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Contents

List of Tables vi
List of Figures vii
Acknowledgements viii
Disclaimer viii
Executive Summary ix
  Key points ix
  Introduction x
The Views of Service Providers on Hostel Closure and Re-provisioning x
The Profile of Ex-Residents and Their Reasons for Homelessness xi
The Experience of the Resettlement Process xi
Housing and Access to Professional Support xii
Financial Well-being, Employment and Other Activities xii
Health, Alcohol and Drugs xiii
Access to Social Support and Social Networks xiii
Overall Quality of Life xiii
Conclusions and Policy Implications xiv

CHAPTER 1: Introduction to the Glasgow Hostel Closure and Re-provisioning Programme and the Evaluation Study 1
  Introduction 1
  The Glasgow Hostel Closure and Re-provisioning Programme: Origins and Rationale 1
  Previous Relevant Research 3
  Aims and Objectives of the Evaluation Study 4
  Methods Employed in the Evaluation Study 5
    A. Service providers 5
    B. Longitudinal survey of ex-hostel residents 6
  Structure of the Report 9
  Conclusions 9

CHAPTER 2: Implementing Hostel Closure in Glasgow 11
  Introduction 11
  The Strategic Framework for Hostel Closure 11
  The Structure of the Resettlement Process 12
  Resources for Hostel Closure 16
  Supported Accommodation Projects 16
  Gaps in Services 19
  Access to Mainstream Services after Resettlement 20
  Overall Thoughts on Hostel Closure and the Effectiveness of Resettlement 21
Conclusions 24

**CHAPTER 3: The Profile of Ex-Residents** 25

Introduction 25
Age 25
Marital Status and Children 26
Origins 27
Experience of Hostels 28
Experience of Other Forms of Homelessness 31
Reasons for Homelessness 33
Personal History 34
Education 35
Economic Status and Employment History 37
Receipt of Benefits 38
Financial Inclusion 39
Health 40
Conclusions 42

**Chapter 4: The Experience of the Resettlement Process** 43

Introduction 43
Accommodation Arranged for Ex-residents on Leaving Hostel 43
Information During Resettlement 46
Support During Resettlement 47
Conclusions 47

**Chapter 5: The Outcomes of the Resettlement Process – Housing and Professional Support** 49

Introduction 49
Housing Situation 49
Specific Issues in Supported Accommodation 51
How Those in Permanent Housing/Scatter Flats Were Coping 55
General Living Conditions 58
Safety 60
Like and Dislikes About Accommodation 64
Support Needs and Access to Professional Support 65
Conclusions 72

**CHAPTER 6: The Outcomes of the Resettlement Process – Broader Aspects of Quality of Life** 73

Introduction 73
Economic Status 73
Activities 75
| Table 5.1: Average rating of support workers (out of 5) (Wave 1)       | 71 |
| Table 6.1: Economic status of ex-residents aged under 65            | 74 |
| Table 6.2: The financial situation of ex-residents                  | 78 |
| Table 6.3: Changes in the financial situation of ex-residents since leaving the hostel | 79 |
| Table 6.4: Changes to health status by age                          | 80 |
| Table 6.5: Changes to self-reported mental health status since leaving the hostels | 82 |
| Table 6.6: Summary of changes in self-reported mental health status since leaving the hostels | 83 |
| Table 6.7: Self reported alcohol consumption                        | 84 |
| Table 6.8: Changes in alcohol use since leaving the hostel         | 85 |
| Table 6.9: Changes in drug use since leaving hostel (under 50s)    | 86 |
| Table 6.10: Changes in drug use since leaving the hostel for the under 50s (Wave 1) | 88 |
| Table 6.11: Current social support                                 | 89 |
| Table 6.12: Current social support by age group                    | 89 |
| Table 6.13: Changes in access to social support between hostel and Wave 2, by age | 90 |
| Table 6.14: Changes in sources of social support                   | 91 |
| Table 6.15: Meetings with friends or relatives                     | 92 |
| Table 6.16: Contact with friends and family at point of interview and when in hostel | 93 |
| Table 6.17: Experience of boredom at point of interview and when in hostels | 95 |
| Table 6.18: Experience of loneliness at point of interview and when in hostels | 96 |
| Table 6.19: Feelings about life among the ex-residents             | 97 |
| Table 6.20: Views as to whether life was better or worse in the hostel | 98 |

**List of Figures**

Figure 3.1: Ages of the ex-residents (Wave 1)                           | 26 |
Figure 3.2: Marital status of the ex-residents (Wave 1)                 | 27 |
Figure 3.3: Length of ex-residents’ last stay in their hostel (Wave 1) | 29 |
Figure 3.4: The number of hostels that ex-residents had stayed in (Wave 1) | 30 |
Figure 3.5: The estimated length of time for which ex-residents had lived in Glasgow hostels (Wave 1) | 31 |
Figure 3.6: Homelessness history of ex-residents (Wave 1)               | 32 |
Figure 3.7: All experience of rough sleeping among ex-residents (Wave 1) | 33 |
Figure 3.8: Reported reasons for homelessness among ex-residents (Wave 1) | 34 |
Figure 4.1: Accommodation ex-residents moved to on first leaving the hostel (Wave 1) | 44 |
Figure 5.1: Current accommodation of ex-residents (Wave 1) 50
Figure 5.2: Sharing facilities in supported accommodation (Wave 1) 52
Figure 5.3: Views on sharing in supported accommodation (Wave 1) 53
Figure 5.4: Views on staff helpfulness in supported accommodation (Wave 1) 54
Figure 5.5: How well ex-residents in supported accommodation got on with other residents (Wave 1) 55
Figure 5.6: How well ex-residents in supported accommodation got on with their neighbours (Wave 2) 57
Figure 5.7: Positive aspects of housing (Wave 1) 59
Figure 5.8: Negative aspects of housing (Wave 1) 60
Figure 5.9: How safe ex-residents felt in their home alone at night (Wave 1) 61
Figure 5.10: How safe ex-residents felt walking alone in their neighbourhood after dark. (Wave 1) 62
Figure 5.11: How safe ex-residents felt walking alone in their neighbourhood after dark. (Wave 2) 63
Figure 5.12: Access to, and need for, specific types of support (Wave 1) 66
Figure 5.13: All forms of support received since leaving hostel (Wave 2) 67
Figure 5.14: The support workers that ex-residents were seeing at point of survey (Wave 1) 69
Figure 5.15: The support workers that ex-residents were seeing at point of survey (Wave 2) 70
Figure 6.1: The activities ex-residents were involved 76
Figure 6.2: Type of drug use by ex-residents under 50 (Wave 1) 87
Figure 6.3: Specific types of social support available now and when in a hostel 90
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Disclaimer

The views expressed in this report are not necessarily those of Glasgow City Council or the Scottish Government, nor any other organisation association with the research. Responsibility for any errors lies with the authors.
Executive Summary

Key points

This report presents the findings of a longitudinal evaluation of the outcomes for residents resettled after the closure of two of Glasgow’s large-scale, council-run male hostels: Peter McCann House and James Duncan House. Based on interviews with ex-hostel residents between one and three years after they had left these hostels, the key findings were as follows:

- Ex-residents of these hostels were an extremely socially and economically disadvantaged group, the majority of whom had long-term experience of living in hostels and other forms of homelessness. Ex-residents under the age of 50 had particularly troubled personal histories.
- The most common reason for homelessness reported by ex-residents was relationship breakdown with a partner; the other substantial reasons were eviction, bereavement, and relationship breakdown with a parent/step-parent.
- The great majority of ex-residents were happy with the accommodation that was arranged for them on leaving the hostel. While some had subsequently moved on from this accommodation, few had experienced further homelessness.
- Most ex-residents felt well supported throughout the hostel closure process, but this was less true for some of the younger ex-residents under 50.
- A large number of ex-residents said that they were managing better financially than they had been when living in the hostel, and very few said that their financial position had deteriorated.
- Ex-residents were far more likely to report improvements than deteriorations in their general and mental health since leaving the hostel.
- Overall levels of both drinking and drug use were reported to have fallen significantly since ex-residents left the hostel.
- Substantial improvements were reported in ex-residents’ access to social support since leaving the hostel, and this was especially true with respect to the emotional support available to ex-residents under 50.
- There was very little engagement in paid work amongst ex-residents, and a large minority engaged in no regular activities of any kind.
- Loneliness and boredom were still major problems for many ex-residents, but there were net improvements on both measures as compared with when they were living in the hostel.
An overwhelming majority of hostel residents said that their life was ‘much better’ or ‘better’ than it had been when they were living in the hostel, and only very small numbers thought that it was worse.

Introduction

Peter McCann House and James Duncan House were closed down in July 2006 and March 2008 respectively, representing the final stages of a ‘Hostel Closure and Re-provisioning Programme’ which was progressed by the Glasgow Homelessness Partnership from 2003, supported by a Hostel Decommissioning Grant from the Scottish Executive (now Scottish Government). The main aim of this evaluation study was to assess the resettlement outcomes for ex-residents of these two hostels.

The study commenced in July 2007, and comprised two key elements: interviews with 22 service providers in Glasgow; and a longitudinal survey of ex-residents of these two hostels. In total, 89 ex-residents were interviewed in Wave 1 of the longitudinal survey, and 60 of these ex-residents were re-interviewed in Wave 2 of the survey. Wave 1 interviewees had, on average, left the hostel from which they were resettled 19 months before this first interview (26 months for Peter McCann House, and 14 months for James Duncan House); Wave 2 interviewees had, on average, left the hostel from which they were resettled 33 months before this second interview (38 months for Peter McCann House, and 28 months for James Duncan House). So these findings report on outcomes for hostel residents between one to three years after they left the relevant hostel. The findings should not be assumed to be representative of all ex-residents of James Duncan House and Peter McCann House – within the survey sample there was some under-representation of younger ex-residents and those who moved into permanent tenancies - but rather as providing robust results on a substantial subgroup with whom we managed to make contact.

The Views of Service Providers on Hostel Closure and Re-provisioning

It is helpful to contextualise the findings on outcomes for ex-residents by first considering the views and expectations of service providers in the city with respect to hostel closure. No service providers interviewed were in any doubt that closing the hostels was the right thing to do, and most felt that the closure process had been well resourced and successfully implemented with respect to James Duncan House and Peter McCann House. However, concerns were raised with regard to ex-residents’ access to mainstream services in certain parts of the city, and a number of interviewees felt that the referral criteria for some of the commissioned supported accommodation projects were too strict. The key gap in services highlighted by service providers was supported accommodation for active drug users, though it was also acknowledged that there were legal and other difficulties in establishing specialist provision for this group. Service providers’ main criterion for ‘successful resettlement’ was improvements in the general quality of life of ex-residents, but they
acknowledged that data was required from the longitudinal study in order to evidence whether this had in fact been achieved.

**The Profile of Ex-Residents and Their Reasons for Homelessness**

The ex-residents who participated in the study were quite evenly split between those aged over and under 50 years old, and the great majority were originally from Glasgow.

The longitudinal survey confirmed what was already known about the extreme disadvantage of residents of the large-scale hostels in Glasgow. The ex-residents interviewed were characterised by unemployment, long term-sickness/disability, benefit dependency, low educational attainment, poor health, high levels of drug and alcohol problems, and extensive experience of hostel living and other forms of homelessness.

There were, however, significant differences based on age, with the personal histories of younger ex-residents reported to be particularly troubled. Thus large proportions of ex-residents aged under 50 years old reported experience of prison/young offenders institute, local authority care, severely disrupted education, rough sleeping, and drug problems. Ex-residents over 50 were much more likely to have been in steady work for most of their adult lives than those under this age, and to have been married, but they were also much more likely to have had alcohol problems than younger ex-residents.

The most common reason ex-residents gave for becoming homeless and moving into a hostel was relationship breakdown with a partner. The next most important reasons were eviction; bereavement; and relationship breakdown with a parent/step-parent. All other reasons for homelessness – including alcohol, drug or mental health problems – were reported by few ex-residents.

**The Experience of the Resettlement Process**

The ex-residents interviewed were generally happy with the accommodation that had been arranged for them on moving out of James Duncan House/Peter McCann House, and the majority were still living in this accommodation at the point of both the Wave 1 and Wave 2 interviews. There was generally little evidence of ex-residents of these two hostels returning to homelessness, and very few of those interviewed had slept rough since leaving the hostel.

Findings were mixed on the level of information that ex-residents received during the resettlement process, with interviewees quite evenly split on whether they felt that they had or had not received enough information about what was going to happen to them when the hostels closed. They were generally more positive about the support they had received during the resettlement process, especially those aged over 50, but there was a substantial minority who had felt neglected or had mixed feelings.
Housing and Access to Professional Support

Most ex-residents liked the accommodation that they were currently living in at both Wave 1 and Wave 2 interviews, felt safe in it, and were satisfied with the facilities, neighbourhood, space standards, and furnishings. Those in supported accommodation found the staff helpful, and generally did not have a problem with the other residents. Many service providers had highlighted concerns about ex-residents coping with the practicalities of running their own homes, but most of those in permanent housing felt that they were managing fine, though problems were reported by some, especially with financial management. There was little evidence of problems with neighbours. The main negative findings were associated with high levels of disrepair and dirtiness of properties when those in permanent housing first arrived.

The great majority of all ex-residents saw at least one professional worker regularly. The workers most commonly seen were housing support workers, but there were also substantial proportions who saw social workers and drugs workers. However, one quarter of Wave 2 interviewees saw no professional workers at all (these were mainly under 50s living in permanent housing). Most ex-residents said that all of their support needs were currently met, but a minority reported that they had some form of current unmet need. The nature of these self-identified unmet needs varied widely, but they related mainly to practical issues (such as help with managing money and debt).

Financial Well-being, Employment and Other Activities

One particularly encouraging set of findings related to ex-residents’ perceptions of changes in their financial well-being since leaving the hostel. A great many ex-residents said that they were now coping better financially than they had done when living in the hostel, and only small numbers said that they were coping less well financially. The reasons they gave for their improved financial position related mainly to the independence of having their own place which enabled them to budget better, to cook their own food, and to stay at home more often. Many also cited reduced consumption of drugs and alcohol as a factor which had enabled them to cope better financially (see below).

Less positively, very few ex-residents of working age were in paid work at point of interview, with the great majority either long-term sick/disabled or unemployed. Only relatively low proportions of all ex-residents engaged in other structured activities, such as voluntary work, work preparation courses, arts or sports-based activities. A sizeable minority engaged in no regular activities of any kind. The ‘typical days’ of ex-residents were often very repetitive and quite solitary.
Health, Alcohol and Drugs

There were encouraging results on self-reported changes in ex-residents’ health since leaving the hostel. With respect to both their general health and their mental health, ex-residents were far more likely to say that this had improved than had deteriorated. The findings on self-reported changes in alcohol and drug use were particularly positive, with consistent and strong evidence of a decline in use of both drink and drugs. This reduction in substance use was linked to the improved health, financial position (see above) and social networks (see below) of many ex-residents.

Access to Social Support and Social Networks

Ex-residents reported substantial (net) increases in their access to ‘emotional support’ (someone to listen when you need to talk), ‘practical support’ (someone to count on in a crisis), and ‘informational support’ (someone to ask when you are not sure what to do) since leaving the hostel. There were particularly large increases in those who reported workers as a source of social support (especially amongst older ex-residents), but family members were also now more likely to provide social support to ex-residents than had been the case when they were living in a hostel (this was especially so for younger ex-residents, who reported much improved access to emotional support compared with when they were in the hostel). Ex-residents were far likelier to see more rather than less of their relatives and friends than they had done when they lived in the hostel. They often attributed these better relationships with family and friends to being away from the stigma and restrictions of the hostel environment and to drinking less/taking fewer drugs.

Overall Quality of Life

Perhaps the most important finding of this evaluation study is that the great majority of all ex-residents felt that, overall, life was ‘much better’ or ‘better’ than it had been when they were living in the hostel. Very few thought that it was worse. The main reasons given for this perceived improvement in their quality of life was the privacy, independence and self-respect of having their own place; being away from the drugs, alcohol and violence in the hostels, and thus feeling healthier and safer; and in some instances being back in touch with family and friends.

Many service providers expressed concerns that loneliness and boredom may be key challenges faced by ex-residents once they were living in the community. The evaluation found that loneliness and boredom were indeed major problems for many ex-residents. However, it should also be noted that there were net improvements on both of these measures as compared with when interviewees were living in the hostel.

One third of all ex-residents said that there was something that they missed about the hostel (this was most commonly the camaraderie with other residents). But almost all ex-
residents said that there was at least one thing better about their lives than when they were living in the hostel (this often related to the satisfaction brought by having their own place).

**Conclusions and Policy Implications**

The largely positive outcomes for the ex-residents interviewed in this study strongly support the policy of closure of large-scale hostels. The great majority of ex-residents of James Duncan House and Peter McCann House experienced a significant increase in their quality of life on leaving the hostel, and the negative effects of hostel closure on these ex-residents were relatively limited.

The evaluation findings largely endorse what is now broadly referred to as a ‘Housing First’ emphasis on resettling single homeless people in ordinary housing with flexible support, but also highlight the continuing need for ‘transitional’ forms of supported housing and ‘permanent supportive housing’ for a minority of single homeless people. The main weakness of the Glasgow re-provisioning programme was a relative lack of emphasis on work, training and other forms of purposeful activity, particularly for the younger ex-residents. Such activities could have done much to combat their loneliness and boredom, even if integration into the mainstream labour market is not always a realistic goal.

The evaluation also found that the success of the closure and re-provisioning programme with respect to these two Glasgow hostels could be attributed to a number of factors: high level political support; the strong central role played by the Glasgow Homelessness Partnership and the hostel closure team; access to a large stock of mainstream social housing (albeit of variable quality); generous resources; and the detailed assessments carried out on individual hostel residents by an experienced, multi-disciplinary team.
CHAPTER 1: Introduction to the Glasgow Hostel Closure and Re-provisioning Programme and the Evaluation Study

Introduction

1.1 This report presents the findings of an evaluation study of the outcomes for residents resettled from two of Glasgow’s large-scale, council-run male hostels: Peter McCann House and James Duncan House. These hostels were closed down in July 2006 and March 2008 respectively, representing the final stages of a ‘Hostel Closure and Re-provisioning Programme’ focused on the large male hostels in the city, progressed by the Glasgow Homelessness Partnership since 2003, and supported by a Hostel Decommissioning Grant from the Scottish Executive (now Scottish Government). This introductory chapter outlines the background to the Glasgow Hostel Closure and Re-provisioning Programme, before summarising the aims and objectives of this evaluation study. It then outlines the methods employed in the evaluation study, including the limitations of those methods. Finally, we summarise the structure of the remainder of this report.

The Glasgow Hostel Closure and Re-provisioning Programme: Origins and Rationale

1.2 Glasgow is Scotland's largest city, with a population that has been in decline over recent decades but now appears to have stabilised at around 600,000. Glasgow sits at the heart of a heavily industrialised region and its economy was particularly badly hit by the early 1980s recession. Since the mid 1990s, Glasgow's economy has expanded with a significant growth in employment, particularly in the service sector, but even before the current economic downturn, poverty continued to be a major concern with a large proportion of the city's neighbourhoods amongst the most deprived in Scotland. Glasgow also has a legacy of poor quality housing stock, particularly in the city's large social sector, and, until very recently at least, a crude 'surplus' of social rented properties. Ownership of this council housing stock was transferred to the Glasgow Housing Association in March 2003, with a view to demolishing the worst stock and upgrading the remainder.

1.3 Within this broader housing context, there have been longstanding concerns about the outdated and inappropriate nature of the large-scale (up to 250 bed) hostels in Glasgow run by the city council, voluntary sector and commercial enterprises (Glasgow Street Homelessness Review Team, 2000). These hostels were originally designed to provide basic, short-term accommodation for as many people as possible, and were ill-equipped to provide the sort of intensive support and
supervision required by the large concentrations of people with complex health and support needs who came to be accommodated within them, often on a long-term or recurring basis. Widespread drug use and drug dealing, money lending and violence made these hostels volatile and difficult places to live in or work in (Glasgow Street Homelessness Review Team, 2000). Many of those sleeping rough in the city were barred from the hostels because of their behaviour or rent arrears, and many others preferred to sleep rough rather than stay in such intimidating places, particularly if they were trying to recover from drug or alcohol problems (Fitzpatrick, 2000).

1.4 In 1994 Glasgow District Council adopted the principles of the ‘Signposts’ report (Graham Wylie and Isabel Court Architects, 1992), which recommended that the large-scale city council hostels be closed down and replaced with smaller accommodation units. However, lack of resources meant that this plan could not be implemented.

1.5 A step-change in homelessness policy in Glasgow was signalled with the setting up of the Glasgow Street Homelessness Review Team in November 1999. Established under the auspices of the national Homelessness Task Force, this Review Team was tasked with examining the efforts being made to tackle the particularly acute problems of street homelessness in Glasgow, and to make recommendations for improved accommodation and support. One of the key recommendations of the Glasgow Street Homelessness Review Team (2000) was a major hostel decommissioning programme, over a period of at least five years, to close down all of the large-scale hostels in the city and to replace them with appropriate smaller scale accommodation. It was recommended that, wherever possible, residents should be moved into their own tenancies with appropriate support. However, it was also recognised that there was a need for specialist, small-scale units to provide accommodation with a high level of support for those with acute or chronic needs.

1.6 The recommendations of the Review Team were widely welcomed, and additional resources were made available from the Scottish Executive to assist with the implementation of the hostel closure and re-provisioning programme. At the start of the process of hostel decommissioning, Glasgow City Council owned and managed four large-scale male hostels, each with a capacity for approximately 240 men (Laidlaw House, Robertson House, Peter McCann House and James Duncan House) and one smaller emergency access hostel which catered for both men and women (Norman Street). In 2000, prior to the Hostel Decommissioning Grant from the Scottish Executive being fully in place, both Laidlaw House and Norman Street were closed, with residents accommodated into mainstream housing or other hostels.

1 Please note that the local authority-run all-female hostel – Inglefield Street – did not form part of this programme.
Towards the end of the closure of Laidlaw House, the Hostels Assessment and Resettlement Team (HART) was established and a more comprehensive assessment and resettlement process was established for men moving on from the remaining hostels.

1.7 The main Hostel Closure and Re-provisioning Programme commenced in 2003, following the establishment of the Glasgow Homelessness Partnership in October 2002, a partnership of Glasgow City Council, Greater Glasgow and Clyde Health Board, and Glasgow Homelessness Network (representing the voluntary sector). The Partnership was charged with, amongst other things, re-provisioning homelessness services in the city to eliminate the need for large scale hostels. With financial support from the Scottish Executive (now Scottish Government), the Glasgow Homelessness Partnership commissioned a range of support and accommodation services to assist with the decommissioning of the remaining three large-scale hostels. Subsequently, Robertson House was closed in February 2005, Peter McCann House in July 2006, and James Duncan House in March 2008.

Previous Relevant Research

1.8 This hostel closure programme in Glasgow is, in terms of scale, unprecedented within the homelessness field in the UK, at least with regards to a single city. However, there is useful research evidence already available from previous hostel closure programmes, not least the closure of the Department for Social Security resettlement units (Vincent et al., 1993, 1995), which has helped to shape this present evaluation. There has also been previous relevant research in Glasgow, with an independent evaluation conducted on the closure of the Great Eastern Hostel (Tate, et al., 2001).

1.9 At the same time, the broader resettlement literature is highly relevant, with helpful work conducted on resettling rough sleepers in London (Randall and Brown, 1996), on resettling vulnerable single homeless people (Pleace, 1995; McNaughton, 2008), and on resettling older homeless people (Crane and Warnes, 2002). Examinations of the resettlement of people with mental health problems following the closure of long-stay psychiatric hospitals also provides some useful insights, suggesting, for example, that there can be both ‘gainers’ and ‘losers’ when large groups of people are affected by institutional closures (Craig and Timms, 1992; Francis et al., 1994).

1.10 All of this literature points to successful resettlement requiring not only the provision of appropriate accommodation for ex-hostel residents, but also tailored support packages (to assist with daily living skills, addiction problems, mental health problems, etc.); help with re-establishing or building social networks (to avoid social isolation); and assistance with work, training, education or other ‘purposeful activity’ (to build self-esteem, develop new skills and establish a structured routine) (Jones
and Pleace, 2004). The findings of a service user consultation exercise conducted by Glasgow Homelessness Network (2003), on behalf of Glasgow Homelessness Partnership, are consistent with this broader literature. While the homeless people consulted identified positive aspects of having their own tenancy – particularly ‘freedom’ - key fears associated with hostel closure included loneliness and boredom, lack of practical living skills, addiction problems, lack of appropriate services in the community, and inadequate social support.

Aims and Objectives of the Evaluation Study

1.11 The main aim of this evaluation study was to examine the resettlement outcomes for ex-residents of Peter McCann House and James Duncan House in order to assess the effectiveness of the Glasgow Hostel Closure and Re-provisioning Programme. While the main focus of the research was the experiences and perspectives of (ex-) hostel residents, the research was also designed to take account of the views of staff from the Glasgow Homelessness Partnership and other relevant services in the city.

1.12 The detailed research questions were as follows:

- What circumstances led to individuals becoming homeless and residing in a hostel?
- How did hostel residents’ experience the resettlement process? For example, did they feel sufficiently supported and informed throughout, and were they adequately prepared for moving on/independent living?
- Housing outcomes: how appropriate was the accommodation that ex-hostel residents were moved on to? Have they sustained this accommodation? Have they experienced homelessness since leaving the hostel? How satisfied are they with their current housing circumstances?
- Health, care and support outcomes: what are the care and support needs of ex-hostel residents, particularly with respect to their physical and mental health, substance misuse, and housing-related support? Have these needs changed since leaving the hostel? Are these needs being adequately met and do they have access to all appropriate services?
- Work outcomes: are ex-residents engaged in employment, education, training, or other ‘purposeful’ activities? How has this changed since leaving the hostel?
- Financial outcomes: how well are ex-hostel residents managing financially? How has this changed since leaving the hostel?
- Social support outcomes: do ex-hostel residents have access to social and emotional support? Do they see friends and family? Are they engaged in community life? How has all this changed since leaving the hostel?
• Has the overall quality of life of ex-hostel residents improved or deteriorated since leaving the hostel? Can any specific quality of life ‘losses’ and ‘gains’ be identified?

• Overall, how effective was the Hostel Closure and Re-provisioning Programme in Glasgow? What were its most and least successful elements? Can any gaps in provision be identified? What lessons can be learned for the future?

**Methods Employed in the Evaluation Study**

1.13 In developing the methods to meet these research aims and objectives we drew upon the scoping study on tracking former residents moved on as part of the Glasgow Hostel Closure and Re-provisioning Programme (Anderson and Taylor, 2006), and also on the Scottish Executive feasibility study on tracking homeless people (Pickering *et al*, 2003).

1.14 The evaluation study, which commenced in July 2007, had two elements:

• qualitative interviews with service providers; and

• a longitudinal survey of ‘ring-fenced’ (ex-) hostel residents.

**A. Service providers**

1.15 The service provider interviews, conducted mainly in the autumn of 2007, comprised:

• 10 in-depth interviews with key informants within the service network in Glasgow (including a range of Glasgow Homelessness Partnership staff and voluntary sector service providers);

• one focus group with the HART workers involved in resettling hostel residents from James Duncan House and in Peter McCann House;

• one focus group with Loretto Care housing support workers, who had supported hostel residents in James Duncan House and Peter McCann House;

• one focus group with managers of commissioned accommodation services.

1.16 In total, 22 service providers in Glasgow participated in these one-to-one interviews or focus groups. The primary purpose of these interviews was to gain service providers’ views on how effective the hostel closure and resettlement process has

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2 ‘Ring-fenced’ ex-residents were those who were staying in James Duncan House or Peter McCann House on the relevant date to be included in its formal resettlement programme, and therefore to be eligible for inclusion in this longitudinal survey.
been in meeting service users’ needs (see topic guide in Appendix 1). A secondary purpose of the interviews was to assist with acquiring agencies’ support for recruitment and retention of (ex)-hostel residents in the longitudinal survey.

**B. Longitudinal survey of ex-hostel residents**

1.17 This longitudinal survey of ex-hostel residents was the principal element in the study. The methodology adopted for the longitudinal survey was mainly quantitative in approach, based on structured questionnaire interviews administered by members of the research team. This primarily quantitative approach was selected to provide broad-based data that was as representative as possible of the range of experiences of ex-residents.

1.18 The first round of interviews with ex-residents (Wave 1 interviews) took place in spring/summer 2008. On average, ex-residents had left the hostel from which they were resettled 19 months before the Wave 1 interview (26 months for ex-residents of Peter McCann House, and 14 months for ex-residents of James Duncan House). All of these interviews were conducted face-to-face, usually in the ex-resident’s current accommodation. The questionnaire used in these Wave 1 interviews is attached at Appendix 2. Given that almost all interviewees had left the relevant hostel before we interviewed them, we collected retrospective ‘baseline’ information on their situation while living in the hostel in this Wave 1 interview. Wherever possible, this questionnaire utilised questions drawn from national surveys to allow comparison with the general population or appropriate segments thereof.

1.19 There was then a follow up (Wave 2) interview conducted in spring/summer 2009. On average, ex-residents had left the hostel from which they were resettled 33 months before the Wave 2 interview (38 months for ex-residents of Peter McCann House, and 28 months for ex-residents of James Duncan House). These interviews comprised a mix of face-to-face and telephone interviews, whichever was most convenient for the ex-resident. A shorter, more focussed questionnaire was developed to provide an update on the circumstances and outcomes for all participating ex-residents (see Appendix 3 for this Wave 2 questionnaire).

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3 As detailed in Appendix 5, we did conduct a small number of interviews (14) with residents still living in James Duncan House in the autumn of 2007 (James Duncan House had only 31 residents when our research commenced in summer 2007, but did not finally close until March 2008). Thus, for these interviewees baseline information was collected while they were still living in the hostel. However, for various reasons only five of these 14 interviewees could be re-interviewed after they left the hostel and only these five are included in the analysis presented in this report (see Appendix 5 for a full explanation). For simplicity sake, the baseline data from these five interviewees (from autumn 2007) and the first round of update data after they had left the hostel (from autumn 2008) is merged with the Wave 1 dataset, which for all other interviewees is based on data collected in a single interview in spring/summer 2008.
There was also a carefully targeted qualitative element to the longitudinal study, facilitated mainly through the relatively large number of open-ended questions included in the structured questionnaire (see again Appendices 2 and 3). We included a particularly large number of open questions in the Wave 2 interviews in order to explore topics which emerged from Wave 1 analysis as especially important or as requiring further investigation. We also conducted a small number of qualitative interviews (three in total) with ex-residents whom we had not been able to trace for the longitudinal study but were identified when they came back into Glasgow’s homelessness system (see Appendix 4 for the topic guide used in these interviews).

The initial aim had been to recruit 150 ex-residents of Peter McCann House and James Duncan House to participate in the longitudinal survey. However, the achieved sample size in Wave 1 of the fieldwork was in fact 89 ex-residents\(^4\),\(^5\). The most important reason for this lower than anticipated sample size was the large number of missing, incorrect or out-of-date addresses within the HART database\(^6\), which we were reliant upon for contact details of ex-residents (see Appendix 5 for more details).\(^7\)

In Wave 2 of the longitudinal survey we managed to re-interview 60 ex-residents\(^8\). This retention rate (67 per cent) compares favourably with that of many longitudinal studies of single homeless people (see Pickering et al, 2003). We minimised attrition in this prospective longitudinal element of the study by employing a range of techniques to maintain contact with the sample over time (see also Fitzpatrick, 2000; Jones et al, 2002; Pickering et al, 2003; Jones et al, 2006; Jones and Quilgars, 2006). In particular, in the Wave 1 interviews with ex-residents we collected\(^9\):

- full personal details – address, telephone (mobile and landline), etc.;
- the details of as many family and friends as they were able/willing for us to contact to trace them;

\(^4\) In fact, we interviewed 98 ex-residents in Wave 1, but for reasons explained in Appendix 5 only 89 of these interviews provided data that could be analysed to answer the key research questions.

\(^5\) However, please note that base sizes may sometimes be less than this overall sample size, and sample sizes may vary, due to missing data.

\(^6\) The HART team had developed a monitoring database of key information on all resettled ‘ring-fenced’ hostel residents. Identifying personal details were only provided to the research team on those ex-residents who had had the opportunity to ‘opt out’ of the study and had chosen not to do so (see footnote below).

\(^7\) Though it is also only fair to note that the HART database was not set up for research purposes.

\(^8\) Again, please note that base sizes may sometimes be less than this overall sample size, and sample sizes may vary, due to missing data.

\(^9\) Ex-residents had the option of agreeing to as many or as few of these mechanisms of tracking as they were comfortable with.
the details of as many individual named workers that they were willing/able to let us trace them through;

permission to contact specified agencies for information about their whereabouts;

permission to ask friends and neighbours (including other homeless people) about their whereabouts; and

written consent to tracking using ‘permission to locate’ forms.

1.23 While the Wave 1 sample size was smaller than originally envisaged, this has not seriously impacted upon the robustness of the findings, though it has limited the amount of subgroup analysis that could be undertaken (see Appendix 5). However a more serious concern is that comparison with the anonymised HART database suggests that the achieved sample under-represents two key groups within the total ‘sample universe’ of all eligible ex-residents of James Duncan House and Peter McCann House. These are ex-residents under 50 as at 1st April 2008 (who comprised 70 per cent of all eligible ex-residents, but only 46 per cent of the achieved sample at Wave 1 and 45 per cent at Wave 2), and ex-residents resettled into permanent housing rather than supported accommodation (again 70 per cent of all eligible ex-residents, but only 45 per cent of the achieved sample at Wave 1 and 48 per cent at Wave 2). For this reason, we provide a separate analysis of those in different age groups, and those in supported or permanent housing, throughout the report wherever either of these factors appears to have a significant effect, and thus the overall results would have been likely to have been different with a sample that was more representative on these measures.

1.24 There may be other characteristics and experiences amongst the large number of ex-hostel residents with whom we were unable to make contact that are not adequately captured in our results. It may be, for example, that this uncontactable group had a disproportionately poor experience of the resettlement process (though this should not be assumed as the fact that people have moved on from an initial placement does not necessarily mean that this was for negative reasons). However, it is worth noting the evidence in Chapter 2 that very few ring-fenced ex-residents of these two hostels have returned to rough sleeping or re-presented as statutory homeless.

1.25 For all the reasons noted above, the achieved sample in the longitudinal survey should not be assumed to be representative of the entire group of ring-fenced ex-

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10 The HART team developed a database of key information on all ‘ring-fenced’ hostel residents resettled. The research team has access to the full database on an anonymised basis, with identifying personal details only provided to the research team on those ex-residents who had had the opportunity to ‘opt out’ of the study and had chosen not to do so.
residents of James Duncan House and Peter McCann House, but rather as providing robust results on a substantial subgroup with whom we managed to make contact.

**Structure of the Report**

1.26 This final report builds on the interim report on the Wave 1 research findings published in February 2009 (Fitzpatrick et al, 2009). The remainder of the final report is structured as follows:

- Chapter 2 reviews the practical implementation of the hostel closure programme, drawing on the in-depth, qualitative interviews undertaken with service providers in the city.
- Chapter 3 provides a profile of the ex-hostel residents resettled from James Duncan House and Peter McCann House, summarising their personal histories and their reasons for becoming homeless and residing in a hostel.
- Chapter 4 explores these ex-residents’ experience of the resettlement process, examining how well supported and informed they felt, and whether they were satisfied with the accommodation placement that was initially arranged for them on leaving the hostel.
- Chapter 5 examines outcomes for ex-residents with respect to their housing circumstances and their access to professional sources of support.
- Chapter 6 details outcomes with respect to ex-residents’ engagement in employment/other purposeful activities, financial situation, health, access to social support/social networks, and overall quality of life.
- Chapter 7 summarises the conclusions of the evaluation study and highlights some broader policy and practice implications.

**Conclusions**

1.27 This report presents the findings of a longitudinal evaluation study of the outcomes for residents resettled from two of Glasgow’s large-scale council-run hostels for men: Peter McCann House and James Duncan House. These hostels were closed down in July 2006 and March 2008 respectively, representing the final stages of a major Hostel Closure and Re-provisioning Programme in the city. This programme is, in terms of scale, unprecedented within the homelessness field in the UK, at least with regards to a single city. The longitudinal survey is able to provide firm findings on the effectiveness of this programme and associated resettlement support with respect to a substantial subgroup of ex-residents of these two hostels with whom the researchers managed to make contact. However, there are limitations in the data generated by the longitudinal survey that should be borne in mind, especially the
under-representation within the achieved sample of younger ex-residents and those who moved into permanent tenancies.
CHAPTER 2: Implementing Hostel Closure in Glasgow

Introduction

2.1 This chapter describes the implementation of hostel closure and the resettlement process for ring-fenced residents from James Duncan House and Peter McCann House, drawing on a series of qualitative interviews with statutory and voluntary sector service providers in the city. It begins with a brief account of the strategic framework for hostel closure, before reflecting on how the resettlement of hostel residents worked in practice. We then consider perceptions on the general level of resources made available for the hostel closure and re-provisioning process, before giving detailed consideration to views on the supported accommodation projects commissioned. Perceptions of gaps in service provision are then analysed, as well as access to mainstream health and social care services after resettlement. Finally, service providers’ overall views on the Hostel Closure and Re-provisioning Programme are summarised. Bear in mind that the interviews upon which this chapter is based were conducted mainly in autumn 2007 (i.e. just as the hostel closure and re-provisioning process was coming to an end). Thus the discussion in this chapter will in general not reflect more recent developments in the city.

The Strategic Framework for Hostel Closure

2.2 As noted in Chapter 1, the Hostel Closure and Re-provisioning Programme in Glasgow was spearheaded by the Glasgow Homelessness Partnership, established in October 2002 as a partnership of Glasgow City Council, Greater Glasgow and Clyde Health Board, and the Glasgow Homelessness Network. A wide range of voluntary sector agencies were closely involved in hostel closure through the provision of supported accommodation projects, housing support services, and training, educational and other forms of support to ex-residents.

2.3 A separate research project investigated the strategic approach to the Hostel Closure and Re-provisioning Programme in Glasgow (Blake Stevenson, 2009), nonetheless service providers were asked to reflect on the success of the overall strategic approach in the city, as it impacted upon hostel closure in particular. Good cooperation between the main partners throughout the hostel closure programme was reported, and several interviewees emphasised that it was especially useful to have had the Health Board ‘at the table’ throughout. One interviewee described the Health Board as an ‘ingenious, flexible and committed’ partner in hostel closure. Engagement with mainstream social work services was reported to have been more challenging at times, because of both resource and ‘attitudinal’ issues, while other interviewees felt that the ‘empty chair’ on occasion belonged to housing services,
who sometimes appeared to lack commitment at management level. There were numerous reports of resistance to hostel closure from hostel staff:

*The hostel staff were in some cases even more institutionalised than the residents and had no experience of the world outside of the hostels. (Statutory Sector Provider)*

*The hostels, to be fair, gave them [the hostel staff] a very, very good living. (Voluntary Sector Provider)*

2.4 However, these challenges seem to have been largely overcome, with most interviewees feeling that the hostel closure programme had, at least with respect to James Duncan House and Peter McCann House, proceeded reasonably well, albeit that some concerns remained with respect to gaps in services and access to mainstream services for ex-hostel residents in certain parts of the city (see details below). Also, as reported in the parallel research project on the experiences of single people presenting as homeless in Glasgow after hostel closure (Quilgars and Bretherton, 2009), there was widespread support amongst service providers in the city for the role of the Glasgow Homelessness Partnership in driving forward the hostel closure and re-provisioning agenda.

**The Structure of the Resettlement Process**

2.5 The implementation of the resettlement process evolved as hostel closure proceeded, and all interviewees acknowledged that lessons had been learned in the closure of Robertson House, so that the closures of James Duncan House and Peter McCann House had been more sensitively and effectively carried out. For example, it was widely recognised that timescales and staffing shortages did not allow for sufficient preparation and planning to develop appropriate move-on options for residents of Robertson House. It was therefore decided to undertake an ‘Environmental Audit’ at Peter McCann House and a similar survey (called an ‘Accommodation Survey’) at James Duncan House in advance of closure to gather initial information to help develop an appropriate range of accommodation and support options for residents moving on from these two hostels. Another key step was the appointment of a Hostel Closure Co-ordinator, whom it was felt had played a pivotal role in improving procedures in the closure of the last two hostels.

2.6 The Hostels Assessment and Resettlement Team (HART) was central to the resettlement process in both James Duncan House and Peter McCann House (as well as in Robertson House). HART was a multi-disciplinary team consisting of health, housing and social work staff. At its height, HART numbered over 20 staff, but was winding down as the evaluation began because the last hostel (James Duncan House)
was near to closure. HART was charged with working directly with hostel residents to carry out a comprehensive, needs-led assessment on each individual, which was then used to determine the most suitable accommodation option and support package for them on leaving the hostel. Initially, this assessment was based on a standard Community Care Assessment tool, but the HART workers used the revised Homeless Integrated Assessment tool when it became available in 2007.

2.7 In both James Duncan House and Peter McCann House, the closure process started with an ‘open day’ for residents with the HART team, supported by the Hostel Closure Co-ordinator and the Loretto Care housing support workers\(^\text{11}\). The purpose of this open day was to explain to the residents what was going to happen, to enable them to meet the workers that were going to support them through the resettlement process, and to attempt to allay any fears that they may have. There were also broader, ongoing efforts made to help residents get used to the idea of hostel closure and to encourage them to engage in the resettlement process. For example, the Glasgow Homelessness Network facilitated ‘advice days’, whereby accommodation providers came into the hostel to speak to the men about the options that were going to be available. The Glasgow Homelessness Partnership also produced a newsletter for hostel residents, updating them on developments with hostel closure and encouraging them to participate in social events, residents’ meetings, etc.

2.8 Individual assessments commenced after the initial open day. Each hostel resident, depending on the complexity of their case, was allocated to the ‘social work’ (more complex) or ‘case work’ (less complex) stream within the HART. In addition, hostel residents with complex needs were allocated a ‘care manager’ to coordinate all aspects of their support package. This care manager was always from a statutory service (e.g. a social worker or addictions worker). There was ‘full information sharing’ between HART workers and care managers where there were significant support needs, but especially sensitive information was shared on a ‘need to know’ basis, and was usually confined to senior staff.

2.9 HART workers explained that they attempted to build up a relationship with individual hostel residents before formally assessing them. The approach taken was to ‘start with the willing ones’, i.e. with those who were willing to engage in the resettlement process. The majority of residents were willing to engage, and indeed

\(^{11}\) All residents of Peter McCann House and James Duncan House were offered support from a voluntary sector housing support provider (Loretto Care) based in the hostel. These housing support workers linked in with the HART team to assist clients to make and attend appointments with their allocated HART worker, and also assisted them with other day-to-day activities, such as attending medical appointments, property viewings, etc.
many men welcomed hostel closure and were keen to move on as quickly as possible. But some, at first, did not want to leave the hostel – they liked the low rent, lack of responsibility and, in Peter McCann House especially, some of the older men would say that they had a ‘good social life’. For others, they didn’t believe that hostel closure would actually happen – ‘they’d been disappointed in the past’. It was said to ‘suit’ some men to live in the hostels because of drug use and other illegal activities; this group were not willing to engage and often simply ‘disappeared’ as closure approached. Some other residents also moved out ‘of own volition’, or had to leave to go into prison or hospital. Any ‘ring-fenced’ ex-hostel residents who came back into the homelessness system would be ‘flagged’ as such, so that the HART team could attempt to re-engage them.

2.10 The men were consulted about the assessment of their needs, and HART workers reported that they seldom disagreed with the assessment that had been made. The HART workers also said that an emphasis was placed on offering choice to hostel residents – ‘Their wishes were prominent. We did our best to meet their choices, give them a bit of dignity’. But many men found it difficult to exercise choice, possibly because of the disempowering treatment that they had experienced in the hostels. They often simply said ‘Just wherever you think’ to their allocated HART worker. For others, there was a need to inject some realism into the process:

*Trying to balance what the client wants with what he needs. Sometimes they don’t have a lot of insight into how their problems affect their ability to live independently, so balancing that and managing their expectations as well. Even if they are able to move into mainstream housing with minimal support their expectations are much higher than we can meet – in terms of where they want to live, what sort of accommodation they want and which floor they want to be on...quite often we can’t fulfil their desires because there just isn’t the accommodation available...* (HART Worker)

2.11 A key issue for most hostel residents was where in the city they were resettled to. The majority wanted to go back to where they had originally come from, and HART workers said that, wherever possible, these area preferences were taken into account. Of course for those with higher support needs the geographical options were limited by the projects that had been commissioned (see below), and if there was nothing suitable in an ex-resident’s preferred areas, the HART workers would

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12 This disempowerment may also explain, at least in part, why many men found it difficult to answer our research questions about whether they had had any choice over the location and type of accommodation that they moved into. They often simply responded that they were happy with what they had been given and didn’t really know whether they had had a choice. The data on these choice questions was thus so poor that we have excluded it from the report.
attempt to identify with them other areas that they would find acceptable. Trade-offs therefore had to be made sometimes between area and suitability of the accommodation. However, if men ever said there were places that they could not live, this was always taken on board (some had a long list of ‘no go’ areas, often related to incidents that had happened many years previously).

2.12 Each resident’s allocated HART worker supported them until they were resettled into either a permanent tenancy or a supported accommodation project. This continuing contact was generally for around six weeks after they left the hostel, but was flexible depending on how well the ex-resident was doing. Once the client appeared to be settled, the case was either closed by the HART team or, if the ex-resident needed continuing health or social care support, transferred to the relevant Community Health and Care Partnership (CHCP)\(^1\). If the resident had a continuing need for housing support once they left the hostel, this was supplied either by workers within supported accommodation projects or, for those in permanent tenancies, by the local Housing Support Service\(^1\).\(^2\)

2.13 The HART workers reported that, overall, the multi-disciplinary nature of their team had worked extremely well, and the fact that they had ‘a good focus’ on a ‘common task’, as well as ample resources (see below), meant that they could effectively focus on the ‘best outcome’ for the hostel residents. However, some interviewees drew a distinction between the closure process in Peter McCann House and James Duncan House. It was pointed out that the profile of residents was different in the two hostels: older and more settled in Peter McCann House; younger and more chaotic in James Duncan House. This meant that, in general, cases from James Duncan House were more challenging. Moreover, some of those who were most reluctant to move out of Peter McCann House had been transferred to James Duncan House, meaning that there was a concentration of those ‘least willing to engage’ in the latter hostel. One interviewee felt that there were time pressures towards the end of the closure of James Duncan House, which may have meant that in some cases outcomes were not as good as with Peter McCann House.

\(^1\) There were five CHCPs in Glasgow: East Glasgow, North Glasgow, South East Glasgow, South West Glasgow, and West Glasgow. CHCPs were run jointly by NHS Greater Glasgow and Clyde and Glasgow City Council and were responsible for delivering primary health care services and certain social care services within their designated areas.

\(^2\) Housing Support Services in Glasgow were organised into the same five geographical areas as CHCPs, with a specific voluntary sector provider awarded the contract to provide the service in each of these areas.
Resources for Hostel Closure

2.14 There was a broad consensus that resources were adequate, even generous, within the Hostel Closure and Re-provisioning Programme:

*Resources have been brilliant!* (Statutory Sector Provider)

*Probably the envy of anywhere else in the country.* (Statutory Sector Provider)

2.15 These comments reflect recognition of the well-resourced nature of the HART team, as well as the extensive housing support provided in the hostels to assist with the resettlement of residents, and the high quality of the commissioned accommodation services (see further below). There was also acknowledgment of the significant expansion in the city’s provision of specialist support for those with more complex needs. The Hunter Street Centre for Health and Social Care attracted particular praise:

…it seems to be the kind of standout success of the hostel closure process… both service provider and service user feedback is always that it’s an absolutely fantastic service you get when you go there… an awful lot of money was spent on it, but it really seems to be doing a great, great job… (Voluntary Sector Provider)

2.16 One negative note sounded on resources was a concern that these began to diminish towards the end of the closure of James Duncan House. This had direct practical effects with, for example, furniture packages for those moving into permanent tenancies becoming less generous than they had been at an earlier point in the hostel closure process. Some interviewees also questioned whether resources had always been used to the best effect during the hostel closure programme as a whole:

*Most providers have spare capacity. Processes [of referral] are the problem.* (Voluntary Sector Provider)

2.17 This last point relates mainly to the supported accommodation projects commissioned as part of the hostel closure and re-provisioning process. These are discussed next.

Supported Accommodation Projects

2.18 The effectiveness of the process for commissioning new accommodation and support services was a source of mixed feelings. Some interviewees felt that the ‘commissioning side’ had worked ‘very well’, and there was widespread acknowledgment of the high quality of the supported accommodation projects which
had been funded. Commissioned residential services were generally said to comprise good quality accommodation, with excellent amenities, in ‘nice areas’ of the city.

2.19 However, it was argued by some interviewees that the ‘intelligence’ generated by the individual assessment processes was not always as well utilised within the commissioning process as it could have been. This may have related in part to difficulties in implementing the Homelessness Integrated Assessment tool (see Quilgars and Bretherton, 2009):

...in the right timescales then you would be having not just an assessment mechanism, but also this wealth of information that would allow you to plan your services. But that had always been the plan but in the absence of the HIA [Homelessness Integrated Assessment], it was a bit of a shot in the dark for the commissioners and they kind of complained that they didn’t really have an awful lot to go on. But there was also I think a lack of flexibility to respond to current situation, particularly at crunch time, which was the last hostel and the fall out of that. (Voluntary Sector Provider)

2.20 At the same time, it was acknowledged that there were difficult timing issues faced by the commissioners:

Timing and commissioning – it took four years to get the alcohol project up and running – as we were trying to develop projects and services the hostel closure programme was going ahead...nothing kicked in until about half way through....we guessed we needed too many learning disability spaces but underestimated mental health beds – if there had been good assessment then you can plan and commission appropriately.... (Statutory Sector Provider)

2.21 While all were agreed that the intention was for a needs-led and ‘personalised’ service for ex-hostel residents, there were widespread concerns that many of the supported accommodation projects commissioned had referral criteria that were too strict:

It is very difficult to get people into supported accommodation, we are getting a very service-led rather than needs-led response from providers at the moment... (Statutory Sector Provider)

2.22 Often men did not fit the project criteria ‘exactly’ and more flexibility on the part of providers was said to be required:

... there was an awful lot of perplexed people that couldn’t get their heads around that people were being sent to [night centre] and sleeping rough, and yet there were units with capacity, and it was down to the criteria of referral.
But what you actually had was providers saying change your criteria, we’ll take them in, do you know. But, but it was about the commissioned criteria and the commissioners strictly sticking to that. Whereas the providers were saying I’m more than happy to we’ll change it so that we’ll take in people... (Voluntary Sector Provider)

2.23 To some extent this last point related to the highly supported, and therefore expensive, nature of some of the residential provision, which meant that service providers could feel under pressure, and could put clients under pressure, to ‘get their support hours up’ in order to justify the level of funding being invested in the project. This could be quite daunting for some men not used to this level of intervention:

It’s not that they don’t need [the support], but they find it too much. All those years in hostels with nothing, then 28 hours [support per week]! One extreme to another. (Statutory Sector Provider)

2.24 Men using this type of provision had to say that they would accept the planned support and would participate in their support plans, not least because these sorts of requirements are inherent in the relevant funding streams. But planning support ahead like this can be very challenging, not least because it can often be difficult to gauge a person’s support needs accurately when they are still living in a hostel. For example, several service providers reported that, for some ex-residents, once they moved out of a hostel and got some confidence back, they needed less support than anticipated: ‘the skills come back’. At the same time, there was recognition of the serious financial concerns that can arise if someone ‘isn’t taking the planned support’, as many of the residential services are very expensive and must be properly utilised if they are to represent value-for-money for the public purse.

2.25 A linked issue that arose was over the ‘transitional’ nature of these supported accommodation projects. Some service providers felt that this was inappropriate:

You take very vulnerable people and rather than enhance their rights you reduce their rights “Because you’re vulnerable you can’t have a tenancy.” (Statutory Sector Provider)

2.26 Some older ex-hostel residents (all from the same project) also expressed concerns to the researchers about thinking that they had moved to a ‘home for life’ only to find out later that they may have to move on if they do not avail themselves of the support provided in the accommodation. One voluntary sector service provider explained the communication difficulties which had led to some misunderstanding on this point:
…resettlement services were to allow that transition [from the hostel], but the difficulty was that people thought they were permanent, but actually they were temporary. Now we make sure they understand with the tenancy agreement. So they have an expectation that they will move on. (Voluntary Sector Provider)

2.27 However, the question nevertheless arises as to whether a way could be found to adjust the level and type of support that (especially older) ex-hostel residents receive without necessarily requiring them to move from accommodation that they are otherwise settled in.

Gaps in Services

2.28 There was a clear consensus that the key service gap was supported accommodation for drug users. If hostel residents were not ready or willing to address their drug use, then there was little specialist provision available to them – for legal reasons, it is very difficult to operate residential services for active drug users (see also Quilgars and Bretherton, 2009). In practice, this group of ex-residents were mostly allocated a mainstream tenancy or a temporary furnished flat, possibly with floating support; while this was not always ideal, it was seen as the only practicable option.

2.29 There was far more provision of alcohol-related supported accommodation projects, and in fact one interviewee felt that there may have been some over-provision in this area:

…too many alcohol [services], in terms of that really high end alcohol related brain damage type stuff. Is it that it’s just a case of “Glasgow’s got a reputation for it, therefore they must need it?” [I’m] not entirely convinced that that’s been borne out… you know, effectively that’s been what they need[ed]. (Voluntary Sector Provider)

2.30 Some voluntary sector service providers felt that there was a gap with respect to permanent, small-scale group accommodation for people who didn’t want to live on their own:

Smaller, cleaner hostels. Better for some than moving into them into their own homes. (Voluntary Sector Provider)

Hostel closure was to find them accommodation; that was what was achieved. Wasn’t about concerns about being lonely in the home. If so, you would have looked at small, collective accommodation. Why are we putting people into their own accommodation?… Safer and better [than in the hostels]. But not [dealing with] the whole person. (Voluntary Sector Provider)
2.31 Finally, while a number of interviewees said that there was now good provision of housing support across Glasgow, a few questioned whether there was enough low-level, basic support for those resettled into permanent tenancies. Some also reported that when housing support 'kicked in' was sometimes a problem, as there could be a gap of two weeks between hostel residents moving into their new accommodation and receiving a visit from a housing support worker. One interviewee felt that the ex-residents who were in danger of ‘getting lost’ after hostel closure were those in mainstream tenancies who weren’t receiving any form of support because they had chosen not to.

Access to Mainstream Services after Resettlement

2.32 When asked about ex-hostel residents’ access to mainstream health and social care services after they were resettled, most service providers said that it depended on where they were in the city, with some CHCPs far more responsive to the needs of this group than others. Some interviewees felt that community addictions teams were easier to access than community care teams, mainly because the latter have insufficient resources. The ‘threshold’ for accessing care and support services was said to be much higher in the community than within homelessness services, partly for resource reasons, but also partly for ‘cultural’ reasons, as this group of clients can fail to meet norms for service engagement (e.g. by repeatedly missing appointments). HART workers commented that their existence led some mainstream providers to assume that they would provide an open-ended service to ex-hostel residents, and difficulties with care transfer was one key reason why some HART cases stayed open for six months or more.

2.33 Concerns were raised about care management arrangements for those ex-residents with more complex needs. It was reported that it could be difficult to get mainstream statutory services to take on the care management function as many statutory service providers wanted to limit their intervention to their own specific role or discipline. Moreover, where ex-hostel residents were living in supported accommodation projects they could be seen as less of a priority for statutory services because they were already receiving some level of support from the commissioned service.

2.34 Some general problems with Registered Social Landlords (RSLs) in Glasgow accepting Section 5 (i.e. statutory homelessness) referrals were mentioned, but these problems were not specific to ex-hostel residents, and were said to have been addressed through a revision in the Section 5 protocol arrangements (see Quilgars and Bretherton, 2009). Some interviewees highlighted problems with the general standard of mainstream social housing in Glasgow. Again, this was not an issue that was specific to the Hostel Closure and Re-provisioning Programme, but clearly the
shortfall in good quality social housing across the city has implications for those ex-residents who moved on to permanent tenancies.

2.35 A point made by several interviewees was that RSLs were sometimes too ready to evict ex-residents in the early days of hostel resettlement, usually because of rent arrears, and that CHCP staff did not always intervene early enough to prevent court action being taken. This situation was said by some to have improved over time, as cooperation between RSLs and CHCPs had strengthened. A range of service providers emphasised that CHCP staff had to be prepared to be pro-active in order to prevent minor problems escalating to the point that tenancies are put in jeopardy.

2.36 There was particular concern about continuity of care, and ‘stickiness’ of services, once residents were transferred over to CHCP teams. One interviewee said that they were surprised at how readily some providers ‘gave up’ on people in the homelessness field as compared with other areas of social care. These concerns led the Glasgow Homelessness Partnership to undertake a ‘Continuity of Care Audit’ with former residents of Peter McCann House and Robertson House in October 2007. This Audit was conducted by ‘Locality Development Coordinators’, on behalf of the Partnership, and was based on a desktop analysis of data held by health, social work and homelessness systems, in order to assess the success of resettlement and whether any former residents had returned to homelessness. This desktop exercise provided some basic but useful data on, for example, the number of ex-residents that had re-presented as homeless since leaving the hostel (81 ex-residents of Robertson House but only 27 ex-residents of Peter McCann House as at 17 October 2007; see also below). It also provided data on the accommodation circumstances and use of health and social care services by ex-residents at point of last contact. However, as acknowledged in the Audit, there were significant weaknesses and limitations in the available data, and the information on accommodation circumstances in particular was highly likely to be unreliable or out of date (as we know from our attempts to use the HART database to locate men, see Appendix 5).

Overall Thoughts on Hostel Closure and the Effectiveness of Resettlement

2.37 Most service providers interviewed did not feel able to comment on how well or otherwise most ex-hostel residents were doing after being resettled as they were not in contact with many or any of them. Amongst those who did feel that they had some sense of this, they usually felt that ‘most are doing really well’, and were able to give examples of ‘fantastic transformations’ in certain individuals:

Some people have done remarkably well – people who you’d never have thought could settle down have. (Statutory Sector Provider)
2.38 But there was an acknowledgement that this was mainly anecdotal evidence (notwithstanding the limited data generated by the ‘Continuity of Care’ audit noted above), and service providers generally expressed great interest in the research findings on the broad pattern of experience.

2.39 When asked what they felt would be the most difficult things for ex-residents to cope with in the resettlement process, many service providers highlighted practical issues about maintaining a tenancy, together with the difficulties of moving on from an established lifestyle in the hostels into ‘unknown territory’:

...maintaining a property, and all the hassles that go with that. Afraid to move on. Used to the hostel - rent is paid, electricity, etc... (Statutory Sector Provider)

[They] learned to survive in those places. Semi-institutionalised. Scared: “This is where I stay. I am going to lose it.” (Statutory Sector Provider)

2.40 Most service providers felt that the single biggest problem would be loneliness and social isolation:

Loneliness is the overwhelming issue. (Voluntary Sector Provider)

Social contact is a key problem. No sense at the moment [of how widespread a problem it is for ex-residents]. But I have a fear about it. What does happen to them? Might be sustaining a tenancy, but is life better? (Statutory Sector Provider)

2.41 When asked to define ‘successful resettlement’ for ex-hostel residents, service providers mainly focused on:

- sustaining a tenancy;
- being linked in with health and social care services (if needed);
- avoiding social isolation; and
- feeling safe and secure.

2.42 If ex-residents were engaged with employment and training ‘even better’, but this was seen as an ambitious goal, and not feasible in all cases. Some interviewees emphasised the importance of ex-residents integrating into the local community rather than staying part of the ‘homelessness community’, by continuing to come in to the city centre to use day centres etc. One voluntary sector provider argued that if the only people ex-residents saw were workers - ‘people paid to be in their life’ - then
resettlement hadn’t been successful. An overall improvement in quality of life was seen as the ultimate goal of resettlement:

...if we send someone out to be lonely, miserable and suicidal who was actually quite happy in the hostel with all his pals then that is not improving it...
(Statutory Sector Provider)

If someone is happy despite their lifestyle choice then that is success.
(Statutory Sector Provider)

2.43 One highly positive finding to emerge from the qualitative interviews with both statutory and voluntary sector service providers was their sense that very few of the ring-fenced ex-residents from James Duncan House and Peter McCann House had returned to rough sleeping or the statutory homelessness system (see also figures above from the ‘Continuity of Care Audit’ on Peter McCann House). There was also a sense that most of those who did come back into the homelessness system from these two hostels had gone in to prison or had left of their own volition, and thus had not been through the structured resettlement process described above:

I did think that would get them back in large numbers but hasn’t happened...Resettlement has worked reasonably well – people stay out of homelessness. (Statutory Sector Provider)

2.44 This view was supported by the very limited amount of qualitative interviewing we undertook with ex-residents whom we had not managed to trace for the longitudinal study, but who we identified with the help of Glasgow Homelessness Partnership when they came back into the homelessness system. In all three of these cases they had been ring-fenced residents of in Peter McCann House but did not leave as a result of the hostel closure programme or participate in the structured resettlement process: one man left the hostel suddenly as a result of homophobic harassment; another left suddenly because he was being bullied and having money taken off him; and the third went into prison.

2.45 The final point to be made was that there was no doubt in the minds of any of the service providers interviewed that closing the hostels down was the right thing to do:

Hostels were terrible places: can’t be any worse. (Statutory Sector Provider)

Should have been done years ago!... Hostels exacerbated homelessness, made it bigger than it needed to be. Getting that chapter closed is very important. (Statutory Sector Provider)
Conclusions

2.46 This chapter has described the implementation of hostel closure and the resettlement process for ring-fenced residents from James Duncan House and Peter McCann House, drawing on a series of qualitative interviews with statutory and voluntary sector service providers in the city. Based on this evidence, it appeared that the hostel closure process had been judged by service providers to have been successful and positive in most respects. The resources were said to have been adequate, even generous, within the re-provisioning programme, and the high quality of the commissioned services was widely acknowledged. There was a broad consensus that important lessons had been learned in the closure of Robertson House, and that the closure of James Duncan House and Peter McCann House had been more sensitively and appropriately carried out. However, concerns were expressed by some interviewees about the strictness of the criteria for accessing some of the commissioned services, and also about their transitional nature (especially for older ex-residents). The main gap in services identified was for supported accommodation for continuing drugs users – this is attributable to the legal difficulties in providing accommodation specifically for this group. No-one was in any doubt that closing the hostels was the right things to do, but concerns about the challenges that ex-residents would face focused mainly on loneliness, as well as the practicalities of running a home. There were also some concerns about ex-residents’ access to mainstream services, especially social work services, in the community. One very positive finding was that service providers thought that very few ‘ring-fenced’ residents had slept rough or had presented as statutorily homeless after leaving the hostel.
CHAPTER 3: The Profile of Ex-Residents

Introduction

3.1 This chapter provides a broad profile of the ex-residents of James Duncan House and Peter McCann House who participated in the longitudinal survey, including their demographic details; their experience of hostels and other forms of homelessness; their reasons for becoming homeless; their personal history; their economic status, and educational and employment history; the state benefits they receive; and their self-reported health status and use of alcohol and drugs. As this data will then be used to contextualise the later findings on the outcomes of hostel closure for these ex-residents, we compare the profile of those who participated in Wave 1 and Wave 2 of the longitudinal survey, drawing particular attention to any areas where sample attrition may affect comparisons between the two waves of data. Bear in mind that, as the overall numbers are relatively small, especially in Wave 2, only large percentage differences in results between the two waves of data are likely to be meaningful.

Age

3.2 Figure 3.1 below depicts the age profile of the ex-residents interviewed in Wave 1. As can be seen, 46 per cent were aged under 50, and 54 per cent were aged over 50 on 1st April 2008 (ex-residents of Peter McCann House were somewhat older on average than ex-residents of James Duncan House). The profile of the sample was very similar in Wave 2, with 45 per cent under 50 as at 1st April 200815. As already noted in Chapter 1, the achieved sample of ex-residents in Wave 1 and Wave 2 of this longitudinal study is therefore somewhat older than the whole population of ring-fenced residents of James Duncan House and Peter McCann House: only 30 per cent of all ring-fenced ex-residents of these two hostels were aged over 50 as at 1st April 2008 (source: HART database).

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15 For the remainder of the report, the over/under 50 distinction made with respect to the Wave 2 data is as at 1st June 2009 as this was roughly in the middle of this second fieldwork period. In all, 43 per cent of the Wave 2 sample were under 50 at 1st June 2009.
Figure 3.1: Ages of the ex-residents (Wave 1)
Base: 89 ex-residents Percentages are rounded.

Marital Status and Children

3.3 As Figure 3.2 shows, at point of Wave 1 interview only 3 per cent of ex-residents were married or cohabiting, one third (35 per cent) were divorced or separated, and 8 per cent were widowed. The largest group (comprising 54 per cent of all ex-residents) were single (never married). Under 50s were more likely to be single (never married) (71 per cent) than over 50s (38 per cent).
Sixty per cent of all ex-residents who participated in Wave 1 reported that they had children: 67 per cent of under 50s, and 54 per cent of over 50s. A small number also had grandchildren. At point of Wave 1 interview, only one interviewee was living with a partner, and only one was living with one of their children. All of the others were either living alone or in supported housing projects with other residents (see Chapter 5). In Wave 2, the position was virtually identical.

**Origins**

As expected, the majority of Wave 1 ex-residents were originally from Glasgow (74 per cent). Those who were not from Glasgow, were generally from elsewhere in Scotland (20 per cent of all ex-residents), with a small number from Ireland (4 per cent), from England (1 per cent), or from other parts of the world (1 per cent). Likewise, when asked where they had lived for most of their adult life, an overwhelming majority (83 per cent) said Glasgow, and 17 per cent said ‘elsewhere’. This ‘elsewhere’ was usually somewhere else specific in Scotland, though a small number (6 per cent) reported having moved around a lot. The Wave 2 sample had a similar profile with respect to their origins, but were slightly less likely to originally be from Glasgow (67 per cent).
Experience of Hostels

3.6 Wave 1 ex-residents were fairly evenly split between those who had been resettled from Peter McCann House (51 per cent) and those who had been resettled from James Duncan House (49 per cent); the same was true for Wave 2 interviewees (57 per cent for Peter McCann House and 43 per cent for James Duncan House). On average, ex-residents had left the hostel from which they were resettled 19 months before the Wave 1 interview, and 33 months before the Wave 2 interview. The period that had elapsed since they left the hostel was longer for ex-residents of Peter McCann House (an average of 28 months before Wave 1 and 38 months before Wave 2) than for ex-residents of James Duncan House (an average of 14 months before Wave 1 and 28 months before Wave 2), as we would expect given that the former closed earlier.

3.7 For most, their (last\textsuperscript{16}) stay in the hostel from which they were resettled was a substantial one. Only 21 per cent of Wave 1 interviewees had been in the relevant hostel for less than a year, approximately one third (31 per cent) had been there for between one and two years, but half (48 per cent) had been in the hostel from which they were resettled for more than two years. As Figure 3.3 shows, there was a significant difference between ex-residents of Peter McCann House and James Duncan House in this regard: two thirds (66 per cent) of those who had been resettled from Peter McCann House had lived there for at least two years, but this was true of only one third (31 per cent) of those resettled from James Duncan House. This pattern of hostel experience was almost identical for Wave 2 interviewees, the figures all being within 4 per cent of the levels shown in Figure 3.3.

\textsuperscript{16} In the event that an ex-resident had stayed in Peter McCann House or James Duncan House more than once, we asked them to specify the length of their ‘last stay’ before resettlement.
3.8 We asked ex-residents about their overall experience of hostels in the local authority, voluntary and commercial sectors in Glasgow. We found that most Wave 1 interviewees had stayed in only one hostel (34 per cent) or two hostels (22 per cent), but that still left almost half (44 per cent) of ex-residents who had stayed in three or more hostels (see Figure 3.4). Younger ex-residents were most likely to have stayed in a range of hostels: one third (33 per cent) of Wave 1 under 50s, but only 13 per cent of over 50s, had stayed in five or more hostels. The profile of Wave 2 interviewees was almost identical: 35 per cent reported having stayed in one hostel, 23 per cent in two hostels, and 42 per cent had stayed in three or more hostels. Younger ex-residents in Wave 2 were again more likely than older ex-residents to report stays in five or more hostels (27 per cent of Wave 2 ex-residents under 50, compared to 11 per cent of Wave 2 ex-residents over 50, reported staying in five or more hostels).
3.9 We also asked interviewees how much time they had spent, in total, in living in hostels in Glasgow. As Figure 3.5 demonstrates, ex-residents had generally spent significant periods living in Glasgow hostels. In fact, half (53 per cent) of all Wave 1 ex-residents had spent five or more years living in hostels, including 30 per cent of the total Wave 1 sample who had spent more than 10 years in Glasgow hostels. Older ex-residents were more likely to have spent very extended periods in hostels: 37 per cent of over 50s had been living in Glasgow hostels for over 10 years, as compared to 21 per cent of under 50s. The Wave 2 sample was again almost identical: 51 per cent of Wave 2 respondents had experience of previous hostel stays exceeding five years; and 38 per cent of Wave 2 over 50s had experienced previous hostel stays exceeding a decade, compared to 23 per cent of Wave 2 respondents aged under 50.
3.10 One in eight of all Wave 1 ex-residents (12 per cent) had stayed in at least one hostel outside of Glasgow; the figure for Wave 2 ex-residents was 10 per cent.

Experience of Other Forms of Homelessness

3.11 Ex-residents were asked about their experience of other forms of homelessness, and their responses are summarised in Figure 3.6. The most common other type of homelessness experience reported by Wave 1 ex-residents was staying with friends and relatives because they had no home of their own (60 per cent), but almost as large a proportion (55 per cent) had slept rough. Around one third (37 per cent) of all Wave 1 ex-residents had stayed in B&B accommodation because they had no home of their own at that point. The pattern of homelessness experience in the Wave 2 sample was again very similar: talking about their lives since age 16, 28 per cent reported an experience of staying in a B&B, 55 per cent that they had slept rough, and 50 per cent that they had stayed with friends and relatives because they had no home of their own.
3.12 Younger ex-residents were most likely to have experienced these other forms of homelessness (see Table 3.1). In particular, 71 per cent of Wave 1 ex-residents under 50 had slept rough, as compared with 40 per cent over this age. An almost identical pattern was evident among the Wave 2 sample.

Table 3.1: Experiences of homelessness among ex-residents (Wave 1)

<table>
<thead>
<tr>
<th>Experiences of homelessness (since aged 16)</th>
<th>Under 50</th>
<th>Over 50</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lived with friends or relatives as had no other home</td>
<td>74%</td>
<td>47%</td>
<td>60%</td>
</tr>
<tr>
<td>Slept rough</td>
<td>71%</td>
<td>40%</td>
<td>55%</td>
</tr>
<tr>
<td>Lived in B&amp;B as had no other home</td>
<td>54%</td>
<td>21%</td>
<td>37%</td>
</tr>
<tr>
<td>Base</td>
<td>42</td>
<td>47</td>
<td>89</td>
</tr>
</tbody>
</table>

Percentages do not sum to 100 as ex-residents could have had more than one experience of homelessness. Percentages are rounded.

3.13 We examined the experience of rough sleeping in more detail. We found that the same proportion of all Wave 1 ex-residents, 18 per cent, had slept rough in total for up to a week, for more than a week but less than a year, and for over one year (see Figure 3.7). With respect to the Wave 2 sample, figures were again very similar: 19 per cent had slept rough for up to a week, 15 per cent for between over one week and under one year, and 23 per cent for one year or more.
Figure 3.7: All experience of rough sleeping among ex-residents (Wave 1)
Base: 89 ex-residents Percentages are rounded.

Reasons for Homelessness

3.14 Ex-residents were asked why they had first become homeless and moved into a hostel. As can be seen from Figure 3.8, the most common reason for homelessness reported by Wave 1 ex-residents was relationship breakdown with a partner (34 per cent). The next most important reasons for homelessness were eviction or other loss of tenancy (20 per cent), bereavement (16 per cent), and relationship breakdown with parents (12 per cent). All of the other categories – including alcohol problems, drug problems, losing a job, leaving prison or care, mental health problems, and harassment/anti-social behaviour – were reported by fewer than one in ten ex-residents. Very few ex-residents gave more than one reason for homelessness (this was also true in recent research on homeless families, see Please et al, 2008). This suggests that some of the ‘minor’ causes may be under-reported as contributory factors (e.g. alcohol problems). There was only one difference in the pattern for the Wave 2 sample, in that this group were more likely to report relationship breakdown as a cause of homelessness (48 per cent). The other causes of homelessness, such as eviction, bereavement and drug or alcohol problems were reported at near identical rates.
Figure 3.8: Reported reasons for homelessness among ex-residents (Wave 1)

Base: 89 ex-residents. Ex-residents could cite more than one reason. Percentages are rounded.

3.15 There were some of the expected age patterns with respect to reasons for homelessness. For example, one quarter (26 per cent) of Wave 1 under 50s reported relationship breakdown with parents as a reason for homelessness, as compared to just 2 per cent of over 50s. Amongst Wave 1 under 50s, 17 per cent reported drug problems as the cause of their homelessness, but none of those over 50. On the other hand, one third (31 per cent) of Wave 1 over 50s had been evicted or threatened with eviction, whereas this was reported by only 7 per cent of Wave 1 under 50s as a reason for homelessness. These age patterns were similar in Wave 2.

Personal History

3.16 We asked a series of questions about the personal experiences of ex-residents (see Table 3.2), as previous research has suggested that these particular experiences are associated with a heightened risk of homelessness (see Fitzpatrick et al, 2000). There
was generally a relatively high level of the relevant experiences amongst ex-residents (compare these findings, for example, to those of the adults in statutorily homeless families in Pleace et al, 2008). However, perhaps the most striking finding here was how much more troubled the personal histories of ex-residents under 50 were as compared to those of older ex-residents. Thus, as Table 3.2 shows, while around three-quarters (74 per cent) of Wave 1 under 50s said that they had been in a prison/young offenders institute, this was reported by only one third (35 per cent) of over 50s. Similarly, whereas half (48 per cent) of younger ex-residents in Wave 1 said that they had never had a settled home as an adult, this was the case for only a quarter (25 per cent) of the older ex-residents. Missing a lot of school as a child was also more common amongst the under 50s (43 per cent) than the over 50s (18 per cent). One third (33 per cent) of Wave 1 ex-residents under 50 had been in care as a child, as compared with 11 per cent of those over this age. Again, the Wave 2 sample was effectively identical to the Wave 1 sample in its characteristics, being collectively within 2-3 per cent of the figures shown for Wave 1 respondents.

**Table 3.2: Personal experiences of the ex-residents (Wave 1)**

<table>
<thead>
<tr>
<th>Experiences</th>
<th>Under 50</th>
<th>Over 50</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Been in prison/young offenders' institute</td>
<td>74%</td>
<td>35%</td>
<td>56%</td>
</tr>
<tr>
<td>Never had a settled home as an adult</td>
<td>48%</td>
<td>25%</td>
<td>37%</td>
</tr>
<tr>
<td>Missed a lot of school as a child</td>
<td>43%</td>
<td>18%</td>
<td>30%</td>
</tr>
<tr>
<td>Spent time in care as a child</td>
<td>33%</td>
<td>11%</td>
<td>22%</td>
</tr>
<tr>
<td>Been in the armed forces</td>
<td>17%</td>
<td>22%</td>
<td>20%</td>
</tr>
<tr>
<td>Been admitted to mental hospital or ward</td>
<td>17%</td>
<td>10%</td>
<td>14%</td>
</tr>
<tr>
<td>Family spent time homeless when he was a child</td>
<td>10%</td>
<td>3%</td>
<td>6%</td>
</tr>
<tr>
<td>Base</td>
<td>42</td>
<td>47</td>
<td>89</td>
</tr>
</tbody>
</table>

Percentages do not sum to 100 as ex-residents could have had more than one experience. Percentages are rounded.

**Education**

3.17 A high proportion of all Wave 1 ex-residents (57 per cent) held no qualifications at all, and as Table 3.3 shows, this included 62 per cent of the over 50s, and 52 per cent of the under 50s. Amongst those with qualifications, there were some distinctions according to age. Thus, younger interviewees were more likely to have Standard Grades/O’Grades, and older interviewees were more likely to have served an apprenticeship and so have a ‘trade’. Wave 2 respondents were near identical to Wave 1 as a group, 58 per cent held no qualifications, with this being more likely among those over 50 (65 per cent) than those under 50 (50 per cent).
Table 3.3: Educational attainments of the ex-residents (Wave 1)

<table>
<thead>
<tr>
<th>Qualifications</th>
<th>Under 50</th>
<th>Over 50</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>52%</td>
<td>62%</td>
<td>57%</td>
</tr>
<tr>
<td>Standard Grades/O’Grades</td>
<td>38%</td>
<td>13%</td>
<td>25%</td>
</tr>
<tr>
<td>Highers or A levels</td>
<td>5%</td>
<td>4%</td>
<td>5%</td>
</tr>
<tr>
<td>Degree</td>
<td>5%</td>
<td>2%</td>
<td>3%</td>
</tr>
<tr>
<td>NVQ, C&amp;G or other vocational</td>
<td>7%</td>
<td>9%</td>
<td>8%</td>
</tr>
<tr>
<td>Other qualifications or trades</td>
<td>12%</td>
<td>26%</td>
<td>19%</td>
</tr>
<tr>
<td>Base</td>
<td>42%</td>
<td>47%</td>
<td>89%</td>
</tr>
</tbody>
</table>

Percentages do not sum to 100 as ex-residents could have had more than one form of qualification. Percentages are rounded.

3.18 When asked how good they were at reading when they needed to in daily life, the great majority of Wave 1 interviewees said that they were either ‘very good’ (54 per cent) or ‘fairly good’ (36 per cent). Only 6 per cent reported that they were ‘below average’, 3 per cent that they were ‘poor’, and 1 per cent said that they could not read.

3.19 With regards to numeracy, self-ratings were not quite as positive, but, still, 31 per cent of Wave 1 ex-residents reported that they were ‘very good’ at working with numbers when they needed to in everyday life, and 52 per cent said they were ‘fairly good’; only 9 per cent said they were ‘below average’ and 5 per cent that they were ‘poor’ (3 per cent didn’t know/had no opinion).

3.20 While these findings may suggest a somewhat generous self-assessment of literacy and numeracy skills, it should be noted that the interviewers encountered very little evidence of functional illiteracy when conducting interviews which involved signing consent forms, writing down details of contact addresses, etc.

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17 As a broad point of comparison, 4 per cent of adults in Scotland report difficulty reading (Source: New Light on Adult Literacy and Numeracy in Scotland: Evidence from the 2004 survey of the 1970 British Cohort Study (BCS70) http://openscotland.gov.uk/Publications/2008/01/22131652/0).

18 Again as a broad point of comparison, 7 per cent of adults in Scotland report difficulty with number work/maths (Source: New Light on Adult Literacy and Numeracy in Scotland: Evidence from the 2004 survey of the 1970 British Cohort Study (BCS70) http://openscotland.gov.uk/Publications/2008/01/22131652/0).

19 This not unusual - there is concern about low self-awareness of literacy and numeracy difficulties amongst the population in general (Source: New Light on Adult Literacy and Numeracy in Scotland: Evidence from the 2004 survey of the 1970 British Cohort Study (BCS70) http://openscotland.gov.uk/Publications/2008/01/22131652/0). We did not ask these literacy and numeracy questions again at Wave 2.
Economic Status and Employment History

3.21 In total, 17 per cent of Wave 1 ex-residents were aged over 65, all of whom were retired. The economic status of the Wave 1 interviewees aged under 65 is captured in Table 3.4. Overall, only 3 per cent of these ex-residents of working age were working full time (none were working part-time)\(^{20}\). The largest single group were long-term sick/disabled (65 per cent). Approximately one fifth (22 per cent) were unemployed. By the Wave 2 interview little had changed: only 2 per cent of the Wave 2 sample (one ex-resident) was in paid work; 71 per cent were long-term sick or disabled; and 22 per cent were unemployed. By way of comparison, the Scottish Household Survey (2007) found that 74 per cent of men of working age (age 16-64) in the general population were in paid employment; 7 per cent were permanently sick or disabled; and 5 per cent were unemployed\(^{21}\).

Table 3.4: Economic status of ex-residents aged under 65

<table>
<thead>
<tr>
<th>Status</th>
<th>Wave 1</th>
<th>Wave 2</th>
<th>All working age Scottish men (16-64)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long term sick or disabled</td>
<td>65%</td>
<td>71%</td>
<td>7%</td>
</tr>
<tr>
<td>Unemployed</td>
<td>22%</td>
<td>22%</td>
<td>5%</td>
</tr>
<tr>
<td>Paid employment</td>
<td>3%</td>
<td>2%</td>
<td>74%</td>
</tr>
<tr>
<td>Student</td>
<td>1%</td>
<td>2%</td>
<td>5%</td>
</tr>
<tr>
<td>Not in paid work for other reasons**</td>
<td>9%</td>
<td>4%</td>
<td>8%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Base</td>
<td>74</td>
<td>51</td>
<td>3,893</td>
</tr>
</tbody>
</table>

Percentages are rounded. * Source: Scottish Household Survey (2007) **includes men in early retirement, short term illness and not in paid work because of carer role.

3.22 We asked all ex-residents about their longer-term employment history between school and point of interview (see Table 3.5). We found that there was a profound age-related distinction on this. While the largest group of Wave 1 ex-residents (43 per cent) said that they had spent most of their time in steady long-term jobs, this included a majority of those aged over 50 (59 per cent) but only a quarter (26 per cent) of those under this age. The next largest group, accounting for 27 per cent of the total Wave 1 sample, was those who had spent more time unemployed than in work or had been in and out of work several times; this category was dominated by the under 50s (43 per cent of whom said this description fitted their work history), as

\(^{20}\) It may be that we failed to contact other men resettled from James Duncan House and Peter McCann House who were in work because we conducted most of the fieldwork during the day. However, we attempted to counter this by a) conducting fieldwork until as late into the evening as it was safe to do so (i.e. until it got dark), and thus worked until around 7pm or 8pm depending on the time of year; and b) we left letters at all of the addresses we called at, inviting people to contact us for interview. On only two occasions an ex-resident called to say that they had been at work when we called.

\(^{21}\) Source: http://www.scotland.gov.uk/Publications/2008/08/07100738/7
compared with only 11 per cent of over 50s. The other relevant categories were having done mainly casual/short-term work, having spent a lot of time off due to sickness/injury or looking after family, or having never worked/other – each of these accounted for around one in ten of the Wave 1 sample of ex-residents. As can be seen from Table 3.5, this overall pattern of employment history was broadly similar to that of repeat claimants of Jobseekers Allowance (JSA). The pattern amongst the Wave 2 sample of ex-residents was almost completely identical, although in Wave 2 men aged under 50 were somewhat less likely to report that they had spent more time unemployed/been in and out of work several times (29 per cent).

Table 3.5: Experience of employment between school and point of interview (Wave 1)

<table>
<thead>
<tr>
<th>Status</th>
<th>Under 50</th>
<th>Over 50</th>
<th>All</th>
<th>2003 DWP survey of repeat JSA claimants*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spent most of life in steady long term jobs or self employment</td>
<td>26%</td>
<td>59%</td>
<td>43%</td>
<td>38%</td>
</tr>
<tr>
<td>More time unemployed than in work/been in and out of work several times</td>
<td>43%</td>
<td>11%</td>
<td>27%</td>
<td>32%</td>
</tr>
<tr>
<td>Mainly done casual work, or short term work</td>
<td>5%</td>
<td>15%</td>
<td>10%</td>
<td>15%</td>
</tr>
<tr>
<td>Spent a lot of time off work: sickness or injury or looking after family or home</td>
<td>12%</td>
<td>9%</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>Never worked or other</td>
<td>14%</td>
<td>7%</td>
<td>10%</td>
<td>5%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Base</td>
<td>42</td>
<td>46</td>
<td>88</td>
<td>2,725</td>
</tr>
</tbody>
</table>


3.23 In Chapter 6, we investigate changes in the economic status of working age ex-residents since leaving the hostel.

Receipt of Benefits

3.24 We asked ex-residents about the state benefits they received, but the responses must be treated with extreme caution as recipients were very often unclear about which precise benefits they receive.

3.25 There were 15 men aged over 65 in the Wave 1 sample, almost all of whom said that they claimed the State Pension. Around half of this group also reported that they received a means-tested benefit (mainly Pension Credit), and approximately half said that they received Disability Living Allowance/Attendance Allowance.

3.26 With respect to those of working age, Table 3.6 shows that a high proportion of Wave 1 under 65s said that they received Disability Living Allowance/Attendance
Allowance (42 per cent), and receipt of Income Support and Incapacity Benefit was reported by similar numbers (37 per cent and 38 per cent respectively). Job Seekers Allowance was the only other benefit reported by a substantial group of under 65s (18 per cent). Only 3 per cent of Wave 1 ex-residents of working age (two people) said that they claimed no benefits. The pattern amongst Wave 2 under 65s was very similar (Table 3.6).

<table>
<thead>
<tr>
<th>Benefits reported</th>
<th>Wave 1</th>
<th>Wave 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disabled Living Allowance/Attendance Allowance</td>
<td>42%</td>
<td>43%</td>
</tr>
<tr>
<td>Incapacity Benefit</td>
<td>38%</td>
<td>50%</td>
</tr>
<tr>
<td>Income Support</td>
<td>37%</td>
<td>43%</td>
</tr>
<tr>
<td>Job Seekers Allowance</td>
<td>18%</td>
<td>18%</td>
</tr>
<tr>
<td>Working Tax Credit</td>
<td>3%</td>
<td>2%</td>
</tr>
<tr>
<td>Other benefits</td>
<td>1%</td>
<td>0%</td>
</tr>
<tr>
<td>No benefits being claimed</td>
<td>3%</td>
<td>2%</td>
</tr>
<tr>
<td>Base</td>
<td>74</td>
<td>51</td>
</tr>
</tbody>
</table>

Percentages do not sum to 100 as ex-residents could have had more than one form of benefit. Percentages are rounded. Data are based on the benefits ex-residents perceived that they were receiving, and are thus liable to errors.

**Financial Inclusion**

3.27 The great majority of all Wave 1 ex-residents said that they had a current account of some kind (83 per cent), and 17 per cent said that they did not. However, we noted after the Wave 1 fieldwork that those who answered in the positive included people with only a Post Office account which does not provide the full array of financial services, so in Wave 2 we sought to distinguish between different sorts of current accounts. We found that while 50 per cent of the Wave 2 sample had a bank or building society account, 40 per cent had only a Post Office account, and 3 per cent had a Grand Savings Bank (Big Issue) account (Table 3.7). Seven per cent of this sample had no current account. In Chapter 6 we investigate how well ex-residents were managing financially, and their perceptions on how this has changed since they left the hostel.

<table>
<thead>
<tr>
<th>Type of current account</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank or building society</td>
<td>50%</td>
</tr>
<tr>
<td>Post Office</td>
<td>40%</td>
</tr>
<tr>
<td>Grand Savings Bank (Big Issue)</td>
<td>3%</td>
</tr>
<tr>
<td>No current account</td>
<td>7%</td>
</tr>
<tr>
<td>Base</td>
<td>60%</td>
</tr>
</tbody>
</table>
Health

3.28 The self-reported general health status of Wave 1 ex-residents was much poorer than that of men of a similar age in the general population, as Table 3.8 demonstrates (see also Kershaw et al, 2000). Thus, only 26 per cent of Wave 1 ex-residents aged under 50, and 39 per cent of Wave 2 ex-residents under 50, reported that their health was ‘good’ or ‘very good’ (as compared with 80 per cent in the general population of Scottish men of a similar age). One third (37 per cent) of Wave 1 ex-residents under 50 reported that their health was ‘bad’ or ‘very bad’, as did 31 per cent of this age group in Wave 2 (as compared with only 5 per cent of men in the same age group in the general population).

3.29 For older ex-residents over 50, there was a similarly depressing picture. Only 30 per cent of Wave 1 interviewees of this age reported that their health was ‘good’ or ‘very good’, although this was reported by 45 per cent of Wave 2 older interviewees (as compared with 65 per cent in the general population of a similar age). Approximately one third (31 per cent) of Wave 1 over 50s said that their health was ‘bad’ or ‘very bad’, though this dropped to 12 per cent amongst the Wave 2 over 50s (as compared with 11 per cent in the general population).

Table 3.8: Self-reported general health status

<table>
<thead>
<tr>
<th>Self reported health status</th>
<th>Scottish men aged 20 to 49</th>
<th>Ex-residents under 50 (Wave 1)</th>
<th>Ex-residents under 50 (Wave 2)</th>
<th>Scottish men aged 50-70*</th>
<th>Ex-residents over 50 (Wave 1)</th>
<th>Ex-residents over 50 (Wave 2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very good</td>
<td>40%</td>
<td>4%</td>
<td>12%</td>
<td>29%</td>
<td>15%</td>
<td>27%</td>
</tr>
<tr>
<td>Good</td>
<td>40%</td>
<td>22%</td>
<td>27%</td>
<td>36%</td>
<td>15%</td>
<td>18%</td>
</tr>
<tr>
<td>Fair</td>
<td>15%</td>
<td>37%</td>
<td>31%</td>
<td>24%</td>
<td>39%</td>
<td>42%</td>
</tr>
<tr>
<td>Bad</td>
<td>4%</td>
<td>22%</td>
<td>27%</td>
<td>9%</td>
<td>22%</td>
<td>9%</td>
</tr>
<tr>
<td>Very bad</td>
<td>1%</td>
<td>15%</td>
<td>4%</td>
<td>2%</td>
<td>9%</td>
<td>3%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Base</td>
<td>2,105</td>
<td>41</td>
<td>26</td>
<td>1,559</td>
<td>46</td>
<td>33</td>
</tr>
</tbody>
</table>

Percentages are rounded. *Source of data on Scottish men is the Health Survey for Scotland, 2003

3.30 In order to gain some insight into ex-residents mental health status, we asked them about their levels of anxiety and depression. At the time of interview, 17 per cent of Wave 1 ex-residents described themselves as ‘extremely anxious or depressed’: those aged under 50 were more likely to report this situation (24 per cent), than those aged over 50 (11 per cent). The pattern was near identical for Wave 2 respondents (15 per cent reported they were ‘extremely anxious or depressed’), with higher rates for those under 50 (23 per cent) than for those over 50 (9 per cent). There is not a direct comparison with this question in the current Health Survey for Scotland, but, in 2003, among Scottish men aged 20-49, only 5 per cent reported feeling ‘down hearted and low’ for ‘all’ or ‘most’ of the time. Among Scottish men
aged 50-70 in 2003, 4 per cent reported these same feelings ‘all’ or ‘most’ of the time. These findings suggest that rates of self-reported mental health problems are far higher among ex-residents of James Duncan House and Peter McCann House than among the general population of men in Scotland, especially amongst the younger ex-residents.

3.31 We investigated the use of alcohol and drugs by ex-residents. We found that 47 per cent of all Wave 1 ex-residents, and 50 per cent of Wave 2 ex-residents, could be considered to have, or to have had, a problem with alcohol. Problems with alcohol were far more common amongst those aged over 50 (64 per cent in Wave 1 and 59 per cent in Wave 2) than those under 50 (27 per cent and 39 per cent in Wave 1 and Wave 2 respectively) (see also Kershaw et al., 2000). At point of interview, 29 per cent of the total Wave 1 sample reported that they were currently using drugs and 17 per cent of the Wave 2 sample reported that they were currently using drugs. This was almost entirely confined to the under 50s, of whom 60 per cent self-reported using drugs at point of Wave 1 interview (as compared with 2 per cent of the over 50s) (see also Kershaw et al., 2000). The equivalent figures in the Wave 2 sample were 31 per cent of under 50s currently using drugs and 6 per cent of over 50s. To some extent, this drop in reported drug use was accounted for by differences between the men interviewed for Wave 1 and Wave 2 (see Chapter 6 for details).

3.32 At Wave 1, the current drug use reported by men under 50s was mainly methadone (30 per cent) and cannabis (22 per cent), but a small proportion reported current use of heroin (11 per cent), tranquillisers (4 per cent) or cocaine (7 per cent). At Wave 2, levels of methadone use were similar (33 per cent), and the differences in heroin use (4 per cent), cocaine (4 per cent) and tranquiliser use (0 per cent) were slight. Cannabis use appeared lower (4 per cent), but half of the men reporting cannabis use interviewed for Wave 1 were not interviewed for Wave 2. In total, 81 per cent of all Wave 1 ex-residents smoked (there was no age difference on this). We did not repeat this question at Wave 2.

3.33 The changes reported by ex-residents since leaving the hostel with regards to their general health and mental health, and alcohol and drug use, are examined in Chapter 6.

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23 We defined ex-residents as having an ‘alcohol problems’ if they reported that they had six or more drinks on a daily or near daily basis, and/or self-identified as ‘definitely’ having a problem with alcohol, and/or self-categorised their drinking habits as those of a ‘binge alcoholic/drinker’, a ‘constant heavy drinker’, or a ‘recovering alcoholic’.
Conclusions

3.34 This profile demonstrates that ex-hostel residents were a group characterised by extreme disadvantage, including worklessness, benefit dependency, troubled personal histories, low educational attainment, poor health, high levels of substance misuse, and extensive experience of homelessness. There were, however, significant differences based on age, with perhaps the most striking finding to emerge from this chapter being the particularly troubled nature of the personal histories of ex-residents aged under 50, large proportions of whom had experienced prison, local authority care, disrupted education, rough sleeping, and drug problems. On the other hand, ex-residents over 50 were much more likely to have been in steady work for most of their adult lives than those under this age, and to have been married, though they were also much more likely to have alcohol problems. The profile of the Wave 2 sub-sample differed little from the full sample interviewed in Wave 1. The main impact of sample attrition between Wave 1 and Wave 2 of the survey was to reduce the proportion of drug users in the achieved sample in the latter wave of fieldwork.
Chapter 4: The Experience of the Resettlement Process

Introduction

4.1 This chapter examines the re-housing process as experienced by ex-residents of James Duncan House and Peter McCann House, and also their perception of the level of information and support they received during the resettlement process. As noted in Chapter 3, on average, ex-residents had left the hostel from which they were resettled 19 months before the Wave 1 interview (26 months for Peter McCann House, and 14 months for James Duncan House), and 33 months before the Wave 2 interview (38 months for Peter McCann House, and 28 months for James Duncan House). Throughout the discussion in this chapter bear in mind that, as the overall numbers are relatively small, especially in Wave 2, only large percentage differences in the results between the two waves of data are likely to be meaningful.

Accommodation Arranged for Ex-residents on Leaving Hostel

4.2 We asked all ex-residents if accommodation was arranged for them when they left James Duncan House/Peter McCann House or if they had found it for themselves. The great majority of Wave 1 ex-residents (82 per cent) said that accommodation was found for them, 16 per cent reported that they had arranged their own accommodation, and 2 per cent were unsure. The experience of the Wave 2 sub-sample basically replicated that of the full Wave 1 sample, with 85 per cent saying that they had had their accommodation arranged for them, 13 per cent had found their own accommodation, and 2 per cent were unsure.

4.3 We then asked what sort of accommodation they had moved to, and the responses are shown in Figure 4.1. Most Wave 1 ex-residents either moved straight into their own social tenancy (31 per cent) or into a supported accommodation project (40 per cent). Small proportions initially moved into a variety of other situations, such as hostels, Clyde Place, B&B hotels, temporary furnished flats, with a partner, prison, sleeping rough etc. Those who reported that they had found accommodation for themselves were the group most likely to have moved into these less common forms of accommodation. The Wave 2 sub-sample was similar to the full Wave 1 sample on this measure.
4.4 Almost three-quarters of all Wave 1 ex-residents (72 per cent) reported that they were still living in the accommodation that they first moved to after being resettled from the relevant hostel. This meant that 28 per cent had moved at least once between leaving the hostel and their Wave 1 interview. Almost all of this group who had moved on had initially been placed into settings intended to be short-term (such as a hostels, Clyde Place or B&B hotels) and/or had arranged this accommodation for themselves. There was thus very little evidence in our sample of ex-residents who had had social tenancies or supported accommodation project places arranged for them moving on from their initial placement by the Wave 1 interview. Even those who had moved on had, on average, been in their current accommodation for 13 months at the point of the Wave 1 interview (see also Chapter 5).

24 Though, of course, the most mobile groups are those we are least likely to have been able to trace through the HART database.
4.5 Likewise, the majority (63 per cent) of the 60 respondents to Wave 2 were still in the accommodation into which they were originally resettled. One fifth (22 per cent) of Wave 2 interviewees had moved since they had been interviewed for Wave 1. The largest single group of post-Wave 1 movers had moved from their previous accommodation to a room or a flat in a supported accommodation project (seven individuals, 12 per cent of Wave 2 respondents). The second largest group had moved to their own social rented tenancy (four men, 7 per cent of Wave 2 respondents). The other men in Wave 2 who had moved since Wave 1 had moved to sheltered housing or a scatter flat in a supported accommodation project.

4.6 In Wave 1, we asked all those who had had accommodation arranged for them after leaving James Duncan House or Peter McCann House whether they were happy with what they were allocated. The great majority (82 per cent in Wave 1 and 85 per cent in Wave 2) said that they were happy with the accommodation that had been arranged for them. There was no significant difference according to accommodation type on this measure, though there was a marginally lower level of satisfaction amongst those resettled from James Duncan House than amongst those resettled from Peter McCann House.

4.7 The most common reason given by ex-residents for why they liked the accommodation that they moved to after leaving the hostel was simply that it was better than the hostel. A variety of ways in which it was better were reported, from having more freedom to come and go as they pleased, to having their own private bathroom / kitchen facilities, to not being surrounded by the other hostel residents who were noisy, taking drugs or causing problems for them. Several ex-residents also mentioned liking the location they had been resettled to.

*I’m settled here now. The only thing that’ll get me out of here is a bomb!* (Ex-resident over 50, Supported Accommodation)

*A lot better than [hostel]!* (Ex-resident under 50, Permanent Housing)

4.8 Finally, we asked all ex-residents about experiences of homelessness since leaving the relevant hostel, and the results are summarised in Table 4.1. The great majority of respondents reported that they had not experienced any form of homelessness since leaving the relevant hostel (83 per cent in Wave 1 and 84 per cent in Wave 2). Where homelessness had occurred, it usually involved staying in hostels, in B&B hotels or with friends or family. Experiences of sleeping rough since leaving James

25 More detail is given in Chapter 5 on ex-residents’ levels of satisfaction with their current accommodation (which in most cases is the accommodation that they first moved into).
Duncan House/Peter McCann House, at both Wave 1 and at Wave 2, were very unusual.

### Table 4.1: Total experience of homelessness since leaving hostel*

<table>
<thead>
<tr>
<th>Any experience of homelessness</th>
<th>Wave 1 respondents</th>
<th>Wave 2 respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>No form of homelessness reported</td>
<td>83%</td>
<td>84%</td>
</tr>
<tr>
<td>Stayed in a hostel</td>
<td>6%</td>
<td>14%</td>
</tr>
<tr>
<td>Applied as homeless to city council</td>
<td>Not recorded*</td>
<td>8%</td>
</tr>
<tr>
<td>Stayed in B&amp;B hotel</td>
<td>5%</td>
<td>6%</td>
</tr>
<tr>
<td>Stayed with friends or relatives</td>
<td>2%</td>
<td>4%</td>
</tr>
<tr>
<td>Clyde Place</td>
<td>0%</td>
<td>2%</td>
</tr>
<tr>
<td>Sleeping rough</td>
<td>3%</td>
<td>2%</td>
</tr>
<tr>
<td>Base</td>
<td>88%</td>
<td>51%</td>
</tr>
</tbody>
</table>

Percentages are rounded. *This question was worded in different ways in the Wave 1 and Wave 2 questionnaires, so we have no data on statutory homelessness applications for the Wave 1 sample.

4.9 Of the 11 Wave 2 respondents who reported homelessness at Wave 1, six reported no further experience of homelessness at Wave 2, with the remaining five reporting some further experience. Only two respondents to Wave 2 who reported no experience of homelessness at Wave 1 subsequently reported homelessness at Wave 2.

4.10 For those who had experienced homelessness since leaving James Duncan House/Peter McCann House, we asked how they came to be in that situation. Responses were diverse, but the common thread was ongoing chaos in their lives:

- *My life was pure chaotic, so I lost the will to live so to speak. I couldn’t see any direction.* (Ex-resident under 50, Supported Accommodation)

### Information During Resettlement

4.11 Wave 1 ex-residents were more or less equally split between those who felt that they had had enough information about what was going to happen when they left the hostel (44 per cent), and those who felt that they had not had enough information (40 per cent). Smaller proportions said that they either ‘sometimes’ had enough information (8 per cent), or didn’t know (7 per cent). There was little distinction between ex-residents of Peter McCann House and James Duncan House on this measure, nor was there any pattern on the basis of age. The Wave 2 interviewee profile looked almost identical to that of the Wave 1 interviewees on this measure.
Support During Resettlement

4.12 In order to ascertain how ‘supported’ ex-residents felt during the resettlement process, they were asked whether they had felt that people were ‘looking after you/making sure you were alright’ as they were moving out of the hostel into their new accommodation. The majority of Wave 1 ex-residents either ‘always’ (56 per cent) or ‘usually’ (7 per cent) felt supported, but 20 per cent ‘often felt neglected’, and 14 per cent had mixed feelings. As Table 4.2 demonstrates, these results were associated with age: most notably, only 9 per cent of over 50s often felt neglected, but this was true of one third (32 per cent) of under 50s.

Table 4.2: Whether ex-residents felt people were making sure they were alright during the process of moving out (Wave 1)

<table>
<thead>
<tr>
<th></th>
<th>Under 50</th>
<th>Over 50</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always felt supported</td>
<td>48%</td>
<td>64%</td>
<td>56%</td>
</tr>
<tr>
<td>Usually felt supported</td>
<td>8%</td>
<td>7%</td>
<td>7%</td>
</tr>
<tr>
<td>Mixed or other views</td>
<td>10%</td>
<td>18%</td>
<td>14%</td>
</tr>
<tr>
<td>Often felt neglected</td>
<td>32%</td>
<td>9%</td>
<td>20%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Base</td>
<td>42</td>
<td>41</td>
<td>83</td>
</tr>
</tbody>
</table>

Percentages are rounded.

4.13 There was also some pattern with respect to the hostel from which residents were resettled: 64 per cent of those leaving James Duncan House said that they ‘always felt supported’, compared to 50 per cent of those leaving Peter McCann House. On the other hand, 20 per cent of both James Duncan House and Peter McCann House ex-residents reported that they ‘often felt neglected’. The Wave 2 interviewee profile looked almost identical to that of the Wave 1 interviewees on this measure too.

Conclusions

4.14 This chapter reviewed ex-residents experience of the resettlement process. The ex-residents interviewed were generally happy with the housing that had been arranged for them on moving out of James Duncan House/Peter McCann House, and the majority were still living in this accommodation at both Wave 1 and Wave 2 interviews. Bearing in mind that only 60 respondents out of the original 89 were interviewed at Wave 2, very few appeared to have experienced homelessness since leaving the relevant hostel, and rough sleeping was very rare indeed. Views were mixed on the level of information they received during the resettlement process, with ex-residents quite evenly split on whether they felt that they had or had not received enough information about what was going to happen to them when the
hostels closed. They were more positive about the support they had received, especially those aged over 50, but there was a substantial minority of younger ex-residents who had felt neglected or had mixed feelings.
Chapter 5: The Outcomes of the Resettlement Process – Housing and Professional Support

Introduction

5.1 This chapter focuses on ex-residents’ housing situation at the point of the first and second wave interviews, and also their access to, and need for, various forms of professional support. As noted in Chapter 3, on average, ex-residents had left the hostel from which they were resettled 19 months before the first wave interview (26 months for Peter McCann House, and 14 months for James Duncan House), and 33 months before the second wave interview (38 months for Peter McCann House, and 28 months for James Duncan House). Throughout the discussion in this chapter, bear in mind that, as the overall numbers are relatively small, especially in Wave 2, only large percentage differences in results between the waves of data are likely to be meaningful.

Housing Situation

5.2 Figure 5.1 below depicts the type of accommodation ex-hostel residents were living in at point of Wave 1 interview. As can been seen, those who had a flat or room in a supported housing project were the largest single group (47 per cent), with those living in their own social rented tenancy comprising the other substantial group of ex-residents (44 per cent). All other categories – including living in a temporary furnished flat, hostel, B&B, with a partner or in registered care – accounted for only very small proportions of the overall sample.
5.3 For ease of analysis, we collapsed all of these categories into either ‘permanent housing’ (i.e. social tenancy, temporary furnished flat, with partner) or ‘supported accommodation’ (flat or room in a supported housing project, scatter flat in a project, hostel, B&B, registered care). In total, 45 per cent of our sample were living in permanent housing at point of Wave 1 interview, and 55 per cent were living in supported accommodation. As noted in Chapter 1, this means that, as compared with the whole population of ring-fenced ex-residents of James Duncan House and Peter McCann House, those who moved into permanent housing are under-represented in the Wave 1 sample.

5.4 Given that most ex-residents (72 per cent) had moved directly from James Duncan House or Peter McCann House into the accommodation they were living in at the

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26 We appreciate that it may seem odd to put ‘temporary furnished flat’ into the ‘permanent housing’ category. But numbers were very small in this group and merging it with those in permanent social tenancies made sense in that it captured nature of this accommodation as more akin to ‘ordinary’ housing rather than being part of a supported accommodation project. Scatter flats, on the other hand, while located in ordinary stock should be more intensively supported as part of a supported accommodation project.
Wave 1 interview (see Chapter 4), the average length of time they had been in their accommodation when this interview took place (16 months) was close to the average length of time since they left the hostel (19 months). As expected, there was a distinction between ex-residents of James Duncan House and Peter McCann House in this respect, so that the former had lived in their Wave 1 accommodation for an average of 11 months, whereas it was an average of 21 months for those resettled from Peter McCann House. As noted in Chapter 3, those who had moved at least once since leaving James Duncan House/Peter McCann House had nonetheless lived in their current accommodation for, on average, 13 months at point of Wave 1 interview.

5.5 By the Wave 2 interview, 13 of the 60 ex-residents we re-interviewed were living in different accommodation from that which they had been living in at the Wave 1 interview, but the overall breakdown between permanent housing (48 per cent) and supported accommodation (52 per cent) remained very similar.

**Specific Issues in Supported Accommodation**

5.6 As there are often specific issues associated with living in supported forms of accommodation, we asked a series of questions of only those ex-residents living in these settings (49 ex-residents in Wave 1, and 31 ex-residents in Wave 2).

5.7 First, we asked whether they had to share any facilities. Figure 5.2 indicates that half (47 per cent) had to share living room/area, 29 per cent had to share a kitchen, and 22 per cent had to share a bathroom. However, no ex-residents had to share a bedroom. In all, 48 per cent ex-residents living in supported accommodation were not sharing any of these rooms or facilities – all of this group were living in flats within projects or scatter flats.
5.8 The 31 respondents to Wave 2 who were in supported housing settings reported broadly similar arrangements, and in particular none shared a bedroom.

5.9 We asked all of those living in supported housing whether they had any problems sharing their accommodation with other people. The largest group (41 per cent) reported no problems sharing. One fifth (22 per cent) reported that there were no other people in their accommodation – this was explained by those living in ‘scatter’ flats that were associated with a supported housing project but were physically located elsewhere, or flats in a complex which were so separate that they had little if any contact with others living in the project.

5.10 However, 20 per cent of those in supported accommodation did report noise from others as a problem, and 18 per cent reported general behavioural problems (see Figure 5.3). All other problems – such as lack of privacy, other people’s use of drugs/alcohol, hygiene issues, and theft/damage to possessions – were mentioned by very small numbers.
5.11 The 31 respondents in supported housing in Wave 2 were more positive again with respect to their experience of sharing, with 65 per cent reporting no problems at all. A similar proportion reported that they were not sharing with other people as was found in Wave 1 (20 per cent). Noise from others and a lack of privacy were each reported by just one individual in Wave 2. Complaints about the “general behaviour” of other people were not reported by any Wave 2 respondents in supported housing.

5.12 When asked about the helpfulness of staff, the findings were very positive in the Wave 1 interviews: 78 per cent of ex-residents reported that the staff were ‘very helpful’, and a further 13 per cent found them ‘quite helpful’. While 9 per cent were neutral on this issue, none reported finding the staff unhelpful (see Figure 5.4). The findings were virtually identical in the Wave 2 interviews:

*Brilliant. Staff are brilliant!* (Ex-resident under 50, Supported Accommodation)
Whatever you want they’ll bend over backwards to help you. If you ask them to get you something they’ll do it. (Ex-resident under 50, Supported Accommodation)

Figure 5.4: Views on staff helpfulness in supported accommodation (Wave 1)
Base: 46 ex-residents living in supported accommodation. Percentages are rounded.

5.13 The findings on how interviewees got on with other residents were also on the whole positive in Wave 1: only one individual said that he got on badly with other residents, with most interviewees saying that they got on either very well or quite well with other residents (52 per cent), were neutral on the issue (15 per cent), didn’t know (9 per cent), or, as above, that there were no other residents that they interacted with (22 per cent) (see Figure 5.5). The findings on this point were somewhat more positive again in the Wave 2 interviews, with 76 per cent of those in supported accommodation saying that they got on very or quite well with the other residents:

Never really see them. Nobody pesters you. (Ex-resident under 50, Supported Accommodation)

Everyone is brilliant (Ex-resident over-50, Supported Accommodation)
5.14 All of the ex-residents in supported accommodation in Wave 1 confirmed that they were allowed to stay in all day (i.e. they did not have to leave for a certain part of the day). Likewise, almost all (98 per cent) reported that they were allowed visitors. The majority (60 per cent) of ex-residents living in supported accommodation said that they made all their own meals; where meals were provided, it was almost always all three main meals (breakfast, lunch and dinner) that were provided. The majority (60 per cent) of ex-residents in supported forms of accommodation also did their own laundry. We did not repeat these questions in Wave 2.

**How Those in Permanent Housing/Scatter Flats Were Coping**

5.15 For those interviewees living in their own permanent housing at Wave 1 (40 ex-residents in total), we asked how they felt they were getting on in running their own home. Overall, 60 per cent of these ex-residents in permanent housing reported that running their own home was ‘easy, no problems’, 38 per cent felt that it was ‘mainly ok, but some problems’, and 2 per cent found it ‘difficult, lots of problems’. The
profile of responses was almost identical amongst the 38 ex-residents living in their own permanent housing or a scatter flat\textsuperscript{27} by Wave 2.

5.16 Amongst those who reported at least some problems at either Wave 1 or Wave 2, the issues highlighted were mainly not having enough money to live on, or money management issues, such as dealing with the payment of utility bills (see also below). Others said that they were just getting used to living by themselves, often with help from a housing support workers:

\emph{At first it was a bit odd but then I got used to it.} (Ex-resident over 50, Permanent Housing)

5.17 We asked additional questions in the Wave 2 interviews about how those living in permanent housing or a scatter flat got on with their neighbours, as this had been raised as a potential resettlement concern. We found that responses were on the whole very positive. Of the 38 ex-residents living in permanent housing or a scatter flat at this point, 28 (73 per cent) said that they got on very well or quite well with their neighbours, and only one individual said that they got on very badly with their neighbours (a further seven ex-residents said that they had no contact with their neighbours, see Figure 5.6).

\textsuperscript{27} In Wave 2 we also asked these ‘permanent accommodation’ questions of those in scatter flats because to at least some extent they have the responsibilities of running their own home.
5.18 Most who got on with their neighbours quite or very well simply said that they were not a problem:

*They’re really quiet...* (Ex-resident under 50, Permanent Housing)

5.19 Some ex-residents said that they and their neighbours helped each other out, for example, with shopping or by looking after one another’s flat if they are absent:

*We all get on with each other and watch each other’s homes.* (Ex-resident under 50, Permanent Housing)

*Neighbours are all fantastic. They all look after each other’s properties.* (Ex-resident under 50, Permanent Housing)

5.20 Almost half of all of the ex-residents in permanent housing or a scatter flat at Wave 2 (17 ex-residents) felt that they had at least one neighbour they could go to if they needed help.
5.21 Encouragingly, only six ex-residents reported experience of any problems or disputes with neighbours. These problems included noise issues and neighbours with alcohol problems. In only one reported case had the fact that neighbours were aware that the interviewee had previously been a hostel resident caused friction.

**General Living Conditions**

5.22 There were a series of questions about general living conditions that we asked of all ex-residents, whether they were living in permanent housing or supported housing at Wave 1 and Wave 2 interviews.

5.23 We firstly made a series of positive statements about housing conditions, and asked all interviewees if they were true with respect to where they were living at point of interview. The results are presented in Figure 5.7. It is clear that there were generally high levels of satisfaction with most of these aspects of their housing, with very high proportions (over 80 per cent) of all interviewees happy with their neighbourhood, proximity to amenities, kitchen and bathroom facilities, furnishings and space standards. However, those in supported accommodation reported the best overall physical standards, and satisfaction with both laundry facilities and heating were appreciably lower in permanent housing than in supported accommodation (though most of those in permanent housing were nonetheless satisfied). On the other hand, a higher proportion of those in permanent housing felt settled there (79 per cent) than in supported accommodation (68 per cent) – this is perhaps to be expected as this latter accommodation generally has a ‘transitional’ function. The findings in Wave 2 mirrored those in Wave 1 very closely.
We also invited interviewees to report on whether a series of negative statements were true about their current housing, and the Wave 1 results are reported in Figure 5.8. As can be seen, those in supported settings rarely reported any of the specified problems. The most common complaint from those in supported settings – that it was too noisy – was reported by only 13 per cent. The picture is substantially different for those in permanent housing. Damp, infestation and noise are, as with those in supported settings, problems for only a small minority. But disrepair was reported by 40 per cent of those in permanent housing at Wave 1, and half (50 per cent) of those in permanent housing reported that their property was dirty when they first arrived. The findings on these measures in Wave 2 were broadly similar.
Safety

5.25 A key concern for many people living in former large-scale hostels was feeling unsafe (see Chapter 1), and an improved sense of safety was a principal hoped-for outcome in the Hostel Closure and Re-provisioning Programme. We therefore asked all ex-residents how safe they felt when they were alone in their current home at night. In the Wave 1 interviews, an overwhelming majority (86 per cent) felt ‘very safe’, and 11 per cent felt ‘fairly safe’. Only two individuals – both of whom were in supported accommodation - felt ‘a bit unsafe’, with no interviewees reporting that they felt very unsafe. These results compare well with national data: according to the Scottish Household Survey, in 2005/6, 3 per cent of all heads of household felt a bit or very unsafe alone in their homes at night (see Figure 5.9). In Wave 2 the results were even more positive with 97 per cent of the ex-residents re-interviewed saying that they
felt very safe in their homes alone at night, and the remaining two ex-residents saying that they felt fairly safe.

![Figure 5.9: How safe ex-residents felt in their home alone at night (Wave 1)](image)

A comparison between ex-residents (Base 89) and heads of Scottish households (source: Scottish Household Survey, 2005/6). Percentages are rounded.

5.26 We also asked ex-residents how safe they felt walking alone in their neighbourhood after dark. Here the findings were more mixed (see Figure 5.10). While 67 per cent of Wave 1 interviewees felt ‘very safe’ or ‘fairly safe’, 11 per cent felt ‘a bit unsafe’, 13 per cent felt ‘very unsafe’, and 9 per cent said they ‘didn’t know’. However, these findings are again very similar to those for the general population. In the Scottish Crime and Justice Survey, 2008/9: 66 per cent of all Scottish adults felt ‘very safe’ or ‘fairly safe’ in their neighbourhood after dark, 21 per cent felt ‘a bit unsafe’, and 12 per cent felt ‘very unsafe’.
Figure 5.10: How safe ex-residents felt walking alone in their neighbourhood after dark. (Wave 1)
A comparison between ex-residents (Base 89) and Scottish adults (source: Scottish Crime and Justice Survey, 2008/9). Percentages are rounded.

5.27 There was no significant distinction between those in supported accommodation and those in permanent housing on this measure. However, these findings were, as with the general population, age-related, with younger respondents less likely to report feeling unsafe in their neighbourhood than those over this age (17 per cent of under 50s felt unsafe in their neighbourhood, compared to 30 per cent of over 50s).

5.28 We noted in analysing the Wave 1 data that the initial response of many Wave 1 interviewees was to say that they didn’t go out at night, or didn’t go out alone at night. In Wave 2 we therefore tailored the harmonised Scottish Crime and Justice Survey question to allow ex-residents to respond in this way (this means the results are no longer comparable to the national data). The results were rather different: only 52 per cent said that they felt very or fairly safe, and 39 per cent said that they didn’t go out alone at night or didn’t go out at all at night. A further 8 per cent felt a bit or very unsafe.
We also asked in Wave 2 about whether ex-residents felt more or less safe than they had done when living in the hostel. Three-quarters felt safer, with only two individuals feeling less safe, and another 10 ex-residents feeling about the same.

The most common reason given for feeling more safe now than when living in the hostel was the absence of drugs, alcohol and violence in their current accommodation:

*So many people had drink and drug related issues (in the hostel). They just wanted to fight each other.* (Ex-resident under 50, Permanent Housing)

*Quite a drugs culture in (hostel) and I've seen things like people getting slashed. Just like a jail.* (Ex-resident under 50, Permanent Housing)

Other ex-residents focused on the fact that they didn’t have people (other residents) knocking on their door or asking them for things as they did in the hostel environment:
You're taking your life in your hands in there. There was always someone asking you for something. (Ex-resident under 50, Permanent Housing)

5.32 Having their own locked, front door also featured in reasons for feeling safer now:

Because you've got your own room and front door key. You come and go as you please. Everybody's got their own lock. (Ex-resident over 50, Supported Accommodation)

Like and Dislikes About Accommodation

5.33 We asked all ex-residents whether there was anything they particularly liked or disliked about their accommodation. The great majority (86 per cent at Wave 1 and 87 per cent at Wave 2) were able to name at least one thing that they liked.

5.34 For those in permanent housing, the surrounding area was very often the thing that they particularly liked, for example, because of the proximity to local amenities, or because it was an area in which they had previously lived and knew well:

I like the area and 'cos it's handy for the town. You couldn't wish for anything more central. (Ex-resident under 50, Permanent Housing)

5.35 This was followed closely by many in permanent housing referring to simply having a place of their own and the independence that brings:

It's your own tenancy. It's different than living in the hostels. In the hostels you've only got your room. It's like a prison cell. (Ex-resident under 50, Permanent Housing)

5.36 Peace and quiet was also mentioned:

I like the quiet after moving around the hostels. (Ex-resident over 50, Permanent Housing)

5.37 For those that were living in supported accommodation projects, the help that they received from the staff was the most common thing that they liked:

The atmosphere. Staff are just like everyday people - dead approachable. You don't feel like you're a burden. You feel like you are actually getting somewhere when you're here. You feel like you're moving on. (Ex-resident under 50, Supported Accommodation)
5.38 Quietness and privacy was also noted by some of those in supported accommodation:

*It’s quiet. Nobody bothers me.* (Ex-resident over 50, Supported Accommodation)

5.39 Around a quarter of Wave 1 and Wave 2 ex-residents (23 per cent in both waves) named at least one thing they disliked about their accommodation. For those in permanent housing, the most common negative point related to the area in which it was located, either because it was considered to be in a ‘bad’ neighbourhood or because they were too far from amenities:

*Prefer to live closer to town.* (Ex-resident under 50, Permanent Housing)

*Young ones drinking and wanting to fight.* (Ex-resident under 50, Permanent Housing)

5.40 Smaller numbers in permanent housing complained that the neighbourhood was too quiet, the property itself was in bad repair, or quite simply that they did not like living alone:

*I just don’t like living by myself.* (Ex-resident under 50, Permanent Housing)

5.41 For those in supported accommodation, the most common thing that was disliked was sharing with other residents:

*It’s ten guys in a house!* (Ex-resident under 50, Supported Accommodation)

**Support Needs and Access to Professional Support**

5.42 In Wave 1 we asked ex-residents about a range of specific types of support they may have received or needed. For all of the specific types of support we asked about, the majority of Wave 1 ex-residents reported that they did not need this help (and were not receiving it) (see Figure 5.12)28 By far the most common type of help currently being received at point of Wave 1 interview was assistance with filling out forms, applying for benefits etc. (38 per cent of all Wave 1 ex-residents were receiving this type of help). Self-reported unmet need was very low for all of the specific types of potential need asked about. There were no significant differences according to age, or whether in supported or permanent accommodation.

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28 This did not mean that they had never received or needed this help. The question was asked about needing help with any of these things ‘at the moment’.
In Wave 2 we asked ex-residents a slightly different question about whether they had ever received any of these forms of support at any point since leaving James Duncan House or Peter McCann House (see Figure 5.13). Again, help with filling out forms was common (at 64 per cent) but help with getting furniture or white goods was slightly more common (68 per cent), with some respondents also reporting receipt of help with seeing social work (34 per cent) or health services (46 per cent), and managing money or debts (34 per cent). However, note the relatively small numbers who report receipt of help with education, training or employment or with getting involved with activities/groups, and the very small numbers helped to get back in touch with family or friends.
At both Waves 1 and 2 we asked ex-residents whether, in general, they were getting all the support they needed or if there were other types of help they would like. In Wave 1 three quarters (75 per cent) of ex-residents said that they were getting all the help they needed, but one quarter (25 per cent) said that they wanted some additional help. There was no significant difference according to age or type of accommodation on this measure at Wave 1.

However, the type of additional help required did differ to some extent according to accommodation type. Thus, the most common additional help required by those in permanent housing related to managing money and debt, but, still, this only accounted for 12 per cent of all ex-residents in permanent housing (five individuals). For those in supported accommodation, the most common additional help they reported was assistance with moving out of that accommodation and finding a home of their own, but, again, this accounted for only 6 per cent of all those in supported accommodation (three individuals). Other responses across both accommodation types were very varied, and could be anything from help with decorating or filling out forms/ claiming benefits, to psychiatric help.
In Wave 2, 83 per cent of ex-residents re-interviewed said that they were receiving all the help they needed, with 17 per cent (10 individuals) saying that they needed additional help. All but one of these Wave 2 interviewees who reported that they required additional help were living in permanent housing, and eight out of the ten were aged under 50. The types of additional assistance they reported were mainly related to financial assistance.

We investigated ex-residents’ interaction with a range of professional workers. In Wave 1, the great majority (86 per cent) of all ex-residents reported seeing at least one worker regularly at the point of interview, with only 14 per cent seeing no workers at all. Housing support workers were the type most commonly seen by Wave 1 interviewees (by 69 per cent of all ex-residents), and social workers and drugs workers were seen regularly by 28 per cent and 21 per cent of ex-residents respectively (see Figure 5.14). Alcohol workers, community psychiatric nurses (CPNs), psychologists and occupational therapists (OTs) were each seen regularly by only small proportions of ex-residents. ‘Other’ workers included probation officers, personal care nurses, and HIV workers. Some of the patterns that one would expect with respect to interaction with workers were present. Thus those living in supported accommodation were much more likely to see a housing support worker (91 per cent) than those in permanent housing (41 per cent), and no ex-residents over 50 saw a drugs worker, but 38 per cent of those under this age did.
In Wave 2, a slightly lower proportion of ex-residents were seeing housing support workers, social workers, drugs workers and ‘other’ workers as compared with Wave 1 (Figure 5.15). In all, 27 per cent of Wave 2 interviewees were seeing no workers at all on a regular basis as compared to 14 per cent in Wave 1. Having no contact with support workers was associated with being in permanent housing and being aged under 50.
Interviewees were asked if their contact with these various professionals had changed since leaving the hostel. In Wave 1, of those who were in permanent housing, approximately half said that they now had less contact with workers than they had had when they were staying in the hostels. This was generally because of the support that they had received from Loretto Care and/or the HART during the hostel closure process. Around a quarter of those in permanent housing stated that they had more contact with workers now, in their own homes, than when in the hostels (this contact was mainly with housing support workers). The remaining quarter in permanent housing reported that their overall level of worker contact was the same. However several of this last group mentioned that the type of worker(s) they saw had changed since moving into their own home (for example, some now saw physiotherapists and addiction workers that they had not seen previously).

In Wave 2, the picture had changed slightly. Amongst those in permanent housing, the largest group said that the contact that they now had with support workers was the same as it had been in the hostel. This was usually because they had had no

Figure 5.15: The support workers that ex-residents were seeing at point of survey (Wave 2)

Base: 60 ex-residents. Percentages are rounded.

<table>
<thead>
<tr>
<th>Support Worker</th>
<th>Wave 2 Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing support worker</td>
<td>52%</td>
</tr>
<tr>
<td>Social worker</td>
<td>17%</td>
</tr>
<tr>
<td>Drug worker</td>
<td>13%</td>
</tr>
<tr>
<td>Alcohol worker</td>
<td>8%</td>
</tr>
<tr>
<td>CPN</td>
<td>2%</td>
</tr>
<tr>
<td>Psychologist or psychiatrist</td>
<td>2%</td>
</tr>
<tr>
<td>OT</td>
<td>5%</td>
</tr>
<tr>
<td>Other support workers</td>
<td>5%</td>
</tr>
</tbody>
</table>
contact with support workers then or now. The remainder of those in permanent housing at Wave 2 were fairly evenly split between those reporting more contact with support workers, and those reporting less. The latter group often referred to the support that they had had during the hostel closure process, in particular from Loretto Care. A few mentioned that they would have liked this support to have continued:

That’s the only thing that I would say about it—there’s no follow up...Some of the guys in the hostel really did need help when they left. (Ex-resident under 50, Permanent Housing)

5.51 More than half of those in supported accommodation in both Wave 1 and Wave 2 said that they had more contact with workers now than in the hostel. This related mainly to the support staff within their supported accommodation projects.

A hell of a lot. In [hostel] you didn’t get to see anybody. (Ex-resident under 50, Supported Accommodation)

You had to look after yourself there (in hostel). (Ex-resident over 50, Supported Accommodation)

5.52 Ex-residents were asked to comment on the helpfulness of each professional who was working with them, using a scale on which ‘1’ meant ‘very unhelpful’ and ‘5’ meant ‘very helpful’. Out of 88 workers rated by ex-residents in Wave 1, 67 per cent were rated with a 4 or 5, while 33 per cent received a lower rating. Table 5.1 demonstrates that the average and median ratings were very similar (and high) for all of the types of workers with sufficient numbers to work this out in Wave 1.

Table 5.1: Average rating of support workers (out of 5) (Wave 1)

<table>
<thead>
<tr>
<th></th>
<th>Average rating</th>
<th>Median rating</th>
<th>Base</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing support worker</td>
<td>4</td>
<td>5</td>
<td>44</td>
</tr>
<tr>
<td>Social worker</td>
<td>4</td>
<td>4</td>
<td>16</td>
</tr>
<tr>
<td>Drug worker</td>
<td>4</td>
<td>4</td>
<td>15</td>
</tr>
</tbody>
</table>

Percentages are rounded. Data were insufficient for other worker types.

5.53 In Wave 2, the numbers were only large enough with respect to housing support workers to work this out, and in this instance both the average and median (rounded) score was 5.

5.54 Virtually all Wave 1 interviewees were registered with a local GP (94 per cent), with 4 per cent saying they did not know whether they were or not, and only 2 per cent reporting that they were not. All of the ex-residents re-interviewed in Wave 2 were registered with a local GP.
Conclusions

5.55 This chapter has reviewed the housing and support outcomes for ex-hostel residents, with these outcomes traced for a period of between one and three years since they left the hostel. The housing outcomes for the ex-residents interviewed were generally positive. Most liked where they lived, felt safe, were satisfied with the facilities, neighbourhood, space standards, furnishings, and so on. Those in supported accommodation found the staff helpful, and generally did not have a problem with the other residents. Ex-residents in permanent housing or scatter flats generally felt that they were managing fine in running their own home, though some problems were reported, especially with financial management. There was little evidence of problems with neighbours. Negative findings were associated with the high levels of disrepair and dirtiness of properties when those in permanent housing first arrived. Most ex-residents said that all of their support needs were currently met, but a minority reported that they had some form of current unmet need: these self-identified unmet needs were highly varied, but usually related to practical matters, such as managing money. The majority of all ex-residents saw at least one professional worker regularly, and these workers were generally highly rated by ex-residents. However, by Wave 2 one quarter of ex-residents saw no support workers at all – this was mainly under 50s living in permanent housing – and a few in this group did comment that they would have liked the support that they received during the hostel closure programme to have continued.
CHAPTER 6: The Outcomes of the Resettlement Process – Broader Aspects of Quality of Life

Introduction

6.1 This chapter reviews the broader outcomes of the resettlement process for ex-hostel residents, including any changes in the following since they left the hostel: economic status, engagement in ‘purposeful’ activities, financial situation, health, use of alcohol and drugs, access to social support and social networks, and levels of boredom and loneliness. It also reviews their overall quality of life, and how this compares to when they were living in a hostel. As noted in Chapter 3, on average, ex-residents had left the hostel from which they were resettled 19 months before the first wave interview (26 months for Peter McCann House, and 14 months for James Duncan House), and, on average, 33 months before the second wave interview (38 months for Peter McCann House, and 28 months for James Duncan House). Throughout the discussion in this chapter, bear in mind that, as the overall numbers are relatively small, especially in Wave 2, only large percentage differences in results between the waves of data are likely to be meaningful.

Economic Status

6.2 As noted in Chapter 3 (see Table 3.4), very few of the ex-residents of working age were in employment at point of Wave 1 or Wave 2 interview, with the majority being long-term sick/disabled, and most of the remainder unemployed.

6.3 Amongst the ex-residents of working age, the main changes between leaving the hostel and Wave 1 interview was the reduction in those who were unemployed (from 38 per cent to 22 per cent), reflecting mainly a rise in sickness/disability (58 per cent to 65 per cent), and to a small extent a rise in self-defined “retirement” (from 4 per cent to 8 per cent). By Wave 2 there had been little further change, with by far the largest group long-term sick or disabled (71 per cent).

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29 The figures here refer to ex-residents of working age at the point of interview, a small percentage of whom defined themselves as ‘retired from paid work’ despite being under the age of 65. See Table 6.1
### Table 6.1: Economic status of ex-residents aged under 65

<table>
<thead>
<tr>
<th>Status</th>
<th>In hostel (under 65s)</th>
<th>Wave 1 (under 65s)</th>
<th>Wave 2 (under 65s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long term sick or disabled</td>
<td>58%</td>
<td>65%</td>
<td>71%</td>
</tr>
<tr>
<td>Unemployed</td>
<td>38%</td>
<td>22%</td>
<td>22%</td>
</tr>
<tr>
<td>Paid employment</td>
<td>0%</td>
<td>3%</td>
<td>2%</td>
</tr>
<tr>
<td>Student</td>
<td>0%</td>
<td>1%</td>
<td>2%</td>
</tr>
<tr>
<td>Not in paid work for other reasons**</td>
<td>4%</td>
<td>9%</td>
<td>4%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Base</td>
<td>74</td>
<td>74</td>
<td>51</td>
</tr>
</tbody>
</table>

Percentages are rounded. * Source: Scottish Household Survey (2007) **includes men in early retirement, short term illness and not in paid work because of carer role.

6.4 All ex-residents of working age who were not in paid employment were asked if there was anything in particular that made it difficult for them to take up work. By far the largest numbers at both waves of fieldwork stated that physical health or mobility problems were the biggest barrier to work for them. Much smaller proportions of ex-residents referred to financial disincentives, drug or alcohol problems, mental health issues, length of time unemployed, or their having been homeless as barriers to working, or simply stated that they did not wish to work.

6.5 Working age ex-residents not in work were then asked to consider if these barriers to work had changed since they left the hostel. Over two-thirds in Wave 1 said that the barriers had remained the same; these ongoing barriers were usually associated with health problems. The majority of the remaining third said that they now had fewer barriers to work than they had had in the hostel. For most of this group, this was because they felt that the hostel itself had acted as a barrier to employment. The pattern of responses was similar in Wave 2 except that the majority of those who said that they now had fewer barriers to work reported that this was due to having fewer drug or alcohol problems than they had while in the hostel.

6.6 In Wave 2 ex-residents of working age were asked an additional question about whether they had received any help with education, work or training since leaving the relevant hostel. Only nine individuals (20 per cent of all those who responded) said yes; all but one of this group were under 50. We asked this small group if they had found this help useful, and seven said that it had been useful, with the remaining two simply stating that it wasn’t useful as they were not interested in employment.

6.7 We also asked all working age Wave 2 interviewees if they would like help with education, work or training: 38 per cent of those who responded (17 individuals) said that they would like such help, with the proportion similar amongst those aged under and over 50. We asked those who answered in the positive what kind of help they would like, and the majority said help to enrol onto college courses, most commonly a computer course, although joinery and gardening were also mentioned:
A pc course to get me back up to speed with pcs (Ex-resident over 50, Permanent Housing)

6.8 Amongst those who said that they didn’t want such help, the main reasons were the feeling that they were getting too old to consider employment, their ill health, a general disinterest in employment, or that they did not feel mentally ready at the present time:

I’m getting old now for that. (Ex-resident over 50, Supported Accommodation)

I can’t keep my mind on anything. Can’t even read a paper. I can’t even watch a film. (Ex-resident under 50, Permanent Housing)

Activities

6.9 We asked ex-residents whether they were engaged in a series of ‘structured’ activities aside from paid work, such as volunteering, work preparation courses, or arts- or sports-based activities. The findings are summarised in Figure 6.1. As can be seen, only relatively low proportions of Wave 1 and Wave 2 ex-residents engaged in any of these specified activities.
Half (57 per cent) of Wave 1 interviewees, and 63 per cent of Wave 2 engaged in ‘other’ activities, but these were mainly ‘unstructured’ activities, the most common of which was reading or going to the library:

*I read a tremendous amount of books.* (Ex-resident over 50, Permanent Housing)

The next most common activity was walking. Other unstructured activities varied considerably, and included: going to the gym, spending time with friends or family, gardening and going to the pub.

In total, 40 per cent of all Wave 1 ex-residents reported no engagement in any regular activities, though this was reported by a lower proportion (25 per cent) of Wave 2 interviewees.
Ex-residents were also asked if their involvement in activities had changed since they were living in the hostel. Around one third of all Wave 1 ex-residents said that they did more now than in the hostel:

"Didn’t do anything then. (Ex-resident under 50, Permanent Housing)"

In Wave 2 this increased slightly to almost half of ex-residents saying they were doing more activities now compared to when living in the hostel:

"Nothing (in hostel) - lie in my bed. (Ex-resident under 50, Permanent Housing)"

Around a quarter of both Wave 1 and Wave 2 interviewees said that their levels and types of activity were the same now as before, and the remainder reported that they did less now, mainly because they no longer had other hostel residents near at hand:

"Everybody came to my room, it was called the bar. (Ex-resident over 50, Supported Accommodation)"

However, some ex-residents said that they did less now because they didn’t have to go out all day like they did in the hostel:

"I did more when I was in (hostel) because I wanted out of there...I’m more relaxed now so I can spend more time in. (Ex-resident under 50, Permanent Housing)"

"I'd go out first thing in the morning and I'd be back at night. I couldn’t stay in there during the day. I'd just go out and walk about. (Ex-resident over 50, Permanent Housing)"

We asked Wave 2 interviewees if they would like to be involved in more activities, and 40 per cent said that they would. Respondents over 50 were less likely to want to be involved in more activities (24 per cent) than younger respondents (62 per cent). Those who said that they would like to be involved in more activities mentioned a wide range of things such as sports-based activities, visiting different places, doing a course, seeing live music or theatre, or just generally getting out and interacting with more people. For those that said no, they would not like to be involved in more activities (60 per cent), the majority said it was simply because they were not interested or they were happy with the way things were now:

"I’m quite happy the way things are actually. (Ex-resident under 50, Permanent Housing)"

"I’m quite content. (Ex-resident over 50, Support Accommodation)"
However, the lack of activity in many ex-residents’ lives became clear when we asked them to describe a ‘typical day’. These turned out to be very similar, regardless of age or accommodation type. Most revolved around a brief outing during the day, usually a ‘walk’ or visit to the pub, shops or a family member or friend’s house. Then they returned back to their flat or project in the afternoon or early evening where they remained alone watching TV in the evening. This happened almost every day for all of them. There were a few instances of ex-residents who did more than this during the day, but their evenings were still the same, remaining at home, usually alone, watching TV:

My days are not very exciting. (Ex-resident under 50, Permanent Accommodation)

It’s just eating, sleeping, smoking. (Ex-resident over 50, Supported Accommodation)

Financial Situation

When asked how they were managing financially at point of interview, two thirds (60 per cent) of ex-residents said that they were either ‘living comfortably’ or ‘doing alright’; one fifth (21 per cent) said that they were ‘just about getting by’; and one fifth (20 per cent) said that they were finding it ‘quite’ or ‘very’ difficult. The overall spread of responses was quite similar in Wave 2. As Table 6.2 demonstrates, these figures are somewhat more polarised than that for the rest of the population of male single households in Scotland, but there is certainly no overall pattern of ex-residents feeling worse off than their peers.

<table>
<thead>
<tr>
<th>Financial situation</th>
<th>Wave 1</th>
<th>Wave 2</th>
<th>Approximate comparison with single male households in Scotland 2005/6*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Living comfortably</td>
<td>24%</td>
<td>18%</td>
<td>11%</td>
</tr>
<tr>
<td>Doing alright</td>
<td>36%</td>
<td>50%</td>
<td>25%</td>
</tr>
<tr>
<td>Just about getting by</td>
<td>21%</td>
<td>13%</td>
<td>44%</td>
</tr>
<tr>
<td>Finding it quite difficult</td>
<td>7%</td>
<td>10%</td>
<td>17%</td>
</tr>
<tr>
<td>Finding it very difficult</td>
<td>13%</td>
<td>8%</td>
<td>2%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Base</td>
<td>88</td>
<td>60</td>
<td>2,828</td>
</tr>
</tbody>
</table>

Percentages are rounded. * the categories used in our questionnaire derived from the British Household Panel Survey, and the Scottish Household Survey (SHS) for 2005/6 question, ‘how is the household managing financially this year’, provides only an approximate comparison.

On the face of it, these findings are rather surprising, given the high levels of worklessness and benefit dependency amongst this group. However, the explanation
may lie in Table 6.3. As can be seen, a large proportion of all Wave 1 ex-residents felt that their financial situation was better than in the hostel (61 per cent), with only 14 per cent feeling that it was worse, and 25 per cent feeling that it was much the same. The results at Wave 2 were almost identical. Thus, it may be that ex-residents felt relatively well off because their comparison point was how things were when they lived in the hostel.

**Table 6.3: Changes in the financial situation of ex-residents since leaving the hostel**

<table>
<thead>
<tr>
<th>Change in financial situation</th>
<th>Wave 1</th>
<th>Wave 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Better</td>
<td>61%</td>
<td>62%</td>
</tr>
<tr>
<td>Worse</td>
<td>14%</td>
<td>13%</td>
</tr>
<tr>
<td>Same</td>
<td>25%</td>
<td>25%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Base</td>
<td>88</td>
<td>60</td>
</tr>
</tbody>
</table>

Percentages are rounded.

6.21 These findings on overall financial position, or on changes in this, did not differ significantly between those in permanent housing or in supported accommodation. However, younger interviewees in Wave 1 were less likely than older ex-residents to say that they were currently managing well: 72 per cent of over 50s, and only 48 per cent under 50s, said were doing alright/living comfortably; conversely, 31 per cent under 50s said that they were finding it very/quite difficult, but only 9 per cent of over 50s. These age patterns were similar in Wave 2.

6.22 In Wave 2 we used qualitative methods to investigate the factors underlying these patterns in perceptions of financial well-being. More than a third of those who said that they were managing better financially said that this was due to the independence of having their own place which enabled them to budget better. They referred to having their own cooking facilities, having more control over their money, and also simply being content to just stay at home rather than having to be out as much as possible:

*I budget better 'cos I have my own home.* (Ex-resident under 50, Permanent Housing)

*In [hostel] you didn't feel safe so you spent more time in the pub.* (Ex-resident over 50, Supported Accommodation)

6.23 The next biggest reason for being better off now was because they were consuming less alcohol or drugs:

*I've always got money now 'cos I'm off the drink.* (Ex-resident over 50, Supported Accommodation)
I've not got a drug habit now – I’m on my methadone. (Ex-resident under 50, Permanent Housing)

6.24 For the minority who that said they were managing less well than in the hostel, most said it was because they now had to pay rent and utility bills whereas in the hostel it was both simpler and cheaper:

It was a lot easier in [hostel] 'cos I didn't have TV licence, council tax and other bills to pay. It was only £10 a week and nothing else to worry about.’ (Ex-resident under 50, Permanent Housing)

General Health

6.25 As noted in Chapter 3, the self-reported health of the sample as a whole was considerably worse than that of the general population of the same age (see Table 3.8). However, when we asked about changes in their perceived health status since leaving the hostel, the results were more encouraging, with ex-residents far likelier to say that their health was now ‘better’ (49 per cent) than worse (22 per cent). The results were virtually identical at Wave 2 (48 per cent said that their health was better than in the hostel and 23 per cent said that it was worse).

6.26 As Table 6.4 demonstrates, there was an apparent association with age: those under 50 in Wave 1 were three times as likely to say their health was better rather than worse than in the hostel, but the over 50s in Wave 1 were only marginally more likely to report that it had improved rather than deteriorated. The overall patterns in Wave 2 were very similar.

<table>
<thead>
<tr>
<th>Health status better or worse than in hostel</th>
<th>Wave 1 (under 50)</th>
<th>Wave 2 (under 50)</th>
<th>Wave 1 (over 50)</th>
<th>Wave 2 (over 50)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Better</td>
<td>64%</td>
<td>62%</td>
<td>34%</td>
<td>38%</td>
</tr>
<tr>
<td>The same</td>
<td>17%</td>
<td>23%</td>
<td>39%</td>
<td>38%</td>
</tr>
<tr>
<td>Worse</td>
<td>19%</td>
<td>15%</td>
<td>25%</td>
<td>24%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>0%</td>
<td>0%</td>
<td>2%</td>
<td>0%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Base</td>
<td>42</td>
<td>26</td>
<td>44</td>
<td>34</td>
</tr>
</tbody>
</table>

Percentages are rounded.
However regression analysis on the Wave 1 data indicated that, once other factors were taken into account, age had no independent effect on changes to self-reported health status. In fact, the only independent influence on changes in health status was accommodation type: health was less likely to be reported to be better amongst those ex-residents in supported accommodation settings. The most likely explanation for this finding is that this group were more likely to be ill to begin with, hence needed supported settings, and therefore their health was less likely to improve than that of other ex-residents. These regression results were repeated in Wave 2.

In Wave 2, we asked respondents why they felt that their health was better or worse since they left the hostel. The most common explanation given by those that said that their health was better now was the fact of being away from the hostel environment:

It’s just where I was. Do you know what I mean? In Bell St you were just in your room and you felt claustrophobic. It’s a lot cleaner here too. (Ex-resident under 50, Permanent Housing)

Many others cited a reduction in, or abstinence from, alcohol and drugs since leaving the hostel as a reason for improvements in their health:

No drugs in my life and eating better and exercising. ...I feel alive as opposed to horrible, lifeless and dead. (Ex-resident under 50, Supported Accommodation)

You tend to drink more. You go into different rooms and get a carry out and you’re not actually eating...You’re more stable [now] ’cos you’ve got more independence. (Ex-resident over 50, Permanent Housing)

For those that said their health was now worse, half related this to an already existing health condition that had deteriorated (supporting the regression results above). Others said that their health was worse simply due to age:

Factors controlled for in this regression analysis included: current economic status; receipt of benefits; age; whether in supported or permanent housing; current drug use; reduction in drug use; alcohol problems; reduction in alcohol use; current financial situation and changes in financial situation; engagement in regular activities; current loneliness; current boredom; whether last stay in hostel was for more than two years; whether stayed in Glasgow hostels for more than five years in total; whether satisfied with current accommodation; frequency of contact with social networks and increased social contact; friends, family and workers as sources of social support, and workers as only source of social support; currently no social support of any kind; increases in any kind of social support.
Just age and the lifestyle I've had. (Ex-resident over 50, Supported Accommodation)

Just wear and tear. (Ex-resident under 50, Permanent Housing)

6.31 A few ex-residents spoke of their mental rather than physical health being worse now (but see further below). This they related to living alone:

I'm on my own you know what I mean...Sometimes I get depressed as well. (Ex-resident under 50, Permanent Housing)

Mental Health

6.32 As noted in Chapter 3, ex-hostel residents appeared far more likely than men the same age in the general population to be anxious or depressed. However, as Table 6.5 shows, this self-reported mental health profile is notably better than it was when they were in the hostel. Thus, the proportion of ex-residents self-reporting that they were ‘extremely’ anxious or depressed had dropped from 33 per cent to 17 per cent by Wave 1, and 15 per cent in Wave 2 interviews. The proportion saying that they were not at all anxious or depressed had risen from 36 per cent to 46 per cent by Wave 1, and to 47 per cent at Wave 2.

Table 6.5: Changes to self-reported mental health status since leaving the hostels

<table>
<thead>
<tr>
<th>Self reported mental health status</th>
<th>In hostel</th>
<th>Wave 1</th>
<th>Wave 2</th>
<th>Change by Wave 2 (% points)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not anxious or depressed</td>
<td>36%</td>
<td>46%</td>
<td>47%</td>
<td>+11%</td>
</tr>
<tr>
<td>Moderately anxious or depressed</td>
<td>31%</td>
<td>36%</td>
<td>38%</td>
<td>+7%</td>
</tr>
<tr>
<td>Extremely anxious or depressed</td>
<td>33%</td>
<td>17%</td>
<td>15%</td>
<td>-18%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>-</td>
</tr>
<tr>
<td>Base</td>
<td>88</td>
<td>87</td>
<td>60</td>
<td>-</td>
</tr>
</tbody>
</table>

Percentages are rounded.

6.33 In fact, looking at the direction of flows from one self-reported status to another, we found that while the majority of ex-residents (58 per cent in Wave 1 and 48 per cent in Wave 2) reported no change in levels of anxiety or depression, for the remainder change was far more likely to be positive (33 per cent in Wave 1 and 37 per cent in Wave 2) than negative (only 9 per cent of Wave 1 and 15 per cent of Wave 2) (see Table 6.6).
Table 6.6: Summary of changes in self-reported mental health status since leaving the hostels

<table>
<thead>
<tr>
<th>Change to self reported mental health status</th>
<th>Wave 1</th>
<th>Wave 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Better</td>
<td>33%</td>
<td>37%</td>
</tr>
<tr>
<td>The same</td>
<td>58%</td>
<td>48%</td>
</tr>
<tr>
<td>Worse</td>
<td>9%</td>
<td>15%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Base</td>
<td>88</td>
<td>60</td>
</tr>
</tbody>
</table>

Percentages are rounded.

6.34 Regression analysis on Wave 1 indicated that, once other factors were taken into account, the only independent association with current severe mental health problems was current levels of boredom (27 per cent of those who were often or sometimes bored reported that they were extremely anxious or depressed, as compared with only 5 per cent of those who were not bored). Improvements in mental health were independently associated with engagement in regular activities, social support from friends, and doing better financially than in the hostel.

Alcohol and Drugs

6.35 We asked interviewees to describe their current drinking pattern, and the results are summarised in Table 6.7. While 60 per cent of Wave 1 interviewees described themselves as either teetotal or moderate drinkers, 17 per cent self-reported that they were a ‘binge drinker/alcoholic’, 15 per cent described themselves as a ‘constant heavy drinker’, and 8 per cent as a ‘recovering alcoholic’. This profile of responses was virtually replicated in Wave 2 (see Table 6.7).

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31 Factors controlled for in this regression analysis included: current economic status; receipt of benefits; age; whether in supported or permanent housing; current drug use; reduction in drug use; alcohol problems; reduction in alcohol use; current financial situation and changes in financial situation; engagement in regular activities; current loneliness; current boredom; whether last stay in hostel was for more than two years; whether stayed in Glasgow hostels for more than five years in total; whether satisfied with current accommodation; frequency of contact with social networks, and increased social contact; friends, family and workers as sources of social support, and workers as only source of social support; currently no social support of any kind; increases in any kind of social support.

32 Factors controlled for in this regression analysis included: current economic status; age; receipt of benefits; whether in supported or permanent housing; current drug use; reduction in drug use; alcohol problems; reduction in alcohol use; current financial situation and changes in financial situation; engagement in regular activities; current loneliness; current boredom; whether last stay in hostel was for more than two years; whether stayed in Glasgow hostels for more than five years in total; whether satisfied with current accommodation; frequency of contact with social networks, and increased social contact; friends, family and workers as sources of social support, and workers as only source of social support; currently no social support of any kind; increases in any kind of social support. In Wave 2 the numbers were too small to carry out a similar regression analysis.
<table>
<thead>
<tr>
<th>Self reported consumption</th>
<th>Wave 1</th>
<th>Wave 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teetotal</td>
<td>17%</td>
<td>17%</td>
</tr>
<tr>
<td>Moderate drinker</td>
<td>43%</td>
<td>42%</td>
</tr>
<tr>
<td>Binge alcoholic/drinker</td>
<td>17%</td>
<td>13%</td>
</tr>
<tr>
<td>Constant heavy drinker</td>
<td>15%</td>
<td>20%</td>
</tr>
<tr>
<td>Recovering alcoholic</td>
<td>8%</td>
<td>8%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Base</td>
<td>88</td>
<td>60</td>
</tr>
</tbody>
</table>

Percentages are rounded.

6.36 These findings were strongly age related: in Wave 1, 53 per cent of the over 50s, but only 24 per cent of those under this age, described themselves as a binge or recovering alcoholic or a constant heavy drinker. The results were very similar at Wave 2, with 50 per cent of over 50s, and 31 per cent of under 50s, categorising themselves into one of these three groups (see also Kershaw et al, 2000).

6.37 Ex-residents living in supported accommodation were more likely to report their drinking as falling into one of these three ‘problematic’ categories (47 per cent in Wave 1; and 50 per cent in Wave 2) than those in permanent housing (31 per cent in Wave 1 and 33 per cent in Wave 2). This is to be expected as a number of these supported units had been specifically established to cater for men with alcohol problems.

6.38 It should be noted that the ‘constant heavy drinker’ category, at 15 per cent, seems likely to be an underestimate: when asked how often they had six or more drinks on one occasion, 24 per cent of the Wave 1 sample said this was a ‘daily or almost daily’ occurrence, as did 28 per cent of the Wave 2 sample.

6.39 When asked about whether they drank more or less than when they were living in the hostel, the net results were in a strongly positive direction (Table 6.8). Thus, 41 per cent of all Wave 1 ex-residents said that they drank less now than in the hostel, and this was reported by 50 per cent of Wave 2 interviewees. Moreover, 10 per cent of Wave 1 interviewees and 13 per cent of Wave 2 interviewees said that they drank in the hostel but not at all now. Only 10 per cent in both waves of fieldwork reported an increase in their drinking. There was other evidence of a decline in drinking; for example, the proportion who reported that they had six or more drinks on a daily or near daily basis declined from 52 per cent when living in the hostel to 28 per cent by the Wave 2 interview.
Table 6.8: Changes in alcohol use since leaving the hostel

<table>
<thead>
<tr>
<th>Changes to alcohol use</th>
<th>Wave 1</th>
<th>Wave 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, drink less now</td>
<td>41%</td>
<td>50%</td>
</tr>
<tr>
<td>No, drink same amount now</td>
<td>21%</td>
<td>18%</td>
</tr>
<tr>
<td>No, not drinking then or now</td>
<td>17%</td>
<td>8%</td>
</tr>
<tr>
<td>Yes, drank there but not at all now</td>
<td>10%</td>
<td>13%</td>
</tr>
<tr>
<td>Yes, drink more now</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Base</td>
<td>89</td>
<td>60</td>
</tr>
</tbody>
</table>

Percentages are rounded.

6.40 Regression analysis detected no independent associations with a reduction/cessation in alcohol use, and these regression results were repeated at Wave 2.

6.41 At point of Wave 1 interview, 29 per cent of the total sample self-reported currently using drugs (26 ex-residents); by point of the Wave 2 interview this had dropped to 17 per cent (10 individuals). While there was evidence of a reduction in drug use amongst those interviewed in both waves (out of 14 ex-residents who reported current drug use at Wave 1 who were interviewed at Wave 2, six reported that they were no longer using drugs by Wave 2), it should also be noted that almost half of the men who reported current drug use at Wave 1 were not interviewed in Wave 2 (12 out of 26 men).

6.42 Drug use was almost entirely confined to the under 50s, of whom 60 per cent self-reported using drugs at point of Wave 1 interview, although this had dropped to 31 per cent by Wave 2 (as compared with 2 per cent of the over 50s at Wave 1 and 6 per cent at Wave 2) (Table 6.9). When living in the hostel, 33 per cent of the total sample were using drugs, and again this was almost entirely confined to under 50s, of whom two-thirds (67 per cent) were using drugs while in the hostel (as compared with only 2 per cent of over 50s).

---

33 Factors controlled for in this regression analysis included: current economic status; age; receipt of benefits; general health and changes in general health; whether in supported or permanent/mainstream housing; current drug use; current severe mental health problems; improvements in mental health; reduction in drug use; current financial situation and changes in financial situation; engagement in regular activities; current loneliness; current boredom; whether last stay in hostel was for more than two years; whether stayed in Glasgow hostels for more than five years in total; whether satisfied with current accommodation; frequency of contact with social networks, and increased social contact; friends, family and workers as sources of social support, and workers as only source of social support; currently no social support of any kind; increases in any kind of social support.
Table 6.9: Changes in drug use since leaving hostel (under 50s)

<table>
<thead>
<tr>
<th>Drug use</th>
<th>In hostel</th>
<th>Wave 1</th>
<th>Wave 2</th>
<th>Change by Wave 2 (% points)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Using drugs</td>
<td>67%</td>
<td>60%</td>
<td>27%</td>
<td>-37%</td>
</tr>
<tr>
<td>Not using drugs</td>
<td>33%</td>
<td>40%</td>
<td>73%</td>
<td>+37%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>-</td>
</tr>
<tr>
<td>Base</td>
<td>42</td>
<td>42</td>
<td>27</td>
<td>-</td>
</tr>
</tbody>
</table>

Percentages are rounded.

6.43 The overall proportions of under 50s using any drugs had not much changed by Wave 1, but the type of drugs they reported using had changed, as depicted in Figure 6.2. As can be seen, heroin use was reported to be lower at Wave 1 than when they were living in the hostel (10 per cent as compared to 33 per cent), and methadone use was much higher (38 per cent as compared to 2 per cent). Use of tranquillisers and cocaine has dropped slightly, but use of cannabis had increased. The overall picture at Wave 1 was of more managed and less serious drug use than in the hostel.
6.44 Of the 10 ex-residents interviewed in Wave 2 who were currently using drugs (eight of whom were under 50 and two of whom were over 50), one man reported using heroin, another two reported cannabis use, and one reported using cocaine. Nine out of these ten men were on a methadone script.

6.45 We also asked ex-residents about any changes in their level of drug use, and highly positive findings are apparent here too (Table 6.10). Overall, at Wave 1 half (51 per cent) of under 50s reported a decline in their drug use since leaving the hostel, and 7 per cent reported that, whilst they had used drugs in the hostel, they no longer used them at all. Only one individual reported that their drug use had increased since leaving the hostel, and only three people reported that it had remained the same. The ten men who reported current drug use at Wave 2 all reported that they were now using fewer drugs than when they had been when in the hostel.
Table 6.10: Changes in drug use since leaving the hostel for the under 50s (Wave 1)

<table>
<thead>
<tr>
<th>Changes in drug use</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did not use drugs then or now</td>
<td>33%</td>
</tr>
<tr>
<td>Took drugs in hostel but not now</td>
<td>7%</td>
</tr>
<tr>
<td>Decline in drug use since hostel</td>
<td>51%</td>
</tr>
<tr>
<td>Increase in drug use since hostel</td>
<td>2%</td>
</tr>
<tr>
<td>Same drug use as in hostel</td>
<td>7%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
<tr>
<td>Base</td>
<td>42</td>
</tr>
</tbody>
</table>

Percentages are rounded.

6.46 This positive change was also confirmed when we asked ex-residents about whether they perceived themselves to have a problem with drugs both now and in the hostel. Only 14 per cent of the under 50s interviewed at Wave 1, and 12 per cent of those interviewed at Wave 2, felt that they definitely or possibly had a current drug problem, as compared with half of the under 50s who thought that they definitely (43 per cent) or possibly (7 per cent) had a drug problem when they were living in the hostel.

6.47 When asked if they had injected drugs while living in a hostel, 43 per cent of all ex-residents under 50 said that they had. However, only 10 per cent of the under 50s in the Wave 1 sample reported having injected drugs in the month prior to interview, and this was reported by none of those interviewed in Wave 2.

6.48 Fourteen per cent of the ex-residents under 50 (but none of the over 50s) reported both a drug and alcohol problem at point of Wave 1 interview. Two men reported they had a current drug and alcohol problem at Wave 2.

Social Support

6.49 Table 6.11 summarises ex-hostel residents access to ‘emotional support’ (someone to listen when you need to talk), ‘practical support’ (someone to count on in a crisis), and ‘informational support’ (someone to ask when you are not sure what to do). As can be seen, the great majority of ex-residents reported that they had access to all three of these forms of support at both waves of interview.
Table 6.1: Current social support

<table>
<thead>
<tr>
<th>Social support (percentage saying this support was available)</th>
<th>Wave 1</th>
<th>Wave 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there anyone you can really count on to listen to you</td>
<td>82%</td>
<td>87%</td>
</tr>
<tr>
<td>Anyone you can count on in crisis</td>
<td>79%</td>
<td>82%</td>
</tr>
<tr>
<td>Is there anyone you can ask when not sure what to do</td>
<td>86%</td>
<td>82%</td>
</tr>
<tr>
<td>Base</td>
<td>86</td>
<td>60</td>
</tr>
</tbody>
</table>

Percentages are rounded.

6.50 There was little variation by accommodation type on this measure, but as Table 6.12 shows that there was some variation by age, with ex-residents under 50 more likely to report access to emotional support than older ex-residents, and older ex-residents slightly more likely to report access to informational support. This seems likely to be explained by the different sources of support that older and younger ex-residents reported (see below).

Table 6.12: Current social support by age group

<table>
<thead>
<tr>
<th>Social support (percentage saying this support was available)</th>
<th>Wave 1 (under 50s)</th>
<th>Wave 2 (under 50s)</th>
<th>Wave 1 (over 50s)</th>
<th>Wave 2 (over 50s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there anyone you can really count on to listen to you</td>
<td>90%</td>
<td>96%</td>
<td>75%</td>
<td>79%</td>
</tr>
<tr>
<td>Anyone you can count on in crisis</td>
<td>76%</td>
<td>85%</td>
<td>82%</td>
<td>79%</td>
</tr>
<tr>
<td>Is there anyone you can ask when not sure what to do</td>
<td>85%</td>
<td>77%</td>
<td>87%</td>
<td>85%</td>
</tr>
<tr>
<td>Base</td>
<td>41</td>
<td>26</td>
<td>45</td>
<td>34</td>
</tr>
</tbody>
</table>

Percentages are rounded.

6.51 Access to all these forms of social support was somewhat lower than for men in the general population (see Pevalin and Goldberg, 2003), but as Figure 6.3 demonstrates, there had been strongly positive (net) changes on access to all of three forms of social support since leaving the hostel. Thus the proportion with access to emotional support had risen from 56 per cent to 87 per cent by Wave 2; the proportion with access to practical support had risen from 55 per cent to 82 per cent by Wave 2; and the proportion with access to informational support had risen from 55 per cent to 81 per cent by Wave 2.
Figure 6.3: Specific types of social support available now and when in a hostel

Bases: 89 ex-residents (Wave 1 and hostel) 60 ex-residents (Wave 2). Percentages are rounded.

Table 6.13 demonstrates that the largest gains in access to emotional support were enjoyed by hostel residents under 50, but there were similar gains in access to informational and practical support for those under and over 50 (Table 6.13 is based on Wave 2 findings but the pattern was similar at Wave 1). In total 48 per cent of Wave 1 ex-residents reported that they now had access to at least one form of social support that they had not enjoyed when living in the hostel, and at Wave 2 the proportion was 38 per cent (this slight discrepancy between Wave 1 and Wave 2 appears to be accounted for by sample attrition).

Table 6.13: Changes in access to social support between hostel and Wave 2, by age

<table>
<thead>
<tr>
<th>Social support (percentage saying this support was available)</th>
<th>Under 50</th>
<th>Over 50</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there anyone you can really count on to listen to you</td>
<td>+42%</td>
<td>+16%</td>
</tr>
<tr>
<td>Anyone you can count on in crisis</td>
<td>+31%</td>
<td>+23%</td>
</tr>
<tr>
<td>Is there anyone you can ask when not sure what to do</td>
<td>+27%</td>
<td>+26%</td>
</tr>
<tr>
<td>Base</td>
<td>26</td>
<td>34</td>
</tr>
</tbody>
</table>

Percentages are rounded.
We also investigated the sources of current social support that men had access to. As Table 6.14 shows, the largest single source of social support was workers (64 per cent of ex-residents reported workers as a source of support at Wave 1 and 62 per cent at Wave 2). Professional workers was also the source of support that had most increased since ex-residents had left the hostel, though there had been some increase in support from wider family too. Friends were a significant source of support in Wave 1 (34 per cent) but were not as widely reported as a source of social support at Wave 2 (23 per cent). However, almost one third of the ex-residents who reported friends as a source of social support at Wave 1 were not interviewed at Wave 2, which will in part account for this change. Apparent declines in social support from parents can likewise be attributed largely to sample attrition. Other differences between Wave 1 and Wave 2 were marginal.

<table>
<thead>
<tr>
<th>Source of social support</th>
<th>Hostel</th>
<th>Wave 1</th>
<th>Wave 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partner</td>
<td>1%</td>
<td>1%</td>
<td>5%</td>
</tr>
<tr>
<td>Children</td>
<td>4%</td>
<td>7%</td>
<td>3%</td>
</tr>
<tr>
<td>Parents</td>
<td>11%</td>
<td>17%</td>
<td>5%</td>
</tr>
<tr>
<td>Other family</td>
<td>22%</td>
<td>36%</td>
<td>37%</td>
</tr>
<tr>
<td>Friends</td>
<td>28%</td>
<td>34%</td>
<td>23%</td>
</tr>
<tr>
<td>Worker</td>
<td>45%</td>
<td>64%</td>
<td>62%</td>
</tr>
<tr>
<td>Voluntary groups</td>
<td>1%</td>
<td>6%</td>
<td>5%</td>
</tr>
<tr>
<td>Base</td>
<td>89</td>
<td>89</td>
<td>60</td>
</tr>
</tbody>
</table>

Ex-residents under 50 were far more likely to gain support from parents, wider family and friends than were ex-residents over this age. Conversely, support from workers seemed especially important for older ex-residents over 50, 70 per cent of whom at Wave 1, and 74 per cent at Wave 2, said that they currently gained social support from this source.

We asked all ex-residents how often they saw friends or relatives who did not live in the same place as them. A majority in Wave 1 (53 per cent) saw friends or relatives on most days, and another 22 per cent saw them once or twice a week. Less than one in ten (8 per cent) never saw friends or relatives.

We amended this question slightly in Wave 2 to ask interviewees about seeing friends and relatives excepting anyone that they knew through the hostels. This refers to all three forms of social support.

This was to avoid any spurious apparent increase in social contact because they saw the same people as they did in the hostel but now no longer ‘lived with’ them.
figures were slightly less encouraging: 48 per cent saw friends or relatives on most days and 13 per cent saw them once or twice a week, but 20 per cent never saw friends and relatives. However, the discrepancy between Wave 1 and Wave 2 data on this point appears mainly explained by sample attrition rather than by a substantive decline in contact with friends and relatives.

6.57 In Wave 1, there was a significant difference on this measure according to whether ex-residents were in their own permanent housing or in supported settings—amongst the former, 87 per cent saw friends/relatives on most days or at least one or twice a week, whereas for the latter this figure was 65 per cent (see Table 6.15). None of those in their own permanent housing reported never seeing friends or relatives, but this was true of 15 per cent of ex-residents in supported settings in Wave 1.

<table>
<thead>
<tr>
<th>Meetings with friends or relatives</th>
<th>Wave 1 (permanent housing)</th>
<th>Wave 2 (permanent housing)</th>
<th>Wave 1 (supported accommodation)</th>
<th>Wave 2 (supported accommodation)</th>
</tr>
</thead>
<tbody>
<tr>
<td>On most days</td>
<td>59%</td>
<td>55%</td>
<td>48%</td>
<td>42%</td>
</tr>
<tr>
<td>Once or twice a week</td>
<td>28%</td>
<td>7%</td>
<td>17%</td>
<td>19%</td>
</tr>
<tr>
<td>Once or twice a month</td>
<td>10%</td>
<td>7%</td>
<td>7%</td>
<td>3%</td>
</tr>
<tr>
<td>Less often</td>
<td>3%</td>
<td>21%</td>
<td>13%</td>
<td>7%</td>
</tr>
<tr>
<td>Never</td>
<td>0%</td>
<td>10%</td>
<td>15%</td>
<td>29%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Base</td>
<td>39</td>
<td>29</td>
<td>47</td>
<td>31</td>
</tr>
</tbody>
</table>

6.58 The findings in Wave 2 were somewhat less positive, especially for those in permanent housing: only 62 per cent saw friends and relatives on most days or once or twice a week, and 10 per cent never saw friends or relatives (but do bear in mind the more restrictive wording of the question in Wave 2 and also the sample attrition point above). The findings for those in supported accommodation were more similar between Wave 1 and Wave 2, though a larger proportion of those in supported accommodation in Wave 2 (29 per cent) reported never seeing friends or relatives than those in supported accommodation in Wave 1.

6.59 There appeared to have been a substantial positive change since leaving the hostel on this measure (see Table 6.16). Thus, whereas 43 per cent used to see friends/relatives on most days or once or twice a week, this was now up to 75 per cent in Wave 1, although a little lower at 62 per cent in Wave 2. In the hostel, a quarter (27 per cent) of interviewees never saw friends or relatives, that figure had dropped to 8 per cent by Wave 1, although was somewhat higher at Wave 2 (20 per cent). In all, at Wave 1 51 per cent of ex-residents saw more of family and friends than they did in the hostel, and only 16 per cent saw them less often (with 32 per cent reporting no change). At Wave 2, 45 per cent reported more contact with
friends and relatives than in the hostel, 20 per cent reported less contact and 33 reported the same level of contact (2 per cent did not know).

Table 6.16: Contact with friends and family at point of interview and when in hostel

<table>
<thead>
<tr>
<th>Meetings with friends or relatives</th>
<th>In hostel</th>
<th>Wave 1</th>
<th>Wave 2</th>
<th>Change (by Wave 2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>On most days</td>
<td>29%</td>
<td>53%</td>
<td>48%</td>
<td>+19%</td>
</tr>
<tr>
<td>Once or twice a week</td>
<td>14%</td>
<td>22%</td>
<td>13%</td>
<td>-1%</td>
</tr>
<tr>
<td>Once or twice a month</td>
<td>14%</td>
<td>8%</td>
<td>5%</td>
<td>-9%</td>
</tr>
<tr>
<td>Less often</td>
<td>14%</td>
<td>8%</td>
<td>13%</td>
<td>-1%</td>
</tr>
<tr>
<td>Never</td>
<td>27%</td>
<td>8%</td>
<td>20%</td>
<td>-7%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>-</td>
</tr>
<tr>
<td>Base</td>
<td>88</td>
<td>87</td>
<td>60</td>
<td>-</td>
</tr>
</tbody>
</table>

Percentages are rounded.

6.60 Regression analysis indicated that, other things being equal\(^{36}\), the sole independent influence on increased contact with family and friends was having an alcohol problem, which was negatively associated with such increased contact (only 36 per cent of those with an alcohol problem reported increased contact with friends and relatives, as compared with 60 per cent of other ex-residents). Analysis on Wave 2 did not detect any particular associations, but this is probably due to differences in the Wave 1 and Wave 2 sample.

6.61 In the Wave 2 fieldwork we used qualitative methods to investigate why there had been an improvement or deterioration in contact with family and friends since leaving the hostel. For those that said they now had more contact with family and friends, three reasons were generally cited. The first was that they were not taking drugs now, whereas in the hostel this was a principal part of their lifestyle:

_I was into drugs and that and stealing and they didn’t want to know me. I have my own tenancy and got myself together._ (Ex-resident under 50, Permanent Housing)

6.62 Second, the hostel environment was perceived to restrict residents’ ability to see friends or relatives from outside of that setting, either because visitors were

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\(^{36}\) Factors controlled for in this regression analysis included: current economic status; age; receipt of benefits; general health and changes in general health; whether in supported or permanent housing; current severe mental health problems; improvements in mental health; current drug use; reduction in drug use; alcohol problems; reduction in alcohol use; current financial situation and changes in financial situation; engagement in regular activities; current loneliness; current boredom; whether last stay in hostel was for more than two years; whether stayed in Glasgow hostels for more than five years in total; and whether satisfied with current accommodation.
prohibited in the hostel or simply because it was not a good environment to invite people into:

*I can write to my sister and go to the house but I would have never invited them to the hostel.* (Ex-resident under 50, Permanent Housing)

6.63 Finally, several ex-residents referred to the stigma of living in a hostel having been removed once they moved out, and this made contact with friends and family easier:

*It was an embarrassment being in a homeless hostel.* (Ex-resident under 50, Permanent Housing)

*I never told them where I was staying (in the hostel). I didn’t give them my number or anything.* (Ex-resident over 50, Supported Accommodation)

6.64 For those that had less contact now with family and friends, the most common reason given was that, whereas in the hostel they just wanted ‘to be out’ as much as possible, now they were content to stay at home. Other explanations given were that former contacts had passed away; that their health wasn’t good enough now to allow visits to see friends and family; or simply that they did not wish to be around people.

6.65 We asked a separate question in the Wave 2 interviews about meeting up with people from the hostels (excluding anyone living in their current accommodation). In all 83 per cent of Wave 2 interviewees said that they never saw people that they knew from the hostels, and only 6 per cent (five individuals) said that they saw them daily or once or twice a week.

**Boredom and Loneliness**

6.66 When we asked ex-residents if they ever got bored, around one quarter of both Wave 1 (27 per cent) and Wave 2 interviewees (25 per cent) said that they were ‘often’ bored. This is an improvement on when they were in the hostel, where 43 per cent of interviewees said that they often got bored (see Table 6.17). Overall, at Wave 1, 38 per cent of ex-residents were less bored than when in the hostel (25 per cent at Wave 2), and only 13 per cent were more bored (10 per cent at Wave 2).
Further investigation of the Wave 1 data revealed that, other things being equal, the strongest independent association with feeling bored often or sometimes was loneliness: 87 per cent of those who reported loneliness also reported boredom, compared to 27 per cent of those who did not report loneliness but did report boredom. Age was also a powerful predictor: younger ex-residents under 50 were much more likely to report boredom than those over this age (74 per cent as compared to 38 per cent). In addition, boredom was independently (positively) associated with alcohol problems, being dependent on workers for social support, and having very poor mental health. Boredom was negatively associated with spending extended periods living in Glasgow hostels – only 39 per cent of those who had spent five years or more living in hostels reported boredom, as compared with 62 per cent of others. In Wave 2 the same regression analysis did not detect any independent associations.

Around a fifth of both Wave 1 ex-residents (20 per cent) and Wave 2 ex-residents (22 per cent) said that they ‘often’ got lonely. Again, this was something of an improvement on when they were living in the hostel, when 33 per cent said that they were often lonely (see Table 6.18). Overall, by Wave 1, 28 per cent of ex-residents were less lonely than when in the hostel (26 per cent in Wave 2), and 20 per cent were more lonely (12 per cent in Wave 2). Regression analysis[^38] in Wave 1 detected

[^37]: Factors controlled for in this regression analysis included: current economic status; age; receipt of benefits; general health and changes in general health; whether in supported or permanent housing; current drug use; current severe mental health problems; improvements in mental health; reduction in drug use; alcohol problems; reduction in alcohol use; current financial situation and changes in financial situation; engagement in regular activities; current loneliness; whether last stay in hostel was for more than two years; whether stayed in Glasgow hostels for more than five years in total; whether satisfied with current accommodation; frequency of contact with social networks, and increased social contact; friends, family and workers as sources of social support, and workers as only source of social support; currently no social support of any kind; increases in any kind of social support.

[^38]: Factors controlled for in this regression analysis included: current economic status; age; receipt of benefits; general health and changes in general health; whether in supported or permanent housing; current drug use; current severe mental health problems; improvements in mental health; reduction in drug use; alcohol problems; reduction in alcohol use; current financial situation and changes in financial situation; engagement in regular activities; current loneliness; whether last stay in hostel was for more than two years; whether stayed in Glasgow hostels for more than five years in total; whether satisfied with current accommodation; frequency of contact with social networks, and increased social contact; friends, family and workers as sources of social support, and workers as only source of social support; currently no social support of any kind; increases in any kind of social support.
only an independent relationship between current loneliness and current boredom (see above). The regression results were similar in Wave 2.

Table 6.18: Experience of loneliness at point of interview and when in hostels

<table>
<thead>
<tr>
<th>Experience of loneliness</th>
<th>In hostel</th>
<th>Wave 1</th>
<th>Wave 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Often lonely</td>
<td>33%</td>
<td>20%</td>
<td>22%</td>
</tr>
<tr>
<td>Sometimes lonely</td>
<td>17%</td>
<td>28%</td>
<td>25%</td>
</tr>
<tr>
<td>Only now and again</td>
<td>4%</td>
<td>6%</td>
<td>7%</td>
</tr>
<tr>
<td>Not lonely</td>
<td>45%</td>
<td>46%</td>
<td>47%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>1%</td>
<td>1%</td>
<td>0%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Base</td>
<td>88</td>
<td>87</td>
<td>60</td>
</tr>
</tbody>
</table>

Percentages are rounded.

Quality of Life

6.69 When ex-residents were asked how they felt about their life at point of interview, a clear majority at both Wave 1 (68 per cent) and Wave 2 (72 per cent) reported being very or fairly happy (see Table 6.19). A quarter (26 per cent) had mixed feelings at Wave 1, as did 17 per cent at Wave 2, with a small proportion at each wave reporting being not very happy or not at all happy (6 per cent in Wave 1 and 12 per cent in Wave 2).

6.70 There was no significant difference according to age on this measure in either Wave 1 or Wave 2. However, regression analysis on Wave 1 indicated that, other things being equal\(^{39}\), levels of overall happiness were associated with accommodation type: 81 per cent of those in permanent/mainstream housing reported being very or fairly happy, as compared with 58 per cent of those in supported accommodation projects. The most likely explanation for this is the generally more difficult health and other problems; reduction in alcohol use; current financial situation and changes in financial situation; engagement in regular activities; current boredom; whether last stay in hostel was for more than two years; whether stayed in Glasgow hostels for more than five years in total; whether satisfied with current accommodation; frequency of contact with social networks, and increased social contact; friends, family and workers as sources of social support, and workers as only source of social support; currently no social support of any kind; increases in any kind of social support.

\(^{39}\) Factors controlled for in this regression analysis included: current economic status; age; receipt of benefits; general health and changes in general health; whether in supported or permanent housing; current drug use; current severe mental health problems; improvements in mental health; reduction in drug use; alcohol problems; reduction in alcohol use; current financial situation and changes in financial situation; engagement in regular activities; current boredom; current loneliness; whether last stay in hostel was for more than two years; whether stayed in Glasgow hostels for more than five years in total; whether satisfied with current accommodation; frequency of contact with social networks, and increased social contact; friends, family and workers as sources of social support, and workers as only source of social support; currently no social support of any kind; increases in any kind of social support.
circumstances of those entering supported projects, rather than this being a reflection on their experiences in those projects (see Chapter 5). Another independent association was level of contact with friends or family: 78 per cent of those who saw friends or family at least weekly were very or fairly happy, as compared with 42 per cent of other ex-residents. The same regression analysis in Wave 2 yielded similar results on level of contact with family and friends, though not on accommodation type.

Table 6.19: Feelings about life among the ex-residents

<table>
<thead>
<tr>
<th>Overall how do you feel about life at the moment?</th>
<th>Wave 1</th>
<th>Wave 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very happy</td>
<td>24%</td>
<td>25%</td>
</tr>
<tr>
<td>Fairly happy</td>
<td>44%</td>
<td>47%</td>
</tr>
<tr>
<td>Mixed feelings</td>
<td>26%</td>
<td>17%</td>
</tr>
<tr>
<td>Not very happy</td>
<td>1%</td>
<td>7%</td>
</tr>
<tr>
<td>Not at all happy</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Base</td>
<td>88</td>
<td>60</td>
</tr>
</tbody>
</table>

Percentages are rounded.

6.71 In the Wave 2 interviews we asked ex-residents why they felt very or fairly happy, had mixed feelings or were not very or not at all happy. Of those who said that they were either very or fairly happy, most commonly they couldn’t specify a particular reason for this:

*I enjoy life, I’m quite content.* (Ex-resident over 50, Supported Accommodation)

6.72 Some said that they were happy because of their current accommodation (and thus pleased to be away from the hostel):

*Great, couldn’t be happier. ‘Cos I’m not in the hostel anymore. They were always bawling and shouting and you couldn’t get to sleep.* (Ex-resident over 50, Supported Accommodation)

6.73 Another common response was to refer to a feeling that their lives were now moving in a positive direction:

*I feel that it’s moving in the direction that I never thought it would move in. Now I can see something. I’m setting myself small goals and I’m starting to achieve them.* (Ex-resident under 50, Supported Accommodation)

*On an upward spiral now.* (Ex-resident under 50, Permanent Housing)

6.74 Several others were happy that they were now in contact with family or friends, or emphasised the sense of freedom that they were now experiencing:
Because I'm my own jailer. I can do what I want within reason. I'm a free agent. If want to do something I just go out and do it and that's it. (Ex-resident over 50, Supported Accommodation)

6.75 For the small group who reported feeling not very happy or not at all happy was because every day was the same and life for these ex-residents was not moving on or improving:

Everyday is like groundhog day. Every day is the same...can’t find work. (Ex-resident under 50, Permanent Housing)

I’m not living a life really, just doing the same thing day in and day out. (Ex-resident under 50, Supported Accommodation)

6.76 Perhaps the most important overall finding of this study is contained in Table 6.20. The vast majority of all Wave 1 ex-residents (83 per cent) felt that life was, overall, either ‘much better’ (61 per cent), or ‘better’ (22 per cent), than when they were in the hostel. Only one in ten (11 per cent) thought it was about the same, and 6 per cent thought that it was worse. The overall profile of responses was similarly highly positive in Wave 2, though a slightly higher percentage of Wave 2 interviewees thought that life was about the same (18 per cent) or worse (10 per cent) than in the hostel (this slight change is probably due to sample attrition):

Table 6.20: Views as to whether life was better or worse in the hostel

<table>
<thead>
<tr>
<th>Is life better or worse than in the hostel?</th>
<th>Wave 1</th>
<th>Wave 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Much better</td>
<td>61%</td>
<td>60%</td>
</tr>
<tr>
<td>Better</td>
<td>22%</td>
<td>12%</td>
</tr>
<tr>
<td>About the same</td>
<td>11%</td>
<td>18%</td>
</tr>
<tr>
<td>Worse</td>
<td>6%</td>
<td>10%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Base</td>
<td>88</td>
<td>60</td>
</tr>
</tbody>
</table>

Percentages are rounded.

6.77 Regression analysis on the Wave 1 data indicated that, other things being equal, the strongest independent association was with accommodation type: 98 per cent of

Factors controlled for in this regression analysis included: current economic status; age; receipt of benefits; general health and changes in general health; whether in supported or permanent housing; current drug use; current severe mental health problems; improvements in mental health; reduction in drug use; alcohol problems; reduction in alcohol use; current financial situation and changes in financial situation; engagement in regular activities; current boredom; current loneliness; whether last stay in hostel was for more than two years; whether stayed in Glasgow hostels for more than five years in total; whether satisfied with current accommodation; frequency of contact with social networks, and increased social contact; friends, family and
those in permanent housing reported that things were much better or better, compared to 71 per cent of those in supported accommodation. Again, the explanation for this is likely to be the generally more difficult health and other circumstances of those entering supported projects, rather this being a reflection on their experiences in those projects, and bear in mind that it is still a large majority in supported housing who feel that life is better. There was also an independent association with social networks: 91 per cent of those who saw family and friends at least once a week felt that life was much better or better, as compared to 60 per cent of other ex-residents. There was also an association with receipt of Disability Living Allowance (DLA) (which is probably acting here as a proxy for poor health): 70 per cent of those on DLA reported life was better than in hostel, compared to 90 per cent of those not claiming DLA. Regression analysis on Wave 2 responses produced similar results.

6.78 In the Wave 2 interviews we asked why ex-residents felt that life was better or worse than in the hostel. More than half of those that said their life was better related it to their current accommodation and the contrast with the hostel environment:

*You’ve got your own privacy. No people fighting, banging doors. You can shower without syringes or blood on the walls.* (Ex-resident under 50, Permanent Housing)

*Cos you’ve got peace and quiet. You don’t see drug addicts or alcoholics here.* (Ex-resident over 50, Supported Accommodation)

6.79 Other reasons were that they were away from drugs or alcohol now, just generally feeling more settled, or that they were back in contact with family and friends again:

*Drugs made me a horrible, self-centred, selfish sod. Take that away from me and put a bit of recovery in front of me and I become a normal person that I would have been.* (Ex-resident under 50, Supported Accommodation)

6.80 The small number who said that their life was worse attributed this to missing the camaraderie and social life they experienced while living in the hostel:

*There was always someone there to have a laugh with.* (Ex-resident over 50, Permanent Housing)

6.81 When we asked if there was anything in particular better about their life than when they were living in the hostel, the overwhelming majority (90 per cent) of Wave 1 workers as sources of social support, and workers as only source of social support; currently no social support of any kind; increases in any kind of social support.
interviewees said that there was. Most commonly, they said that having their own place made things much better now, and this was often linked to increased privacy, freedom and respect:

You are a human being when you have a house, I have my credibility back now.  (Ex-resident under 50, Permanent Housing)

6.82 Other examples of specific ways in which life was better included less involvement with drugs, feeling safer, increased family contact, being healthier and or happier now and living in a cleaner environment. Also, around one in eight simply referred to everything about their lives being better:

Everything’s better to be quite honest. (Ex-resident over 50, Permanent Housing)

6.83 We also asked Wave 1 interviewees whether ex-residents missed anything about the hostel. One third (32 per cent) said that there was something that they missed about the hostel, and 68 per cent said that there was not. Missing something about the hostel was not associated with age or type of accommodation that they now lived in. Regression analysis indicated that, other things being equal41, there was some association with seeing friends and family regularly – this made it less likely that an ex-resident would report missing something about the hostel - but this association was relatively weak.

6.84 When we asked those who missed something about the hostel what it was that they missed, almost half of the answers related to the other residents and camaraderie in the hostel. Some mentioned the support provided in the hostel (this was usually the support provided by Loretto Care), the hostel’s location, the food provided, or the sense of freedom it gave. However, these findings should be seen in the context that the great majority of ex-residents in both Waves 1 and 2 said that, overall, life was much better or better than when they were in the hostel, including those who did feel that they missed something from the hostel.

41 Factors controlled for in this regression analysis included: current economic status; age; receipt of benefits; general health and changes in general health; whether in supported or permanent housing; current drug use; current severe mental health problems; improvements in mental health; reduction in drug use; alcohol problems; reduction in alcohol use; current financial situation and changes in financial situation; engagement in regular activities; current boredom; current loneliness; whether last stay in hostel was for more than two years; whether stayed in Glasgow hostels for more than five years in total; whether satisfied with current accommodation; frequency of contact with social networks, and increased social contact; friends, family and workers as sources of social support, and workers as only source of social support; currently no social support of any kind; increases in any kind of social support; whether very/fairly happy.
6.85 In both Waves of interviews we asked ex-residents to name up to three priorities for change in their lives. In both Waves 1 and 2, the majority of ex-residents said there was nothing they would change because they were content as they were, couldn’t think of anything, or they were simply too old for change now. When ex-residents did name something they wished to change, the most common priorities were: an improvement in aspects of their health; to have more money; to find employment; to stop using alcohol or drugs altogether or to cut down on their use; or to move on from their current accommodation:

My health – I’d like to be healthier. (Ex-resident under 50, Supported Accommodation)

Just the money situation. (Ex-resident over 50, Supported Accommodation)

Find a job that’s worthwhile and enables me to be self-sufficient. Everybody wants that. (Ex-resident over 50, Permanent Housing)

Stop drinking altogether - other than that I don’t really know. (Ex-resident over 50, Permanent Housing)

Conclusion

This chapter has reviewed the overall quality of life of ex-residents two-to-three years after leaving the hostel and represents a largely ‘good news’ story about positive change in men’s lives since leaving the hostel. Ex-residents often reported that they felt financially better off, were in better health, drank less, took fewer drugs, saw more of friends and family, and had access to higher levels of social support than they had done in the hostel. Less positively, very few were in paid work, and a large proportion engaged in no regular activities of any kind – loneliness and boredom were still problems for many ex-residents, though both indicators had improved since the men were living in the hostel. One third of ex-residents said that there was something that they missed about the hostel (this was usually the camaraderie with other residents), but almost all said that there was at least one thing better about their lives than living in the hostel (most commonly this related to the privacy, freedom and self-respect associated with having their own place). Perhaps the most important overall finding of this study is that the vast majority of all ex-residents felt that life was ‘much better’ or ‘better’ than when they were in the hostel, and very few felt that it was worse.
CHAPTER 7: Conclusions and Policy Implications

Introduction

7.1 This report presents the findings of a longitudinal evaluation of the outcomes for residents resettled from two of Glasgow’s large-scale, council-run male hostels: Peter McCann House and James Duncan House. These hostels were closed down in July 2006 and March 2008 respectively, representing the final stages of a Hostel Closure and Re-provisioning Programme which had been progressed by the Glasgow Homelessness Partnership since 2003, supported by a Hostel Decommissioning Grant from the Scottish Executive (now Scottish Government).

7.2 The evaluation study commenced in July 2007, and comprised two key elements: interviews with 22 service providers in Glasgow; and a longitudinal survey of ex-residents of these two hostels. In total, 89 ex-residents were interviewed in Wave 1 of the longitudinal survey, and 60 of these ex-residents were re-interviewed in Wave 2 of the survey. Wave 1 interviewees had, on average, left the hostel from which they were resettled 19 months before this first interview (26 months for Peter McCann House, and 14 months for James Duncan House); Wave 2 interviewees had, on average, left the hostel from which they were resettled 33 months before this second interview (38 months for Peter McCann House, and 28 months for James Duncan House). So these findings report on outcomes for hostel residents between one to three years after they left the relevant hostel.

Research Findings

7.3 This evaluation study has confirmed what was already known about the extreme disadvantage of residents of the large-scale hostels in Glasgow. This is a group characterised by disengagement from the labour market, benefit dependency, troubled personal histories, low educational attainment, poor health, drug and alcohol problems, and extensive experience of homelessness. The extremely troubled nature of the personal histories of ex-residents aged under 50 was particularly striking, with large proportions of this group having experienced prison, local authority care, disrupted education, rough sleeping, and drug problems.

7.4 However, the key conclusion to emerge from this report is that there is a largely ‘good news story’ to tell with respect to positive change in these men’s lives after leaving the hostel from which they were resettled.

7.5 To begin with, the housing outcomes for the ex-residents interviewed were generally very positive. The great majority of ex-residents interviewed were happy with the
accommodation that had been arranged for them on moving out of James Duncan House/Peter McCann House, and most were still living in this accommodation at point of Wave 1 and also Wave 2 interview. Only a small minority of those interviewed had experienced homelessness again after being resettled from the hostel, and very few had slept rough. The great majority of all ex-residents liked their current accommodation, felt safe in it, were satisfied with the facilities, neighbourhood, space standards, and furnishings. Those in supported accommodation found the staff helpful, and generally did not have a problem with the other residents. Ex-residents in permanent housing generally felt that they were managing fine in running their own home, though problems were reported by some, especially with financial management. There was little evidence of problems with neighbours. The main negative findings on accommodation were associated with disrepair and dirtiness of properties when those in permanent housing first arrived.

7.6 Most ex-residents said that all of their support needs were currently met, but a minority reported that they had some form of current unmet need. The nature of these self-identified unmet needs varied widely, but mainly related to practical issues such as help with managing money and debt. The majority of all ex-residents saw at least one professional worker regularly (most commonly housing support workers), and these workers were generally highly rated by ex-residents. However, by the Wave 2 interview one quarter of all ex-residents reported no contact with support workers; most of this group were aged under 50 and living in permanent housing.

7.7 The findings were generally very encouraging with respect to changes in ex-residents’ wider quality of life since leaving the hostel. For example, large numbers of ex-residents said that they were coping better financially than they had done in the hostel, and only a small minority said that they were now coping less well financially. Similarly, ex-residents were far more likely to report an improvement than a deterioration in both their physical and in their mental health since leaving the hostel. Perhaps most encouraging of all was the strong and consistent evidence of a decline in drug and alcohol use amongst most ex-hostel residents. Ex-residents often linked their improved health and finances to this decrease in their drug and alcohol use.

7.8 Substantial increases were also reported by ex-residents in access to ‘emotional support’ (someone to listen when you need to talk), ‘practical support’ (someone to count on in a crisis), and ‘informational support’ (someone to ask when you are not sure what to do) since leaving the hostel. There were particularly large increases in those who reported workers as a source of at least one of these forms of social support (especially for older ex-residents), but family members were also more likely to provide social support to ex-residents than had been the case when they were living in a hostel (this was especially true for younger ex-residents, who reported much improved access to emotional support compared with when they were in the
hostel). Linked with this, ex-residents were far likelier to see more rather than less of their friends and family than they had done when living in the hostel. They often attributed these better relationships with family and friends to being away from the stigma and restrictions of the hostel environment and to drink less/taking fewer drugs.

7.9 Less positively, very few ex-residents were in paid work, and a large proportion engaged in no regular activities of any kind. Their ‘typical days’ were often highly repetitive and quite solitary. Loneliness and boredom were still major problems for many ex-residents, though both indicators had improved somewhat since the men were living in the hostel.

7.10 One third of all ex-residents said that there was something that they missed about the hostel (this was usually the camaraderie with other residents), but almost all said that there was at least one thing better about their lives than when living in the hostel (most commonly this related to having their own place).

7.11 Perhaps the most important overall finding of this study is that the great majority of all ex-residents felt that life was, overall, either ‘much better’, or ‘better’ than when they were in the hostel. Only very small numbers thought that it was worse. The main reasons given for this improvement in their quality of life was the privacy, independence and self-respect of having their own place; being away from the drugs, alcohol and violence in the hostels, and thus feeling healthier and safer; and in some instances being back in touch with family and friends.

7.12 It is interesting to place these findings in the context of service providers’ concerns about the challenges that might be faced by ex-residents after resettling into the community. Most service providers thought that loneliness and boredom would be the biggest problems, and indeed these do remain important concerns for many ex-residents, though as noted above there has been some positive change even in these indicators since they left the hostel. The strongly positive findings on increased access to social support since ex-residents left the hostel should also be noted, particularly with respect to the emotional support available to those aged under 50. On the other hand, fears about lack of engagement in employment or structured activities have been borne out to a large extent. The other main concern related to the practicalities of running a home, and while most ex-residents in permanent housing felt that they were managing well, some did report problems with managing money and debt. There were also some concerns about ex-residents access to mainstream services, especially social work services, in the community. But as just noted, most ex-residents did see at least one worker regularly, and levels of self-
identified unmet need for support (other than for practical support) were low\textsuperscript{42}. With respect to service providers’ overall criteria for ‘successful resettlement’ – improvements in general quality of life – there is a clear finding from the evaluation study that this has been realised for the vast majority of ex-residents.

**Policy and Practice Implications**

7.13 A series of policy and practice implications arise out of the findings of this study, many of which are relevant beyond Glasgow to other cities contemplating the closure of large-scale hostels. The key messages were as follows:

- the largely positive outcomes for the ex-residents interviewed in this study strongly support the policy of closure of large-scale hostels\textsuperscript{43}. The great majority of ex-residents experienced an improvement in their quality of life on leaving the hostel, and the negative effects of hostel closure on these ex-residents were relatively limited.

- it was particularly encouraging that, even for men who had been in hostels for very long periods of time, who had severe ongoing alcohol or drug problems, or were for other reasons thought to be ‘lost causes’, their quality of life and health could be improved considerably with appropriate rehousing and resettlement support.

- the findings to a large extent endorse what is now broadly referred to as a ‘Housing First’ approach to the resettlement of single homeless people, that is, an approach which emphasises moving homeless people directly into ordinary housing, with individually tailored ‘floating’ support provided on a flexible basis.

- however, the findings also indicate that there will be a continuing need for ‘permanent supportive housing’ for a minority of single homeless people, particularly older men with alcohol problems who have lived in hostels for long periods. Some in this group require intensive support, while others simply do not want to live on their own and require ‘smaller, cleaner’ collective accommodation.

- there also seems to be an important role for more explicitly transitional accommodation, particularly for some younger men who appreciate the opportunity to acquire lifeskills in a supportive setting. However, it should be

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\textsuperscript{42} Though it should be noted that levels of self-identified unmet support needs are often very low in this type of research, and are likely to represent something of an under-estimate (see Please et al, 2008).

\textsuperscript{43} Bear in mind that these policy and practice implications are based on outcomes for ‘ring-fenced’ hostel residents given access to extensive resettlement support. See the parallel report by Quilgars & Bretherton (2009) for the implications for ‘new presenters’ coming into the homelessness system after hostel closure.
noted that support needs can go up as well as down, and insofar as possible there should be flexibility built into these residential models so that individuals should be able to remain in collective accommodation where they feel settled, even if their support needs (and wants) vary over time.

- the large differences in outcomes and experiences for older and younger men should be noted, particularly with respect to social support networks. While it seems that younger men can often rebuild their support networks once they are in stable accommodation and have their drug/alcohol problems under control, older men with long homelessness histories will often continue to be far more dependent on professionals for social support.

- there needs to be far more emphasis on work, training, education and other purposeful activity than was achieved in the Glasgow re-provisioning programme. This is particularly true for younger men where such activities could do much to combat loneliness, boredom and lack of structure, even if integration into the mainstream labour market is not always a realistic goal.

7.14 The closure and re-provisioning programme with respect to these two Glasgow hostels was on the whole successful because there was:

- high level political support (at national and local levels);
- a strong central role played by the Glasgow Homelessness Partnership and the hostel closure team;
- access to a large stock of mainstream social housing (albeit of variable quality);
- generous levels of resources, particularly with respect to commissioned accommodation services, specialist health and other support services for homeless people, furniture packages for those moving into mainstream housing, and the extensive housing support provided in the hostels to assist with the resettlement of residents; and
- a programme of detailed assessments carried out on individual hostel residents by an experienced, multi-disciplinary team.

Not all cities in the UK and elsewhere which wish to close down large-scale hostels will have all of these elements in place and thus hostel closure may be more difficult to conduct successfully than it has been in the Glasgow case.
References


Appendix 1: Topic Guide for Interviews with Service Providers

Introductions. Explain research, confidentiality, and ask for permission to record. Consent form.

1. Personal/agency background

- Personal – job title/roles; professional background; how long in post
- Agency – purpose/nature; staffing; client group; funding sources, etc (as appropriate)
- How agency fits in to Glasgow service network

2. Knowledge/involvement with the Glasgow hostel closure programme

- What if any role (if any) your agency has played in the hostel closure programme? - providing assessments; accommodation; support (specialist/mainstream); other assistance to ex-residents?
- How close are you personally to the hostel closure programme? Directly involved in policy development/implementation? Have an overview of what is going on? Can only really comment on specific elements?
- What do you see as the key challenges/problems faced by hostel residents who are being resettled into the community?
- (If appropriate)Can you take me through a ‘typical’ resettlement process for a James Duncan House/Peter McCann House resident? What are the key stages/elements? What order do things happen in? Who is involved and what is their role? How are/should the activities of the various agencies be coordinated (role of ‘care manager’)? What are the arrangements for onward referral/information sharing (especially on ‘high risk’ individuals – sex offenders, arsonists, those with a history of violence, etc.) What say do/should the residents have in it all?

3. The effectiveness of the programme – individual level

If you have contact with individual ex-residents ...

- Are they generally doing well or are some struggling? Would you say that their overall quality of life has improved or deteriorated after leaving the hostel (probe in what ways improved/deteriorated)? Which (if any) elements of resettlement
have worked particularly well? Which (if any) elements have not worked as well? Has resettlement been more successful for some than others/problems for particular groups?

- **Was resettlement a positive process for most of them?** Do you think they got enough/appropriate support in preparing for leaving the hostel? Do you think they got enough a say/choice about what happened to them? How accurate were the initial assessments of their support needs? Were initial accommodation placements generally appropriate?

- Are resettlement services ‘sticky’ enough in supporting ex-residents, or do people sometime get ‘lost’ when they are moved in to the community? Are ex-residents generally getting the specialist support they need (e.g. with alcohol, ARBD, drugs, mental health, complex needs, etc)? Are they generally well integrated with mainstream health/social work/housing support services in their local communities? Does all this vary across the city?

- **How would you define ‘successful resettlement’?** What do you think are realistic goals for ex-hostel residents? Does it differ for different groups of ex-residents? (Probe – accommodation; health; social support/integration into community; employment/purposeful activity; financial situation)

- **What makes the difference between success/failure in the resettlement of individual ex-residents?** (probe – individual characteristics/experiences; accommodation/neighbourhood characteristics; social support/networks; specialist support/effective joint working, etc)

4. The effectiveness of the programme – strategic/policy level

Thinking now of broader strategic/policy issues...

- **Overall, do you feel that the programme has worked well?** Which (if any) elements have worked particularly well? Which (if any) elements have not worked as well?

- Do you see any particular gaps/weaknesses in the programme/resettlement support? How should these be addressed? Whose responsibility to address them?

- **Are all relevant agencies ‘pulling their weight’, or are some failing to fulfil their responsibilities?** Is joint delivery of health and social care working well for homeless people within the CHCPs? What about joint working with other relevant agencies (e.g. housing associations, voluntary sector, Benefits Agency, police, etc.) Are there tensions/rivalries between agencies that cause problems? Is all this variable across the city?
• Are resources sufficient or a problem? In what ways/in what areas?

• *(If appropriate)* Do you see any ex-residents coming back in to the homelessness system? What are the reasons? Could this have been avoided? How?

• Overall, do you think it was the right thing to do to close the hostels? Looking to the future, do you see things moving/continuing to move in a positive direction? Any problems on the horizon?

5. Further assistance with the research

• Explain that hoping to locate most ex-residents through HART database, but may have to go through agencies to find some – could they/their agency help with this? Explain consent procedure

• Explain longitudinal element and how hope to track ex-residents over 2-3 years, and role of agencies this – would they/their agency be willing to help with this? Explain about consent procedure/permission to locate forms
Appendix 2: Questionnaire for former residents of Peter McCann House and James Duncan House  Wave 1

ABOUT YOU

Name: Can I please just confirm that you are [name of interviewee]? (Record name once confirmed and check database)

Age: Firstly, please tell me your age on your last birthday (record age)

Origin1: Are you originally from Glasgow?

1. Yes
2. No – where from? (record)

Origin2: Where have you lived for most of your adult life? (record) [Interviewer – just note if have moved around too much to say]

Origin3: Apart from Glasgow, how many towns, cities or other places have you lived in since age 16? [Interviewer can add: I only need a rough guess, if you’re not sure exactly how many] (record) (Name and number of places)

Marit: Can I ask if you are: (record one only)

1. Married/cohabiting/long-term partner (Interviewer - this category takes precedence over the others)
2. Divorced/separated
3. Widowed
4. Single (never married)
-2 Refused

Child1: Do you have any children?

1. Yes
2. No
-2 Refused

If yes, ask Child 2 and 3

Child2: How many children/grandchildren do you have? (record)
Child 3: What age(s) are they? (record)

CURRENT ACCOMMODATION
Wholiving: Can I just ask if you are living alone or sharing with anyone at the moment? (record one only)

1. Living alone
2. Living with partner
3. Living with partner and child/children
4. Living with children (only)
5. Living with parents
6. Living with other family
7. Living with friends
8. Living with other people in a project/hostel/supported accommodation
9. Living with others in a flat etc.
10. Other (record)

Current1: Can I check what sort of place it is you are living in at the moment? (record one only)

1. Permanent housing of your own – social rented
2. Permanent housing of your own – private let
3. Permanent housing of your own – owner occupied
4. Temporary furnished flat
5. Supported accommodation project – scatter flat please specify (record)

6. Supported accommodation project – flat in project please specify (record)

7. Supported accommodation project – room in project please specify (record)

8. Hostel – please specify (record)

9. Clyde Place (assessment centre)
10. Bed & Breakfast
11. In a partner’s (wife, girlfriend, etc.) flat/house
12. (Other) family/friends house
13. Rehab/detox
14. Hospital
15. Registered care home or registered nursing home
16. Sheltered housing
17. Currently sleeping rough
18. Other (record)

If living in project/hostel/B&B/Clyde Place ask current 2-11
If living in own permanent housing or temporary furnished flat ask current 12
Current2: Do you have to share any of the following? (read out - record all that apply)

1. Bathroom/toilet
2. Bedroom
3. Living room/living area
4. Kitchen/kitchen area
5. None

Current3: Do you ever run into any problems because of the other people living in your accommodation? (probe fully - record all that apply)

1. Lack of privacy
2. Noise from these other people
3. Behaviour of these other people - general
4. Behaviour of these other people – specific mention of drug/alcohol use
5. Other people not clean/hygienic
6. Don’t like others - general
7. Theft of/damage to possessions
8. Need to wait for bathroom or kitchen facilities/available at inconvenient times
9. Too many people/not enough space for people to share
10. No – no problems
11. Other (record)
12. No other people live in my accommodation

Current4: Are you allowed to occupy this accommodation all day if you want, or are there regular times when you are not allowed to stay in?

1. Yes – able to occupy all day
2. No – regular times not allowed to stay in
-1 Don’t know

Current5: Are you allowed visitors?

1. Yes
2. No
-1 Don’t know

Current6: How helpful are the staff here?

1. Very helpful
2. Quite helpful
3. Neither helpful nor unhelpful
4. Quite unhelpful
-1 Don’t know

Current7: Can you explain why you think helpful/unhelpful? (record verbatim)
Current8: How do you get on with the other residents here?

1. Very well
2. Quite well
3. Neither well or badly
4. Quite badly
5. Very badly
6. There are no other residents in my accommodation
-1 Don’t know

If quite/very badly, ask Current 9

Current 9: Can you explain why you don’t get on with the other residents? (record verbatim)

Current10: Are any meals provided for you in your accommodation?

1. No meals provided
2. Breakfast only
3. Breakfast and dinner
4. Breakfast, lunch and dinner

Current11: Is your laundry done for you in your accommodation?

1. Yes
2. No

If living in own permanent housing or temporary furnished flat ask current12

Current12: How are you finding running your own home? [Interviewer – if clarification needed, mention cooking, cleaning, paying bills, etc]

1. Easy – no problems
2. Mainly OK – but some problems (please specify) (record verbatim)
3. Difficult – lots of problems (please specify) (record verbatim)
-1 Don’t know
Ask current13 for all respondents.
Current13: I would like to read you a list of things about where you live now and ask you to say whether or not they are true for you [Interviewer: Check respondent understands by using simple example, if you appropriate] (read out - record yes/no/don’t know/not applicable for each)

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<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Don’t know</td>
<td>N/a</td>
</tr>
<tr>
<td>I have enough space</td>
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<tr>
<td>It is too noisy for me</td>
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<tr>
<td>It is warm enough</td>
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<tr>
<td>It was dirty when I first arrived</td>
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<tr>
<td>There is damp in places</td>
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<tr>
<td>It is infested (mice, rats, cockroaches, fleas, etc.)</td>
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<tr>
<td>It is in poor repair</td>
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<tr>
<td>It is well furnished</td>
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<tr>
<td>Bathroom facilities are good</td>
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<tr>
<td>Kitchen/cooking facilities are good</td>
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<tr>
<td>Laundry facilities are good</td>
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<tr>
<td>I am close enough to shops, pubs, transport, other amenities</td>
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<tr>
<td>I feel that this is a settled home for me</td>
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<tr>
<td>Overall, I like living in this neighbourhood (harmonised with BHPS)</td>
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</tbody>
</table>

Current14: How safe do you feel when you are alone in your home at night? Would you say you feel: (record one only) (harmonised with SHS)

- 1. Very safe
- 2. Fairly safe
- 3. A bit unsafe
- 4. Very unsafe
- -1 Don’t know

Current15: How safe do you feel walking alone in your neighbourhood after dark? Would you say you feel (record one only) (harmonised with SHS)

- 1. Very safe
- 2. Fairly safe
- 3. A bit unsafe
- 4. Very unsafe
- -1 Don’t know

Current16: Is there anything you particularly like about living in your accommodation? (record verbatim)

Current17: Is there anything you particularly dislike about living in your accommodation? (record verbatim)
ACCOMMODATION HISTORY

**History1:** I’d like to look back a bit now and ask you now about the different kinds of places you have lived in between age 16 and where you live now. [Interviewer – check where relevant that not referring to current accommodation]

Have you ever lived in? (read out - record all that apply)

- 1. A permanent council/housing association flat/house - where you were tenant (or joint tenant)
- 2. A private rented flat/house – where you were tenant (or joint tenant) (including shared flats)
- 3. An owner occupied flat/house – where you were owner (or joint owner)
- 4. A friends’ or relatives’ flat/house because you had no home of your own
- 5. A Bed & Breakfast or hotel because you had no home of your own
- 6. Slept rough

If slept rough ask History 2

**History2:** How long did you sleep rough for in total? [Interviewer: just need rough estimate across all episodes of sleeping rough] (record)

History3: I’d like to ask you about your experience of staying in hostels. Can you tell me which Glasgow hostels you have stayed in? And have you stayed in hostels outside of Glasgow? (probe fully - record all that apply)

- 1. Peter McCann House (Kyle Street)
- 2. James Duncan House (Bell Street)
- 3. Robertson House (Broad Street)
- 4. Norman Street
- 5. Laidlaw House (Cheapside Street)
- 6. Great Eastern Hotel
- 7. Bellgrove Hotel
- 8. Monteith Hotel
- 9. Kingston Halls (Talbot Association)
- 10. Hope House (Salvation Army)
- 11. Bishopbriggs Resettlement Unit
- 12. Other hostels in Glasgow – please specify (record)
- 13. Hostels outside Glasgow

History4: In total, how much time have you spent living in hostels in Glasgow? [Interviewer: just need rough estimate across all episodes of hostel living] (Record in years and months)

History5: Which of these places did you live in last/most recently (record one only)

- 1. Peter McCann House (Kyle Street)
- 2. James Duncan House (Bell Street)

History5a: When did you move out (Record month/year)


History 6: How long had you lived in [answer to History5] before you moved out? [Interviewer: if they have stayed in [answer to History5] more than once, just need length of most recent stay before they moved out, unless they were a post-resettlement ‘returner’ in which case its stay before that] (Record in years and months)

History 7: Was new accommodation arranged for you when you left [answer to History5] or did you find it yourself?

1. Was found for me
2. Found myself

History 8: What sort of accommodation did you move to? (record only one)

1. Permanent housing of your own – social rented
2. Permanent housing of your own – private let
3. Permanent housing of your own – owner occupied
4. Temporary furnished flat
5. Supported accommodation project – please specify (record)
6. Supported accommodation project – flat in project – please specify (record)
7. Supported accommodation project – room in project – please specify (record)
8. Hostel – please specify (record)
9. Clyde Place (assessment centre)
10. Bed & Breakfast / hotel
11. A partner’s (wife, girlfriend, etc.) flat/house
12. Family/friends
13. Rehab/detox
14. Prison/custody
15. Hospital
16. Care home or nursing home
17. Sheltered housing
18. Slept rough
19. Other (record)

History 9: Is this where you still are: 

1. YES
2. NO

If no, ask History 10: if yes, go to History 11
History10: What other sort of places did you stay in between leaving [answer to History8] and moving in to where you live now (probe fully - record all that apply)

1. Permanent housing of your own – social rented
2. Permanent housing of your own – private let
3. Permanent housing of your own – owner occupied
4. Temporary furnished flat
5. Supported accommodation project – please specify (record)
6. Hostel – please specify (record)
7. Clyde Place
8. Bed & Breakfast hotel
9. A partner’s (wife, girlfriend, etc.) flat/house
10. Family/friends
11. Rehab/detox
12. Prison/custody
13. Hospital
14. Care home or nursing home
15. Sheltered housing
16. Slept rough
17. Other (record)
18. None

History 10a: (Where relevant) How long have you been living in your present accommodation?

History11: In total, how much time (if any) have you spent sleeping rough since leaving [answer to History5]
[Interviewer: just need rough estimate across all episodes of sleeping rough since leaving JDH/PMH]

1. Haven’t slept rough at all
2. Record length of time

I’d like now to ask you a little bit about when you were still in the hostel and getting ready to move out.

RESETTLEMENT AND SUPPORT
Assess1: Did you feel that you were given all the information you needed about what was going to happen when you moved out of [answer to History5]?

1. Yes
2. No
3. Sometimes
-1 Don’t know

Assess2(a): Were you given a choice over:
The type of accommodation:

1. Yes
2. No
Assess2(b): Were you given a choice over:

The area of accommodation:

1. Yes
2. No
-1 Don’t know

Assess3: Were you happy with the accommodation you were given?

1. Yes
2. No

Assess4: Why/why not? (record)

Assess 5: Overall, did you feel that people were always looking after you/making sure you were alright when you were moving out of [answer to History5] and in to your new accommodation?

1. Yes, always felt supported
2. Yes, usually felt supported
3. Mixed – sometimes felt supported, sometimes not
4. No, often felt neglected
5. Other – please specify
-1 Don’t know

Supportnow1: Do you need help with any of these things at the moment? If yes, are you getting it? (read out – record all that apply and code as 1) Yes, and getting it. 2) Yes, not getting it. 3) No, not getting it; 4) No, don’t need it. -1) Don’t know

<table>
<thead>
<tr>
<th>Finding a new home</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>-1</th>
<th>-3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes (getting it)</td>
<td>Yes (not getting it)</td>
<td>No (not getting it)</td>
<td>No (getting it even though don’t need it)</td>
<td>Don’t know</td>
<td>N/A</td>
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<tr>
<td>Getting furniture or things like a fridge, cooker or washing machine</td>
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<tr>
<td>Repairs to your home/decorating</td>
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<tr>
<td>Managing money and dealing with debts</td>
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<tr>
<td>Cooking, cleaning and running a home</td>
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<tr>
<td>Someone to help you fill in official forms/apply for benefits/speak for you to official people</td>
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<tr>
<td>Getting to see a doctor/other health services</td>
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<tr>
<td>Getting to see a social worker/other support services</td>
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</tbody>
</table>
Supportnow2: Are you getting all the help you need at the moment or are there other types of help you would like? (if no ask Supportnow3)

1. Yes
2. No

Supportnow3: What sort of help would you like that you are not getting? (record)

Supportworkers1: Now I’m going to read out a list of professionals and I want you to tell me whether you are seeing any of them regularly at the moment. (record yes/no/don’t know for each) (Interviewer- use explanations in italics if respondent is not sure) For each professional they are seeing ask them to rate helpfulness on a scale of 1-5 (1 being very unhelpful, 5 being very helpful)

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>-1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing support worker(s) (this is someone who might help you with finding a new place to live, help with getting you to see a doctor or social worker, help you sort out bills, or help you claim benefits, or getting help with employment and training).</td>
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<tr>
<td>Social worker(s)</td>
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<tr>
<td>Drug worker(s) (someone who would help with getting you off a drug like heroin)</td>
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<tr>
<td>Alcohol workers (someone who would help with getting you to drink less or stop drinking)</td>
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<tr>
<td>CPN (Community Psychiatric Nurse) or counselor who helps with problems due to depression, anxiety or other mental health problems</td>
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<tr>
<td>Psychologist or psychiatrist (someone from the health service who helps with mental health problems by talking to you, they might also give you drugs)</td>
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<tr>
<td>Occupational Therapist (someone who might help you with equipment and advice if you’ve had an injury or you have trouble walking around or doing things for any reason like an illness or disability or helps you with life skills e.g. cooking, shopping etc.)</td>
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<tr>
<td>Other worker(s) (please specify type if possible, if not name and we can work out who they are later)</td>
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</tbody>
</table>
Supportworkers 2: Has your contact with any of these types of workers changed from when you were in [answer to History 5]? (record all changes)

GP: Are you registered with a local GP where you live now?

1. Yes (note if Hunter Street)
2. No
-1 Don’t know

ECONOMIC STATUS, FINANCES AND MEANINGFUL ACTIVITY

Education: Do you have any of the following qualifications? (read out - record all that apply)

1. Degree level qualification
2. Higher(s) (or English equivalents)
3. O’Grades or Standard Grades (or English equivalents)
4. NVQ, City And Guilds or any other ‘vocational’ qualifications
5. Other qualifications/or have a trade like building, plumbing, mechanic etc. etc. (record)

6. No qualifications

Literacy: How good are you at reading when you need to in daily life? (For example: reading newspapers and magazines or instructions for medicine or recipes?) [Interviewer: read out except ‘no opinion’] (record one only) (Harmonised with 2003 Skills for Life survey)

1. Very good
2. Fairly good
3. Below average
4. Poor
5. Cannot read
6. No opinion (do not prompt)
-1 Don’t know

Numeracy: And how good are you at working with numbers when you need to in everyday life? For example working out your wages or benefits, or checking bills and statements? [Interviewer - read out, except ‘no opinion’] record one only (Harmonised with 2003 Skills for Life survey)

1. Very good?
2. Fairly good?
3. Below average?
4. Poor?
5. No opinion (Do not prompt)?
-1 Don’t know
**Econstat1**: Can I just check, which of these categories best describes you at present? *(Harmonised with General Household Survey, 2005, Household and Individual Questionnaires)*

1. Working full-time
2. Working part-time
3. Unemployed
4. Student (incl. pupil at school, those in training)
5. Looking after family/home
6. Long-term sick or disabled
7. Retired from paid work
8. Not in paid work for some other reason *(record)*

*If working full or part-time go to Employtype, Employearn, otherwise Employhis*

**Employtype**: What sort of job do you do?

**Employearn**: How much do you earn per week *(record and probe if this includes tax credits, and if so the breakdown of earnings and tax credits)*

**Econstat2**: Which category best described you when you lived in [answer to History5] *(read out — record one)* *(Harmonised with General Household Survey, 2005, Individual Questionnaires)*

1. Working full-time
2. Working part-time
3. Unemployed
4. Student (incl. pupil at school, those in training)
5. Looking after family/home
6. Long-term sick or disabled
7. Retired from paid work
8. Not in paid work for some other reason

**Employhis**: Thinking of the whole period between leaving school or college and today, which of these statements would you say apply to you? *(just ask open question and probe ‘working pattern’, recording the category that best fits. If ‘never worked’ record as ‘None of these apply to me’ and specify that have never worked. Also specify any other ‘none of these apply to me’ patterns)* *(Harmonised with DWP 2003 research on Repeat Jobseeker’s Allowance spells)*

1. I have spent most of my working life in steady, long-term jobs
2. I have spent most of my working life self-employed
3. I have mainly done casual, short term or seasonal work
4. I have spent more time unemployed than in work
5. I have been in and out of work several times
6. I have spent a lot of time out of work because of sickness or injury
7. I have spent a lot of my adult life looking after family or the home
8. None of these apply to me [Please specify]
If retired or employed, go to Benefits; otherwise ask Barriers 1 & 2

**Barriers 1:** A range of things can make it difficult for people to take up work. Is there anything in particular that makes it difficult for you to take up a job (record verbatim) Probe fully and record all barriers mentioned

**Barriers 2:** Has any of this changed since you were in [answer to History 5]? That is, do you think you have more or less barriers to work than when you were in the hostel? (record verbatim)

**Employlike:** If you were able to work what kind of job would you like to do? That is, do you think you have more or less barriers to work than when you were in the hostel? (record verbatim)

**Benefits:** Which benefits do you [or your household] currently receive? (probe fully - record all that apply)

1. Incapacity Benefit
2. Income Support
3. Jobseeker’s Allowance
4. Disability Living Allowance or Attendance Allowance
5. Severe Disablement Allowance
6. State Pension
7. Pension Credit
8. Working Tax Credit
9. Other (record)
10. Receives no benefits

**Financial manage 1:** How well would you say you yourself are managing financially these days? Would you say you are (read out - record one only) (harmonised with BHPS)

1. Living comfortably
2. Doing alright
3. Just about getting by
4. Finding it quite difficult
5. Finding it very difficult
-1 Don’t know

**Financial manage 2:** Are you managing better, worse or around the same as when you were living in [answer to History 5]?

1. Better
2. Worse
3. The same

**q6bank:** Do you have a current account with a bank, building society, Grand Savings Bank (Big Issue) or other organisation?

1. Yes
2. No
Active1: Are you involved in any of the following sorts of activities? (read out – record all that apply)

1. Working as a volunteer (doing what? record)

2. Courses that help people get ready for work (e.g. Move On, BUDS (Building Up and Developing Skills))

3. Participating in any sports or fitness activities/clubs

4. Any arts-based projects (music, drawing, painting, theatre etc.) (e.g. FabPad)

5. Visiting local pub/social club regularly

6. Service User Involvement Team (GHN)

7. Any other activities (record)

Active2: Has this changed since you lived at [answer to History5] (record all changes)

Interviewer: I am now going to ask you a little bit about some more sensitive subjects. As I said at the beginning you can choose not to answer any questions and you can stop the interview any time you like.

CAUSATION

Reasons: People often move into a hostel for a mix of reasons. Can you tell me in your own words why you first became homeless (probe fully – record all that apply)?

1. Relationship breakdown with someone you were living with
2. Private tenancy came to an end
3. (Other) eviction/threatened eviction by landlord
4. Abandoned property
5. Alcohol problems made it hard to keep accommodation
6. Drug problems made it hard to keep accommodation
7. Mental health problems made it hard to keep accommodation
8. Physical health problems made it difficult to live independently
9. Left local authority care
10. Went to or left prison
11. Lost a job
12. Bereavement
13. Harassment, anti-social behaviour or crime that you were involved in
14. Harassment, anti-social behaviour or crime from other people in local area meant had to leave
15. Repossessed or threatened with repossession (owner occupation)
16. Housing was in such poor condition had to leave
17. Housing was so overcrowded had to leave
18. Parents put me out
19. Rent arrears
20. Other (record verbatim)
Don’t know
-2 Refused

If reasons includes relationship breakdown ask Break1 and Break2

Break1: Who was this relationship breakdown with?
1. Partner/wife/girlfriend
2. Parent/step-parent/foster carer
3. Other members of family
4. Friends
5. Other person (record)

If reasons includes eviction ask Evict1 and Evict2

Evict1: Were you evicted/threatened with eviction from…(record one only)
1. A council/housing association flat/house
2. A private rented house/flat

Evict2: Why were you evicted or threatened with eviction? (probe fully – record all that apply)
1. Rent arrears
2. Anti-social behaviour or criminal activity
3. Went into prison
4. Other reason – please specify (record)

-1 Don’t know
-2 Refused

If reasons included abandonment ask Abandon 1&2

Abandon1: Did you abandon… (record one only)
1. A council/housing association flat/house
2. A private rented house/flat

Abandon 2: Why did you abandon this house/flat? (record verbatim)
Personal: The next section is about some of the experiences you may have had in your life. I'm going to ask about a number of situations and, for each one, I would like you to tell me whether it has ever applied to you. (interviewer – if necessary ask: Has this ever applied to you?)

<table>
<thead>
<tr>
<th>Situation</th>
<th>1. Yes</th>
<th>2. No</th>
<th>-1. Don’t know</th>
<th>-2. Refused</th>
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</thead>
<tbody>
<tr>
<td>My family spent some time homeless when I was a child</td>
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<td>I missed a lot of school as a child</td>
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<tr>
<td>I spent time in care as a child</td>
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<td>I've been in the armed forces</td>
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<td>I have never had a settled home as an adult</td>
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<tr>
<td>I have been in prison or a young offender’s institute</td>
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<tr>
<td>I have been admitted to a mental hospital or ward</td>
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HEALTH AND SOCIAL SUPPORT
I am going to ask you a bit about your health.

Health: How is your health in general? Would you say it was… (read out - record one only) (Harmonised with Scottish Health Survey)

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Very good</td>
</tr>
<tr>
<td>2.</td>
<td>Good</td>
</tr>
<tr>
<td>3.</td>
<td>Fair</td>
</tr>
<tr>
<td>4.</td>
<td>Bad</td>
</tr>
<tr>
<td>5.</td>
<td>Very bad</td>
</tr>
<tr>
<td>-1.</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

Healthchange2: Is your health better, worse or about the same as when you were living in [answer to History5] (read out – record one only)

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Better</td>
</tr>
<tr>
<td>2.</td>
<td>Worse</td>
</tr>
<tr>
<td>3.</td>
<td>The same</td>
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</tbody>
</table>

Anxietydepression1: Would you say you are…. (read out – record one only)

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>I am not anxious or depressed</td>
</tr>
<tr>
<td>2.</td>
<td>I am moderately anxious or depressed</td>
</tr>
<tr>
<td>3.</td>
<td>I am extremely anxious or depressed</td>
</tr>
</tbody>
</table>

Anxietydepression2: When you were in [answer to History5] were you (read out – record one only)

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Not anxious or depressed</td>
</tr>
<tr>
<td>2.</td>
<td>Moderately anxious or depressed</td>
</tr>
<tr>
<td>3.</td>
<td>Extremely anxious or depressed</td>
</tr>
</tbody>
</table>

Drink1: I’d like now going to ask you a few questions about what you drink – that is if you drink. How would you describe your pattern of drinking: (read out – record one only)

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>I am teetotal</td>
</tr>
<tr>
<td>2.</td>
<td>I am a moderate drinker</td>
</tr>
<tr>
<td>3.</td>
<td>I am a binge/alcoholic drinker</td>
</tr>
<tr>
<td>4.</td>
<td>I am a constant heavy drinker</td>
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<tr>
<td>5.</td>
<td>I am a recovering (non-drinking) alcoholic</td>
</tr>
</tbody>
</table>


Drink2: How often do you have six or more drinks on one occasion? (record one only) (Harmonised with AUDIT alcohol screening scale)

1. Never
2. Less than monthly
3. Monthly
4. Weekly
5. Daily or almost daily

Drink3: Do you think you presently have a problem with drinking? (record one only) (Harmonised with AUDIT alcohol screening scale)

1. No
2. Probably not
3. Unsure
4. Possibly
5. Definitely

Drink3: When you lived in [answer to History5] how often did you have six or more drinks on single occasions? (record one only)

1. Never
2. Less than monthly
3. Monthly
4. Weekly
5. Daily or almost daily

Drink4: Do you think you had a problem with drinking in [answer to history 5]? (record one only) (Harmonised with Audit alcohol screening scale)

1. No
2. Probably not
3. Unsure
4. Possibly
5. Definitely

Drink5: Overall, since you left [answer to History5] has your alcohol consumption changed? (record one only)

1. No, drink as much now as I did then
2. No, didn't drink there and don't drink now
3. Yes, do not drink as much now
4. Yes, I did drink there but do not drink at all now
5. Yes, drink more now
6. Yes, did not drink at all there but do now
-1 Don't know
-2 Refused

Drugs1: Do you currently use any drugs (including solvents, glue or gas)?

1. Yes
2. No
-2 Refused

If yes, ask Drugs 2-3, if not ask Drugs 4

Drugs 2: Which drugs do you take? (probe fully - code all that apply) (drug list harmonised with Smoking,
Drinking and Drug Taking Among Young People in Scotland

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<tbody>
<tr>
<td>1.</td>
<td>Cannabis, also called Marijuana, Dope, Pot, Blow, Hash, Skunk, Puff, Grass, Draw, Ganja, Spliff, Smoke, Weed, Wacky Backy, Joints</td>
</tr>
<tr>
<td>2.</td>
<td>Speed and other Amphetamines, also called Whizz, Sulphate, Billy, Dexies02</td>
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<tr>
<td>3.</td>
<td>LSD, also called Acid, Trips, Dots, Flash, Smilies, Tabs</td>
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<tr>
<td>4.</td>
<td>Ecstasy, also called ‘E’, Mitsubishis, Rolexs, Dolphins, XTC, ‘X’, Eccies, MDMA</td>
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<tr>
<td>5.</td>
<td>Semeron, also called Sem or Sems</td>
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<tr>
<td>6.</td>
<td>Poppers, also called Amyl Nitrates, Liquid Gold, Ram</td>
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<tr>
<td>7.</td>
<td>Tranquilisers, also called Downers, Temazzies, Jellies, Roofies, Benzos, Vallies, Blues, Diazepam</td>
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<tr>
<td>8.</td>
<td>Heroin, also called Brown, Smack, Skag, Horse, Gear, ‘H’, Junk</td>
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<tr>
<td>9.</td>
<td>Magic Mushrooms, also called Shrooms, Magics, Liberties, Mushies</td>
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<tr>
<td>10.</td>
<td>Methadone, also called Linctus, Physeptone, Meth, Phy, Juice</td>
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<tr>
<td>11.</td>
<td>Crack, also called Rocks, Stones, Freebase, Wash, Sand, Pebbles</td>
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<td>12.</td>
<td>Cocaine, also called Charlie, ‘C’, Snow, Percy, Coke, Base</td>
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<td>13.</td>
<td>Ketamine, also called Green, ‘K’, super K</td>
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<td>14.</td>
<td>Anabolic Steroids, also called Roids</td>
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<tr>
<td>15.</td>
<td>Glue, gas (butane, lighter refills), aerosols or solvents (to inhale or sniff)</td>
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<td>16.</td>
<td>Other drugs that would not be given to you by a doctor or chemist (record)</td>
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</table>

**Drugs3:** Do you think that you have presently have a problem with drugs?

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<td>1.</td>
<td>No</td>
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<tr>
<td>2.</td>
<td>Probably not</td>
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<tr>
<td>3.</td>
<td>Unsure</td>
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<tr>
<td>4.</td>
<td>Possibly</td>
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<tr>
<td>5.</td>
<td>Definitely</td>
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</table>

**Drugs4:** Did you use drugs when you lived in [answer to History5]?

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<td>1.</td>
<td>Yes</td>
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<td>2.</td>
<td>No</td>
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<tr>
<td>-2</td>
<td>Refused</td>
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*If yes, ask Drugs 6-8; if no, ask Inject1*

**Drugs6:** Which drugs did you use then? (record)

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**Drugs7:** Do you think that you had a problem with drugs when you lived in [answer to History5]? (record one only)

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<td>1.</td>
<td>No</td>
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<td>2.</td>
<td>Probably not</td>
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<tr>
<td>3.</td>
<td>Unsure</td>
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<tr>
<td>4.</td>
<td>Possibly</td>
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<td>5.</td>
<td>Definitely</td>
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</table>
If use drugs both currently and in [answer to History5] ask Drugs 8
Drugs 8: Do you use drugs more or less than when you lived in [answer to History5]?
1. More
2. Less
3. The same
-1 Don't know
-2 Refused

Ask all Inject1
Inject1: Have you ever injected? (Harmonised with ISD SMR 25)
1. Yes
2. No
-2 Refused

If yes, ask Inject 2 and 3; if no, ask Tobacco
Inject2: Have you injected in the past month (Harmonised with ISD SMR 25)
1. Yes
2. No
-2 Refused

Inject3: Did you inject drugs when you lived in [answer to History5]?
1. Yes
2. No
-2 Refused

Tobacco: Do you smoke cigarettes?
1. Yes
2. No

Emotional1: Is there anyone who you can really count on to listen to you when you need to talk? (Harmonised with British Household Panel Survey)
1. Yes
2. No
-1 Don't Know

If yes, ask Whomem1
Whomem1: Whom?: (probe - record all that apply)
1. Partner
2. Child(ren)
3. Parent(s)
4. Other family
5. Friends
6. Social worker or other professional support worker
7. People from local community/other voluntary groups
8. Faith Based organisations
Emotional2: When you lived in [answer to History5] was there anyone who you could really count on to listen to you when you need to talk?

1. Yes
2. No
3. Don’t Know

If yes, ask Whomem2
Whomem2: Whom?: (record all that apply)
1. Partner
2. Child(ren)
3. Parent(s)
4. Other family
5. Friends
6. Social worker or other professional support worker
7. People from local community/other voluntary groups
8. Faith Based organisations
9. Other (record)

Instrumental1: Is there anyone who you can really count on to help you out in a crisis? (Harmonised with British Household Panel Survey)

1. Yes
2. No
3. Don’t Know

If yes, ask Whomins1
Whomins1: Whom?: (record all that apply)
1. Partner
2. Child(ren)
3. Parent(s)
4. Other family
5. Friends
6. Social worker or other professional support worker
7. People from local community/other voluntary groups
8. Faith Based organisations
9. Other (record)

Instrumental2: When you lived in [answer to History5], was there anyone who you could really count on to help you out in a crisis?

1. Yes
2. No
3. Don’t Know

If yes, ask Whomins2
### Whomins2: Whom?: (record all that apply)

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<td>4.</td>
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<td>Friends</td>
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<td>6.</td>
<td>Social worker or other professional support worker</td>
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<td>7.</td>
<td>People from local community/other voluntary groups</td>
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<td>8.</td>
<td>Faith Based organisations</td>
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<td>9.</td>
<td>Other (record)</td>
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### Informational1: Is there anyone who you can ask for advice or information when you are not sure what to do? (record one) (Harmonised with British Household Panel Survey)

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<td>Yes</td>
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<td>-1</td>
<td>Don't Know</td>
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**If yes, ask Whominf1**

### Whominf1: Whom?: (record all that apply)

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<td>6.</td>
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<td>9.</td>
<td>Other (record)</td>
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### Informational2: When you lived in [answer to History5] was there anyone who you could ask for advice or information when you were not sure what to do? (record one)

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<td>2.</td>
<td>No</td>
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<td>-1</td>
<td>Don't Know</td>
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**If yes, ask Whominf2**

### Whominf2: Whom? (record all that apply)

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<td>8.</td>
<td>Faith Based organisations</td>
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<tr>
<td>9.</td>
<td>Other (record)</td>
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</table>
Networks1: We would like to ask how often you meet people, whether here at your home or elsewhere. How often do you meet friends or relatives who are not living with you? (read out – record one only) (Harmonised with BHPS)

1. On most days
2. Once or twice a week
3. Once or twice a month
4. Less often than once a month
5. Never

Networks2: What about when you lived in [answer to History5], how often did you meet friends or relatives who were not living in the same place (read out - record only only) (Harmonised with BHPS)

1. On most days
2. Once or twice a week
3. Once or twice a month
4. Less often than once a month
5. Never

Boredom1: Do you ever get bored? (record one)

1. Yes, often
2. Yes, sometimes
3. Only now and again
4. No
-1 Don’t know

Boredom2: Did you ever get bored when you lived in [answer to History5]? (record one)

1. Yes, often
2. Yes, sometimes
3. Only now and again
4. No
-1 Don’t know

Lonely1: Do you ever get lonely? (record one)

1. Yes, often
2. Yes, sometimes
3. Only now and again
4. No
-1 Don’t Know

Lonely2: Did you ever get lonely when you lived in [answer to History5]? (record one)

1. Yes, often
2. Yes, sometimes
3. Only now and again
4. No
-1 Don’t Know
GENERAL

Life: Overall, how do you feel about your life at the moment? (read out - record one)

1. Very happy
2. Fairly happy
3. Mixed feelings
4. Not very happy
5. Not at all happy
-1 Don’t Know

Lifeafter: Would you say your life is better, worse or about the same as when you were living [answer to History5]? (read out - record one)

1. Much better
2. Better
3. About the same
4. Worse
5. Much worse
-1 Don’t Know

Hostmiss: Is there anything in particular that you miss about living in [answer to History5]?

1. No, nothing
2. Yes – please specify (record verbatim)
-1 Don’t know

Hostbetter: Is there anything in particular that is better about your life now than when you lived in [answer to History5]?

1. No, nothing
2. Yes – please specify (record verbatim)
-1 Don’t know

Priorities: Could you name up to three things that you would like to change in your life right now? (record) [Interviewer – can note less than three things, or that would not change anything]
Anything else: Is there anything else you would like to say? (record verbatim)

Comment or clarification of specific questions and/or interview
Appendix 3: Questionnaire for former residents of Peter McCann House and James Duncan House Wave 2

ABOUT YOU

Name: Can I please just confirm that you are [name of interviewee]? (Record name once confirmed and check database)

Birth: Can I ask, what is your date of birth?

Accommodation: Can I just confirm that this is same/different accommodation from when we last interviewed you? [nb. interviewer to work this out from address at last interview and have address of last place to hand]

1. Same
2. Different

CURRENT ACCOMMODATION

Wholiving: Can I just ask if you are living alone or sharing with anyone at the moment? (record one only)

1. Living alone
2. Living with other people in a project/hostel/supported accommodation
3. Living with partner
4. Living with partner and child/children
5. Living with children (only)
6. Living with parents
7. Living with other family
8. Living with friends
9. Living with others in a flat etc.
10. Other (record)

Current1: Can I check what sort of place it is you are living in at the moment? (record one only)

1. Permanent housing of your own – social rented
2. Permanent housing of your own – private let
3. Permanent housing of your own – owner occupied
4. Temporary furnished flat
5. Supported accommodation project – scatter flat please specify (record)
6. Supported accommodation project – flat in project please specify (record)
7. Supported accommodation project – room in project please specify (record)
8. Hostel – please specify (record)
9. Clyde Place (assessment centre)
10. Bed & Breakfast
11. In a partner’s (wife, girlfriend, etc.) flat/house
12. (Other) family/friends house
13. Rehab/detox
14. Hospital
15. Registered care home or registered nursing home
16. Sheltered housing
17. Currently sleeping rough
18. Other (record)

If living in project/hostel/B&B/Clyde Place ask Current 2,3, 6,7,8,9
If living in own permanent housing or temporary furnished flat ask current 12

Current2: Do you have to share any of the following? (read out - record all that apply)

- 1. Bathroom/toilet
- 2. Bedroom
- 3. Living room/living area
- 4. Kitchen/kitchen area
- 5. None

Current3: Do you ever run into any problems because of the other people living in your accommodation? (probe fully - record all that apply)

- 1. Lack of privacy
- 2. Noise from these other people
- 3. Behaviour of these other people – general
- 4. Behaviour of these other people – specific mention of drug/alcohol use
- 5. Other people not clean/hygienic
- 6. Don’t like others – general
- 7. Theft of/damage to possessions
- 8. Need to wait for bathroom or kitchen facilities/available at inconvenient times
- 9. Too many people /not enough space for people to share
- 10. No – no problems
- 11. Other (record)
- 12. No other people live in my accommodation

Current6: How helpful are the staff here?

- 1. Very helpful
- 2. Quite helpful
- 3. Neither helpful nor unhelpful
- 4. Quite unhelpful
- 1. Don’t know

Current7: Can you explain why you think helpful/unhelpful? (record verbatim)
Current8: How do you get on with the other residents here?

- 1. Very well
- 2. Quite well
- 3. Neither well or badly
- 4. Quite badly
- 5. Very badly
- 6. There are no other residents in my accommodation
- -1 Don’t know

Current9: Can you explain why you do/don’t get on with the other residents? (record verbatim)

If living in own permanent housing or temporary furnished flat ask current12-12g

Current12 How are you finding running your own home? [Interviewer – if clarification needed, mention cooking, cleaning, paying bills, etc]

- 1. Easy – no problems
- 2. Mainly OK – but some problems (please specify) (record verbatim)

- 3. Difficult – lots of problems (please specify) (record verbatim)
- -1 Don’t know

Current 12(a) How well do you get on with your neighbours? [Interviewer – if they query the definition of neighbours say we mean ‘people living close by’, i.e. not just those on either side]

- 1. Very well
- 2. Quite well
- 3. Neither well nor badly
- 4. Very badly
- 5. Never have any contact with my neighbours
- -1 Don’t know

Current12(b) Can you tell me why you say you get on well/badly etc with neighbours (record verbatim)

Current 12(c) Have you had any help from your neighbours?

- 1. Yes
- 2. No
If yes, ask Current 12(d).

**Current 12(d)** Can you tell me what kind of help? [record verbatim]

If no, ask Current 12(e)

**Current 12(e)** Are there any of your neighbours that you feel you could go to if you needed help? [record yes/no and any verbatim comments/explanations]

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<td>2.</td>
<td>No</td>
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If yes, ask Current 12(g)

**Current 12(g)** Would you mind telling me what happened? [record verbatim]

Ask current13 for all respondents.

**Current13:** I would like to read you a list of things about where you live now and ask you to say whether or not they are true for you (read out - record yes/no/don't know/not applicable for each)

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<td></td>
<td>Yes</td>
<td>No</td>
<td>Don't know</td>
<td>N/A</td>
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<tr>
<td>I have enough space</td>
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<tr>
<td>It is too noisy for me</td>
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<tr>
<td>It is warm enough</td>
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<td>It was dirty when I first arrived</td>
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<tr>
<td>There is damp in places</td>
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<td></td>
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<tr>
<td>It is infested (mice, rats, cockroaches, fleas, etc.)</td>
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<tr>
<td>It is in poor repair</td>
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<tr>
<td>It is well furnished</td>
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<tr>
<td>Bathroom facilities are good</td>
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<tr>
<td>Kitchen/cooking facilities are good</td>
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<tr>
<td>Laundry facilities are good</td>
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<td>I am close enough to shops, pubs, transport, other amenities</td>
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<tr>
<td>I feel that this is a settled home for me</td>
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<tr>
<td>Overall, I like living in this neighbourhood</td>
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<td>(harmonised with BHPS)</td>
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</table>
Current14: How safe do you feel when you are alone in your home at night? Would you say you feel: (record one only) (harmonised with SHS)

1. Very safe
2. Fairly safe
3. A bit unsafe
4. Very unsafe
-1 Don’t know

Current15: How safe do you feel walking alone in your neighbourhood after dark? Would you say you feel (record one only) (harmonised with SHS but added 2 categories)

1. Very safe
2. Fairly safe
3. A bit unsafe
4. Very unsafe
5. Don’t go out alone at night
6. Don’t go out at all at night
-1 Don’t know

Current15(a) Overall, do you feel more or less safe where you live now than when you were living in JDH/PMH?

1. More safe
2. Less safe
3. About the same
-1 Don’t know

If more or less safe ask Current 15(b)

Current 15(b) Why do you feel more or less safe (record verbatim)

Current16: Is there anything you particularly like about living in your accommodation? (record verbatim)

Current17: Is there anything you particularly dislike about living in your accommodation? (record verbatim)
ACCOMMODATION HISTORY

History 1: I’d like to look back briefly and ask you about the different kinds of places you have lived in between age 16 and where you live now. [Interviewer – check where relevant that not referring to current accommodation]

Have you ever lived in? (read out - record all that apply)

1. A permanent council/housing association flat/house - where you were tenant (or joint tenant)
2. A private rented flat/house – where you were tenant (or joint tenant) (including shared flats)
3. An owner occupied flat/house – where you were owner (or joint owner)
4. A friends’ or relatives’ flat/house because you had no home of your own
5. A Bed & Breakfast or hotel because you had no home of your own
6. Slept rough

History 10a: How long have you been living in your present accommodation?

[ ]

If different accommodation from place where we last interviewed them [see Accommodation above, ask History 10(b)]

History 10(b) When we last interviewed you, you were living in [X address]. Other than here, have you lived anywhere else since leaving [X address]?

1. Yes
2. No

If yes, ask History 10(c), (d), (e) & (f)

History 10(c) How many other places have you lived since leaving [X address] and before moving in here?[record]

[ ]

History 10(d) What sorts of places were these? (probe fully - record all that apply)

1. Permanent housing of your own – social rented
2. Permanent housing of your own – private let
3. Permanent housing of your own – owner occupied
4. Temporary furnished flat
5. Supported accommodation project – please specify (record)
6. Hostel – please specify (record)

7. Clyde Place
8. Bed & Breakfast hotel
9. A partner’s (wife, girlfriend, etc.) flat/house
10. Family/friends
11. Rehab/detox
12. Prison/custody
13. Hospital
14. Care home or nursing home
15. Sheltered housing
16. Slept rough
17. Other (record)

18. None

**History 10 (e)** Have you lived outside Glasgow at all since leaving [X address]?

1. Yes
2. No

*If yes, ask History 10(f)*

**History 10(f)** Where outside Glasgow have you lived since leaving X? [record verbatim]

---

**Post-hostel homeless 1**: Thinking now of the whole time since you left JDH/PMH have you:

- Stayed at a friends' or relatives' house because you had no home of your own?
- Stayed in a hostel (other than as a short-term arrangement immediately after leaving JDH/PMH)?
- Stayed in Clyde Place (other than as a short-term arrangement immediately after leaving JDH/PMH)?
- Stayed in a B&B (other than as a short-term arrangement immediately after leaving JDH/PMH)?
- Applied to the local authority as homeless?
- Slept rough

*If slept rough ask Post-hostel homeless 2*

**Post-hostel homeless 2**: How long did you sleep rough for in total since leaving JDH/PMH? [Interviewer: just need rough estimate across all episodes of sleeping rough since leaving hostel] (record)

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*If stayed in hostel, Post-hostel homeless 3*

**Post-hostel homeless 3**: Which hostel(s) did you stay in, when, and how long for? [record verbatim]
If any homeless experience at all, ask Post-hostel homeless 4

Post-hostel homeless 4: Can you tell me in your own words how you came to be in that [homeless] situation and how long you were in it? How did you move on from it (if applicable)? [record verbatim]

| Supportrevised: Have you had any of these forms of help since leaving JDH/PHM? |
|-------------|------------------|------------------|
| Finding a new home (other than place you moved into immediately after JDH/PMH) | Yes | No |
| Getting furniture or things like a fridge, cooker or washing machine | | |
| Repairs to your home/decorating | | |
| Managing money and dealing with debts | | |
| Cooking, cleaning and running a home | | |
| Someone to help you fill in official forms/apply for benefits/speak for you to official people | | |
| Getting to see a doctor/other health services | | |
| Getting to see a social worker/other support services | | |
| Getting back in touch with family or friends | | |
| Getting involved with activities or groups | | |
| Finding a job, education, training, volunteering activities | | |
| Any other help or advice (record) | | |

Supportnow2: Are you getting all the help you need at the moment?

1. Yes
2. No

If no, ask Supportnow3

Supportnow3: What sort of help would you like that you are not getting? (record verbatim)

| Supportnow4: Are you getting any types of help that you don’t think you need? |
|------------------|------------------|
| 1. Yes |
| 2. No |
Supportnow5: What sort of help are you getting that you don’t think you need? (record verbatim)

| Housing support worker(s) (this is someone who might help you with finding a new place to live, help with getting you to see a doctor or social worker, help you sort out bills, or help you claim benefits, or getting help with employment and training). | 1 | 2 | -1 | Rate
|---|---|---|---|---
| Yes | No | Don’t know | 1-5 |
| Supportworkers1: Now I’m going to read out a list of professionals and I want you to tell me whether you are seeing any of them regularly at the moment. (record yes/no/don’t know for each) (Interviewer- use explanations in italics if respondent is not sure) For each professional they are seeing ask them to rate helpfulness on a scale of 1-5 (1 being very unhelpful, 5 being very helpful) | |
| Social worker(s) | | | |
| Drug worker(s) (someone who would help with getting you off a drug like heroin) | | | |
| Alcohol workers (someone who would help with getting you to drink less or stop drinking) | | | |
| CPN (Community Psychiatric Nurse) or counselor who helps with problems due to depression, anxiety or other mental health problems | | | |
| Psychologist or psychiatrist (someone from the health service who helps with mental health problems by talking to you, they might also give you drugs) | | | |
| Occupational Therapist (someone who might help you with equipment and advice if you’ve had an injury or you have trouble walking around or doing things for any reason like an illness or disability or helps you with life skills e.g. cooking, shopping etc.) | | | |
| Other worker(s) (please specify type if possible, if not name and we can work out who they are later) | | | |
| Supportworkers2: Has your contact with any of these types of workers changed from when you were in JDH/PMH? (record all changes) | | | |
GP: Are you registered with a local GP where you live now?

1. Yes
2. No
-1 Don’t know

ECONOMIC STATUS, FINANCES AND MEANINGFUL ACTIVITY

Econstat1: Can I just check, which of these categories best describes you at present? (Harmonised with General Household Survey, 2005, Household and Individual Questionnaires)

1. Working full-time
2. Working part-time
3. Unemployed
4. Student (incl. pupil at school, those in training)
5. Looking after family/home
6. Long-term sick or disabled
7. Retired from paid work
8. Not in paid work for some other reason (record)

If working full or part-time, ask Employtype

Employtype: What sort of job do you do?

If retired or employed, go to Benefits; otherwise ask Barriers 1-5 and Employlike

Barriers1: A range of things can make it difficult for people to take up work. Is there anything in particular that makes it difficult for you to take up a job (record verbatim) Probe fully and record all barriers mentioned

Barriers 2: Has any of this changed since you were in JDH/PMH? That is, do you think you have more or less barriers to work than when you were in the hostel? (record verbatim)

Barriers 3: Have you received any help with education, work or training since you left JDH/PMH?

1. Yes
2. No

If yes, ask Barriers 4:

Barriers 4: Was this helpful? Why helpful/unhelpful? [record verbatim]
Barriers 5: Is there any (other) sort of help with education/work/training that you’d like?

1. Yes
2. No

*If yes, ask Barrier 6*

Barrier 6: What sort of help with education/work/training would you like? [record verbatim]

*If no, ask Barrier 7*

Barrier 7: Can you tell why you don’t want any help with education/work/training? [record verbatim]

Employlike: If you were able to work what kind of job would you like to do? (record verbatim)

Benefits: Which benefits do you [or your household] currently receive? (probe fully - record all that apply)

1. Incapacity Benefit
2. Income Support
3. Jobseeker’s Allowance
4. Disability Living Allowance or Attendance Allowance
5. Severe Disablement Allowance
6. State Pension
7. Pension Credit
8. Working Tax Credit
9. Other (record)
10. Receives no benefits

Financialmanage1: How well would you say you yourself are managing financially these days? Would you say you are (read out - record one only) (harmonised with BHPS)

1. Living comfortably
2. Doing alright
3. Just about getting by
4. Finding it quite difficult
5. Finding it very difficult
-1 Don’t know

Financialmanage2: Are you managing better, worse or around the same as when you were living in JDH/PMH?

1. Better
2. Worse
3. The same
Financial manage: Can you tell me why you feel that you are managing better/worse financially? (record verbatim)

Q6bank2 Do you have a current account with any of the following [record all that apply]:

- 1. Bank or Building Society
- 2. Post Office
- 3. Grand Savings Bank (Big Issue)
- 4. A current account with another organization
- 5. Don’t have a current account

Active1: Are you involved in any of the following sorts of activities? (read out – record all that apply)

- 1. Working as a volunteer (doing what? record)
- 2. Courses that help people get ready for work (e.g. Move On, BUDS (Building Up and Developing Skills))
- 3. Participating in any sports or fitness activities/clubs
- 4. Any arts-based projects (music, drawing, painting, theatre etc.) (e.g. FabPad)
- 5. Service User Involvement Team (GHN)
- 6. Is there anything else you do regularly? (record) Interviewer - prompt for any regular structured or unstructured activities / with whom and where, etc
- 7. Not engaged in any regular activities

Active2: Has this changed since you lived at JDH/PMH (record all changes)

Active 3: Would you like to be involved in more activities? Yes/no

- 1. Yes
- 2. No
Active 4: Why would you/would you not like to be involved in more activities? [record verbatim]

If would like to be involved in more activities, ask Active 5

Active 5 Are there any particular kinds of activities/help to get involved in activities that you would find useful? [record verbatim]

Interviewer: I am now going to ask you a little bit about some more sensitive subjects. As I said at the beginning you can choose not to answer any questions and you can stop the interview any time you like.

HEALTH AND SOCIAL SUPPORT
I am going to ask you a bit about your health.

Health: How is your health in general? Would you say it was… (read out - record one only) (Harmonised with Scottish Health Survey)

1. Very good
2. Good
3. Fair
4. Bad
5. Very bad
-1 Don’t know

Healthchange2: Is your health better, worse or about the same as when you were living in JDH/PMH (read out – record one only)

1. Better
2. Worse
3. The same

If better/worse, ask Healthchange3
Healthchange3: Why do you think your health is better/worse i.e. what has caused this change? [record verbatim]
Anxiety depression 1: Would you say you are…. (read out – record one only)

1. I am not anxious or depressed
2. I am moderately anxious or depressed
3. I am extremely anxious or depressed

Drink 1: I’d like now going to ask you a few questions about what you drink – that is if you drink. How would you describe your pattern of drinking: (read out – record one only)

1. I am teetotal
2. I am a moderate drinker
3. I am a binge/alcoholic drinker
4. I am a constant heavy drinker
5. I am a recovering (non-drinking) alcoholic

Drink 2: How often do you have six or more drinks on one occasion? (record one only) (Harmonised with AUDIT alcohol screening scale)

1. Never
2. Less than monthly
3. Monthly
4. Weekly
5. Daily or almost daily

Drink 3: Do you think you presently have a problem with drinking? (record one only) (Harmonised with AUDIT alcohol screening scale)

1. No
2. Probably not
3. Unsure
4. Possibly
5. Definitely

Drink 5: Overall, since you left JDH/PMH has your alcohol consumption changed? (record one only)

1. No, drink as much now as I did then
2. No, didn’t drink there and don’t drink now
3. Yes, do not drink as much now
4. Yes, I did drink there but do not drink at all now
5. Yes, drink more now
6. Yes, did not drink at all there but do now
-1 Don’t know
-2 Refused

Drugs 1: Do you currently use any drugs (including solvents, glue or gas)?

1. Yes
2. No
-2 Refused

If yes, ask Drugs 2-3, if not ask Drugs 4
Drugs2: Which drugs do you take? (probe fully - code all that apply) (drug list harmonised with Smoking, Drinking and Drug Taking Among Young People in Scotland)

1. Cannabis, also called Marijuana, Dope, Pot, Blow, Hash, Skunk, Puff, Grass, Draw, Ganja, Spliff, Smoke, Weed, Wacky Backy, Joints
2. Speed and other Amphetamines, also called Whizz, Sulphate, Billy, Dexies02
3. LSD, also called Acid, Trips, Dots, Flash, Smilies, Tabs
4. Ecstasy, also called 'E', Mitsubishi, Rolexs, Dolphins, XTC, 'X', Eccies, MDMA
5. Semeron, also called Sem or Sens
6. Poppers, also called Amyl Nitrates, Liquid Gold, Ram
7. Tranquilisers, also called Downers, Temazzies, Jellies, Roofies, Benzos, Vallies, Blues, Diazepam
8. Heroin, also called Brown, Smack, Skag, Horse, Gear, 'H', Junk
9. Magic Mushrooms, also called Shrooms, Magics, Liberties, Mushies
10. Methadone, also called Linctus, Physeptone, Meth, Phy, Juice
11. Crack, also called Rocks, Stones, Freebase, Wash, Sand, Pebbles
12. Cocaine, also called Charlie, ‘C’, Snow, Percy, Coke, Base
13. Ketamine, also called Green, ‘K’, super K
14. Anabolic Steroids, also called Roids
15. Glue, gas (butane, lighter refills), aerosols or solvents (to inhale or sniff)
16. Other drugs that would not be given to you by a doctor or chemist (record)

Drugs3: Do you think that you have presently have a problem with drugs?

1. No
2. Probably not
3. Unsure
4. Possibly
5. Definitely

Drugs4: Did you use drugs when you lived in JDH/PMH?

1. Yes
2. No
3. Refused

If use drugs both currently and in hostel ask Drugs 8

Drugs8: Do you use drugs more or less than when you lived in JDH/PMH?

1. More
2. Less
3. The same
4. Don’t know
5. Refused

Ask all Inject1

Inject1: Have you ever injected? (Harmonised with ISD SMR 25)

1. Yes
2. No
3. Refused

If yes, ask Inject 2
Inject2: Have you injected in the past month *(Harmonised with ISD SMR 25)*

1. Yes
2. No
-2 Refused

Emotional1: Is there anyone who you can really count on to listen to you when you need to talk? *(Harmonised with British Household Panel Survey)*

1. Yes
2. No
-1 Don’t Know

*If yes, ask Whomem1*

Whomem1: Whom?: (probe - record all that apply)

1. Partner
2. Child(ren)
3. Parent(s)
4. Other family
5. Friends
6. Social worker or other professional support worker
7. People from local community/other voluntary groups
8. Faith Based organisations
9. Other (record)

Instrumental1: Is there anyone who you can really count on to help you out in a crisis? *(Harmonised with British Household Panel Survey)*

1. Yes
2. No
-1 Don’t Know

*If yes, ask Whomins1*

Whomins1: Whom?: (record all that apply)

1. Partner
2. Child(ren)
3. Parent(s)
4. Other family
5. Friends
6. Social worker or other professional support worker
7. People from local community/other voluntary groups
8. Faith Based organisations
9. Other (record)

Informational1: Is there anyone who you can ask for advice or information when you are not sure what to do? *(record one)* *(Harmonised with British Household Panel Survey)*

1. Yes
2. No
-1 Don’t Know

*If yes, ask Whominf1*
Whominf1: Whom?: (record all that apply)

1. Partner
2. Child(ren)
3. Parent(s)
4. Other family
5. Friends
6. Social worker or other professional support worker
7. People from local community/other voluntary groups
8. Faith Based organisations
9. Other (record)

Networks1: We would like to ask how often you meet people, whether here at your home or elsewhere. How often do you meet friends or relatives who are not living with you? (please exclude anyone you know through the hostels for now as we'll ask about that later) (read out –record one only) (Harmonised with BHPS)

1. On most days
2. Once or twice a week
3. Once or twice a month
4. Less often than once a month
5. Never

Networks1(a) Overall, do you have more or less contact with family and friends (not living with you) than you did in JDH/PMH (excluding other hostel residents)?

1. More
2. Less
3. Same
-1 Don’t know

If more or less contact, ask Networks 1(b)

Networks 1(b) Why do you think you see family/friends more/less than when you were in the hostel? (probe the following: worker support, geographical proximity, changes in behaviour, changes in alcohol/drugs use, losing stigma of living in a hostel, having somewhere to meet. etc) [record verbatim]

Networks 1(c) How often (if at all) do you meet/see people you know from the hostel (who are not living with you now)? [Interviewers - exclude any responses that are 'just bump into them in town/in the street' rather than actually meeting them/seeing them deliberately]

1. On most days
2. Once or twice a week
3. Once or twice a month
4. Less often than once a month
5. Never
If meet/see them at all, ask Networks 1(d)
Networks 1(d) Where/when do you see them (probe – at day centres/other homelessness services, in pubs/social clubs etc., in each other’s homes, in other contexts) [record verbatim]

Boredom1: Do you ever get bored? (read out - record one)

1. Yes, often
2. Yes, sometimes
3. Only now and again
4. No
-1 Don’t know

Lonely1: Do you ever get lonely? (read out - record one)

1. Yes, often
2. Yes, sometimes
3. Only now and again
4. No
-1 Don’t Know

GENERAL

Life: Overall, how do you feel about your life at the moment? (read out - record one)

1. Very happy
2. Fairly happy
3. Mixed feelings
4. Not very happy
5. Not at all happy
-1 Don’t Know

Life1(a) Can you tell me why you feel this way (i.e. are very happy, mixed feelings, etc)? [record verbatim]

Lifeafter: Would you say your life is better, worse or about the same as when you were living JDH/PMH? (read out - record one)

1. Much better
2. Better
3. About the same
4. Worse
5. Much worse
-1 Don’t Know
Lifeafter1(a) Can you tell me why you feel this way (i.e. that life is better, worse, etc.)? [record verbatim]

Future1: Do you think you will stay living here for good or do you expect to move on at some point?

1. Move
2. Stay
-1 Don’t know

If say move, ask Future 2

Future 2: Why do you think you will move? How do you feel about moving? [record verbatim] [probe – if its because want to move for positive or negative reasons, because accommodation is transitional, etc.]

Priorities: Could you name up to three things that you would like to change in your life right now? (record) [Interviewer – can note less than three things, or that would not change anything]
**Typical day:** Could you describe a typical day for me? *(record verbatim)*

**Anything else:** Is there anything else you would like to say? *(record verbatim)*

Comment or clarification of specific questions and/or interview
Appendix 4: Topic guide for qualitative interviews with service users who had returned to homelessness

INTRODUCTION

- Explain aims of the research – and give information sheet on research
- Confidential interview – views will be reported anonymously in report
- Explain do not have to answer any questions/ can leave at any point
- Ask permission to tape-record
- Check whether any questions
- Complete consent form before commencing interview

1. About you

*Can I start by asking a bit about yourself.*

How old are you?

Are you originally from Glasgow? Where have you lived most of your life? Have you lived in places outside of Glasgow – where and for how long?

Are you living by yourself or with a partner or friend? If living alone – are you single at present or do you have a partner?

Do you have any children? How many?

Are you working at the moment? If not, probe – unemployed, long-term sick/disabled, retired, student, other. If working/studying, ask about job/course – probe what, where, how long etc.

2. Current accommodation

How do you find living here? [OR Where are you living at the moment (if not interviewed in accommodation)?]

How long have you lived here/there?

Are there things you particularly like/dislike about living here/there?

Probe

1. Quality of accommodation (state of repair, furnishings etc)
2. Facilities – bathroom / kitchen / laundry
3. Location/ neighbourhood
4. How safe do you feel both at home and in the neighbourhood, especially at night?
5. What is it like sharing or living alone?
6. Will you stay here or move?

Where were you living before here? Why did you leave there? How did you come to move in here? [Probe –circumstances in which left last accommodation, who arranged the current accommodation, whether through homelessness system, etc.]
3. Hostel/homeless history

Can I ask which hostels in Glasgow you have stayed in? [Ask as an open question and then prompt with list below] How long did you spend in there? [ask for each hostel mentioned, as long as not too many, in which case just go to ‘in total’ question] How much time in total have you spent living in hostels in Glasgow? Have you stayed in hostels elsewhere?

- Peter McCann House (Kyle Street)
- James Duncan House (Bell Street)
- Robertson House (Broad Street)
- Norman Street
- Laidlaw House (Cheapside Street)
- Great Eastern Hotel
- Bellgrove Hotel
- Monteith Hotel
- Kingston Halls (Talbot Association)
- Hope House (Salvation Army)
- Bishopbriggs Resettlement Unit

When did you leave Peter McCann / James Duncan House [or prompt which they left last if they had stayed in both of them]?

Where did you move to when you left PMH/JDH? How was that arranged? [probe if found themselves, was arranged for them, was through homeless system, etc] How long were you there? Why did you leave? What did you like/dislike about that accommodation?

Where else have you stayed since? How was that arranged? How long were you there? Why did you leave? What did you like/dislike about that accommodation?

Have you ever slept rough? How long for in total? Have you slept rough since you left PMH/JDH? How long for? Where? How/why did that happen?

Have you applied as homeless since you left PMH/JDH? Can you tell me how/why that happened?

Have you experienced other forms of homelessness since you left PMH/JDH? (probe - stayed with friends/relatives, in a B&B, a squat etc because you had no home of your own)

4. Resettlement and support

Looking back at the time when you left JDH/PMH

Do you feel that you were given all the support and information you needed when you left (hostel)? If not, why not? What sort of help did you get? What other help do you think you needed at that time? What do you think would have made the biggest difference, if anything? [Use list below as an aide memoire]
Finding a new home
Getting furniture or things like a fridge, cooker or washing machine/ repairs to your home/decorating
Managing money and dealing with debts
Cooking, cleaning and running a home
Someone to help you fill in official forms/apply for benefits/speak for you to official people
Getting to see a doctor, social worker/ other support services
Getting back in touch with family or friends
Getting involved with activities or groups
Finding a job, education, training, volunteering activities
Help with alcohol problems
Help with drug problems
Help with mental health problems
Help with physical health problems

Do you currently see any workers regularly – social workers, drug/alcohol workers, housing support workers, CPNs, doctors, nurses, OT etc? How helpful do you find them? Why helpful/unhelpful?

Are you getting all the help that you need at the moment? [probe – why yes/no]. If no, what other sort of help do you need? [Use list above as an aide memoir]

5. Activities and social support

Can I ask a bit about how you spend your time just now? Can you describe a typical day to me? Is any of this different from when you were in PMH/JDH? [If have a job/course this will have been covered above to some extent]

Do you engage in any specific activities at all - anything that you do on a regular basis? Is this different to when you were in (hostel)?

Working as a volunteer - doing what?
• Courses that help people get ready for work (e.g. Move On, BUDS (Building Up and Developing Skills))
• Participating in any sports or fitness activities/clubs
• Any arts-based projects (music, drawing, painting, theatre etc.) (e.g. FabPad)
• Service User Involvement Team (GHN)
• Any other activities

Have you had any help to get involved in activities like these? What sort of help? Was it the right sort of help?

Are there any particular activities that you’d like to get involved in? What help would you like/need to get involved?

[If not retired or employed]: Have you received any help with getting into work/training/education since you left JDH/PMH? What sort of help? Was it the right sort of help? What else would you like?

Are there any particular barriers that make it difficult for you to obtain work? Was this the same in (hostel)? Is there any support that you think would help you overcome these barriers?
How are you managing financially at the moment? Is this any better/worse than when you were in (hostel)? Why is this so?

Are you in touch with any family/friends? Who? How often do you see them? How do you see them (probe - visit them, bump into them in town, meet in pub etc.) Is this different to when you were in the hostel? Why is it different do you think?

Do you have anyone you can go to if you need to talk or need help in a crisis or if you aren’t sure what to do about something? Who? What would they do to help? Is this different to when you were in the hostel? Why is it different do you think??

6. Health

I’d like to ask a little bit about your health if that’s OK

How is your health generally would you say? Is this any different to when you were in Peter McCann / James Duncan House? What do you think is the reason for this change [if any]?

Do you ever feel anxious or depressed? Is this any different to when you were in Peter McCann / James Duncan House?

Do you drink at all/did you in the hostel? Do you drink more/less/same as when you were in (hostel)? What do you think is the reason for this change [if any]?

Do you currently use any drugs at all/did you in the hostel? If so, what? Do you inject? Is there any change in your drug use from when you were in (hostel)?

7. And finally

How do you feel about your life overall at the minute? Is it better or worse than when you were in (hostel)? What has changed [if any]?

Is there anything in particular about your life that you’d like to change right now? What/why that?

Is there anything else you’d like to say about the process of hostel closure or what happened to you when you left the hostel? Could things have been made better/easier for you? In what way?

AT END OF INTERVIEW:

- Remind people of what will happen to the information now (will go into report, anonymous etc)
- Give £20 voucher and get receipt signed
- Ask if any other questions

MANY THANKS FOR YOUR PARTICIPATION
Appendix 5: Notes on Methods

Sample size and selection for longitudinal survey

The initial target sample size for the longitudinal survey was 150 ex-residents of James Duncan House and Peter McCann House. This target was arrived at on the assumption that there were around 440 residents in total living in the two hostels at the point of ‘ring-fencing’, that is, the date on which residents had to be staying in the relevant hostel to be included in its formal resettlement programme, and therefore to be eligible for inclusion in the longitudinal survey. Thus an achieved sample size of 150 would have comprised around one third of eligible former hostel residents, which was judged to be towards the upper end of what could realistically be achieved. Given the anticipated recruitment difficulties with this group, some of whom are likely to be highly mobile, we took a ‘census’ rather than sampling approach to recruitment. That is, we proceeded on the basis of including all those who were contactable and willing to be interviewed up to the specified target (which we did not realistically expect to be able to exceed in any case).

In order to satisfy ethical requirements an ‘opt-out’ procedure was undertaken before the personal details of ex-residents was passed to the research team. The Glasgow Homeless Partnership was asked to send out research recruitment materials (a letter and user-friendly information sheet) prepared by the research team to potential participants. Participants were given a reply-paid envelope to return to Glasgow Homeless Partnership within a specified period (two weeks) if they did not want to be contacted by the researchers (as well as a contact telephone number and email address). Thereafter, the Glasgow Homeless Partnership made available to CHP the contact details of all potential participants who had not opted out. This opt-out approach was permissible under the Data Protection Act, as the City Council had registered its databases with the Office of the Information Commissioner for research purposes. If this had not been the case, an ‘opt-in’ procedure would have been required, which would have undoubtedly led to an unacceptably low response rate (see Anderson & Taylor, 2006). All hostel residents/ ex-residents who completed an interview were paid £20 to compensate them for their time and to act as an incentive for recruitment; this amount being paid at both Waves 1 and 2 of the longitudinal survey.

In the event, the achieved sample size at Wave 1 in the longitudinal survey was 98 not 150 ex-residents. Within this overall sample, there were two sub-samples:

- **Sub-sample 1**: residents of James Duncan House recruited whilst still living in the hostel. At the outset of the study, it was hoped to recruit as many remaining residents of James Duncan House as possible as soon as fieldwork commenced, and to interview these residents three times: an initial interview to collect baseline pre-resettlement information (in autumn 2007); a second interview one year later (in autumn 2008); a third interview one year later (autumn 2009). In
the event, 14 James Duncan House residents were recruited to this sub-sample, from a total of 31 remaining residents when fieldwork commenced in autumn 2007.

- **Sub-sample 2:** ex-residents of James Duncan and Peter McCann House. The intention was to interview this sub-sample twice: an initial interview in spring/summer 2008 (Wave 1); and a follow-up interview in spring/summer 2009 (Wave 2). In order to generate ‘baseline’ data for Sub-sample 2 participants, we asked them to retrospectively report on key elements of their well-being when they were still living in the hostel. In the event, 84 ex-residents of James Duncan House and Peter McCann House were recruited to this sub-sample.

However, only five of the 14 members of Sub-sample 1 could be re-interviewed in autumn 2008 because the others had died (2), refused (2), did not give a correct follow-up address (2), were in prison (1), or presented a risk to the researchers (2). This means that the data available on most of the key research questions, for example, on resettlement experiences and outcomes, is limited to 89 individuals. Thus, for consistency sake, all of the analysis presented in this report focuses on the 89 ex-residents for whom we have data after they left James Duncan House or Peter McCann House. This is why in the report we refer to the achieved sample as 89, although we did in fact interview 98 ex-residents. We combined the data from the first two interviews with Sub-sample 1 to create a ‘Wave 1’ dataset for this small group that could be integrated with the Wave 1 dataset for the much larger Sub-sample 2; the third interviews with Sub-sample 1 were likewise integrated with Wave 2 interviews with Sub-sample 2.

As noted briefly in Chapter 1, there were a number of reasons for the smaller than anticipated size of the achieved sample in Wave 1, but the most important was the relatively large number of missing addresses within the HART database, which we were reliant upon for names and addresses of ex-residents. Moreover, amongst those addresses we received, a substantial number were incorrect (i.e. the person had never lived there or the facility had closed) or were out of date (i.e. people had moved on without a forwarding address). Also, and as we would expect, there were a small number of ex-residents whom we could not attempt to interview for other reasons: they represented too high a safety risk; had died; were in prison or hospital; or had ‘opted-out’ of the research. In

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1. However, please note that base sizes may sometimes be less than this overall sample size, and sub-sample sizes may vary, due to missing data.

2. The HART team had developed a monitoring database of key information on all resettled ‘ring-fenced’ hostel residents. Identifying personal details were only provided to the research team on those ex-residents who had had the opportunity to ‘opt out’ of the study and had chosen not to do so (see footnote below).

3. Only a small number of prospective interviewees (22) opted out of the research.
combination, these factors meant that the number of ‘usable’ names and addresses provided to the researchers was around 220; far fewer than originally anticipated.

We made every effort to pursue all conceivable avenues for maximising the total sample size using these available names and addresses. As with most research in the homelessness field (see Pleace et al, 2008), the great majority of non-response was a result of non-contact rather than refusals.

**Statistical robustness and representativeness**

This smaller than envisaged overall sample size has not substantially impacted upon the statistical robustness of the findings. This is because a sample size of 150 is in any case relatively small with respect to the standard statistical conventions on, for example, confidence intervals, though the reduced total sample has restricted analysis of some of the smaller subgroups more than would have been necessary with a larger overall sample size.

As noted in Chapter 1, a greater concern was that comparison with the anonymised HART database indicated that the achieved sample under-represents two key groups within the total ‘sample universe’ of all eligible ex-residents of James Duncan House and Peter McCann House:

- younger ex-residents under 50 as at 1st April 2008: this group comprised approximately 70 per cent of all eligible ex-residents from the two hostels, but only 46 per cent of the achieved sample in Wave 1, and 45 per cent at Wave 2
- ex-residents who were resettled into permanent housing (rather than supported accommodation projects): again this group comprised around 70 per cent of all resettled ex-residents at their point of last contact in the HART database, but only 45 per cent of the achieved sample at Wave 1, and 48 per cent at Wave 2.

We considered using the statistical profile from the HART database to ‘weight’ the data from the achieved sample to re-align it to what would be expected from a fully representative sample. However, the divergence from statistical representativeness was sufficiently strong on both of these key measures that the necessary weighting would have

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4 Only 17 potential interviewees refused to participate when approached by the researchers at Wave 1; and five at Wave 2.

5 As noted above, the HART team had developed a database of key information on all ‘ring-fenced’ hostel residents resettled. The research team has access to the full database on an anonymised basis, with identifying personal details only provided to the research team on those ex-residents who had had the opportunity to ‘opt out’ of the study and had chosen not to do so.

6 That is, once one excludes those whom the HART database recorded at last contact as in prison, dead or had lost contact.
introduced an unacceptable reduction in the effective sample size. Thus we felt that a better and more transparent approach was to provide a separate analysis of those in different age groups, and those in supported or permanent housing, wherever either of these factors appeared to have a significant effect, and therefore the overall results would have been likely to have been different with a sample that was more representative on these measures.

Quantitative analysis

All of the quantitative data was analysed using SPSS Version 16, with most of the analysis consisting of descriptive statistics (frequencies, cross-tabulations, and various measures of dispersion). However, multivariate analysis (using the Forward Wald method of binary logistic regression) has also been undertaken to explore which variables had an independent effect on the likelihood of given key outcomes, when a range of other factors were held constant. Both the bivariate and multivariate results have been tested for statistical significance, but given the limitations in both the sample size and representativeness in this study, these tests have been treated as broadly indicative, informing the judgments made by the researchers about the meaningfulness of the statistical patterns revealed, rather than adhered to mechanistically.