

HOMELESSNESS AMONG BLACK AND MINORITY ETHNIC PEOPLE IN BRITAIN

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Introduction and background

A number of recent developments have highlighted the urgency of the situation with regard to the housing stress experienced by black and minority ethnic (BME) people in Britain. These have included:

- The growing number of refugees and people seeking asylum
- The increasing incidence (and/or reporting) and severity of racial harassment
- The report of the Macpherson inquiry into the murder of Stephen Lawrence
- The disturbances in northern English cities in the summer of 2001

In addition, legislative developments have drawn renewed attention to issues of race and homelessness - for example:

- The Race Relations (Amendment) Act 2000
- The changes to legislation contained in the Homelessness Act 2002

This paper reviews the literature relating to BME homelessness, presents findings from research into what needs to be done to tackle the problem, and draws conclusions about the nature of the issues involved and areas for further research. It considers briefly, and finds wanting, recent government policy documents relating to BME homelessness (for example, DTLR, 2001; 2002a, 2002b).

[The term 'black and minority ethnic' is used to apply to any person living in Britain who does not see themselves as falling within the white national majority (white British in Britain, white English in England, white Scottish in Scotland or white Welsh in Wales).]

Review of the literature

Publications concerning homelessness among BME groups in Britain fall broadly into two types:

- 1) Large-scale studies of homeless people generally, which contain sub-samples of BME groups that are sufficiently large for meaningful conclusions to be drawn from them about the BME homeless population.
- 2) Specific, more qualitative studies of homeless BME people in particular localities and/or belonging to particular BME groups.

In general, although there have been a number of studies in Britain specifically of homelessness among BME people in recent years, the quality and quantity of this information is far from adequate. The emphasis of the studies that have been conducted so far has been, for example, on homelessness that is most visible, as opposed to so-called 'hidden' or 'concealed' homelessness.

Quantitative studies

Studies of the first type are predominantly national or based in large cities such as London or Birmingham. Surprisingly, perhaps, the number of national research projects with significant findings concerning BME homelessness is very small. One example is the Survey of English Housing 1994/95 (Burrows, 1997). This survey found that almost 14 per cent of heads of household identifying themselves as 'Black' had experienced homelessness in the previous ten years, compared with 4.3 per cent of heads of household generally; in contrast, the proportion of heads of households calling themselves 'Indian', 'Pakistani' or 'Bangladeshi' who had experienced homelessness was below the average for the population as a whole (Burrows, 1997, p.57).

The Department of the Environment commissioned a longitudinal study of homeless applicants, which tracked 2,474 homeless applicants to nine local authorities over a period of 18 months (from 1992 to 1994) (O'Callaghan et al, 1996). This research found that BME households were more likely to be deemed intentionally homeless by local authorities.

Another important national study was that of single homeless people for the Department of the Environment (Anderson et al, 1993). This study found that Black African and Black Caribbean people were over-represented among the residents of hostels and bed and breakfast establishments, constituting 16 per cent of the total; in contrast, non-white groups were very much under-represented among rough sleepers, with 97 per cent of people sleeping rough describing themselves as white (Kemp, 1997, p.74). A more specialist study of bed and breakfast establishments for Shelter also found that certain BME groups were over-represented in such accommodation, and people seeking asylum were over-represented among residents in London's bed and breakfast establishments (Carter, 1997).

A study of 2,738 young people in housing need in Birmingham found that a quarter were

sleeping rough or living in hostels, another four out of ten were homeless or potentially homeless and the rest were urgently seeking either accommodation or housing advice. Nearly a third of the sample were from minority ethnic groups, and young African Caribbeans were identified as being most at risk of homelessness, constituting nearly 12 per cent of the survey population but only 5 per cent of Birmingham's 16-24 population (Smith and Gilford, 1993). A further study of single youth homelessness in a number of cities in England by Smith et al (1996) found that nearly half of the young people who were homeless in London were non-white. In the inner London boroughs, nearly one in five were of Black British or African Caribbean origin, one in seven were of African and one in twenty of Asian origin. Outside London, Birmingham had the highest proportion of young homeless people who were not white European, at 35 per cent of the total. This showed that Black African Caribbean and African young men and women were significantly over-represented among young homeless people in London and Birmingham, compared with 1991 Census figures. In London, however, non-white young people had the lowest proportion of reported rough sleeping, while white Irish young people shared the characteristics of other young white Europeans with respect to rough sleeping. In inner London, three quarters of single young white European men, and half of single young white European women, had slept rough in the past, compared with 42 per cent of Black British and 35 per cent of African young men, and 18 per cent of Black British and African young women (Smith, 1999, p.121).

Within London, further quantitative researches worth mentioning are those that have been commissioned by the London Housing Unit, the London Research Centre and Centrepoint. One example is Friedman and Pawson (1990), which found that 40 per cent of homelessness acceptances in London were of black households, a proportion that was reported as rising to 47 per cent by 1992 (Hansard 17.2.93 col 281). Centrepoint (1988) reported that almost half of the teenagers using its night shelters were black and Centrepoint (1994) reported similarly that black and minority ethnic people constituted 44 per cent of a sample of 1,500 hostel users in London. Citing such research, as well as unpublished information of their own, Hendessi et al (1995) concluded that young black homeless people were being ignored by local authorities and by the government's rough sleepers initiative.

The most recent quantitative research project on homelessness among BME groups in London was by Carter (1998), and involved interviews with 1,138 homeless BME people. The study found that BME groups made up 45.1 per cent of statutory homeless households in London and that rates of homelessness for African/Caribbeans were 4.4 times those for white people. Also, 41.3 per cent of those who said they had slept rough were from BME groups. In addition, people seeking asylum were emerging as a significant homeless group; this was largely hidden at that time, but appeared likely to become more visible in the absence of adequate accommodation and support.

These disparate studies contain a number of common findings, which can be summarised as follows.

- At least until recently, Black British, Black African, African Caribbean and Irish people have been more likely, while households from the Indian sub-continent

(sometimes referred to as 'South Asians') have been less likely, than average to become homeless, and to make use of night shelters, hostels and bed and breakfast establishments.

- More recently, the numbers of Asian households accepted as homeless have increased, at least in certain areas (for example, London, Birmingham, Bradford and Oxford).
- On the whole, people who are not of white European origin are less likely to sleep rough than those who are, although the most recent research (Carter, 1998) suggests that the number of non-white people sleeping rough in London has increased significantly, and that the problems of people seeking asylum are also now affecting the homelessness statistics. Shelter has recently published research on the housing conditions of asylum seekers (Garvie, 2001), which has revealed a very high prevalence of unfit and dangerous conditions.

Qualitative studies

More detailed studies of homelessness among BME groups, particularly youth homelessness, have been conducted in various regions of the country, including London (O'Mahony and Ferguson, 1991; Ye-Myint, 1992; Daly, 1996), the Midlands and West Yorkshire (Davies et al, 1996), Leicester (Ford & Vincent, 1990), Newport (Patel, 1994), Nottingham (Steele, 1997) and Oxford (Steele, 2000).

The main limitation of quantitative studies is that the specific needs of individual homeless people (for example, in terms of type of provision, area, tenure, etc) remain largely unclear, and the causes of their homelessness are not explored. It has been suggested, for example, that many BME households remain concealed, in unsuitable accommodation, or do not seek help from the traditional services, because of a lack of awareness of their housing rights. Ye-Myint (1992), however, in her study of minority ethnic homelessness, did not find anyone who 'concealed' themselves in this way, but did find that there was a *refusal* to see them on the part of the services concerned. For this reason, Harrison (2000) has suggested the term 'unrecognised homelessness' in preference to 'hidden homelessness'. Hendessi (1987), O'Mahony and Ferguson (1991) and Steele (1997, 2000, 2001) have all shown how people from minority ethnic groups are more likely to perceive (white-led) homelessness agencies as unwelcoming or lacking in sensitivity, and this is why they are less likely to seek help from them. In contrast, black-led housing associations and other black-led organisations, which are seen as more approachable and trustworthy, have gained a great deal of knowledge about the needs of homeless black and minority ethnic people, for example, with regard to their cultural and religious needs and their locational preferences (Harrison, 1999, p.111). Steele (2002), for example, describes a support scheme in Nottingham (the Azuka Befriending Scheme) that aims to meet such needs among homeless young BME people through using volunteer 'befrienders' working with young homeless people on a one-to-one basis.

Ford and Vincent (1990) interviewed 37 homeless 'Afro-Caribbean' women, yielding rich detail concerning the nature of hidden homelessness and the relevance of existing services, with clear policy implications. They found that Afro-Caribbean women relied

overwhelmingly on informal processes and shelter (friends and relatives) when they became homeless. The women lacked awareness of services available, or saw existing services as inappropriate or unsympathetic to their needs. For most of them, therefore, their homelessness remained hidden. Most of them were young, single and childless, and became homeless as a result of disputes with their parents.

Steele (1997) provided important detail on needs and services while at the same time giving an indication of the size of the problem of young black homelessness in Nottingham. In a survey of 191 homeless young black people, the research found that nearly three-quarters of respondents were unaware of the housing options available for young people in Nottingham, especially in terms of type of accommodation, though most of them had contacted the City Council Housing Department to find accommodation. Thirty respondents had slept rough, mainly men below the age of 21, and African/Caribbeans represented the largest group of BME rough sleepers. The most common way for young people to find out about individual services was through friends and family. Seven out of ten respondents wanted immediate permanent accommodation, and hardly any of them preferred to share accommodation. Respondents and providers both cited relationship breakdown, particularly with parents (cited by 42 per cent of respondents), as the main cause of their homelessness, and providers believed that the most vulnerable homeless young BME people were those leaving care, prison or mental health institutions. One in ten mentioned domestic violence as their main reason for being homeless. Providers also felt that the clients perceived many of the services available as unwelcoming, and some of the accommodation available as inappropriate, especially hostels.

An important piece of research into the causes of BME homelessness was carried out by Davies et al (1996). This research involved 126 interviews with homeless young people from four ethnic groups (African Caribbeans, Pakistanis, Indians and Bangladeshis), in three regions (West Midlands, East Midlands and West Yorkshire), and discussions with groups of young people and a postal survey of agencies in the three regions, followed by interviews with staff and residents at three case study hostels. Causes of homelessness were found to be similar for young people in all ethnic groups in the three regions, with family breakdown being most commonly mentioned (as also established by Steele, 1997, and Smith et al, 1998). Other important causes, however, were domestic violence, cited by one in three Indian and Pakistani women, and the failure of the care system, with one third of African Caribbean respondents having been in a children's home. The experience of homelessness also varied by ethnic group, especially in terms of the type of housing provision made available to them. The needs of BME groups were not well recognised by statutory and voluntary services, and young BME people would prefer to live in hostels staffed by people from the same communities as themselves, but such accommodation is very scarce.

Many respondents in a variety of other studies commented on the need for specific culturally sensitive services for BME people of different ages. For example, Patel (1994) interviewed representatives of agencies working with homeless young people or runaways, plus five young black people who had experience of running away and/or being homeless. He found evidence of 'colour-blind' racism among agency workers, and

that young black people did not believe that these agencies would meet their needs. He concluded that: *'Providing a culturally sensitive service is not about making assumptions that all young black people have the same wants and needs. It is about extending choice, for example not being treated the same, but having the opportunity to express a "black identity" without being accused of having an attitude problem or a "chip on your shoulder", having access to a black worker, access to an interpreter, able to network with other black people if that was appropriate. Young black people might not want all of these provisions all the time. What is crucial is that they have a choice and are then able to make informed decisions.'* (Patel, 1994, p.38).

Similar comments could be made in relation to older BME people, and BME people with a variety of problems affecting their housing opportunities. In relation to homelessness in particular, family breakdown was a common precipitating cause of homelessness among BME groups as with white people, but the context of the family was often quite different. For example, care-leavers, who are disproportionately African Caribbean, are less likely to have family on whom they can rely, while the families of refugees and people seeking asylum are more likely to have been torn apart by their circumstances. Some commentators suggested that, in spite of all the factors indicating a probable higher incidence of homelessness among BME groups, they are actually less likely to be officially recognised as homeless because of the lack of appropriateness for them of many homelessness services. For example, it has been argued that the Rough Sleepers Initiative reinforced a stereotypical image of youth homelessness as a single, white male problem (Hendessi et al, 1995).

A rare example of a study of BME people leaving institutional care was Baylies et al (1994). This involved a survey of 101 BME people discharged from psychiatric hospitals in Bradford and Leeds, and 62 carers. The survey found that African-Caribbeans were approximately twice as likely to be in psychiatric hospitals as other BME groups, and many of those who were discharged were poorly prepared for return to the community, with widespread experience of poverty, unemployment, racial harassment and social isolation. Many were dissatisfied with their housing, had little awareness of after-care services, or considered services and advice to be inappropriate to their needs. The most frequently mentioned housing problems were major structural defects, overcrowding, difficulty in paying rent or mortgage, and racial harassment. The worst housing problems were experienced by young, single African-Caribbeans who had been in insecure private accommodation before their admission, lost their homes while in hospital, and became homeless after discharge. No users or carers in the study considered that their views had ever been taken into account in care planning or practice.

A different piece of research on BME people with mental health needs was published by CVS (1998). The research concentrated on the London Boroughs of Brent and Lambeth. Significant numbers of patients were found to be remaining in hospital inappropriately because of a lack of suitable supported housing, and in particular of culturally specific services. The researchers concluded that both separate and integrated services were required, in order to provide a choice for service users, although the overwhelming majority of users (both Asian and African Caribbean) wanted separate services.

In general, all qualitative studies, in different ways, have drawn attention to the following points:

- Services available to BME homeless people are often unwelcoming and inappropriate to their needs.
- The emphasis of homelessness research has been on rough sleeping, with a consequent bias towards the needs of young white men, and services to homeless people have tended to display a similar bias.
- Much of BME homelessness is hidden or unrecognised, and does not appear in official statistics.
- There is a need to provide far greater choice for BME users of homelessness services.

Issues for research and policy

The authors were commissioned by Shelter in 2000 to consult with a wide variety of organisations to determine their views on the desirable direction of future policy on race and homelessness and on the kinds of research that were most needed. These organisations included: Black and Minority Ethnic Tenants and Residents Associations Network (BME TARAN), Centrepoint, the Chartered Institute of Housing (CIH), the Commission for Racial Equality (CRE), Crisis, the Federation of Black Housing Organisations (FBHO), the Housing Corporation, the Local Government Association (LGA), the National Housing Federation (NHF), the Scottish Executive, the Scottish Federation of Housing Associations (SFHA), Scottish Homes, the Tenant Participation Advisory Service (TPAS), and a sample of local authorities (East Lindsey District Council, Falkirk Council, Fife Council, Hartlepool Borough Council, Oxford City Council and the London Borough of Tower Hamlets).

Interviewees identified a number of issues for policy and research, which are worth disseminating to a wider audience.

Issue 1: Lack of reliable national data on BME homelessness

Published DTLR (now ODPM) statistics do not give an adequate breakdown of homelessness acceptances by BME group and lack information concerning the experiences of different BME people who become homeless. In Scotland in particular, there is not only an absence of a reliable picture at national level but also a lack of data about BME groups at a local level from which general conclusions and recommendations can be made. In England, there is more local data available, at least in some areas such as London, but there are still major gaps in relation to particular BME sub-groups such as young Asian women and 'hidden' homelessness.

The absence of a reliable national picture of homelessness is clearly important in view of the changes to legislation in the Homelessness Act 2002, making it very difficult to forecast the likely effects of these changes upon the level of homelessness acceptances. No national study of specifically BME housing need has ever been conducted and, where local authorities and housing associations in England have commissioned local studies of BME needs (see Tomlins, 1999, for a review), these have not been coordinated at national level. However, the Housing Corporation has published a good practice guide to conducting surveys of BME housing need (LRC and Lemos & Crane, 1998) and the Chartered Institute of Housing has published a good practice guide on local BME strategies (Blackaby and Chahal, 2000), both of which promote evidence-based policy making in meeting BME housing needs, including homelessness.

An alternative possibility is that research be conducted through an analysis of the homelessness reviews, which local authorities now have a duty to carry out under the Homelessness Act. These reviews could include data on the geographical variation of homelessness presentations and rehousing preferences, broken down into a number of categories, including BME group and household type. Analyses of homelessness reviews, when combined at a national level, could provide a more comprehensive picture

of homelessness than currently provided by DTLR statistics, so long as they contain adequate and comparable data on BME needs. Arguably, BME groups themselves should be involved in this research, as well as in formulating the local authority strategies arising from the homelessness reviews, thus helping to mainstream the whole process of tackling homelessness.

Issue 2: Lack of understanding of the causes of BME homelessness

The issue of the causation of BME homelessness was the one most commonly mentioned by interviewees in the research. Some of them questioned the current policy emphasis on rough sleeping and argued that greater attention should be given to the processes that give rise to rough sleeping. All of them felt that more detailed, in-depth, qualitative research was required, in specific geographical areas and looking at specific BME groups, in order to establish more clearly the processes by which BME people became homeless. Centrepoint reported that they had found that their black clients had a different profile from their white clients, being relatively less likely to sleep rough or to take drugs, and on average better educated and moving through the system more quickly.

One respondent, from a homelessness charity, argued strongly that social exclusion was the main cause of homelessness and this was why BME households were more highly represented among the homeless population. She pointed out that BME households in the poorest quality housing had the least choice, and were therefore more likely to become homeless and to accept the worst housing. She also felt, however, that there were very few BME people sleeping rough because of their generally stronger ties to their families and communities, though she accepted that this varied from one ethnic group to another and that such ties may be weakening with second and third generation BME people. On similar lines, another respondent, from a BME tenant perspective, mentioned that Asians appeared to have the same levels of domestic violence as other groups, but lower levels of family break-up related to such violence: this again suggested the existence of stronger family ties among Asians but also (and perhaps alternatively) a lack of appropriate services for Asian women suffering domestic violence. It was also pointed out that mental health problems figured more frequently as a cause of homelessness among African Caribbeans, and this again could be related to the effects of social exclusion on this particular group.

One respondent suggested that research should simply ask homeless people how they became homeless, how their homelessness could have been prevented, and how it might be overcome. He felt that such a line of questioning would inevitably raise issues of social inclusion/exclusion, neighbourhood renewal and the provision of training and jobs – homelessness and housing policy could not be boxed off from other policy areas. It could also help to shed further light on the old question of why homeless presentations are made disproportionately by those who have previously lived in social housing.

One respondent felt that the main causes of BME homelessness were pressures from family (as already established by research), unemployment and racist victimisation, and another respondent thought that homelessness was a structural problem, related to poverty and overcrowding in certain areas. Racist harassment can cause homelessness

directly, by hounding people out of their homes, and indirectly, by creating the disadvantage that can lead to homelessness (for example, by confining people to poor housing conditions, overcrowding, etc). Unemployment could lead to mortgage repossession, about which little was known in relation to BME groups, and gross overcrowding could lead to family conflict resulting in family members having to leave home.

One respondent emphasised the importance of providing larger accommodation for extended families. Otherwise, families were forced to split up, increasing the amount of homelessness, while homeless families who stayed together had to wait far longer in bed and breakfast accommodation.

Another respondent placed strong emphasis on the different primary causes of homelessness among different BME groups – for example, contrasting the very poor housing conditions of Bangladeshi households in Tower Hamlets with the extreme insecurity of tenure of groups such as asylum seekers. Several other respondents felt that it all came down to an issue of a shortage of affordable suitable housing in safe areas, which was particularly acute for certain BME groups because of their poverty and large families. Ethnic differences in homelessness presentations appear to relate to their tenure patterns: most come via the social housing route, so Caribbeans and Black Africans, who were more likely to live in social housing (Modood et al, 1997), are also more likely to present as homeless, while Indians and Pakistanis and Chinese, who are more likely to be owner-occupiers (Modood et al, 1997), are less likely to present as homeless.

Some respondents commented on possible reasons why certain BME people were *less* likely to become homeless. One Asian respondent suggested that there was an issue with young Asian people in particular, which was to do with their culture, in that they did not know where to go to get the right support if they were to leave the parental home. She pointed out that when they went on to further and higher education, they sometimes left home, but they usually returned later on. This was the situation for both sexes, but it was more likely for women because they had to conform to certain cultural values: they had to live in two cultures but were under particular pressure to remain at home and do what their family wanted rather than following their own inclinations.

It was stated that married Asian women generally, if they wanted to move away from their marital home, for example, to pursue a career, had nowhere to go – there were major barriers to finding suitable accommodation, especially if the marital home was jointly owned. This was, admittedly, a problem for married women of any ethnic group, but it was said to be particularly difficult for Asian women because of the pressures from their families and communities. The result was that such women usually chose to remain in an unhappy situation.

Issue 3: Racist harassment

Racist harassment was the second most commonly mentioned concern of respondents. Recent research on this issue (Chahal and Julienne, 1999) has suggested that policies are not as victim-centred as they should be: victims feel ignored, isolated and unsupported

not only from the agencies to which they have reported but also from friends and family. Blackaby and Chahal (2000) found that only 62 per cent of local authorities had written policies and procedures to deal with racist harassment in housing estates/areas and, typically, these policies and procedures applied only to the authority's own rented homes. They provide examples of good practice in tackling racist harassment and recommend the following policies (pp.24-5):

- The approach of the housing organisation should be victim-centred. This means that the people making the complaint should be believed, and consulted and informed about how to proceed with the complaint, and a course of action should be agreed with them.
- All tenants, residents and licensees should be informed of the landlord's policy on racist harassment and of the action that will be taken against perpetrators
- Careful publicity of action taken against perpetrators can help to deter others
- Advice, training and financial assistance to tenants' and residents' associations can help them to develop their own stance on racist harassment, supporting victims and to ensure participation by BME residents
- Community development work can help to raise awareness of the issues and support victims
- Improvements can be made to the security and design of dwellings that can help reduce crime
- Personal contact with recent movers can quickly establish if they are experiencing any problems. Early action can then prevent a situation from escalating
- Local authority anti-racist harassment strategies should not only address harassment in the authority's own rented housing stock. They should also cover leasehold housing, private housing, hostels and other forms of temporary accommodation.

One respondent identified the prevalence of racist harassment in a number of different contexts, for example: harassment of black and Asian rough sleepers by members of the public and by other rough sleepers; and harassment by fellow users of day centres and hostels. One respondent felt that there was a need for local authorities, the police, the health services, and so on, to encourage the reporting of incidents and to give people the confidence to make a complaint, to trust that they will be listened to and that action will be taken as a result. One local authority respondent, however, pointed to the difficulty in securing a suitable transfer for tenants suffering from racial harassment.

These last two respondents were also concerned about the development of so-called 'no-go' areas for BME people and suggested that there was a need for research, working with multi-agency panels, to establish which areas are 'safe' for BME people to live in, and exactly how 'safe' each area is. Another respondent argued similarly that there was a need to find out why BME people would not consider moving to certain areas – for example, whether it was due to fears about racism or because they wanted to be near particular shops and facilities (for an example of such research in Bradford, see Ratcliffe et al, 2001). The findings could then be used to inform the response from the relevant housing agencies, for example, in terms of making the areas safer and providing support

publicly so that people would feel good about living there. Signs of hope for future practice include:

- The new definition of racist incident following the Macpherson report as '*any incident which is perceived to be racist by the victim or any other person*'
- The new concept of a '*racially aggravated offence*' under the Crime and Disorder Act 1998
- The introduction of anti-social behaviour orders under the Crime and Disorder Act 1998, which can be used to tackle low-level, persistent harassment
- The new concern for community cohesion following the 2001 riots

Another respondent suggested that it would be valuable for research on racist harassment to explore the experiences of different generations, genders and minority ethnic groups, in different locations, and with different manifestations of harassment. One respondent believed strongly that racist harassment led to homelessness because victims had to wait so long for evidence to be gathered, and for due process to be followed, that they gave up and went to live with relatives.

Issue 4: 'Hidden' homelessness

Several respondents raised the issue of 'hidden' homelessness (for example, people sleeping on sofas and floors in the homes of friends and relatives) as being possibly more likely among certain BME groups, particularly Asians. Consequently, they perceived a need for research in this area in order to determine the extent of such 'hidden' homelessness. If research tends to focus on visible homelessness, for example, on rough sleepers, this in itself could be indirectly racist. Networks of relatives can make a difference in preventing people from sleeping rough, but such networks cannot be assumed to exist in every case. More research is needed into the extent of overcrowding and poor housing conditions among BME groups, in order to gauge the extent to which their homelessness might be invisible.

Similarly, the smaller numbers of BME people nationally presenting as homeless could indicate a higher incidence of 'hidden' homelessness among BME groups, given their overall greater vulnerability to becoming homeless. The common assumption that older Asian people are living 'comfortably' in extended families is questionable.

A few respondents suggested that the presence of 'concealed' nuclear families within extended families contributed to overcrowding in some cases and therefore to conditions leading to homelessness, and called for specific research in this area. One Asian respondent confirmed from her own experience that such overcrowding was commonplace, arising from the need to accommodate family and community members coming from abroad, and that 'strong cultural ties prevent the hosts from asking their guests to leave'. On the other hand, in those cases where such guests can no longer be accommodated, they have no tenancy rights and can easily end up as homeless. The extent of such overcrowding could be exacerbated by the failure of legislation and of social housing organisations to recognise the need for extended families to be housed together.

Issue 5: The administration of homelessness services

The issue of continuing direct and indirect racial discrimination within the system of working with BME homeless people, especially by local authorities, was regarded by many respondents as a topic worth revisiting in terms of research. A variety of comments were made, ranging from the effects of nationally sanctioned discrimination against people seeking asylum to longstanding issues of indifference, ignorance, colour-blindness, insensitivity, unreasonable demands for written evidence, preferential treatment for established white tenants, and inconsistency of treatment generally.

Some interviewees felt that the Homelessness Act would make a difference, but others were openly cynical about local authorities' competence or willingness to improve the delivery of their homelessness services to BME groups. A few respondents referred in this context to the effects of the large-scale voluntary transfer of local authority housing stock to other bodies, pointing out that little consideration had been given by either central or local government to the implications of the process and outcomes of such transfer for BME households affected by it. In some cases, smaller housing associations, including BME-led ones, had been excluded from the process, perhaps because they were regarded as lacking the capacity to take on the increased burden of responsibility associated with large-scale stock transfer.

Discrimination, in terms of nominations and referrals, and in terms of length of stay in temporary accommodation, was also mentioned. One respondent mentioned that the policy of one London Borough, which did not allow single people under the age of 21 to register on the housing list, had been shown in a recent report to affect young black men to a disproportionate extent. The same respondent argued that local authorities' interpretation of parts of the homelessness legislation could be discriminatory because they treated those with whom a homeless applicant may reasonably be expected to reside as limited to members of the applicant's nuclear family rather than of their extended family. This interpretation therefore reflects long-term culturally dominant assumptions about the nature of family life. Agreeing with this, an Asian respondent claimed that the failure of legislation to recognise that Asian people were more likely to live in extended families, and therefore more likely to need much larger accommodation, resulted in many Asian people having to endure serious overcrowding and unhealthy housing conditions.

A particularly important issue was that of the appropriateness of existing homelessness services to different cultural needs. Respondents pointed to a dearth of information within housing organisations about the different ways of life and cultural practices of those with whom they came into contact. They claimed that it was often considered 'appropriate' to make token provision for the 'odd' BME client or staff member without considering the need to make more fundamental and permanent changes to established organisational practices. One local authority respondent felt strongly that the focus of research should be upon attempting to find good practice in this area. Currently, an increasing range of types and levels of service were required, but local authorities just did not have the relevant knowledge of the cultures concerned, did not produce information in the most suitable formats and languages, and did not have effective interpreter or

translation services. One respondent suggested that many agencies translate materials without systematically evaluating how useful this is to BME communities or whether there are more cost effective ways of communicating key information. There is also clearly a major need for training here, and a number of respondents called for research into the training needs of people working in multi-racial areas. One local authority respondent suggested that Chinese people in their area were often not aware of basic services to people in their own homes, such as home help, or of the range of accommodation available to let through the council and housing associations, let alone of services for homeless people. Other respondents drew attention to the need to establish the nature and extent of racist discrimination and harassment in hostels and other facilities for homeless people. One respondent, from a homelessness charity, argued that the hostels provided for homeless people were not adequate: hostel-dwellers were not given dignity or respect – the hostel environment was oppressive and had negative associations, conferring a stigma of irresponsibility or deviancy on its occupants.

A slightly different point was made by a number of respondents concerning what they regarded as the excessive fragmentation of services for homeless people and the widespread failure to understand how the different services interacted. For example, the Rough Sleepers Initiative was argued to have had the effect of entrenching rough sleepers as a group, when in fact most people ‘dipped in and out of rough sleeping’. Single homelessness was treated differently from family homelessness, people seeking asylum were set apart from all other homeless people, older homeless people were treated differently from young homeless people, and so on. The reasons for all this differential treatment had little or nothing to do with the needs of the people concerned. One respondent, from a homelessness charity, pointed out that this Babel of homelessness services was sustained and reproduced by different funding regimes that allocated different amounts of money for different types of client, and by different methods and criteria of housing allocation (for example, ordinary waiting list, single homeless provision, RSI). Another respondent, from a BME tenant perspective, added that there was little evidence of ‘joined up’ thinking in the government’s response to the situation, because the Housing Green Paper failed to link up with the Neighbourhood Renewal Strategy, and neither of these documents linked up with the Stephen Lawrence report, so fragmentation was occurring on a number of different levels.

Several respondents raised the issue of monitoring of the homelessness policies and practices of housing organisations. One respondent said that in her experience the quality of scrutiny depended very much upon the individual auditor’s confidence and knowledge of the issue, and that better guidance and auditor training was required. A further two respondents suggested that race equality performance should be brought within the framework of Best Value inspections – guidance was not enough.

Issue 6: Potential impact of new legislation and national policy

Respondents referred to a number of important changes in legislation such as the Race Relations (Amendment) Act 2000 and the Homelessness Bill (now Act). Most respondents commented on the latter with some optimism. The general view was that the proposal to give local authorities a duty to identify the extent of homelessness in their

area and to develop local homelessness strategies could lead to improvements in the quality of information generally, and specifically the quality of information on race.

The Race Relations (Amendment) Act 2000 prescribes a general duty for listed public bodies to work towards the elimination of race discrimination and promote equality of opportunity. The respondent from the CRE commented on this in some detail. In his opinion, the Act had brought about an important change: the focus of anti-discrimination was no longer solely upon individual discriminatory acts but was now also upon organisational and institutional liabilities. He pointed out that s71 of the Race Relations Act 1976 had been unenforceable and generally ignored but now there would be an onus on all public sector organisations to improve race relations generally. He felt that this new emphasis was linked to the Stephen Lawrence inquiry and to the increased acceptance of the existence of institutional racism. He said that the CRE would be looking to the Housing Corporation and Scottish Homes and to the various inspectorates (such as the Audit Commission and Housing Inspectorate) to carry this forward with housing providers, as the CRE was too small to act as an enforcer on its own. He also pointed out that the new compliance notice under the Act, which replaces the non-discrimination notice under the 1976 Act, does not need such a strict burden of proof as before – instead of having to be satisfied that a local authority or other relevant public sector body is actually discriminating, the CRE needs only to have reasonable grounds for suspecting that a body is not meeting the specific duties before being entitled to issue a compliance notice. The CRE representative believed that this marked an important change, which would lead to a significant improvement in enforcement.

Since the research was conducted, the DTLR has published its own guidance on homelessness strategies. This guidance states that: ‘Homelessness strategies will need to consider the particular needs of BME people’ and that: ‘The homelessness reviews [by local authorities] might consider:

- Reviewing the appropriateness of services for BME groups
- Improving the quality of services to homeless BME households with explicit recognition of cultural and social needs
- Reviewing the provision of translation and interpreting services
- Reviewing the extent to which the housing needs of different BME households are catered for. For example, for larger or extended households the provision of larger properties will be key to meeting housing needs.’ (DTLR, 2002a, p.49)

The only other comment on BME issues in the DTLR guidance is to the effect that:

‘There is great diversity among the different BME communities. Culturally appropriate advice services should be provided and account taken of any special needs in terms of types of accommodation and location. There may, for example, be a need for a specialist advice service for young black people, or for sheltered housing for Asian elders. It is important to involve all the different local community groups in the consultation on the homelessness strategy.’ (DTLR, 2002a, p.50)

In its subsequent report on tackling homelessness, DTLR suggests that ‘the Government should investigate further the underlying causes and trends of homelessness including a better understanding of BME issues’ (DTLR, 2002b, p.17). However, it makes no specific proposals on this or indeed on any other BME homelessness issue. Needless to say, this does not mean that BME issues have been mainstreamed.

One local authority respondent stressed the implications of the new legislation for staff training. She saw this as occurring on two levels: on policy matters for the organisation as a whole, and on implementation details for individual managers, to consider how people manage the issue of discrimination and to tackle colour-blindness and other stereotypical assumptions, the uncritical acceptance of media images, and to look at how negative images of people are reinforced in society (she cited as an example how, after over thirty years of anti-discrimination legislation, people still perversely confused positive action with positive discrimination).

One respondent referred to the effects of immigration legislation on the way in which people recently arrived in this country are treated. She argued that the negative impact upon housing allocation of immigration status and the screening procedures associated with it affected people who were already settled in Britain, but the extent of this impact had not been researched. She cited the example of the habitual residence test, which applies as a condition for receiving all welfare benefits, including the provision of housing. Although this test was designed mainly to deter European backpackers, it had been seen to have impacted upon long-term BME residents of the UK, particularly upon those of these residents who had extended visits abroad. She felt that the uncertainty of the situation for people in this position could affect their willingness to pursue a housing application or to present as homeless, and the degree of this effect had not been investigated. There was also an issue about where people went who were refused help under the immigration laws or who did not apply because they believed their applications would be rejected.

Another change in national policy referred to by a number of respondents was the move towards choice-based lettings and to a more customer-oriented approach generally. It was felt that there were issues here surrounding the disadvantages for certain groups arising from their differential capacity to work the system and make informed choices. One local authority respondent suspected that many BME people might be disadvantaged because they did not know the system, they might not be able to speak English, and they might not know where to go to get the necessary information. On the other hand, it was recognised that increasing choice could be empowering for waiting list applicants, if it meant that they were no longer subjected to unwarranted assumptions about where they ought to live – for example, the view held by some housing officers that people belonging to a certain ethnic group would prefer to live in the same area as others of the same group as themselves. There was a need for the lettings to be carefully monitored to ascertain the balance of advantage and disadvantage resulting from the adoption of these approaches. One respondent felt that the shift towards choice-based lettings represented a fundamental policy change, with race implications that needed to be closely monitored. He felt that it could be of real benefit to BME communities: it could, for example, lead to more sophisticated information on individual preferences, and could provide feedback on

individual properties not just on broad areas. On the other hand, he recognised that if overcrowding, for example, were given a lower priority under such a system, Asian households might lose out. All respondents mentioning the theme of choice emphasised the importance of closely monitoring and scrutinising the process for possible discriminatory outcomes for different communities. Since the research was conducted, however, DTLR's only comment on the implications of choice-based lettings for BME groups has been: 'Choice based lettings offer the opportunity to promote awareness of, and access to, local authority housing for groups whose take-up is low, for example some Asian groups' (DTLR, 2001, p.6). The possible drawbacks of choice based lettings are not even mentioned.

In general, it remains the case that government policies are not effectively scrutinised to determine their full implications for BME groups. For example, the right to buy, although not a new policy, still undermines policies to meet housing needs generally and to achieve equality, and such policies impact disproportionately on BME groups.

Issue 7: Homelessness prevention

Some respondents felt that there was a wide variety of policies and processes that could be studied in order to determine their role in the prevention of homelessness among BME groups. One respondent referred to the National Strategy for Neighbourhood Renewal, which had a specific remit to assist BME people in deprived neighbourhoods. She felt that, in spite of this, the needs of BME homeless people, and of homeless people generally, were not adequately reflected in the strategy. For example, the strategy had little to say about issues such as overcrowding, poor housing conditions and housing shortage, which are all important 'risk' factors for BME homelessness. It was important to note, however, that many of the 88 neighbourhoods chosen for the strategy were located in London and inner-city areas, which had substantial numbers of BME residents, and suffered from severe homelessness and housing need problems.

Another respondent argued strongly that involving local communities was crucial in preventing homelessness – working in schools and on housing estates, and working with youth and community groups. Other respondents stressed the importance of appropriate support services (including supported housing) in preventing homelessness. Two respondents referred to the role of personal advisers working for the Connexions service in helping to prevent and reduce homelessness among young people.

Issue 8: Delivering race equality: consultation and beyond

Several respondents took the view that the main priority for policy on race and homelessness was for all services to be reviewed, to ensure that they are fully sensitive to the ethnic and cultural diversity of their users. It was felt that there was a general problem of lack of access to, and lack of awareness of, homelessness services among BME communities. Service providers needed to talk to local community groups, to identify possible homelessness and other needs, and then plan with the communities to meet those needs. The process of engagement and dialogue between BME communities and local housing authorities and housing associations (and other relevant services, such as

health and social services) should lead, on the one hand, to services becoming more appropriate to the needs of those communities and, on the other hand, to the communities becoming more aware of the existence and nature of those services, through appropriate advertising, publicity and accessibility (in terms of office location and staff approachability). The communities could express their needs and aspirations, and explain their cultural needs, while the service providers could inform them of the role of social housing and the services they provide generally. This process should mark a significant step towards race equality in the delivery of homelessness services, because all the services delivered to BME communities should become culturally appropriate and commensurate with their needs. One respondent pointed out that there had never been a major longitudinal study of BME needs generally but only small-scale, 'snap-shot' local studies. Research could also look into how organisations actually went about identifying need in BME communities, and this could be coordinated on a national scale.

As a first step towards delivering race equality, one respondent said that she would like to see research into how local authorities can identify particular BME groups on the ground, followed by appropriate advice and guidance to those authorities. Another respondent suggested that the researchers could start by talking to BME homeless people locally, on a continuing basis, paid for by the local authority or by local BME-led housing associations. Action research could follow, looking into, among other things, the in-depth causes of BME homelessness and seeking remedies to such homelessness in partnership with BME homeless people themselves. One respondent from a BME tenant perspective felt that it was particularly important to talk to different sections of each BME community and different age groups, especially younger BME people who have grown up in a very different environment from that experienced by their parents and grandparents.

Two respondents, both speaking from a BME tenant perspective, raised the need to increase BME tenant participation generally. They pointed out that there was still major under-representation of black tenants in tenant groups, and no one today was taking on board the issues raised in TPAS (1994). One of these respondents argued that research was required that would involve working with people who had implemented successful BME tenant participation strategies, and then working with tenant groups and landlords to develop this good practice. The other took a different view. He felt strongly that all the talk about BME participation, at both national and local levels, was just paying lip service. He was sceptical about whether further research would make any difference: in his opinion, there was already enough knowledge about the nature and causes of BME homelessness, but there was a lack of political will to bring about policy change. He wanted organisations such as Shelter to step up their campaigning role in order to achieve real progress in this area.

Issue 9: People seeking asylum and people with refugee status

Several respondents felt that there was a need for more detailed national research on people seeking asylum, which would clearly identify their housing and support needs and how these might be met.

One respondent suggested that the dispersal policy operated by NASS was likely to fail and that most people seeking asylum would return to areas where they felt safer and where they generally preferred to live. He felt that this might lead to homelessness in the future because of the difficulties they would experience in finding affordable accommodation in those areas. He thought there was a need for research in order to establish whether or not this was the case and, if so, the extent of the potential problem.

A number of respondents pointed out the likely differences between the needs of 'settled' populations of BME groups and those of people who had come to this country more recently. One respondent pointed out that 'sons and daughters' housing allocation policies, which were previously regarded as racially discriminatory, would now benefit established BME communities, but new BME communities, such as East Europeans and Somalis, would lose out. This respondent felt that over the next ten years East Europeans, especially Roma families, would experience the most severe homelessness problems, as a result of discrimination by private landlords and racist harassment. One local authority respondent commented that in their area Kosovan asylum seekers were already experiencing serious problems with the resident community, more so than Asian asylum seekers.

Another respondent argued that, on the basis of her work experience, negative attitudes towards people seeking asylum were related to racist views. She had found some staff in local authorities to be insensitive on this issue, lacking understanding of why certain BME people did not want to be housed in certain areas, and sometimes expressing cynicism on the problem of racist harassment and race discrimination. Negative attitudes towards people seeking asylum were summed up in the question: are they really homeless or are they just seeking asylum? There was no consistency in the application of procedures from one staff member to another, and some housing staff gave no consideration to the fact that some areas were not suitable for asylum seekers because of hostility from white residents. This respondent also believed that the needs of people seeking asylum could lead to a drastic change of policy on race and homelessness, as a result of the substantial increase in numbers of people living in very poor quality temporary accommodation in all major cities of the UK.

Issue 10: Young BME people's transitions to adulthood

One respondent noted the differences between the needs of black and white young homeless people in London, especially with regard to their support needs. Young black homeless clients tended to need only housing and formal education and training, and already had on average more GCSEs than young white homeless clients. She also felt that white clients had more emotional needs, including low self-esteem, and required more long-term support. She wanted to see research that would pose the question of why young African Caribbean people seemed to have much more confidence than young white people: in her experience, they were less likely to need one-to-one meetings, counselling, or support from homelessness organisations. She felt that they had broader and more varied support networks (family, friends, church, college) but it had not been established how they used these different sources of support or how the latter actually benefited them (see also Davies et al, 1996). Experience suggested that most young BME

people wanted to remain in their communities, so there was a crucial need for information that would help them to do so.

Another respondent suggested that dedicated studies of particular groups and sub-groups could be conducted, such as of young people in different minority ethnic communities, asking why, for example, they were more highly qualified than average yet more likely to be unemployed. She felt that a large-scale national study would highlight BME young people's experiences of racism and their transitions to adulthood, about which little is known at present.

Areas for possible research

Small and Hinton (1999) argue that developing an effective and fair service to meet the housing and health needs of BME single homeless people requires the following strategic elements:

- An assessment of the numbers and characteristics of BME homeless people within a given local area
- An analysis of the views of homeless people themselves and of the agencies working with them
- Increasing expertise about BME issues and promoting the appropriateness, accessibility and adaptability of the service
- Developing long term working relationships with community groups
- Working with hostels
- Working with mainstream primary health care [and other relevant] services to improve their appropriateness, accessibility and acceptability
- Developing an information strategy to provide information about registration and access to a full range of services
- Developing an on-going consultation process
- Monitoring and evaluation.

Arguably, this list covers most of the main areas for possible further research at a local level. Possibilities also exist, however, for research at a national level.

1) Improving national data on BME homelessness

The research suggests a number of possible options for improving the quality of information held at a national level concerning homelessness among BME groups:

- DTLR could publish ethnicity data from its homelessness statistics
- DTLR could develop a national information strategy, which would involve, among other things, improvements in the quality of information recorded concerning BME homelessness – for example, ethnic record keeping, monitoring and analysis at a national level of local authority statistics on homelessness presentations and acceptances
- National surveys such as the General Household Survey, the English, Welsh and Scottish House Condition Surveys, the British and Scottish Crime Surveys and the Survey of English Housing could include boosted samples of BME groups to identify issues for specific groups in specific areas – for example, on racist harassment and hidden homelessness
- National surveys specifically of BME people (for example, Modood et al, 1997) could give greater priority to investigating homelessness issues
- The quality of information held at local level could be improved and then aggregated to the national level. In the future this could be achieved through research on the homelessness reviews carried out by local authorities under the provisions set out in the Homelessness Act.

There is room for a large number of potential research projects, which would, broadly speaking, look into the cultural characteristics of different ethnic groups and sub-groups. Such projects could establish the type of accommodation and the nature and degree of support needed by homeless people of different ethnic groups and ages. Such research could also bring benefits in terms of a greater understanding of routes into and out of homelessness for people in different ethnic groups and sub-groups.

2) Improving our understanding of the causes of BME homelessness

There would appear to be room for a variety of pieces of qualitative research into the causes of BME homelessness. Examples include the following:

- Research into the nature of family relationships within certain BME communities, such as that conducted by Smith et al (1998) in relation to BME single homeless people. This would aim to determine the ways in which family relationships may either contribute towards homelessness among their members or protect their members from homelessness.
- Longitudinal research, which will identify the processes that BME people go through that may lead them into homelessness or cause them to continue to be homeless, and will contribute to the prevention of homelessness
- Research on specific ‘triggers’ of homelessness such as domestic violence, mental health problems, unemployment, overcrowding, drugs misuse, and racist violence, to establish more clearly the effect of these ‘triggers’ on specific BME groups in specific areas
- Research on the relationship between housing tenure and homelessness presentation and acceptance for specific BME groups

A research methodology that seems particularly attractive for this purpose is action research conducted in specific BME local communities. An example of such action research in relation to the Vietnamese community in London is Tomlins et al (2000). The researchers used a variety of techniques to engage directly with the community and identify their needs, and then individuals and groups were put in contact with relevant agencies and services. Wherever possible, members of the community were involved in helping to organise and conduct the research itself. Using such a methodology, it is not possible to bracket off homelessness from wider issues of housing need and social deprivation.

If funds do not allow for such research, an alternative would be a more concentrated piece of action research that would sample small numbers of homeless people in specific BME groups or sub-groups and interview them in depth, attempting to identify the causes of their homelessness, their knowledge of existing services for homeless people, whether they have been homeless before, and so on, and then bring them and the relevant homelessness agencies together in order to resolve their problem on a long-term basis.

The main limitation of these forms of action research is that they are ‘one-off’ projects and therefore may have to be repeated for many different BME groups and

sub-groups and in many different localities in order fully to address the issue of BME homelessness at national level. It may not be possible to generalise the findings from these researches in view of the variety of groups involved, the wide range of localities, and the rapidly changing character of the housing circumstances. This suggests that, in the course of time, there will be a need for further guidance on good practice from bodies such as DTLR, the Housing Corporation, the Scottish Executive, Scottish Homes, the National Housing Federation and the Scottish Federation of Housing Associations. Local housing strategies, which are likely to become increasingly diverse as awareness of BME issues improves, will need to be monitored to ensure that they are informed by appropriate action research at the level of small neighbourhoods and communities.

3) Racist harassment

On racist harassment in particular, there is a need for research of the following kinds:

- Further research to determine the extent to which the practice of various organisations (including local housing authorities and housing associations) actually lives up to their policy statements, especially in preventing homelessness, followed by work with those organisations to improve their practice where it is found to be deficient. For housing associations, this issue is already being addressed as a result of the Race and Housing Inquiry.
- Action research to determine in greater depth how racist harassment affects the lives of victims, working with BME support groups and other agencies to alleviate and eventually eliminate the problem. Such action research will look for and develop effective dynamic strategies at local level, which can then act as models of good practice for other areas.
- Specific local researches to determine the degree of safety for BME residents in different areas, including safety for rough sleeping and living in hostels, exploring the experiences of different BME group members of different genders and generations

4) Hidden homelessness

There is a need for local BME housing needs studies that are more sensitive to the possible existence of 'hidden' or unrecognised homelessness – in particular, BME couples or lone parents with children who may be living with their own parents (and/or possibly siblings) in overcrowded conditions and older single BME people (usually women) who may be living with their sons or daughters (or possibly nephews or nieces). There are still many local authority areas in Britain with significant BME populations where such BME housing needs studies have not been carried out and, even where they have been done, they have not always highlighted this particular problem. Such studies need to distinguish between at least three different scenarios:

- All parties living under the same roof are satisfied with their housing situation and do not wish to move

- All parties living under the same roof wish to be rehoused as one household
- Some or all parties living under the same roof wish to be rehoused separately.

These distinctions also need to be reflected in official published statistics and in the policies and practices of housing organisations.

5) Homelessness services and administration

The extent of institutional racism within homelessness services is a matter of concern but is one that has never been thoroughly investigated. What is required is a national study, perhaps along the lines of Niner (1989), but looking specifically at the issue of institutional discrimination. The study would need to examine the homelessness policies and practices of a sample of local authorities and homelessness agencies in some detail, to discover what exactly happens to applications from BME people that are processed through the homelessness administration system. The study could focus on key features of the process, as set out in the statutory guidelines, and evaluate outcomes in terms of specified race equality standards. Use of an Equality Audit Guide (for organisations to review their practice and develop Action Plans in response), and of appropriate adaptations of the Best Value approach to include race equality performance requirements, could help to ensure that research contributes to the improvement of services to homeless BME people. The study could also examine the increasing fragmentation of homelessness services, in terms of client groups, funding, and so on, and identify and analyse the problems this causes for BME people.

In addition to a national study, local studies of the cultural and religious needs of specific BME groups could be relevant for informing and educating homelessness staff about their clients so that they are provided with a service that is more appropriate to their needs. This is particularly important in the case of any form of shared provision such as hostels. Local studies could also evaluate the appropriateness and accessibility of existing services in the light of their findings about local BME needs.

6) Changes in national legislation and policy

The effects of the Race Relations (Amendment) Act 2000 on homelessness policy and practice could be investigated as part of the national study of homelessness services referred to above. This could also be the case with the provisions of the Homelessness Act 2002 amending existing homelessness legislation, with the trend towards choice-based lettings, and with other major changes such as the large-scale transfer of local authority stock. In these cases, the focus would be on the effects of these changes on the behaviour of public bodies and homelessness agencies. The effects of immigration legislation on those who are already settled in this country are probably best studied as part of research into the life experiences of BME people generally, and its effects on recently arrived groups would appear to be the subject of an entirely different kind of research (in the sociology of politics and the media and so on – in order to determine how the treatment of such groups is influenced by political considerations

and by the orchestration of public opinion). Again, however, the effects on organisations working with BME homeless people will form part of the overall picture, and these effects can be identified within a national study of homelessness services.

7) Homelessness prevention

A wide variety of projects are possible in the area of homelessness prevention. A number of national strategies exist (such as the Neighbourhood Renewal Strategy), which arguably ought to have a role in the prevention of homelessness among BME people (for example, by promoting sustainable BME communities), but it is not clear that evaluation of such strategies gives any priority to auditing this role. New structures such as Local Strategic Partnerships could also be effective in preventing homelessness in their areas, but this role has not yet been clarified. Similarly, local multi-agency working, for example on domestic violence, racist harassment or community care, can help to prevent homelessness but this aspect of their working is not always given sufficient attention and this effect of such working is not usually evaluated in respect of BME groups. It is also becoming clear that personal advisers, such as under the New Deal and under the new Connexions Service, can play a role in preventing homelessness among young people, but this role has not yet been studied, particularly in relation to young BME people. Finally, it would appear that the role of BME communities themselves (including local BME voluntary and community organisations such as BME-led housing associations) in preventing homelessness is not understood in sufficient depth, so that appropriate services can be developed that will effectively support those communities in performing that role.

8) Delivering race equality

There is increasing talk of ‘mainstreaming’ race equality but there is not yet enough understanding of what this means or how it can be achieved. There are a number of possible lines for research to follow:

- Adopt the Race and Housing Inquiry model by beginning with initial statements of the issues (in this case, for example, on race and homelessness) and following that up with more detailed investigations, of specific BME groups or sub-groups in specific areas, and simply continuing the momentum (through forms of action research, etc) until an adequate understanding has been achieved and a socially just framework of policy and good practice is in place
- Provide a more thorough and penetrating evaluation of homelessness services, examining, for example, the extent to which these services have considered non-users, monitored who is using the services, and taken action in the light of such monitoring – how far have these services been developed on the basis of consultation with BME (or even white) communities?
- Investigating the role of ‘consultative groups’ of various kinds, including Regional Forums, Race Equality Councils, tenants’ and residents’ federations and networks (for example, BME TARAN), in improving understanding of

BME homelessness and in helping to prevent and reduce such homelessness. These consultative groups could include housing associations and other relevant voluntary and community sector organisations.

9) People seeking asylum

The fast changing situation with respect to people seeking asylum and refugees suggests that there is an urgent need for further research in this area. It is not known if the Home Office will fund a major evaluation of the work of NASS but, whether they do or not, there will be a need for localised studies of the effects of dispersal on particular groups of asylum seekers in order to prevent their homelessness and to suggest more effective alternatives for resolving their housing problems.

Conclusion and recommendations

This paper has revealed a wide range of views on the issue of race and homelessness and suggested a large number of areas where further research could be fruitful. Existing knowledge in this area leaves a great deal to be desired: large-scale surveys have provided only a very superficial knowledge of BME homelessness and more in-depth studies have been generally very small-scale and applicable with confidence only to local areas and/or particular BME groups.

Appropriate research could help to realise the following policy objectives:

- Delivering race equality generally, and specifically with regard to services for homeless people, involving equality auditing of all services
- Developing a national homelessness strategy, covering all aspects of homelessness
- Improving the quality of services to homeless BME people, especially with regard to the promotion of equality of opportunity and the explicit recognition of cultural and social needs
- Formulating more effective policies at a local level to prevent and reduce homelessness and meet the needs of BME communities
- Legislative reform to outlaw all forms of racist discrimination that directly or indirectly impact on the incidence of homelessness among BME groups.

Meeting these objectives will also require, on a continuing basis:

- Consultation with all BME groups
- Monitoring the impact of legislative change on BME groups.

Research questions based on these objectives could include:

- What is the nature and extent of BME homelessness nationally? What is the character and quality of services to homeless BME people nationally? How are BME people generally consulted and involved with regard to the organisation and delivery of these services? What are the key problems with the current administration of homeless services for BME people, and how can these problems be resolved?
- What are the main routes that BME people of different ages and of different ethnic groups follow into and out of homelessness? What are the implications of these different routes for homelessness services and for national and local policy generally?
- How can the quality of information on race and homelessness be improved, at national and local levels?
- What effects will new legislation, such as the Race Relations (Amendment) Act 2000 or the Homelessness Act 2002, or other relevant national policy, such as on asylum seekers, have on the nature and extent of homelessness among BME groups?
- What is the scope for multi-agency working, and for non-housing services

generally (health, education, employment, police, legal services, voluntary services, etc) in preventing homelessness among BME groups?

Our findings indicate the need for a research programme that would comprise a number of separate but linked research projects, to address a combination of most, if not all, of the above research questions. Research projects that would form key stages in the research programme could be as follows:

- 1) In the first stage, a national survey of homelessness services could be conducted, in which searching questions would be asked about such matters as cultural appropriateness and BME involvement in service production and delivery. This survey could also be used to audit the quality of information available at national and local levels concerning BME homelessness and to gather information about how homelessness agencies work together with other bodies and services.
- 2) The first stage could be followed by interviews with homeless BME people of different groups, of different ages, and in different areas. These interviews could be used to test the findings from the survey of homelessness agencies and to explore in depth the experiences of BME people moving into and out of homelessness.
- 3) Findings from interviews in the second stage could be used to inform a third and final stage of action research in which focus groups of representatives from homelessness agencies, BME communities and other interested organisations discuss how the debate on race and homelessness is to be taken forward so as to meet the policy objectives that have been agreed.

Although presented above as distinct stages in an integrated research programme, it would be possible for any one of these stages to be funded as a stand-alone research project. For example, although the second stage would be most effective as a follow-up to the first, it could stand in its own right as an exploratory study of the experiences of homeless BME people in England and Wales. Similarly, evidence and practice developed from the third stage could make an original follow-up to the Race and Housing Inquiry 2001, irrespective of the existence of the previous two stages.

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