

# Moving from Multiple Exclusion Homelessness into the Private Rented Sector: Precarious Transitions amidst Welfare Reform, Austerity and Housing Crisis

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# Structure

- Housing First
- Choice and Control agendas
- UK Welfare Context
- Study Design
- Findings: how choice is enabled and restricted

# Housing First

*“Since HF is not implemented in a vacuum, it is also vital to examine further what contemporary policy trends in relation to public services (such as active and responsible citizenship discourse) mean for the implementation of HF in different contexts and for the life conditions of the people with severe mental and substance abuse difficulties.”*

(Raitakari & Juhila, 2015: 174)

Street/Rough Sleeping

Accommodation

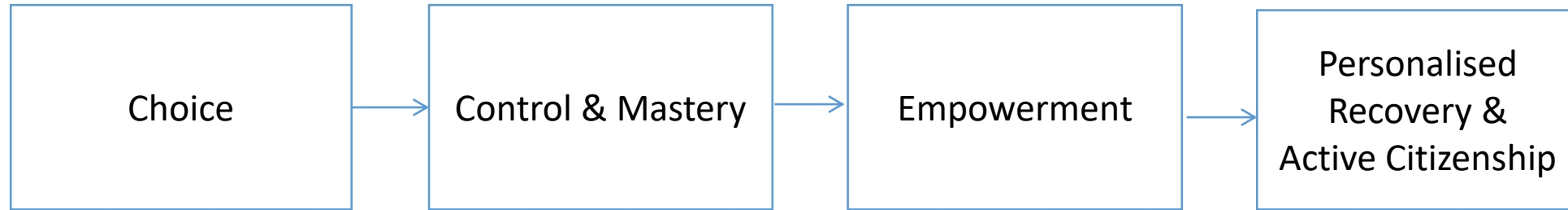
Independent housing

Housing First

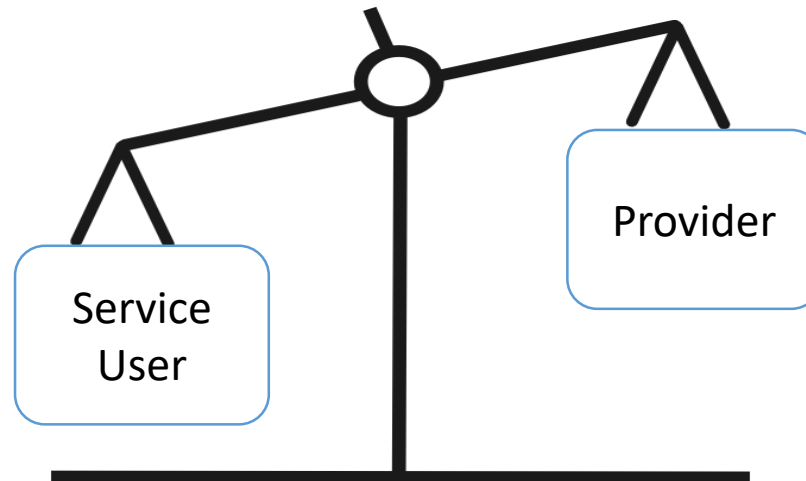
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ent with

# Choice and Control

## 1. Enables Recovery



## 2. Overcomes unbalanced power relations



# Theoretical Framework

***“Rationality is bounded by a scissors whose two blades are the structure of task environments and the computational capacities of the actor”***

(Simon. 1990:7)



# Antagonisms of choice

Clarke, Newman et al. (2008) summarise the wide literature critiquing choice in public service into 3 interrelated 'antagonisms':



Equity

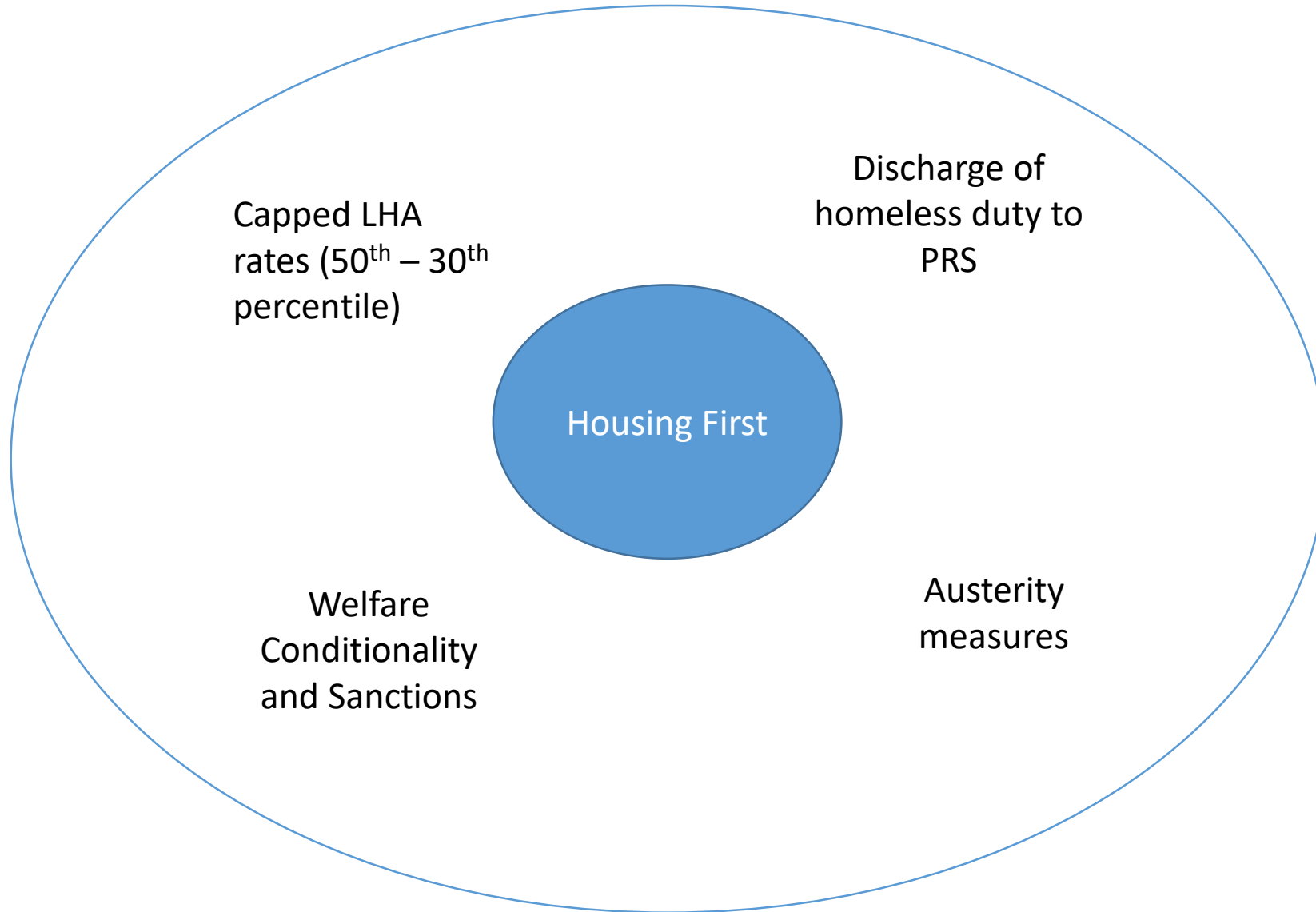


Public provision and private desires



Power relations

# UK Welfare Context

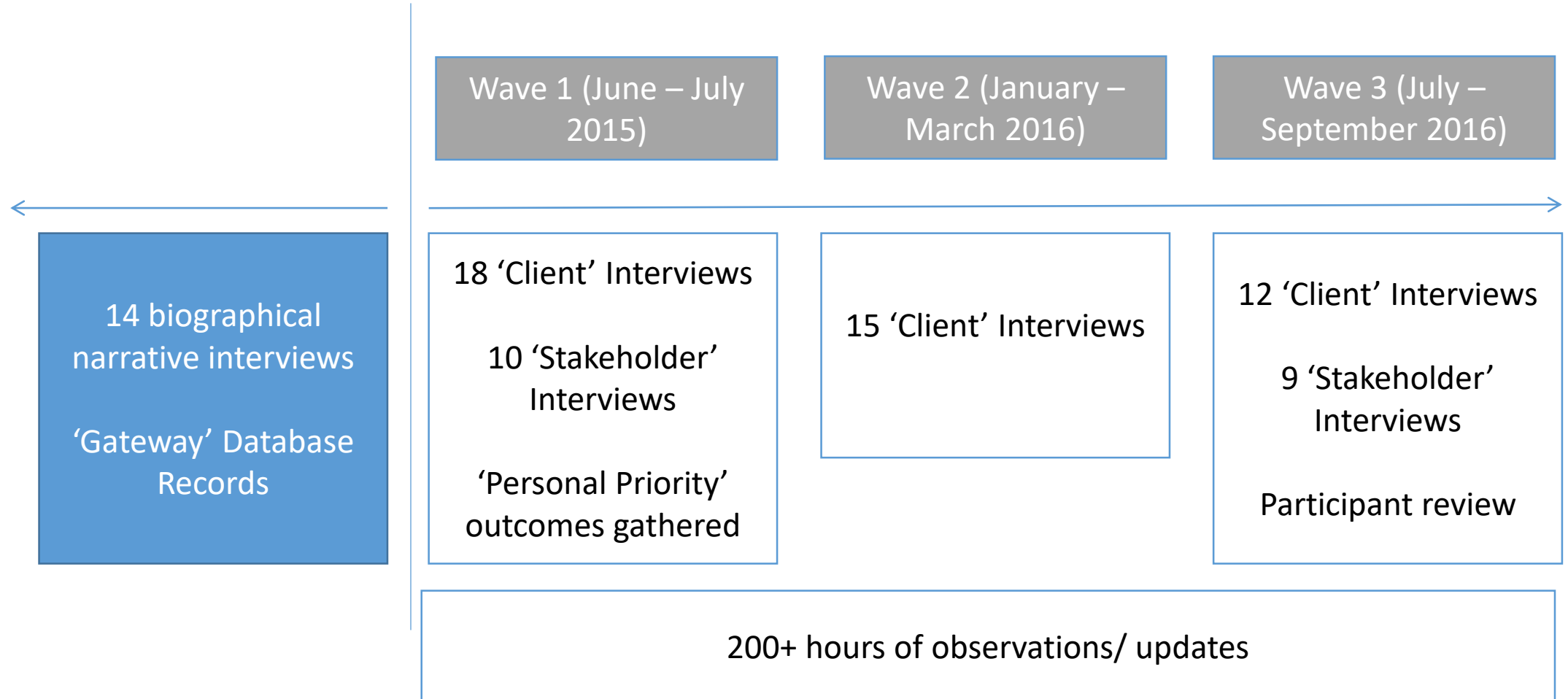


# The Newcastle HF Service

- Commissioned by Newcastle City Council as a response to a subset of 'multiply excluded' homeless adults
- Initial contract for 60 units 2014 – 17 delivered by Changing Lives
- Housing provided by the PRS and support through a 'case management' approach in which multi-disciplinary support is enabled through 'signposting' approach.



# Study Design



# Participants

Category	No. of Participants	Age	Substance Misuse	Mental & Physical Health	Traumatic Experience	Offending	Street Culture
Middle Aged 'Desisters'	3	35 - 46	Single Issue (controlled)	Anxiety/ Moral Guilt	Limited	None/ Desisted	None
Young & Excluded	3	23 - 27	Single Issue (Binge use)	Anger Management/ AS PD	Parental loss/ emotional abuse	Limited offences related to theft and violence	Street Drinking
Ageing Drinkers	6	55 - 64	Chronic Alcohol Use	Depression, chronic physical health conditions	Mixed	Low Level Theft	Persistent Begging, rough sleeping and street drinking
Severely Disadvantaged	6	28 - 39	High Levels of Poly Drug Use	Complex range of severe issues	Profound physical, sexual and emotional abuse	Persistent offences related to theft and violence	Persistent Begging, rough sleeping and street drinking

# Findings

# Participant's Priority Outcomes

Initial priorities	Sequential priorities (2 <sup>nd</sup> and 3 <sup>rd</sup> priorities)	Top priorities
Reduce SM (12)	Engage in positive routine (8)	Become Employed (6)
Retain Housing (7)	Become Employed (6)	Develop/ re-establish links with children (4)
Separate from 'associates' (3)	Develop/ re-establish links with children (5)	Reduce SM (3)
Move Housing (2)	Become Employed (5)	Develop/ re-establish links with wider family (2)
Establish links with family (1)	Develop/ re-establish links with wider family (4)	Retain Housing (2)
Become less isolated/access more support (1)	Move housing (3)	Move housing (2)
Play Xbox (1)	Reduce offending (1)	
	Improve MH (1)	
	Improve PH (1)	

# Trajectories in Housing First

Positive Trajectory towards PPO's

5 participants

Develop links with children, engage in college course, separate from past associates

SM more controlled but still persisted

Fluctuating Trajectory with progression and relapse common

4 participants

Relapse in SM, 'Street Culture' and Offending behaviours

Causes of relapse commonly emotional stressors teamed with re emergence of past associates

Static Trajectory with little or no progression towards PPO's

6 participants

Continued to engage in same behaviours and to same extent

2 participants were imprisoned

1 participant died, 2 abandoned tenancies and 1 was evicted

# Trajectories vs. Needs Categorisations

	Positive Trajectory towards PPO's	Fluctuating Trajectory with progression and relapse common	Static Trajectory with little or no progression towards PPO's
Middle Aged Desisters	3	0	0
Young and Excluded	1	1	0
Ageing Drinkers	1	0	4
Severely Disadvantaged	0	3	2

# The Barriers and Facilitators of Choice and Control

# Public v Private

Client Choice  
over Housing  
quality and  
location

*“Nar, just this one [flat], took this one straight away, just to get out (hostel)... Nar, like, well it is, ya nar like how they say, you get on the property ladder, ya nar like your first mortgage and things like that, its similar to that, like getting out a hostel and getting into me own house, like getting on the ladder of having a flat, dya na what I mean? “*

(James. Negative trajectory)

Availability in  
Market Based  
PRS

Client Priorities for  
Treatment/Recovery

*“I mean her CPN, who’s stowed off, I mean that guy’s got too many clients, and theyre all really chaotic...”*

Dave. Case Manager

Diagnosis,  
capacity

Capacity of  
Services to meet  
Needs



# Equity

Positive

*“So I’ve moved over there and it’s like a fresh start really, you know what I mean. Fortunately the street where I live, you can hear a pin drop.*

*Now the two neighbours on that side and the one downstairs, every time I see them it’s ‘ah, you alright?’. He give is a lift up into town. They’ve said to is if you ever need a run up to your mam’s in an emergency and I’m thinking, you never get neighbours like this anymore. So its nice.”*

(Joseph. Positive trajectory)

Locat

networ

ilities,  
needs

Static

*“Its right on top of is, constantly. Ive got 3 drug dealers in my street, there’s 2 drug dealers just across in the next street, then behind is theres another 2 drug dealers. Its just tempting all the time ... Banging on the door, middle of the night, twos and threes in the morning ... If you don’t let them in they start kicking your doors and things like that.”*

(Lenny. static trajectory)

# Power Relations

## More Balanced Power Relations

*“For me, deeing this whole job is not about wiping people’s arses, I see my job as showing people where the toilet roll is, and showing them how to wipe their own arse.”*

Danny. Support Worker

*“I think its frustration a lot of the time. You hope you’re going to get a message across to your service user that the way they’re behaving and acting is having an impact on their quality of life, them loosing their tenancy, and them not acting on it.”*

Gaz. Case Manager

## Less Balanced Power Relations

*“This tenant, she says there’s all these damages and repairs and I’ve been waiting months. Its just the stock response [from the landlord] of its your responsibility. It’s a material desire or something.”*

Caroline. Case Manager

## Client & Income Provider (DWP)

*“It’s hard like you know, they diagnosed is, the EIP (early intervention psychosis) team diagnosed is with paranoia but then they say they’re not willing to work with is until I reduce me drug and alcohol intake.”*

Lyla. Fluctuating Trajectory

# Conditionality and Sanction

## Case 1

43 year old, JSA claimant

Sanction for missing an appointment

40% reduction for 3 months

## Case 2

63 year old, ESA claimant

Missed appointment and sanctioned, case re-assessed

Failed work capability assessment (0 points)

'Hardship' only for 12 months

Won appeal and received £7,000 backpayment

In both cases the HF service sustained participant's through food banks, utility vouchers & negotiations with landlords (in both cases making rent payments to avoid eviction)

# Concluding Remarks

- Changes to LHA rates compounded the already substantial barriers faced by participants to accessing good quality, well located housing
- Conditionality and sanction had the greatest impact on those with lowest needs, inhibiting their capacity for self-actualisation.
- The shift to PRS housing reduced participants capacity for choice and control over the quality of their housing.

# Concluding Remarks

- The extent to which the HF service enabled the actualization of personal priority outcomes largely related to the complexity of the individuals needs.
- For participants with more adverse life conditions and more complex needs there is a case for actively 'enabling' rather than simply 'offering' choice and control
- These participants continued to face exclusion from services essential to recovery, and in extreme cases faced imprisonment and eviction.