

VALUABLE LIVES

capabilities and resilience amongst single homeless people

Joan Smith, with Hussein Bushnaq, Andrew Campbell,
Luma Hassan, Sanjay Pal and Sam Akpadio

Contents

I. Introduction

- 1.1 About the study
- 1.2 The research design
- 1.3 The diversity of participants
- 1.4 Housing situation

II. Capability and Resilience prior to homelessness experience

- 2.1 The role of personal history
- 2.2. Adult Lives prior to homelessness
- 2.3 Formal education and professional history
- 2.4 The range of capability and resilience

III. The impact of homelessness on capability and resilience

- 3.1 Turning points
- 3.2 The impact of homelessness on well-being
- 3.3 Tracking our respondents
- 3.4 Factors which build capability and resilience

IV. Support Networks

- 4.1 Types of support available
- 4.2 How people use services
- 4.3 Barriers to the uptake of services

V. Capability and resilience as an aim of service provision

VI. Concluding remarks

References

I. Introduction

1.1 About the study

The majority of research on single homeless people has focused on the multitude of problems faced by this vulnerable group. This study seeks to explore the personal strengths and informal resources single homeless people rely on to navigate and overcome their environments. In particular, we sought to

- Examine the homeless people's range of capabilities and resilience (or personal strengths);
- Determine those factors that help build people's capabilities and resilience and identify the barriers they face while trying to rebuild their lives; and
- To analyse the role and effectiveness of formal and informal resources relied upon by the homeless person to survive.

The present study, then, focuses on capability and resilience in people who have experienced homelessness and asks the question: In the face of adversity, stress, and poverty, what are the factors (and what are the sources of those factors) that enable some homeless people to turn their lives around? In addition, we want to establish the role homeless services play (if any) in helping people to develop lives they valued and regarded as worthwhile. Finally, we sought to identify the main barriers which individuals face when trying to access services, and how they affect a person's trajectory out of homelessness.

The results provide valuable insights into the strengths of homeless people that can be useful to providers in assessing street homeless' service needs and increasing the likelihood of long-term positive outcomes. We conclude that the role of services is to help people rebuild their lives in ways that they value and make recommendations on how services can take a capability approach.

The definition of capability used in the study derives from Amartya Sen: 'It [capability] reflects the person's freedom to choose from alternative livings'. It is important to stress that employability is part of that capability, but not the whole picture. Resilience, on the other hand, is an individual's ability to cope with life's adverse events, which includes having the ability to overcome his or her difficulties.

The research was designed and directed by Dr Joan Smith with the Policy and Research Department at Crisis and undertaken by a team of trained co-researchers who had themselves experienced homeless.

1.2 The research design

The issues outlined above were investigated in a sample of homeless and ex-homeless people, aged between 20 and 72 years, who were recruited through having sought services at Crisis Open Christmas (COC) and/or attended Crisis Skylight and Learning Zone courses. 87 people (64 men and 23 women), were interviewed in Spring 2007. Although the majority were born in the UK (60 per cent), the rest originated from 23 different countries. While the study is not drawn from a representative sample of homeless people, it was intended to capture a cross section of the wide range of homeless people in London in a twelve-month period.

In Autumn 2007, we were able to contact 53 of the 87 people originally interviewed (a positive result for this target group). We wanted to establish: a) what had happened to them in the intervening

months; b) the services they had used; and c) what difference (if any) such help had made to their lives. In late 2007 we traced 41 of the 53 people in order to thank them for their participation and to establish how they were progressing.

Interviews were semi-structured and undertaken by a team of co-researchers (recruited and trained in research techniques by B-Hug) who had previously been homeless. Drafts of all questionnaires were discussed with and piloted by the research team and they also developed methods of introducing digital recording in interviews without being intrusive. In addition, after the August set of interviews, the research team discussed the results, and created a model that captured the participants' progress. Scales to measure both the capability and the resilience of respondents were also created and discussed with co-researchers.

It is important to stress that, even though this was a tracking study, the focus was not on a particular service that the participants had received or the difference that a particular type of service might make. In other words, participants may have been recruited through Crisis' services, but this was for purely practical reasons – i.e., because they represent a valuable route through which to contact often hard-to-reach people with experiences of homelessness – not because the sample was intended to be representative of the charity's clientele.

The sample, therefore, though unrepresentative, was meant to capture a cross section of the wide variety of people who experience homelessness in London in a twelve-month period. Our purpose was to analyse how individuals availed themselves of a *variety* of services, and the barriers and incentives they might face whilst trying to access the services they need to overcome their difficulties.

1.3 The diversity of participants

London is a diverse, multi-cultural city, and people who experience homelessness in London come from across the world. Our sample reflects this: of the 87 people interviewed at the beginning of our study, 60 per cent were from the UK, while 40 per cent came from 23 other countries, and as we shall see, this is a key issue. It is clear that national origin is not picked up sufficiently in standard ethnicity monitoring.

Men constituted three quarter (74 per cent or 64 men) of the people interviewed at the beginning of the study.

UK born men constituted 44 per cent of the study and came from a variety of backgrounds: 29 described themselves as White British/Irish; and nine self-identified as Asian British, Black British, Black Caribbean or mixed heritage.

Participants from overseas came from similarly diverse backgrounds: 18 described themselves as Asian; nine self identified as Black African; five as Black Caribbean; two as Middle Eastern, and three as white.

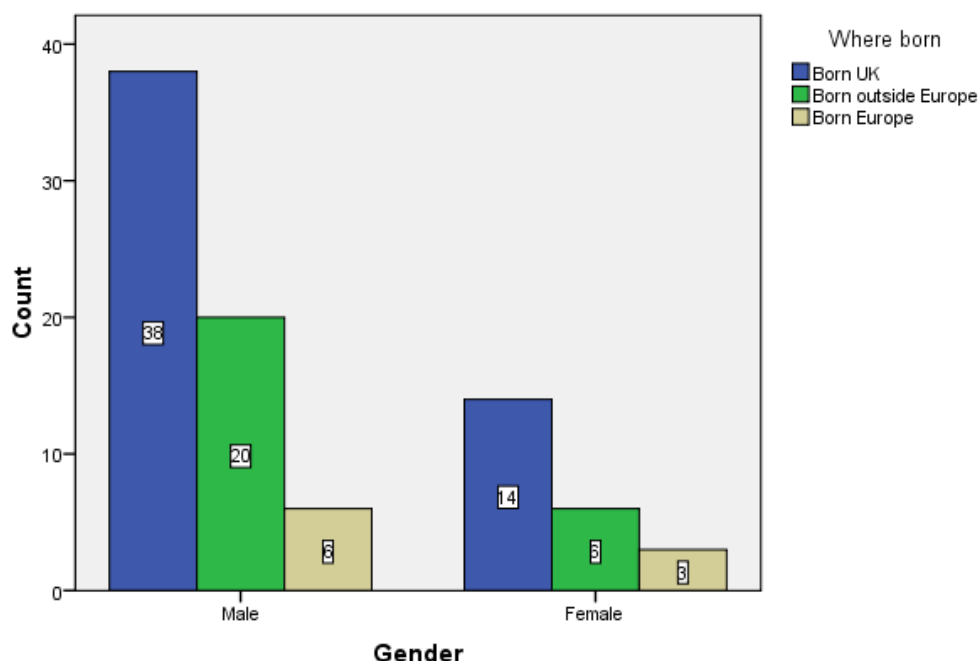
The last group in the study, 6 men, originated from continental Europe and were all white.

Women constituted 26 per cent (23) of our sample and their origins were similarly diverse. Of the 17 per cent (14) who were UK nationals, 10 described themselves as British, one as British Asian, and three as Black-British.

Six women were born overseas of which one self-identified as white, two as Black-African, one as mixed heritage, one as Black other and one preferred not to state.

Of the three women born in continental Europe, two were white and one was of mixed heritage.

Figure 1: Where participants were born, categorised by gender



1.4 Housing situation

Our participants were living in a variety of situations (hardly surprising given that, even though all participants had been recruited via Crisis' services, the charity does not provide accommodation) itself:

- Sleeping rough (23 per cent);
- Living out of sight in bed and breakfasts, squats or with friends and family (14 per cent);
- Hostels (23 per cent);
- Temporary or shared accommodation (17 per cent); and
- Rented accommodation (23 per cent).

Of the people sleeping rough at the beginning of our study, 18 were men and two were women. Both women and nine men were UK born.

Eleven of the UK born lived in their own accommodation, but had slept rough in the past, while a further eight lived in hostels, seven lived in temporary or shared accommodation, and three were squatting or living with friends.

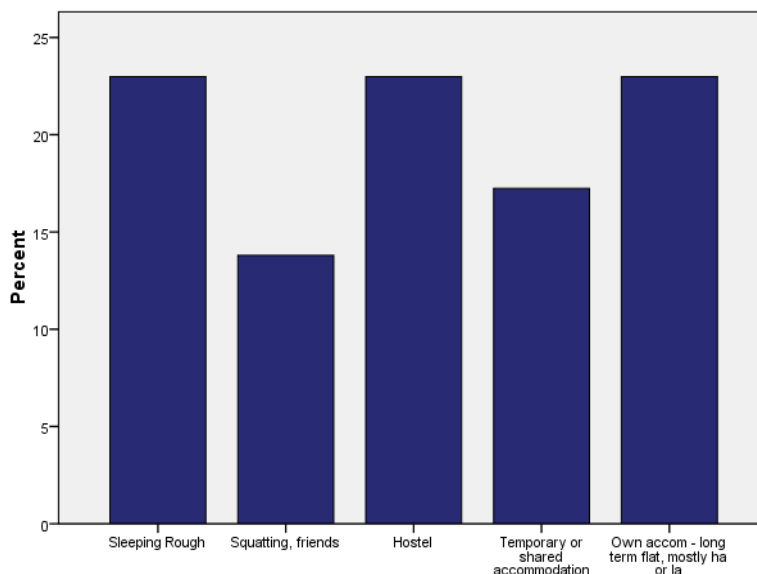
Seven men from overseas lived in hostels, four squatted or lived at friends' places, and another four slept rough.

Five participants from continental Europe were sleeping rough and one lived in temporary accommodation.

Women born in the UK were more likely to be living in their own accommodation or temporary accommodation (eight out of 14). However, two were sleeping rough, two squatted or lived with friends and two were living in Women's Aid hostels.

The report suggests that although providing accommodation is not enough, it is the basic service which most homeless people need in order to move on in their lives and to create a life they value. With rare exceptions, people in our study who did not find accommodation could, at best, cope with their homeless situation but they could not move on; at worst they gave up on the efforts they had been making.

Figure 2: Housing situation, Spring 2007



II. Capability and Resilience prior to homelessness experience

2.1 The role of early life

Resilience is about an individual’s ability to rely on their own core self-belief and stability, enabling him or her to withstand adverse life events that would damage another person. Theorists of childhood attachment have argued that a person’s resilience is determined by their childhood experience but contemporary research has shown that it is also possible for people with difficult childhoods to rebuild their resilience in later adult life through supportive relationships.

The childhood experiences of people in our study were varied. Half of the people in our study had experienced difficult childhoods - including the death of a parent, being placed in care, or living with an abusive parent. Others described their childhoods as ‘poor’. Yet others described their childhoods as happy but also disrupted, for example, having to leave their home country. Only a third reported a happy childhood without major disruption.

More women reported living in a home with an abusive parent (17 per cent vs. eight per cent men) and only a quarter of women reported a happy non-disrupted childhood, compared with over a third of men.

It is important to note, only a quarter of UK born participants reported an undisrupted happy childhood, compared with 42 per cent of those born in countries outside of Europe and 67 per cent of those born in other European countries.

2.2 Adult Lives prior to homelessness

Had respondents in our study been able to live resilient lives as adults? Prior to becoming homeless, half of the participants had had long term supportive relationship as adults and had been able to create and maintain an independent home. This group reported having been most settled when: 1) living in their own home with a partner and children (25 per cent); and 2) living in their own home with their own tenancy (23 per cent).

However, one half of participants reported they had never established an independent home as adults. A third of people said that they had never had a settled home or that their only settled accommodation had been: 1) in a hostel, prison, or another institution; 2) work accommodation; and 3) the re-settling accommodation where they were living at the time of the study. A sixth reported being settled as adults only when they lived with their parents, friends or relatives.

Unstable adult lives were associated with difficult childhoods. 59 per cent of the respondents who had very difficult childhoods and 57 per cent who had poor childhoods had unstable adult lives, compared with only 18 per cent of those with a happy childhood. Having said that, 24 per cent of those with very difficult childhoods had led independent stable lives; while 18 per cent of those with happy childhoods had led unstable adult lives.

Participants' past relationships can, therefore, be summarised in three broad categories:

- People who had lived adult lives of independently sustained relationships, which they regarded as positive and stable (33 per cent);
- Individuals who had led adult lives based on supportive relationships (often family based) that were mostly stable (24 per cent); and
- Persons who had had adult lives without independent relationships or in unstable relationships (including violent relationships) (43 per cent).

40 per cent of men reported stability (i.e., able to engage with work and/or education) in their adult lives, compared with 13 per cent of women – despite the same proportion of men and women having had very difficult childhoods (42 per cent). It is worth noting that almost half of the women in the study (43 per cent) had had violent and exploitative relationships or little or no work/domestic partnership attachment.

2.2 Formal education and work histories

People's capability to live a life that they value can depend on their education or work training or other opportunities. One quarter of respondents had educational qualifications at 'A' level or above standard, and a fifth had GCSEs qualifications, but over half the people in our study had no qualifications (46 per cent) or low level vocational qualifications (9 per cent).

Men and women had similar levels of qualifications. Yet, the work capability of the two sexes varied greatly: only 9 per cent of women reported skills, qualifications and work experience, compared with 31 per cent of men.

However, people born outside the UK were much more likely to have higher educational qualifications. For example, over half of those born in continental Europe (56 per cent) reported qualifications of the equivalent of A Levels or above, as did 32 per cent of those born overseas, but only 16 per cent of those born in the UK. Conversely, 51 per cent of UK nationals had no qualifications, compared with 44 per cent of those born overseas and 22 per cent of those born elsewhere in Europe.

Yet, participants from outside of the UK sometimes reported that their work qualifications were not recognised in the UK and this lack of recognition had an adverse effect on their work prospects.

As with educational qualifications, the proportion of respondents with no work skills, no work qualifications and none or only limited work experience was highest amongst those born in the UK: 46 per cent of UK born participants were in those two groups, compared with 29 per cent of those born overseas and 22 per cent of those born elsewhere in Europe.

Despite having lower academic qualifications than foreign nationals, older British men (35 years and over) often had long working lives and extensive work experience. That meant that they were as likely as foreign nationals to have led lives they valued – working and raising children, supporting families, running a business. However, the picture was very different among younger British males – their lack of education had not been compensated for through work experience or work qualifications and their lives were more likely to have been restricted.

According to Amartya Sen, a person's well-being is bound up with their freedom to live a life they value.¹ We divided participants into three broad categories based on whether in the past they had led lives they valued:

- People who, prior to homelessness experience, had led lives which they valued and had largely chosen themselves (44 per cent);
- Individuals who before becoming homeless had led lives with value for them but not the lives they would have chosen (33 per cent); and
- People whose past lives had been restricted by certain circumstances, such as substance misuse or abusive relationships (24 per cent).

Almost half of those who had lived restricted lives were UK nationals aged 20-34 years. Only one other person aged 20-34 years born outside the UK had lived a similarly restricted life.

Finally, whatever their qualifications, men were more likely than women to have had led lives they valued – working and raising children, supporting families, running a business.

2.3 The range of capability and resilience

The terms 'capability' and 'resilience', as shown earlier, can be used to refer to the ability to react and adapt positively when things go wrong.²

The table below, therefore, shows the range of capability and resilience among our participants.

¹ Sen A. (1992) *Inequality Reexamined* (Oxford: Oxford University Press). See esp. Chapter 3, pp. 39-55.

² Mel Bartley (ed.), *Capability and Resilience: Beating the Odds* (2007), p. 3. Also see, A. Sen, *Inequality Reexamined*.

Figure 3: Past Capability and Resilience

		No.	%
High	People who had lived both capable and resilient lives in the past – i.e., functioning and self-determining with stable relationships.	21	24 %
Medium	Mostly functioning with or without support, and with some stability of adult relationships	28	33%
Low	Functioning lives but with no stability in their living situation	18	21 %
Poor	Lives of restricted functioning with no stability	19	22 %

57 per cent of interviewees, therefore, had led lives of either high or medium capability/resilience, while 43 per cent of respondents had led lives characterised by low capability/resilience.

The pattern was different for men and women in the study. For instance, 31 per cent of men had led capable lives with stable relationships prior to becoming homeless, compared with nine per cent of women. And 19 per cent of men had led lives of restricted functioning and unstable relationships before becoming homeless, compared with 30 per cent of women.

We could also identify a distinction between UK-born and non UK born. For example, 35 per cent of UK born participants had ‘high’ and ‘medium’ capability/resilience, compared with 78 per cent of those born elsewhere in Europe, or 77 per cent of people from overseas. However, despite higher capability/resilience prior to becoming homeless, the lack of services available to non UK nationals can make them vulnerable to the many complex problems associated with a life without fixed abode.

It is important to emphasise, therefore, that people who experience homeless may well have led perfectly capable/resilient lives prior to their homelessness experience. This factor – i.e., that people experiencing homelessness have a diverse range of capability/resilience – is not only of fundamental importance to good policy-making, but also to providers of homeless services. Given the wide range of backgrounds among single homeless people, service providers and policy-makers alike must therefore personalise services to cater for individuals who have led lives in the past of capability/resilience and those that are very damaged.

III. The impact of homelessness on capability and resilience

3.1 Turning points into homelessness

Having looked at past child and life circumstances, we were keen to understand the specific triggers into homelessness. The turning points most often cited by men were as follows:

- Relationship breakdown (44 per cent);
- Substance misuse (44 per cent);
- Unemployment (36 per cent); and
- Leaving an institution (prison, army, hospital, care, etc.) (30per cent).

Respondents born in the UK were most likely to cite relationship breakdown (42 per cent), substance misuse (44 per cent), and leaving an institution (37 per cent), as their turning points into homelessness.

Half of those born outside of Europe and two-thirds of those born in other European countries reported one of their turning points as leaving their home country (including difficulties associated with legal status, language barriers and not being legally entitled to services), not having papers or their qualifications from abroad not being recognised. Others had lived in the UK for some time and their turning points were, therefore, more similar to those born in the UK and so were associated with relationship breakdown, unemployment, etc.

Younger people (those aged 20-34 and 34-44), were more likely to cite substance misuse as their turning point to homelessness – as opposed to citing the loss of a domestic partnership and loss of employment amongst those who were older.

The turning points most often cited by women were physical or mental health problems (39 per cent) and escaping a violent relationship (35 per cent). The most common reasons for UK born women becoming homeless were escaping domestic violence, mental or physical ill-health, breaking up with their partner, or the loss of a family member. Half the women born in countries outside of Europe reported that their homelessness was related to issues around leaving their home country.

Many people in our study had experienced several adverse life events, including loss. When asked, 'What were the most difficult experiences for you to cope with?' responses included:

- Relationship breakdown (45 per cent);
- Homelessness (44 per cent);
- Bereavement (38 per cent);
- Leaving home country (13 per cent);
- Ill health (11 per cent); and
- Loss of children (10 per cent).

Men tended to report the most difficult situations to cope with were those centred upon the loss of supportive relationships, either parents or partners. In contrast, women reported that the most difficult situations to cope with were around the loss of their children, or illness (often depression). Three quarters of respondents born outside Europe reported homelessness as the most difficult situation they have had to cope with.

3.2 The impact of homelessness on well-being

For many years research has documented the harm to physical and mental health and well-being that can be caused by poverty and by adverse life events. Despite the fact that not everyone is affected in the same way (i.e., that some people seem able to 'beat the odds' and achieve a high level of well-being), it is clear that the overwhelming effect of homelessness on people's well-being is a negative one.

53 per cent of respondents said that being homeless destroyed their self-esteem and self-confidence. Age, ethnicity and nationality, unlike gender, made no difference to how they replied to these questions: two-thirds of men reported lost self-esteem and self-confidence through homelessness compared with one in ten women.

Nearly a third of people (31 per cent) said that being homeless had led to depression, mental health problems and anxiety. As one man said, '[I] didn't care about myself'. This was a slightly more common response from those born overseas (35 per cent) and in other European countries (44 per cent), compared to UK born participants (27 per cent).

A negative impact on mental health was a less common reaction amongst women: 39 per cent of men reported this compared with 9 per cent of women. However, many women reported being depressed and having a history of mental health problems prior to homelessness experience. Also, many of the women in our study had been the victims of domestic violence, and for them being temporarily homeless could be perceived as a preferable state of affairs to living with a violent partner.

Most of our participants were, however, taking steps to actively rebuild their confidence and capability. For example, some people were studying towards certificates or qualifications (e.g., a health and safety certificate for working in construction, or food safety for catering), which they hoped would put them in a better position to get back into the labour market. For non UK nationals, ESOL and IT courses were particularly valued and seen as key to a better life in the host country. Volunteering with supportive agencies which had helped them in harder times was also a popular route, since it enhanced people's self-esteem and general well-being and maximised their job prospects.

But deemed just as significant as working towards formal qualifications, were activities that helped people to build self-esteem and the social interactions that help them release their capabilities. Many of our participants engaged in a variety of such activities, from creative writing, to art and crafts, music and walking. Doing so enabled them not only to relax and feel more positive about life, but also to develop transferable skills and – on occasion to find employment in their activity of choice.

Such activities – unlike formal learning – seemed able to reach those who were most vulnerable and marginalised, such as those who misuse substances and those with severe mental health problems. However, those with the most severe physical and mental health problems often were unable to take full advantage of the creative opportunities available because of transport difficulties.

Furthermore, as some people regained their self-esteem and began to progress – through engagement but also by receiving support into new living situations – they were able to rebuild their family connections. Two older British men who were placed in accommodation were working or volunteering, continued to use day centres and had re-established contact with their relations. Two EU15 nationals who had received some support from services and engaged in learning and creative activities reported they planned to spend Christmas with their families in their country of origin. A few people were, therefore, able to create what can be called 'a virtuous circle of activity', involving service support, greater self-esteem and renewed family contact.

In conclusion, homelessness, even though it did not affect participants in the same way, had a corrosive effect on our participants' self esteem and well-being. This emphasises the importance of activities that help people build self-esteem and the social interactions that will help them release their capabilities.

3.3 Tracking participants

In this study we were interested not only in examining how respondents saw themselves and were coping with their situation, but also about how this changed over time. We wanted to get a sense of how their hopes and aspirations evolved and how these changes are linked to particular aspects of their lives. In particular, we wished to analyse the role that different services play in helping to build people's capabilities and resilience.

The research team used Sen’s approach to consider whether each participant was establishing a life he or she valued. This outcome model was one that encompassed our understanding of each person’s new situation both in terms of their functioning (capability) and their resilience. In almost all cases these two aspects of the person’s life were either improving together or declining together.³

After considering how far people had come during the course of the study, co-researchers found that: a) 42 per cent of participants were moving on; b) 30 per cent were coping; c) 13 per cent were not coping; and d) 15 per cent were at serious risk of major harm and possibly death.

Figure 4: Outcomes, Autumn 2007

	No.	%
1. Establishing a moving on pattern	12	23
2. Moving on in their lives	10	19
3. Coping despite their situation	16	30
4. Not coping	7	13
5. At high risk	8	15

What were the circumstances of those who were thought to have moved on? In simple terms, people who were deemed to be in the first two Groups were most likely to have led capable/resilient lives prior to becoming homeless. They were also more likely to have successfully accessed homeless services – including housing, day centres, and learning (both formal and informal) opportunities. In addition, all people in Groups 1 and 2 were now living in a better/improved accommodation situation or about to do so. Some participants had been placed in a hostel or temporary accommodation and others had moved into permanent accommodation (mostly social housing but a few rented from a private landlord).

³ Only in a few cases did those two aspects diverge when we considered how people described their lives in Autumn.

Escaping homelessness

"[I'm] very well. I'm still in this flat, getting to know people in this area. My son is back with me, living with me ... makes my life completely different. ... My life is much better'. *Mother, UK born*

"I am doing very well. Lots of support from my mum, dad, and brothers and sisters. My health is good because of contact with my children. I haven't been drinking or indulging in drugs for four months. I now live in a shared house but am still waiting to be re-housed'. *Father, UK born*

"Got re-housed – a flat – [I'm] re-decorating. Sorting my life out, looking for employment." *Male, UK born*

Significantly, the vast majority of people in Group 1, i.e., participants who had established a stronger moving on pattern, were UK nationals – 11 out of 13. By comparison, half of the people in Group 2 were born outside the UK. Given that the UK nationals in our study were much more likely than foreign nationals to have had lives characterised by lower levels of capability/resilience prior to becoming homeless, it is safe to conclude that part of the reason why they are most likely to establish a moving on pattern is because in most cases UK citizens have greater rights to services and are also more likely to be in regular contact with their families and other informal sources of support.

People in Group 3, i.e., participants who were coping despite difficulties, were most likely to have been born overseas (10 out of 16). Individuals in this Group often reported little or no change in their accommodation situation, and were mostly still living in hostels, squatting, rough sleeping and 'sofa surfing'.

Participants were, however, accessing a variety of services – including a variety of learning and training activities – in an attempt to turn their lives around. It is important to note that UK nationals in Group 3 were more likely to have physical and/or mental health problems, as well as substance misuse issues. While a few foreign nationals also faced similar challenges (especially if he or she had been homeless for a considerable amount of time), much more common for them were the problems related to a lack of right to services (and, on occasion, proving that right).

Finally, the majority of people in Groups 4 and 5, i.e., those deemed not to be coping with their situation or at risk, were male (13 out of 16). Some people were sleeping rough or in unstable housing, while others, despite living in permanent housing, were struggling with a complex set of problems – related to substance misuse or severe mental health problems. Half of the men in these Groups were UK nationals, and they were more likely than non UK nationals in these Groups to have led lives characterised by low capability/resilience prior to becoming homeless and also to be suffering from severe mental health problems and/or misusing substances. Again, for foreign citizens, the main obstacles they faced related to lack of right to access services.

Still struggling to escape vulnerability

“Frightened and scared. Bullied at college and the dole. I now have nightmares due to my former military experience which brought on anxiety. My studies are in a mess. My chance of progressing has been nullified by the treatment I have received.” *Former soldier, re-housed*

“Nothing changed: still in the same place, no money, and no place to go. I’m scared to go out, I feel safe indoors. My partner who stopped drinking came back to it after 7 years ... abused me.” *UK national female, rehoused*

“I am still drinking and not feeling too good about life. I haven’t been doing any painting or drawing, just visiting day centres. I did do some charity work for the Salvation Army but only lasted 5 days. I still feel I need help with my alcohol issues.” *Male born elsewhere in Europe, street homeless*

IV. Support Networks

4.1 Types of support

The support people availed themselves of whilst homeless, were of two types: formal and informal. The most common sources of informal support reported were: family (19 per cent), friends (20 per cent), and faith and community organisations (17 per cent).

It is important to note that, while family was generally regarded as a highly valuable source of support, most people in our study (56 per cent) reported not having contact with their families. Also, a higher proportion of men reported being in touch with their family – 46 per cent men vs. 39 per cent women.

Moreover, when asked whether they felt part of a community, nearly three-quarters (73 per cent) of participants identified a homeless service (e.g., Skylight, a day centre, a hostel, etc.) – as opposed to a more informal or traditional type of community. Only 8 per cent of people felt part of a community in a local church or neighbourhood group, and another 10 per cent reported friends on the street. In addition, 8 per cent – all men – reported not feeling part of any community.

Men were also more likely to say that the main source of human contact in their lives was through the services they used – 31 per cent, compared with 13 per cent of women. And 61 per cent of women reported that friends helped them cope in the face of adversity, compared with 18 per cent of men. On the other hand, 55 per cent of men said that a particular service helped them to cope, compared with 39 per cent women.

Services were also identified as a key source of support by 29 per cent those born overseas and by 40 per cent born in other European countries. The lower proportion of people born overseas mentioning services as important can be explained by them being less likely to have the legal right to access them.

Even though many foreign nationals claimed having good family relationships and social networks in their country of origin, the fact that they were in a new country and the expense involved in calling home meant that they were often very isolated and heavily dependant on services for human contact.

With regard to which services participants considered most important, responses included housing, day centres, learning and training opportunities, detox and medical services.

This research highlights the crucial role day centres play in people's well-being, particularly those which are open access (e.g., where clients do not have to meet the criteria of being a local resident, currently sleeping rough or a UK national).

They are places in which people can meet their basic needs (eat, wash, get medical assistance, advice, etc.), socialise with people in similar conditions and also develop their skills. Participants wanted such services to mushroom across the capital and for the opening hours to be extended. Interestingly, day provision⁴ is still very important to people who had been re-housed and were progressing.

4.2 How people use services

As the study progressed, it became clear people used services in a variety of ways, which might be described as: (1) stop-gap; (2) springboard; (3) safe haven; (4) life-line; and (5) disengagement.

One group of participants had used services, such as day centres, for a relatively short period of time – they acted as a '*Stop-gap*' measure in their concerted efforts to escape homelessness. Despite adversity, their resilience and capability was such that they were able to turn their lives around fairly quickly. Most people in this group were able to find employment and/or further education as soon as they moved into secure accommodation.

A second group of participants used services as a '*Spring-board*' into a better future. They were taking full advantage of the education and training opportunities available as a means of changing their fortunes.

Another group of participants, including older men engaging in informal art-related activities, used the services as a '*Safe Haven*'. Typically, these were people who did not feel able to cope in the labour market, eager to engage at the community level, and had built lives around activities they enjoyed. Many felt the creative activity allowed them to manage their mental health problems or substance misuse issues more effectively.

Fourthly, a large group of people used services as a '*Life-line*', to meet their fundamental needs. Day centres and shelters were critical for this group of participants, who often had low capability/resilience and seemed particularly vulnerable as a result. For instance, during our study a participant reported starving and experiencing a significant deterioration of his mental health, because his usual day centre did not serve food for two weeks.

Finally, a group of people had been *barred* or had chosen to *disengage*. Participants in this group were of two main types: 1) those with the most severe mental health problems and/or substance misuse issues; and 2) those who by virtue of their nationality, were excluded from a service.

The ways people used services also depended on how services responded to them. For example, one female participant born overseas reported going to her Local Authority's Homeless Persons Unit four times before she was referred to a woman's hostel by a housing officer who was willing to advocate on her behalf. On the other hand, a British man who was caring for his two children was simply told by a council worker to 'move in with his mother'. He eventually disengaged from services and moved into a squat.

Our findings reveal that different factors led to participants receiving housing support. First, people who were deemed in 'priority need' because they had dependants, learning difficulties or had history of care or served in the armed forces. Second, men and women (mostly UK nationals) of advancing years.

⁴ This includes day centres, learning and activity centres.

Third, younger people who were pulling themselves out of homelessness and/or alcohol/drug addiction and were referred into temporary accommodation.

Throughout our study, most of the people who were sleeping rough at the beginning of the study had found a way out of that situation, but not all. A few men had severe substance misuse and mental health problems and they were less likely to be given accommodation – which in turn meant that after undergoing detox they were more likely to return to sleeping rough or live in squats. Some women were still at risk because they had left a hostel to move into a squat or had moved in with a new partner and were not tenants in their own right.

4.3 Barriers to the uptake of services

Over a quarter of people (28 per cent) in our study were not coping or at risk when we re-contacted them in Autumn 2007. What were the barriers they experienced when they tried to access services?

Recourse to public funds

The biggest barrier for some participants was housing. Many participants received no help from their Local Authorities – either because they were deemed not to be in ‘priority need’ (although other non-priority need cases were supported), or due to the fact that they have no right to access services by virtue of their nationality.

UK nationals with no dependants were often not deemed ‘vulnerable’ enough to be given ‘priority need’. The women frequently lived in hidden homeless situations and, after becoming disillusioned with the system, stopped trying to access housing services they so desperately needed. Insecure accommodation and related fears for personal safety, led some women to rely heavily on a boyfriend and/or friends for protection. British men with children but with no responsibility for them were also not deemed priority need and not given accommodation – even when that compromised their relationship with them or their recovery from substance misuse.

Another main obstacle to progression related to lack of rights to welfare support. Even participants who had recourse to public funds and with high capability/resilience found it extremely difficult to move into work if they were in supported accommodation because of the impact Housing Benefit withdrawal would have on their ability to pay their housing costs. Housing costs (and for most single homeless people in London the only viable option is the private rented sector) undoubtedly act as one of the main barriers to people seeking employment.⁵

Participants also argued that jobseekers allowance did not take into account the costs people incur whilst looking for a job. As one participant put it, *‘Dole money here they pay £56 a week, but I pay £14 for a travel card for a week to go and look for jobs. They don’t realise how much it costs, even to go and look for a job.’* He also mentioned the costs associated with applying for a particular type of job – in his case he had to pay £28.50 for a Health and Safety Certificate and £21.50 for a copy of his birth certificate.

However, many of our participants had no recourse or only limited recourse to public funds and this meant they ended up in very a vulnerable position even when they had high capability/resilience. The majority of people in this group were ready and willing to work, but were unable to do so because – in

⁵ It is hardly surprising, therefore, that households living in temporary accommodation are more likely to remain unemployed than others living in London (Centre for Economic and Social Inclusion, *Working Future Evaluation* [CESI, 2007]).

the case of refused asylum seekers – they did not have the right to work in the UK; or their qualifications were not recognised in the UK, and/or their English was not proficient enough to translate key documents requested by prospective employers. As a result, these people often end up working in the black economy, which in turn makes them even more vulnerable to exploitation by reckless employers.

Access to day centres

Day Centres played a key role in the lives of many of our participants (particularly the men), even those who were progressing. However, our participants reported that an increasing number of day centres were introducing conditions of entry – for instance, only admitting people who are currently rough sleeping and who have a local connection. Some of our participants were denied access to their usual day centre because they did not meet the new entrance criteria.

Another source of concern for our participants with regard to day centres was opening times. Many of the day centres they used were only open from 8am to 2pm, and this is seen as unsatisfactory because it leaves many people at a loss when it comes to deciding what to do with the rest of the day. Longer opening times would, it was argued, diminish feelings of isolation, help some people control their addictions, and keep them ‘out of trouble’ and engaged in positive activities.

Also, one of our participants had been barred from day centres. Our evidence suggests that being barred from the services provided by day centres had a drastic effect on a person’s life and put a vulnerable individual in an even more unstable situation. The decision to bar a person from day centre services, therefore, should always be a last resort measure.

Mental health

A number of factors, such as a dysfunctional family background, poor family support, and low educational achievement, often had a major impact upon capability/resilience – people’s general coping skills, their capacity to maintain personal relationships, and their ability to get and keep a job. Such factors are also associated with an adult risk of mental illness.⁶

Mental health problems are up to eight times more common in the homeless population.⁷ And as many as one in five people experiencing homelessness have a mental health problem and a further issue such as substance misuse.⁸

For some of our participants, mostly UK nationals, mental health problems often began before homelessness and may be seen as the direct cause of the loss of accommodation. The stresses associated with being homeless then exacerbated his/her mental health problem(s), making it even

⁶ Dean and Craig identify the following factors as increasing a person’s vulnerability to homelessness: 1) dysfunctional family background and maternal psychiatric illness; 2) poor family social support; 3) low educational achievement; and 4) childhood behavioural problems, such as truancy (*Pressure Points*, p. v). Also see, D. Herman, et. al., “Homelessness among individuals with psychotic disorders hospitalised for the first time,” *AJP*, 155 (1998), pp. 109-13; C. North, et. al., “Correlates of early onset and chronically of homelessness in a large urban population,” *JNMD*, 186 (1998), pp. 393–400; and M. Muñoz, et. al., “Differential patterns of mental disorders among the homeless in Madrid (Spain) and Los Angeles (USA),” *SPPE*, 33 (1998), pp. 514-20.

⁷ Wendy Bines, *The Health of Single Homeless People* (Centre for Housing Policy, University of York, 1994). The prevalence of schizophrenia and other psychoses is particularly high among middle-aged long-stay hostel residents, while depression, anxiety and impulsive self harm are more typically encountered in younger runaways and adolescent populations (R. Dean and T. Craig, “*Pressure points*” *Why people with mental health problems become homeless* [Crisis, 1999], p. 1).

⁸ ODPM, Factsheet 6: Mental Health and Housing (2004). URL:

http://www.cabinetoffice.gov.uk/upload/assets/www.cabinetoffice.gov.uk/social_exclusion_task_force/publications_1997_to_2006/factsheet_housing.pdf

more difficult to achieve stable housing. For others in our study, both UK and foreign nationals, homelessness was the trigger for their mental health problems, leading to depression and anxiety.

Once homeless, individuals who develop mental health problems can remain without permanent housing for many years, unless the problems in social functioning that characterise their illness are addressed. Only a few of our participants reported receiving adequate help and they stated they would like more counseling. This group of people in particular would benefit from ongoing support from Floating (Housing) Support Teams.⁹

Participants with a history of less severe mental health problems and those who developed them whilst homeless reported limited support. Our results indicate that people would welcome more high quality support, advice and counseling in day centres and other places where people with no homes spend their time. Women in particular would welcome more personalised services. People attending day centres would benefit from a key-working service similar to that provided in hostels.

Substance misuse services

Homelessness is frequently associated with substance misuse problems. Alcohol and drug use both led to some people becoming homeless, or contributed to that outcome, and being homeless undoubtedly placed both them and other of our participants in a vulnerable position for the development of patterns of problematic substance use. In part this was because homeless people used illicit substances to 'self medicate' against the stresses of homelessness and in part because of peer-level acceptance of drug and alcohol misuse. These and related factors in turn had an impact on a person's ability to access and benefit from service provision. As Fountain and Howe emphasised, "the revolving door which spins people from insecure housing to the street and back again, can turn that much quicker when drugs are involved."¹⁰

In our study alcohol did as much or more harm than drugs; one male participant died in the six months between the Spring and Autumn interviews, and another was told he had less than a year to live. Both men were in their forties.

Substance misusers in our study (or recovering alcohol or drug users) often also sat at the confluence of mental and physical health problems. It is for this reason that they believed that alcohol detox, drug prevention, harm reduction and low-threshold drug services (including follow up) should be readily and repeatedly accessible for homeless people (particularly for those who are newly homeless and those sleeping rough).

The availability and accessibility of all substance misuse services should be increased despite the fact that clinical interventions may not always be the most appropriate response to the needs of homeless users. Furthermore, given the difficulties already faced by homeless people, it is of fundamental importance that services become more aware and take into account the specific problems (such as chaotic lifestyles) faced by homeless alcohol and drug users.

Informal support

Informal support, such as that provided by family members and friends, can be extremely valuable and key to a better future for someone with experiences of homelessness. Yet, most people in our study

⁹ This early intervention model (typically set up by housing associations or LA housing departments) has an excellent record of identifying vulnerable people before their problems escalate. It offers residents benefit advice and support, counseling and skills development, so as to reduce rent arrears.

¹⁰ J. Fountain and S. Howes, *Home and Dry? Homelessness and substance use* (Crisis, 2002), p. 1. See also Social Exclusion Unit, *Transitions: Young Adults with Complex Needs* (London, 2005).

reported not having contact with their families and relationship breakdown was one of the primary causes of homelessness identified.

Participants said they would like more regular contact with their family than they had at present and would welcome initiatives which aimed to enable people to make meaningful contact with their families. Such projects would include enable individuals to build relationships with their partners/children/other relations and gain the skills necessary to maintain the relationship(s). People who benefit from that type of help gain increased confidence, emotional support and improved skills in managing conflict.

Foreign nationals were most likely to report having family albeit in their country of origin.¹¹ For this group of homeless people geographical distance and the cost of calling home were the main barriers to getting emotional support from their families and friends. In addition, foreign nationals were least likely to have a network of friends and relatives they could draw upon when going through difficult times (e.g., losing a job, relationship breakdown), thus making them vulnerable to homelessness despite having high capability/resilience. More should be done to address the needs of this group of people, who would only require relatively modest levels of support (including help to integrate in the UK) to overcome homelessness and become productive members of society.

Language difficulties/lack of access to translators

For many foreign nationals in our study language barriers were a source of great concern and distress. Agencies did not necessarily have ready access to translators, which made communication with staff extremely difficult. It is safe to conclude that, when faced with language barriers, staff will find it difficult to assess a client's support needs. It is now increasingly common for organisations to employ workers with adequate language skills to support the work with new client groups or to recruit volunteer translators/people with language skills who come into services and help out with communication. Still, many of our participants found it difficult to access services when the member of staff/volunteer who spoke his/her language did not happen to be at work.

The availability and accessibility of all ESOL courses should be increased and important documents, signs and other information should be translated so that it can be given to service users even when a specific worker/volunteer is not available. To create a positive and welcoming environment, agencies should also consider introducing signs in multiple languages and even having staff learn basic phrases, such as 'good morning/afternoon', 'thank you', 'good bye'.

These and related measures (e.g., knowledge of a client's background; recruiting staff/volunteers with similar backgrounds to clients) are also likely to reduce the risk of cultural misunderstandings.

Isolation

Isolation and loneliness are common among people who are homeless. For many of our participants, social isolation preceded homelessness and the experience then exacerbated the isolation (which in turn eroded capability and resilience). It is important to emphasise that isolation and loneliness are also commonly experienced after people have been re-housed into permanent housing and are often linked to tenancy breakdown and repeated episodes of homelessness. Innovative ways of ways of alleviating social isolation and loneliness (such as support to enable people to build the types of social relationships which may reduce isolation) among homeless or former homeless people are urgently needed.

¹¹ Note that non UK-born were more likely to have high capability/resilience.

It is particularly important that homeless services should not just target people who are currently homeless. Many people in our study continued to use day centres after they were re-housed both as clients and as volunteers. Their continuing involvement in the day centre in which they had received support appeared to be essential for them, helping them deal with the isolation of living alone, of keeping in touch with people they had known when they were homeless but in a controlled setting, and providing activities which were an alternative to alcohol or drug use. Whilst floating support services are essential when people move into their own accommodation they are usually in place for three to six months. Day centre services can offer support for longer as people rebuild their lives and also offer meaningful activity.

V. Capability and resilience as an aim of service provision

Our participants talked to us about their efforts to escape homelessness, their day-to-day lives and those factors which they felt provided help and support. These are some of the points expressed about creating improved services, i.e. those that enable people with different levels of capability/resilience to build valuable lives.

Living without a home

High levels of fear and isolation are key factors in the lives of people living without a home. Homeless people not only struggle with a lack of supporting resources (be that recourse to public funds or access to specific services), but also with lack of time. Some participants who had not yet been re-housed reported spending the best part of an average day moving between services. Primarily to get food and to wash themselves and their clothes, but also to seek advice from Local Authorities and other agencies – which for those in London often involved travelling long distances on foot or public transport. It takes enormous reserves of time and energy just to cope with day-to-day struggles – to ‘get by’ – let alone participate in extra learning and training activities.

Adequate welfare provision and support services are critical if homeless people are to overcome their difficulties and achieve lasting well-being. But often some of those in greatest need get the least support – for instance, people who exhibit difficult behaviour who have been barred from key services, or foreign nationals with no recourse to public funding who end up destitute in the streets of London.

Service provision lacking in respect

Our research suggested that far too often the way certain services are provided is seen as patronising and undermining of the dignity of service recipients. It is important that all services demonstrate a fundamental respect for the experiences of homeless people. Participants complained about ‘not being listened to’ and being at the receiving end of highly prejudicial judgments (particularly by Local Authorities’ Homeless Persons Units). The capabilities of homeless people are thus often disregarded as the approach of service providers is often focused on negative aspects of their lives and behavior to the exclusion of looking at those positive aspects that might provide a source of opportunity.

For men in particular being homeless has damaged their self-esteem. Services that do not demonstrate respect compound their existing problems. The consequences for some homeless people are that they refuse to engage with welfare agencies such as Homeless Persons Units, social services departments, and GPs or community nurses.

As a result some homeless people come to depend exclusively on a network of friends and family and on those services which are open to all. But of course such support was not available to all of our participants. Many were extremely isolated and unable to avail themselves of traditional sources of support – either due to relationship breakdown or because they had recently migrated to the UK, had struggled to integrate and found the cost of calling home prohibitive. Others could not reach open services because of the cost of transport or distance (this was a reason that many of those who went to Crisis Christmas services could not attend Skylight) or their own failing health.

For these and related reasons a more wide-spread provision of open access, non-judgmental spaces, where homeless people feel they are welcome, is crucial. This involves building up trust between staff and service users¹² and creating social spaces for participation in activities with people who share similar experiences. Some of the best day centres and learning and activity centres are already doing this but the practice needs to become more widespread.

Services that enhance capability/resilience

Some welfare interventions were seen as helpful and enhanced resilience – which in turn helped people to realise their capability. A crucial factor is when individual welfare workers in the statutory or voluntary sector act empathetically and in a friendly manner rather than as remote professional figures.

Our research repeatedly revealed that those welfare professionals who listened, who were patient and not judgmental, who were willing to advocate on behalf of their service users, and look for solutions that were adequate to their needs, were greatly valued and made a positive difference to their lives. But these welfare professionals were ‘shining stars’ whose approach was seen as going beyond what had been offered to the service user by other welfare professionals.

It is of paramount importance that services put the ‘respect’ agenda at the heart of what they offer as well as their range of services. Respect rebuilds resilience. Services which offer opportunities for service users to build self-esteem and confidence, and identify aptitudes and skills that otherwise would have gone untouched are vital for improving well-being and future life chances.

Our results point to the fact that people profit immensely from the creative arts and learning opportunities, and it is essential that individuals are encouraged to take up such activities and that they are helped with extra costs like travel and equipment costs. People should also be helped in their efforts to establish meaningful contact with their families and/or to integrate in the wider community.

V. Concluding remarks

The lives of the people in this study prior to becoming homeless reveal the wide variety of capability-resilience among and within different groups of homeless people.

UK nationals with higher capability/resilience seemed to move on or progress. However, within this group, a substantial number of people (often drug/alcohol users) with good past capability/resilience were not coping or even at risk. Conversely, a few other people with low capability/resilience prior to homelessness experience were moving on by the end of the study, engaging in learning and training opportunities and making the most of all the services available to them.

¹² For instance, upon meeting a service user for the first time, workers should consider addressing the individual as ‘Mr’ ‘Ms’, etc..., and only call them by their first name when explicitly asked to do so. One of our participants also recalled the occasion when he was addressed by his room number by a member of staff at a hostel. This is clearly inappropriate and highly damaging and front-line workers should receive adequate training on how to deal with clients.

Outcomes for foreign nationals were less positive, despite the presence of higher levels of capability/resilience prior to homeless experience. This is partly because, unless they had lived or worked in the UK, their recourse to public funds was limited or non-existent. In addition, despite some reporting having good support networks back home, they often lacked equivalent support in the UK and financial constraints meant that contact with family and friends in their home country was sparse.

Participants, irrespective of nationality, seemed to cope best with living in hardship and without a home when they engaged in creative and learning activities (including volunteering), felt part of a community, and had constructive relationships with family and/or friends. But the lack of a home eventually led to people disengaging even from activities that they loved.

Creative and learning activities played a crucial role in recovery and a very positive impact in people's well-being. Families are also very important and more efforts should be made to help people develop good relationships with partners/children/relatives where appropriate. People who are able to do this gain increased confidence, emotional support and improved skills in managing their problems.

Employment and entry to the labour market are currently regarded as the main pathway out of poverty and welfare dependency. But while it is important to provide more opportunities to develop skills that improve chances of employment, our research cautions against concentrating efforts merely on employment at the expense of activities that build people's self-esteem and the social interactions that will enable them to release their capabilities.

We have also seen that people with experiences of homelessness use services in different ways. A few people need practical help and for brief periods of time only, while others with low capability/resilience are likely to depend on services for much longer. Our participants believe that the best services are inclusive, open access and treat their service users with respect and empathy.

Listening to and involving, people is of crucial importance – in deed as well as in word. The needs and perspectives of service users and front-line staff should be at the core of service provision and design.

Incorporating the views of service user groups and individual clients is essential. After all, client involvement plays a key role in acknowledging and releasing the often hidden capabilities of users, sometimes leading to employment, as well as enhancing the responsiveness and sustainability of services.

References

- Alkire S., *Valuing Freedoms. Sen's Capability Approach and Poverty Reduction* (Oxford: Oxford University Press, 2002).
- Bartley M. (ed.), *Capability and Resilience: Beating the Odds* (UCL, 2007).
- Broadway, *The impact of social and cultural activities on the health and wellbeing of homeless people* (2005).
- Caton, T. et. al., "Risk factors for homelessness among women with schizophrenia," *American Journal of Public Health*, 85 (1995), pp. 1153-6.
- Craig, T. and Hodson, S. "Homeless Youth in London: Childhood antecedents and psychiatric disorder," *Psychological Medicine*, 28 (1998), pp. 1379-88.
- Crane M., and Warnes A., *The role of homeless sector day centres in supporting housed vulnerable people* (Sheffield: University of Sheffield, 2005).
- Crane M., and Warnes A., *Resettling Older Homeless People: A longitudinal study of outcomes* (Sheffield: University of Sheffield, 2002).
- Crane M., and Warnes A., *Single Homeless People in London: Profiles of Service Users and Perceptions of Needs* (Sheffield: University of Sheffield, 2001).
- Dean, R., and Craig, T. "Pressure points" *Why people with mental health problems become homeless* (Crisis, 1999),
- Gill B., Meltzer H., Hinds K., Pettigrew M., *Psychiatric Morbidity among Homeless People*. Report 7 (London: Office of National Statistics 1996).
- Haggerty, R.J., Sherrod, L.R., Garmezy, N., Rutter, M. (eds.), *Stress, Risk, and Resilience in Children and Adolescents: processes, mechanisms, and interventions* (Cambridge: Cambridge University Press, 1994).
- Homeless Link and Resources Information Service, *Survey of Needs and Provision (SNAP): Services for Single Homeless People and Couples in England* (Homeless Link/RIS 2008)
- Huppert, F.A., Baylis, N., Keverne, B., *The Science of Wellbeing* (Oxford: Oxford University Press, 2005).
- Ibrahim S., "From Individual to Collective Capabilities: The Capability Approach as a Conceptual Framework for Self-Help," *Journal of Human Development*, 7:3 (2006).
- Kemp P et al. *Routes out of Poverty: A research review* (York: Joseph Rowntree Foundation, 2005).
- Lemos G., *Steadying the Ladder. The social and emotional aspirations of homeless and vulnerable people* (London, 2006).
- Lemos, G., and Durkacz, S., *Dreams Deferred: the families and friends of homeless and vulnerable people* (London, 2002)

- Luthar, S.S., *Resilience and Vulnerability. Adaptations in the Context of Childhood Adversities* (Cambridge: Cambridge University Press, 2003).
- Luthar, S.S., Cicchetti, D., Becker, B., "The construct of resilience: A critical evaluation and guidelines for future work," *Child Development*, 71:3 (2000), pp. 543-62.
- McNaughton, C., *Crossing the Continuum: Understanding routes out of homelessness and examining 'what works'* (Glasgow Simon Community, 2005).
- Masten, A.S., Best, K.M., Garmezy, N. "Resilience and development: Contributions from the study of children who overcome adversity," *Development and Psychopathology*, 2 (1990), pp. 425-44.
- Meltzer H., et. al., *The social and economic circumstances of adults with mental disorders* (London: ONS, 2000).
- North, C. et. al., "Correlates of early onset and chronicity of homelessness in a large urban population," *Journal of Nervous and Mental Disease*, 186 (1998), pp. 393-400.
- Nussbaum, M.C. *Women and Human Development: The Capabilities Approach* (Cambridge: Cambridge University Press, 2000).
- ODPM, *Factsheet 6: Mental Health and Housing* (2004). URL: http://www.cabinetoffice.gov.uk/upload/assets/www.cabinetoffice.gov.uk/social_exclusion_task_force/publications_1997_to_2006/factsheet_housing.pdf
- Reeve, K., Goudie, R., Casey, R., *Homeless Careers, Homelessness Landscapes* (Crisis, 2007).
- Robeys, I. "The Capability Approach, A Theoretical Survey," *Journal of Human Development*, 6:1 (2005), pp. 93-114.
- Robins, L. and Rutter, M. (eds.), *Straight and devious pathways from childhood to adulthood* (Cambridge: Cambridge University Press, 1990).
- Rutter, M. and M. Rutter, M. *Developing Minds. Challenge and Continuity across the Life Span* (Penguin, 1993).
- Schoon I. *Risk and Resilience. Adaptations in changing times* (Cambridge: Cambridge University Press, 2006).
- Schoon, I., Parsons, S., and Sacker, A. "Socioeconomic adversity, educational resilience, and subsequent levels of adult adaptation," *Journal of Adolescent Research*, 19:4 (2004), pp. 383-404.
- Sen A. *Development as Freedom* (Oxford: Oxford University Press, 1999).
- Sen A. "Capability and well-being," in *The Quality of Life*, ed. M. Nussbaum and A. Sen (Oxford: Clarendon Press, 1993).
- Sen, A. *Inequality Reexamined* (Oxford University Press, 1992).
- Smith, J. "Housing, Homelessness and Mental Health in Great Britain," *International Journal of Mental Health*, 34:2 (2005)
- Stein, M. 'Research Review: Young people leaving care', *Child and Family Social Work*, 11 (2006), pp. 273-79.
- Wagnild G., Young H.M. "Resilience among older women," *Image: Journal of Nursing Scholarships*, 22 (1990), pp. 252-5.

Werner E.E., Smith R.S. *Journeys from Childhood to Midlife: risk, resilience, and recovery* (Ithaca, N.Y: Cornell University Press, 2001).

Werner E.E., Smith R.S. *Overcoming the Odds: high risk children from birth to adulthood* (Ithaca: Cornell University Press, 1992).

Williams N, Lindsey E, Kurtz P.D. and Jarvis S., "From Trauma to Resilience: Lessons from former runaway and homeless youth," *Journal of Youth Studies*, Vol. 4 No. 2 (2001).