London’s Hostels for Homeless People in the 21st Century

Tony Warnes, Maureen Crane and Phil Foley, Homeless Programme Team, Sheffield Institute for Studies on Ageing, University of Sheffield
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Maureen Crane and Tony Warnes of the Sheffield Institute for Studies on Ageing, University of Sheffield, with the help of Ruby Fu, have developed a substantial research programme on ‘Homeless People and Homeless Services’. The programme concerns homeless people of all ages, has theoretical, analytical and applied aims, and is contributing to the understanding of homelessness and to its prevention and alleviation. To find out more visit: www.sheffield.ac.uk/sisa/Research_Field_5.shtml

‘London’s Hostels for Homeless People in the 21st Century’ was commissioned by the Pan London Providers Group (PLPG) which comprises the chief executives of the seven largest voluntary sector providers of services for homeless people in London. This group came together in 2003 to share concerns and to provide a stronger, more effective voice on behalf of their 15,000 service users.

Further copies of this report or the PLPG’s response ‘Far more than a bed’, can be found on any of the PLPG’s individual websites:

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<thead>
<tr>
<th>Organisation</th>
<th>Website</th>
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<tbody>
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Cover photo: Trevor Appleson  ‘Broadway on behalf of the PLPG’
London’s Hostels for Homeless People in the Twenty-First Century

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Commissioned by
The Pan-London Consortium of Homeless Service Providers
Broadway, Centrepoint, The Depaul Trust, Look Ahead Housing and Care,
The Novas Group, St Mungo’s, Thames Reach Bondway

Final report:
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# Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acknowledgements</td>
<td>iii</td>
</tr>
<tr>
<td>Executive Summary</td>
<td>v</td>
</tr>
<tr>
<td>1 Introduction</td>
<td>1</td>
</tr>
<tr>
<td>2 London’s homeless people and the policy response</td>
<td>5</td>
</tr>
<tr>
<td>3 The physical characteristics of London’s hostels</td>
<td>11</td>
</tr>
<tr>
<td>4 The characteristics and needs of hostel residents</td>
<td>19</td>
</tr>
<tr>
<td>5 The elaboration of the hostels’ roles and services</td>
<td>25</td>
</tr>
<tr>
<td>6 Challenges for today and the future</td>
<td>36</td>
</tr>
<tr>
<td>Appendix: the research methods</td>
<td>58</td>
</tr>
<tr>
<td>Notes to the chapters</td>
<td>60</td>
</tr>
<tr>
<td>References</td>
<td>63</td>
</tr>
</tbody>
</table>
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Executive Summary

THE STUDY

1. In January 2004, the homelessness sector Pan-London Providers Group commissioned a study of the role of hostels for single homeless people in the early 21st century. It had two elements: an empirical review of the changes in London’s hostels since 1990, with particular attention to their functions, facilities, services and client profiles; and the production of a report which draws out the challenges facing hostel providers and possible solutions for the period 2005-14. The study started in February 2004 and lasted nine months.

THE BACKGROUND

2. Homelessness has long been associated with large cities, and London is no exception. But its forms change over time, and during the last quarter of the 20th century a major transition occurred. The representation of low-skilled itinerant workers decreased, while youth homelessness increased. The closure in the 1980s of some large direct-access hostels and the ‘silting up’ of others led to an increasing number of young people and mentally-ill people sleeping rough. The diversity of single homeless people in London has increased over the last ten years, and rising percentages are from minority ethnic groups or have serious drug problems.

3. The change in the homeless population had two implications: many hostels were large, in poor condition, and had become obsolescent, and new and more specialised interventions and types of accommodation were required. The problems and the task had a high political profile: from the 1980s until 2002 central government not only set the policies but increasingly managed the service development response.

4. In 2002, a new service commissioning and practice development framework was put in place, one dominated by the London Boroughs’ responsibility under the Homelessness Act 2002 to carry out homelessness reviews and to develop and implement homelessness prevention strategies. In April 2003, many of the housing-related services of the voluntary sector homelessness organisations came under the auspices of Supporting People, also managed by the Boroughs. These major changes have presented several intricate problems for the homelessness organisations.

THE MODERNISATION OF THE HOSTELS

5. Through the government’s 1980 Hostels Initiative, funding was made available to upgrade or close run-down hostels, and to create smaller and more specialist temporary accommodation. As a result, the physical conditions of London’s hostels have improved immensely. Most large industrial-era hostels have closed or been radically modernised. By 2003, three-quarters of hostels were either new or had been substantially refurbished.
6. Most newly-built hostels comprise a conventional hostel and self-contained clusters of flats as transitional accommodation where training for independent living takes place. Single bedrooms have become the norm, and shared bedrooms and dormitories have almost disappeared.

7. Hostels are heavily concentrated in central London and there is relatively little provision in Outer London. The locational trends have been strongly influenced by the government’s strategies to tackle rough sleeping, which have increased the concentration of hostel beds in the central commercial areas. There has been additional provision in the Outer Boroughs since 1990, but from a very low base, and much of this is for young homeless people.

THE HOSTELS’ NEW ROLES AND ACHIEVEMENTS

8. Structured resettlement work with hostel residents was initiated in the early 1980s to coincide with the hostels’ modernisation programme. In 1990, the government introduced a focused and progressive programme to reduce rough sleeping, which directly supported the expansion of more specialist roles in the hostels. Voluntary sector and faith-based homelessness organisations took up the challenge and developed more pro-active, interventionist and supportive services. The organisations and the modernised hostels became a vital resource in tackling homelessness in London, and made a major contribution in reducing rough sleeping.

9. Hostels have long been an important safety-net and the principal form of temporary accommodation for people who become homeless. Compared to a decade ago, however, they now target more vulnerable people who have greater support needs. Their role in accommodating people with low support needs has correspondingly reduced.

10. Increased attention has been given to addressing the problems of hostel residents, and to helping them gain the skills required to lead self-fulfilling and productive lives. The help has become more individualised, holistic and rehabilitative. Education, skills training, and structured activity programmes for the residents have grown rapidly.

11. Hostels play an increasingly important role in accommodating and supporting homeless people with mental health and substance misuse problems, especially those who have been refused help by ‘mainstream’ psychiatric and specialist substance misuse services, and those who will not co-operate or comply with conventional consultations or treatment regimes.

12. Resettlement programmes for hostel residents have become more widespread and effective. Their work is, however, obstructed by a shortage of move-on accommodation.

13. Voluntary sector homelessness organisations have worked positively with the London Boroughs to help them achieve their new responsibilities and targets, and have sustained the more specialist and cross-Borough services. They provide important components of Britain’s welfare safety-net, and vital services for vulnerable and socially-excluded people.
THE CURRENT CHALLENGES

14. The current challenges for London’s hostels can be summarised as three sets of pressures: rising demands (e.g. the targeting of more vulnerable people); increasing delivery difficulties (e.g. decreasing availability of low-cost housing); and the funding changes (e.g. the need to win local authority contracts).

15. A major challenge for homelessness sector providers is to develop ways of managing the increase in drug misuse, and the chaotic and aggressive behaviour of some hostel residents.

16. Another is to determine the new roles that they can develop to improve the support of residents with mental health problems. The roles must complement those of accredited mental health professionals and the NHS mental health services.

17. A third major challenge for homelessness sector providers is to develop innovative approaches to increase the availability of move-on accommodation. Their increasingly effective rehabilitative and resettlement programmes are seriously obstructed by the lack of move-on opportunities and hostels becoming ‘silted’. The providers need to work closely with local authorities to explore move-on housing options in both the statutory and private-rented sectors.

RECOMMENDATIONS

18. There should be active consideration of more differentiation and specialisation among London’s hostels. This requires a collective review of the client groups that the hostels serve to identify gaps and duplication, and to respond to recent trends in the profiles and needs of London’s single homeless people. Consideration should also be given to the scarcity of hostels in the outer London boroughs.

19. The voluntary sector homelessness organisations need to work closely with the Boroughs and other statutory agencies concerned with public health, social exclusion, anti-social behaviour and sustainable communities, to identify ways in which the accommodation and rehabilitative support offered by homeless people’s hostels could play substantial roles in the agendas to reduce ill-health, worklessness, benefit-dependency, addiction and the social-ills of disadvantage and exclusion.

20. The government’s agenda for modernising Britain’s welfare system will for the next 10 years create many new sources of funding for the next generation of services. They will be associated not only with housing-related support, but also with programmes in health, learning and skills, environmental improvement, and the good order, supportiveness and sustainability of local communities. Homelessness service providers should take advantage of these opportunities. The Boroughs will be key sources of intelligence on changing priorities and new funding opportunities.
21. The appraisal of needs and service development priorities at the Borough level urgently needs to be supplemented by a London-wide or strategic approach to planning and commissioning services. In particular, sustaining and developing the required spectrum of services to restrain rough sleeping in the central area requires a cross-Borough authority.

22. The voluntary sector homelessness organisations are strongly encouraged to increase their influence on the development of policy and welfare practice by acting collaboratively, as in the promising Pan-London consortium that commissioned this study, but also in concert with other non-statutory homelessness service providers.

23. The future development of London’s homelessness services is likely to be at a faster pace than in the 1990s. As more specialised and demanding roles are developed, it is essential that more attention is given to their effectiveness. The voluntary sector homelessness providers should press hard for more resources to be made available for evaluations of their innovative work.
1

Introduction

This report on the challenges presently facing London’s hostels for single homeless men and women and their future roles was commissioned by the Pan-London Providers Group of voluntary sector homelessness organisations (Broadway, Centrepoint, Depaul Trust, Look Ahead Housing and Care, The Novas Group, St Mungo’s and Thames Reach Bondway). Requests were also made for information about the changing provision and roles of hostels over the last ten years, and best practice in the provision of hostel services.

The commission was in part a response to a major change in the funding framework that had supported the expansion, modernisation and more specialist roles of London’s hostels. For more than a decade, much of the funding and the practice development priorities had been led directly by central government through the housing ministry (in 2002, the Homelessness Directorate of the Office of the Deputy Prime Minister). In April 2003, however, the voluntary sector homelessness service providers entered a new service commissioning and practice development framework, one dominated by the London Boroughs’ new responsibility, under the Homelessness Act 2002, to carry out homelessness reviews and to develop and implement homelessness prevention and service development strategies. These arrangements are the normal ways in which local ‘human services’ are supported by the public exchequer and delivered predominantly by local and regional non-profit organisations, but for the homelessness service providers the pattern was a major change and has presented several intricate problems.

The appropriate metaphor is that ‘he who pays the piper’ has changed, from a single strategic body impressed with the political importance of improving services for homeless people, to a multiplicity of commissioners with numerous calls on their resources and targets to meet. Naturally they might wish to change the tunes, but to what? It is clearly a time to take stock, and for a full exchange about the roles and tasks of London’s services for homeless people. One evident danger is that the work and achievement of the voluntary sector homelessness service providers and of the hostels that they run are imperfectly understood by the new commissioners, and vice versa. The current requirement is therefore for clear information about the work and achievements of London’s hostels, and about the problems associated with homeless people and social exclusion. This report strives to present this information and to set out the challenges and options faced by all the organisations.

The Exceptionalism of London and its Problem of Homelessness

London is a ‘World City’, the capital and the principal commercial, cultural and governmental centre of the United Kingdom – Washington DC and New York City combined. In Europe, only Paris
rivals its national dominance and exceptional strengths. London’s principal economic and social roles bring great size, intense competition for land and property, a cosmopolitan, ethnically diverse and relatively young population, above-average inequalities of status and income, and atypical arrangements for its governance.

After many decades of population decline, since 1981 London’s population has been growing. The mid-year estimate for 2002 was 7.355 million, an 8 per cent rise in 21 years. More remarkably still, the population of Inner London is now growing, to 2.867 million in 2002, a 12 per cent rise on 1981.¹ The economic dynamism of the capital is also reflected in London’s unusual age structure and exceptional ethnic diversity. 44 per cent of the resident population are aged 20-44 years, compared to 34 per cent in the rest of the UK, and 29% are non-White, compared to 9% in the rest of the country.

Among London’s population characteristics, the very high level of inequalities in income and skills has a bearing on the generation of homelessness. These are indicated by its top-heavy occupational structure in comparison to the rest of the United Kingdom. Over one-third of London’s workforce are in managerial and professional occupations.² But for the city to function well, it requires many relatively low-paid personal service, transport, construction and ‘ancillary’ workers. More generally, London for centuries has had over-representations of both the rich and powerful and the poor and destitute.

A timeless feature of London’s workforce is that a significant proportion cannot afford to pay the commercial rates for decent housing. The mismatch has been the cause successively of over-crowded insanitary slums or rookeries; late-Victorian philanthropic ‘industrial housing’; state-subsidised public housing; employer-managed, overspill and new town planned housing; social security rent subsidies; and, most recently, capital programmes to build ‘affordable housing’ for key workers and first-time buyers. Between 150,000-200,000 households in London are reported to be living in overcrowded accommodation, and up to 200,000 in unfit accommodation.² Given the perennial gap between supply and demand, it is no surprise that there is a constant generation of people with nowhere to live.

London has about one-fifth of the resident population of England and Wales, but in 2002 it accounted for 54% of the ‘one-night count’ of rough sleepers in England.³ It probably accounts for around 35-40% of all (broadly defined) hostel beds,⁴ and in 2001/02 its rate of applications from homeless households for priority re-housing was 20% above the national average.⁵ Homeless and footloose people are attracted to the crowds and anonymity of a vibrant central area, but the presence on the streets of large numbers of rough sleepers (or drinkers, beggars or drug-takers) is seen by some as a blight and a welfare failure. London, like other major cities in the developed world, has over a long period learnt how to reduce the welfare, environmental, social and economic harms of street homelessness – in which, as this report will demonstrate, hostels for homeless people and the homelessness organisations play vital roles.
THE EXCEPTIONALISM OF HOMELESSNESS SERVICE PROVISION IN LONDON

As throughout the United Kingdom, the city’s practical response to homeless people has two forms. One is the statutory responsibility on local authorities to secure permanent accommodation for people in specified ‘priority groups’ who are homeless or threatened with homelessness. The priority groups are the most vulnerable, most particularly families with young children, the old and the very young. Given the shortage of low-cost accommodation, the London Boroughs have to place many of those accepted for priority housing first in temporary accommodation (in which some hostels play a role).

The second set of responses is the services that provide advice, accommodation and support to those who do not qualify or apply for ‘priority’ rehousing. These have elaborated greatly during the 1990s, largely because of the political priority and funds allocated to the reduction of rough sleeping. These programmes, together with the divesting from central government management of some long-established hostels for ‘casual and transient labourers’, has been the main foundation for the expansion of non-profit specialist housing and care providers, as exemplified by the commissioning organisations and several faith-based housing and welfare agencies. The voluntary sector homelessness organisations have acquired substantial experience and expertise, but are also in the insecure situation of the many British charities that deliver services to the disadvantaged: they are heavily dependent on short-term public contract funding, but are relatively small compared to the giant statutory health, social service and social housing providers. They are therefore vulnerable to the caprices of party political and welfare priority change.

THE EXCEPTIONALISM OF WELFARE SERVICE CONTRACTING IN LONDON

Many health, social service and social housing services in London face particular difficulties associated with the city’s great size and administrative fragmentation. There are 32 London Boroughs and the Corporation of the City of London, a similar number of NHS Primary Care Trusts, and numerous community health, mental health and drug addiction teams and services. In addition, the Greater London Authority and central government take active roles in London’s ‘human services’ governance. The sheer number of agencies, organisations, policy makers and managers makes it impossible to build personal relationships with all the commissioners, and difficult to sustain basic information networks.

Since 2003, this complexity has gained new significance for the voluntary sector homelessness service providers. As later chapters will describe more fully, the development of the specialist services for single homeless people during the 1990s followed a distinctive course but was strangely detached from London’s local government. A substantial proportion of the providers’ revenue funding was contracted by central government through the Homelessness Directorate of the Office of the Deputy Prime Minister. The Directorate had responsibilities for the whole of England, and in practice acted as a pan-London homelessness services planning and development agency.
The Homelessness Act 2002 placed the responsibility to prepare and implement ‘homelessness strategies’ with individual local authorities; in London, the Boroughs.

As with their provincial counterparts, voluntary sector homelessness service providers have had to ‘get up to speed’ on local authority social and housing service contracting, but with the additional challenge of dealing with multiple authorities, particularly for those that run services in the central area. Within two miles of Trafalgar Square, seven authorities have responsibility (The City and the Boroughs of Camden, Islington, Kensington & Chelsea, Lambeth, Southwark and Westminster). Many of the voluntary sector homelessness providers manage hostels and other services in several London Boroughs. Some have needed to build constructive working relationships with multiple commissioning bodies from a position of little previous experience, while others had already established relations with one or more Boroughs. Later sections of the report will examine the implications of London’s administrative fragmentation more closely, and rehearse the case for re-establishing a cross-authority planning and commissioning body.

**STRUCTURE OF THE REPORT**

The remainder of the report has two sections that deal with, firstly, changes since 1990 in the characteristics of London’s homeless people and in the roles and attributes of its hostels, and secondly, the current issues that present the greatest challenges to the provider organisations and our recommendations for the way forward. The next chapters cover successively London’s single homeless population, the physical forms and amenities of the hostels, the characteristics of hostel residents, and the roles of hostels and the services that they provide. In the last section, key challenges are addressed: responding to the needs of clients; working with the statutory funders; exerting more influence on policy and welfare practice; and sustaining high rates of service development and improvement.

It should be noted that although this report has been commissioned by seven large non-profit specialist housing and care providers, they have consistently encouraged independent analysis and unrestricted commentary. The accounts and recommendations set out are the researchers’ not the Pan-London Providers Group’s views. Our aim is of course to promote positive change – in the proactive and effective responses to homeless people in London, and in the working conditions of homelessness sector staff. Reflecting the circumstances of the commission and our academic independence, the report presents two kinds of material. First, a full account of the major achievements during the last decade of government policies and the development of services for single homeless people in London. Second, candid evaluations of what has been and is now being done, and our own views about the changes that should be made.
London’s homeless people and the policy response

Key findings

Single homeless people in London are diverse. There has been a decline in itinerant workers and transient men, and an increase in young people, those from minority ethnic groups, and those with drug problems.

Over the last 20 years, there have been two major policy responses by central government to addressing the needs of single homeless people – the modernisation of temporary accommodation and a focused programme to reduce rough sleeping.

Both these policies have led to voluntary sector homelessness organisations developing new and more interventionist roles.

This Chapter presents an overview of the changes in the characteristics of homeless people in London, and how these have interacted with the elaboration of more prescriptive policies and interventionist services. It provides the background for the next three chapters which present the outcomes of these interacting changes on the physical characteristics and amenities of the hostels, on the profiles of hostel residents, and on the range of services that hostels provide.

Homelessness in London is a long-standing problem. Although some of the characteristics of single homeless people endure, others change from one generation to another. Putting aside those made homeless after a natural disaster or in war, people without accommodation are, almost by definition, poor in material and social resources. Most have weak family and social networks, or are estranged from them. Most cannot afford to pay the market rate for housing or private sector lodgings. Some have very limited knowledge and skills with which to develop and sustain conventional family and social roles, and some are alienated from mainstream society through one or more dysfunctional addictions.

Beyond these constants, however, the needs of homeless people are to a degree socially constructed and a function of a society’s prevailing norms and social pathologies. There are complex interactions between what society sees both as tolerable behaviour and as the minimum acceptable standards of accommodation and life, what homeless people expect ‘as of right’ and aspire to, and what central government and charities will fund and support. Britain’s homeless people in 2003 have very different profiles and normatively-defined needs from those of a century before, and they have changed in significant ways since 1990. To give one extreme example, no-one would now force a husband and wife to live apart, as the Victorian work-houses used to do. More
subtly, a hostel resident’s complaint today that the bedroom was cold or there was no hot water would be seen as reasonable and would prompt a response – this was probably not the usual reaction even 20 years ago.

More importantly, however, social policies concerned with homeless people and the ‘problems of homelessness’ have elaborated and become more prescriptive. The statutory agencies and voluntary organisations that work with homeless people have been given new and more demanding roles. There is now much more emphasis than in 1990 on prevention, early detection, and individualised and progressive help.

**THE CHANGING NATURE OF SINGLE HOMELESSNESS**

In Britain, there has been a long association between itinerant workers and homelessness. During the first half of the twentieth century, casual labourers and seasonal workers moved between towns in search of work and they stayed in Reception Centres (once the casual wards of the Poor Law Union workhouses), hostels and lodging-houses.\(^8\) Many were heavy drinkers and had no savings, had never lived independently, and lodged where meals were provided and they had few responsibilities. Merchant seamen and fishermen also used missions and hostels between voyages. From the 1950s, however, there was a slow but relentless decline in unskilled manufacturing, construction and land and marine transport jobs.

Low-income manual workers, many from northern England, Scotland and Ireland, were still using hostels for homeless people in London during the early 1990s. Some became long-term residents, but their number was declining. Many hostels had been built to provide *temporary* accommodation for this ‘user group’, but as early as the 1980s were criticised for institutionalising the residents, allowing long-term stays, and leaving few vacancies for newly homeless people. The hostels had few amenities and were generally seen as unattractive and poor value for money. In short, changes in the city’s economy and occupational structure, and in society’s housing norms and minimum expectations, had made the industrial-era hostels obsolescent. They were not suited to the new required roles, and needed to be replaced. Late-surviving examples of the industrial-era hostels included Dock Street, Aldgate (which in 1990 accommodated 180 single homeless people, of whom one-half were construction workers), and Oaklands House, Willesden (which had been built to accommodate visiting railway workers with overnight London rosters, and in 1990 housed 116 single homeless men and women, one-half British Rail employees).

Transient middle-aged and older men were another component of London’s single homeless population until the closure or takeover of the government’s Resettlement Units (RUs) in the 1980s and 1990s.\(^9\) They tended to be estranged and isolated, travelled around the country alone, and stayed in a succession of RUs and hostels for one or two nights. The RUs categorised them as ‘casual’ users, and required them to leave the premises in the morning. Their rules sustained even if they had not created the client group and the lifestyle. A third, long-standing group of hostel dwellers were people with low skills or the ability to live independently. For some of them, homelessness followed
the death of their main ‘carer’ (commonly the last parent) or an estrangement. Many were described as ‘socially inadequate’, mentally ill, or chronic alcoholics.

_The rise of youth homelessness and mentally-ill rough sleepers_

During the late 1960s, young homeless people were increasingly visible on the streets of London: one response was the foundation of _Centrepoint_ and its first nightshelter. Many were late-teenage men who came to London for work. They were given help to find lodgings or to return to relatives’ homes. Through to the late 1980s, the number of young homeless people grew, and an increasing number slept rough, predominantly in central London. A social security benefit reform at the time was said to have exacerbated the problem, for ‘Board-and-Lodging Allowances’ were replaced by ‘Income Support’ and ‘Housing Benefit’. HB only met the accommodation element of hostel stays, and other charges, as for food or heating, had to be met out of the claimant’s income. People younger than 25 years received less Income Support than those above that age. There was also a growing number of severely mentally-ill people living on the streets. Some argued that, since the closure of long-stay psychiatric hospitals, large direct-access hostels had become ‘unacknowledged asylums’.

_Other sources of increased diversity_

The diversity of the single homeless population in London has increased over the last ten years. Illegal drug use and the problems associated with drug addiction have increased rapidly in the general population. According to the _2001 Report on the UK Drug Situation_, the UK has the highest level of illicit drug use of all European countries. The spreading use of illegal drugs is accompanied by many kinds of anti-social, aggressive and criminal behaviour, and homelessness.

Reflecting changes in London’s general population, the ethnic identities and religious affiliations of single homeless people are becoming more diverse. Although relatively few people from minority ethnic groups sleep rough, they are well represented among hostel residents and in the ‘hidden homeless’ population. Compared to White ethnic groups, there has been a disproportionate increase since the mid-1990s in the number of Black and other non-White minority ethnic groups who are accepted by local authorities as homeless. Yet little is known about the backgrounds and needs of homeless people from minority ethnic groups. Since the expansion of the _European Union_ in May 2004, some migrants from the transition countries of eastern Europe, particularly Poland, have been found destitute and sleeping rough in central London. Some were the victims of scams that promised work and accommodation. There is much ambivalence about the role of temporary hostels in providing temporary (or induction) accommodation for recently-arrived overseas migrants. We may be on the threshold of new transitional accommodation arrangements, that welcome and induct legitimate migrants who fill London’s vital but low-paid jobs.

Most recently, new contractual arrangements between voluntary sector homelessness service providers and statutory funders have increased the diversity of London’s hostel residents. Since the introduction of _Supporting People_, some local authorities have claimed referral rights into the local...
hostels, and use them as temporary accommodation for homeless people they have a duty to rehouse. Through the Homelessness Act 2002, the local authority duty to secure housing in priority need was extended to 16 and 17 year olds, to care-leavers aged 18-20 years, and to vulnerable people fleeing violence or who have been discharged from the armed services or correctional institutions. At the same time, the local authorities have been required to restrict their use of bed-and-breakfast accommodation. They have therefore turned to the voluntary sector homelessness organisations to provide temporary accommodation for people accepted for priority re-housing.

CENTRAL GOVERNMENT HOMELESSNESS POLICIES

During the late 1970s, there was much concern in central and local government, voluntary organisations and campaigning groups about the condition of homeless people’s hostels and the Resettlement Units (former Reception Centres) for single homeless people. Many had more than 100 beds in dormitories, and poor standards of privacy and cleanliness. Some residents had stayed for years and become dependent, and little had been done to rehabilitate or resettle them. The number of rough sleepers was increasing, but many were turned away from or repelled by the large hostels. Organisations such as Bondway, Centrepoint and St Mungo’s were founded in the late 1960s and 1970s and provided temporary accommodation in disused buildings. In 1980, the government launched the Hostels Initiative which made £300 million available for upgrading hostels. This led to the closure of many large, run-down hostels, and the creation of small replacements and special-needs housing. The established voluntary sector homelessness organisations developed new hostels, while several new organisations serving homeless people were created and set up hostels.

The government also announced plans to replace the Resettlement Units with more appropriate temporary accommodation. One, the Camberwell ‘Spike’ in south London which accommodated 900 men was closed in 1985, but the decision to replace six others in London was rescinded. They were taken over in the early 1990s by voluntary sector homelessness organisations, refurbished and opened as hostels for single homeless people. With the planned closure of large hostels and the Resettlement Units, structured resettlement programmes were introduced in the 1980s to rehouse the residents. These were impeded, however, by insufficient move-on accommodation.16

The Rough Sleepers Initiative

In response to the problem of increased rough sleeping, the Rough Sleepers Initiative (RSI) was launched by the Conservative Government in 1990. This heralded progressive policy and practice development in the field of single homelessness that has continued to this day. It initiated radical changes in the roles of central government, local government, other statutory agencies and voluntary organisations in homeless service provision, and placed the control of funds for specific local projects with central government. The RSI funding programmes were complemented by the Homeless Mentally Ill Initiative and other central government grant programmes.
Over three 3-year phases, more than £255 million was allocated through the RSI to provide for rough sleepers temporary and permanent accommodation, out-reach and resettlement workers, and a winter shelter programme. For the second phase, the eligibility criteria for services were tightened to ensure that they concentrated on people with a history of rough sleeping, there was a greater emphasis on outreach and resettlement work, and funds were targeted to fewer organisations. Local authorities were encouraged to become more directly involved in the programme, and consortia of voluntary and local authority sector agencies and the private sector were developed in geographical zones in London with high concentrations of rough sleepers. In its third phase, the RSI was extended to towns and cities outside London, and adopted a new focus on services for entrenched rough sleepers with multiple and complex problems – groups that the earlier phases had not been able to encourage into hostels.

The Labour Government, elected in 1997, set up the Social Exclusion Unit and shortly afterwards the Prime Minister announced the government’s strategy for tackling rough sleeping. It was to co-ordinate central government departments, local authorities and voluntary organisations to reduce the number of people sleeping rough by two-thirds. The RSI was reconfigured in April 1999 as the Homelessness Action Programme and the Rough Sleepers Unit (RSU), with Louise Casey as its Head, and the various programme funds provided by different central government initiatives were consolidated into a single budget (£160 million for London and £34 million for outside London).

RSU strategy: Coming in From the Cold

In December 1999, the RSU launched its strategy document, Coming in From the Cold. Among its aims were: (i) to reduce rough sleeping; (ii) to develop a more targeted approach to street work and help rough sleepers most in need; (iii) to ensure a continuum of services so that there is a clear route from the streets to a settled lifestyle; (iv) to refocus services so that they provide opportunities for meaningful occupation to help people gain self-esteem and the skills needed to sustain a lifestyle away from the streets; and (v) to put in place measures to prevent rough sleeping. Multi-disciplinary ‘Contact and Assessment Teams’ were introduced to carry out more assertive street outreach work, specialist services were developed for rough sleepers with mental health and substance misuse problems, a new ‘Rolling Shelter’ programme replaced the winter shelters, and meaningful occupation schemes, training programmes and tenancy sustainment teams were initiated.

The Coming in from the Cold innovations introduced new measures of restraint and sanction. Along with its more assertive services came less tolerance of those who refused assistance and continued to cause a nuisance by sleeping rough, begging or street drinking. These measures added an element of ‘normative social engineering’ to the ‘responsive social service development’ of the previous nine years. This affected both rough sleepers and homeless sector providers. While nothing new, it became clearer that public funding for the organisations that wished to provide services for rough sleepers was conditional on following the RSU policies. A controversial feature of the RSU pathway was that several of the augmented facilities, including hostel places, were reserved for ‘registered’ rough sleepers. This was seen as a key to achieving the target reduction of
rough sleeping, but excluded other single homeless people. Most organisations supported the strategy and believed that a different and more co-ordinated approach to tackling rough sleeping was needed. Some also made complementary provision, e.g. Bondway worked on the streets in areas not covered by the Contact and Assessment Teams. A few, notably the Simon Community, did not engage with the new programme.

During the winter of 2001-02, several policy and administrative changes were announced for England and Wales which had an influence on hostel provision. In December 2001, the RSU was reconstituted as the Homelessness Directorate (HD). In March 2002, the HD published More Than a Roof: A New Approach to Tackling Homelessness. This identified the need for a more strategic approach and new responses to tackling homelessness. Through the Homelessness Act 2002 local authorities are now required to take the strategic lead in tackling homelessness. This includes developing local strategies to prevent and tackle homelessness, and commissioning service providers to meet this objective. Supporting People was introduced in April 2003 as a new funding arrangement for the support of vulnerable people.

CONCLUSION

Single homeless people in London are diverse, and their needs change over time. Over the last 20 years, there have been two major policy responses by central government to addressing their problems and needs. The first was the modernisation of temporary accommodation and the closure of large hostels. The second was a focused and progressive programme to reduce rough sleeping. Both these policies have led to voluntary sector homelessness organisations developing new and more interventionist roles. These will be detailed in Chapter 5, but the report first examines the modernisation of hostels and the changing characteristics of hostel residents.
3

The physical characteristics of London’s hostels

Key findings

The physical conditions of London’s hostels have improved immensely since 1990. Single bedrooms have become the norm, and shared bedrooms have almost disappeared.

Most of the large industrial-era hostels have closed, and by 2003 three-quarters of all hostels were either new or had been substantially refurbished.

Most newly-built hostels comprise a conventional hostel and self-contained clusters of flats as transitional accommodation where training for independent living takes place.

Hostels are heavily concentrated in central London, and there is relatively little provision in Outer London.

This chapter describes the considerable improvements in the physical characteristics and standards of accommodation in London’s hostels for single homeless people between 1990 and 2003. The presented information has been compiled from two main sources, Resource Information Service’s annual Hostels Directories, and two original retrospective surveys of hostels (for 2003 and 1990) using self-completion questionnaires that covered: physical details of the hostel, client groups and access policies, hostel staff, and services and support for the residents.

As the previous chapter explained, there was much concern during the late 1970s about the condition of temporary accommodation for homeless people. Many large hostels and the Resettlement Units were in a poor state, while four large lodging-houses were taken over by the local authorities because of environmental health concerns. In 1980 a journalist described Bruce House, which accommodated 400 men in small open-topped cubicles, as epitomising ‘squalor, danger and neglect’. The inspiration to improve the living conditions of homeless people may at that time have owed something to the prevailing negative views about the large mental hospitals that were being closed, or have been grounded in the long-term rise of Britain’s general housing standards.

Many of the improvements to hostels from the 1980s were funded by central government programmes, either to upgrade temporary accommodation or to equip the hostels to take on new roles. There have also been substantial charitable donations, some raised by the individual providers, and some by the Construction and Property Industry Charity for the Homeless (CRASH) as in-kind architectural and construction management services and materials donations.
THE INCLUSION AND EXCLUSION CRITERIA

There are several types of hostels for homeless people in London. Some accept both single homeless people and other vulnerable groups, such as working people on low incomes, single people in ‘housing need’, and refugees. Some have no maximum length of stay and offer assured short-hold tenancies, so are in practice sometimes used as long-term housing. Some provide temporary accommodation and are listed in hostel directories, but are either clusters of bed-sits or self-contained flats, or shared houses which staff visit two or three times a week. For the purpose of this study, the following criteria were used to define homeless people’s hostels:

- temporary accommodation primarily for single homeless people aged 16 years and over;
- 24 hour on-site staff cover (waking or sleeping shift at night);
- provides board or shared facilities for the preparation of food;
- accommodates a minimum of six residents; and
- staff services range from supervision to housing advice and support services.

The following types of accommodation were included:

- Those with an address in Greater London (the 33 Boroughs including the City of London).
- The former Department of Social Security’s Resettlement Units.

The review did not include: short-term shelters and night-centres; communal and clustered housing that is temporary accommodation but does not have 24-hour staff cover; registered care-homes (some are run by homelessness sector organisations); temporary accommodation that targets homeless families, single mothers with children, and people in ‘housing need’ on low incomes; and detoxification units and treatment centres that provide temporary accommodation while a resident undergoes a defined treatment.

THE NUMBER AND SIZE OF HOSTELS

Programmes to close large hostels or to refurbish and to reduce the beds started in the 1980s. In 1981, twelve large direct-access hostels in London provided accommodation for just over 6,100 men. By 1985, three had closed and the others reduced their beds to 2,500.21 Applying the inclusion criteria adopted for this review, in 1990 there were 77 hostels in London for single homeless people and 110 in 2003, an increase of 43 per cent. They provided 5,135 and 5,773 beds at the successive dates, an increase of 12 per cent. During the intervening years, however, there have been numerous opening and closures of hostels and shelters in central London, many of which were funded through the different phases of the Rough Sleepers Initiative as a short-term response to the problem of rough sleeping.

Over the 13 years, the distribution of hostel sizes changed and the representation of both very small and very large hostels decreased (Figure 3.1). In 1990, 12 hostels had no more than 10 beds, while six had more than 200. By 2003, the respective numbers had fallen to seven and one. The largest in 2003, Arlington House, Camden, had 399 places, although its size had reduced from more than 1,000 beds in 1981.4 In both years, the most characteristic hostel was small, and around one-third had fewer than 25 beds. The increase in the number of medium-to-large hostels by 2003 was
because some establishments switched from providing temporary accommodation for students and ‘visiting’ workers to homeless people. Few hostels of more than 50 beds were newly-developed.

![Figure 3.1 Distribution of hostel sizes by bed numbers, 1990 and 2003](image)

The marked change in hostel sizes is also shown by the box-and-spine plot of the distribution (Figure 3.2). The increased predominance of medium-sized hostels, with around 30 to 60 beds, is very clear. The average number of beds per hostel decreased from 67 to 53, but the number of beds in the ‘median hostel’ increased from 30 to 34.\(^\text{22}\) The figures and charts are abstract representations of the changes in the ‘living environment’ and congeniality of London’s hostels for homeless people. By 2003, many fewer residents than in 1990 lived in large, institutional, high-density settings. At the

![Figure 3.2 The changed size distribution of London’s hostels, 1990-2003](image)

*Notes:* The thick vertical lines show the central or median size of hostel, and the dumbbell lines the average sizes. The boxes mark out the inter-quartile range, and the graduated horizontal line runs from the hostel with a size 10% through the distribution to that with the 90% rank.
earlier date, more than one-third (36%) stayed in hostels with more than 180 beds, including one-quarter (26%) in hostels with more than 250 beds. By 2003, only seven per cent were in hostels with more than 180 beds. The 20-year long programme to close the industrial-era hostels has entered its last phase.

**BED PROVISION BY TYPE OF ORGANISATION**

Since 1990, the relative contributions made by different types of hostel providers to total beds have changed substantially. The local authority contribution has fallen sharply (from nine hostels in 1990 to three in 2003), while all the Resettlement Units in London managed by the Department of Social Security were transferred to Arlington Housing Association and St Mungo’s (except one which closed). The voluntary sector homelessness organisations are now a major source of temporary accommodation and specialist support for homeless people. In 1990, they operated one-fifth of the hostels but provided only one-tenth of the beds. By 2003, they accounted for more than one-third of both the hostels and the beds (Figure 3.3). The other two major providers (with more than 1,000 beds in both 1990 and 2003) were the faith-based organisations and the general housing associations. Their provision has grown over the last decade, but less rapidly than that of the voluntary sector providers. Several small hostels were run by community-based organisations in 1990. Many of these closed or were taken over by voluntary sector homelessness providers. In response to the unmet needs of rough sleepers, a few specialist hostels for heavy drinkers were developed by alcohol treatment agencies in the late 1990s.

![Fig. 3.3 Percentage of hostels and of beds in London by type of organisation, 1990 and 2003.](image)

**THE DISTRIBUTION OF HOSTEL PROVISION WITHIN GREATER LONDON**

A long-standing feature of hostel accommodation for homeless people in London has been its concentration in the central area. A review by *Single Homelessness in London* in 1995 found that 89% of direct-access beds were in Inner London and that 22 London Boroughs had no direct-access
Many commentators have criticised the concentration (and the similar clustering of soup runs and day centres) as a ‘magnet’ that attracts single homeless people into the commercial and employment hub and ‘supports the homeless life style’. The central concentration is mirrored by low provision in Outer London: this zone has too few hostels and other services for single homeless people, certainly in comparison to provincial cities of similar population size.

The distribution of hostel provision has been analysed by three zones of Greater London: the three central Boroughs of The City, Westminster and Camden; the remainder of Inner London; and Outer London. In both 1990 and 2003, over one-third of all London’s hostel beds for single homeless people were in the three central Boroughs (Table 3.1). The numbers of hostels and beds increased in the central Boroughs, the former by exactly 50 per cent and the latter by nine per cent (the difference is because small hostels replaced large ones). This trend has clearly been brought about by the focus on tackling rough sleeping, and it reflects the exceptional concentration of rough sleepers in the central commercial zone.

<table>
<thead>
<tr>
<th>Zone of London</th>
<th>Number of hostels</th>
<th>Number of beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central London</td>
<td>24</td>
<td>31</td>
</tr>
<tr>
<td>Rest of Inner L</td>
<td>43</td>
<td>56</td>
</tr>
<tr>
<td>Outer London</td>
<td>10</td>
<td>13</td>
</tr>
<tr>
<td>Greater London</td>
<td>77</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 3.1 The distribution of hostels for homeless people and their beds by three zones of Greater London 1990-2003

Notes: For definitions of the three zones of Greater London, see footnote 5.

Since 1990, there has been a relative redistribution into the central area from the rest of Inner London, for in the non-central Inner Boroughs the number of beds reduced by ten per cent. The severe dearth of provision in Outer London in 1990 (with just 268 beds for 19 Boroughs) had been much reduced by 2003. The number of hostels increased from 10 to 21, and the number of beds increased by 284 per cent to 1,028. More than one-half of these hostels are, however, exclusively for young homeless people.

When the distribution of hostel beds is examined by the different types of provider organisations, the faith-based organisations and the general housing associations decentralised their provision over the 13 years. The former reduced the percentage of their Greater London provision in the three central Boroughs from 35 to 17 per cent, and the housing associations from 64 to 43 per cent. In contrast, hostel provision by the voluntary sector homelessness organisations became more concentrated in the central area (from 41 to 48 per cent of their beds). This partly reflects their involvement with the government’s Rough Sleepers Initiative and subsequent programmes to tackle rough sleeping in central London.
The redistribution achieved by the voluntary sector homelessness organisations and by all other provider groups is compared in Figure 3.4. The upper charts show the increasing share of the voluntary sector homelessness organisations’ provision in the central area, and the very low share (5%) of their beds in Outer London – indicating a priority for the next decade. The lower charts show the equivalent figures for all other provider organisations, and the reduced share in the central area and the substantial expansion in Outer London.

![Percentage of beds in different zones for Homelessness sector organisations and Other providers over time](image)

**Figure 3.4  Distribution of hostel beds provided by homelessness sector organisations and by all other providers across three zones of Greater London**

**THE RADICAL IMPROVEMENT IN THE QUALITY OF HOSTEL ACCOMMODATION**

Apart from the closure or replacement of very large establishments, the last 13 years have seen notable improvements in the standard of accommodation and the amenities of homeless people’s hostels. Of the 110 hostels that were operating in 2003, 21 had been purpose-built or radically rebuilt since 1990. Indeed three-quarters of all the 2003 hostels were either new or had seen major refurbishment since 1990: the improvements covered two-thirds of all available beds (Figure 3.5).

With the building of new hostel accommodation, the trend has been to provide a single hostel building plus self-contained clustered flats, so that residents can move to more independent living arrangements as they prepare for resettlement. Ten of the 21 hostels built since 1990 have been designed in this way. For example, *Broadway*’s Market Lane project was opened in 2003 for long-
term rough sleepers who are heavy drinkers. It provides accommodation for 15 people in the hostel and has 12 adjacent one-bedroom flats. With the larger hostels, the tendency has been to divide the buildings into smaller units offering specific services, such as an assessment unit for new residents, and a substance misuse unit.

There have been marked improvements in the sleeping arrangements since 1990, with the replacement of dormitory and shared bed-rooms by single rooms. In 1990, 44 per cent of all beds were in single rooms and 36 per cent in group arrangements (around one-eighth in cubicles and one-quarter in dormitories of six or more beds). By 2003, single rooms accounted for 89 per cent of all beds, and only one per cent were in group arrangements. Even beds in rooms shared by just two people had decreased by 22 per cent (Figure 3.6). Other substantial improvements have been the

Note: Information available for 99 hostels.

Figure 3.5 Improvement of the hostel buildings, 1990 to 2003

Figure 3.6 The reduction of shared and dormitory beds, 1990-2003
increased provision of toilets, baths and showers. The number of residents per toilet was 5.9 in 1990 and 3.1 in 2003, a reduction of nearly one-half, and the number of residents per bath or shower has fallen by about one-third, from around 7.4 to 4.7. According to several hostel managers, the move away from large numbers of residents having to share facilities has reduced the tensions of ‘hostel-living’. A more recent move with new hostels has been to provide single rooms with en-suite toilets and showers. In six hostels in 2003, all bedrooms had en-suite facilities.

More and better facilities have come about through the takeover and refurbishment of the DSS Resettlement Units, the closure of most of the Boroughs’ hostels, upgrading and the conversion to single rooms of many hostels, and the higher standards of new, purpose-built hostels (Table 3.2).

Table 3.2 Examples of changes to hostel accommodation, 1990-2003

<table>
<thead>
<tr>
<th>Hostel</th>
<th>Address</th>
<th>1990</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tooley Street</td>
<td>147 Tooley Street SE1</td>
<td>Former lodging-house for men, taken over by LB Southwark in 1982. 135 beds in shared rooms (3-5 beds). Baths 1: 70 people; showers 1: 16 people. No meals or cooking facilities. Closed in 1991 and demolished.</td>
<td>Greater London Authority’s City Hall now occupies the site.</td>
</tr>
</tbody>
</table>

CONCLUSIONS

An impressive rate of modernisation of London’s homeless people’s hostels has been achieved since 1990. Not only have three-quarters of the buildings been replaced or substantially refurbished, the internal layouts and amenities have been radically improved. Single bedrooms have become the norm, and dormitories and cubicles have all but disappeared. The number of very large hostels has been greatly reduced, but as the number of very small hostels has fallen more, the average size of hostels (in beds) has slightly increased. The locational trends have been strongly influenced by the government’s rough sleeping strategies, which have increased the concentration of hostel beds in the central commercial areas. There has been additional provision in the Outer Boroughs, but from a very low base. The closure of the large Resettlement Units and the former casual workers’ hostels in the suburbs has reduced provision in Inner London outside the central area.
The characteristics and needs of hostel residents

Key findings

The proportions of hostel residents in the youngest and oldest age-groups have decreased since the early 1990s, while the representation of those aged 30-49 years and of people from minority ethnic groups have increased.

There is no evidence that the prevalence of mental health and alcohol problems among hostel residents has changed substantially over the last decade. There has, however, been a marked increase in drug misuse, especially since 2000.

A major challenge for today's hostels is to develop ways of managing the increase in drug misuse and the chaotic and aggressive behaviour of some residents.

The expectations of hostel residents have risen, and they are now given more opportunities to express their views and to raise concerns.

Chapter 2 described the ways in which the single homeless population has changed since 1990. This Chapter concentrates on the characteristics and needs of hostel residents. Comparing hostel residents over an interval of 14 years is difficult because few descriptive statistics are available. Since a study commissioned by The Salvation Army in 1989, there have been only three substantial surveys of London’s hostel residents. The Chapter draws on these surveys, on statistics from individual organisations, and from the interviews with hostel managers and staff. It also presents information specifically about rough sleepers, because many move into hostels and their needs have had a strong influence on the development of hostel services.

Gender, age and ethnic profiles

Around three-quarters of hostel residents are men and the percentage has changed very little over the last decade. There has, however, been a decrease in the percentages aged under 30 years and more than 50 years, and an increase in the percentage aged in the thirties and forties (from 28 in 1991 to 44 in 2000) (Table 4.1). Women residents are on average younger than men. A survey in 2002 of young people in Centrepoint’s projects found that nearly one-half were female. Likewise, among London’s hostel residents in 2000, 29% of the men compared to 51% of the women were less than 30 years of age. The age profile of rough sleepers has followed a different trend: the proportion aged 26-49 years has remained steady at around two-thirds.

There has been a decrease in the proportion of ‘White’ hostel residents from around 72% in 1991 to 57% in 2000, and a complementary increase in the percentage from minority ethnic groups (Table 4.1). During the early 1990s, approximately one-third of hostel residents were
Many were manual workers who had come to London to seek work. Their number reduced to 12% of the total by 2000. By contrast, Black African and ‘other groups’ nearly doubled, from 19% in 1991 to 35% in 2000 (Table 4.1). The percentages described as Asians and Black Caribbeans have, however, hardly changed. The ethnic mix in hostels varies greatly. Those that accommodate women and young people have a high representation from minority ethnic groups.30

Table 4.1 The characteristics of residents in London’s hostels

<table>
<thead>
<tr>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>17</td>
<td>26</td>
<td>29</td>
<td>23</td>
</tr>
<tr>
<td>Age groups (years)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 20</td>
<td>5</td>
<td>10</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>20-29</td>
<td>38</td>
<td>32</td>
<td>28</td>
<td></td>
</tr>
<tr>
<td>30-49</td>
<td>31</td>
<td>28</td>
<td>44</td>
<td></td>
</tr>
<tr>
<td>50+</td>
<td>26</td>
<td>30</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>Ethnic groups</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>75</td>
<td>72</td>
<td>59</td>
<td>57</td>
</tr>
<tr>
<td>Black African</td>
<td>13</td>
<td>14</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Black Caribbean</td>
<td>11</td>
<td>8</td>
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<td>6</td>
</tr>
<tr>
<td>Asian</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Others</td>
<td>10</td>
<td>6</td>
<td>17</td>
<td>15</td>
</tr>
<tr>
<td>Total numbers</td>
<td>415</td>
<td>536</td>
<td>1,667</td>
<td>3,295</td>
</tr>
</tbody>
</table>

Sources and notes: 1. Greater London survey (Moore et al. 1995). 2. Survey in five London boroughs (Anderson et al. 1993). 3. All direct-access hostels on one night (Harrison 1996). 4. All first-stage hostels on one night (Crane and Warnes 2001). 5. 11% were recorded as Black. 6. 3% aged 16-17 yrs; 21% aged 18-25 years; 34% aged 26-40 yrs; 27% aged 41-60 years; and 14% aged 61+ years.

A hostel’s ethnic profile reflects its referrals, location, and move-on arrangements. One manager explained that his hostel accepted self-referrals until the late 1990s, when many of those admitted were asylum seekers and refugees, but now concentrates on rough sleepers, so fewer from minority ethnic groups are admitted. Another manager said that the hostel served local people, and therefore many from the minority ethnic groups. Several hostel managers reported that it is extremely difficult to obtain move-on accommodation for asylum seekers, and they therefore tend to stay longer than others. Some staff believed that during the early 1990s, young Black people were reluctant to use hostels if they became homeless and so stayed with relatives or friends, but that times have changed.

THE RESIDENTS’ PROBLEMS AND NEEDS

Most hostel managers who we interviewed said that the support needs of residents have been increasing and that rising percentages have multiple problems and needs. The most common problems are associated with physical and mental health, substance misuse, illiteracy, deficient
education, employment and life skills, and challenging and offending behaviour. Minority ethnic group residents also have language problems and distinctive cultural and religious needs. Some managers described the difficulties of mixing different ethnic groups in the same hostel. One, for example, said that Muslim women find it particularly hard to manage in large hostels. Several managers of young people’s hostels said that ten years ago many clients arrived following family breakdown but had few other problems. Now, however, most have additional needs. In 2002-03, 84% of St Mungo’s clients had multiple support needs.32

Mental health and substance misuse problems

The proportions of rough sleepers and hostel residents with mental health or alcohol problems have been stable over the last decade. In 2000, one-fifth of hostel residents were reported to have mental health problems, and 18% to have alcohol problems.30 Mental health problems tend to be more prevalent among women than men, particularly at the oldest ages. Alcohol problems are more common among homeless men than women, and most prevalent among those aged in the forties and fifties.

In contrast, there has been a marked increase in the prevalence of drug problems among single homeless people, especially since 2000. In 1991, just 7% of rough sleepers were reported to have drug problems, but by 2003 the figure was almost one-half (Table 4.2). Among rough sleepers, drug problems are now more prevalent than alcohol problems: they affect both men and women and are most common among those aged in the twenties and thirties. They are scarce among older homeless people, although the prevalence is rising at all ages. In the past, hostel residents with drug problems tended to be ‘stable heroin or methadone addicts’ with their drugs prescribed by a doctor. Today, crack and cocaine are commonly used, and many residents take a combination of drugs. This can cause serious health problems and hazardous and unpredictable behaviour.

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health</td>
<td>37</td>
<td>26</td>
<td>28</td>
<td>29</td>
</tr>
<tr>
<td>Alcohol</td>
<td>33</td>
<td>38</td>
<td>37</td>
<td>39</td>
</tr>
<tr>
<td>Drugs</td>
<td>7</td>
<td>30</td>
<td>28</td>
<td>45</td>
</tr>
<tr>
<td>Total numbers</td>
<td>112</td>
<td>4,328</td>
<td>4,465</td>
<td>2,078</td>
</tr>
</tbody>
</table>


Some hostel residents have both mental health and substance misuse problems, and others use both alcohol and drugs. For some, heavy drinking or drug-taking or the withdrawal of these substances exacerbates mental health problems. Among Broadway’s hostel residents in 2003-04,
42% had two or all three of mental health, alcohol or drugs problems. Among the clients of services that target rough sleepers, a high proportion have mental health and substance misuse problems (Table 4.3).

<table>
<thead>
<tr>
<th>Problem</th>
<th>Broadway 2003/04</th>
<th>Providence Row 2002</th>
<th>St Mungo’s 2004</th>
<th>Thames Reach Bondway 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health</td>
<td>52</td>
<td>57</td>
<td>34</td>
<td>50</td>
</tr>
<tr>
<td>Alcohol</td>
<td>41</td>
<td>42</td>
<td>43</td>
<td>68</td>
</tr>
<tr>
<td>Drugs</td>
<td>34</td>
<td>27</td>
<td>68</td>
<td>15</td>
</tr>
<tr>
<td>Total</td>
<td>207</td>
<td>196</td>
<td>429</td>
<td>105</td>
</tr>
</tbody>
</table>


THE RESIDENTS’ EXPECTATIONS AND ATTITUDES
Hostels are generally seen by residents as offering a positive ‘lifeline’ and their expectations have been rising. They now expect good quality hostel accommodation, and many prefer hostels that are small, accessible 24 hours, and have single rooms. They are reluctant to share facilities with others, and dislike hostels with poor décor and that require them to leave the premises during the day or impose a night curfew. By their own accounts, some homeless people would rather remain on the streets than share a bedroom. Small hostels are seen as supportive, homely and less strict. Many also prefer hostels that serve clients of a similar age or with similar problems. The presence of heavy drinkers and drug users in a general-purpose hostel concerns some residents. According to some hostel managers, their older residents tended to keep a low profile because of the threatening behaviour of the younger clients.

Many hostel residents expect to be allocated their own flat when they are resettled, although some staff when interviewed reckoned that attitudes towards housing and work are sometimes unrealistic. They argued that the relaxation of rules and the removal of strict discipline in hostels has encouraged people to be self-assured and assertive (Box 4.1).

COPING WITH THE CHANGING NEEDS OF RESIDENTS
Hostels have become more tolerant of problematic residents. Chapter 5 describes the changes that have led to the increasing acceptance of people with complex problems and difficult behaviour, and the widespread relaxation of house rules. Formal mechanisms have spread for hostel residents to express their views and raise concerns, and greater attention is given to their complaints. In 1990, one-half of the hostels held residents’ meetings at least once a month, and by 2003 the practice had spread to three-quarters (76%). At a hostel run by the English Churches
Box 4.1  The expectations and attitudes of hostel residents: reports from hostel managers and front-line staff

Clients have become more aware of their rights and are more independent ... at least they feel they are. Years ago, they were not so confident.

Our residents [young people] have wholly unrealistic expectations of what can be achieved. If they talk about employment they have unrealistic ideas about wages, their abilities, or the whole experience of work.

Young clients expect the world. They want everything now and do not want to wait. They believe that a one-bedroom flat will solve all their problems.

In the past, I believe residents’ expectations were created by the architecture and atmosphere of the big hostels. We created ‘the passive men with beards’ ... they adapted their lifestyle to the institutions we provided.

[Some] clients in the past had a violent history but they had an inherent respect for authority. The current generation do not recognise authority.

Housing Group, residents are sent every week a questionnaire that they can complete if they are concerned about the hostel’s maintenance or services. This helps to tackle problems at an early stage before the residents become aggrieved. Key-working has encouraged better communication between residents and staff, and several organisations conduct regular client satisfaction surveys. Broadway has introduced a ‘Client Involvement Programme’ which is responsible for building user consultation and feedback mechanisms into service delivery. Look Ahead Housing and Care has employed ‘service user involvement workers’ to encourage client participation in meetings and working groups at hostels and local forums. Similarly, The Novas Group has local ‘service user councils’ and representatives are on its Management Board.

During the early 1990s, alcohol misuse was the main problem of many middle-aged and older men – it caused progressive health deterioration over several years. In contrast, patterns of drug misuse leads to an accelerated decline in health and behaviour. Several senior staff raised concern about the volatile and dangerous behaviour of a few of today’s hostel residents (and their associates) which is mainly associated with drugs. Two managers of hostels for young people linked the spread of drugs to increases in violence and, in rare cases, to the use of weapons and guns. The rising risks over the last five years are acutely perceived by many staff. People leaving prison are also now actively sought out and booked into hostels through the homelessness prevention schemes that operate in some prisons. Although not all have a history of violence, it can be assumed that some do. Among St Mungo’s clients, for example, the proportion of ex-offenders increased from 5% in 1998-99 to 17% in 2002-03.36

Several managers described their concerted work with people who have aggressive or problematic behaviour, and said that eviction is used now only as a last resort. Look Ahead Housing and Care draw up ‘behavioural agreements’ with hostel residents who might otherwise
be evicted, which has resulted in lower eviction rates. A Westminster City Council Housing Department review of its hostels for rough sleepers between October 2003 and March 2004 found that there had been 65 evictions but concluded, ‘[I do not think] hostels evict too readily ... None of the reasons for eviction seem inherently unjustified, and apart from some evictions for violence most were the end of a process’.\textsuperscript{37}

**CONCLUSIONS**

The characteristics, problems and needs of hostel residents of course vary greatly, but several trends are apparent over the last 14 years. The clearest changes have been increases of those aged in the thirties and forties, from the minority ethnic groups, and with drug problems. There is no evidence that the prevalence of either mental health or alcohol problems has changed substantially, but the increases in drug problems and ethnic diversity have generated new support needs. Major challenges for today’s hostels are to develop ways of managing the chaotic and aggressive behaviour of some residents and the increase in drug misuse, and of meeting the culturally-specific needs of various ethnic and religious groups.

It is difficult to gauge whether other support needs of hostel residents have changed – too little reliable information is available to show one way or the other. Various reports suggest that illiteracy, low education and poor employment and life skills were common in both 1990 and 2003.\textsuperscript{38} It is however likely that today’s hostel staff are more aware of the support needs of their residents, because more comprehensive assessments and individualised work are carried out. Although many staff reported that contemporary residents have higher expectations and want to be resettled in their own flat, the same aspirations were evident during the early 1990s.\textsuperscript{39} Today’s severe shortages of move-on accommodation frustrate both the staff and the residents.
5
The elaboration of the hostels’ roles and services

Key findings
Hostels are an important safety-net for people who become homeless. They target more vulnerable and needy people than a decade ago.

Hostels now provide more individualised and holistic assessment and rehabilitative services. Education, skills-training, and structured activity programmes for the residents have grown rapidly.

Hostels play an important role in accommodating and helping homeless people who have mental health and substance misuse problems.

Resettlement programmes for hostel residents have become more widespread and effective. Their work is, however, obstructed by a shortage of move-on accommodation.

Hostels have adapted their services to meet the needs of rough sleepers, and it is through the efforts of the homelessness organisations that the government’s reduction target has been met.

The homelessness sector organisations provide important components of Britain’s welfare safety-net. Their roles have elaborated and they are now vital providers of services for vulnerable and socially-excluded people.

This chapter examines the ways in which the roles of London’s hostels for single homeless people have elaborated over the last decade. Their roles and that of the provider organisations in 2003 display both continuities and innovations (Table 5.1). The role of providing immediate access, low-cost shelter for those without the means to acquire other accommodation dates back to the early seventeenth century. Supplementary, more interventionist roles also have a long history, arguably beginning with William Booth’s pioneering initiatives that provided shelter and salvation. The modern progression began with the concerted attempts to resettle the residents of some large hostels and the DSS Units on their closure from the 1980s. The ‘welfare managerialist’ approach of the last two decades was initially fired by the need to replace or modernise outmoded, condemnable accommodation and the ‘moral panic’ around rough sleeping. It has intensified and become increasingly needs-led and goal-oriented, and encouraged the homelessness sector organisations to adopt more interventionist and specialist roles.

HOSTELS AS A SAFETY-NET FOR HOMELESS PEOPLE
Hostels have long been the principal form of temporary accommodation for single people who become homeless. They are a safety-net for those who have become estranged from parents and partners, for those who lack the skills to live independently, and for people with problematic or
Table 5.1 The roles of London’s hostels and their providers

<table>
<thead>
<tr>
<th>Role, to provide...</th>
<th>Inception</th>
<th>Description</th>
</tr>
</thead>
</table>
|                     |                    | **Temporary accommodation to meet basic needs**  
|                     | Seventeenth century | Provide immediate access, temporary accommodation and basic residential services for homeless people. Dates back to the Elizabethan Poor Law statute, now seen as a vital component of a modern welfare ‘safety net’.                                                                                                           |
|                     | 1980s onwards      | **Resettlement into permanent housing and preparation**  
|                     |                    | Secure permanent housing for the residents, and (increasingly) to ensure that the client has the living skills and motivation to settle and build a meaningful life, *cf.* initiated by central government on the closure of the Resettlement Units and progressively developed by the voluntary association service providers. |
|                     | From early 1990s   | **Individualised advice, support and help**  
|                     |                    | Individual assessment and advice, support and care planning by ‘key workers’, *cf.* initiated and elaborated by the voluntary association service providers.                                                                                                                                 |
|                     | 1999 onwards       | **Specialised help and treatments**  
|                     |                    | Direct and partner agency provision of specialised assessment, advice and treatments for health problems, and increasingly in latter years for addiction problems, *cf.* NHS modernisation agenda.                                                                                                  |
|                     |                    | **Basic life-skills training**  
|                     | 1999 onwards       | Direct provision or contracted courses to equip residents with basic inter-personal and employment skills and the motivation to seek work and purposeful lives, *cf.* Social Exclusion Unit agenda, and promoted by adult and vocational education providers.                                      |
|                     |                    | **Reduce rough sleeping**  
|                     | 1999 onwards       | Development of an integrated pathway from the streets (outreach contact) through hostels to permanent accommodation with tenancy support. Focus on rapid identification, contact and admission to direct access hostels, with beds reserved for the outreach clients. Increasing emphasis on ‘entrenched’ rough sleepers and recidivism prevention, *cf.* New Labour social exclusion target. |

self-harming behaviours. This role has hardly altered over the years although there has been a move towards serving more vulnerable and needy people. Today’s hostels are more likely than those in 1990 to accept clients with mental health or substance misuse problems or a history of violence who have greater support needs (Table 5.2). The hostels’ role in accommodating people with low support needs and providing low-cost accommodation for casual workers and others in housing need has correspondingly reduced. This change has involved tightening the inward referral procedures: fewer now take self-referrals. It has also involved developing good relations with the local community and managing the local environment to minimise the impact of hostels and the residents on the neighbourhood.

Many staff believed that this has been a positive change, because people with low support needs do not require the intensive services provided by many hostels. A few were concerned, however, that some groups of needy people who once used hostels are now excluded because of
the emphases on rough sleepers and structured help. Many hostels expect residents to meet regularly with key-workers, and comply with case-work and resettlement programmes. Some hostel staff believed that there is still too little assessment of the needs of rough sleepers and of the most appropriate ways to help them. They said that some rough sleepers are too readily guided into the ‘hostel system’. Box 5.1 presents a selection of their views.

### Table 5.2 Client groups accepted into London’s hostels

<table>
<thead>
<tr>
<th>Client groups</th>
<th>1990 %</th>
<th>2003 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>People with:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental health problems</td>
<td>62</td>
<td>96</td>
</tr>
<tr>
<td>Alcohol problems</td>
<td>62</td>
<td>83</td>
</tr>
<tr>
<td>Drug problems</td>
<td>53</td>
<td>74</td>
</tr>
<tr>
<td>History of violence</td>
<td>29</td>
<td>65</td>
</tr>
<tr>
<td>Self-referrals</td>
<td>67</td>
<td>33</td>
</tr>
<tr>
<td>Referrals from any agency</td>
<td>76</td>
<td>37</td>
</tr>
<tr>
<td>Number of hostels</td>
<td>77</td>
<td>110</td>
</tr>
</tbody>
</table>

*Source: Authors’ surveys.*

### Box 5.1 The role of hostels in providing temporary accommodation – the views of hostel providers, managers and front-line staff

There is always going to be rough sleeping and a need for hostels. In any free society people will fall through the net, and dealing with them is a necessary social service. Clients with low support needs can manage in bed-and-breakfast accommodation. We managed to get some of our clients into B&Bs and continued to support them through our day centre. They don’t need the services that hostels provide.

We have moved away from ‘traditional hostel’ provision to a more disciplined and structured approach. Money was the big driving factor in the way that homeless services changed to focus on rough sleepers. Most of our clients were not however rough sleepers … they stayed in hostels because it suited them. We may now be excluding some.

*Temporary accommodation and basic services*

The standard of accommodation and the basic services provided in hostels have greatly improved since 1990. Most residents now have single, furnished rooms, and most have 24-hour access to their rooms and a licence agreement which explains their rights. Catering arrangements have improved. While in both 1990 and 2003 around two-thirds of hostels offered breakfast and a cooked dinner, more now also have self-catering facilities (58% in 2003). Residents therefore
have the choice of buying a meal or cooking for themselves. Hostel rules are more relaxed, and most have removed restrictions on residents entering and leaving the premises (Figure 5.1).

As recently as the early 1990s, some hostels provided shelter at night but little else. They neither expected or pressured the residents to change their lifestyle. Some required residents to leave their rooms and even the hostel during the day. The Resettlement Units distinguished ‘casual users’ who were accepted for a night and had to leave the next morning, from long-term ‘residents’ who agreed to a resettlement programme and could remain in the accommodation during the day. As a manager of a Resettlement Unit explained, ‘there were no structured policies … people just booked in. It was hit-and-miss whether they got help’. Examples of hostels’ admissions policies and rules in 1990 are reproduced in Box 5.2.

**Box 5.2 Hostels’ admissions policies in 1990**

[New residents] must have a shower, hair-wash and clothes inspection on admission (Cedars Lodge Resettlement Unit)

All residents need to re-book nightly before 5 pm or their bed will be reallocated (Booth House)

[Residents] must be out of the hostel by 9.30 am and in by 11 pm (Benburb Base)

Will not accept alcoholics, vagrants, riff-raff and thieves (St Brendan’s Hostel)

*Source: Resource Information Service, Hostels Directory 1989-90*
HOSTELS AND THEIR REHABILITATIVE WORK

Over the last ten years, there has been increasing attention to addressing residents’ problems, to finding ways of increasing their motivation, and to helping them gain the skills required to lead self-fulfilling and productive lives. Most hostels now provide holistic and rehabilitative services to help residents tackle their problems and prepare for a move to long-term accommodation and away from a ‘homeless lifestyle’.

Individualised help and personal support plans

Nine-tenths of hostels provide individual case-work for the residents. It involves each resident being allocated a ‘key-worker’ who is responsible for assessing the person’s needs, developing a care-plan (action plan) with the client, and ensuring that the person receives the help that they need. In 1990, less than one-half of hostels had key-workers for all residents, and only one-quarter prepared care-plans. Many organisations have refined their assessment procedures. Centrepoint, for example, set up a ‘Support and Development Programme’ to enhance its assessment practice and to integrate the support services that they were providing to young homeless people. The programme covers health and well-being, basic skills and life-skills, and education, training and employment, and aims to increase motivation, self-esteem and independence. St Mungo’s ‘Star System’ monitors the progress of clients across seven dimensions: personal responsibility, living skills, social networks, substance risk, health, employability and accommodation.40

Training and activity programmes

Education, training and structured activity programmes for hostel residents have grown rapidly since the late 1990s, and several hostels now have specialist life-skills and meaningful activities workers (Figure 5.2). While most life-skills programmes are provided in the hostels, work and activity programmes tend to be extra-mural: the off-site setting fosters community links and reduces dependency on hostel services. Many hostel providers have formed links with adult and further education providers, and are members of Off the Streets and into Work, a network that provides employment training and guidance to homeless people in London. In 2002-03, more than 2,240 hostel residents participated in the scheme.41 ‘Sheltered’ work projects have been established for hostel residents who are unable or not ready to return to conventional work. They accustom the participants to the routine of working, and build confidence and motivation. Meaningful-activity programmes include sports, creative arts, self-development groups through music and drama, and peer-support training. Examples of activity and training programmes are given in Box 5.3.

In the past, many homeless people who were resettled in conventional accommodation experienced problems with daily living tasks and became homeless again.42 Life-skills training programmes have been introduced in hostels to enable the residents to develop the skills required
to run a home before being resettled. These programmes have more than doubled since 1990. A Depaul Trust hostel is divided into cluster flats with a shared kitchen for young homeless people; every resident cooks, cleans and house-keeps. Nearby, there are six move-on training flats for those ready for independent living. Broadway runs a pre-tenancy training programme, ‘It’s Your Move’, for homeless people preparing to be resettled.

**Box 5.3 Examples of innovative activity and training programmes**

*Look Ahead Housing and Care* has a thriving arts and photography programme, which involves hostel residents working with professional artists and exhibiting work in galleries.

*The Novas Group* ‘Placement Scheme’ offers work opportunities and training for nine months to service users. Those that successfully complete the placement are offered permanent jobs.

*St Mungo’s* has a carpentry and joinery workshop which users attend for six months, and a ‘Putting Down Roots’ scheme that designs and maintains public gardens.

The Thames Reach Bondway ‘Moving In / Moving On’ scheme enables clients to learn painting and decorating and then help newly-resettled homeless people in their accommodation. They have also developed a peer-education programme in collaboration with the City Lit Adult Education College.

The Depaul Trust runs ‘Drive Ahead’ which offers free driving lessons and tests. It engages with hostel residents who are ‘hard-to-reach’ and enables them to address literacy and numeracy problems.
The views of staff and residents

The hostel staff and residents that we contacted believed that the structured help that residents receive nowadays is valuable. As one manager said, ‘the more you introduce structured programmes, the more you can engage clients and work with them. One bit of structure in their lives motivates them to look at other unmet needs. People will change’. There was also a consensus that the training and activity programmes are valuable. They build motivation, skills, confidence and self-esteem, and prepare the residents for moving on. They also encourage socialisation, relieve boredom, are a distraction from heavy drinking, and reduce the number of incidents in hostels.43

Some staff believed that more thorough assessments of residents’ needs are required and that the help given with personal problems should be strengthened. They said that some tenancy failures occur because personal problems were not resolved before the person was resettled. Problems with the competence of some staff to carry out thorough assessments have been raised.44

The Provision of Specialist Mental Health and Substance Misuse Help

Hostels play an increasingly important role in accommodating and supporting homeless people with mental health and substance misuse problems, especially those who have been refused help by mainstream psychiatric services, and those who will not co-operate or comply with conventional consultations or treatment regimes. Approximately one-third of hostels have mental health, alcohol and drugs workers, or specialist teams that visit the hostels regularly. Some larger organisations have established their own mental health and substance misuse teams. In comparison, just 18% of hostels in 1990 had regular input from mental health workers and 3% from alcohol workers.

Several small specialist hostels exclusively serve mentally ill homeless people, and there are ‘wet’ hostels for heavy drinkers. They enable intensive and individualised work to be carried out with residents who have high support needs and chaotic behaviour, and find it difficult to manage in large generalist hostels. The emphasis of ‘wet’ hostels is on harm minimisation and controlled drinking, rather than enforcing abstinence. More recently, a few small specialist substance misuse units for drug users have been established in hostels. Since February 2003, a prescribing service for drug users has operated at St Mungo’s Endell Street Hostel in partnership with South Camden Drug Services. It was set up as a NHS Health Action Zone pilot, and successfully helped chaotic drug users who had previously not complied with treatment programmes.45 The scheme is now funded by Camden and Islington Mental Health and Social Care NHS Trust, and is to be extended to a second hostel.
The views of staff

There was a consensus among hostel managers and staff that *more* help is needed for residents with mental health and substance misuse problems. Some front-line workers believed that they require more mental health training. They are worried that the clients who need help are not recognised, and that their interventions might exacerbate an underlying mental illness. One manager explained the particular difficulties of helping residents who have drug problems – staff not only have to meet the client’s needs but also to address the influence and culture of peer groups. In 2003, just 3% of hostels had a member of staff with a mental health nursing qualification. Some managers and front-line workers believe that for residents with complex needs there should be more specialist hostels or units in the larger hostels, because in generalist hostels residents mix with heavy drinkers and drug users and are encouraged to take up or continue these habits.

Hostel staff find it very difficult to link their clients to statutory mental health, alcohol and drugs services. There are long waits once referrals have been made, and people with dual mental health and substance misuse problems commonly fall between the specialist services. Community mental health services are deficient, and some clients are assessed by these services but are refused help because they have ‘a personality disorder’. This means that the hostel staff have to work out how to help them without support from trained workers. The staff also find that the programmes provided by some alcohol and drug services are too structured and unsuitable for clients with chaotic behaviour (Box 5.3). The particular problems associated with drug misuse were described in the previous Chapter.

**Box 5.3  The difficulties of accessing mental health and substance misuse services: reports from hostel managers and front-line staff**

The local mental health team will not engage with our clients. Services won’t work with people labelled as personality disorder or dual-diagnosis – the same people are repeatedly shunned.

We have clients with bizarre behaviour but they are not diagnosed – they have undefined mental health problems. Mental health teams use labels such as personality disorder and will not help them. They are missing out on services.

Drug and alcohol teams will only work with people who are interested in abstinence ... more should be done for those who do not want to stop drinking or go on scripts. There should be more options around detox.

Hostels and the resettlement of residents

The ultimate goal of working with homeless people is that they move to permanent or long-term accommodation. Resettlement requires much more than providing housing advice, as many hostels once offered. It involves assessing a person’s housing requirements and their readiness to
be resettled, finding suitable accommodation, helping to furnish the tenancy and arranging for the utilities to be connected, assisting with the move, and arranging necessary support. Structured resettlement programmes have grown in recent years, and three-fifths of hostels now have designated resettlement workers. Broadway resettled 121 residents in 2003-04, and St Mungo’s resettled 676 clients into supported or independent housing in 2002-03. Resettlement is becoming more effective. Among the rough sleepers resettled through the Clearing House, the number who subsequently abandoned their tenancy or were evicted fell from 208 in 1998-99 to 98 in 2002-03.

The major obstacle to resettlement is the shortage of independent and supported accommodation: this was raised by most hostel managers. According to a 2003 survey of London’s hostels and supported housing projects, 30% of the residents (1,930 individuals) were ready to move on and waiting for accommodation. During the 1990s, many units of permanent accommodation were created for rough sleepers through central government initiatives. In addition, more than 400 homeless people were rehoused each year through the ‘HOMES’ move-on scheme into local authority or Registered Social Landlord tenancies. The number dwindled in the late 1990s and the scheme has now stopped. Another retrograde step was that in preparation for Supporting People, some housing associations withdrew annual quotas of accommodation for hostel residents. Several staff drew attention to the need for various types of supported move-on accommodation, including communal housing for residents who cannot or do not want to live alone. Several new approaches to creating move-on opportunities are being developed (Chapter 6).

HOSTELS AND THE REDUCTION OF ROUGH SLEEPING

Voluntary sector homelessness organisations have made a major contribution to achieving the government’s target of reducing the number of rough sleepers each night by two-thirds. It was met by 2002 – the number in London fell from 635 to 321. Hostel staff worked with street outreach teams and other agencies to realign their services for rough sleepers. Rules around alcohol consumption were relaxed, so not to deter heavy drinkers from using hostels, and more hostels accepted people with challenging behaviour. Almost one-quarter of hostels now accommodate homeless people with dogs, as some rough sleepers refused a hostel place because they had a dog. Twenty-four hostels in London earmarked beds for referrals from street outreach teams. Hostel staff worked in innovative ways to discourage rough sleepers from returning to the streets. Some were admitted repeatedly until they settled, and a few ‘entrenched’ street dwellers were allowed to sleep in the entrance lobbies of hostels until they became accustomed to being in accommodation. As a result, several middle-aged and elderly men and women with severe mental health problems, who had slept rough for more than a decade in central London, moved into hostels.
Hostels now play a vital role in minimising the duration, harm and public nuisance of rough sleeping. Although the number of people sleeping rough on a single night has decreased, the number who sleep rough in London over 12 months has not changed (Table 5.2). This suggests that rough sleepers are being helped more promptly by street outreach teams and persuaded to move off the streets. In 2003, more than 1,500 rough sleepers were admitted to London’s hostels and shelters.

Table 5.2 Rough sleepers in London contacted by street outreach teams

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Number</th>
<th>New contacts(^1) Number</th>
<th>Moved into hostels / shelters Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001/02</td>
<td>3179</td>
<td>1836</td>
<td>1208</td>
</tr>
<tr>
<td>2002</td>
<td>3324</td>
<td>1423</td>
<td>1330</td>
</tr>
<tr>
<td>2003</td>
<td>3186</td>
<td>1415</td>
<td>1521</td>
</tr>
</tbody>
</table>

Notes: 1. New clients of the street outreach teams.

The comparative costs of homeless people’s hostels

It has been claimed that hostels are an expensive form of accommodation for homeless people (and others argue the contrary). The comparative costs have not however been investigated, nor indeed the more searching question about the cost-effectiveness of different residential facilities (which would relate the outputs or benefits to the expenditure). What is clear is that the costs of a hostel place are related to the services provided (through the staffing ratio) as well as to factors that influence all group accommodation (number of places and vacancy rates). To illustrate, some mental health hostels are small and have trained mental health workers. They have higher unit (per resident) costs than a generalist hostel but, at the same time, may be a more appropriate facility for homeless mentally ill people. They are likely to provide more support (or benefit) and may therefore be more cost-effective.

Cost and cost-benefit comparisons should therefore be made strictly only for comparable client groups. There are other complications. The majority of hostels have many very short stays, which raise unit costs partly because they tend to reduce occupancy levels. This is the cost of providing direct or immediate access, and of providing facilities that reduce the need for people to sleep on the streets. No other residential facilities provide this service or bear these exceptional costs. Claims that homeless hostels are an ‘expensive alternative’ have to the authors’ knowledge no basis in evidence. Any agency that makes the assertion can reasonably be asked to show how the conclusion was reached.

Conclusions

In their evaluation of the work of the Rough Sleepers Unit, Randall and Brown (2002: 29) referred to hostels as ‘a weak link in the chain from the street to permanent housing. Although
many are doing excellent work with a very difficult client group, some could be characterised as an expensive, temporary shelter for people who cannot be helped by other social care agencies ... low standards of accommodation and care are tolerated in some hostels ...’. A long critique could be written of this contingently-expressed, partly illogical and, when quickly read, disparaging assessment. One recalls that Ministers of State accept that a few NHS hospitals have a low standard of care in a named specialty, but praise the excellence of the majority. If other social care agencies cannot or refuse to accommodate certain rough sleepers and other excluded groups, on what comparative basis can their stay in hostels be rated as expensive? What is the value of keeping them off the streets? The statement exemplifies the distortions that arise when a narrowly-conceived target is applied to a complex and heterogeneous welfare safety-net service.

The immense contributions that hostels have made both to the success of the government’s rough sleeping programmes over more than 12 years, and to the well-being of homeless people, deserve a more balanced and supportive evaluation. As this report has amply demonstrated, London’s hostels for single homeless people have made substantial progress in modernising their facilities, extending their services, and taking on and succeeding in new and more roles. Their low-intensity support services are now more purposeful, holistic and individualised, while at the same time they are working with more needy and vulnerable clients. Much progress has also been made in developing collaborations with other agencies, in order to prepare residents for conventional and purposeful lives, and to encourage those with addictions to accept help. Hostel staff have worked hard to enable the residents to move on more quickly, but for reasons beyond their control have found the opportunities reducing. The provider organisations have assiduously developed innovative schemes, by accessing many sources of funding, and through creative adaptations of old buildings.

Using their expertise in working with alienated and difficult client groups, the organisations have also played a major part in tackling undesirable and nuisance street behaviours, and in delivering the politically important but ‘sideline’ target of reducing rough sleeping. Local authorities and the police have relied on the specialist skills and humanitarian approach of the homelessness sector organisations when closing several ‘cardboard cities’ in London where homeless people used to congregate, e.g. at the Embankment, the South Bank, Lincoln’s Inn Fields, and the Bullring, Waterloo. Step-by-step, the homelessness sector organisations have been drawn into providing important components of Britain’s welfare safety-net. Their roles have elaborated far beyond the provision of direct-access shelter and basic services. They are now vital providers in a post-industrial, modern welfare state that focuses on the prevention of social exclusion and support for vulnerable people that fall through or are excluded from the welfare safety-net.
Since 2002, two major changes have transformed the financial and ‘market’ situations of homeless people’s hostels throughout England and Wales. One is a substantial reform of the public exchequer’s contribution to hostels’ running costs and therefore their revenue base, the introduction of Supporting People; the other is the transfer of the strategic planning and commissioning responsibilities from the Homelessness Directorate to local authorities (the Boroughs in London). Because London’s voluntary sector homelessness organisations grew substantially during the 1990s, by developing the ‘complete service pathway’ to tackle rough sleeping, they became accustomed to direct central government commissioning. Several have long experience of providing services commissioned by the Boroughs and by provincial local authorities, but the more a provider organisation had committed itself to the rough sleeping strategy, the more radical was the effect of the new commissioning framework. Nowhere have these effects been more disruptive than on the organisations providing services for homeless people in central London.

A key task of this project has been to understand the implications of these two changes and the appropriateness and sufficiency of the adaptations made by the main players, i.e. the non-statutory providing organisations and the local authorities. The key questions include: What are the required new ways of working for both sides? How well have they been understood? How adequate have been the adjustments so far, and what more needs to be done? The changes in the sector’s ‘governance’ are of great importance because the voluntary sector homelessness service providers operate in a highly managed and subsidised welfare ‘market’. This is sustained much more by public funds than by either charitable donations or users’ (own-payment) fees.

The ‘mixed-economy managed market’ is not entirely new nor a product of the 1990s ‘welfare managerialism’. The origins were much earlier – the National Assistance Act 1948 gave local authorities the responsibility ‘to provide temporary accommodation for persons who are in urgent need thereof’. The accommodation was provided in their own directly-managed hostels, by faith-based and other non-statutory charitable providers, and by private landlords. Nonetheless, the high political profile of rough sleeping throughout the 1990s, and the target-led programmes of service development and funding, greatly increased public spending and therefore the influence of central government. That, in turn, almost inevitably implied major changes in the planning, commissioning, auditing and regulation of the provision. It created a strong central authority and funding agency that asserted strategic policies for the country and for London, not least because the numbers of homeless people and the associated problems are much greater in the capital than elsewhere. The transfer of the commissioning role and power to the Boroughs in
2002 has introduced further radical changes, among which has been the demise of what was, in effect, a national (and pan-London) strategic authority.

**Services demand and supply pressures**

The governance ‘revolution’ of the last two years has coincided with other mounting problems and stresses for the provider organisations. Difficult ‘demand’ and ‘supply’ problems have exacerbated. On the demand side, the pressures can be generalised as the mounting pathologies of an increasingly affluent but unequal society: substance abuse and addiction, and the housing difficulties of people with low capacities compounded by social exclusion. As many of our informants have made clear, the pressures are compounded by the increasing expectations of the clients, fuelled by a ‘rights’ ethos.

On the supply side, London’s voluntary sector homelessness service providers are faced with the cost-pressures of operating in a major world city that has experienced a long period of high economic growth. The main impacts are the rising costs of land, property and labour. Most providers report increased problems in the recruitment and retention of high-calibre staff. Put simply, even without the governance changes, the homelessness organisations perceive an increasing expectation that they provide more intensive and specialised services, but are finding that their ability to deliver is increasingly impeded by financial and staffing problems.

**A triad of challenges**

The current challenges for London’s hostels can be summarised as three sets of pressures or checks on their operation: rising demands, increasing delivery difficulties, and funding changes (Figure 6.1). The net effect is to constrict the work of the hostels: indeed the overall trend in the last few years has been for the number of beds to fall, and commentators are predicting that many of the provider organisations (particularly the smaller ones) will either fold or withdraw from homelessness service provision.

The downturn is all the more difficult to adjust to after two decades of increased funding, expanded provision (particularly of more specialist housing and help), and of organisational growth. Many perceive a callous inconsistency between rising needs and demands and reduced public support. There is however an alternative and more optimistic view of the current conditions. It is that the changing needs of homeless people in London and the rising expectation that they will be helped to return to conventional lives and accommodation present exciting opportunities for forward-looking, non-statutory housing-plus-support providers. To understand the service needs and the funding opportunities requires a strategic, systematic, professional and outcome-orientated approach. Constructive partnerships are required between the Boroughs, that have the duty to ‘tackle homelessness’ and social exclusion, and the voluntary sector homelessness service providers, that have the capacity and expertise to deliver.
Such constructive partnerships are entirely consistent with the goals of the new homelessness legislation and specifically of the transfer of strategic and commissioning responsibilities to local authorities. As we wrote in the *Homelessness Factfile*, ‘The *Homelessness Act 2002* sets out a radical plan for new administrative arrangements and welfare practices in response to homelessness. Legislation, however, does not guarantee change, and in the field of local government, to which many of the proposals apply, certainly not rapid change.’

Our contention is that neither the local authorities nor the voluntary organisation providers have fully understood or implemented the new arrangements in ways that will maintain an integrated homelessness service system in London. It is particularly difficult for the homelessness sector providers as they are working with different and diverse local authorities that have different priorities. The new arrangements will not go away (even with a change of government) and are likely to stand for at least another decade. It is the responsibility of all stakeholders to adapt and to make them work. They can work, and they can produce an integrated and progressively more effective spectrum of service provision, and may even produce more organisational stability despite the customary local authority practice of yearly contracting. Among other benefits, this would reduce staff insecurity and make a contribution to alleviating the current recruitment and retention difficulties.
The remainder of this chapter focuses on three major challenges that face London’s hostels and the provider organisations: responding to the changing needs of the users; working constructively and pro-actively with numerous and diverse statutory funders; and exerting more influence on policy and welfare practice.

**RESPONDING TO THE NEEDS OF CLIENTS**

*The future configuration and roles of hostels*

Several hostel managers and senior staff believe that hostels which accommodate all client groups and provide generic services are less effective. They described particular difficulties in working with residents who have mental health and substance misuse problems and chaotic behaviour in large generalist hostels, and the difficulties of mixing different ethnic groups with different support needs in one hostel. The managers are also concerned that several homelessness sector organisations provide similar services, and argue that it would be more efficient if different organisations, or particular hostels, concentrated on meeting different needs.

The current arrangement of various homelessness organisations working with similar client groups introduces an element of competition among providers, incentives to improve their services, and also gives clients choice. We recommend however active consideration of the practicalities of achieving more differentiation and specialisation among London’s hostels, for example, by the sex, age or problems of the residents. It will require a collective review of the client groups that the hostels serve both to identify gaps and duplication, and to respond to recent changes in the needs of London’s single homeless people. Hostels exclusively for people with mental health and substance misuse problems would increase the range of specialist capabilities, but would have to be small and therefore would be costly to run. As explained by one local authority officer, the challenge is ‘to get commissioners and managers to look at the bigger picture of dealing with vulnerability – small hostels are dear but cheap in comparison to prison and hospital admissions’. Another possibility is to separate the residents with low support needs. At present, because there is no alternative, many are accommodated in hostels with a high staff-resident ratio and specialist support services. Their transfer would free beds in high-support hostels for people who need it.

Several managers suggested that there should be small ‘assessment centres’ across London which are the first point of contact for single homeless people. The length of stay in the centres would be limited, allowing time for people’s needs to be thoroughly assessed and for appropriate support and service interventions to be put in place. One option might be a transfer to a hostel. Another could be a return home following mediation work. This would ensure that people are not unnecessarily drawn into the ‘hostel system’. At present, ‘Rolling Shelters’ provide this function for rough sleepers, but there is no comparable service for other single homeless people. One such centre, with 14 beds, has been set up by the *London Borough of Camden. Westminster City*
Council is working with Passage House to develop a similar service. Comparable facilities have been established by the city councils in Glasgow, Liverpool and Manchester.

A problem facing some hostel providers is the future of the large, unrefurbished Victorian hostels, some of which are recognised as obsolescent and ineffective. There are several possible options. They could be refurbished and used as temporary accommodation for single homeless people with low support needs, and possibly other groups in housing need such as legitimate recent migrants. Depending on their physical layout, they could be divided into smaller units offering various services, such as an assessment centre, a substance misuse unit, second-stage accommodation, and that for older people or for women. One advantage of this arrangement is that clients would remain in a familiar setting but move from one unit to another as they progressed. It also means that the functions of the various units could be modified to meet the changing needs of clients. An example of this configuration is King George’s Hostel, managed by the English Churches Housing Group, which is divided into clustered units each with eight beds. The residents have access only to their cluster, and are therefore less likely to feel that they are in a large institution. The Homelessness and Housing Support Directorate’s capital budget for 2004/05 is being used to start the process of improving the physical state of hostels. Less positive options for the large hostels are to sell them for affordable general-needs housing or to a property developer.

Working with residents who have mental health and substance misuse problems

Hostels are playing an increasingly important welfare role in accommodating and supporting homeless people with mental health and substance misuse problems, and as a consequence the staff find it difficult to help the residents partly because they receive little support from mainstream specialist services (Chapter 5). The shortage of community mental health and alcohol and drug services, and the reluctance of these services to work with people who have dual-diagnosis or personality disorder, are well-documented. Complementary ways of working with the specialist services need to be worked out by homelessness sector organisations, including breaking down the barriers between the voluntary and statutory sectors. Several hostel managers complained about the difficulties of accessing detox services for their clients, and the unsuitability of structured treatment programmes for people with chaotic behaviour. This prompts questions about the role of hostels and the feasibility of providing on-site treatment such as detoxification.

Concern was raised many times about the skills of the hostel staff in assessing and planning care for people who have mental health and substance misuse problems. Several frontline workers believed that they require more training. A 2004 report by Turning Point, the National Housing Federation, the Royal College of Practitioners and others believed that the status and training of staff who work with drug misusers should be improved. Many large homelessness sector organisations have staff training programmes, and short courses are provided...
by organisations such as the *South Thames Assessment, Resource and Training Team* (START). There needs to be a review in collaboration with specialist agencies of the training needs of homelessness-sector staff who work with clients who have mental health and substance misuse problems, bearing in mind the sector’s need to compete with other service-providers for local authority funding.

**Moving people out of hostels**

The shortage of independent and supported move-on accommodation and the difficulties of resettling hostel residents were described in the previous chapter. Some organisations, such as *Broadway*, have increased the maximum length of stay in its short-term hostels. This means, however, that hostels become silted and unable to accommodate new homeless people (Figures 6.2 and 6.3). Insufficient low-cost housing is a widespread and well-recognised problem in London and the demand remains high. According to the 2004 *Barker Report*, there is a need for 17,000 units of social housing each year nationwide to meet the flow of new households and 9,000 units a year to cover the backlog. Many homelessness sector providers recognise that the goal of resettling all clients in independent flats is no longer feasible, and that new move-on options have to be created.

<table>
<thead>
<tr>
<th>Near unrestricted access policies</th>
<th>Assessment and care planning</th>
<th>Preparation for move-on</th>
<th>Placement in appropriate move-on accomm – very often short-term</th>
<th>Preparation for long-term independent accommodation</th>
<th>Move to long-term housing</th>
</tr>
</thead>
</table>

*Figure 6.2 The ideal resettlement pathway through homeless hostels*

<table>
<thead>
<tr>
<th>Admissions not related to the helping capacity and staffing level</th>
<th>Assessment and care planning</th>
<th>Sitting</th>
<th>Shortage of move on accommodation</th>
<th>Sitting</th>
<th>Shortage of long-term housing</th>
</tr>
</thead>
</table>

*Figure 6.3 The interrupted pathway and hostel ‘siling’*

Homelessness sector service providers need to work closely with local authorities, including *Supporting People* teams, to explore housing options in the statutory and private-rented sector. One possibility is for some units of social housing to be ‘ring-fenced’ as move-on accommodation for single homeless people so as to prevent hostels becoming silted. This would be in the interests of the local authority as well as the hostel providers and the clients. Many hostel residents are vulnerable and it is likely that some would be assessed as in priority need for rehousing if they were referred to local authority housing departments. This option should be used more often. Rent Deposit Schemes offer opportunities for homeless people to access private-rented accommodation. One such scheme has been set up by *Anchor House*, east London, while the *London Borough of Brent* in collaboration with *The Novas Group* has launched a ‘Save
As You Stay’ scheme. The participating hostel residents save part of their income each week in a bank account towards the deposit for private-rented accommodation, and the council matches the amount saved. Other initiatives include ‘Locata’, which was set up by Brent, Ealing, Harrow, Hillingdon and Hounslow Councils (together with some housing associations) to enable homeless people and tenants in west London to bid for rented accommodation;53 and the ‘Move-On Alternatives Project’ in north London, which is a collaborative venture between housing and homelessness organisations to bring about rehousing options including the use of private-rented accommodation and moves out of London.54

It is important that the effectiveness of new move-on schemes for resettled homeless people are monitored. The poor state of some private-rented accommodation, and the unscrupulous or irresponsible behaviour of some landlords is well-documented.55 A radical proposed change to Housing Benefit, that is currently being piloted among private-sector tenants and is due to be piloted in the social housing sector in early 2005, could be detrimental for some people. Instead of Housing Benefit being paid directly to the landlord, a flat-rate ‘local housing allowance’ is paid to tenants who then pay the rent and keep any surplus. There is concern that vulnerable people with poor budgeting skills or addiction problems will not pay rent and will accrue arrears, and that private landlords will be increasingly reluctant to let their properties to social security claimants as their rent will no longer be guaranteed.56

Tackling the uneven distribution of hostels in London

Chapter 3 described the uneven distribution of London’s hostels. There is a concentration in the central area and few hostel beds towards outer London, particularly for homeless people over the age of 25 years. Some outer London boroughs still rely on basic shelter provision, which opens only at night for two or three months in the winter and provides minimal services. Characteristically the shelters are provided at a different church-hall each night, and the users have to leave the premises during the day. The Borough of Newham has operated a ‘rotating shelter system’ each winter since 1994. Compared to the services now offered by many London hostels, this is an unacceptable and unsettling way to provide temporary accommodation and help to vulnerable people.

Ways to provide acceptable temporary accommodation to single homeless people in outer London need to be explored. One strategy is for experienced homelessness sector providers to be proactive in demonstrating unmet needs in these areas, and in putting a case to local authorities and the Greater London Authority about the services that are required. One solution is to establish hostels in the boroughs where services are lacking, possibly a single hostel to serve a cluster of adjacent boroughs. Another is to make arrangements for homeless people from outer London boroughs to be accommodated in inner London hostels. This may be less satisfactory if, as anecdotal reports suggest, homeless people prefer to stay locally and are reluctant to move into central London. Moreover, it would add to the problem in the city centre.
WORKING WITH THE STATUTORY FUNDERS

The recent changes in the commissioning and funding environment have had profound implications for the non-statutory provider organisations. Put simply, a framework in which a central government office determined priorities and made funds available for closely specified purposes has been replaced by a Boroughs-led ‘services market’. Everyone in the sector has been impacted by the change, yet even those most closely involved may not have a full appreciation either of the underlying principles and implications of the new arrangements, or of the motivations and stresses upon the ‘other side’. To make the changes and the new working arrangements very clear, the following paragraphs set out the main features of the old and the new commissioning framework.

The ‘reduce rough sleeping’ commissioning framework

At least since 1990, when the Conservative government set up the Rough Sleepers’ Initiative (RSI) ‘to make it unnecessary to have to sleep rough in central London’, and until 2002, there was a direct link between central government policies and the non-statutory homeless service providers (see the upper chain of boxes in Figure 6.4). The rough sleeping issue attracted front-page media coverage and, in the minds of tabloid journalists for a while had the traits of the ‘moral panic’ that today attends paedophilia. The government’s policies were high priority in the domestic agenda, discussed and decided by the Cabinet, and announced by successive Prime Ministers in parliament and ‘on the stump’.

Once the ‘action’ programme was decided, a specialist Departmental team, effectively a separate agency, was created to implement it, funds were made available and commissioning was fast. Over the three 3-years funding periods of the RSI, and during the succeeding Rough Sleepers Unit (RSU) and Homelessness Action Programme (1999-2001) and then the Homelessness Directorate (HD), the provider organisations that successfully delivered the key services, namely hostel beds and the ‘Contact and Assessment’ and ‘Tenancy Sustainment’ teams, became vital cogs in the programme machinery. There was a mutual dependency, although the 3-year commissioning rounds with their sharp changes of objectives meant that the relationships between the RSI/RSU/HD and the provider organisations were never cosy. Twelve years was perhaps long enough, however, to persuade those involved that the modus operandi was ‘normal’ and would endure.

It has not, and one manifest problem for many provider organisations over the last two years has been to understand the changed policy, programme and commissioning frameworks in which they are working, and to work out who are the key players, what are the provider organisations’ strong cards, and what should be their roles. From their perspective, the key formal change under the Homelessness Act 2002 has been that the primary planning and commissioning role for homeless people’s services now resides with the local authorities, viz. in London the 32 Boroughs and the City of London. This change ends the exceptionalism of single homeless people’s
A. The ‘reduce rough sleeping’ programme

Strong influence of public opinion, media and parliamentarians

Sounding out ministers, directly involved Boroughs (esp. Westminster and Camden). Green Papers on legislative changes, and Select Ctees.

Cabinet and departmental ministers identify priorities

Specialist team of civil servants tasked with implementation, with business-style leadership.

Ministers and appointed team elaborate and announce priorities

Fast and direct commissioning by ODPM from known and trusted providers

Advocacy and lobby organisations publicise views, including ‘clients’

Minor roles for advocacy bodies and specialist providers

Key role for specialist homeless service providers

Notes: The shaded boxes are the locations of greatest influence and power in the policy formulation, programme development and service commissioning processes. 1. Apart from ‘public safety’ issues and their effects on community mental health priorities, and some fall-out from mass media coverage of NHS and child protection.

Figure 6.4 Models of programme development and commissioning
services commissioning, for it is the norm in Britain for specialist social welfare provision to be provided by charities and non-profit organisations with revenue support from the public exchequer channelled through local authorities.

Several of London’s single homeless people’s service providers are also housing associations and registered social landlords and have had extensive experience of local authority commissioning and contracting: the unusual feature is that several have not. Contracting is facilitated if the provider learns about the local authority’s problems and imperatives (often another directive or requirement from central government) and, through a partnership approach, works out ways in which needed services are best provided and funded. The process should then produce the funding and help the authority meet its targets.

Local government commissioned social welfare support programmes

The formulation and implementation of local authority commissioned social welfare programmes are set out in the lower set of boxes of Figure 6.4. The processes are complex, iterative and protracted. It can take years for a new programme about which there is widespread enthusiasm to receive central government authorisation and be announced, and many more before all local authorities fully implement the programme and for commissioning to settle to a routine. The driving forces currently are central government’s broad policies on, among other things, local government, the delivery of public services, social exclusion, affordable housing and rebuilding communities. In all this, of course, the provision of services for homeless people, and particularly those without statutory grounds for priority re-housing, are a very small part.

There are two key areas of decision making and influence, one at the policy formulation, priority setting and ‘detailed drafting’ stage, the other at the ‘service commissioning’ stage (lower right, Figure 6.4). Commissioning is far from straightforward. On the one hand, there is a strong framework designed to achieve Best Value (and prevent corruption), including performance monitoring, audits and the periodic inspections of the Audit Commission. On the other hand, the procedure for the delivery of housing-related and personal welfare services is far subtler than open tendering or ‘award to the lowest price bidder’. Housing-related and social services are normally purchased with annual contracts, and the negotiations are as much around meeting as many as possible of the local authority’s targets, e.g. on ‘equal access’ and ‘charging’, as around price. The parties have to understand each other’s aims, interests and ‘reserved positions’. This implies, of course, long-term contact to grow mutual understanding.

A particular problem in London is apparent: there are 32 Boroughs (and the City). It would be a nonsense for 30 or more smallish homelessness sector providers to develop mutual understanding with 33 commissioners. It might be best to collaborate either by forming a member association or by dividing London into zones and sectors upon which a proportion of the provider associations concentrate. There is extensive ‘official’ guidance on the ODPM and the
Local Government Association (LGA) websites but mainly for the officers and elected members of local authorities. The guidance does, however, depersonalise the process, when the most important ingredients are mutual understanding and good relationships between the providers and the key commissioning staff. The government (through both the ODPM and The Treasury) has been strongly promoting better practice in local government ‘procurement’, to achieve better value for money and to provide a fuller range and improved services to the public.

During 2000, a joint DETR/LGA-sponsored Taskforce conducted a review of local government procurement and commissioning. It looked at current practice and sought to develop practical ways to improve commissioning and procurement of goods, works and services within local government and the Best Value framework. The review led in 2003 to the National Procurement Strategy for Local Government. A report of the supporting research, Local Authority Procurement: A Research Report, came to the conclusion that ‘local authorities do not find contractors reluctant to compete for their business as a rule. It is more often the case that there is no developed market for the specialist requirements of a particular contract. It would appear that social services staff often come up against difficulties in finding enough suitable providers. … three-quarters of local authorities have considered how to increase interest from potential suppliers, the most popular ways of stimulating market interest [being to] hold pre-tender discussions with prospective contractors’.

These remarks were echoed in our interviews with local authority staff. Box 6.1 presents a selection of the comments received from officers of homelessness and Supporting People teams about ways of working with the voluntary sector providers, and about their agenda for homeless people’s services. They report that local authorities have access to budgets for social welfare (and housing-welfare) initiatives, but that capable suppliers are too few.

Local authority commissioning of services for homeless people from voluntary sector organisations is still immature. Most are not especially well informed of local welfare needs beyond their direct statutory responsibilities. The recent Audit Commission evaluation of the first local authority homelessness reviews and strategies criticised those that denied that they have homeless people, those that had not developed a ‘holistic’ view of needs and provision, and those that had shown little diligence or imagination in using local forums and partnerships with local voluntary organisations.

Supporting People

During the 1990s, public-exchequer housing-related support was funded from several sources, chiefly Housing Benefit, as well as The Housing Corporation, the Department of Health and the Home Office. As David Batty commented on the announcement of Supporting People, ‘housing benefit was never meant to fund care services and has come under increasing scrutiny. A 1997 court ruling stated it could only pay for such support in limited situations. This threatened the viability of hundreds of supported-housing projects. The government introduced a transitional
Box 6.1. Commissioning and partnership working: observations by local authority homelessness services and Supporting People officers

A partnership works if people are committed to it and have shared aims (inner Borough officer).

Supporting People brought the voluntary agencies into the contract world but they do not have the knowledge. It is difficult to get basic information from them: they fail to provide the information which shows if a service is value for money … [some] are very good at spotting issues and putting systems in place (outer Borough officer).

Hostels should not be so big – they should be more task-orientated … yet small specialist hostels are not financially viable. The challenge is to get commissioners and managers to look at the big picture of dealing with vulnerability (inner Borough officer).

We are willing to explore setting up a project for very hard to engage people. … We lever Health Action Zone funding and drug money into hostel provision (inner Borough officer).

In each of the ‘hotspot’ areas of (inner Borough), there should be a front-line assessment centre, a direct-access hostel, and cluster accommodation and training flats. At the moment we have too much of the same type of service.

All Boroughs should have local provision. We need to spread provision around and get rid of some of the central London hostels (central London officer).

[housing benefit] scheme, but [in 2001] announced Supporting People, a new consolidated grant to replace the various funding streams’. Batty continued, ‘the main aim of Supporting People is to provide service users with help tailored to their individual needs. It will end the link between support and housing tenure. The current system is biased towards supported housing, hostels and council accommodation. But under the new arrangements, [people] will have access to visiting support services to enable them to remain in their own homes. People leaving institutions (such as prison) or who have been homeless will also get help to set up home. Local authorities will identify users’ needs and commission appropriate services through local Supporting People strategies.’

Supporting People (SP) was introduced in April 2003. It has preoccupied many homelessness service providers, from hostel managers having to complete monitoring forms, to the management having to negotiate unfamiliar contracts with people they often did not previously know. It should also be remembered that the new programme has also made heavy calls on local authority officers’ and the civil servants’ time. The changes have been pervasive and are financially intricate: they are not readily understood by those without financial or accountancy skills.

The financial out-turn

By mid-2003 it was apparent that local authorities had responded to the new funding arrangements introduced by Supported People in unanticipated ways, and that total expenditure would be far greater than first estimated. Independent financial consultants RSM Robson Rhodes reported that the expenditure, at £1.8 billion, ‘is costing twice what the government originally
estimated, the price of individual schemes for the same kind of service vary wildly, and despite taking five years to implement the programme is still not being allocated according to need. It is also paying for care services it was never intended to fund’. ⁶³, ⁶⁴

In August 2004, the government announced that the Supporting People programme budget was to be cut by £80m (down to £1.72 bn) in 2005-6. For each of the following two years, the budget would remain at about £1.7bn. As Jenny Edwards, the Chief Executive of Homeless Link wrote, the cut ‘is of deep concern to organisations that provide vital services to vulnerable groups including homeless people. … There is no clarity at present on how these cuts will be managed, where they will fall and the potential impact on much-needed services. For homelessness agencies in the voluntary sector, the lack of planning over the figures has hampered organisation for existing and future service development. … there is widespread concern that the reductions … are likely to fall hardest on vulnerable homeless people and those who support them. Inevitably local authorities will be under pressure to preserve their in-house services and to focus on vulnerable groups who may be perceived as more popular with their electorates.’ ⁶⁵

The funding prospects

Several recent announcements from The Treasury, ODPM, the Home Office and the Department of Health make it clear that as long as ‘New Labour’ remain in power, there will be many opportunities to build the ‘new generation’ of services that this government sees necessary to combat social exclusion, inequalities in health and life-opportunities, addiction, anti-social behaviour and homelessness. In the Prime Minister words, ‘The vision of a true opportunity society replacing the traditional welfare state can be realised only if we deepen the changes we have made to the country and have the courage to see them through’. ⁶⁶ He continued:

Labour’s proudest 20th century boast was that our 1945 government created the welfare state and did more than any other government of the century to attack poverty, promote equality and unify the country. The values [then] are our values [today]: equity, solidarity, a society of mutual obligation; the condition of the poor and less advantaged, the test of humanity and decency for the nation at large. Yet the institutions they created 60 years ago were rooted in social conditions and assumptions radically different to those of today. It is this difference which is the starting point for my argument today.

Mr Blair went on to describe new initiatives to reduce the numbers without basic skills (numeracy and literacy) and addicted to drugs ‘all of it pervaded by a strong commitment to the values of social justice, equality and opportunity for all’ (op. cit.). Other signs that the government will be keenly interested in supporting new approaches to exclusion, addiction and anti-social behaviour emanated from the 2004 Treasury Spending Review. A White Paper on Public Service Agreements 2005–08 (PSA) was published in July 2004: ‘The 2004 PSA targets seek ambitious further improvements in key priority areas and are based on experience, evidence and analysis’. ⁶⁷ The areas include ‘Tackling social exclusion and deprivation’ and ‘drugs problems’ (Box 6.2).
Box 6.2 Social exclusion, deprivation and illegal drugs targets in the 2004 Spending Review

Floor targets for key government departments are aimed at levering up the performance of public services towards the national average in areas where delivery is unacceptably weak, particularly in deprived areas. [The improved] targets ensure more effective targeting of mainstream resources to deprived areas … :

- in health, retaining the overall target on narrowing the gap in life expectancy, and introducing new floor targets to reduce the inequalities gap between the fifth of areas with the worst health and deprivation indicators and the population as a whole by at least 40 per cent for cardiovascular disease and by at least 6 per cent for cancer, and to reduce adult smoking prevalence;
- a new national target to reduce the proportion of young people not in employment, training or education by two percentage points by 2010;
- an improved target on self-employment in deprived areas;
- a new target to help tackle persistent pockets of worklessness, by increasing the employment rate across the local authority wards with the poorest labour market performance by one percentage point, and reducing the gap between the employment rate across these wards and the national average by one percentage point;
- a challenging target on tackling crime, especially in high crime areas;
- a new target on making public spaces cleaner, safer and greener in deprived areas and across the country; and
- an improved national target on neighbourhood renewal, on narrowing the gap between deprived areas and the rest in key outcomes on crime, health, education, worklessness, quality of public space and housing.

1.34 [The] PSAs also feature cross-cutting PSAs covering the Criminal Justice System and Action Against Illegal Drugs (see Chapters 20 and 21). This reflects the fact that the agenda in these areas is underpinned by a number of targets, with each target being led by an individual department. In order to deliver the overall aim, action needs to be taken across government. For example, the Action Against Illegal Drugs PSA is made up of targets which are led separately by the Home Office, Department of Health and DfES.

The PSAs have also been strengthened to reflect the conclusions of Devolving Decision Making: I – Delivering Better Public Services: Refining Targets and Performance Management, published with the 2004 Budget. The major change is a move from input targets to outcomes. The White Paper sets out the PSAs for the main departments covering the period 2005 to 2008 and beyond. Section 5 sets out the ODPM priorities and targets: those matters relevant to homelessness services are extracted in Box 6.3.

Some may find these announcements and their jargon wearisome, but the important fact is the strong current of policy development concerning many of the problems that characterise hostel residents. Many of the new funds will be administered through local authorities, but other substantial programme will be directly managed by the Home Office, the DfES and the Department of Health. The central government civil servants and the officers of the Boroughs will be under relentless pressure ‘to deliver’. Organisations that can help them in this work will be welcomed and supported.
Box 6.3 ODPM priorities and targets in the 2004 Treasury Spending Review

**Aim:** Creating sustainable communities.

**Objectives and performance targets:**

Objective I: Tackling disadvantage by reviving the most deprived neighbourhoods, reducing social exclusion and supporting society’s most vulnerable groups. 1. Tackle social exclusion and deliver neighbourhood renewal, working with departments to help them meet their Public Service Agreements (PSA) floor targets, in particular narrowing the gap in health, education, crime, worklessness, housing and liveability outcomes between the most deprived areas and the rest of England, with measurable improvement by 2010.

Objective III: Delivering better services, by devolving decision making to the most effective level — regional, local or neighbourhood:

- Promoting high quality, customer-focused local services and ensuring that adequate, stable resources are available to local government; and
- Clarifying the roles and functions of local government, its relationship with central and regional government and the arrangements for neighbourhood engagement, in the context of a shared strategy for local government.

4. By 2008, improve the effectiveness and efficiency of local government in leading and delivering services to all communities.

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*The Cabinet Office London Project*

In July 2004 the Cabinet Office Strategy Unit published a *London Project Report* on strategic issues facing London. It recommends that, ‘further work be undertaken to consider whether public services should be delivered in different ways in London, and how services can learn from each other about measures to recruit, retain and motivate staff. … This includes work looking at investigating options and feasibility for reforming social housing in London. It will also look at the potential to release equity tied into the London housing stock in order to fund local regeneration and more balanced and sustainable communities. [It also] recommends that further work be undertaken to develop understanding of the characteristics of London’s unemployed population, so that services can be tailored to their particular requirements [and to] better coordinate training in English for speakers of other languages (ESOL)’. Homelessness issues are given some coverage.

The report finds that ‘London’s workless are more likely to have at least one characteristic making them vulnerable in the labour market’. In addition London contains: (i) estimated 23% of the UK’s drug-dependent adults, (ii) a quarter of all cases of homelessness, (iii) one-fifth of all households on local authority waiting lists, (iv) half of all rough sleepers in England, and (v) at least three-quarters of the UK’s asylum seekers (p. 102). The report ends with ‘Public services: recommendations’, which include ‘continuing expansion of “temporary to permanent” housing schemes which offer a more stable environment in which homeless households can put down roots in a community’.

The government’s and the *Greater London Authority*’s agenda for homelessness, temporary accommodation, social exclusion, drug addiction and anti-social behaviour in the capital are still
being discussed. This report, the ODPM Select Committee announcement, and the comments heard during our interviews at the ODPM, GLA and elsewhere, suggest that there is recognition of the continuing need for special measures and to tackle cross-boundary issues. It seems likely that a special unit to be responsible for strategic issues (although perhaps not commissioning services) will be preserved, and most probable that this will be vested in the GLA.

**Other potential sources of statutory funding**

Several of the pan-London consortium members have a long and laudable history of working with specialist mental health and drugs-treatment teams, and recently a number have launched innovative specialist services funded singly or jointly with NHS and Department of Health funds. Other providers have developed staff training and peer education schemes in collaboration with vocational training agencies with funding from the DfES and the Learning and Skills Council. Many of our informants have described the opportunities for many more initiatives (Box 6.4), seeing that they will link to the priorities to reduce health and other inequalities. There are complications, of course, for the needs of homeless people overlap with the needs of others with addiction problems, mental health problems, and skills (and motivational) deficiencies. Other statutory agencies and funding programmes are or could be involved.

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**Box 6.4 Observations on funding sources by Borough homelessness services officers**

The voluntary sector should look at health authority (*sic* meaning NHS Trust?) money more.

The ex-OPDM (*Homelessness Directorate*) money was passed to the Boroughs and will continue for the next two years … over time, I think it will diminish, we should aim to get mainstream funding for the day centres and *Supporting People* money for the hostels (central London).

It is important for the hostel providers to work with the NHS to get funding for care and treatment – we haven’t discussed this in our Borough much yet. There hasn’t been any joint commissioning, as yet. … There are uncertainties about the distinctions between support, care and health elements (*viz.* treatment).

Hostels should be tapping into other resources, *e.g.* health money. Providers should be pushing the Boroughs that they need resources and trained staff – (there are resources for) building capacity in staff.

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Working with ‘non-traditional agencies’ is at first very demanding, and demands much new learning. This is perhaps an area in which creative individualism will continue to be favoured. Collaboration and sharing in specific areas, such as contracting expertise and legal implications, would also seem sensible rather than all organisations having to start from scratch and repeating others’ mistakes.

**Exerting more influence on policy and welfare practice**

Early in this chapter, changes in the process of central government homelessness policy development before and after the *Homelessness Act 2002* were discussed. Policy decisions about homelessness are now subsidiary to a raft of programmes about social exclusion and anti-social
behaviour and fully integrated into mainstream of local government responsibilities and human
service commissioning. The largely sequestered process of policy lobbying, formulation and
refinement are encapsulated in the left-side boxes of Figure 6.4. They refer to the numerous and
intricate stages by which a need is identified, policy proposals put forward and a detailed
programme drafted, and then progressed through an often iterative process of consultation with
the key stakeholders, most obviously the national bodies that represent local government but also
their ‘key partners’. We suspect that the presence of specialist homelessness service providers in
this circuit of influence under-represents their weight. It should of course be the other way
around. Homelessness sector organisations will have responded to many central government
consultation papers, but to our knowledge often individually rather than as a group with a
common view.

There are of course many ways of exerting influence on public sector policy and programme
creation and implementation. No doubt the homelessness sector organisations have many well-
connected advocates and supporters, but in the new local government dominated framework,
lobbying MPs and ministers is not enough: a coalition with the influential local government
bodies is essential. Another possibility is to act collaboratively and in concert, as through an
agreed allocation of specialist strategic roles, or through a membership association. The most
apparent forum is Homeless Link, the national membership organisation for frontline
homelessness agencies. As its website states, ‘The majority of services for homeless people are
delivered by comparatively small voluntary organisations. This means that policy development,
technical support and issue management can usefully be done on behalf of a collective of
agencies through a second tier’.

The case for a cross-London strategic and commissioning body
In 2001, it was confidently stated that ‘a cross-authority fund will meet the needs of groups such
as transient rough sleepers and women escaping domestic violence, who have previously missed
out on support’. While this expectation applied to the entire country, it resonated most in
London, and the proposal has clearly been restated at recent public and closed meetings, as at the
Association for London Government and the Homelessness Directorate. But no such fund or
authority has been created. Without exception, when the subject has been raised with our
informants, all have said that it is very damaging that no such pan-London authority exists.

There is a very long history of tensions between district local government authorities and the
central strategic authorities of the time. The Boroughs are now very strong ‘unitary’ local
government authorities and their usual inclination is to resist ceding any of their powers to a
super-ordinate strategic authority. All Boroughs have a substantial role in carrying out their
statutory duties in relation to the Homelessness Act 2002, and a long tradition of providing
housing advice to their residents and of securing housing for ‘priority needs’ groups. On the
other hand, provision for single homeless people has been predominantly by voluntary
organisations and is greatly concentrated in a small number of inner Boroughs, particularly Camden, Kensington & Chelsea, Lambeth, Southwark, Tower Hamlets and Westminster. The duality lies behind several attitudes, incentives, aims and behaviours on the part of the Boroughs that have influenced their implementation of Supporting People and are (or widely perceived to be) antagonistic to a strategic and co-ordinated approach to providing services for London’s single homeless people:

- The assertion of the ‘local connections’ principle by which the Boroughs provide for their residents but not others.
- The reluctance of the outer Boroughs to make provision for single homeless people, to avoid attracting an unwelcome population (and the associated expenditure) that have been provided with services in the inner Boroughs.
- The inner Boroughs have a vested interest in minimising their contribution to the spectrum of services that provide for the many single homeless people who move into London from the rest of the country and abroad.

All providers see the need for a London-wide or strategic approach to planning and commissioning services. The key questions are: Which agency should be given this responsibility? How will the strategies be produced? How will they be implemented? Several bodies could undertake the strategic planning and commissioning role (Box 6.5).

Overview

Having weighed all the evidence, our conclusion is that there is a strong case for strategic planning and commissioning informed by an analysis of homelessness and its problems at the level of London as a whole. The case rests on the following realities:

- The problems associated with rough sleepers, begging and anti-social street behaviour are exceptionally concentrated in the central area. This area is however administered by between five or eight Boroughs (dependent on whether Islington, Kensington & Chelsea and Tower Hamlets are included), making integrated, cost-efficient services very difficult to provide without an overall planning and commissioning body.
- The broader problems of disadvantaged and socially-excluded single homeless people are concentrated in Inner London and require a cross-border perspective.
- There are still inadequate facilities for the residents of the Outer Boroughs who become homeless, and in consequence many are diverted to the inner areas.
- It will be inefficient and costly to create ‘complete pathways’ of services from outreach to resettlement that are autonomous to each Borough.
- As even more specialised assessment and helping services are developed for more finely defined groups of homeless people, ‘economies of scale’ require that the facilities serve several Boroughs.
Box 6.5 Candidate agencies for the cross-London strategic and resource-allocation function

Greater London Authority: The GLA has so far been one of two popular recommendations. Some government and GLA statements appear to have favoured this option. The GLA has not campaigned publicly to acquire the role, and its stance appears enigmatic. If the GLA was to be given the role, it would require primary legislation and that would probably only be undertaken with the assent of the London Boroughs.

Association of London Government: The ALG is an association of the Boroughs, and it represents and protects their shared interests. Although apparently it at one time expressed interest in taking on the role, most informants do not believe it is the appropriate body. Its motivation would rationally be to minimise the transfer of powers from the Boroughs to a higher authority. The ALG would however be a key body if the voluntary organisation providers and some London Boroughs wished to campaign for the formal establishment of the strategic function (and especially if the proposal was that it should be given to the GLA).

Homelessness and Housing Support Directorate: The HHSD is the other frequently recommended body for the cross-London roles. Since at least the dissolution of the Greater London Council in 1986, the strongest administrative capacity to execute a strategic planning and commissioning function has been in the homelessness units of the responsible central government department. Some informants have suggested that the function should be returned to the HHSD. The notion of the HHSD reclaiming a strategic role for London would amount to claiming special treatment for homelessness sector organisations. This would generate an avalanche of demands from other specialist housing and welfare providers and protracted political problems for the ODPM. The notion is so inconsistent with the government’s ‘decentralising’, devolution and local democracy agendas that it is probably a non-starter.

Westminster City Council: Westminster has had greater involvement with the elaboration of the RSI, RSU and Homeless Directorate’s policies on single homelessness than any other Borough, and several informants have told us that it has both a good understanding of the issues, technical expertise and a positive approach. On the other hand, its policies are seen by several organisations as too assertive, coercive or ‘right wing’. As Westminster City Council’s policies are properly steered by its elective representatives, it is not the appropriate body to carry out a pan-London function.

There is however a tricky tactical decision. The first priority is to develop constructive and mutually supportive relationships with the Boroughs and other statutory commissioners. To mount a campaign for a cross-border authority as a replacement for Borough commissioning would be a grave error for it would threaten their interests. The campaign must be conceived and promoted as a supplementary function. The requirement is therefore to persuade both the Boroughs and central government of the merits of the case, viz. to minimise duplication (in service provision and its commissioning), to achieve a more comprehensive and smoothly
running integrated pathways of services, and to maximise the ‘welfare benefit’ from the public support of homeless people’s services. A prospectus is required.

**Conclusion: sustaining high rates of service development and improvement**

If the first few years of the new century were unsettling and difficult for London’s homeless people’s hostels and the provider organisations, there are many reasons to be enthused and confident about the future. There is, however, one condition – that the providers drop any expectation that either the status quo will continue or, even more unlikely, the recent past be reinstated. The changes in London’s homeless people’s services over the next decade are likely to be greater than those that have occurred since 1990.

What will be the profiles and problems of homeless people in London over the next ten years? How will they access accommodation, advice and help? As ever, it is likely that some things will look much the same as in 1990, but others will have radically changed. Among the most likely changes are that all hostel rooms will be either single or consensually shared. Most will have en-suite showers and toilets, and many equipped with Internet connections and intercom systems for information, advice and emergency help. Most residents will have closely specified personal contracts that set out their entitlements, responsibilities and personal targets.

Both public and philanthropic funding will remain vital, the latter especially for innovative action projects, while the former will be even more closely tied than today to performance monitoring and targets. There will be more specialised services, with more qualified and professionally-accredited staff. It is hoped, recommended and on balance expected that there will be fuller and more individualised assessment and care and support planning, and that this will be accompanied by more standardised performance and outcome monitoring. It is expected that statutory funding will be more diverse, and hoped that no contracts will be for only one year.

Which agencies or organisations will be providing the services? As now, there is likely to be a mixed economy of providers. Most likely is that more services will be provided by diverse faith-based organisations, and probably more by NHS (or maybe a successor agency) public-health and psychiatric special units. There may be more private-sector providers, particularly delivering skills-training and domiciliary and tenancy support. The contribution of voluntary association housing, homelessness and care providers will be substantial, but the relative size and configuration of the sector is impossible to predict. It is likely that the rising need for strategic management capacities will lead to an increase in the average size of the provider organisations, partly through amalgamations.

This report has provided much evidence of the new roles that London’s hostels have successfully implemented, of the impressive improvements in their physical conditions and amenities, and of the substantial elaboration of more individualised and specialised services. Less positively, very little solid evaluative information is available about the effectiveness of the
system or its component services and facilities, except in two respects. The rough sleepers reduction target has been met: on any one night there are fewer people sleeping on the streets than in the late 1990s, even though the numbers of rough sleepers identified and admitted to London’s hostels during one year has increased. Secondly, more people are being resettled from London’s hostels than a decade ago, and there is ample evidence that resettlement preparation and practice has greatly improved (although again there are no time series on the actual 6-month or 12-month success rates). As more specialised and demanding roles are developed, it is essential that more attention is given to their effectiveness. The voluntary sector homelessness providers should press hard for more resources to be made available for evaluations of their innovative work.

There are several reasons for confidence in and enthusiasm about the future. Indeed, the conditions now in place that enable and support the continuing development of the city’s homeless services are many and convincing:

- London will always need temporary accommodation and helping services for people who become homeless.
- London’s economic growth and dynamism shows no sign of abating, and the city will continue to be a powerful magnet for economic migrants from the rest of Britain and from every continent. A small proportion will always become ‘casualties’ of London’s overheated housing and property markets.
- Tackling social exclusion and anti-social behaviour are high priorities in the British government’s, the Greater London Authority’s and many Boroughs’ agenda. There is a clear desire to do more than ‘contain’ or camouflage the problems of homelessness, and to equip homeless people to adopt more purposeful, productive and fulfilling lives.
- Community mental health services are still grossly under-provided in the UK but are moving higher on the central government and NHS agenda. If the immediate priorities are paedophilia and ‘public protection’, the connections between mental ill-health, social exclusion and anti-social behaviour (including emergency hospital admissions) are increasingly recognised and demanding policy attention.
- Funding possibilities are proliferating rather than contracting, with OPDM announcing the reinstatement of construction subsidies for public housing, the continuing shortages of affordable housing in London, and the growing interest of the Department of Health, the Department for Work and Pensions, and the Department of Education and Science in homelessness-related issues.
- Despite the xenophobia of sections of the mass media and the electorate, to promote the nation’s competitiveness the government sustains policies that enable economic migrants to enter the country, and most arrive in London. To contain the political unpopularity of
immigrants, they are likely to be ever more heavily managed, with new arrangements for their reception, induction and monitoring.

One certainty is that there will always be a need for services to accommodate and help homeless people in London. And while not guaranteed, it can also be taken for granted that central government (and British society) will retain the political will and humane concern that supports the provision of effective and positive responses. In the dynamic, mixed-economy market for ‘ancillary social and housing services’ that will continue during the early 21st century to be supported largely by the public exchequer, the successful provider organisations will be forward-looking, adaptable, pro-active and skilled in both public relations and in meeting the ever more demanding requirements of commissioners, inspectors, regulators, auditors and ombudsmen.
Appendix: The Research Methods

The study was commissioned by the homelessness sector Pan-London Providers Group (Broadway, Centrepoint, The Depaul Trust, Look Ahead Housing and Care, The Novas Group, St Mungo’s, and Thames Reach Bondway). It had two elements. The first was an empirical review of the changes in London’s hostels since 1990, with particular attention to their ownership, funding, functions, facilities, services and client profiles. The second was the production of a report which draws out the challenges facing hostel providers and possible solutions for the period 2005-14. All organisations in London who provided hostel accommodation for single homeless people in 1990 or 2003 were invited to participate. A total of 46 organisations joined in the study (listed in the acknowledgments). Some were large organisations with several hostels; others were smaller with just one or two hostels. Only two organisations currently operating hostels in London did not participate. The study started in February 2004 and lasted nine months.

INTERVIEWS AND WORKSHOPS

Interviews were conducted with 21 Chief Executives and Directors and 16 Senior Managers of homelessness sector organisations to collect their opinions of the roles of hostels, and the policy, funding and service-related pressures that are currently experienced and which challenge the viability and roles of hostels. Towards the end of the study, two workshops were held with the Chief Executives of the commissioning organisations to explore further the emerging issues.

Interviews were also conducted with 31 hostel managers and their deputies to collect their opinions of the roles of hostels and the needs of the residents, their work with other agencies, the pressures that they face in delivering services to residents, and the future development of hostels. A workshop was held with ten hostel front-line workers (from six organisations) to discuss their experiences of working in hostels and with particular client groups, and the ways in which they believe hostel services are working or should be changed. A workshop was also held with seven hostel residents (from three organisations) to gain their perspective of hostel life and the support that they receive.

Approximately three-quarters of the Chief Executives, Senior Managers and hostel managers had worked in the field of homelessness since before 1990 (and some for more than 30 years). During their interview or a subsequent one, information was gathered about changes since 1990 in: (i) the problems, needs and attitudes of hostel residents, (ii) the conditions of hostels and the services for clients, and (iii) the experience of working in hostels. Interviews were also conducted with the retired Director of Research and Development at The Salvation Army, and a former Administrative Officer for the former Department of Social Security’s Resettlement Units.

Interviews were also conducted with: (i) Homelessness and Supporting People Officers in the London Boroughs of Brent, Camden, Lambeth, Southwark and Westminster; (ii) Senior Policy Officers from the Association of London Government, Greater London Authority, and the
Homelessness and Housing Support Directorate; and (iii) the Regional Housing Adviser from YMCA England. Information was gathered about their opinions of the roles of hostels and of the voluntary association providers in the new local authority led commissioning framework.

**QUESTIONNAIRE SURVEYS**

The aims of the empirical review were to describe how hostels have changed over the last ten years, with particular attention to their number, ownership, funding, functions, facilities, services and client profiles. Information was gathered from several sources. Two questionnaires were designed to collect information about the characteristics of hostels in 1990 and on 15 December 2003. Topics covered: physical details of the hostel and rules, client groups and access policies, hostel staff, and services and support for the residents. The questionnaires were similar, with a few modifications for 1990. To assist with the completion of the 1990 questionnaires, requests for staff who worked in some of the hostels and the DSS Resettlement Units at the time were placed on Shelter’s Homelessness Act website, in SITRA’s bulletin, and through internal emails of Thames Reach Bondway, St Mungo’s and the London Boroughs of Camden and Lambeth Housing Departments. This resulted in many staff coming forward to help, including former managers.

Using the definition of hostels agreed for this study (see Chapter 3) and the London Hostels Directories, 110 hostels were identified for 2003 and 77 for 1990. 92% of the 2003 hostel questionnaires were completed and returned and 77% of the 1990 ones. For those hostels where questionnaires were not returned, information was taken from the Hostels Directories. The information was entered into an SPSS database. A great deal of time was spent at Resource Information Service in London, searching through past Hostels Directories to identify relevant hostels in 1990 and 2003, and to inform the review about new hostels since 1990, and those that have closed or changed management.

A literature review has also been undertaken and information gathered from reports and surveys about hostel facilities and services, and policies and programmes that have affected hostel provision in London, particularly over the last two decades. Two datasets of surveys of hostel residents in the early 1990s were obtained from the UK Data Archive at the University of Essex. One of these has been modified and interrogated for this study.
Notes to the chapters

Chapter 1
1 Phillpotts and Cohen 2004, Table 2.1.
2 Phillpotts and Cohen 2004, Table 4.5.
3 Warnes et al. 2003, Table 2.8.
5 Warnes et al. 2003, Figure 2.3
6 For details, see Warnes et al. 2003, Chapter 8.
7 Warnes, A.M. 1997

Chapter 2
8 Crane 1999.
9 The former Reception Centres.
10 Craig and Timms 1992
11 Aujean et al. 2001
12 Warnes et al. 2003.
13 Shelter 2004. Their high representation is largely explained by the young age-structure of the minority ethnic groups.
14 Crane and Warnes 2001; Shelter 2004.
17 Randall and Brown 1999.

Chapter 3
18 Full details of the methodology are given in the Appendix.
22 The 39th largest or smallest in 1990, and the 55th smallest or largest in 2003.
24 Because Camden extends from The Strand to Hampstead, this is a crude zonation. The Boroughs in the remainder of Inner London are Hackney, Hammersmith & Fulham, Haringey, Islington, Kensington & Chelsea, Lambeth, Lewisham, Newham, Southwark, Tower Hamlets and Wandsworth. Outer London comprises the Boroughs of Barking & Dagenham, Barnet, Bexley, Brent, Bromley, Croydon, Ealing, Enfield, Greenwich, Harrow, Havering, Hillingdon, Hounslow, Kingston-upon-Thames, Merton, Redbridge, Richmond-upon-Thames, Sutton and Waltham Forest. There are no hostels in the City of London.

Chapter 4
25 Comparing the profiles of hostel residents at two dates is difficult because standard categories have not been used for attributes such as age and ethnic groups. There are also difficulties in obtaining accurate figures of the proportion with mental health and substance misuse problems: some may not report problems such as drug misuse; some staff do not have the skills to detect problems; and it is hard to identify problems among short-stay residents.
26 Moore et al., 1995.
27 In 1991, a study of single homeless people commissioned by the Department of the Environment included a sample of hostel residents from five London boroughs (Anderson et al. 1993). In February 1996, information was gathered about 1,667 residents in London’s direct-access hostels on one night (Harrison,
A survey by the authors in August 2000 aggregated details of 3,295 residents in London’s first-stage hostels on one night: it was commissioned by St Mungo’s and Thames Reach Bondway (Crane and Warnes, 2001). Finally, there was a 1991 survey of 727 users of London’s Resettlement Units (Elam, 1992).

29 Client statistics from Centrepoint for 2002-03.
32 St Mungo’s, 2003.
33 Client statistics from Broadway for 2003-04.
36 St Mungo’s, 1999, 2003.
37 Information from Section 44 of Hostels Review: Key Findings, a report by Richard Williams.

Chapter 5
40 St Mungo’s 2004a.
41 For details, see www.osw.org.uk/factsfigures/oswclients.asp
42 Craig 1995; Dane 1998.
44 Bevan and Van Doorn 2002; Park 2002.
45 St Mungo’s 2004b.
46 Client statistics from Broadway for 2003-04. See also St Mungo’s 2003.
47 The Clearing House co-ordinates lettings of the flats and bedsits built for rough sleepers as part of the Rough Sleepers Initiative and succeeding government programmes.

Chapter 6
51 Jerrom C. 2004. Charity urges action to recruit more staff to work with drug misusers. Community Care, 26 August-1 September, p. 8.
53 See http://www.locata.org
54 See http://www.yourmovenext.co.uk
57 A recent Treasury announcement has indicated a change to three-year contracting, at least for small charities.
58 http://www.lga.gov.uk/home.asp
59 http://www.odpm.gov.uk
In addition, the Improvement and Development Agency (IDeA), Employers' Organisation (EO) the Public Private Partnerships Programme (4ps) and the Rethinking Construction Task Force have been working together to produce a procurement tool kit for local authorities which can be reached on the IDeA Knowledge website. Nine ‘Regional Centres of Procurement Excellence’ were announced in Feb. 2004.


See http://www.hm-treasury.gov.uk/spending_review/spend_sr04/psa/spend_sr04_psaindex.cfm

Other relevant programmes include the National Procurement Strategy for Local Government, and the DTI programme to promote Social Enterprises Unit, which is exercised by contracting problems, and working towards ‘more stable funding relationship – longer contracts and longer-term partnerships’. The initiative is associated with Treasury resources for VCOs that deliver key public services for government. The Futurebuilders fund provided a one-off, three-year investment of £125 million to assist VCOs in their public service work. With hindsight, it seems that an application to this fund by a large group of homeless service providers then ending a particular relationship with central government, and to build their capacity to work with local authorities and the NHS, would have been appropriate.

The GLA *Homelessness in London* newsletter (56, May 2004), reported that as part of the 2004 Spending Review, ‘hostel provision for homeless people will be boosted by £90 million of funding from the Invest to Save – Inclusive Communities fund’. A related initiative is that The London Housing Board, in its 2003 *London Housing Strategy*, tasked the GLA and Shelter to develop a London Housing Advice Strategy. Resource Information Services (RIS) has completed the first stage, mapping the need for and provision of housing advice in London, in early May. The Housing Advice Strategy steering group, which includes representatives from the voluntary, statutory and legal sectors, met on 25 May to discuss the findings of the research and to agree aims and objectives of a draft strategy. The draft Strategy will be available on the GLA website from early August and you are invited to comment. A hard copy and an executive summary of RIS's research findings will be sent to about 1,120 advice providers across London. This period of consultation will end in late September and the finalised strategy will be launched in November to link in with consultation on the 2005 *London Housing Strategy*.

As one example, the Cabinet Office Prime Minister’s Strategy Unit Alcohol Harm Reduction Strategy for England has 41 action points with diverse departmental and other stakeholder responsibilities. Novas-Ouvertures prepared a substantial response (representing 14 member organisations) – it is signed by Penny Marshall, Policy Officer, and is available on the Cabinet Office website (http://www.number-10.gov.uk/su/alcohol/submissions/novas.pdf).

A recent example of the powerful influence of local government representations and regional MPs was the withdrawal of plans for referenda on elected regional assemblies in the NW and Yorkshire and the Humber.

Nearly 90 per cent of Homeless Link's members provide services directly to homeless people. They include: hostels, day centres, resettlement agencies, housing advice centres, youth projects, health projects, welfare rights groups, regional homeless networks, refuges, drug and alcohol services, individuals and church groups. They provide such services as accommodation, day care, advice and counselling, health care and resettlement. The Homeless Link website is http://www.homeless.org.uk/research


Going back to at least the nineteenth century *Metropolitan Board of Works*. 
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Homelessness and Housing Support Directorate 2004. *Improving the Quality of Hostels and Other Forms of Temporary Accommodation.* Homelessness and Housing Support Directorate, Office of the Deputy Prime Minister, London.


