME suggest, such research can generate evidence that challenges current beliefs and raises new questions about what works best. For example, the FOR-HOME data suggest a positive effect of 'recovery time' before resettlement – i.e. of time spent in a hostel or temporary supported housing. This needs further investigation in a controlled study that takes into account selection biases such as who moves into hostels, who stays and who is eventually resettled. The need for a more refined understanding of the effectiveness of various interventions and housing and work programmes for different groups of homeless people is well-documented by researchers in the US and elsewhere (Jones *et al.*, 2001; Caton *et al.*, 2007; Slesnick *et al.*, 2009; Altena *et al.*, 2010).

The FOR-HOME study had both strengths and limitations. It focussed on single homeless people and did not include homeless families with dependent children at the time of resettlement, or people with severe mental health or substance misuse problems who moved to specialist supported housing, or people who left hostels without being resettled. Great care was taken to recruit a sample that represented those resettled in London and in three major provincial cities, by collaborating with well-established homelessness service-providers in the study areas, and by collating and analysing the characteristics of clients they resettled in 2006. It should be noted, however, that service arrangements may differ in other organisations and in other cities and parts of the UK. Several aspects of resettlement practice are also time-specific; for example, the availability of funding for rehabilitation and ETE programmes. FOR-HOME evaluated outcomes over 18 months, longer than most previous British studies, and the three waves of interviews enabled our under-standing of the participants' situations to be progressively refined. A low rate of attrition was achieved through assiduous tracking. The study does not, however, provide information about longer-term resettlement outcomes. The likely biases in self-reports of training should also be kept in mind when evaluating the findings.

Acknowledgements

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