Since the early 1990s, successive governments have invested hugely in services and programmes for people who are homeless or at risk of becoming homeless. There is little evidence, however, about the outcomes for homeless people who are resettled and their support needs over time.

This report presents the findings of the Rebuilding Lives study which examined the experiences and outcomes for formerly homeless people five years after they were resettled. The study is a sequel to the FOR-HOME study which examined the outcomes of resettlement over 15/18 months for 400 single homeless people who were rehoused in London, Nottinghamshire and South Yorkshire. The Rebuilding Lives study was funded by the National Institute for Health Research (NIHR) School for Social Care Research, and undertaken in collaboration with five homelessness sector organisations: Centrepoint, Thames Reach and St Mungo's in London; Framework Housing Association in Nottinghamshire; and St Anne's Community Services in Yorkshire.

The Rebuilding Lives participants

The Rebuilding Lives study involved 297 FOR-HOME participants who were housed and interviewed at 15/18 months. Interviews were conducted with 237 (80 per cent) of the potential participants, six per cent were contacted but declined an interview, five per cent had died or were in prison, and 10 per cent could not be traced. Interviews were also conducted with 46 tenancy support workers and other practitioners who had provided housing related support to the participants during the preceding 12 months.

Housing outcomes over five years

Resettlement for the majority of the Rebuilding Lives participants has been successful. At 60 months, information was available about the housing circumstances of 265 (89 per cent) of the 297 Rebuilding Lives participants: 89 per cent were housed; six per cent were homeless; and for five per cent of the sample, tenancies had terminated due to death (four per cent) and imprisonment (one per cent). Among the sample, 55 per cent were still living in their original resettlement accommodation.

Over the five years since being resettled, one-fifth of participants showed signs of marked housing instability, including 16 per cent who had become homeless at least once. Young people were more likely than other age groups to have become homeless again. This applied to 37 per cent of those aged 20-24 years.
There were no significant differences in housing outcomes according to whether or not people had mental health, alcohol or drug problems. Slightly higher percentages of people with long histories of homelessness (more than 10 years) had died or become homeless again (12 per cent and 25 per cent respectively).

People who were resettled in the private rented sector (PRS) had poorer housing outcomes than those who moved to social housing (local authority or housing association tenancies). Thirteen per cent in the PRS had moved at least four times during the five years, and 36 per cent had become homeless at least once.

**Reasons for leaving the resettlement accommodation**

Among the Rebuilding Lives participants who were no longer in their resettlement accommodation at 60 months, 45 per cent had left of their own accord, 26 per cent had been evicted, and 29 per cent left for reasons beyond their control (eg property to be demolished). Their main reasons for leaving were: the poor condition of the property; moving to accommodation that was larger or had better facilities; problems with neighbours or with local people; and the need for more accessible or supported housing because of ill health or difficulties coping.

The main reasons for evictions were rent arrears, sometimes linked to social security benefit sanctions or other problems with Housing Benefit (HB) payments; the ending of fixed-term tenancy agreements; and antisocial behaviour on the part of the participant and/or their associates.

The main problems faced by those in the PRS were the poor condition of the accommodation, conflicts with landlords regarding getting repairs done, difficulties meeting high rents when working, conflicts with other tenants if sharing facilities, and the ending of fixed-term tenancy agreements. A few became homeless when five-year tenancy agreements ended.

**Current housing circumstances**

Among 224 Rebuilding Lives participants who were housed and interviewed at 60 months, three quarters had personalised their accommodation, were looking after the property, and thought of it as ‘home’. They described it as a place where they had control and privacy, and in which they felt safe and relaxed.

One quarter were struggling to cope at home. A few were living in very dirty conditions, and 13 people had become hoarders and parts of their accommodation had become inaccessible. Most who were struggling to cope were men aged over 40 years.

Just over one third (35 per cent) reported relatively serious problems with the condition of their accommodation. This included dampness and mould, faulty heating, damage caused by floods and leaks, or electrical wiring problems. For some these problems were longstanding and had contributed to health problems, and had impacted on their life in general.
Young people, and those living in London, were most likely to report poor living conditions and disrepair. People in both social housing and the PRS were affected. Compared to the general population in England, three times as many Rebuilding Lives participants in social housing and twice as many in the PRS were living in damp accommodation.

**Income and management of finances**

Living independently and establishing a home created several financial demands on the participants, and many were struggling financially five years after being resettled. The majority were reliant on social security benefits, had low incomes and found it hard to meet everyday living expenses. Fifty six per cent said that they ran short of money for food at times, and 44 per cent sometimes did not have enough money to heat their home. Overall, 65 per cent had an income below the UK poverty threshold.

The financial struggles of some were exacerbated by the suspension or stopping of social security benefits, due to their non-compliance with benefit requirements, or to their lack of understanding of what to do when time-limited benefits ended. In many instances, this had led to their HB payments being stopped, rent arrears and threats of eviction.

People who were employed casually or under ‘zero-hours’ contracts experienced the greatest financial difficulties. Their working hours and income were irregular. Most would have preferred to work more hours but were not given the opportunity.

**Bills and debts**

At 60 months, 39 per cent had had rent arrears during the previous 12 months, and 26 per cent still had arrears when interviewed. In most cases the current arrears were less than £500. However, 14 per cent of those aged 20-24 years had arrears of £1,000 or more, and one in 10 of this age group was under threat of eviction.

There had been a steady increase in the prevalence of debts (excluding student loans) among the participants since they were resettled. Forty five per cent had debts when first resettled, increasing to 75 per cent at 60 months. The percentage of people with debts of £1,000 or more doubled, from 16 per cent at the time of resettlement to 31 per cent at 60 months. Those most affected were aged 20-24 years. Fifty five per cent of this age group had debts of £1,000 or more at 60 months.

**Participation in education, training and employment**

There was a steady increase over time in the participants’ involvement in education, training, volunteering or employment (ETE). The rise in ETE involvement was mainly among young people in their twenties. Since 15/18 months, there was little change in rates of participation among people above this age. One of the reasons was the high prevalence of mental health, alcohol and drug problems among those aged 30-59 years.
There were significant associations between involvement in ETE activities and morale. People involved in ETE at 60 months were more likely to feel that they were achieving positive things, were less likely to report being depressed and were more optimistic about the future.

Among the 154 participants who were of working age but unemployed at 60 months, 54 people (35 per cent) were keen to work and believed that it would improve their quality of life. Others were not looking for work mainly because of health or substance misuse problems, or because they were caring for a young child.

Welfare-to-work programmes
During the 12 months preceding their interview, 41 people had attended a welfare-to-work training programme run by agencies on behalf of the Department for Work and Pensions (DWP), such as the Work Programme. Only eight of the 41 people were in employment at 60 months, and only three of these had full-time jobs.

Fifteen people were still involved in the Work Programme at 60 months. Most were men aged in their late forties or above, and several had mental health and substance misuse problems, long histories of unemployment and homelessness, and no qualifications.

Family and social relationships
The majority of participants were in regular contact with relatives or friends or partners at 60 months. Those aged in their twenties had the largest social networks and saw their family and friends most often. In contrast, few people aged 60 and above were in touch with family members; their main social contacts were with neighbours.

For many participants, resettlement had led to improved relationships with relatives, partners and children. Having a place of their own and housing stability allowed them to invite people to their home and helped to strengthen these relationships. Some who had been separated from children when they became homeless were now able to have their children visit or live with them, and were thus able to fulfil their role as a parent. Nineteen women and eight men had started a family since being resettled.

Several participants re-established contact with family members or children, although this was often not easy or straightforward because of past events and painful memories. A few attempted to renew links but were unsuccessful as relatives or children did not feel ready, or were unwilling, to re-establish a relationship.

Several participants proactively ended relationships with partners or friends that were negative, destructive or abusive. Six women terminated longstanding relationships with violent partners, and 39 people broke ties with problem drinkers, drug misusers and other people who they regarded as a bad influence. They said that having a settled base and feeling secure gave them the confidence and motivation to do this.
Informal support

For many participants, family and social networks played an important role in helping them to cope with the practical and emotional aspects of living independently. This was commonly reported by all age groups except those aged 60 and over.

Besides receiving a great deal of help from family and social networks, nearly as many participants also provided practical help and emotional support to others. At 60 months, nine people had taken on a caring role and were helping to look after sick, elderly or disabled relatives. In addition, a few had cared for sick parents until they died.

Health and substance misuse

Physical health, mental health and substance misuse problems remained major problems for many participants. In some instances, underlying mental health or substance misuse problems resurfaced or were exacerbated when participants were faced with recurrent difficulties or stresses.

People with mental health or alcohol problems were more likely to report difficulties coping with independent living. Many found it hard to settle, and struggled with everyday tasks. They were also more likely than other participants to say that they lacked motivation and felt depressed and worried some or most of the time.

People aged in their fifties, and to a lesser extent those aged in their forties, were particularly affected by concurrent mental health and substance misuse problems. The interactions of these problems were complex, and in some cases the multiplicity of problems affected the help that the participants were offered.

Support from services

At 60 months, 32 per cent or participants were receiving housing related support from services. This included help with budgeting, bills and social security benefit claims, rent arrears and eviction threats, personal and family problems, and difficulties with the accommodation or with neighbours.

The support was mainly provided by tenancy support or housing support workers, but was also provided by housing wardens, drugs workers and staff at advice centres or at day centres for homeless people. Tenancy support workers were more likely than the other support services to offer help across the spectrum of housing related problems and needs.

People who received longer term support were predominantly those who had longer histories of homelessness, and health and substance misuse problems. Young people were least likely to have received support from services, yet they were least likely to have had previous experience of living alone and managing a tenancy. People living in the PRS were also less likely than those living in social housing to have received support.
Conclusions and recommendations

For many Rebuilding Lives participants, their resettlement has led to positive, longer term outcomes. They have settled in their accommodation, created a home, and have made considerable progress in rebuilding their lives. Although some were able to cope after they were resettled with little or no help from services, many remained vulnerable and required intermittent or regular long-term support in order to sustain a tenancy and prevent further homelessness. From the study’s findings we have formulated 33 recommendations across 11 areas.

Planned and timely resettlement

1. Planned resettlement for homeless people works and should continue to be encouraged. This should be informed, however, by further research into the effectiveness of current resettlement practices for different groups of homeless people, including the types of temporary housing, support services and other treatment and rehabilitation programmes that produce more favourable outcomes in both the short and long term.

Provision of tenancy support

2. Local authorities should work closely with homelessness sector and housing support providers to develop effective and cost effective ways of (i) providing housing related support to formerly homeless people, and (ii) reaching out to those who are vulnerable but do not seek help.

3. Regular, long-term tenancy support should be available to formerly homeless people with multiple problems and needs, for as long as this help is required. Flexible and easily-accessible tenancy support should be available to those with lower support needs at times of difficulties and crises, to prevent problems exacerbating and tenancies being put at risk.

4. More attention should be given to the support needs of young homeless people who are resettled and to other formerly homeless people who have little experience of independent living. Support should be available to them until they have become accustomed to managing a tenancy and living independently.

5. Tenancy support services for people with complex needs should be provided by designated tenancy support, housing support or floating support workers, who can address the spectrum of problems and needs. For people with lower support needs, tenancy support could be provided where appropriate by trained volunteers who receive regular supervision.

Accommodation in disrepair

6. Tenancy support workers and other practitioners providing assistance to formerly homeless people should work closely with local housing advice services to advocate on the behalf of tenants who are living in housing in disrepair to help enforce their rights.

7. Public health practitioners should work within local authorities and partner agencies to develop strategies and targets that tackle poor housing conditions.

8. Funders of care and repair schemes should explore their potential to help tenants who find it difficult to manage the upheaval and engagement with repair and modernisation.
Dirty living conditions and hoarding

9. Workers supporting formerly homeless people who are living in squalid or risky conditions, or are hoarders or self-neglecting, should consult with staff in the local authority, such as safeguarding teams, and collaboratively draw up personalised support plans to address the problem and support the individual. They should also discuss the situation with the person’s GP, or request an assessment of their client’s mental health or need for care and support.

Resettlement into the PRS

10. Resettlement into the PRS for homeless people, particularly for those who are vulnerable, should be through well-managed schemes that provide a comprehensive service beyond simply finding accommodation and setting up the tenancy. Staff in such schemes should also: (i) ensure that the accommodation is of a decent standard before it is leased; (ii) assess the suitability of a person for the intended accommodation, taking into consideration its location and cost; (iii) provide or arrange appropriate levels of support for the tenant; and (iv) provide advice or help if a tenancy is in dispute or disrepair or coming to an end.

11. Tenancy support services should be more readily available to homeless people who are resettled in the PRS, with recognition by workers of the distinct problems faced by people in this type of housing.

12. Local authorities, in consultation with homelessness sector organisations, should develop procedures for identifying and helping formerly homeless people who have been resettled in the PRS and whose fixed-term tenancy agreement is coming to an end.

13. Rigorous evaluations are required of the effectiveness of different models and practices in relation to accessing and managing private rented schemes, and of their suitability as a housing option for vulnerable people.

Budgeting and money management

14. More advice and training should be available to homeless people both before and after they are resettled on day-to-day budgeting, and the management of personal finances including credit and debt. Homelessness sector organisations and tenancy support services without staff who have the skills to deliver financial advice should collaborate with external specialist agencies to deliver this service.

15. Tenancy support staff and homelessness sector workers should encourage homeless and formerly homeless people who have large debts to access specialist debt advice services. They should be aware of local debts advice services and assist vulnerable clients with accessing this help.

16. For people who had incurred debts before or while homeless, repayment plans should be in place wherever possible before they are resettled.

17. DWP staff should work collaboratively with homelessness sector organisations and housing support providers to identify and assist people who are vulnerable and require Alternative Payment Arrangements once they start claiming Universal Credit, in order to prevent their tenancies being put at risk.
Rent and utility payments

18. The importance of paying rent and utility bills, including water charges, should be emphasised to homeless people both before and after they are resettled. This should be built into workshops and training about money management.

19. Monitoring systems should be set up that alert housing managers at an early stage of rent arrears. The ‘warning signs’ include changes in the pattern of rent payments and uncharacteristic defaults, particularly if a person has recently moved into a tenancy, lives alone, or is known to be vulnerable. In instances where people have arrears but have not responded to a standard letter or appointment, home visits should be carried out by housing staff to assess the reasons for the arrears.

20. Tenancy support workers and housing staff should collaboratively work with formerly homeless people who have rent arrears to draw up a realistic repayment plan and ensure that the person adheres to this.

21. Tenancy support workers should explicitly ask people who have been resettled about whether they have been paying water charges. They should explore with water companies the options that are available, such as hardship schemes, to help people who have debts.

Suspension or stopping of social security benefits

22. Homelessness sector staff, tenancy support workers and DWP advisers should emphasise to homeless and formerly homeless people the importance of complying with social security benefit rules and Claimant Commitments to avoid having their benefits stopped and their tenancies being put at risk.

23. Assistance should be given by DWP advisers and support workers to people when benefits, such as the ESA, change or stop. It should not be assumed that all people have the understanding and skills to complete complicated, online renewal forms.

24. The consequences of suspending social security benefits should be assessed meticulously by DWP managers in the case of formerly homeless people who are highly vulnerable and whose tenancies, health and wellbeing could be put at risk by such actions.

25. Housing support workers should be aware that HB is not affected if a person receives a JSA sanction, and should advise the person accordingly or intervene on their behalf if this happens.

Involvement in education, training and employment

26. Wherever possible, homeless people should be involved in ETE activities before they are resettled. More effective ways also need to be developed by tenancy support workers in collaboration with specialist training and work preparation schemes to encourage formerly homeless people to take part in education, training, volunteering or employment once they have settled in independent accommodation.

27. More specialist job-skills training and job placement services with support should be available to prepare vulnerable people for entry into mainstream employment. Ongoing support should also be available to vulnerable people once they have started a job, training course or similar.
28. Assistance should be given to formerly homeless people by Jobcentre staff and other employment resources to help them access jobs with regular hours that meet their needs, rather than being reliant on casual employment or ‘zero-hours’ contracts.

29. Staff in the DWP and its partner agencies should consider reviewing the situation of people aged in their late fifties and early sixties who attend the Work Programme, but have enduring and complex needs and little realistic prospect of gaining employment. Discussions should take place about whether DWP advisers in collaboration with tenancy support workers should channel their efforts into trying to engage this group in purposeful but potentially less stressful activities, such as volunteering programmes, rather than in trying to prepare them for work.

Addressing mental health and psychological problems

30. Effective and accessible mental health services, including talking therapies, should be available to homeless and formerly homeless people who require such help. There should be greater recognition of the need for psychological support for formerly homeless people who are trying to rebuild their lives and come to terms with, or resolve, past traumas and difficulties.

31. Co-ordinated treatment and support should be available to formerly homeless people who are affected by concurrent mental health and substance misuse problems, in order to reduce their substance misuse, improve their mental health and ensure housing stability.

Need for increased understanding of resettlement and its outcomes

32. Further research should be conducted with the Rebuilding Lives participants to examine long-term outcomes of resettlement, and the ability of vulnerable people to cope when proposed new welfare reforms, such as Universal Credit, are introduced. The Rebuilding Lives participants should be traced and interviewed ten years post-resettlement (all have provisionally agreed to this).

33. Research should also be conducted with a new cohort of homeless people who are being resettled to examine the effectiveness of current housing moves and support services on resettlement outcomes and tenancy sustainment.