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Download date: 13. Dec. 2019
Rebuilding Lives is the largest UK study to have examined the experiences of homeless people who have been rehoused through planned resettlement programmes, and the only study to have followed up formerly homeless people for five years after they were rehoused.

Five years after being resettled, many participants had made considerable progress in rebuilding their lives. They were settled in their accommodation, had created a home, and some were involved in education, training programmes or had attained employment. For several, family and social relationships had improved and some young people had started their own family. Many remained vulnerable, however, and required long-term or intermittent support in order to sustain a tenancy and prevent further homelessness.

This briefing focuses on the housing matters of the Rebuilding Lives participants and draws attention to the specific findings of the study for housing providers, managers and commissioners.

Key findings:

- 79% of participants remained housed throughout the five years, 16% became homeless during this time, and 5% died or were in prison.
- Young people aged 20-24 years were most likely to have become homeless again (37%).
- People who were resettled in the private-rented sector had poorer housing outcomes than those who moved to social housing.
- Disrepair and the poor condition of accommodation were serious problems for many participants - 35% were living in accommodation in serious disrepair.
- Rent arrears were a serious problem for many participants, and several had been evicted and become homeless again because of rent arrears.
About Rebuilding Lives

Rebuilding Lives is a study of the longer-term outcomes for formerly homeless people who were resettled into independent housing in London, Nottinghamshire and South Yorkshire. Building on an earlier study (FOR-HOME) which investigated the experiences of 400 formerly homeless people during the first 18 months post-resettlement, Rebuilding Lives attempted to contact after five years those participants who were housed and interviewed at 18 months. Of the potential 297 participants, 237 were interviewed (224 were housed and 13 were homeless); 17 were contacted but declined an interview; 14 had died or were in prison; and 29 could not be traced. Interviews took place in 2013-14.

The Rebuilding Lives study was funded by the National Institute for Health Research (NIHR) School for Social Care Research, and was carried out by Maureen Crane, Louise Joly and Jill Manthorpe, from the Social Care Workforce Research Unit at the Policy Institute at King’s College London. It was undertaken in collaboration with five homelessness sector organisations: Centrepoint, Framework Housing Association, St Anne’s Community Services, St Mungo’s, and Thames Reach. Photo courtesy of Thames Reach.

About the Policy Institute at King’s

The Policy Institute at King’s College London acts as a hub, linking insightful research with rapid, relevant policy analysis to stimulate debate, inform and shape policy agendas. Building on King’s central London location at the heart of the global policy conversation, our vision is to enable the translation of academic research into policy and practice by facilitating engagement between academic, business and policy communities around current and future policy needs, both in the UK and globally. We combine the academic excellence of King’s with the connectedness of a think tank and the professionalism of a consultancy.

About the Social Care Workforce Research Unit

The Social Care Workforce Research Unit (SCWRU) at King’s College London is funded by the Department of Health Policy Research Programme and a range of other funders to undertake research on adult social care and its interfaces with housing and health sectors and complex challenges facing contemporary societies.

The Homelessness Research Programme is based within SCWRU. It includes studies of: the causes of homelessness; the problems and needs of homeless and formerly homeless people; transitions through and exits from homelessness; and evaluations of services for homeless people. The programme also has a role in influencing the development of policies and services to prevent and alleviate homelessness. More information can be found online at http://www.kcl.ac.uk/sspp/policy-institute/scwru/res/hrp/index.aspx
For further details contact Maureen Crane (maureen_ann.crane@kcl.ac.uk).
Findings and what needs to happen

The private rented sector

People who were resettled into the private-rented sector (PRS) had poorer housing outcomes than those who moved into social housing. They were more likely to have moved several times since being resettled, and to have become homeless again. Among those resettled in the PRS:

- **16%** were in their original accommodation after five years, compared to **62%** who moved into social housing.
- **36%** became homeless again during the five years, compared to **14%** who moved into social housing.
- **30%** were evicted by their landlord, compared to **7%** resettled in social housing.

Those who were in the PRS were less likely than those in social housing to have received tenancy support, even though many would have liked such help. Particular problems they faced were:

- conflicts with landlords regarding getting repairs done
- difficulties meeting high rents when working
- conflicts with other tenants if sharing facilities
- ending of fixed-term tenancy agreements.¹

What needs to happen

Ways to improve the success of resettlement into the PRS should be developed by homelessness and housing organisations responsible for this work. This includes: the use of well-managed PRS schemes that (i) ensure the accommodation is of decent standard before it is leased; (ii) provide or arrange appropriate levels of support for the tenant; and (iii) provide, or have strong referral arrangements to, secure advice or help if a tenancy is in dispute or disrepair.

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.

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¹ Some participants had tenancy agreements lasting just six or twelve months while three people were evicted when five year tenancy agreements ended. According to the latter group, their landlords were unwilling to relet accommodation to people claiming social security benefits, and believed this was linked to the capping of Local Housing Allowance.
Maintenance and repair problems

Disrepair and the poor condition of the accommodation were serious problems for many participants throughout the study. After five years, 35% were living in accommodation in serious disrepair, and were experiencing problems with dampness and mould, faulty heating, damage caused by floods or leaks, and electrical wiring faults. People in both social housing and the PRS were affected. For some, their poor living conditions had contributed to health problems, such as gastric and respiratory problems.

Participants living in London were more likely than those living elsewhere to report maintenance and repair problems. Young people were also more likely than other age groups to be in accommodation in disrepair. One quarter of those aged 20-29 years were living in housing that had dampness and mould. Compared to the general population in England, the study participants were more likely to be living in damp housing conditions.

Case Study: Joe

Joe was resettled into social housing when aged in his twenties. He had been living in his accommodation for five years when interviewed. His flat was very damp and smelled musty, and there was mould on the walls and carpet in his sitting room, and on the walls in his bedroom and bathroom. He described the mould as ‘green, white and fluffy, and it climbs my walls’. Water from the flat above him was also leaking into his flat, and he had to turn off his electricity so had no heating or hot water. He said the smell of his flat made him vomit. He could not eat or sleep there and for the past few months had been staying with various friends and family members. He had had several chesty coughs, which his GP had attributed to living in damp conditions. He had complained to his housing provider many times, but nothing had been done. He had received no tenancy support since moving in. As he described:

‘It’s like living in squalor; it’s affecting my whole life’.

‘Lots of infestations of mice and cockroaches... it is a recurring problem. In my bathroom and kitchen there are holes between my flat and the flat below, and there is really bad mould in my bathroom. It’s spread across my ceiling which is damp. It has made me depressed and I don’t feel like getting out of bed. Instead of doing things, I’m staying in bed.’

What needs to happen

Tenancy support and housing support workers should work closely with local housing advice services on behalf of tenants who are living in housing in disrepair to help enforce their rights.

Public health practitioners should work within local authorities and partner agencies to develop strategies and targets that tackle poor housing conditions and improve health outcomes.
Rent payments and arrears
Rent arrears were a serious problem for many participants, and several had been evicted and become homeless again because of rent arrears. Among those still housed at five years:

- **39%** had had rent arrears during the previous 12 months, resulting in eviction threats for **18%**
- **26%** still had rent arrears, including seven per cent who owed more than £500
- Young people aged 20-24 years were most likely to have rent arrears (**33%**) and to owe large sums – **14%** owed £1,000 or more.

Most participants with rent arrears had been sent standard letters about the arrears. Some had literacy problems and found it hard to understand what was being said, while some were scared by official letters and had not opened them.

What needs to happen
Workers supporting formerly homeless people who are living in squalid or risky conditions should consult with local authority staff, such as safeguarding teams, and collaboratively draw up personalised support plans to address problems and support the individual.

Some localities have developed or are working on policies about hoarding and self-neglect - housing managers and support workers need to engage with their development.

Looking after a home
Among those who were still housed after five years, three quarters had personalised their accommodation, were keeping it clean, 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.

However, a quarter of participants were struggling to look after their accommodation and keep it clean, and were living in dirty or squalid conditions. Thirteen people were hoarding and, during the course of the study, parts of their accommodation had become inaccessible. In a few instances, housing or tenancy support workers had intervened as the person’s hoarding behaviour was putting their tenancy at risk.

People with mental health or alcohol problems, and men aged over 40 years, were most likely to be struggling to look after their home, and keep it clean and habitable.

What needs to happen
Housing managers and staff should proactively tackle rent arrears at an early stage. 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 and to help resolve problems.

Tenancy support workers and housing staff should collaboratively work with formerly homeless people who have rent arrears to draw up a realistic payment plan and help the tenant adhere to this. Advice should be sought from welfare rights or debt advice agencies to work on wider financial problems.

The full report, Rebuilding Lives: Formerly homeless people’s experiences of independent living and their longer-term outcomes, is available online at:

http://www.kcl.ac.uk/scwru/res/hrp/hrp-studies/rebuilding.aspx

Other Policy and Practice briefings on: Finances and welfare benefits; Training and employment; and Mental health matters are also available online at the same link.
The views expressed in this report are those of the authors and not necessarily those of the NIHR School for Social Care Research, Department of Health, NIHR, NHS or the Economic and Social Research Council.

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