Black and Minority Ethnic Communities and Homelessness in Scotland
BLACK AND MINORITY ETHNIC COMMUNITIES AND HOMELESSNESS IN SCOTLAND

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EXECUTIVE SUMMARY

Introduction

The final report of the Homelessness Task Force had identified the need to gain a deeper understanding of the experiences of homeless people in Black and Minority Ethnic (BME) communities in Scotland. To address this, the Scottish Executive Development Department commissioned new research to examine the provision and use of homelessness services in these communities. This study will inform the work of the homelessness monitoring group and the on-going development of local authorities’ homelessness strategies.

The definition of homelessness in this study is in line with the pro-active, preventative approach of the Homelessness Task Force and recent legislation. It includes people who are at risk of homelessness, homeless applicants, households accepted as homeless and other groups such as rough sleepers. The scope of the study is wide-ranging and includes refugees and Gypsies/Travellers.

Methods

The study involved a range of qualitative and quantitative methods. The former included in-depth interviews and small group discussions with BME people who were currently experiencing homelessness, who had been homeless in the past and who were at risk of being homeless. In-depth interviews were also conducted with diverse mainstream and BME agencies which provided homelessness services (both BME agencies and mainstream agencies). Local authorities perspectives and experiences were elicited through conducting a focus group discussion which was supplemented by interviews with selected local authorities.

Quantitative methods included the distribution and analysis of a postal questionnaire which was extensively circulated to all identified agencies providing homelessness services in Scotland. Homelessness local authority monitoring data collated by the Scottish Executive was also examined.

Understandings of homelessness across and within BME communities

Perceptions of what it means to be homeless are likely to differ across communities. For example, the travelling culture of Gypsies/Travellers might be seen by some to be a manifestation of homelessness, but among some Gypsies/Travellers, living in housing due to difficulties in travelling might be akin to being homeless.

Perceptions of homelessness may also differ within communities. For example, new arrivals to the country who are living with relatives in over-crowded accommodation are less likely to perceive themselves to be homeless compared to UK born people from BME communities forced to live with relatives due to restricted access to housing. This is related to differences in understanding of the housing system and their rights and options. Accordingly, efforts to make homelessness services more relevant to BME communities need to take into account varying perceptions of homelessness across and within communities.
**Vulnerability to homelessness in BME communities**

Analysis of local authority homelessness monitoring data found that the incidence of *recorded* homelessness affecting households from BME communities was 75% higher than across the population as a whole, though the degree of BME over-representation varied substantially between individual BME groups. Additionally, hidden homelessness on an appreciable scale is suggested by evidence of over-crowding and over-representation in poor quality housing. In contrast to the majority population, few people from BME communities had slept rough.

Although homeless peoples’ experiences differ greatly, there are some common housing problems:

- Lack of information about housing options, rights and homelessness procedures
- Lack of sensitivity on the part of housing officers of the potential for racial harassment
- Unaffordability of mortgages and accommodation in the private rented sector
- Difficulties in getting information due to language differences, literacy issues, lack of familiarity with the system and institutional discrimination
- Difficulty in getting specialised legal advice and in getting complaints addressed

Certain groups were particularly vulnerable to homelessness including refugees, Gypsies/Travellers and BME women escaping domestic abuse.

**Refugees**

Factors identified as increasing the vulnerability of refugees to homelessness included:

- The short time refugees are given to leave National Asylum Support Services (NASS) combined with lack of familiarity with the housing system, such as RSL accommodation
- The lack of appropriate temporary accommodation apart from hostel accommodation, where they are vulnerable to racial abuse
- Lack of appropriate permanent accommodation in perceived safe areas
- The lack of ongoing support and gaps in the provision of services, such as appropriate interpreting services

**Gypsies/Travellers**

For Gypsies/Travellers, the main difficulties were related to restricted access to local authority sites due to:

- The shortage of sites in terms of type, design and suitable locations within reach of shops, amenities and health services
- The poor condition and management of some sites, the lack of adequate facilities for washing and cooking, and recreational facilities for children
- The high costs of rents for pitches, electricity and heating

More generally, Gypsies/Travellers faced barriers to local authority services including low levels of awareness of their needs and discriminatory attitudes of staff. Lack of literacy on their part also impeded access to services. They also reported a high tolerance of racial harassment and discrimination towards them.
**BME women escaping domestic abuse**

In addition to the problems generally faced by women escaping domestic abuse, BME women escaping domestic abuse faced particular problems related to their ethnic origin and their length of stay in the UK, such as:

- The acceptance of domestic abuse in some communities
- The lack of appropriate refuge space for women from BME communities
- Immigration legislation which prevents women who have stayed in this country for less than two years from receiving any formal support, such as housing or welfare benefits

**Extent of support available to BME people affected by homelessness**

BME people affected by homelessness appear to have little informal support from families and friends, apart from the provision of accommodation. Instead, they tend to rely on a limited number of organisations or individuals who provide services targeted to them. Staff in these agencies came from diverse communities, spoke a wide range of languages and had well-established links with BME communities, making services more accessible. These agencies also played a valuable role in making other services more accessible, for example by providing information and advice, advocacy services and support with housing application procedures.

However, there are large geographical areas across Scotland, including rural areas, in which there are few or no services targeted to BME communities. Further, certain groups, notably Gypsies/Travellers, appear to be less well-served by BME agencies than other groups.

**Homelessness services offered to BME communities**

A wide range of homelessness services were provided by agencies, including the provision of accommodation, advice-giving on welfare benefits, finding accommodation, access to health services and employment and counselling. BME agencies were more likely to provide a number of services than mainstream agencies, suggesting a more holistic approach to service provision. They were also more likely to offer translation and advocacy services, which cater to specific needs. One gap in the provision of BME agencies is rent deposit schemes, which is significant given the economically disadvantaged position of some BME communities, such as refugees.

Most services reported that they tended to be responsive rather than pro-active in reaching BME communities. BME agencies were more likely than mainstream agencies to ethnically monitor service usage, involve service users in decision-making processes in the organisation and engage in multi-agency work which involved a BME component.

**Measures which can be taken to reduce homelessness in BME communities**

Measures which can be taken to reduce homelessness in BME communities include the provision of high quality advice and information and increased recognition of the existence of hidden homelessness and the particular accommodation needs of BME
communities within allocations policies. In order to ensure that people from BME communities are not consciously or inadvertently disadvantaged in housing allocation, ethnic monitoring of service provision and regular review is strongly recommended.

Safety from racial harassment is a salient consideration in the choice of accommodation for BME communities, including Gypsies/Travellers. This applies not only to permanent accommodation but also to temporary accommodation such as hostels. For example, in some cases, a belief that inappropriate temporary accommodation will be offered might deter people affected by homelessness, such as refugees, from presenting as homeless in the first place. Other factors include the presence of community support, proximity to cultural facilities and adequate size. Recommended longer term preventative measures included wider access to educational opportunities and greater assistance in seeking employment.

**Refugees**

Measures which can be taken to reduce homelessness among refugees include:

- Providing continuity of information and support at all stages of the asylum-seeking processes and when asylum-seekers gain refugee status or exceptional leave to remain
- More preventative work on matching housing need and supply in advance of decisions relating to the outcome of applications
- Increased provision of appropriate temporary and permanent accommodation
- Ongoing support after positive decisions, including assistance with gaining employment

**Gypsies/Travellers**

Measures identified for reducing homelessness among Gypsies/Travellers included:

- The provision of a wider range of sites, in terms of type, design and location
- Improved facilities on sites, more affordable electricity and heating and better management of sites
- Greater support in accessing local authority services
- Recognition of their susceptibility to racial harassment and prompt action when this occurs

Alternatives to housing in the social rented sector would also be helpful, and might take the form of support in purchasing caravans, funding for caravan disrepair and assistance with obtaining planning permission to buy land.

**BME women escaping domestic violence**

Measures identified for reducing homelessness among BME women escaping domestic violence include:

- Greater provision of appropriate refuge space for women from BME communities
- The inclusion of BME women in national and local Zero Tolerance initiatives
- Strengthening of efforts to reform the ‘two year’ immigration legislation
Implications of the study

The development of local housing strategies and effective responses to homelessness in BME communities need to be embedded within an overall policy context which eliminates unlawful discrimination and which promotes racial equality and good race relations. The over-representation of BME people who present as homeless calls for appropriate policy and practice responses. Allocations policies need to recognise the appreciable scale of hidden homelessness in the form of overcrowding and poor living conditions in BME communities. They also need to be sensitive to the needs of BME communities, especially their need for safety against racial harassment.

The study suggests that mainstream agencies need to work much harder than BME agencies in making their services relevant to BME communities and would benefit from appropriate training and support. Good practice suggests a pro-active approach towards communicating with BME communities, the adoption of a holistic approach, culturally sensitive service delivery and effective joint working with BME agencies to increase the expertise and experience available to these communities.

Key recommendations

Specific recommendations for the Scottish Executive, Communities Scotland, local authorities, other homelessness service providers and other agencies are detailed in the report. Key recommendations from the study include:

- The need for homelessness strategies, policies and services to be funded, implemented and delivered in the context of the Race Relations (Amendment) Act 2000
- The provision of high quality advice and information which takes into account varying perceptions of homelessness in BME communities
- The need for effective ethnic monitoring mechanisms, regular review and appropriate action
- The need for a national and strategic approach to anti-racist training for homelessness service providers
- The need for mainstream and BME service providers to agree effective mechanisms to facilitate joint working and increase the expertise and options available to BME homeless applicants
CHAPTER ONE: INTRODUCTION

CONTEXT

1.1 In January 2003, the Scottish Executive Development Department commissioned new research to examine the provision and use of homelessness services by black and minority ethnic people. This was needed to fill gaps in knowledge and understanding of the experiences of homeless people in Black and Minority Ethnic (BME) Communities, identified in the final report of the Homelessness Task Force (Scottish Executive, 2001a) and to support the work of the Homeless Monitoring Group, established to take forward the Task Force recommendations. The Homelessness Task Force was set up by the Scottish Executive in 1999 to review the causes and nature of homelessness in Scotland, examine current practice in homelessness and make recommendations on how it can be prevented or tackled effectively. The lack of research and information gathering relating to the experiences of homelessness amongst BME communities was also highlighted in the report produced by the Race Equality Advisory Forum (Scottish Executive, 2001b), charged with the responsibility for advising the Scottish Executive on a national strategy and developing detailed action plans to tackle institutional racism and promote race equality.

1.2 Previous research on the housing needs of minority ethnic communities in Scotland has been summarised in an audit of research commissioned by the Scottish Executive (Netto et al, 2001). The audit also identified a number of cross-cutting themes including the inaccessibility of a wide range of public services, the inappropriateness of these services, the existence of racial discrimination, disadvantage and harassment and issues related to the recruitment, employment and retention of BME staff. Since then, a number of local studies on the housing needs of minority ethnic communities have been commissioned (Netto et al, forthcoming a and b; Lomax, et al forthcoming). Both the audit and subsequent local research noted experiences of past and current homelessness in minority ethnic communities. The audit of research highlighted the lack of knowledge in this area as a major gap and recommended that this be addressed in future research. However, to date, there has been no national and systematic study on the causes of homelessness in BME communities or the nature and extent of homelessness service provision for these communities. A parallel action research project of the experiences of homeless people from BME communities in Glasgow has recently been commissioned by Communities Scotland.

SCOPE AND FOCUS OF THE RESEARCH

1.3 For the purposes of this study, the definition of homelessness is in line with the proactive, preventative approach of the Homelessness Task Force and recent legislation. It includes people who are at risk of homelessness, homeless applicants, households accepted as homeless and other groups such as rough sleepers.

1.4 The scope of the study is wide-ranging and includes refugees and Gypsies/Travellers but not asylum-seekers. The term Black and Minority Ethnic (BME) Communities as used in this study includes both groups.
MAIN AIMS OF THE RESEARCH

1.5 The main aims of the research are to:

- Map out services in Scotland currently meeting the needs of homeless or potentially homeless BME people
- Examine service use by different BME groups
- Examine experiences of BME people in their access to and use of services
- Identify good practice or gaps in the delivery of homelessness services to BME groups

METHODOLOGY

1.6 Several methods were employed in the research:

- In-depth interviews with individuals currently and previously affected by homelessness
- Postal questionnaire circulated to agencies providing services to people affected by homelessness
- In-depth review of a sample of agencies providing services to homeless people
- Identification of good practice and advice relating to good practice
- Analysis of Scottish Executive Homelessness statistics
- Group and individual discussions with local authorities
- A seminar after the production of a draft final report to discuss the findings and the feasibility of the recommendations

Further details of the methodology relating to each of these methods are detailed below.

Interviews with individuals currently or previously affected by homelessness

1.7 A leaflet providing information about the research was prepared and circulated to a wide range of agencies likely to be well-placed to identify individuals who would be willing to participate in either individual interviews or small group discussions. Contact was also made with community interpreters who were likely to know of people who were currently or previously affected by homelessness or at risk of being homeless. These included refugees, women escaping domestic abuse and Gypsies/Travellers.

1.8 A total of 31 people from BME communities who were affected by homelessness participated in the study, of whom 7 were refugees, 8 women escaping domestic abuse, 7 Gypsies/Travellers and 9 people from other BME communities. Care was taken to ensure variation in terms of gender, ethnic groups, age, length of stay in the UK and current accommodation. 10 individuals were from Glasgow, 12 from Edinburgh and 8 from rural areas such as Perth, Aberdeenshire and North Lanarkshire.

1.9 19 participants took part in individual in-depth, semi-structured interviews and 12 in the form of small group discussions of 2 or 3 people. Individual interviews generally
lasted between 45 minutes to an hour while small group discussions lasted about one and a half to two hours. The majority of interviews took place either in participant’s homes, on the premises of an agency which had facilitated the contact, or on authorised sites. All participants received £15 in cash in appreciation of the time involved in cooperating with the research.

1.10 Interviews and group discussions were mainly conducted in English. However, 5 of the interviews were facilitated with the support of professional interpreters who spoke Punjabi, Urdu or Cantonese. Participants were assured of confidentiality. Both interviews and discussions were recorded, except where participants did not consent to this. The topic guide elicited information on the following areas:

- Background details of the participants
- Access to and satisfaction with current accommodation
- Previous housing history
- Access to formal and informal sources of support related to homelessness
- Use and satisfaction with formal and informal sources of support related to homelessness
- Prevention of homelessness
- Contact with other people who are currently homeless or at risk of being homeless

1.11 Information recorded in English was first analysed in terms of the 4 groups of individuals who had participated in the study: refugees, Gypsies/Travellers, women escaping domestic abuse and people from other BME communities. Common themes and concerns in relation to access and satisfaction with current accommodation, access to formal and informal support, satisfaction with both forms of support and preventative measures were identified, as well as differences in experiences and individual concerns. These formed the basis for a further analysis which identified common concerns and themes across the four groups studied, as well as specific vulnerabilities to homelessness and preventative measures which can be taken for each group.

**Mapping of homelessness services**

1.12 The mapping of homelessness services involved:

- Identification of the range of homelessness services available across Scotland.
- Pilot postal questionnaires to 12 diverse relevant homelessness agencies
- Postal Survey of identified homelessness and advice agencies across Scotland

1.13 All 32 Scottish Local Authorities were approached to help identify lists of homelessness agencies/services within their local authority area; 23 provided some form of list or record. This information was supplemented by extensive web searching and contacts from the project’s advisory group.

1.14 The survey questionnaire itself sought information from each eligible agency in relation to issues including:

- Nature of homelessness services identified
- Main service user group(s)
- Breakdown of service usage by ethnic origin
Inward and onward referral routes for BME households

1.15 A total of 680 agencies were initially identified for inclusion in the postal survey which was carried out between April and June 2003; 47 questionnaires were removed from this list due to incorrect address details or duplication. 633 agencies were finally identified as eligible for inclusion and contacted; the total number of questionnaires returned was 298, producing a response rate of 49%. 4 categories of homelessness services were identified:

- Mainstream services specialising in housing and homelessness
- Mainstream services which provide advice on a wide range of issues
- BME agencies specialising in housing and homelessness
- BME agencies which provide advice on a wide range of issues

These responses were generated through postal contact with all agencies which did not respond and a second chase-up of 43 agencies by telephone (consisting largely of Rough Sleeping Initiative and BME agencies).

1.16 Analysis of the questionnaires involved utilising both SPSS and a qualitative approach to open-ended questions. For ease of readability, percentages reported in Chapter 3 have been rounded, resulting in some percentage totals which do not add up to 100%.

Analysis of Scottish Executive homelessness statistics

1.17 This analysis focused on local authority homelessness monitoring returns for 2002/2003, the first full year following the introduction of ethnic monitoring. It investigated the incidence of BME homelessness, analysed causes of homelessness among different ethnic groups and examined the distribution of local authorities’ assessment decisions by ethnic group.

Perspectives of local authorities

1.18 One focus group discussion was conducted in Edinburgh with 8 local authority representatives who were members of the Scottish Housing Best Value Network (SHBVN) Homelessness Sub Group. A second focus group discussion was organised but did not attract a good participation rate. Reflecting that the timing of the discussion which coincided with a holiday period and an Edinburgh based venue might have been deterrents to participation for some local authorities, a third focus group was organised at a later date in a Dundee-based venue near the train station but this too failed to attract many participants, leaving the researchers to conclude that there was a low level of interest in the research. Subsequently, interviews were organised with 2 local authorities. One rural authority participated by submitting a written response. In all, a total of 11 local authorities participated in the exercise.

In-depth review of sample of agencies

1.19 Based on an initial study of the responses from the postal survey detailed in paragraphs 1.14 – 1.15, 12 agencies were identified for in-depth analysis of the issues
faced in providing homelessness services to BME communities. These included mainstream agencies providing housing and homelessness services as well as those providing wide-ranging advice services. BME agencies which provided housing and homelessness services as well as those providing generic advice were included. Care was also taken to include agencies which covered a wide range of client groups which were vulnerable to homelessness including refugees, women escaping domestic abuse and Gypsies/Travellers. The agencies were also selected to maximise geographical cover and located in both urban and rural areas: Glasgow, Edinburgh, Perth and Kinross, Airdrie, Motherwell and Aberdeen.

1.20 Face to face interviews were conducted with one or two organisational representatives; this included chief executives, heads of homelessness services and project workers. Interviews generally lasted for 90 minutes and were recorded. The topics for discussion included:

- Factors leading to homelessness in BME communities and preventive factors
- Access and use of homelessness services
- The role of generalist and specialist services
- Good practice advice and identification of good practice
- Training needs
- Participation by BME communities
- Monitoring and evaluation
- Strategic issues related to homelessness prevention

1.21 The data was then analysed for commonalities of views and experiences across the agencies in the sample. Differences between BME agencies and mainstream agencies were also noted. Specific concerns and issues relating to each BME group studied were also examined at the level of both policy and practice.

Identification and recommendations for good practice

1.22 Good practice and recommendations for advice relating to good practice were identified through analysis of the qualitative interviews with individuals affected by homelessness, in-depth review of agencies, the review of local authorities, and literature review. This included recommendations for mainstream and BME voluntary sector agencies and local authorities.

Seminar on completion of draft final report

1.23 On completion of the draft final report, a seminar was organised at Positive Action in Housing to obtain the views of key stakeholders on the findings of the research and the feasibility of the recommendations which were made. This included a wide range of national and local agencies with an interest in the research. The agencies invited included the Commission for Racial Equality, the Scottish Refugee Council, Hemat Gryffe Women’s Aid, Shakti Women’s Aid, Save the Children, Positive Action in Housing, the Scottish Gypsy Traveller’s Association, COSLA and selected local authorities. The feedback from the seminar was considered and incorporated in producing the final report.
STRUCTURE OF THE REPORT

1.24 User perspectives and experiences play an important role in informing the planning and delivery of services. Accordingly, this introductory chapter is followed by discussion of the experiences of BME people affected by homelessness, including refugees, Gypsies/Travellers and women escaping domestic abuse in Chapter 2. This is followed by a presentation of the findings emerging from a mapping exercise of all agencies identified as providing homelessness services in Scotland in Chapter 3. Chapter 4 discusses issues arising from in-depth interviews with a selection of agencies, both mainstream and BME, which provide homelessness services. In Chapter 5, the perspectives of a selection of local authorities are discussed in relation to the policy and practice of homelessness services. Chapter 6 presents findings based on local authority monitoring data which has been compiled by the Scottish Executive for the year 2002-3. The final chapter, Chapter 7, draws together the main findings and conclusions emerging from the study and considers the implications of the study, including points raised at the national key stakeholders’ seminar, and recommendations for good practice.

1.25 Summaries of the main findings of Chapters 2, 3, 4, and 6 are provided at the end of these chapters. This is intended to provide readers with a quick insight into the perspectives of people affected by homelessness, the findings of the mapping exercise on homelessness agencies, the perspectives of a selected sample of service providers and the analysis of Scottish Executive homelessness monitoring data.
CHAPTER TWO: EXPERIENCES OF PEOPLE AFFECTED BY HOMELESSNESS

2.1 This chapter considers the homelessness experiences and use of services of four groups of people: refugees, women escaping domestic abuse, Gypsies/Travellers and other BME people who are affected by homelessness. The chapter concludes by identifying aspects of experiences of homelessness common to all groups, including their use of homelessness services. Details of the methodology employed are provided in Chapter 1, paragraphs 1.7 – 1.11.

POSITION OF REFUGEES

Background details

2.2 A total of 7 refugees were interviewed from Somalia (2), Russia, Iraq, Iran, Burundi and Zimbabwe. All were male and based in Glasgow, reflecting the demographic trend in the asylum-seeking and refugee population, the ‘no-choice’ dispersal policy to reduce pressure on the South East and London and the contractual relationship between the National Asylum Support Service (NASS) and Glasgow City Council, currently the only Scottish local authority to engage in such a relationship.

2.3 All but one of the refugees were single; the person who was married was currently separated from his wife. The ages of participants ranged from 19 – 68. The number of years they had stayed in the UK varied from 6 months to 3 years. 6 of them had arrived in Glasgow soon after coming to the UK, while one had been in London for 2 months. Their educational levels were varied, including those with primary level education as well as those who had diploma or graduate qualifications. 2 were seeking employment, one was working in a baking factory, 2 were studying English, one was doing a diploma in Applied Science and one was not working or studying. All but one were able to speak English fluently.

Satisfaction with current accommodation

2.4 Of the 7 who were interviewed, 5 were currently homeless: 4 were staying in temporary hostel accommodation while one was living with a friend. The other 2 were living in housing association accommodation. Of these, one was very contented with his flat (‘it is beautiful, semi-detached, 2 rooms’). In contrast, the other complained of anti-social behaviour on the part of his neighbours and lack of action by the Registered Social Landlord (RSL) concerned (‘you are left at God’s mercy… you have to help yourself’), dirty surroundings, lack of transport from the city centre and the presence of boilers in the bedroom which he perceived to be unsafe. This participant also reported that the grant of £500 that he received to furnish his apartment was inadequate.

2.5 All 4 who were currently living in different hostels across the city as well as 3 others who had previously stayed in them found the experience difficult, describing it variously as ‘terrible’, ‘harsh’, ‘stressful’ ‘rough’ or ‘challenging’. One refugee commented that he was able to cope with living in a hostel because it was better than the war-stricken conditions in his country of origin:
‘the good thing is that you can sleep somewhere at night’.

The use of the hostel as a place to only sleep in and have breakfast, and to spend most of the day out seemed to be the dominant pattern. However, one refugee reported that he used his room only as a place to keep his clothes and belongings but lived with a friend, sleeping on his sofa:

‘I am afraid, very afraid there.’

Exceptionally, another commented that although there was nothing that he liked about living in the hostel,

‘it was not so bad, it can accommodate me, not as bad as I had heard.’

2.6 Among the factors which made living in such accommodation difficult were harassment by other residents, unhygienic conditions, high levels of noise, the high proportion of residents who were addicted to drugs and alcohol (‘there are a lot of needles and broken bottles’), and general feelings of lack of safety and the threat of abuse and violence. One refugee commented that the levels of disturbance and noise were not conducive to study, and that since they were worst at weekends, he had now taken to living with his friends at this time. The same person, who spoke fluent English, reported that the situation was much worse for those who were not able to speak the language. One Muslim refugee reported that due to the lack of provision of halal food, he was unable to eat at his hostel.

Access to current accommodation

2.7 Prior to becoming refugees, participants had been staying in NASS supported accommodation, including a YMCA hostel and B and Bs. On receiving refugee status, participants reported that they had to leave their current accommodation and seek alternative provision within 5 to 7 days. This appeared to be a time which was fraught with difficulty, when NASS support is ended, and people then have to apply for benefits.

2.8 After being assessed by the Council, they were put on a waiting list and told to wait, without an indication of how long they would have to do so. In the meantime they were provided with temporary accommodation in hostels across the City. During this time, all but one participant also applied to several housing associations. By the time the interviews were carried out, 2 of the interviewees had been provided with RSL accommodation while 5 had been waiting to hear the outcome of their applications for periods ranging from 4 months to just under a year. One participant had become homeless after an incident of domestic abuse, when tenancy rights were handed over to his wife and he was asked to leave.

Main forms of formal and informal support

2.9 By far the most common form of continuing support appeared to come from one or 2 Glasgow-based voluntary organisations which catered to the needs of refugees and other BME people. Information about these organisations had generally been provided by friends. These organisations provided housing information and advice and helped participants to apply for council and RSL accommodation. Other forms of assistance
provided included information about educational opportunities and referrals to other services such as health care and social support. One participant was also receiving the support of a social worker, another had received assistance from the Job Centre in finding employment and a couple of others were receiving medical care.

2.10 The main informal sources of information which participants reported receiving were friends, churches, colleges and hostel staff. Informal support also included the provision of food, clothes and loans from friends when there were delays in obtaining benefits.

Use and satisfaction with formal and informal sources of support

2.11 The refugees interviewed were generally very appreciative of the support which they had received from the voluntary organisations involved, with most citing them as their only source of information or advice and support in finding permanent accommodation. However, a couple of refugees commented that the ‘hand-over’ to Glasgow City Council once they had received a positive decision was too sudden. One refugee commented that ‘that gap is too wide’, another, that

‘that gap is not easy if you are not a good survivor’.

Lack of familiarity with the country and its official systems compounded the difficulties participants faced in obtaining support:

‘it involved a lot of walking...I had to find the right office’.

One refugee reported that his experience was one of being sent from one place to another, without any progress in finding accommodation. 2 participants reported delays in getting Job Seekers Allowance which forced them to apply for emergency crisis loans from the DWP.

2.12 Among the difficulties that refugees reported in accessing accommodation and other services was a lack of information regarding:

- Housing application procedures and waiting periods
- The full range of housing options
- Complaints procedures
- Welfare benefits.

2.13 Lack of interpreting services also posed a serious barrier to accessing services. Areas where racial discrimination was perceived included the allocation of housing (one participant felt that this contributed to ethnically segregated areas in Glasgow) and responses to job applications.

Prevention of homelessness

2.14 The measures most commonly identified by interviewees as helping to prevent homelessness included:

- Providing continuity of support and information after asylum-seekers had received a
positive decision giving them refugee status
• Enabling refugees to access appropriate permanent accommodation once they had received a positive decision, and
• The provision of more appropriate temporary accommodation.

2.15 One of the main related areas in which participants reported that more support would be helpful was assistance in seeking employment. One participant also felt that it would be helpful to incorporate the services provided by the Job Centre and the DWP to enable refugees to access financial support soon after they had received a positive decision.

Contact with other people who are homeless or at risk of being homeless

2.16 Interviewees appeared to have limited sustained contact with, or support from, other homeless refugees. One reported that he sometimes provided interpreting services for 2 other refugees who came from the same country but were unable to speak English.

2.17 Advice given by interviewees to others who were homeless included:

‘Talk to the right people ...be ready to listen’

‘Apply to lots of housing associations’

‘Be patient’.

One refugee wished to advise the government that exposing new arrivals to the country to environments in which drug and alcohol abuse was common might increase their own vulnerability to such abuse and hinder their ability to contribute positively to the nation’s society and economy.

THE POSITION OF BME WOMEN ESCAPING DOMESTIC ABUSE

2.18 A total of 8 women were interviewed from various ethnic groups: 4 were of Pakistani origin and the others were from China, India, Sri Lanka and South Africa. 7 of them were in their late 20s while one was aged 65. One was UK born while the others had lived in the UK for periods ranging from 18 months to 9 years. None were currently employed although one had previously worked as a secretary, another in the service industry, and a third had run a corner shop. 4 had college or university education while the others had completed high school education.

2.19 Among the women participating in the study, 5 were currently living in different forms of temporary accommodation: a refuge, a supported housing project for young BME people, council accommodation, private rented tenancy and staying with relatives. Temporary accommodation lengths of stay varied from a few days to 11 months. Prior to living in temporary council accommodation, one participant had lived in two bed and breakfast establishments and a hostel. At the time of interview, she had just been allocated RSL accommodation.

2.20 The other 3 women were currently living in permanent accommodation: 2 were living in council flats and one was living in a sheltered project for older Chinese people. Their stays here ranged from 2 to 6 years. 2 of these women had previously stayed in a refuge
for three months.

2.21 Prior to escaping situations of domestic abuse, 6 participants had lived in accommodation which had either been owned by their spouses (3), their in-laws (2) or an adult daughter and her family (1). One participant had previously lived in private rented accommodation with her husband while the tenure of the accommodation where the remaining participant had lived with her husband was not clear. 5 were currently living with their children, 2 were living on their own and one was living with relatives.

**Satisfaction with current accommodation**

2.22 All but one of the women reported that they were generally satisfied with several aspects of their current accommodation, identifying positive factors such as the pleasantness of the surrounding area, its perceived safety, accessibility to shops, schools and other facilities, the presence of friendly neighbours, the presence of others from the same ethnic group, proximity to previous accommodation and the presence of a bilingual Chinese warden. Attributes of the accommodation which participants liked were adequate space, bedrooms and heating. 3 women also cited qualitative differences to their lives which their current accommodation had made possible, such as a new freedom and independence.

2.23 Factors which the women disliked about their current accommodation included the lack of safety (for example, broken entry systems and dark stair-wells), dirty shared gardens and stair wells, and lack of sound proofing from near-by flats. Anti-social behaviour on the part of neighbours and lack of privacy were also sources of dissatisfaction. One participant was very unhappy about having to live with relatives, as she felt that not all members of the household welcomed her presence.

**Satisfaction with past and future accommodation**

2.24 Mainstream hostel refugee provision for women escaping domestic abuse proved less than satisfactory for 3 women who had previously experienced this. 2 women reported that they had felt uncomfortable living with women from the majority population due to differences in lifestyles, and one woman experienced difficulties in communicating with others due to language differences. Another woman had requested a transfer from one BME refuge to a BME refuge in another city to get away from her relatives.

2.25 Harassment of some sort was a common concern. One woman complained that prior to receiving her current council flat, she had been allocated flats in two other areas which were unsafe, and that her son had been racially attacked:

‘I don’t know why they put an Asian person there, especially when she is a single mother with children, don’t know why they bother.’

The same woman reported that one of the Council flats she had previously been sent to with her 3 month old baby and other children had lacked both heating and electricity:

‘When I went to (council estate), all four of us were sleeping on two sofas... we were all in coats, shoes and socks...we couldn’t even shut the windows properly and it was January.’
Another woman reported that although the 2 types of B and B accommodation she had stayed in were pleasant, on the second occasion, she had been harassed by a man, after which she was moved to a hostel. The participant who was soon due to move to RSL accommodation was worried about safety against racial harassment in the area that she was moving to. Previously, she had lived in other accommodation where she had been racially harassed, but felt that she had no choice but to accept the offer.

Access to current accommodation

2.26 Of the 8 participants, 6 had access to their current accommodation facilitated by one of 2 Women’s Aid projects which worked with BME women escaping domestic abuse. Access to the Women’s Aid projects concerned was facilitated by various means: through referral by the GP or social worker, through police intervention, through friends who knew about the project or through other voluntary projects which worked with BME people. Staff at the 2 Women’s Aid projects had helped women with the application procedures for their current accommodation. Difficulties experienced by women in accessing the current accommodation, which workers at these projects had helped to overcome included:

- Lack of familiarity with application procedures
- Language difficulties
- Lack of knowledge of housing options
- Lack of awareness of their rights

2.27 A woman who was currently living in temporary private rented accommodation on a short term lease reported that this had been difficult to find because of high rents and the refusal of many landlords to accept people on benefits. She was frustrated at having to move every few months (‘living like a hermit in one room is really difficult’) but reported that her chances of getting council housing were low because she was living in private rented accommodation and was not recognised as homeless. The woman who was currently staying with relatives had been advised to go and live with them by her family in Pakistan after she had left her marital home.

Circumstances leading to homelessness

2.28 Breakdown in marital relationships was the main contributory factor to homelessness for 4 women. This included abuse of some sort to themselves as well as to children: verbal (‘He was nasty…He called me black and his child half black’), physical (‘My husband broke a cricket bat on me …he started knocking my son about as well’) and emotional abuse (‘he told me right away, “I don’t want to keep you like a wife - if you want, you can stay like a lodger with me, pay the rent, pay the bills, look after the child”’). One woman who had stayed with her daughter’s family reported that her relationship with her son-law had deteriorated after disagreements over the care of the grandchildren.

2.29 For 3 women of Pakistani origin who also had unhappy marital relationships, the role of the mother-in-law was significant in contributing to their unhappiness, due to the control she exerted over their lives and their loss of freedom. One woman was forced to take up sewing to bring in income, another was not allowed to go out and the third was taken back to Pakistan, after her mother-in-law expressed dissatisfaction with her. All 3 of
these women reported that they had come from Pakistan to get married. Since divorce was not acceptable in their culture, they did not have the option of returning to the country (‘it would be shameful to go back’). 2 of them reported that, prior to marriage, they had been unaware of their husbands’ previous relationships with other women which had resulted in children.

Access to immediate forms of formal and informal support

2.30 The means through which 4 of the women accessed formal sources of support reflected the desperate nature of the situation they faced. One woman reported attempting to kill herself on a railway track after her husband had hit her, leading her husband to call the police, who then took her to a hostel and informed the Women’s Aid project working with BME women in the area about her circumstances. Another woman reported that her suicidal feelings evoked concern from her GP who then referred her to the same project. Staff from this project arranged to meet her at the doctor’s surgery to take her to the refuge:

‘I had nothing but clothes, handbag and a bottle of milk.’

Yet another woman reported that marks of physical abuse on her son alerted staff at his nursery that he was being abused, and they then recommended that she contact the social work department. The fourth woman had jumped from the window of a room in which she had been locked, and this had come to the attention of police.

2.31 For 3 women, departure from the marital home was planned. They had contacted the project supporting BME women escaping domestic abuse or social work and had given themselves and others time for the necessary arrangements to be put into place before they left (‘when the time was right’). Despite this, one woman complained that she had to unhappily share a flat with another woman and child at the refuge she was sent to. One woman whose in-laws had sent her back to Pakistan returned to Scotland to live with a friend who then took her to the refuge for BME women escaping domestic abuse. Informal support provided by friends appeared to be mainly in the form of information about the existence of agencies which could assist them and provide emotional support.

Other forms of formal support

2.32 In addition to support with accommodation, the women reported receiving various forms of assistance from the domestic abuse projects concerned, which appeared to be their primary source of support. Other sources of support were BME organizations and BME staff who worked in local mainstream advice and other agencies.

2.33 Formal support took the form of counselling sessions, English classes and other educational courses. Financial support included help with applying for Job Seekers Allowance and other benefits. Legal advice was important for those women who were seeking divorce and custody of their children. 2 women also needed to retrieve their passports from husbands who had been withholding these. 2 women reported dissatisfaction with the legal advice they had obtained from their solicitor. One woman reported contact with a child psychiatrist as part of her battle to gain custody over her child.
2.34 Other forms of support were related to independent living skills, such as management of personal finances; 3 women reported that they had previously been unaccustomed to handling money. Help with official mail and with overcoming language barriers was also required. 2 women reported some assistance with their efforts to seek employment. One woman reported that although her efforts in seeking employment had enabled her to be successful in applying for 4 separate jobs, she was unable to take up employment due to lack of appropriate child-care provision.

**Extent of informal support**

2.35 None of the 8 women reported any form of support from parents, brothers or sisters; the families of 5 women lived abroad. 2 others reported that although their family lived in the UK, they had had no support from them, suggesting that women who had left the marital home were not viewed positively even when they had left an abusive spouse. One woman reported:

   ‘My parents don’t understand…and my brother wouldn’t help. The moment I walked away, I threw all my Asian clothes into the bin.’

2.36 The main form of informal support that was available to the women seemed to come from other women who were in similar circumstances and who they had met through the domestic abuse projects. This appeared to form an important social network to otherwise isolated women. At the time of interview, one participant who had fled her marital home was staying temporarily with another participant, who was going to take her to one of the domestic abuse projects for BME women.

**Factors which could have prevented homelessness or improved personal circumstances**

2.37 Most participants felt that better access to reliable information on housing options and housing rights would have been beneficial. One woman who previously had a joint tenancy with her husband in private rented accommodation reported that had she known her rights earlier, she would have remained in the home; she also felt that better legal advice could have helped her to gain official recognition of her homelessness. Another woman who had lived in the UK for more than 2 years reported that her husband had not applied for a visa for her. As a result, she was unable to access benefits, seek employment or apply for legal aid and was entirely dependent on relatives. Yet another woman reported that she had been unaware of her entitlement to support from her husband in paying child care expenses.

2.38 Not all participants felt that they were in a position to advise other women facing domestic abuse due to language differences, their low awareness of the range of services available and the nature of their provision. However, some of the advice that women did feel able to offer was the need to be strong, to gather information from different sources before deciding to leave home, to be pro-active in looking for help and to be specific about the nature of the help required.
POSITION OF GYPSIES/TRAVELLERS

2.39 Of the 7 Gypsies/Travellers interviewed, 3 identified themselves as Scottish Travellers and one as an Irish Traveller. 6 were female and one was male, with ages ranging from 19 to 57. 6 were currently unemployed while one worked as a fortune-teller. 4 of the women were single parents (one had recently been widowed), 2 were married while the male was single. Apart from one woman who reported that she had primary level education and another who reported that she had some high school education, none of the others had had any formal education.

2.40 Among the women, 2 (who were mother and daughter) were currently living in council tenancies; the daughter had been living there for seven years while the mother had moved in the previous month as a result of closure of the site she was living on. Another daughter was currently homeless and sleeping rough. 2 other female Gypsies/Travellers were living in caravans on authorised sites. Another woman reported that she and her husband had recently bought land and were in the process of building their own home, while they lived in a caravan on the land. The male Gypsy/Traveller was currently homeless.

2.41 One of the participants was living with 3 young grandchildren and her teenage son, while 2 others were living with their young children. 2 were living with their husband and children. The male participant lived with his parents.

Satisfaction with current accommodation

2.42 The 2 women who were living in council tenancies appreciated the additional space in their accommodation, though the older woman reported that since she had recently taken over the care of her grandchildren following their removal from their mother, the accommodation was now over-crowded. Her daughter who was currently homeless had been offered temporary bed and breakfast accommodation but was not using this because it was too far for her to visit her family and children daily.

2.43 Both women in council tenancies reported that they disliked being confined to a house, with the older woman reporting that had an appropriate site been available, she would not have chosen to move into a house:

‘In the caravan, I’m no locked in. When I’m in my caravan, I can go out and in when I choose but here I have to sit with that door open to get fresh air.’

In contrast, her daughter reported that although she did not feel that it was as safe for her children to go out and play on their own as it would have been had they been living on a site, she was happier living in a house and travelling in the summer. Both mother and daughter also differed in their experiences of racial harassment, with the former reporting that she was continually subjected to verbal abuse and damage to her property while the latter reported that she experienced less harassment than when she was living on a site. The former was also concerned about the presence of neighbours who suffered from drug and alcohol addiction.

2.44 Of the 2 women who lived on a site, one reported that she would rather live in a house although living on the site was pleasant in the summer and afforded welcome opportunities for travelling. The other liked the peace and quiet of the site which
contrasted with her previous experience of living in council accommodation where she was subjected to abuse and had neighbours who suffered from drug addiction:

‘For 2 or 3 days ... its okay, but after the first week, its gypsies this and tinkers that.’

She reported that she would not apply for council housing again and would only consider living in a house located in the country.

2.45 However, both women and the male participant who was living on the same site with his parents were unhappy about the absence of recreational facilities on their sites and the distance from shops and other amenities, including health services. Other sources of dissatisfaction were the lack of affordable heating and the cold in the winter, the poor condition of the chalets and washing facilities, the lack of regular hot water, unsafe electrical wiring (in one caravan, electric cables were slung through a window) and the lack of direct access to a telephone on the site. The local authority-employed site manager was present on an irregular basis and not perceived to be helpful. Dissatisfaction was also expressed about the lack of consultation with Gypsies/Travellers in the creation of an adjacent site, where it was felt that the chalets and pitches were too small.

2.46 In contrast, the woman who had bought her own land to build a house in the country was very happy with the fresh air, peace and quiet and long-term security which it afforded her and her children. She also commented that living on a site was not financially sustainable in the long term due to the high rents for pitches and the lack of a Right to Buy pitches on sites which had been rented for several years, in contrast to the Right to Buy council housing.

**Access to current accommodation**

2.47 Neither the mother nor daughter who were living in separate council tenancies had faced any difficulties in getting their current accommodation. However, the former felt that she did not have any choice once the site she was previously living in had been closed down:

‘I was told that if I resisted to go, I would never hold another council tenancy.’

Further, she was disappointed to find that due to a legal anomaly, she was not entitled to any form of monetary compensation from the local authority.

2.48 One participant who was living on a site had moved there after she and her family had been moved off an official site by police. Another Gypsy/Traveller was currently living in a caravan which had been temporarily loaned to her by her uncle; she had had to wait some time before she could occupy this caravan due to its use by her uncle. The male participant was currently living with his parents and had not considered applying to the council for accommodation, reporting that temporary hostel accommodation was largely occupied by drug addicts and the council housing that he was likely to be offered was in very poor condition. The woman who had bought land to build a house reported that she and her husband had faced no problems in buying the land, but were certain that this was because they had kept their identity as Gypsies/Travellers hidden.
Previous accommodation history and factors leading to homelessness

2.49 Of the 2 women who lived in council housing, one woman had been made recently homeless after closure of an authorised site while one of her daughters had become homeless six years ago after a relationship breakdown. Another daughter who suffered from drug addiction had held a council tenancy in the past but her inability to sustain this had resulted in periods of homelessness.

2.50 One participant who was currently living on a site but who had previously stayed in a house left after experiences of being robbed and harassed:

‘Everything gets robbed and windows broken, people giving you hassle, calling you that name, this name...that’s why I left...People just didn’t want us there’

Before living in a caravan loaned from her uncle, another participant had been living in a chalet with her 3 children ‘with a couple of cushions on the floor’, and before that, with her mother in her caravan. Prior to this, she had been living in private rented accommodation, but was unable to sustain this tenancy. She had also previously lived in council housing over which she had no choice and which she left because of its poor condition, experiences of racial harassment and the presence of neighbours who were drug addicts.

2.51 The male participant had previously lived with his girlfriend in her father’s council house but had to leave after their relationship broke down. The woman who lived in her own land had previously lived in a house owned by her father-in-law.

Access to formal and informal sources of support related to homelessness

2.52 The 2 participants who were currently living in council housing reported that all the support they received was through the local authority’s Gypsy/Traveller Liaison Officer who was the main source of advice, information and emotional support related to finding accommodation, obtaining benefits and health care. One participant was particularly unhappy about the lack of sensitivity in the allocation of council housing, since she had been placed next to neighbours who had very negative views of Gypsies/Travellers:

‘It’s like putting a Pakistani in the middle of a racist estate.’

2.53 Difficulties in accessing services and obtaining an adequate level of support was a recurrent theme in many of the interviews. One woman would clearly have welcomed support with reading and writing, and emotional support due to problems in the family with drug abuse and self-harm:

‘I haven’t got anybody for me – they have just seen me out there roaring and crying.’

Yet another woman who was currently homeless reported that she did not have enough financial support. One of the women reported receiving only limited support from a social worker and even less help from a health visitor whom she had only seen once, despite having a young child.

2.54 Getting the appropriate type of support was, in some cases, problematic. One
participant reported that soon after becoming homeless, she had approached the social work department for help in getting a deposit so that she could rent privately but was unsuccessful. She and her 3 children were given places in bed and breakfast accommodation in hotels and hostels, both of which were unsatisfactory. This woman reported that although she had received some limited financial support from the social work department in the form of temporary accommodation, the department was unwilling to support her in purchasing from her uncle the caravan in which she was currently living. She also complained that educational support for her children on site was extremely limited and that her request for a school run for her children had been rejected.

2.55 At least 2 of the 7 participants had experienced problems accessing health services. The male participant had sought medical advice for ongoing back problems and received some physiotherapy but reported that he had faced difficulty in being referred for an x-ray despite persistent pain. He also reported that he had been refused assistance in finding employment from the social work department, due to his bad back. One woman who suffered from depression and back pain reported that the only support she received was disability allowance; she reported that she had also faced difficulty in getting registered at a local health centre.

2.56 All the Gypsies/Travellers interviewed felt that discrimination on the part of service providers made it difficult to obtain the level of service provision that others would have received:

“They think because we are Travelling People, if you go to them with your problems, you get no reply back. They treat us like scum – that’s the truth.’

‘Travellers do get treated differently...they keep staring and looking down at you.’

2.57 Literacy problems on the part of Gypsies/Travellers and lack of understanding of service providers about this, also contributed to the difficulty of obtaining appropriate accommodation and support:

‘You have a queue of people standing behind you, and they ask you questions, and you try to explain to them that you can’t read or write, why can’t you read and write, why can’t you do this, and you are sitting there and your face is going all red with embarrassment.’

2.58 All participants reported that they knew other Gypsies/Travellers who were homeless but did not feel that they were either able to support them or receive assistance from them.

Prevention of homelessness

2.59 Factors which participants felt might have prevented homelessness included a more person-centred and needs centred approach:

‘If people took more interest in Travellers, they could do a lot – nobody is interested.’

2 participants described their experience with social workers as follows, suggesting that what was required was a more pro-active approach on their part::
‘They sit there and ask what your problem, what’s going on – you sit and explain to them, and it’s a straight no. They ask ‘how do we know that you are paying for the caravan?’… Its not our problem’… They could help us a lot better if they tried to get us a home… and help us get the things that we need.’

‘If you tell them that you can’t read or write, or that you have a bad back or that, it’s just left at that and they tell you that there is nothing that you can do.’

One participant expressed what was needed succinctly:

‘Something worth staying in, something worth doing, someone giving us help’

2.60 Greater choice in accommodation which was offered and acknowledgement of their susceptibility to harassment in allocation procedures emerged as a major preventive factor, with all participants feeling that they could exercise little choice in this area (‘we just want something decent for once’). This included:

- Greater choice in the social housing that was offered
- Improvements to existing sites and the creation of more pitches
- Help with purchasing caravans
- Fewer obstructions to buying land

2.61 In the longer term, help with gaining literacy, access to educational facilities and assistance in obtaining employment were all seen as effective preventive measures.

2.62 Advice which participants would offer other Gypsies/Travellers included:

‘Once you get hold of it (a house), keep it, its too precious to let go, especially if there are kids involved, your home is the most precious thing in your life…your home and your kids is your life’

‘If you are young and single, don’t jump into marriage or things like that, if you are not old enough to realise what you are doing, it just ruins your life, plain and simple’

‘Try your best to read and write and get a job, living on the social is just life ruined.’

**POSITION OF OTHER BME PEOPLE AFFECTED BY HOMELESSNESS**

2.63 The study also included 9 other people (3 male, 9 female) affected by homelessness from a range of ethnic groups: Pakistani (4), Chinese (3) Indian (1), Bangladeshi (1). 4 of these people had been affected by homelessness in the past, 2 were currently homeless and 3 were at risk of being homeless. 5 of them lived in Edinburgh, 2 in Glasgow and 2 in a rural area in Grampian. Levels of education varied greatly with some having had no formal education and others possessing graduate level qualifications. Apart from 2 men who were working in a call centre and in a fast food restaurant, none of the participants were employed at the time of the fieldwork.

2.64 Of those who had been affected by homelessness in the past, one was currently living
either in a sheltered project for older people, one in supported accommodation for young BME people, 2 in housing association accommodation, and one in her own home. Lengths of stay in current accommodation ranged from 6 months to 8 years. Prior to this, one young woman had lived with her boyfriend in his home, one had lived in supported accommodation for young BME people and 3 with relatives who either owned their own homes or lived in housing association accommodation.

2.65 Among those who were currently homeless were 2 young women who were living with their husband and young child in accommodation shared with relatives. One had been living with her relatives in their own home for 3 years, while the other who had been living with them in private rented accommodation for 10 months.

2.66 Of those participating, 2 were identified as being at risk of homelessness. One was an older woman who had been living in a home which was jointly owned by her husband and son for 6 years and who was very unhappy due to tensions with her daughter-in-law. Another was a person of Pakistani origin who had arrived from Switzerland 4 months prior to the interview and who was living with his family in overcrowded private rented accommodation with shared facilities for 2 weeks. Prior to this, they had been living in temporary accommodation for 6 weeks and various B and B type accommodation.

Satisfaction with current accommodation

2.67 Satisfaction levels with current accommodation varied greatly, with positive factors being the perceived safety of the surrounding area and proximity to facilities, shops and other people from the same ethnic group. Negative factors related to inadequate heating, dampness, overcrowding and in one case, having to share kitchen and bathroom facilities with tenants from other households. In 2 homes, the use of double purpose rooms was apparent in the form of lounges which were also used as bedrooms.

2.68 Satisfaction levels among those who stayed in sheltered projects or supported accommodation for BME people were relatively high compared to those who lived with relatives. Positive factors cited in favour of sheltered projects or supported accommodation were the support available from bilingual wardens or other housing staff, the presence of others from the same ethnic groups and the location of the accommodation in areas which were safe and close to essential facilities. However, one young man felt ‘trapped’ in supported accommodation since he was unable to take up full time employment without losing his benefits and he was similarly unable to find a job which made the rent affordable. Participants currently staying with relatives spoke of tensions in familial relationships and the restrictive nature of shared accommodation. However, one young woman who had just given birth also spoke of the help that she got from her relatives.

Access to current and future accommodation

2.69 Factors which facilitated access to accommodation among those who had previously been homeless included awareness of existing forms of support or having friends and family who knew of sources of support. The latter included a project which supported older Chinese people, supported accommodation for young BME people and a Chinese interpreter working in a rural area.
2.70 For the 2 participants who were currently homeless and living with relatives, their current living arrangements arose from a family network which was supportive of the difficulties faced by young couples in setting up their own home on limited income and recent arrival to the country.

2.71 Among the 2 participants who were at risk of homelessness, one older woman was living in property which had been jointly bought by her husband and adult son. The other person, had obtained private rented accommodation through his own efforts, having faced an extremely difficult time in attempting to access Council accommodation, in part due to issues related to his entitlement since he had come from an EU country.

2.72 Common difficulties which were faced by those affected by homelessness were:

- Lack of knowledge of housing options
- Difficulties in getting information about their rights to housing and benefits
- Language differences and lack of adequate interpreting services
- Lack of familiarity with local authority and RSL housing application procedures
- Long and indefinite waiting periods
- Lack of information about local authority complaints procedures
- Fear of racial harassment in certain areas, which was not recognised by local authorities
- Lack of affordability of mortgages or private rented accommodation

2.73 Among those who had applied for council accommodation, comments about their treatment at the housing offices were mixed, with 3 reporting that they felt that their applications had not been carefully considered. One young Pakistani man reported that although he had been politely treated by the Council, he felt disadvantaged not just because he was Asian but also in having an English accent. He felt that racial prejudice on the part of staff was manifested through subtleties in ‘tone of voice and demeanour’. Another Pakistani man felt that he and his family had been very badly treated at the housing office, and had had to wait several hours while their passports were examined, after which they were asked to sign forms which they did not understand. 2 people of Chinese origin who were living in a rural area reported that their local authority now relied entirely on a telephone interpreting service, ‘language line’, rather than community interpreters. The new service had proved to be far less satisfactory for themselves and others in their community.

2.74 One young woman, of Pakistani origin, who described herself as religious, and wore traditional clothes, which also covered her hair, felt that, as people who were recognisably Muslim, she and her family would be particularly susceptible to racial harassment, following the events of ‘9/11’, and any other similar events. She was afraid of losing her priority status as homeless, due to not being able to accept any of the three offers of accommodation from the Council. She had already refused 2 offers of accommodation since she felt that if she had accepted them, she and her family would almost certainly have been subjected to racial harassment, which would then have led them to request a transfer from the area.
Circumstances leading to actual or potential homelessness

2.75 Among those who had experienced homelessness or were at risk of homelessness, breakdown in existing relationships seemed to be a common contributory factor. This included deterioration or breakdown in relationships between older and younger members of the extended family, which was exacerbated in 2 cases by over-crowding. One older Chinese man reported that living together with his son’s family had placed such an unbearable strain on the family that his daughter-in-law had left the home, leaving him to look after three young children. One older woman from Hong Kong reported that her son had brought her over to help look after his children and that she had slept on the floor of her grand-daughter’s room for several years before she had managed to find RSL accommodation. Yet another older woman, of Bangladeshi origin, commented that her husband and son had jointly bought a spacious home so that they could all happily stay together, without realising that circumstances would change soon after her son got married.

2.76 Younger people too were faced with homelessness which was in part brought about by changing relationships with their parents. One Pakistani woman who had been living with her boyfriend reported that when that relationship broke up, she became homeless because she no longer had the support of her family. She attributed the sudden nature of her decision to leave her boyfriend as a contributory factor, leaving her with no alternative but to sleep in her car until she obtained accommodation. A young Pakistani man reported that he had moved up to Glasgow to live with his father when his parents split up, and was then left in Glasgow after his father decided to rejoin his mother in England.

2.77 Financial constraints were a major difficulty faced by those affected by homelessness in seeking alternative accommodation of their own among both older and younger people. Financial considerations were also a ‘push’ factor for 2 participants who were currently staying with relatives and reported a pressure to move out of their current accommodation. One young Pakistani woman who was currently staying with her uncle’s family reported that the room she currently occupied with her husband and child, was now needed so that her adult cousin could get married and continue to live affordably in her family home. An older woman who was living with her son and daughter-in-law and her other children reported that she wished to move out so that her son could either move to a smaller home or let the room she was occupying for rent to help pay the mortgage. In her situation, health problems were also closely related to the difficulty of sustaining home ownership; her husband and son had previously paid the mortgage, but due to her husband’s ill health, it was no longer possible for him to contribute to this.

2.78 Recent arrival in the country was also a contributory factor to homelessness among 4 participants, exacerbating problems which were commonly faced by others, such as lack of knowledge of housing application procedures and housing rights, ignorance of housing options and sources of potential support and difficulties in finding appropriate accommodation and employment.

Access to formal and informal support related to homelessness

2.79 The main forms of support that participants reported receiving seemed to come from informal sources. 2 Chinese participants who were living in a rural area reported that their sole source of information about housing options came from a community interpreter and that they felt threatened by the loss of support in accessing housing and related support
services since the introduction of ‘language line’ by the council concerned. They had been informed that if they wished to use face-to-face interpreting services, they would have to pay for this themselves. An Indian participant, who had recently arrived in the country, reported that her main source of information was someone she had met at a local temple, since the committee of the temple were in the practice of visiting new arrivals to Edinburgh to find out if they were in need of any help. Participants seemed to be isolated in their experiences and did not appear to receive any support from other people who had been affected by homelessness.

2.80 Formal support seemed to come mainly from voluntary projects which were primarily intended to serve BME people. This seemed to mainly take the form of assisting participants in applying for social rented housing or benefits. One of the main advantages of support from these projects was their ability to communicate with participants in languages other than English and their understanding of cultural issues. However, non-English speaking interviewees’ reliance on these projects also increased their vulnerability to homelessness since they appeared to have few or no other sources of support.

2.81 Psychiatric services had been helpful for 2 participants in dealing with mental health problems and adjusting to their new circumstances after they had become homeless and had settled into their new homes. CAB services had also been used by one participant.

Means of improving formal support and preventing homelessness

2.82 Support which would have been useful included the provision of information in other languages in both written and other forms (where literacy was an issue). Dissemination of housing related information so that it could be easily accessed by new arrivals as well as those who had lived in the UK for a long time was also important. It was felt that it would be useful for all relevant information to be disseminated effectively from one place, to avoid having to go to different places in search of this.

2.83 It was also felt that better communication with local authorities was needed, which would take into account not only language differences, but peoples’ need to kept informed of decisions relating to their housing applications. The need for avenues to challenge decisions which had been made, to make representations or lodge complaints was also raised.

SUMMARY

2.84 Although there is considerable variation in the experiences of people affected by homelessness within and between the four groups identified here, it is also possible to identify common themes across the groups. In terms of accessing accommodation, participants in all the groups faced the following difficulties to a greater or lesser extent:

- Lack of information about housing options and their rights
- Lack of appropriate temporary and permanent accommodation
- Lack of sensitivity by housing officers to their vulnerability to racial harassment
- Lack of accommodation in areas which were perceived to be safe
- Unaffordability of mortgages and accommodation in the private rented sector
- Difficulties in obtaining information due to language differences, literacy issues, lack
of familiarity with the system and institutional discrimination

- Difficulty in getting specialised legal advice
- Difficulty in getting complaints addressed.

2.85 In terms of their use of services, participants tended to rely on a limited range of services which were most immediately accessible to them. These services were mainly provided by organisations or individuals who provided services which were targeted to these groups. Access to support related to sustaining tenancies appeared to be rare. Informal sources of support was mainly restricted to providing information about existing services.

2.86 Contact with other organisations and individuals tended to be limited, although there were exceptions. Whilst participants knew of others who faced similar circumstances and valued social connections, mutual support was extremely limited.

2.87 Common measures which could be taken to prevent homelessness across all four groups of interviewees included:

- Greater sensitivity to addressing needs in allocation procedures on the part of housing officers, particularly the need for safety from racial harassment
- The provision of a wider range of temporary and permanent accommodation
- Greater accessibility to information about housing options and their rights
- Greater publicity about possible sources of support, including access to benefits and health care
- Wider access to educational opportunities
- Greater assistance with seeking employment
- More appropriate forms of communication targeted to the needs of specific groups
- More information about complaints and grievances procedures, and specialised legal advice
CHAPTER THREE: MAPPING HOMELESSNESS SERVICE PROVIDER AGENCIES

INTRODUCTION

3.1 The main aim of this part of the research is to provide evidence on the provision and use (and non-use) of homelessness services by BME communities in Scotland. A postal survey of homelessness and advice agencies across Scotland was carried out, details of which are provided in Chapter 1. The findings of the survey are discussed in three sections:

- The profile of homelessness and advice agencies in Scotland
- The nature of services provided by the organisation
- Service use by BME communities

PROFILE OF HOMELESSNESS AND ADVICE AGENCIES

Geographical spread of responses

3.2 From 313 responses, 298 agencies were identified as providing either services which were directly related to homelessness or more generic advice throughout Scotland. Responses were received from all local authority areas although some were not so well represented with only one or 2 responses. (See Figure 3.1 and Table 3.1). Not surprisingly, the largest numbers of responses came from Glasgow and Edinburgh, reflecting the large number of homelessness agencies concentrated here (see Table 3.1). Responses from agencies located in Argyll & Bute and Highland were more numerous than might have been expected due to the higher response rates recorded in these areas.

Table 3.1: Geographical Spread of Postal Survey Responses by Local Authority Area

<table>
<thead>
<tr>
<th>Local Authority</th>
<th>No of responses</th>
<th>% of total</th>
<th>Local Authority</th>
<th>No of responses</th>
<th>% of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aberdeen</td>
<td>10</td>
<td>3.4</td>
<td>Inverclyde</td>
<td>5</td>
<td>1.7</td>
</tr>
<tr>
<td>Aberdeenshire</td>
<td>3</td>
<td>1.0</td>
<td>Midlothian</td>
<td>11</td>
<td>3.7</td>
</tr>
<tr>
<td>Angus</td>
<td>4</td>
<td>1.3</td>
<td>Moray</td>
<td>2</td>
<td>0.7</td>
</tr>
<tr>
<td>Argyll &amp; Bute</td>
<td>13</td>
<td>4.4</td>
<td>North Ayrshire</td>
<td>6</td>
<td>2.0</td>
</tr>
<tr>
<td>Clackmannishire</td>
<td>3</td>
<td>1.0</td>
<td>North Lanarkshire</td>
<td>7</td>
<td>2.3</td>
</tr>
<tr>
<td>Dumfries &amp; Galloway</td>
<td>6</td>
<td>2.0</td>
<td>Perth &amp; Kinross</td>
<td>2</td>
<td>0.7</td>
</tr>
<tr>
<td>Dundee</td>
<td>5</td>
<td>1.7</td>
<td>Renfrewshire</td>
<td>4</td>
<td>1.3</td>
</tr>
<tr>
<td>East Ayrshire</td>
<td>3</td>
<td>1.0</td>
<td>Scottish Borders</td>
<td>1</td>
<td>0.3</td>
</tr>
<tr>
<td>East Dumbartonshire</td>
<td>3</td>
<td>1.0</td>
<td>Shetland</td>
<td>1</td>
<td>0.3</td>
</tr>
<tr>
<td>East Lothian</td>
<td>7</td>
<td>2.3</td>
<td>South Ayrshire</td>
<td>10</td>
<td>3.4</td>
</tr>
<tr>
<td>East Renfrewshire</td>
<td>4</td>
<td>1.3</td>
<td>South Lanarkshire</td>
<td>9</td>
<td>3.0</td>
</tr>
<tr>
<td>Edinburgh</td>
<td>48</td>
<td>16.1</td>
<td>Stirling</td>
<td>2</td>
<td>0.7</td>
</tr>
<tr>
<td>Falkirk</td>
<td>1</td>
<td>0.3</td>
<td>West Dunbartonshire</td>
<td>9</td>
<td>3.0</td>
</tr>
<tr>
<td>Fife</td>
<td>5</td>
<td>1.7</td>
<td>West Lothian</td>
<td>5</td>
<td>1.7</td>
</tr>
<tr>
<td>Glasgow</td>
<td>83</td>
<td>27.9</td>
<td>Western Isles</td>
<td>3</td>
<td>1.0</td>
</tr>
<tr>
<td>Highland</td>
<td>23</td>
<td>7.7</td>
<td>Total</td>
<td>298</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Nature of agency

3.3 As shown in Table 3.2, the vast majority of participating organisations were voluntary agencies. 10 per cent of respondents were local authority departments with housing associations accounting for a similar proportion. One agency described itself as a ‘network of Chinese workers employed in the Chinese community who have interest in promoting the health and well being of Chinese people in Glasgow’. Of the 31 responses received from local authority departments, 8 were from the Glasgow area and 4 from Edinburgh.
Table 3.2 Nature of Postal Survey Respondents

<table>
<thead>
<tr>
<th>Nature of Organisation</th>
<th>No</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voluntary agencies</td>
<td>238</td>
<td>80</td>
</tr>
<tr>
<td>Local Authority Department</td>
<td>31</td>
<td>10</td>
</tr>
<tr>
<td>Housing Associations</td>
<td>29</td>
<td>10</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>298</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

3.4 The number of agencies that deal primarily with BME communities is indicated through the nature of the client group served (see Table 3.3). For the purposes of this research, agencies or departments that deal primarily with BME communities are classified as ‘BME agencies’.

Client groups of BME agencies

3.5 As Table 3.3 shows, responses were received from 44 BME agencies (15 per cent of all respondents). 27 of these agencies deal primarily with BME households in general compared to 13 that deal with one or more specific category of BME households. The specific groups served were Chinese, Jewish, Pakistani, Indian, Bangladeshi, Sikh, Bosnian refugees, Refugees and Asylum seekers. Four agencies were primarily concerned with providing services to Gypsies/Travellers, accounting for only one per cent of all responding agencies.

Table 3.3: Client Groups of BME Agencies

<table>
<thead>
<tr>
<th>Client group catered for</th>
<th>No of agencies</th>
<th>% of all respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>BME households in general</td>
<td>27</td>
<td>9</td>
</tr>
<tr>
<td>Specific category of BME household</td>
<td>13</td>
<td>4</td>
</tr>
<tr>
<td>Gypsies/Travellers</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>44</strong></td>
<td><strong>15</strong></td>
</tr>
</tbody>
</table>

3.6 Table 3.4 shows that just over half of all responding agencies are primarily concerned with Housing and Homelessness (H & H). 14 of these are BME agencies and for ease of reading are referred to below as BME H & H agencies, with the remaining being classified as Mainstream H & H agencies. Of the 147 (49%) generic agencies, 30 were BME agencies and are referred to below as BME Generic agencies, with the remaining being classed as Mainstream Generic agencies.

Table 3.4 Agency Breakdown by type

<table>
<thead>
<tr>
<th>Category</th>
<th>No</th>
<th>% of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>BME H &amp; H</td>
<td>14</td>
<td>5</td>
</tr>
<tr>
<td>Mainstream H &amp; H</td>
<td>137</td>
<td>46</td>
</tr>
<tr>
<td>BME Generic</td>
<td>30</td>
<td>10</td>
</tr>
<tr>
<td>Mainstream Generic</td>
<td>117</td>
<td>39</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>298</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>
3.7 Of the 14 BME H & H agencies, 10 are primarily concerned with representing BME households in general compared with 4 which are primarily concerned with representing a specific category of BME households (Annex 1, Table 1). Of the 30 BME Generic agencies, 17 are primarily concerned with representing BME households in general, 4 with representing Gypsy/Traveller households and 9 with catering to the needs of other specific categories of BME households.

Geographical Spread of BME Agencies

3.8 The 44 BME agencies which were identified in the study are located in 13 of Scotland’s 32 local authority areas, as shown in Table 3.5. Reflecting the distribution of the BME population, the greatest numbers of these agencies are situated in the Glasgow and Edinburgh areas. Glasgow has the highest number of BME Generic and H &H agencies (13). Of the 14 BME H & H agencies, 8 are based in the Glasgow area with 2 in Edinburgh, and one each in Dumfries & Galloway, Dundee, Aberdeen and Argyll & Bute.

Table 3.5: Geographical Spread of BME Agencies

<table>
<thead>
<tr>
<th>LA Area</th>
<th>BME Groups in General</th>
<th>Specific BME Group</th>
<th>Gypsies/Travellers</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aberdeen</td>
<td>1</td>
<td>-</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Aberdeenshire</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Clackmannanshire</td>
<td>1</td>
<td>-</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Dumfries &amp; Galloway</td>
<td>1</td>
<td>1</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>Dundee</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>East Renfrewshire</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Edinburgh</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>Glasgow</td>
<td>13</td>
<td>9</td>
<td>1</td>
<td>23</td>
</tr>
<tr>
<td>Highland</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Midlothian</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>South Ayrshire</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>West Dunbartonshire</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Western Isles</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>27</strong></td>
<td><strong>13</strong></td>
<td><strong>4</strong></td>
<td><strong>44</strong></td>
</tr>
</tbody>
</table>

Composition of workforce

3.9 A high proportion of agencies (42%) did not provide responses to a question which elicited information on the proportion of staff who came from a BME background. Of those which did respond, about two thirds did not employ any staff member from a BME background (Annex 1, Tables 2a and b). Not surprisingly, the proportion of BME agencies (H & H and Generic) which employ BME staff is higher than that of mainstream agencies (H & H and Generic).

3.10 Glasgow has the highest number of agencies (10) with a workforce composed of more than 50 per cent BME workers, compared with only 4 Edinburgh-based BME agencies reporting more than 50 per cent of their staff as being from BME communities. Six other agencies outside of Edinburgh and Glasgow - located in Aberdeen, Angus, Dundee, West Dunbartonshire, East Dunbartonshire and East Renfrewshire - confirmed that more than 50 per cent of their staff were from a BME community.
3.11 In 14 local authority areas (Aberdeenshire, Argyll & Bute, Clackmannanshire, Dumfries & Galloway, East Ayrshire, Falkirk, Inverclyde, Moray, North Ayrshire, Renfrewshire, Scottish Borders, South Ayrshire, West Lothian and Western Isles), no agencies employed any member of staff from a BME community.

3.12 Far fewer agencies - just 5 across the whole of Scotland – employed any staff from the Gypsy/Traveller Community, which probably reflects the small number of agencies whose primary concern is to work with Gypsies/Travellers. The agencies were based in Aberdeen, Angus, Glasgow, South Lanarkshire and East Dunbartonshire. The last agency reported that 50 per cent of their staff was from this group. Two of the agencies were Mainstream Generic, 2 Mainstream H & H and one BME Generic.

SERVICES PROVIDED

Nature of service provision

3.13 As illustrated in Table 3.4, just over 50 per cent (151) of responding agencies were primarily concerned with Housing and Homelessness (H&H) compared with 147 Generic agencies. A large proportion of H & H agencies are based in either Glasgow (45) or Edinburgh (33).

3.14 Nearly a quarter (23%) of H & H agencies (68) are primarily concerned with a specific client group within the overall homeless population. These included young people, women, people with mental health problems, rough sleepers, families, ex-prisoners and single people. As reported in Table 3.4, 14 cater to BME groups, including refugees and asylum seekers. Of the 7 agencies that provide homelessness services specifically to BME groups, 3 focus on refugees and asylum seekers, one on older Asian people, 2 on women and one on younger people. None of the agencies reported focussing on the provision of homelessness services for Gypsies/Travellers or for BME men.

3.15 As one would expect, agencies that provide homelessness services to specific client groups are concentrated in Glasgow and Edinburgh. Those serving asylum seekers and refugees are primarily concentrated in Glasgow.

3.16 In order to identify those service areas which organisations most commonly focused on, respondents were requested to identify those service areas or issues they were primarily concerned with. Not surprisingly, for H & H agencies, housing and homelessness issues were identified as the main area of service provision. For Generic agencies, welfare benefits was ranked highest as the service area of primary concern.

3.17 Agencies identified a number of areas of provision: assistance with gaining employment, access to health services, education, financial or legal advice, mental health, alcohol, counselling and support services and asylum and refugee support. Examining differences in the number of areas of service provision between BME and Mainstream agencies, the former were more likely to identify more areas of service provision as areas of primary concentration than the latter, suggesting a more holistic approach to service provision (Annex 1, Tables 3a and b). Mainstream agencies with larger client groups may find it more difficult to provide a range of services.
Extent and nature of special provision

3.18 In order to assess the extent to which services were specifically designed and provided for BME groups (including Gypsies/Travellers), respondents were asked whether they made any special provision for these communities, and if so, to identify the nature of this provision. 57 (19%) agencies in total reported that their organisation made some sort of specialist provision for its service users in the form of advice sessions, support groups, outreach and other services. 11 of these were BME agencies.

3.19 Of the specialist services offered, advice sessions and outreach work are the most common, with 24 and 23 agencies respectively reporting provision of such services (Annex 1, Tables 4a and b). Advice sessions take a variety of formats and may consist of drop-in advice, specialist surgeries or occasional advice sessions covering issues such as welfare benefits, housing advice and health advice. Outreach work involves visiting people in their own homes, in hospitals or streetwork and may focus on specific groups. For example, the Citizens Advice Bureau offices in Fife and Kirkcaldy run outreach clinics for older Chinese people.

3.20 Specialist support groups for BME users were also provided by 17 agencies. These included peer support, befriending and personal/emotional support services. 3 respondents stated that they ran support groups directed towards children/young people, with a further two agencies offering support to parents and/or carers.

3.21 Some other sort of special provision was provided by 33 agencies. The most common form of ‘Other’ specialist provision offered by the agencies was translating and interpreting services. Other forms of specialist provision included:

- Catering to dietary/religious and cultural requirements
- Providing training courses
- Language classes
- Summer play-schemes classes for BME communities
- Providing a telephone help-line
- Producing a newsletter for asylum seekers
- Organising occasional events aimed at BME communities
- Representing Gypsies/Travellers in court actions

3.22 Table 3.6 shows the number of agencies in each local authority area that offers specialist provision to BME or Gypsy/Traveller service users. Some sort of specialist provision was offered in 14 local authority areas, with the largest number of agencies offering such provision being located in Glasgow and Edinburgh. It was encouraging to note that some specialist provision (advice and outreach work) was also identified in rural areas, such as the Highlands. However, no specialist advice providers were identified in 8 local authority areas, no specialist support groups in 15 areas and no outreach work in 9 areas.
Table 3.6: Geographical spread of specialist provision

<table>
<thead>
<tr>
<th>LA Area</th>
<th>Advice sessions</th>
<th>Support groups</th>
<th>Outreach work</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>No of agencies providing service in LA</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aberdeenshire</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Angus</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Argyll &amp; Bute</td>
<td>1</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clackmannanshire</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Dumfries &amp; Galloway</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dundee</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>East Dunbartonshire</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>East Lothian</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>East Renfrewshire</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Edinburgh</td>
<td>7</td>
<td>4</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Fife</td>
<td>1</td>
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<td>2</td>
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</tr>
<tr>
<td>Glasgow</td>
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<td>9</td>
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<tr>
<td>Highland</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inverclyde</td>
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</tr>
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<td>N. Lanarkshire</td>
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</tr>
<tr>
<td>Perth &amp; Kinross</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Renfrewshire</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>South Ayrshire</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>West Dunbartonshire</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>14 LA Areas</td>
<td>24</td>
<td>17</td>
<td>23</td>
<td>33</td>
</tr>
</tbody>
</table>

Type of service provided

3.23 Respondents were asked to identify the range of services provided in order to assess the nature of existing support. Advice on finding accommodation, welfare benefits, tenancy rights and access to health appear to be the most widely provided services provided by the agencies in this study (Annex 1, Table 5). Support with gaining employment, advocacy services and legal advice are also services which are commonly provided.

3.24 Other services provided by agencies included permanent, temporary and supported accommodation, drop in services, training/development, general support, befriending and one to one support services, money advice, child support and HIV support. It is worth noting that translation services, mediation services, drugs counselling and rent deposit schemes are provided by far fewer agencies.

3.25 There are no striking differences in the nature of advice giving services provided by BME and Mainstream agencies (Annex 1, Table 5b). However, few BME agencies offer rent deposit schemes or family mediation services in contrast to Mainstream agencies.
Service User Involvement

3.26 About a quarter of respondents (73 agencies) reported that they involved people from the BME or Gypsy/Traveller communities in the development and delivery of services. As might be expected, it appears that BME agencies are generally more active in involving BME service users in shaping and providing services. 31 (70 per cent) of the 44 BME agencies involved people from the BME communities in the development and delivery of their services (2 of these being Gypsy/Traveller agencies). In contrast, only 18 of the 151 Mainstream H & H agencies (12 per cent) and 41 (28 per cent) of Mainstream Generic agencies involved BME service users in the development and delivery of their services.

3.27 The most common means by which BME people help to shape and deliver services is through involvement in management committees, steering group or project advisory committees. This is followed by consultation with individual service users, participation in volunteering schemes, partnerships with other agencies, focus groups and the employment of BME staff. BME agencies are more likely to involve users through management/steering groups in contrast to Mainstream agencies which are more likely to work in partnership with other agencies.

Monitoring of Service Users

3.28 Figure 3.2 shows that only just over half (51 %) of responding agencies reported that they monitored the ethnicity of its service users, though ethnic monitoring is more common among H & H agencies than Generic agencies (Annex 1, Table 6). It is of concern that more than 20% of H & H agencies and more than 40% of Generic agencies (both Mainstream and BME) reported that they do not monitor the ethnicity of users and have no plans to do so.

3.29 Results suggest that the incidence of ethnic monitoring varies geographically. For example, of the 10 South Ayrshire responses, 9 reported operating ethnic monitoring systems. This compares with 31 of the 40 Edinburgh respondents (75 per cent) and only 40 of the 80 (50 per cent) Glasgow respondents In 7 local authority areas - Aberdeen, Clackmannanshire, East Renfrewshire, Scottish Borders, Shetland, Stirling and Western Isles - no agencies reported operating ethnic monitoring.

3.30 A number of reasons were offered by agencies for failing to monitor service user ethnicity. The most recurrent problem appeared to be the lack of a standardised official classification for monitoring ethnicity across Scotland. Other reasons offered, such as the inconsistency between official ethnic monitoring categories and how people define themselves, and the limited value of comparing percentages in small localised areas of operation against national statistics for BME communities, combined with the lack of data at the local level indicated scepticism about the usefulness of ethnically disaggregated data. There also appeared to be some uncertainty about how monitoring data would be used.

3.31 Yet other reasons appeared to be related to organisational practice which could be changed, such as the lack of inclusion of ethnicity in the statistics collated by the agency or insufficient detail in ethnic monitoring forms. Other explanations offered seemed to be tied to organisational policy, such as a reluctance to ‘label’ young people and the wish to offer an anonymous service. Yet other explanations, such as language barriers and the
absence of users from BME communities, indicated wider organisational barriers to service usage by BME communities.

**Housing problems experienced by BME Households**

3.32 Agencies were asked about the commonest housing problems encountered by their BME/Gypsy/Traveller service users. Out of the 103 agencies who responded to this question, nearly a fifth (21) reported problems relating to racist abuse or unsafe areas. Other problems included difficulties in accessing housing in desired areas and/or accommodation of the desired type, homelessness, poor housing conditions, language barriers and lack of understanding of the housing system, and refugees and asylum seekers’ need for support in gaining access to housing. For the Gypsy/Traveller community, agencies in Perth & Kinross, Dunfermline, West Dunbartonshire and Edinburgh identified difficulties in accessing sites as a major problem. It was not possible to identify any discernable pattern with regard to the nature of the agencies dealing with particular housing problems, with a diverse range of agencies reporting that they encountered various problems.

3.33 Agencies reported a number of problems experienced by BME users which differed from those of other users in several respects. The most common BME-specific problem identified was the lack of understanding of the housing system and more general language problems. This was followed by experience of racist abuse, the desire to get housing in areas where community support existed, and the presence of institutional racism. Other differences in the issues faced by BME users were isolation, immigration issues, difficulties in accessing large accommodation, hidden homelessness and a lack of appropriate cultural support.

**SERVICE USE BY BME HOUSEHOLDS**

3.34 Less than half of the questionnaires were completed for the questions relating to the extent to which the responding agencies’ services were used by BME households. In part, at least, this may reflect the lack of ethnic monitoring systems in a high proportion of the agencies (as reported in paragraphs 3.28 – 3.31). On the basis of available data, service use by BME communities for all the services identified was most likely to account for less than one percent of total service usage (Annex 1, Table 7). Those services where more than 50 percent of service usage was most likely to be from BME communities were translation services, drop in services, family mediation, advocacy services, advice on finding accommodation and advice on access to health. As might be expected, BME agencies were more likely to report that 50 percent of total service usage was from BME communities than Mainstream agencies.

3.35 Less than a third of responding agencies provided information to the question which required them to rank the services provided by them according to the *numbers of users from BME groups*. Despite this, it is still possible to get a sense of the services most frequently used by BME households. These appear to be advice on welfare benefits, followed by ‘other’ types of services and advice on finding accommodation. ‘Other’ types of services included counselling and emotional support and help with mental health problems.
3.36 Responses to a question which elicited information on the proportion of agencies’ service users from the Gypsy/Traveller community were also not completed fully in a number of instances. However, it appears that the proportion of service users from this community for the identified services provided by most agencies was less than one percent (Annex 1, Table 8). A wide range of services were commonly used, including permanent, temporary and supported accommodation provision, rent deposit schemes, advice on finding accommodation, tenancy rights and benefits and translation services. A number of agencies also reported being approached by Gypsies/Travellers seeking assistance with literacy.

3.37 Only BME agencies (H & H and Generic) reported more than 50 per cent of service use by members of the Gypsy/Traveller communities. The services used were the whole range of advice giving services identified (relating to welfare benefits, finding accommodation, tenancy rights, access to health services and gaining employment) translation services, drop in services, rent deposit schemes and advocacy services.

Service needs of BME communities

3.38 When asked about the most common service needs of BME households, some form of housing need was the most frequently cited. These included affordable housing, the need for information on culturally sensitive accommodation and supported housing, tenancy issues and repairs and maintenance issues. The need for financial and benefits advice and for language and information services was also identified by agencies as common service needs of BME households.

3.39 In response to the question which elicited information on the differences between the service needs of BME households and other service users (if any), the most common issue identified was language difficulties and issues related to the cultures and lifestyles of BME households. Additional differences that were identified included a lack of family support as well as a distrust of official service providers. However, a minority of the responding agencies felt that there was no difference in the service needs of BME groups, with two offering the caveat of the need to counter racial discrimination.

Sources of referrals for BME Households

3.40 Most agencies reported receiving referrals of BME households from 2 or 3 different agencies. Nearly half of the organisations in this study reported that its agency received referrals of potential or actually homeless BME households from the social work department Annex 1, Table 9). Social Work was a particularly important referral source for BME agencies. Among the 14 BME H&H agencies, for example, 11 reported receiving Social Work referrals. This appears to be part of a broader pattern whereby BME agencies (both H&H and Generic) are more likely than other service provider agencies to receive formal referrals from other organisations. Just over a third of agencies reported receiving referrals from Housing Departments. Again, the incidence of such referral arrangements was greater among BME agencies.
Table 3.7 Source of Gypsy/Traveller referrals by agency type

<table>
<thead>
<tr>
<th>Source of referrals from</th>
<th>Housing and Homelessness</th>
<th>Generic</th>
<th>Number receiving referrals from the same source</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BME</td>
<td>Mainstream</td>
<td>BME</td>
</tr>
<tr>
<td>Social Work</td>
<td>14</td>
<td>26</td>
<td>20</td>
</tr>
<tr>
<td>Housing Officer</td>
<td>14</td>
<td>25</td>
<td>10</td>
</tr>
<tr>
<td>Health Visitor</td>
<td>14</td>
<td>15</td>
<td>17</td>
</tr>
<tr>
<td>CAB</td>
<td>1</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>10</td>
<td>7</td>
</tr>
<tr>
<td>OAA*</td>
<td>1</td>
<td>17</td>
<td>7</td>
</tr>
</tbody>
</table>

* Other Advice Agencies

3.41 Most agencies reported between 2 to 4 sources of referrals for Gypsies/Travellers (Annex 1, Table 10). Table 3.7 shows that the highest number of agencies reported the social work department as a source of referral. Interestingly, the proportion of Mainstream agencies (H & H and Generic) which received Gypsy/Traveller referrals from social work and the housing officer appeared to be higher than that received by BME agencies (H & H and Generic).

Other methods for reaching BME Households

3.42 Table 3.7 shows that in addition to accepting referrals from the agencies identified above, only 30 cent (90) of the agencies covered in this study reported employing any ‘other method’ for reaching BME households potentially in need of their help. BME agencies were twice as likely to employ other methods for reaching BME households than Mainstream agencies.

3.43 This compares with only 10 per cent (31) of agencies employing ‘other methods’ for reaching potential or actually homeless Gypsies/Travellers. Interestingly, no BME H & H agency reported using additional methods to reach Gypsies/Travellers.

Table 3.7 Percentage of other agencies using ‘other methods’ to reach BME Households by agency type

<table>
<thead>
<tr>
<th>Employ methods to reach:</th>
<th>Housing &amp; Homelessness</th>
<th>Generic</th>
<th>Number of agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BME</td>
<td>Mainstream</td>
<td>BME</td>
</tr>
<tr>
<td>BME households</td>
<td>57</td>
<td>26</td>
<td>53</td>
</tr>
<tr>
<td>Gypsy/Traveller households</td>
<td>0</td>
<td>11</td>
<td>13</td>
</tr>
</tbody>
</table>

3.44 For BME households in general, the most common method used was promotional leaflets or posters, followed by outreach work and community talks in contrast to Gypsies/Travellers where the most common method used was outreach work. Methods employed to reach BME households included activities such as the production of newsletters, promotional leaflets or posters; visits to BME organisations; community talks.
and surgeries; the dissemination of information through access point, homeless agencies, hostels and shelters; the organising of open days, workshops and presentations; telephone targeting, word of mouth and the publicising of services through radio, schools and websites.

Routes of referral to other agencies

3.45 More than half (174 or 58%) of the agencies in this study made onward referrals involving potential or actually homeless BME service users (Annex 1, Table 11). A higher proportion of BME agencies (H & H and Generic) referred BME households to other agencies compared to Mainstream agencies (H & H and Generic). While there were many incomplete returns for the section of the questionnaire which required agencies to rank BME referrals to other agencies, the local authority housing departments were typically the main referral destinations for the majority of agencies (Annex 1, Table 12).

3.46 Interestingly, Table 3.8 suggests that BME H &H agencies are less likely to refer BME households to the local housing department than the other categories of agencies, suggesting that they are more likely to serve these households themselves. A number of agencies – 37 (or 13 per cent) – also referred BME service users to the local social work department. 27 respondents nominated ‘Other Agencies’ as their organisation’s most common referral destination. These included: specialised BME housing or support projects, drugs agencies, Scottish Refugee Council, Women’s Aid, Department of Works and Pensions, Scottish Homeless Advisory Service, Churches Action for the Homeless), mental health services, legal services, homeless shelters and local authority welfare rights services.

Table 3.8: Agencies ranked the most common referral destination for BME households by agency type

<table>
<thead>
<tr>
<th>Onward referral to:</th>
<th>Housing &amp; Homelessness</th>
<th>Generic</th>
<th>Number of Agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BME</td>
<td>Mainstream</td>
<td>BME</td>
</tr>
<tr>
<td></td>
<td>Social Work</td>
<td>29</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Health Visitor</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>OSL*</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>21</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>OAA*</td>
<td>7</td>
<td>6</td>
</tr>
</tbody>
</table>

* OAA (Other Advice Agency) OSL (Other Social Landlord)

3.47 In terms of referring Gypsies/Travellers, the local authority housing department was the most common referral destination followed by the social work department. There appeared to be no striking differences in the referral destinations between the 4 types of agencies.
SUMMARY

3.48 Of the 298 ‘homelessness service provider’ agencies included in the survey, the vast majority of agencies were voluntary organisations. Although there were agencies from all 32 local authorities, the agencies were, as expected, most heavily concentrated in Glasgow and Edinburgh.

3.49 Four categories of agencies were identified. BME Housing and Homelessness (H &H) agencies and Mainstream H & H agencies concentrate mainly on housing related issues while BME Generic agencies and Mainstream Generic agencies provide advice and support on a wide range of areas.

3.50 In all, 44 organisations catering mainly to BME communities were identified, 14 of which were defined as H & H agencies and 30 of which were Generic agencies. Again, most of these were located in Glasgow and Edinburgh. Less than a fifth of all agencies employed BME staff though this was, of course, more common among BME agencies.

3.51 Collectively, responding agencies offered a wide range of services including the provision of accommodation, advice giving in several areas, translation services, counselling, advocacy sessions and drop in sessions. Both Generic and H & H agencies considered welfare benefits to be one of the main areas of primary concern. About a fifth of the agencies surveyed reported that they offered some sort of specialist provision for BME users, with advice sessions and outreach work being the most common forms.

3.52 Differences identified in the nature of service provision offered by BME agencies compared to Mainstream services were that the former were more likely to perceive a number of services as areas of primary concern, suggesting a more holistic view towards homelessness. They were also more likely to offer translation services and advocacy services and less likely to offer rent deposit schemes or family mediation services than Mainstream organisations.

3.53 A quarter of all agencies reported involving BME service users in the design and delivery of services, though this was far from universal even among BME agencies.

3.54 Less than half of all agencies monitored service users’ ethnicity. The main difficulty which agencies reported in doing so was the lack of a standardised ethnic classification.

3.55 Housing problems faced by BME service users as identified by respondents included racist abuse, difficulties in accessing housing in safe areas, homelessness, poor housing conditions, language barriers and lack of understanding of the housing system. For Gypsies/Travellers, the main issue identified was the difficulty in gaining access to sites.

3.56 Common service needs of BME households were related to affordable housing, information on culturally sensitive and supported accommodation, tenancy rights, benefits advice and language and information needs.

3.57 The services used most frequently by members of the Gypsy/Traveller community were advice on finding housing accommodation, welfare benefits, tenancy rights, and access to health services.

3.58 The majority of organisations reported receiving referrals of actually or potentially
homeless BME users from two or three different agencies. Nearly half reported that their largest source of referrals was the local Social Work department, followed by the Housing Department, health visitors and other agencies.

3.59 The commonest sources of referrals for Gypsies/Travellers were Social Work departments, Housing Departments and health visitors.

3.60 Only 30 per cent of all agencies reported employing other methods for reaching BME households and only 10 per cent for reaching Gypsies/Travellers. The most common form of method employed for the former was some kind of promotional written material, while outreach work was most commonly employed for the latter.

3.61 More than half of the agencies reported referring actually or potentially homeless BME service users to other agencies, with the local authority housing department being ranked the main referral destination by the majority of agencies followed by the social work department. Gypsies/Travellers were also most commonly referred to these two departments.

3.62 BME agencies were more likely to both receive referrals and to refer BME users to other agencies than Mainstream agencies.
CHAPTER FOUR: PERSPECTIVES OF HOMELESSNESS SERVICE PROVIDERS

AGENCIES IN THE REVIEW

4.1 Following from an initial analysis of the agency responses from the postal questionnaire, twelve homelessness service providers were selected for closer study. The aim of this study was to:

- Examine particular factors leading to homelessness in BME communities in general and specific BME groups
- Identify appropriate preventative measures that can be taken to reduce homelessness
- Examine issues related to the accessibility and appropriateness of homelessness services
- Identify good practice advice and examples of good practice

4.2 The selection of agencies was carefully considered to reflect the diversity of homelessness service providers, involving organisations providing homelessness services to the general population, those supplying homelessness services to the BME population and generic advice providers. These agencies served a wide range of client groups including newly homeless young people, people who had been homeless for a long time, refugees, BME women escaping domestic abuse and Gypsies/Travellers. The agencies in the review included those based in cities where the BME population was most heavily concentrated (Glasgow, Edinburgh and Aberdeen) as well as those located in rural areas where numbers were much smaller (e.g. Perth and Kinross). Further details of the methodology employed are provided in Chapter 1, paragraphs 1.19 – 1.21.

SERVICES PROVIDED BY THE AGENCIES

Table 4.1 Range of homelessness services by number of agencies

<table>
<thead>
<tr>
<th>Services provided</th>
<th>No of agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Temporary accommodation</td>
<td>3</td>
</tr>
<tr>
<td>Supported accommodation</td>
<td>1</td>
</tr>
<tr>
<td>Emergency accommodation</td>
<td>1</td>
</tr>
<tr>
<td>Permanent accommodation</td>
<td>1</td>
</tr>
<tr>
<td>Management of LA housing stock</td>
<td>1</td>
</tr>
<tr>
<td>Tenancy support</td>
<td>1</td>
</tr>
<tr>
<td>Advice on accessing accommodation</td>
<td>12</td>
</tr>
<tr>
<td>Advocacy and casework</td>
<td>6</td>
</tr>
<tr>
<td>Campaigning and lobbying</td>
<td>6</td>
</tr>
<tr>
<td>Community development and capacity building</td>
<td>4</td>
</tr>
<tr>
<td>Welfare benefits</td>
<td>2</td>
</tr>
<tr>
<td>Employment benefits</td>
<td>2</td>
</tr>
<tr>
<td>Translation services</td>
<td>1</td>
</tr>
</tbody>
</table>

4.3 Table 4.1 shows the wide range of services were provided by these agencies, including the provision of accommodation (temporary, emergency, supported and permanent) generic advice, tenancy support and practical and emotional support. All the agencies were
involved in providing advice and information on housing options. One agency was involved in the management of local authority housing stock. Half of the agencies involved were involved in advocacy and casework and took on a campaigning and lobbying role. 4 specialist agencies, 2 of which served Gypsies/Travellers were also involved in capacity building and community development. Only one agency provided translating services.

FACTORS LEADING TO HOMELESSNESS IN BME COMMUNITIES IN GENERAL

Restricted access to housing

4.4 Restricted access to housing was reported by 6 BME projects to be a major contributory factor to homelessness. This was related to a number of factors, including lack of awareness of housing rights and housing options on the part of people from these communities. Evidence of over-crowding among certain BME communities as well as their over-representation in Below Tolerable Housing was cited as indicative of limited housing options. Closely related to this was the lack of housing advice and support from mainstream housing agencies to people from these communities. Lack of reliable, ethnically disaggregated data on the housing circumstances of people from BME communities, the condition of their housing stock and the extent of overcrowding was also perceived to be a problem in raising awareness of their needs.

Lack of appropriate housing

4.5 Accommodation in housing and areas which were perceived to be safe from racial harassment was reported to be an important consideration for people from BME communities by 6 projects. Racially motivated incidents, such as abuse or violence were cited by four BME projects as factors which had led people from BME communities to flee from their homes and seek alternative accommodation. ‘Safe areas’ were perceived to be neighbourhoods where racial harassment was not common and where community support was available, ‘areas where they live and feel comfortable.’ Proximity to culturally appropriate shops and religious centres was also reported to be important in this respect. BME projects commented that service providers often appeared to either find difficulty in grasping the significance of these needs or seemed unable to provide appropriate housing in areas seen as safe.

4.6 Other BME housing needs perceived to be often unmet included appropriately sized housing to accommodate larger families. Although some specific projects which supported older BME people were in existence, provision for this group was perceived by 5 out of the 6 BME projects as inadequate; one agency had set up a project for older women who were escaping domestic abuse. Provision was also needed for younger BME people.
Lack of shared understanding of homelessness

4.7 It was highlighted that many BME people who lived in over-crowded accommodation shared with relatives or friends due to inability to access other housing options may not recognise themselves as being ‘homeless’, and may thus not see the relevance of homelessness services to their situation. Staying in shared accommodation with others was perceived to be common for those who had recently arrived in the country, and were unaware of possible sources of support. However, it was important to recognise that living in shared accommodation was rarely a positive choice but due to lack of it:

‘You have no where else to go...you are stuck, basically.’ (Generic BME agency)

It was felt that this group of homeless people was unlikely to be identified by mainstream homelessness services, and that such services should make their relevance to them more explicit, for example, through the use of images which reflected a multi-cultural population.

Other factors contributing to BME homelessness

4.8 Other factors identified by 2 agencies included financial problems, which may be related to business failure or gambling debts. Consistent with the findings emerging from interviews with younger and older people affected by homelessness, 2 agencies reported a sense of ‘cultural conflict’ between younger people and parents or elders due to changing values among the former which had resulted in increasing numbers of younger people becoming homeless.

4.9 Another agency commented on the position of contractual workers from Eastern Europe living in tied accommodation who were at risk of homelessness, particularly when they were approaching the end of their employment. Yet another interviewee observed that the factors which led to homelessness among people from BME communities were significantly different from those which affected people from the majority population, in that alcohol and drug abuse were not significant issues.

4.10 An Aberdeen-based agency reported that many international students who had initially been assured that they would be able to stay in family accommodation owned by the universities were now at risk of being made homeless. The universities concerned had recently sold their family-sized accommodation and accommodation in the private rented sector was beyond the means of students with families.

MEASURES WHICH WOULD REDUCE HOMELESSNESS IN BME COMMUNITIES

Increased levels and quality of housing advice to BME communities

4.11 BME projects reported that increased availability of housing advice and information would reduce levels of homelessness in these communities. This included providing information about housing rights (including those related to the eviction process), the full range of housing options available to them, applications procedures, means of accessing housing benefit, advice about mortgages and sources of support. A ‘one-stop’ service was
clearly beneficial. However, outside of Edinburgh and Glasgow, where homelessness services which were targeted for the BME population were mainly located, it was said that BME people faced difficulties in identifying formal sources of support.

4.12 Related to this, there was a need to improve the standard and quality of housing advice among the wide range of agencies which provided this service to BME communities through the provision of appropriate training. 2 BME projects had been involved in providing such training. Increased networking opportunities for BME agencies would also raise levels of knowledge and understanding among such agencies. Networking opportunities between BME agencies and mainstream housing providers was also needed to facilitate joint work in this area.

### Providing High Quality Advice and Training

Positive Action in Housing provide a Housing Information and Training Service to mainstream and BME agencies on a wide range of topics including Cultural Diversity and Equality, Asylum-Seekers and Refugees and Housing and Anti-Social Behaviour. The project was set up following research by HomePoint which identified a number of barriers to housing information and advice for BME groups in Scotland.

To address these issues, a database of mainstream and minority ethnic advice agencies in Scotland was compiled to build contacts, to undertake a survey and publicise the results of the survey. The Homepoint survey revealed that few BME agencies employed staff properly trained in housing advice although such organisations typically dealt with a high volume of housing issues on the part of their users. In particular, none of the agencies in the Homepoint research had received any training in dealing with racial harassment, although this was one of the most common problems reported. There were also few networking opportunities between mainstream agencies and minority ethnic agencies.

Training programmes for minority ethnic advice workers and awareness training for mainstream agencies were designed and developed. Outreach visits were also organised to 20 advice agencies in Scotland. Two information seminars were also organised in partnership with Shelter, Scottish Refugee Council, Glasgow Council for Voluntary Services and the Commission for Racial Equality. An external audit found a high degree of satisfaction with the services provided by PAiH among both mainstream and minority ethnic agencies.

(Source: Positive Action in Housing Seventh Annual report 2002)

### Increased provision of appropriate accommodation

4.13 The widely shared view on the need to increase the provision of accommodation in areas seen to be safe from racial harassment was seen as implying the need for housing providers to consider the implications in relation to their allocation policies and procedures. There was also a need for appropriate emergency accommodation; 2 BME agencies had developed links with individuals providing bed and breakfast (B and B) accommodation as this was felt to be a more appropriate form of emergency accommodation for certain BME groups than hostels.
Ethnic monitoring and review

4.14 Specific measures which were based on reliable data were needed to raise awareness of the problems faced by BME communities in accessing appropriate housing. This included regular ethnic monitoring of those who used housing services, review of gaps in service provision and the planning of appropriate measures to address these gaps.

Greater awareness of the position of BME communities from rural areas

4.15 Greater awareness on the part of service providers of the housing circumstances of BME communities living in rural areas was also perceived to be important in preventing or reducing homelessness. People in these communities were argued to be particularly vulnerable to racial harassment and disadvantage due to their small numbers, the lack of experience of service providers in dealing with them and the virtual absence of specialist provision.

FACTORS WHICH INCREASE THE VULNERABILITY OF REFUGEES TO HOMELESSNESS

Policy and legislation relating to refugees

4.16 A BME group highlighted as being particularly vulnerable to homelessness was refugees. Following the introduction of the 1999 Asylum and Immigration Act, Glasgow City Council signed a contract with the National Asylum Support Services (NASS). NASS is charged with the responsibility for supporting dispersed asylum seekers.

4.17 Once an asylum seeker has been recognised as a refugee, he or she has rights to the full range of housing options, welfare benefits and other public services. However, he or she has only 28 days to leave NASS support. Since the recent stock transfer from Glasgow City Council, refugees who were living in NASS supported accommodation (which was leased by the Council from Glasgow Housing Association) and who wished to remain in such accommodation have been set up with short assured tenancies instead of permanent secure tenancies, as was the case prior to stock transfer. There are often long delays in subsequently finding suitable secure accommodation.

4.18 Those wishing to leave Glasgow were required to present as homeless to other local authorities. Many local authorities were not aware of the particular vulnerabilities of refugees, although there was growing recognition that, in a legal sense, refugees who had stayed in NASS supported accommodation in Glasgow had not acquired a local connection to the area. This issue has been clarified in the Homelessness Act 2003 which states that NASS accommodation does not constitute local connection.

4.19 Refugees who were not living in accommodation leased by Glasgow City Council but were living in the YMCA also had 28 days to leave NASS support and had to present as homeless at the Hamish Allen Centre.

4.20 The other group of people who were perceived as particularly vulnerable to homelessness were those who had claimed asylum in Scotland and were living in emergency accommodation such as B and B accommodation provided by the Scottish
Refugee Council. Once they received a positive decision to remain, they only had seven days to move out. Lack of alternative temporary accommodation, such as B and Bs (which was reported to be more economical than hostel provision), and temporary furnished flats added to the difficulties faced by refugees, and instances of rooflessness had been observed.

4.21 A distinct refugee group involved those who had arrived from other parts of the UK to be close to family and friends in Scotland after receiving a positive decision. There were also refugees who moved to England from Scotland who faced similar issues in terms of settlement and integration. These include the need to obtain secure and accommodation, gain employment, access essential services and build networks of social support.

**Lack of appropriate temporary accommodation and support**

4.22 Temporary homelessness accommodation provided to refugees in hostels which served a wide range of client groups, including those suffering from alcohol and drug addiction, was not viewed as appropriate for refugees, many of whom had specific support needs and were unable to communicate in English. One BME agency which provided generic advice to refugees in Glasgow reported that:

> ‘When we tell people what they have to do to present as homeless, they will say no way, my friend did that, he was put into a hostel and beaten up...the hostel experience is just a complete nightmare for our clients...a scary place to be.’

It was reported that many refugees perceived the risk of abuse and attack in hostels to be so great that they preferred to seek accommodation with friends and relatives. Hostels in Glasgow were also unable to provide halal food for refugees or make provision for any other religious or cultural dietary requirements.

4.23 Delays in providing housing support and processing housing applications from refugees living in temporary hostels by Glasgow City Council were also perceived to increase the risk of homelessness among this vulnerable group. There was also concern that refugees were not receiving adequate support in relation to mental health problems and traumatic experiences in their home countries or on their journey to the UK.

**Gaps in service provision to refugees**

4.24 Gaps in service provision in terms of overcoming language difficulties were also reported. This was attributed mainly to the lack of access to interpreting services among the wide range of mainstream agencies which worked with people who were living in temporary homeless accommodation. The lack of familiarity of housing officers in working with interpreters and other issues related to cultural sensitivity were also cited as difficulties:

> ‘these organisations really fail people who don’t speak English.’

4.25 The City Council’s Refugee Support team was perceived to have restricted its attention to those refugees who were living mainly in accommodation leased by the Council, with limited assistance for refugees living in the YMCA or staying with friends.
It was also seen to be inadequately funded and staffed to support asylum seekers who had received a positive decision to remain and required move-on accommodation and support. At the time of writing, this team is about to undertake a review of its remit and structure, in consultation with the SRC and other organisations such as Shelter Scotland.

MEASURES WHICH CAN BE TAKEN TO REDUCE HOMELESSNESS AMONG REFUGEES

A seamless approach to providing information to asylum-seekers and refugees

4.26 Policy and legislation relating to the position of asylum seekers was observed by one BME agency which provided generic advice to be closely related to homelessness among refugees. Although the provision of information to asylum seekers had to be tempered with not unduly raising expectations which might not be met, a pro-active approach to information provision on homelessness procedures to asylum-seekers and refugees by Glasgow City Council was cited as a significant measure which could reduce homelessness, and prevent cycles of homelessness. Seamless service provision to both groups was seen as progressive.

A pro-active approach to preventing or reducing homelessness among asylum-seekers and refugees

4.27 It was felt that much more preventative work could be done to prevent or reduce homelessness among refugees based on knowledge of the high percentage of asylum seekers who received a positive decision to remain (80 per cent of asylum seekers placed in Glasgow were reported to receive a positive decision, of which 50 per cent were reported to wish to remain in Scotland), knowledge of their specific needs, family composition and preferences for accommodation. It was believed that many refugees would be willing to move into low demand areas such as Sighthill due to the presence of other refugee communities in the area. One approach which was currently being undertaken by a Glasgow-based housing agency which worked with BME communities was assertive outreach through the organising of surgeries in different parts of the city to facilitate access to services.

An increase in culturally sensitive accommodation and service provision to refugees

4.28 One BME agency working with refugees reported that there was a clear need for more appropriate temporary accommodation and for alternatives to hostels to encourage refugees to present as homeless. Language and emotional support for the particular problems experienced by refugees in fleeing from oppressive regimes was also required during their stay in temporary accommodation. On leaving this accommodation, the greater availability of move-on support was also required.

Greater emphasis on facilitating refugees’ access to the labour market

4.29 The 2 BME agencies working with refugees reported that increased opportunities for volunteering would also enable refugees to adapt their skills and experience to their new environment and facilitate access to the labour market. Initiatives which increased levels
of awareness among employers of the wide range of skills, experience and talents among the refugee and other BME communities would also reduce the risk of homelessness through creating greater access to employment opportunities.

Providing Support for Employment among Refugees

Over half of the refugees coming to Scotland have professional qualifications or degrees and wish to use them effectively. The Scottish Refugee Council education service works closely with the University of Glasgow to provide support for doctors. To date, 50 refugee doctors have been interviewed and helped with professional retraining.

Other support for employment is provided through the Bridges Project which is run by the Institute of Contemporary Scotland in association with the Scottish Refugee Council. The project provides refugees with the opportunity of shadowing professionals in their work experience. In 2001, the scheme obtained placements for refugees in Renfrewshire and Inverclyde Primary Care Trust. Many other refugees are now participating in work shadowing schemes.

(Source: Building a better future for refugees: annual report 2002, Scottish Refugee Council)

FACTORS WHICH INCREASE THE VULNERABILITY OF GYPSIES/TRAVELLERS TO HOMELESSNESS

4.30 Gypsies/Travellers emerged as another group which was particularly vulnerable to homelessness. One view was that homelessness as experienced by Gypsies/Travellers was the loss of a caravan and inability to travel and to associate with others from the same cultural background, resulting in isolation from the community. This view differed from that presented in the final report of the Homelessness Task Force, which restates the legislative provision, where homelessness among those in possession of a caravan was seen as not having anywhere to park it.

Racial disadvantage and discrimination against Gypsies/Travellers

4.31 The apparent acceptability of racial discrimination and hostility against Gypsies/Travellers, which was felt to be higher than that affecting other BME groups, including asylum-seekers and refugees, was also perceived by the 2 Gypsy/Traveller projects as increasing their vulnerability to homelessness. It was felt that there was a lack of respect and understanding for the culture of Gypsies/Travellers, which involved travelling as a way of life, rather than an individual lifestyle choice. This was related to a tendency among some service providers to view all Gypsies/Travellers as homeless or to perceive their specific needs as ‘problems.’
Lack of appropriate accommodation and support

4.32 Specific factors identified by the two Gypsy/Traveller projects as inhibiting people from this group from making homeless applications are the:

- Lack of funding to help with repairs for a caravan or damage, in contrast to owner occupiers who can get assistance with improvement grants etc for their homes
- Lack of alternatives to providing housing in the social rented sector; to date, no local authority has provided accommodation in the form of caravans in order for a household to be accommodated on a site
- General inaccessibility of public services due to lack of awareness of the needs of this group of people and institutional discrimination
- Lack of literacy on the part of Gypsies/Travellers which affects their ability to access available support or accommodation either in the form of appropriate sites or housing

Increasing difficulties in finding appropriate sites

4.33 Increasing difficulties among Gypsies/Travellers in finding affordable and appropriate sites was also perceived by the two projects which worked with this community to be related to greater restrictions by local authorities. Several issues were identified in relation to the difficulty of obtaining accommodation on authorised sites:

- Lack of accessibility of some sites due to restrictions on opening hours and physical barriers
- The poor condition/management of some sites and the lack of adequate facilities
- Shortage of sites in desirable locations
- The lack of affordability of rents for pitches on a long-term basis
- The lack of a ‘Right to Buy’ pitches on sites which had been rented for several years (in contrast to the ‘Right to Buy’ council housing)
- The lack of wheelchair access throughout sites and barrier free chalets for physically disabled Gypsies/Travellers
- The existence of feuding/tribalism among certain Gypsies/Travellers which prevents occupation of some sites.

Gaps in service provision to Gypsies/Travellers

4.34 Gaps in service provision identified by the two projects which provided services to this community were:

- The lack of expert legal advice in Scotland which could be accessed quickly in crisis situations, such as when Gypsies/Travellers were being forcibly evicted from their caravans or sites
- The lack of awareness of agency and local authority staff of issues related to the culture of Gypsies/Travellers
- The lack of adequate and systematic training and follow-up on issues related to the provision of services for Gypsies/Travellers
Other factors

4.35 Other factors identified as leading to homelessness among Gypsies/Travellers were common to the majority population and included debt and the use of ‘loan sharks’, mental health problems and domestic abuse. Women who are leaving their community and familiar surroundings may find it difficult to move into shared furnished accommodation with others.

4.36 Lack of effective consultation with Gypsies/Travellers by local authorities was also highlighted as an issue. Voluntary organisations were often used as representatives of Gypsies/Travellers in forums, rather than members of the Gypsy/Traveller community, which was perceived as less effective and sometimes, even problematic. Other concerns raised included gaps between equalities policy and practice among local authorities and lack of (adherence to) appeals/grievance procedures.

MEASURES WHICH WOULD REDUCE HOMELESSNESS AMONG GYPSIES/TRAVELLERS

Greater provision of outreach services

4.37 A wide range of activities were identified as potentially effective in preventing homelessness among Gypsies/Travellers, with outreach services being identified as crucial in enabling them to access public services. One Gypsy/Traveller project reported that specialist services for Gypsies/Travellers tended to be fragmented and concentrated in certain geographical areas such as Fife, Edinburgh and the Lothians, Glasgow, North and South Lanarkshire and East Dunbartonshire. Little or no specific provision was reported to be available across large geographical areas such as Argyll & Bute, Dumfries & Galloway, Borders, Falkirk, Stirling and Clackmannanshire, Perth & Kinross, Angus, Aberdeenshire and Moray. This was related to the inability to access funding, with existing funding being made available on a yearly basis.

4.38 The allocation of funding to agencies for providing services in certain geographical areas was reported to present dilemmas among agency staff when Gypsies/Travellers from outwith these areas attempted to access these services. Generally, in rural areas, there are few advice and support services. Other issues which were identified as affecting the ability to provide outreach services were the need to build up trust, the unpredictability of issues which affected this group of people and the need to guard against dependency. There was also a need to balance the aims of outreach services against the need to respond to crisis situations.

Greater support for Gypsies/Travellers in accessing local authority services

4.39 Other preventative work included support for Gypsies/Travellers in accessing local authority services. It was reported that the quality and level of service and accommodation offered to Gypsies/Travellers varied considerably, depending on the attitudes of individual members of staff in both local authorities and voluntary organisations. This was related to a lack of organisational awareness of the needs of Gypsies/Travellers and the failure to disseminate good practice through the organisation.
Greater dissemination of examples of good practice

4.40 The paucity of demonstrable examples of good practice was also noted. Two examples of good practice which were observed were the provision of outreach homelessness services to Gypsies/Travellers on roadside camps by the City of Edinburgh Council and the provision of a legal advice line by Shelter. Direct access to specialist legal advice by Gypsies/Travellers was highlighted as being particularly useful in preventing homelessness. In another example of good practice, it was reported that East Lothian Council had shared the findings of a thematic study on their policy and practice relating to Gypsies/Travellers by Communities Scotland with people from this community in their area.

Greater participation by Gypsies/Travellers in decision-making processes

4.41 The participation and representation of Gypsies/Travellers, including young people, in decision-making processes, forums and organisations was highlighted by two Gypsy/Traveller projects as being particularly important in preventing homelessness. Related to this, one Gypsy/Traveller project identified other preventative activities, including the development of job-seeking skills and the enhancement of employability – for example, through mentoring and role models – particularly among young people. Targeted approaches to raising awareness among Gypsies/Travellers about their rights and opportunities in a wide range of areas through the provision of residential sessions, workshops and videos, were also described as effective means of disseminating information, particularly among young people, who often found it difficult to access information if they were not in schools.

The development and implementation of appropriate anti-racist training at a national level

4.42 Work which could be undertaken at a national and strategic level included the development and implementation of a systematic and anti-racist approach to training (as opposed to sporadic approaches which merely sought to raise awareness of the culture of Gypsies/Travellers and their need for sites). The need for a multi-agency approach to training was identified involving local authorities, mainstream and specialist agencies, the police and health. This should involve Gypsies/Travellers in taking the lead and raising awareness of models of good practice. Such training was perceived to be important for challenging discrimination and deeply ingrained racism, and for ensuring that racist incidents were recorded and acted against.

Other preventative activities

4.43 Other preventative activities identified by the two Gypsy/.Traveller projects included the provision of a wider range of accommodation, an increase in the number and kinds of sites available and the provision of services to support older and disabled Gypsies/Travellers within the community.
FACTORS CONTRIBUTING TO HOMELESSNESS AMONG BME WOMEN ESCAPING DOMESTIC ABUSE

4.44 The BME agency which worked with women who were escaping from domestic abuse reported that such women could be classified into three groups: young women who were fleeing forced marriages, married women (often with children) and older women aged above 60. Domestic abuse was reported to take many forms, including physical, mental, emotional and financial abuse. Issues of power and control over the women involved were common, and recurrent themes were the deprivation of choice and loss of freedom:

‘Many women have never held a pound coin in their hand...have not decided before what they would like to have for lunch’

4.45 While there were some similarities to the position of women from the majority population who were fleeing violence, the consequences for women from BME communities were perceived to be typically worse than those facing other women since they often lacked the support of their family or community. In some communities, domestic abuse was even perceived to be acceptable. In many cases, domestic abuse was not limited to male violence but included abuse inflicted by other members of the extended family. Women who were fleeing violence came from all over the UK to Scotland; likewise, some women who had lived in Scotland chose to move to other parts of the UK.

Lack of adequate resources and appropriate refuge space

4.46 Agencies’ main problems in providing assistance to BME women fleeing domestic abuse were inadequate resources in terms of staffing and lack of appropriate refuge space. The BME agency which worked specifically with this group reported that in the last year, it had only been able to assist half of those who approached the organisation for help, due to lack of accommodation, and that it had to refer women to other agencies. It reported that specialist refuge space for BME women was needed as they had found that many who had been accommodated in refuges for the majority population had experienced racial abuse and ‘cultural clashes’ with other residents in the hostel (for example, related to differences in cooking methods) and were consequently returning to domestic situations they had previously fled.

4.47 The usual period of stay in the refuge was four weeks but this tended to depend on the availability of appropriate (move-on) accommodation. Generally, young girls and women with small families were housed more quickly while there was a shortage of accommodation for those with larger families. Shortage of appropriate accommodation led to women being ‘stuck’ in the refuge, making it more difficult for them to subsequently lead independent lives.

4.48 Since young women and married women with children were often given priority in terms of being offered refuge space, the BME agency concerned had set up a specific project to meet the needs of older women who were abused either by their husband, adult children or other members of the family.
Immigration legislation

4.49 The ‘Two Year Rule’ under current immigration law was reported by the BME agency involved to place some women in an extremely difficult position. Under this rule, a woman entering the country for marriage is given leave to enter or remain in the UK on the basis that she remains in the marriage for 2 years before indefinite leave to remain in the country will be granted. During this period, she is not entitled to any form of state support in the form of income support, housing or housing benefit, and may instead be threatened with deportation if she leaves her partner. This leaves women who are faced with abusive situations soon after their arrival in the UK in an extremely vulnerable situation.

MEASURES WHICH CAN BE TAKEN TO REDUCE HOMELESSNESS RESULTING FROM DOMESTIC ABUSE

A coordinated multi-agency approach to reducing homelessness

4.50 The BME agency working with women fleeing from abuse reported that, as in the majority population, addressing domestic abuse and reducing the risk of homelessness requires coordinated, multi-agency approaches involving the police, social work and housing to support the women and children involved.

Greater availability of appropriate accommodation and services

4.51 Greater availability of safe temporary accommodation in specialist refuges was also required. As with other BME communities, there was also a need for a larger accommodation in safe areas, close to cultural facilities. There was also a need for awareness raising and training among service providers in the voluntary and statutory sector on the complexities of domestic abuse as experienced in BME communities, and to increase the appropriateness of services for such women.

Reform of immigration legislation

4.52 There was a need for consideration to be given to reforming the ‘One Year Law’ under which women who had been in the UK for less than year had no recourse to any form of support when confronted with domestic abuse. As this is a reserved matter, action involving the Home Office needs to be undertaken at a national and strategic level.

Long-term measures to prevent homelessness

4.53 Long-term measures which had been taken by the BME project working with women escaping from domestic abuse included support with language classes and parenting skills, assistance in claiming benefits and in finding employment. Educational measures to promote ‘zero tolerance’ against domestic abuse within BME communities were needed to counter the culture of acceptance in some communities and to address the stigma faced by women who had fled from abuse.
EXTENT TO WHICH SERVICES ARE USED BY PEOPLE FROM BME COMMUNITIES

4.54 There was uneven coverage of services to BME groups, with agencies reporting gaps in coverage to certain groups. For instance, 5 BME agencies reported that they provided services to a wide range of groups, with the exception of Gypsies/Travellers. One specialist agency which worked with BME women escaping from domestic abuse reported that their clients were mostly women of Asian origin from all over the UK. This agency reported having made unsuccessful attempts to increase the number of Chinese women who used its services. Another BME project provided accommodation mainly to people of Jewish and Chinese origin.

4.55 One specialist agency was led exclusively by Gypsies/Travellers, and its services were targeted to the needs of this community. A generic agency, whose remit was to promote and protect the rights of young people and their families, had designed and delivered services specifically for young Gypsies/Travellers and their families.

4.56 In contrast, 3 mainstream homelessness service provider agencies and one mainstream generic advice agency reported that very few people from BME communities had used their services. One agency admitted that assessing the extent to which their services were used by people from BME communities was problematic as they did not have ethnic monitoring systems in place. The generic advice agency reported that their service users included Gypsies/Travellers and people from Eastern Europe.

ACCESSIBILITY OF SERVICE PROVISION

4.57 Both mainstream and BME agencies perceived the latter to be playing a valuable role in making homelessness services more accessible to BME communities through a variety of means, including providing advice and information, advocacy services and support with housing application procedures. One mainstream agency reported that BME agencies needed to actively participate in local consultation and planning processes to ensure that the needs of people from these communities were identified and existing gaps in provision addressed.

4.58 One mainstream agency which provided generic advice reported that it had focused on Gypsies/Travellers since they constituted a big group in their area and did not appear to be served by other organisations. The main services provided to them were advice and information on their rights in relation to sites/housing, issues related to health and disability and health-related benefits. Assistance with making complaints was another service provided to Gypsies/Travellers, since they had difficulty with using many agencies’ complaints procedures, due to lack of literacy. Another agency which provided accommodation and support reported that Gypsies/Travellers had used their services but tended not to stay long:

‘I think the biggest stumbling block is trying to get them to come in here. Most Travellers don’t want that way of life – they just want a stop-gap.’

4.59 There was also widespread recognition that BME agencies were themselves much more accessible to BME communities than mainstream agencies. This was attributed to several factors, including the range of languages spoken by staff/volunteers in the former,
the ethnic composition of the staff, their well-established links with BME communities and their commitment to working in this area.

**Barriers to accessibility of services**

4.60 Barriers commonly reported included language differences which had to be overcome right from the initial stage of booking an appointment. 2 of the 4 mainstream agencies had publicised the availability of their services in the form of leaflets and one had access to a language interpreting line. One agency commented on the general reluctance of people to self-refer to homelessness services due to the associated stigma, and felt that this was likely to be exacerbated where English was not the first language and there were cultural differences between potential service users and providers.

4.61 BME communities’ lack of understanding of the inclusive remit of mainstream housing providers was also perceived to be a barrier. One mainstream housing agency observed that links with the local authority were particularly important in ensuring that information about its services was made known to those presenting as homeless. The same agency acknowledged that it could do more in ensuring that people from BME communities were aware that its services were intended for all. One BME agency felt that mainstream services should advertise the availability of their services more widely in literature which was produced by community-based organisations.

4.62 Although none of the four mainstream agencies explicitly stated that racism among staff might pose a barrier to the accessibility of their services by people from BME communities, this seemed implicit in the acceptance of at least 2 agencies of a need for equal opportunities training for staff:

> Training would be helpful in thinking about values and discrimination...the culture of the organisation, rather than policies and procedures. People need to be challenged about the way that they view things and their attitudes.

Similarly, one BME agency felt that in order to work effectively with people from BME communities, mainstream organisations had to undergo a ‘cultural change’, without which, ‘people would pick up the discrimination.’

4.63 A possible barrier to services identified by 2 BME agencies was the name of their organisation. One had ‘council’ included in the name, which might be associated with the local authority. The name of another agency included mention of one ethnic group, which might understandably create the impression that the agency only catered for this group.

4.64 One RSL reported that its long waiting list also limited the extent to which accommodation could be provided to those in need of it:

> We’ve got a 500 waiting list for a tiny organisation. Realistically we can help very few people in trouble.

A housing agency working with BME communities commented that the ‘one-offer only’ system of penalising housing applicants refusing tenancy offers was inappropriate since this could result in BME people being allocated to areas which they do not consider to be safe.
Increasing awareness of services for BME women escaping domestic abuse

Hemat Gryffe Women’s Aid reported that most women had low awareness of the range of support services available and their rights to benefits. Due to the stigma which was associated with domestic abuse, this agency reported that it made known its services through giving talks at community centres, disseminating publicity material through schools and maternity units and liaising with the police, professionals in the social work and educational departments, health visitors and GPs. It had also produced audio-tapes for women unable to read. The same agency reported that language barriers often prevented women from BME communities from making appointments with mainstream agencies. They provide a drop-in facility to increase accessibility to its services and organise a yearly social event for all past and current users to enable the women to form a supportive social network.

EXTENT TO WHICH SERVICES WERE RESPONSIVE OR PRO-ACTIVE

4.65 Of the 12 agencies, 4 reported that they tended to be responsive rather than pro-active in their approach to people from BME communities. The reasons for this varied, but a recurrent theme was being ‘under-resourced’ and ‘over-subscribed’ in dealing with the existing demand for their services and wariness of raising expectations that might prove impossible to meet. One mainstream housing agency reported that since it worked only with people presenting as homeless, it was unable to assist people from BME communities who did not present themselves. A generic agency which worked with refugees reported that it regularly had to turn away people attending their drop-in service due to inadequate staffing and the complexity of the issues which refugees often presented.

4.66 The 4 mainstream agencies included in the review reported that they would work with everyone. However, at least 2 agencies did not perceive their remit to include targeted work with BME communities and reported that they did not plan any such approaches for the future. One agency expressed the need to concentrate on its ‘core’ business which was to be accessible and appropriate to the ‘general public’, which included young people to whom they appeared to be least accessible. According to this agency, focusing on one group (i.e. BME communities) would be at the expense of another and there had to be some prioritisation of limited resources. Such attitudes are worrying since they suggest a view that provision to people from BME communities lies outwith the core of service provision, rather than being part and parcel of this work.

4.67 One RSL which was currently at an early stage of developing equal opportunities policies and action plans reported that it was planning to target all BME communities within this framework, but not Gypsies/Travellers for whom responsibility had been transferred to the local authority. This agency, which was responsible for supporting developing Local Housing Organisations (LHOs), stated its ongoing programme for the next decade would help to ensure that the needs of BME communities would be met by LHOs through consultation and action plans. Another RSL commented that the development of a common housing register involving local authorities and RSLs would facilitate access to provision by both.
4.68 Other cited examples of pro-active approaches included the dissemination of information about service provision in languages other than English, the provision of staff training on equal opportunities issues, the establishment of links with BME organisations and the production of audio-tapes in minority languages to ensure the full involvement of tenants in an agency’s participation strategy. In the words of one BME agency which provided generic advice:

‘If you have all the information, you shouldn’t keep it to yourself, you have to get it out there.’

APPROPRIATENESS OF SERVICE PROVISION

4.69 BME agencies were perceived by all agencies to be better at providing appropriate services for people from BME communities due to their ability to recognise and respond to cultural needs, including dietary needs and religious and gender preferences:

‘Services that are tuned into their needs can provide for their needs.’

One BME housing agency attributed this to the diverse ethnic composition of their staff and their willingness to learn from the needs of service users and to adapt their services accordingly. In support of this, the agency cited the steep learning curve experienced by the organisation in responding to the needs of asylum-seekers and refugees over the last two years.

4.70 Mainstream agencies appeared to be uncertain about the appropriateness of their services for people from BME communities:

‘It’s hard to know because we have so few…it’s hard to answer that really.’

Awareness of issues relating to racial equality and the need to tailor services to take into account specific needs to make them appropriate for BME communities tended to vary across the mainstream agencies in the review. One mainstream generic agency commented that for the first time, they had a small budget for providing interpreting services. At least one agency felt that its services were appropriate since the same service was provided to all:

‘I would like to think that our services are appropriate to these groups – the same service is offered to everyone, regardless of who they are. It is a non-judgemental approach and the client’s history is not an issue.

The same agency expressed the view that its ‘tolerancy levels’ were high, indicating a failure to recognise that merely accepting difference was insufficient and that providing an equal service to all necessitated taking account of the specific requirements of BME service users.

4.71 One RSL acknowledged that its stock of temporary accommodation was scattered about the city with some in areas unattractive to BME people due to fear of racial harassment, isolation or lack of support. Another RSL reported that although it had made attempts to develop family sized accommodation based on evidence that this was required by people from BME communities, the local authority had not supported them in doing so. This agency felt that concerns about the lower amount of rent that would be generated
from building a smaller number of larger units (as opposed to a greater number of smaller units) had worked against them:

‘We have to make it pay and the only way we can make it pay is by cramming in a lot of flats...if we build a family house, we would be losing money on our rent, unless we had more grant.’

Increasing the cultural appropriateness of accommodation

Glasgow Jewish Housing Association grew out of a Jewish self-care agency around the turn of the century, its original remit being self-help for refugees, Jewish people and the poor. It began to provide housing for Jewish people in the 1960s when slum areas were being cleared around the Gorbals. In 1987, it became Scotland’s only ethnicity-based registered housing association, and subsequently extended its provision to the majority population. One of its projects is a mixed development project of 24 flats, half for the Chinese community and half for the majority population; the need for specialist provision for Chinese older people was identified through joint working with the Wing Hong society which serves the needs of this client group. It also has two developments of 29 flats which were grant aided specifically for the Jewish community as long as there is a need for them.

For its Chinese tenants, the RSL has installed gas (rather than electric cookers), created a Chinese garden and taken into account cultural beliefs in the numbering and design of the accommodation. The RSL is also in the process of providing audio tapes in Cantonese so that its tenants can fully participate in the running of the organisation. For its Jewish tenants, the RSL provides Kosher food and celebrates Jewish religious holidays. Volunteers from the Jewish community and the ‘Good Neighbour Scheme’ for Chinese elders also help shape services provided by the RSL.

AGENCY STAFF TRAINING NEEDS

4.72 A recurrent theme was the lack of familiarity of frontline staff and case workers with issues relating to race and culture and the need for culturally sensitive training. One mainstream agency located in a rural area reported that lack of awareness of the needs of BME communities within the organisation was:

‘probably quite profound....we don’t even know what we don’t know.’

However, this was not merely an issue that was restricted to rural areas; another BME agency in an urban setting observed that many local authority colleagues appeared to be ‘working in the dark’ in relation to race and culture issues.

4.73 The following training needs were identified:

- General awareness of the requirements of the Race Relations Amendment Act and the need for culturally sensitive provision
- Awareness of differences in the factors which contributed to homelessness in BME communities as opposed to the majority population
- Awareness of the specific vulnerabilities of certain BME groups such as refugees,
women escaping domestic abuse and Gypsies/Travellers

- Strategies for targeting BME groups
- Means of carrying out homelessness assessments for BME people
- Working with interpreters
- Immigration advice training

4.74 Of the 7 of the agencies in the review which catered to BME people (including Gypsies/Travellers), 6 were involved in providing culturally sensitive training but the extent to which this service is taken up was not examined.

**MONITORING AND EVALUATION OF SERVICES FOR BME USERS**

4.75 Generally, the extent to which agencies monitored and evaluated their services varied greatly, with this being clearly a relatively new development within some agencies. Within this context, the extent to which agencies monitored and evaluated the accessibility and appropriateness of their services for BME communities varied even more widely. 6 of the 7 BME agencies reported that they monitored provision to their users. In contrast, 3 out of the 4 mainstream agencies reported that they had not involved BME users in their monitoring and evaluation procedures while the fourth reported that it planned to do so.

4.76 Among the mechanisms used by BME agencies to monitor and evaluate provision were:

- The establishment of consultative forums
- Informal feedback through support workers and in-house meetings
- User participation at drop-in sessions
- User satisfaction questionnaires

4.77 Ethnic monitoring was an important component of the agencies’ evaluation of their services and figures were collated either monthly, quarterly or annually. One Glasgow-based BME housing agency reported that the figures were used to review the accessibility of its outreach surgeries, the need for home-visits and the need for publicity.

**MULTI-AGENCY WORK**

4.78 Generally, agencies reported that they were involved in considerable multi-agency work, with many working closely with the local authority Housing Department, and being represented on a range of joint forums and working groups, along with other statutory and voluntary agencies. However, only one out of 4 mainstream agencies reported that the multi-agency work it undertook involved a BME component. The activities had involved a multi-agency approach to countering racial harassment, an experience seen as positive. 2 mainstream agencies commented that it was difficult to identify agencies supporting BME groups in the area:

‘You need a little detail of what people do, then you know it’s appropriate to contact them, build up links and share practice and talk about common issues.’

One of these agencies commented that it was important for BME organisations to promote their organisational aims and their work, so that they could liaise with appropriate
organisations.

4.79 The extent and effectiveness of multi-agency work undertaken by BME agencies varied greatly. The agency which worked with BME women escaping domestic abuse reported that multi-agency work involving the police, social work, health professionals, solicitors and in some cases, the courts, was crucial to the success of their work. An Aberdeen-based BME agency reported that it had been involved in multi-agency work with RSLs and the local authority to address the issues of international students with families who were at risk of being made homeless, and other young BME people. In contrast, 2 other BME agencies reported that although they were engaged in multi-agency work with other agencies, this rarely appeared to be productive or ‘joined-up’.

PARTICIPATION BY BME COMMUNITIES

4.80 This varied widely with 3 out of 5 mainstream agencies reporting no participation at all and BME agencies reporting participation at various levels. One mainstream agency had engaged in consultation prior to stock transfer from the local authority which had included people from BME communities. This agency reported that it was planning to develop participation by BME communities through the development of small LHOs which would promote community ownership of the transferred housing stock.

4.81 In contrast, all BME agencies reported involvement of their users through some of the following means: volunteering, representation at Board level, membership of the organisation or participation in the Annual General Meeting. Volunteering was recognised as an important means of promoting user involvement but an activity which required considerable investment if it was to be carried out effectively.

Increasing participation by BME communities

Multi Ethnic Aberdeen (MEAL) is a social and cultural enterprise promoting diversity in Aberdeen and Aberdeenshire through various projects. Although the organisation’s remit originally centred around cultural issues, it has responded to a number of other issues related to housing, immigration, employment and community safety due to gaps in existing service provision. It has employed a number of measures to increase the awareness and participation of BME communities in its activities, including the provision of an annual multi-cultural radio station and a monthly community newspaper called ‘Echo me.’ The organisation also recently organised an ‘away day’ for minority ethnic groups, mainstream organisations and volunteers as a means of contributing to relationship building and obtaining feedback on their current activities.
SUMMARY

4.82 Agencies in the review included those providing housing services to the general population and to the BME communities, as well as generic advice-giving agencies. They served a wide range of client groups including young people, long-term homeless individuals, BME women escaping domestic abuse, refugees and Gypsies/Travellers.

4.83 Factors identified as increasing the vulnerability of BME communities to homelessness include:
- Restricted access to housing
- Lack of appropriate housing
- Lack of shared understanding of ‘homelessness’

4.84 Measures which agencies reported would help prevent homelessness among BME communities include:
- Increased availability and quality of advice to people from BME communities
- Increased provision of appropriate accommodation
- Ethnic monitoring and review of service use
- Greater awareness of the needs of BME communities in rural areas

4.85 Factors reported to increase the vulnerability of refugees to homelessness include:
- Policy and legislation relating to refugees
- Lack of appropriate temporary accommodation and support
- Gaps in service provision to refugees

4.86 Measures identified by agencies to prevent homelessness among refugees include:
- A seamless and pro-active approach to preventing homelessness
- An increase in culturally sensitive accommodation and service provision
- Increased initiatives related to facilitating access to the labour market

4.87 Factors identified by agencies as increasing the vulnerability of Gypsies/Travellers to homelessness include:
- Racial disadvantage and discrimination
- Lack of appropriate accommodation and support
- Increasing difficulties in finding appropriate sites
- Gaps in service provision

4.88 Measures identified by agencies which would reduce homelessness among Gypsies/Travellers include:
- Greater provision of outreach services
- Greater support for Gypsies/Travellers in accessing local authority services
- Greater dissemination of examples of good practice
- The development and implementation of appropriate anti-racist training at national level

4.89 Factors identified as contributing to homelessness among BME women escaping domestic abuse include:
- Lack of adequate resources and refuge space
- Immigration legislation
4.90 Measures which agencies reported can be taken to reduce homelessness among this client group include:

- A coordinated multi-agency approach
- Greater availability of appropriate accommodation and support
- Reform of immigration legislation
- Long-term measures such as education and awareness-raising within BME communities

4.91 Of the 5 mainstream agencies in the study, 4 reported that very few people from BME communities used their services. Among BME agencies, there was uneven coverage of ethnic groups covered by services; notably Gypsies/Travellers were served by only one out of five BME agencies.

4.92 BME agencies were perceived to play a valuable role in making services more accessible to BME communities through the provision of information and advice, advocacy services and support with housing application procedures. BME agencies were themselves seen to be more accessible due to the range of languages spoken by staff, their ethnic composition and well-established links with BME communities.

4.93 BME agencies were perceived by all agencies to be providing more appropriate services for people from BME communities due to their ability to recognise and respond to cultural need. A recurrent theme was the lack of familiarity of front-line staff and case workers in mainstream agencies with issues related to race and culture and the need for training.

4.94 The proportion of BME agencies in the review which monitored the extent to which their services were used by BME users and made efforts to involve them in decision-making processes in the organisation was greater than mainstream agencies. The extent to which agencies engaged in multi-agency work involving a BME component varied greatly, with BME agencies more likely to do so.
CHAPTER FIVE: LOCAL AUTHORITY PERSPECTIVES

BACKGROUND

5.1 This section discusses local authority perspectives on homelessness services for households from Black and Minority Ethnic communities. It draws on interviews with homelessness staff in two councils (Dundee and Glasgow), a focus group discussion with a larger group of authorities and a written response from Highlands Council. An important backdrop to the Glasgow case study is the recent housing stock transfer from the Council to Glasgow Housing Association (GHA).

5.2 Local authorities are bound by a general duty to uphold equal opportunities (Scotland Act, 1998 Schedule 5). Further, the Housing (Scotland) Act 2001 places an overarching duty on local authorities to carry out their functions in a manner which encourages equal opportunities. The Race Relations Act 1976 – as strengthened by the Race Relations (Amendment) Act 2000 – obliges councils and other public bodies to promote race equality. According to the report produced by the Race Equality Advisory Forum (Scottish Executive, 2001: 5), the key features of an organisation which promotes race equality would be that it:

- Monitors its workforce, taking steps to ensure that ethnic minorities are treated fairly
- Assesses how its policies and programmes could affect ethnic minorities, identifying any potential for adverse differential impact
- Monitors the implementation of its policies and programmes to ensure that they meet the needs of ethnic minorities and
- Has a publicly-stated policy on race equality

5.3 The promotion of race equality has also been identified as an aspect of the Best Value agenda, which emphasises the provision of high quality services to meet the needs of service users, and the development of public performance reporting, for which authorities are required to develop appropriate frameworks. Guidance on mainstreaming race equality has been produced by COSLA.

5.4 In relation to homelessness, of course, councils are bound to assess all housing applications from people claiming homelessness and to provide appropriate assistance depending on their assessment of each case.

5.5 A recent study focusing on 15 social landlords (including both councils and housing associations) concluded that ‘nearly all’ the organisations involved needed to do more to translate ‘high level commitments’ to equality into action in relation to housing services (Communities Scotland, 2002). As regards homelessness services, more specifically, there is a perception that '(homelessness) services … lack BME staff or (are) insensitive to (minority ethnic) cultural needs’ (Harrison, 2003:32).

5.6 In interpreting the findings reported below it is important to bear in mind the scale of BME homelessness across Scotland and the variations in that scale from area to area. Thus, as shown in Section Chapter 6, BME households account for more than one in fifty homeless applicants in six local authorities. In the majority of authorities (19 of 32) they account for no more than one in a hundred. Similarly, the sparsity of the BME population in many parts of the country means that representative groups are in some regions few and
far between.

5.7 The fieldwork also emphasised an important distinction between Glasgow and the rest of Scotland in that – unlike other authorities – Glasgow’s current concerns around BME homelessness are dominated by considerations relating to refugees and asylum seekers.

HOMELESSNESS STRATEGIES

Policy framework

5.8 In terms of the most important drivers of race equality policies relating to homelessness services, local authorities seem to fall into two main groups. On the one hand are the authorities for whom the main impetus for action is a corporate commitment to race equality as stimulated by generic anti-discriminatory legislation such as the Race Relations (Amendment) Act 2000 and Disability Discrimination Act 1995. In an authority like Dundee, for example, a corporate framework has been established by a council-wide Race Equality Working Group with departmental service planners expected to incorporate centrally agreed principles into their own strategies and plans.

5.9 By contrast, in other authorities, the equal opportunities duties under the Housing (Scotland) Act 2001 were seen as having provided the main impetus to equalities issues in homelessness strategies.

Involvement of BME Communities in Strategy Development

5.10 In contrast with housing management service planning, there has been no strong tradition among local authorities of service user consultation on homelessness, but there has been some progress recently. In their new role of producing homelessness strategies, however, there is a particular obligation on Scottish councils to consider the particular circumstances of BME homeless households and, where appropriate to involve BME interest groups in strategy development.

5.11 One authority convened focus groups involving a range of community organisations to identify BME needs in the homelessness strategy. In another instance a BME officer was tasked with undertaking door-to-door interviews with BME housing applicants identified from the Council and housing association waiting lists. In some areas, however, there has been little contact with BME households or with community groups representing their interests, explained by some local authorities as inevitable given the small BME population in the locality.

5.12 These perspectives contrast sharply with the Glasgow experience where local authority staff consider BME groups to be well-represented by influential voluntary agencies seen as having played a significant role in shaping the Council’s homelessness strategy. In common with their Dundee colleagues, Glasgow interviewees pointed to their authority’s efforts to involve BME communities in consultations to inform their Local Housing Strategies. In Glasgow, for example, this included a full day option appraisal event for BME groups.

5.13 There were examples of consultations with Gypsies/Travellers although the focus of this work was with site residents rather than Gypsies/Travellers in housing. Authorities
tended to rely on written responses or consultation with tenants groups and through forum meetings, rather than specifically with BME communities or organisations.

5.14 In general, authorities’ experience of consultation on draft strategies was that the equalities aspects needed to be strengthened.

Strategy development and content

5.15 Most local authorities represented at the focus group meeting identified a dearth of information on BME communities in their areas and on their housing needs. There were examples of detailed census analyses being undertaken, with one council having identified a small population of owner occupiers and subsequently recommending targeting information about sustaining owner occupation, repair and improvement grants. Involvement in the Communities Scotland thematic study ‘Equalities in Practice’ (Communities Scotland, 2002) had assisted in developing baseline information about distribution and household composition of the BME population in another area. In Glasgow, Communities Scotland had recently commissioned action-based research on the causes of homelessness in BME communities. However, the general view was that there was still a great deal of research to be done, with some authorities at a very early stage in this work in terms of assessing what information is needed.

5.16 In developing a housing needs survey, one authority voiced awareness of the challenge of generating valid results in relation to BME households, given the small size of the local BME population. One possible response was to work jointly with a neighbouring authority (and, in doing so, achieve a larger overall BME sample size). The need for collaborative working also applied to specialist services. Currently in some areas, BME communities did use specialist services in neighbouring areas on an informal, ad hoc basis, without formal mechanisms for allocating costs or payment.

5.17 The research did not include a comprehensive analysis of homelessness strategy documents. However, the impression from the interviews and focus group was that specific needs of homeless people from BME communities were rarely mentioned explicitly. Neither did most strategies envisage the provision of new services to meet any such specific needs.

5.18 A contrasting approach can be seen in Edinburgh’s strategy document which highlights ‘equal opportunity issues’ in relation to each aspect of the plan. These passages ‘set out how (the Council) will meet the needs of the range of different client groups in the community’ (Homelessness Strategy for Edinburgh 2002: 2007 p4).

5.19 None of the local authority focus group participants reported actively monitoring homelessness applications from Gypsies/Travellers. One authority, where there was no recording mechanism, had undertaken a manual exercise to try to assess homelessness presentations from this group. More than one participant thought that when Gypsies/Travellers had problems they tended to go to their own community for support rather than approach the local authority and so few present as homeless.
ACCESSIBILITY AND CULTURAL SENSITIVITY OF HOMELESSNESS SERVICES

5.20 In both Dundee and Glasgow council officer interviewees generally took the view that homelessness services were substantially accessible to people from BME communities. In both cities translation services were available to ease communication between officialdom and those without English as a first language. In Glasgow, the Council’s main homelessness information leaflets were also made available in a number of community languages. At the same time, however, interviewees pointed to the new challenges facing the Council in handling applications from a widening range of BME communities speaking non-English languages and where some of those concerned also face literacy issues.

5.21 Homelessness staff from other authorities were more inclined to argue that a lack of information at the local level made it difficult to be certain whether there were barriers to the use of homelessness services by BME households. Information and advice work with BME communities was being targeted by some authorities. Joint forums were being developed, for example with Gypsies/Travellers, to discuss service accessibility problems. One council had identified a need to counter a problem where language problems had led to front-line officers making inappropriate referrals. The availability of translation/interpretation services needed to be better understood by staff and advertised more effectively in public reception areas.

5.23 Glasgow homelessness staff volunteered that cultural or religious affiliations on the part of applicants could have implications for the appropriate choice of temporary accommodation. Similar issues applied to permanent housing. The problem was seen as particularly acute in relation to large refugee families necessarily requiring properties with four or more bedrooms. Not only are properties of this size relatively rare in the social housing stock, but they are often located in neighbourhoods considered ‘unsafe’ for BME households and therefore unlikely to be selected as ‘preferred areas’ by such applicants.

5.24 More frequently, however, BME homeless households in Glasgow are reported as involving single male refugees whose area preferences can be easily accommodated. An example of ‘cultural sensitivity’ cited in relation to this group involves their perceived general wish to find or retain employment. Consequently, whilst such households frequently lack furniture and domestic appliances, they are generally reluctant to take up furnished tenancies because of the relatively high rents charged. In recognition of this, homelessness staff commonly assist applicants in submitting furniture grant applications to the DWP Social Fund and assistance (in the form of ‘temporary furniture packs’) is often made available to those whose SF applications are refused.

5.25 More broadly, though, Glasgow interviewees reported the City Council’s view that there is a major gap in support service provision for refugees.

5.26 An example of ‘culturally sensitive service provision’ cited by Dundee involved the local Young Persons Health Information Service. This agency, funded from SIP and Health Service resources, ran weekly advice surgeries on housing matters. In its recruitment and training policies it was reported to have placed emphasis on the need to address the concerns of minority ethnic clients.

5.27 In terms of the quality and suitability of housing that can be offered to BME
homeless households, Glasgow Council staff believe that their new relationship with GHA provides more scope for the rejection of ‘inappropriate’ accommodation. More broadly, the investment in stock improvement unleashed by the transfer should substantially improve the standard of housing available to BME homeless households in the city in future years.

THE NATURE OF BME HOMELESSNESS

5.28 In the Glasgow context the most significant distinguishing characteristic of BME homelessness is seen as the linkage with asylum. As noted above, homelessness among those given refugee status (or right to remain) tends to involve a disproportionate number of single males, on the one hand, and large families, on the other. Domestic disputes (leading to relationship breakdown) are reported to be a fairly common cause of homelessness here, often involving recently re-united families placed under pressure by their situation.

5.29 In terms of homelessness from within the ‘settled BME community’, the dominant local authority perception tends to be that there are few special factors at work here. As in the majority population, the loss of accommodation results from factors such as needing to leave the parental home, from institutional discharge, loss of private tenancies and so on. Bearing out the official statistics, racial harassment – a potential cause of homelessness specific to the BME population – was believed to be very rare. In Glasgow this was attributed to ‘sensitive allocations’ whereby those rehoused in social housing are generally believed to be accommodated within their ‘areas of choice’.

MAINSTREAMING

5.30 The research brief emphasized the Executive’s interest in ‘mainstreaming’ in relation to homelessness services for BME households. For local authority staff, however, this concept proved somewhat problematic.

5.31 Local authority officers participating in the research held a variety of views about the issue of provision of mainstream and specialist services, although these were generally not strongly held either way. The main specialist services were in connection with languages, with interpreting and translating services relied on to support mainstream service provision rather than authorities looking to establish specialist services. One approach was described as person-centred for each individual from a BME group, targeting support needs based on individual assessment. In attempting to ‘equality proof’ service provision the first requirement was to establish whether specialist services were needed. In most authorities this process was still at an early stage.

5.32 Provision of accommodation and/or support to BME women escaping domestic abuse was identified as a potential area for specific services. One authority funded a specialist service of this kind. An officer from another council reported that BME women from their local area made use of specialist provision in a neighbouring authority. The council had embarked on consultations on local needs for such a service with Women’s Aid, although the current understanding was that potential service users preferred to take refuge out of the area.

5.34 A gap identified in one area was service provision for BME men, although no
decisions had been made on whether to address this through specialist provision or mainstreaming.

**MULTI-AGENCY WORKING**

5.35 A number of councils referred to important linkages between the Homelessness Strategy and other plans – e.g. Local Housing Strategy, Community Care Plan and Supporting People Strategy. In Glasgow the Glasgow Homelessness Network provides an important framework for multi-agency working in this area. The Network has actively mainstreamed BME issues within its activities.

5.36 In another authority it was reported that surveys undertaken to inform a number of strategies had produced little information on needs of BME households and currently there was no identified demand for services from BME communities in the area. A third authority was in consultation locally and with services in a neighbouring area on provision of services for BME women escaping domestic abuse. Another authority was working with a voluntary organisation to establish contact with Gypsies/Travellers living on site and those travelling through their area.

**TRAINING**

5.37 Dundee reported that advice on Race Relations Act obligations formed an important element of training for housing officers commissioned from an outside agency. Another authority was undertaking a training needs survey among housing staff. The Best Value Network, to which the authorities which participated in the first focus group discussion belonged to, was developing a programme of training.

5.38 In Glasgow, joint homelessness training programmes have been established involving staff from Homelessness, Social Work, Health and other services. There is, however, a perception among homelessness staff that specific training on the issues as they affect BME communities is unnecessary.
CHAPTER SIX: ANALYSIS OF SCOTTISH EXECUTIVE HOMELESSNESS STATISTICS

INTRODUCTION

6.1 In December 2001 the Scottish Executive’s homelessness monitoring system was overhauled through the introduction of a new monitoring log, with returns being submitted through electronic data capture. Since that time local authorities have been required to record the ethnicity of all households making applications for social housing on the grounds of homelessness. This chapter presents the first analysis of this data, focusing on the financial year 2002/03.

RECORDING OF ETHNICITY

6.2 Whilst the recording of homeless applicants’ ethnic origins is a novel requirement, LA staff appear to have embraced this aspect of the new system with little hesitation. During 2002/03 only eight per cent of returns (3,200 of 40,200) were coded ‘not known’ on ethnicity. This was largely attributable to practice in three authorities – South Lanarkshire (48 per cent ‘not known’), Dundee (34 per cent) and Glasgow (19 per cent). Only 0.1 per cent of applicants were coded as ‘refused’, with only 0.8 per cent classed as ‘Other’. The full set of ethnic origin codes allowed on the HL1 homelessness monitoring log is shown below:

a) White Scottish  
b) White Other British  
c) White Irish  
d) White Other  
e) Black Scottish/British African  
f) Black Scottish/British Caribbean  
g) Black Scottish/British Other  
h) Asian Scottish/British Indian  
i) Asian Scottish/British Pakistani  
j) Asian Scottish/British Bangladeshi  
k) Asian Scottish/British Chinese  
l) Asian Scottish/British Other  
m) Mixed race  
n) Other  
o) Not known  
p) Refused

6.3 Given the small numbers of applicants involved, this paper aggregates these into ‘White’ (groups (a)-(d)), ‘Indian’ (group (h)), ‘Pakistani/Bangladeshi etc’ (groups (i), (j) and (l)), Chinese (group (k)), Black (groups (e)-(g)) and Other (groups (m) and (n)). This aggregation scheme is also designed to maximise comparability with census data (see below). The following analysis excludes cases coded as ‘not known’ or ‘refused’.

6.4 The paper also follows the convention that a household’s ethnic origin is equated with the ethnicity of the ‘head of household’ or the first adult recorded within the household. One implication of this approach is that the figures will not pick up small numbers of
mixed ethnicity households where the head of household is White. Of the 2,924 ‘White Scottish’ homeless households who provided ethnic origin data for both head of household and partner, however, only 11 (0.4 per cent) partners were of BME origin.

**INCIDENCE OF BME HOMELESSNESS**

6.5 Of the 36,898 homeless applications fully recorded by LAs in 2002/03, the number of applicants coded as Indian, Pakistani/Bangladeshi etc, Chinese, Black or Other totalled 896 – or 2.4 per cent. It should be borne in mind that an additional 304 applicants were classed as ‘White Other’ (i.e. other than White Scottish, White Other British and White Irish) in 2002/03, and that 189 were classed as ‘White Irish’. These households are not, however, included within the ‘BME’ cohort analysed below.

6.6 According to the 2001 Census, Indian, Pakistani/Bangladeshi, Chinese, Black and Other (non-white)\(^1\) groups accounted for just 1.4 per cent of resident households in Scotland. Collectively, therefore, BME households are significantly over-represented among homeless applicants, being 75 per cent more likely to apply as homeless than the average across the population as a whole (see Table 6.1). Interestingly, however, this level of overrepresentation is considerably lower than recorded in England. In Q1 2002/03, for example, BME households accounted for 22 per cent of total households classed as unintentionally homeless and in priority need by English LAs, nearly three times the proportion of total resident households classed as BME (eight per cent). On this basis, BME households in England are 175 per cent more likely to be recorded as homeless as the average for households across all ethnic groups.

Table 6.1 Proportionate Incidence of BME Homelessness in 2002/03

<table>
<thead>
<tr>
<th>Ethnic group</th>
<th>BME % of general population (col 1)</th>
<th>BME % of homeless applicants (col 2)</th>
<th>% BME over/under representation (col 3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indian</td>
<td>0.23</td>
<td>0.36</td>
<td>60</td>
</tr>
<tr>
<td>Pakistani/Bangladeshi etc</td>
<td>0.48</td>
<td>0.55</td>
<td>14</td>
</tr>
<tr>
<td>Chinese</td>
<td>0.25</td>
<td>0.07</td>
<td>-72</td>
</tr>
<tr>
<td>Black and Other</td>
<td>0.44</td>
<td>1.46</td>
<td>229</td>
</tr>
<tr>
<td>Total</td>
<td>1.40</td>
<td>2.44</td>
<td>75</td>
</tr>
</tbody>
</table>

Sources: col 1 – 2001 Census; col 2 – local authority HL1 returns. See also notes to Table A (Annex 2).

6.7 The figures set out in column 3 of Table 6.1 indicate the extent to which the incidence of homelessness recorded for each individual BME group compares with the incidence of homelessness in the general population. For example, if a group accounted for one per cent of the population but two per cent of homeless applicants this would imply that members of this group are twice as likely to become homeless as the average. That is, the representation of this group within the homeless cohort is 100 per cent higher than its

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\(^1\) The grouping of ‘Black’ and ‘Other (non-white)’ is necessitated by the limitations of 2001 Census data outputs. Published census results on households at Scottish local authority level do not separately identify ‘Black’ households. Instead, the ethnic classification is limited to: White/Indian/Pakistani or other South Asian/Chinese/Other. Our analysis is based on the assumption that a homeless household classed as ‘White Other’ in HL1 terms would have been classed as ‘White’ in the census, whereas a homeless household classed as ‘Other’ under the HL1 classification would also have been categorised as ‘Other’ in the Census.
representation in the general population.

6.8 It is apparent from Table 6.1 that the relative incidence of homelessness varies substantially for different minority ethnic groups. Chinese households, for example, are much less likely than the general population to apply as homeless. Those classed as ‘Black and Other’, on the other hand, are more than three times as likely to be homeless as the average for all ethnic groups. This may provide a clue to the difference in the level of overall BME overrepresentation in Scotland as compared with England (75 per cent higher than average as against 175 per cent higher than average). Black (African, Afro-Caribbean, Black British/Scottish) households account for only 8 per cent of Scotland’s overall BME population, as compared with 25 per cent in England. Nevertheless, given the small numbers involved and the different ways the two sets of figures are collected it may be wise not to read too much into these apparent contrasts.

6.9 Geographically, BME homeless applicants are highly concentrated. More than 70 per cent of the 896 BME households recorded nationally in 2002/03 were in Edinburgh (267 applicants) or Glasgow (361 applicants). In no other LA did the number of BME applicants total more than 34. The composition of the BME homeless caseload differed substantially between Edinburgh and Glasgow. In the former, Pakistani/Bangladeshi, Black and ‘Other Non-white’ households were represented in almost equal numbers with only a few Chinese or Indian applicants; in the latter, applicants classed as ‘Other Non-white’ were predominant. These figures are set out in Table A1 in Annex 2. A small proportion of ‘Other (non-white)’ households are people classing themselves as ‘mixed race’. The majority, however, are people whose backgrounds do not fit within the classification set out in paragraph 6.2. They could, for example, include people of Middle Eastern or South American origin. Further research would be required to investigate this issue.

6.10 Edinburgh stands out from the rest of Scotland in that the incidence of BME homelessness here is particularly high in relation to the proportion of BME households in the resident population (see Table 6.2). A small part of the explanation for this may be that Edinburgh’s resident BME population involves a higher proportion of ‘Black and Other (non-white)’ households than the rest of the country. Another possibility is that the composition and structure of Edinburgh’s BME population makes its members particularly vulnerable to homelessness in a city with a highly pressured housing market and where social housing is in very short supply. Excluding Edinburgh, BME households are only just over 20 per cent more likely to apply as homeless than the average across all ethnic groups.

Table 6.2 Incidence of BME Homelessness by Area in 2002/03

<table>
<thead>
<tr>
<th>Area</th>
<th>BME % of general population</th>
<th>BME % of homeless applicants</th>
<th>% BME over/under representation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edinburgh</td>
<td>2.78</td>
<td>6.87</td>
<td>147</td>
</tr>
<tr>
<td>Glasgow</td>
<td>3.58</td>
<td>4.32</td>
<td>21</td>
</tr>
<tr>
<td>Rest of Scotland</td>
<td>0.89</td>
<td>1.09</td>
<td>22</td>
</tr>
<tr>
<td>Scotland</td>
<td>1.40</td>
<td>2.44</td>
<td>75</td>
</tr>
</tbody>
</table>

Sources: As Table 6.1
6.11 Only 6 LAs recorded more than two per cent of BME homeless applicants in 2002/03:

- Edinburgh – 267 applicants (6.9 per cent)
- East Renfrewshire – 13 applicants (4.4 per cent)
- Glasgow – 361 applicants (4.3 per cent)
- East Dunbartonshire – 12 applicants (3.2 per cent)
- Aberdeen – 28 applicants (2.7 per cent)
- Dundee – 10 applicants (2.1 per cent)

**Table 6.3 Homelessness Applicants, 2002/03: Household Type by Ethnic Origin**

<table>
<thead>
<tr>
<th>Ethnic group</th>
<th>Single adult</th>
<th>2 adults, no children</th>
<th>1 adult, 1+ children</th>
<th>2 adults, 1+ children</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>64.6</td>
<td>5.2</td>
<td>23.6</td>
<td>5.7</td>
<td>0.8</td>
<td>100.0</td>
</tr>
<tr>
<td>Indian</td>
<td>61.1</td>
<td>5.3</td>
<td>19.1</td>
<td>10.7</td>
<td>3.8</td>
<td>100.0</td>
</tr>
<tr>
<td>Pakistani, Bangladeshi etc</td>
<td>43.3</td>
<td>10.8</td>
<td>28.1</td>
<td>14.8</td>
<td>3.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Chinese</td>
<td>37.5</td>
<td>8.3</td>
<td>33.3</td>
<td>20.8</td>
<td>0.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Black</td>
<td>72.4</td>
<td>6.5</td>
<td>12.4</td>
<td>7.6</td>
<td>1.1</td>
<td>100.0</td>
</tr>
<tr>
<td>Other (non-white)</td>
<td>74.5</td>
<td>5.9</td>
<td>9.6</td>
<td>8.5</td>
<td>1.4</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>All</strong></td>
<td><strong>64.6</strong></td>
<td><strong>5.3</strong></td>
<td><strong>23.5</strong></td>
<td><strong>5.8</strong></td>
<td><strong>0.8</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Source: HL1 returns

6.12 Table 6.3 illustrates some significant contrasts between ethnic groups in terms of the mix of household types among homeless applicants. A relatively large proportion of Black and Other (non-white) applicant households were single adults or childless couples (80 per cent and 79 per cent, respectively). The comparable figure across all ethnic groups was only 70 per cent. Among other BME groups, however, childless households were less common, accounting for only 54 per cent of the Pakistani, Bangladeshi group and only 46 per cent of Chinese applicants. Similarly, the average age of Black and Other (non-white) applicants (heads of households), at 31, was slightly below the overall average of 32 whilst the applicants (heads of households) from the other BME groups tended to be slightly older than the population-wide figure. These characteristics of the BME applicant population are important in interpreting some of the findings reported below in relation to causes of homelessness, priority need category and assessment decision.

**CAUSES OF HOMELESSNESS**

6.13 The HL1 homelessness monitoring log provides an indication of the factors underlying the loss of the applicant’s former home. The form has a very fine classification of ‘immediate reasons for homelessness’, though most of the individual categories account for only very small numbers of cases. For example, 38 applicants reported having been made homeless by racial harassment, with half (of household heads) being ‘White Scottish’ (17) or ‘White Other British’ (2). Racial harassment was the immediate cause of homelessness for just over one per cent of all BME homeless households. For the sake of simplicity, the original ‘immediate reason for homelessness’ categories have been aggregated to produce Table 6.4.
6.14 Across all ethnic groups just over a third of households’ (36 per cent) homelessness resulted from household formation – i.e. moving out of the parental home or the home of a friend or relative (see Table 6.4 and Figure 1). BME homelessness is relatively likely to result from having to leave the home of a friend or relative. Nearly a third of Black homeless households, for example, had lost their last home in this way. The ‘reasons for homelessness’ profiles of individual BME groups also contrast quite substantially from those of the White group in other respects. Pakistani/Bangladeshi households, for example, are considerably more likely to have been made homeless from an independent tenancy (or home ownership), and less likely to have been discharged by an institution. This probably reflects the fact that the proportion of Pakistani/Bangladeshi applicants who were single people or childless couples was well below the comparable figure for the overall applicant population (see Table 6.3). With the exception of the ‘asked to leave by friends/relatives’ category, however, there is no clear contrast between BME groups, collectively, and White households in terms of immediate reasons for homelessness.

Table 6.4 Immediate Reason for Homelessness by Ethnic Group in 2002/03

<table>
<thead>
<tr>
<th>Immediate reason for homelessness</th>
<th>White</th>
<th>Indian</th>
<th>Pakistani etc</th>
<th>Chinese</th>
<th>Black</th>
<th>Other</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>col %</td>
<td>col %</td>
<td>col%</td>
<td>col%</td>
<td>col%</td>
<td>col%</td>
<td>col%</td>
</tr>
<tr>
<td>Asked to leave by parents</td>
<td>21.5</td>
<td>23.7</td>
<td>18.7</td>
<td>16.7</td>
<td>8.1</td>
<td>5.7</td>
<td>21.3</td>
</tr>
<tr>
<td>Asked to leave by friends/relatives</td>
<td>14.8</td>
<td>20.6</td>
<td>20.2</td>
<td>25.0</td>
<td>30.8</td>
<td>21.5</td>
<td>15.0</td>
</tr>
<tr>
<td>Relationship breakdown</td>
<td>23.1</td>
<td>26.7</td>
<td>27.6</td>
<td>16.7</td>
<td>24.3</td>
<td>14.4</td>
<td>23.1</td>
</tr>
<tr>
<td>Loss of tenancy or owned home</td>
<td>15.9</td>
<td>13.7</td>
<td>19.2</td>
<td>33.3</td>
<td>15.7</td>
<td>17.3</td>
<td>16.0</td>
</tr>
<tr>
<td>Ex-institutional</td>
<td>10.9</td>
<td>6.1</td>
<td>4.4</td>
<td>8.3</td>
<td>5.9</td>
<td>10.5</td>
<td>10.9</td>
</tr>
<tr>
<td>Other</td>
<td>13.6</td>
<td>9.2</td>
<td>9.9</td>
<td>0.0</td>
<td>15.1</td>
<td>30.6</td>
<td>13.8</td>
</tr>
<tr>
<td>Total (%)</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Total (number)</td>
<td>36,002</td>
<td>131</td>
<td>203</td>
<td>24</td>
<td>185</td>
<td>353</td>
<td>36,898</td>
</tr>
</tbody>
</table>

Source: HL1 returns

Figure 1 - Homeless Applications 2002/03 - Breakdown by (Aggregated) Immediate Reasons for Homelessness
6.15 Further clues about the circumstances in which homelessness occurs are provided by standard questions asked of homeless applicants by LA staff – notably:

- whether the applicant was made homeless from the family home (i.e. where the applicant’s last settled accommodation – within the previous six weeks – was the family home)
- whether any member of the applicant household slept rough during the 3 months preceding their application
- whether any member of applicant household slept rough on the night preceding their application

Across all ethnic groups, around 58 per cent of 2002/03 homeless applicants said that they had come from the family home. This figure was similar across White, Indian and Pakistani/Bangladeshi groups. Within the Chinese, Black and Other cohorts, however, the proportion of applicants originating from the family home was considerably lower (46 per cent, 42 per cent, 35 per cent, respectively).

6.16 Black applicants were also more likely to have slept rough during the previous three months – this was true for 19 per cent of this group as against only 13 per cent of White households. However, Indian, Pakistani/Bangladeshi, Chinese and Other households were less likely to have done so. Similarly, Black households were more likely to have slept rough the night before their application (16 per cent of this group as against only 10 per cent of households across all ethnic categories).

HOMELESSNESS ASSESSMENT DECISIONS

6.17 Comparing White and BME homeless applicants there was virtually no difference in the distribution of LAs’ 2002/03 homelessness decisions in relation to qualification for statutory rehousing. Within both groups, just over half of all applicants were classed in this way (see Figure 2). BME applicants were somewhat less likely to be judged ‘intentionally homeless’ than their white counterparts, though they were more likely to be assessed as ‘non-priority’ homeless. This contrast was particularly marked in relation to the Chinese, Black and Other cohorts (see Table 6.5). BME households were much less likely to withdraw their applications in advance of the LA’s assessment decision (see Figure 2). The fact that BME households were less likely to withdraw applications could possibly indicate that there are fewer alternatives to social housing available to these households.

6.18 The relatively large proportion of Black and Other (non-white) applicants assessed as ‘homeless, non-priority’ again probably reflects the fact that these applicants are more likely than other groups to involve single adults or childless couples (see Table 6.3).
Table 6.5 Homelessness Assessment Decision by Ethnic Origin in 2002/03

<table>
<thead>
<tr>
<th>Decision</th>
<th>White</th>
<th>Indian</th>
<th>Pakistani etc</th>
<th>Chinese</th>
<th>Black</th>
<th>Other</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>col%</td>
<td>col%</td>
<td>col%</td>
<td>col%</td>
<td>col%</td>
<td>col%</td>
<td>col%</td>
</tr>
<tr>
<td>Homeless and in priority need, unintentional</td>
<td>53.2</td>
<td>57.7</td>
<td>67.4</td>
<td>47.8</td>
<td>40.8</td>
<td>55.8</td>
<td>53.2</td>
</tr>
<tr>
<td>Homeless and in priority need, intentional</td>
<td>3.5</td>
<td>0.8</td>
<td>2.1</td>
<td>4.3</td>
<td>1.1</td>
<td>0.9</td>
<td>3.5</td>
</tr>
<tr>
<td>Homeless, non-priority</td>
<td>22.4</td>
<td>26.8</td>
<td>17.9</td>
<td>34.8</td>
<td>40.8</td>
<td>34.7</td>
<td>22.7</td>
</tr>
<tr>
<td>Not homeless</td>
<td>9.6</td>
<td>8.9</td>
<td>6.3</td>
<td>13.0</td>
<td>12.1</td>
<td>5.0</td>
<td>9.6</td>
</tr>
<tr>
<td>Withdrawn/lost contact</td>
<td>11.2</td>
<td>5.7</td>
<td>6.3</td>
<td>0.0</td>
<td>5.2</td>
<td>3.6</td>
<td>11.1</td>
</tr>
</tbody>
</table>

Total (%) 100.0 100.0 100.0 100.0 100.0 100.0 100.0

Total (number) 32,244 123 190 23 174 337 33,091

Source: HL1 returns

Figure 2 - Homeless Applications 2002/03 - Breakdown by LA Assessment Decision

PRIORITY NEED STATUS

6.19 The proportion of 2002/03 homeless households classed as ‘in priority need’ by LAs was the same for the White and BME cohorts at 57 per cent. The single most important factor in conferring priority need was the presence of children or a pregnant woman in the household. Among both the White and BME applicant cohorts, this accounted for around a fifth of all applicants and just over a third of those with priority (see Tables 6.6 and 6.7). Perhaps the most significant differences between the two cohorts relate to vulnerability due to alcohol or substance abuse (relatively low among all BME groups) and to the fact that 6 per cent of BME applicants (11 per cent of those in priority need) were accorded this status on the grounds of being asylum seekers/refugees (see Tables 6.6 and 6.7).
Table 6.6 Homeless Applications 2002/03 – Breakdown by Priority Need Assessment

<table>
<thead>
<tr>
<th>Priority need status</th>
<th>White col%</th>
<th>Indian col%</th>
<th>Pakistani etc col%</th>
<th>Chinese col%</th>
<th>Black col%</th>
<th>Other col%</th>
<th>All col%</th>
</tr>
</thead>
<tbody>
<tr>
<td>In priority need:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Dependent children or pregnant woman</td>
<td>20.0</td>
<td>25.2</td>
<td>35.3</td>
<td>43.5</td>
<td>13.2</td>
<td>13.1</td>
<td>20.0</td>
</tr>
<tr>
<td>- Vulnerable – old age</td>
<td>1.6</td>
<td>1.6</td>
<td>2.1</td>
<td>0.0</td>
<td>0.6</td>
<td>0.6</td>
<td>1.6</td>
</tr>
<tr>
<td>- Vulnerable - illness or disability</td>
<td>7.9</td>
<td>7.3</td>
<td>5.3</td>
<td>4.3</td>
<td>8.6</td>
<td>0.0</td>
<td>7.9</td>
</tr>
<tr>
<td>- Vulnerable - drink/drugs</td>
<td>8.2</td>
<td>3.3</td>
<td>3.2</td>
<td>0.0</td>
<td>2.9</td>
<td>0.6</td>
<td>8.0</td>
</tr>
<tr>
<td>- Vulnerable – youth</td>
<td>8.0</td>
<td>4.9</td>
<td>4.2</td>
<td>4.3</td>
<td>4.0</td>
<td>0.0</td>
<td>10.4</td>
</tr>
<tr>
<td>- Vulnerable - other special reasons</td>
<td>2.7</td>
<td>6.5</td>
<td>5.3</td>
<td>0.0</td>
<td>4.6</td>
<td>0.0</td>
<td>2.8</td>
</tr>
<tr>
<td>- Fleeing abuse or violence</td>
<td>6.7</td>
<td>8.9</td>
<td>11.1</td>
<td>0.0</td>
<td>5.7</td>
<td>0.0</td>
<td>6.8</td>
</tr>
<tr>
<td>- Fleeing racial harassment</td>
<td>0.0</td>
<td>0.0</td>
<td>1.1</td>
<td>0.0</td>
<td>0.6</td>
<td>0.0</td>
<td>1.2</td>
</tr>
<tr>
<td>- Asylum seeker or refugee</td>
<td>0.0</td>
<td>0.8</td>
<td>2.1</td>
<td>0.0</td>
<td>0.6</td>
<td>0.0</td>
<td>1.5</td>
</tr>
<tr>
<td>- Institutional discharge</td>
<td>1.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.6</td>
<td>0.0</td>
<td>1.0</td>
</tr>
<tr>
<td>- Fire or flood</td>
<td>0.5</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.6</td>
<td>0.0</td>
<td>0.5</td>
</tr>
<tr>
<td>Not in priority need</td>
<td>32.1</td>
<td>35.8</td>
<td>24.2</td>
<td>47.8</td>
<td>52.9</td>
<td>39.8</td>
<td>32.3</td>
</tr>
<tr>
<td>Lost contact pre-decision</td>
<td>11.2</td>
<td>5.7</td>
<td>6.3</td>
<td>0.0</td>
<td>5.2</td>
<td>0.0</td>
<td>3.6</td>
</tr>
</tbody>
</table>

Total 100.0 100.0 100.0 100.0 100.0 100.0 100.0

Source: HL1 returns

Table 6.7 ‘Priority Need’ Homeless Applicants 2002/03: Breakdown by Priority Need Category

<table>
<thead>
<tr>
<th>Priority need category</th>
<th>White col%</th>
<th>BME col%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dependent children or pregnant woman</td>
<td>35.3</td>
<td>36.4</td>
</tr>
<tr>
<td>Vulnerable - old age</td>
<td>2.9</td>
<td>1.9</td>
</tr>
<tr>
<td>Vulnerable - illness or disability</td>
<td>14.0</td>
<td>12.1</td>
</tr>
<tr>
<td>Vulnerable - drink/drugs</td>
<td>14.4</td>
<td>3.5</td>
</tr>
<tr>
<td>Vulnerable – youth</td>
<td>14.0</td>
<td>11.9</td>
</tr>
<tr>
<td>Vulnerable - other special reasons</td>
<td>4.8</td>
<td>8.3</td>
</tr>
<tr>
<td>Fleeing abuse or violence</td>
<td>11.9</td>
<td>12.1</td>
</tr>
<tr>
<td>Fleeing racial harassment</td>
<td>0.0</td>
<td>1.5</td>
</tr>
<tr>
<td>Asylum seeker or refugee</td>
<td>0.0</td>
<td>10.6</td>
</tr>
<tr>
<td>Institutional discharge</td>
<td>1.8</td>
<td>1.2</td>
</tr>
<tr>
<td>Fire or flood</td>
<td>0.8</td>
<td>0.4</td>
</tr>
</tbody>
</table>

Total 100.0 100.0

Source: HL1 returns

SUMMARY OF MAIN FINDINGS

6.20 By and large, Scottish LAs have adapted well to the newly introduced requirement to collect ethnic origin data in relation to homeless applicants. Ethnic origin details were recorded for 92 per cent of 2002/03 homeless applicants.

6.21 Among households applying as homeless in 2002/03, some 896 – 2.4 per cent of the total – were classed as of ‘BME’ origin. Collectively, Edinburgh (6.9 per cent) and Glasgow (4.3 per cent) accounted for more than two thirds of these applicants. In only four
other LAs was the proportion of BME applicants greater than two per cent.

6.22 The incidence of recorded homelessness within the BME community is some 75 per cent higher than across all ethnic groups. Whilst this level of over-representation is considerably less dramatic than in England this is probably, in part, a consequence of the differing structures of the BME populations in the two countries.

6.24 Black and (Non-white) Other households were particularly strongly over-represented among those recorded as homeless applicants in 2002/03.

6.25 Having to vacate the home of a friend or relative is a particularly common immediate reason for homelessness among BME households (especially Black and (Non-white) Other groups).

6.26 Black and (Non-white) Other households were less likely than other households to have come from the parental home in the recent past. Black applicants were also relatively more likely to have slept rough in advance of their application.

6.27 Whilst the proportion of BME and White households assessed as unintentionally homeless and in priority need was similar, White applicants were more likely to be judged ‘intentionally homeless’, and BME applicants more liable to be classed as ‘non-priority’ homeless.

6.28 Far fewer BME households than White households withdrew their applications in advance of their assessment being completed.

6.29 Vulnerability on account of alcohol or substance abuse is much less common among BME applicants than their White counterparts, though 11 per cent of the former were classed as in priority need on account of being refugees.
CHAPTER SEVEN: MAIN FINDINGS AND IMPLICATIONS

7.1 This chapter draws together and summarises the main findings emerging from this study in order to examine the provision and use of homelessness services by BME communities. It also considers the implications of the study for the Homelessness Monitoring Group and local authorities in the ongoing development of their housing and homelessness strategies, with the aim of enhancing access and services for BME communities.

UNDERSTANDING OF HOMELESSNESS ACROSS AND WITHIN BME COMMUNITIES

7.2 It is important to acknowledge that, whilst homelessness has a legal definition which ring-fences those who are prioritised in the allocation of housing, the concept of homelessness is contested, ranging from the basic lack of shelter or rooflessness to sharing with another household, to living in accommodation deemed unfit for human habitation (Webb et al, 1995). This study presents further evidence of the contested nature of ‘homelessness’, illustrating that perceptions of homelessness can differ across communities and cultures. This is perhaps clearest in the case of Gypsies/Travellers whose travelling culture might be seen by some service providers and others in the settled community as a manifestation of homelessness, but for some of whom living in housing due to difficulties in travelling might be akin to being homeless.

7.3 Perceptions of homelessness may also differ within communities and be related to the length of UK residence, familiarity with the housing system, awareness of housing rights and options, and expectations. For instance, new arrivals to this country living with relatives in over-crowded accommodation are less likely to perceive themselves as homeless compared with UK-born households forced to live with relatives by constrained access to housing. Accordingly, homelessness services may appear to be far less relevant to some individuals than others from the same ethnic group. It would follow from this that efforts to make homelessness services more relevant to BME communities need to take into account varying perceptions of homelessness within and across these communities.

7.4 In the context of limited public sector housing, individuals’ ability to gain official recognition of their homelessness and/or priority status is related to the extent to which their articulation of personal housing circumstances ‘fits’ in with the criteria for statutory homelessness. Previous research has suggested that individuals from BME communities often fail to negotiate the four hurdles of priority need, intentionality, vulnerability and local connection (Webb et al, 1995). However, analysis of local authority monitoring data in this study revealed that whilst the proportion of BME and White homeless applicants assessed as unintentionally homeless and in priority need was similar, White applicants were more likely to be judged ‘intentionally homeless’ and BME applicants more liable to be classed as ‘non-priority’ homeless. There is some evidence suggesting that this may, at least in part, be due to the relatively large proportion of Black and Other (non-white) applicants. These applicants are more likely than other groups to involve single adults or childless couples and are thus less likely to be judged ‘priority’ homeless, since the single most important factor in conferring priority need is the presence of children or a pregnant woman in the household.
7.5 This study is consistent with previous research (Carter 1998) in finding few instances of rough sleeping among people affected by homelessness in BME communities. However, analysis of homelessness monitoring data by Scottish local authorities found that the incidence of recorded homelessness affecting households from BME communities was 75% higher than across the population as a whole, though the degree of BME over-representation varied substantially between individual BME groups. Additionally, the existence of hidden homelessness on an appreciable scale is suggested by well-documented statistical evidence of over-crowding (Scottish Executive, 2004; Dalton and Hampton, 1994) and over-representation in Below Tolerable Standard accommodation in certain communities (Littlewoods and Kearns, 1998). This is consistent with evidence that having to vacate the home of a friend or relative is a particularly common immediate reason for homelessness among BME households (especially Black and (Non-white) Other groups.

7.6 Analysis of homeless people’s experiences and service provider agencies’ views revealed considerable diversity between and within BME communities. However, some common housing problems are readily identifiable:

- Lack of information about housing options, rights and homelessness procedures
- Lack of appropriate temporary and permanent accommodation
- Lack of sensitivity by housing officers of the potential for racial harassment
- Unaffordability of mortgages and accommodation in the private rented sector
- Difficulties in obtaining information due to language differences, literacy issues, lack of familiarity with the system and institutional discrimination
- Difficulty in getting specialised legal advice
- Difficulty in getting complaints addressed.

7.7 This is consistent with analysis of local authority homelessness monitoring data which reveals that vulnerability on account of alcohol or substance abuse is much less common among BME housing applicants than their White counterparts. Instead, qualitative data analysis suggests that relationship breakdown, overcrowding, financial problems and recent arrival to the country are more likely to be contributory factors to homelessness in BME communities. The considerable difficulties faced by people affected by homelessness in these communities are exacerbated by restricted choice in housing, as evidenced by substantial research in this area (Netto et al, 2001). This is further supported by this study’s analysis of local authority monitoring data which found that far fewer BME households than White households withdrew their homelessness applications in advance of their assessment being completed.

Position of refugees

7.8 Factors identified as increasing the vulnerability of refugees to homelessness include:

- The short time refugees are given to leave NASS support and lack of familiarity with the housing system
- The lack of alternatives to hostel accommodation, widely perceived to be a hostile environment
• The lack of ongoing support and gaps in the provision of services, such as appropriate interpreting services.

**Position of Gypsies/Travellers**

7.9 For Gypsies/Travellers, the main issue identified was the difficulty in gaining access to sites due to:

• The shortage of sites in desirable locations within close proximity to shops and amenities
• The poor condition or management of some sites and the lack of adequate facilities, including recreational and washing facilities
• The lack of affordability of rents for pitches on a long-term basis
• The lack of a ‘Right to Buy’ in respect of pitches on sites which had been rented for several years (in contrast to the ‘Right to Buy’ council housing)
• Lack of consultation on issues related to site management.

7.10 Related difficulties which they faced in maintaining their travelling culture included:

• General public acceptance of a high level of racial harassment and discrimination
• Lack of provision of funding for trailer disrepair or damage
• Lack of alternatives to housing in the social rented sector; to date, no local authority has provided accommodation in the form of caravans

**Position of BME women escaping domestic abuse**

7.11 There is some overlap between the position of BME women escaping domestic abuse and refugees and Gypsies/Travellers due to the occurrence of domestic abuse in these latter communities. Factors identified as contributing to homelessness among BME women escaping domestic abuse include:

• The acceptance of domestic abuse in certain communities
• The lack of refuge space
• Immigration legislation which prevents women who had stayed in this country for less than two years from receiving any formal support.

**Other ethnic groups**

7.12 Analysis of local authority monitoring data reveals that certain ethnic groups, notably Black and (Non-white) Other households were particularly strongly over-represented among those recorded as homeless applicants in 2002/03. Black and (Non-white) Other households were also less likely than other households to have come from the parental home in the recent past and more likely to have slept rough in advance of their application, suggesting that they might have less access to informal support.

**INFORMAL SOURCES OF SUPPORT FOR BME PEOPLE AFFECTED BY HOMELESSNESS**

7.13 Although only a few people affected by homelessness in this study were staying with friends or relatives, statistical evidence of informal support in the form of accommodation
provision comes from local authority monitoring data which indicates that having to vacate the home of a friend or relative is a particularly common reason for homelessness among BME households.

7.14 Apart from the provision of accommodation, informal sources of support from family and friends to BME people affected by homelessness tend to be limited. Indeed, there was a sense that some women who had left the marital or family home to escape abuse were rejected by their families and communities.

7.15 Where informal support was reported to exist, this mainly took the form of friends pointing the individual to formal sources of support. Generally, people affected by homelessness in BME communities, appeared to be rather isolated. Although they knew of others who faced similar circumstances and valued social connections, mutual support between BME homeless households was limited.

UNDERSTANDING OF CULTURALLY APPROPRIATE ACCOMMODATION

7.16 Findings from this study compounds earlier evidence from BME housing needs studies (documented in Netto, et al, 2001) in highlighting the importance of offering culturally appropriate accommodation, with safety from racial harassment emerging as particularly salient for all communities. Other factors include the presence of community support, proximity to cultural facilities, culturally sensitive design, adequate size and, particularly for Gypsies/Travellers, a wider range of accommodation options. This poses particular challenges to officers in managing the housing allocation process of limited public housing.

7.17 This study illustrates that consideration of what constitutes appropriate accommodation applies not only to permanent tenancy offers but also to offers of temporary housing. Indeed, in some cases, a belief that inappropriate temporary accommodation will be offered, might well deter people affected by homelessness, such as refugees, from presenting as homeless in the first place.

PROVISION OF HOMELESSNESS SERVICES TO BME COMMUNITIES

Range of agencies providing homelessness services

7.18 A total of 298 agencies offering homelessness services spread across all 32 Scottish local authorities were identified, though the majority were concentrated in Glasgow and Edinburgh. These included organisations focusing mainly on housing and homelessness (Housing and Homelessness agencies) as well as those offering generic advice (Generic agencies). The client groups served by the agencies were diverse, including young homeless people, those who were homeless for a long time, women escaping domestic abuse and BME communities. Forty-four organisations catering mainly to BME communities (BME agencies) were identified, 14 of which were ‘Housing and Homelessness’ agencies and 30 of which were ‘Generic’ agencies. Agencies which catered mainly to the needs of BME communities included those which served BME households in general as well as those which served a particular ethnic or client group, including Gypsies/Travellers and refugees.
Range of homelessness services offered to BME communities

7.19 A wide range of homelessness services were offered by the agencies surveyed, including the provision of accommodation, advice giving on welfare benefits, finding accommodation, access to health services and employment, translation services, counselling, advocacy sessions and drop in sessions. Welfare benefits was most commonly ranked highest as an area of service provision of primary concern by Generic agencies and second highest by Housing & Homelessness agencies.

7.20 According to the survey, about a fifth of homelessness services agencies make some sort of specialist provision for BME users, with advice sessions and outreach work being the most common forms. However, there were large geographical areas across Scotland, including rural areas, in which there was little or no provision.

7.21 The services reported to be most commonly used by BME communities were advice on finding accommodation and welfare benefits. The services most frequently used by members of the Gypsy/Traveller community were advice on finding housing accommodation, welfare benefits, tenancy rights, and access to health provision. Qualitative analysis of the service use of people affected by homelessness revealed a wide range of other services which were used including counselling, English classes, support with seeking employment, health services and legal services.

Accessibility of services to people from BME communities

7.22 Qualitative analysis of the experiences of people affected by homelessness found that they tended to rely mainly on a limited number of organisations or individuals who provided services targeted to these groups. Access to services was facilitated by friends and relatives who knew of them. This is consistent with the views of service providers who perceived BME agencies to be more accessible to BME users due to factors such as the range of languages spoken by staff, their ethnic composition and well-established links with their communities. BME agencies were also perceived by providers to play a valuable role in making services more accessible to BME communities through the provision of information and advice, advocacy services and support with housing application procedures.

7.23 Given the greater accessibility of services provided by BME agencies to people from these communities, it is worth noting gaps in provision by these agencies. The mapping exercise revealed that such agencies were less likely to offer family mediation and provide help with rent deposit schemes. The latter is of particular concern, given that certain BME communities are economically disadvantaged relative to the majority population. Further, previous research (Scottish Refugee Council and Shelter Scotland, 2001) has found that lack of access to rent deposits by refugees makes it difficult for them to move on once they have received a positive asylum decision. Quantitative and qualitative data also reveals that certain groups, notably Gypsies/ Travellers, appeared to be less well-served by BME agencies than other groups.
Appropriateness of services to people from BME communities

7.24 The extent to which homelessness services currently provided are appropriate for people from BME communities may be assessed by the extent to which they are able to meet the common needs of people affected by homelessness (such as information about housing options and rights), as well as specific needs related to their ethnic origin. Such specific needs may involve language support in the form of interpreting and translating services, support with literacy, advocacy services, specialised legal advice, information about the availability of culturally sensitive accommodation and specialist supported accommodation projects. The mapping exercise revealed that while BME agencies and Mainstream agencies appeared to largely offer a similar range of homelessness services, the former were more likely than the latter to offer translation and advocacy services, catering for specific needs in accessing mainstream services.

7.25 The in-depth review of agencies revealed that BME agencies were perceived to be better at providing appropriate services for people from BME communities due to their ability to recognise and respond to cultural needs, including dietary needs and religious and gender preferences. Quantitative data supporting the assertion that BME agencies offer more appropriate services include the findings that these organisations are more likely to:

- Employ more staff from BME communities than other mainstream agencies,
- Monitor the extent to which their services were used by BME users and
- Involve service users in decision-making processes in the organisation
- Engage in multi-agency work involving a BME component

Sources of referrals for homelessness services and other methods for reaching BME communities

7.26 The majority of organisations involved in the mapping exercise reported receiving referrals of actually or potentially homeless BME users from two or three different agencies. Nearly half reported that their largest source of referrals was the local authority Social Work department, followed by the Housing Department, health visitors and other agencies. The largest sources of referrals involving Gypsies/Travellers were also the Social Work department, the Housing Department and health visitors. Only thirty percent of all agencies reported employing other methods for reaching BME households and only ten per cent for reaching Gypsies/Travellers, suggesting that most agencies were responsive rather than pro-active in relation to these communities. The most common form of method employed for the former was some kind of promotional written material, while outreach work was most commonly employed for the latter.

Common BME referral destinations

7.27 More than half of the 298 agencies involved in the survey reported referring actually or potentially homeless BME service users to other agencies, with the local authority housing department being ranked the main referral destination by the majority of agencies followed by the social work department.
MEASURES TO REDUCE HOMELESSNESS IN BME COMMUNITIES

Refugees

7.28 Service providers suggested that a seamless approach to the provision of information and advice to both asylum-seekers and refugees would be progressive and that much more preventative work on matching housing need to supply could be undertaken in advance of decisions relating to the outcome of applications by asylum-seekers. Refugees participating in the study felt that much more could be done to ease the transition process from asylum-seeker to refugee, by enabling them to either access appropriate permanent accommodation once they had received a positive asylum decision or by providing them with more appropriate temporary accommodation. Ongoing support was also required, which could include help with gaining employment.

Gypsies/Travellers

7.29 Measures identified for reducing homelessness among Gypsies/Travellers included the provision of a wider range of sites in terms of type, design and location, improved facilities on sites, more affordable electricity and heating and better management of sites. In terms of accommodation, there was a common perception that the council housing offered would be of a poor quality and that they would be subjected to harassment, indicating a need for more transparent and sensitive allocation policies.

7.30 More support is required to enable Gypsies/Travellers to access local authority services, given low levels of awareness of their needs and discriminatory attitudes on the part of some officers and lack of literacy on the part of some Gypsies/Travellers. In the face of the general inaccessibility of many public services to Gypsies/Travellers, the role of the site manager and the Gypsy/Traveller Liaison Officer emerges as significant in facilitating access to services, suggesting that further attention should be given to supporting the development of these roles. Along with this, the development and implementation of appropriate anti-racist training at a national level is needed to challenge deeply ingrained prejudice towards this community.

7.31 Gypsies/Travellers reported that greater attention to their individual circumstances, including recognition of their susceptibility to racial harassment and prompt action when this occurs would be beneficial. This might include help with purchasing caravans, improvements to existing sites, the creation of more pitches, and fewer obstructions to buying land. In the long term, help with gaining literacy, access to educational facilities and assistance with gaining employment were all viewed as potentially effective in preventing homelessness but areas in which much more work needed to be undertaken.

BME women escaping domestic abuse

7.32 To reduce homelessness among BME women escaping domestic abuse, service providers argued that a coordinated multi-agency approach and greater availability of appropriate accommodation and support was necessary, along with reform of immigration legislation and adoption of ‘zero tolerance’ of intra-household violence within BME communities. The women reported that greater information about housing options and rights and legal advice would be beneficial.
Common preventative measures to reduce homelessness across BME communities

7.33 Common measures identified for preventing or reducing homelessness in BME communities in the groups mentioned above and more generally, include improved BME access to high quality housing advice and information by a wide range of service providers. A communication strategy targeted to the needs of specific groups is needed, along with greater publicity about possible sources of support, including access to benefits, health care and specialised legal advice. There was also a perceived need for greater awareness of the difficulties faced by BME communities outside of Edinburgh and Glasgow and in rural areas, in accessing appropriate sources of support.

7.34 Increased recognition of the existence of hidden homelessness and the particular accommodation needs of BME communities within allocation policies would also enable BME households to better access appropriate temporary and permanent accommodation. To ensure that people from BME communities are not consciously or inadvertently disadvantaged in housing allocation, ethnic monitoring and review of several aspects of service provision was recommended. The need for avenues to challenge housing officers’ decisions, to make representations or lodge complaints was also raised. Closely related to this, more information about public organisations’ complaints and grievances procedures was required. Recommended longer-term preventative measures included wider access to educational opportunities and greater assistance with seeking employment.

IDENTIFICATION OF GOOD PRACTICE

7.35 Many examples of good practice were observed in the course of this study. Some common characteristics included:

- Services attuned to the specific needs of BME communities, based either on extensive experience of working with these communities, effective consultation or sound research
- The adoption of a holistic approach which considered housing needs, alongside other needs such as welfare benefits, employment and access to health services
- A pro-active approach towards communicating with BME communities, with the use of outreach work where appropriate
- Active engagement with BME communities by engaging them in decision-making processes

IMPLICATIONS FOR HOUSING STRATEGIES, POLICY AND SERVICE DELIVERY

7.36 In this section, we consider the implications of the research for housing strategies, and policy with the aim of increasing access and appropriateness of homelessness services provided by local authorities, mainstream agencies and BME agencies. We draw on previous research and recommended good practice, where relevant. We also include points raised in a seminar attended by national and local key stakeholders where the main findings and implications of the study were discussed. Participants of the seminar included representatives from local authorities, voluntary organisations (mainstream and BME), the
Development of local housing strategies and effective responses to homelessness in BME communities

7.37 As discussed in Chapter 5, the Race Relations (Amendment) Act 2000, the Housing (Scotland) Act 2001 and the Homelessness etc (Scotland) Act 2003 provide the legislative context within which local authorities need to consider improved provision of homelessness services to BME people. Effective responses to homelessness in BME communities need to be embedded within an overall policy context which eliminates unlawful discrimination and which promotes racial equality and good race relations. The Code of practice for rented housing (1991) which has been produced by the Commission for Racial Equality for the promotion of race equality remains a useful source of reference and is reproduced in Annex 3. In order to assist local authorities in ensuring that the local housing strategy and responses to homelessness are sensitive to the needs of people from BME communities, the current study and good practice suggests that local authorities need to consider the following key questions:

<table>
<thead>
<tr>
<th>Key questions for local authorities</th>
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<tbody>
<tr>
<td>Are services based on an accurate assessment of need and on consultation with service users from BME communities?</td>
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<tr>
<td>In what ways can information about homelessness services be made more accessible to people from BME communities?</td>
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<tr>
<td>Do allocation policies give sufficient weight to hidden homelessness in the form of overcrowding and poor housing conditions, which disproportionately affect some BME communities?</td>
</tr>
<tr>
<td>Does the allocation process acknowledge that fear of racial harassment is a major deterrent to living in certain areas for BME communities?</td>
</tr>
<tr>
<td>Are there appropriate allocations policies and procedures for pitches across the local authority Gypsy/Traveller sites in your area?</td>
</tr>
<tr>
<td>Are front-line staff adequately trained in communicating with people from BME communities at all stages of the allocation process? Are interpreting services readily accessible? Is support available for those who lack literacy?</td>
</tr>
<tr>
<td>Is appropriate advice about housing options and rights made available to BME applicants, who may need more information than other applicants?</td>
</tr>
<tr>
<td>Do you have effective policies and procedures for tackling racial harassment, including that directed towards Gypsies/Travellers?</td>
</tr>
<tr>
<td>Is information about appeals or grievance procedures readily accessible to BME applicants?</td>
</tr>
<tr>
<td>Is there a need for specialist provision for BME communities?</td>
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</tbody>
</table>
7.38 Discussion at the national key stakeholders’ seminar suggested that there was a need for research underpinning local housing strategies to place greater emphasis on BME issues, including detailed work on housing demand. Specialist services for BME people were perceived to be necessary to complement efforts to mainstream housing support services and prevent homelessness.

Recommendations

7.39 Local authorities need to ensure that:

- The local housing strategy and responses to homelessness is informed by accurate need assessment, consultation and research with BME communities
- Information about homelessness services, housing options and rights (including information about appeals and grievance procedures) is made accessible to people from BME communities
- Allocation policies give sufficient weight to hidden homelessness in BME communities and acknowledge that fear of racial harassment is a major deterrent to living in certain areas
- Appropriate policies and procedures are in place for allocating pitches across Gypsy/Traveller sites in their area
- Staff are adequately trained and supported in communicating with BME people at all stages of the allocations process
- Policies and procedures for tackling racial harassment, including that directed to Gypsies/Travellers, are effective

Allocation of housing

7.40 Fair and transparent allocations policies are obviously crucial for ensuring that BME applicants have equal access to housing, along with other groups. Several BME housing studies have established areas in which institutional discrimination against minority ethnic applicants has resulted from the policy and practice of both local authorities (Chahal, 2000; Third and MacEwen, 1998) and RSLs (Dowie, 1996; MacEwen, 1994). These areas included allocation criteria such as waiting times, local connection points and discretionary allocation procedures. The failure to publicise the full range of housing options and the lack of provision of appropriate sized accommodation are also barriers to accessing accommodation in the social rented sector. One view expressed at the national stakeholder seminar was that the systematic assessment of housing needs undertaken by some community-based RSLs does not prioritise the needs of refugees and can be used defensively. It was suggested that a cultural change in implementing allocation policies was necessary to overcome this institutional barrier.

7.41 With respect to Gypsies/Travellers, although it is not known how many local authorities implement local connection criteria in relation to sites in their areas, discussion at the seminar noted that this group had particular difficulties in meeting the criteria of local connection due to their travelling culture. Anecdotal evidence that certain site
managers debarred some Gypsy/Traveller families from using sites suggested that there was a need to ensure good management practices on anti-social behaviour are used consistently across tenants of housing and sites, using the same standards as used in housing generally. Some regret was expressed at a perceived shift in official focus from improving authorised provision to ‘tackling unauthorised camping.’ Responding to this, one local authority representative observed that sites are expensive to manage, making it difficult to justify the management of sites which were unused for significant parts of the year. It is worth noting that in the context of Best Value, it has been argued that consideration should be given to the comparative costs of managing sites against those of managing unauthorised encampments in terms of both social resources and social exclusion (Morris, R and Clements, L, 2002)

7.42 In order to ensure that applicants are not intentionally or inadvertently discriminated against, Blackaby and Chahal (2000: 90) suggest that the following aspects of the allocations process should be ethnically monitored:

<table>
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<tr>
<th>Monitoring in the allocations process</th>
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<tr>
<td>The proportions of ethnic groups that are offered and let dwellings, compared with the proportions on the housing register/transfer list or the proportions in need in the community as a whole</td>
</tr>
<tr>
<td>Comparisons of waiting time for offers and lettings between different ethnic groups</td>
</tr>
<tr>
<td>Local authority nominations made to RSLs and subsequent offers, lettings and refusals</td>
</tr>
<tr>
<td>Whether there are differences between ethnic groups in terms of allocation outcomes: offers, lettings and refusals</td>
</tr>
<tr>
<td>An analysis of why offers are refused, distinguishing between the ethnic origins of the applicants, including refusals on the grounds of fear of racial harassment</td>
</tr>
<tr>
<td>The differential impact on various ethnic groups of any recent changes to allocation policy</td>
</tr>
</tbody>
</table>

7.43 Discussion at the national stakeholder seminar indicated that choice-based lettings (CBL) approaches, in which social landlords advertise homes for let and applicants take the initiative in bidding for vacancies, offered greater transparency than discretionary procedures. There was also potential for BME applicants to fare better through such approaches since such systems placed house-seekers rather than housing officers in the driving seat, reducing the likelihood that an applicant might be made an ‘inappropriate offer’ (e.g. in an area generally perceived as unsafe for BME households). Recently published research on CBL systems operated in England cites evidence that these can generate significantly increased interest from BME communities previously under-represented among social housing applicants (Marsh et al, 2004). It was observed at the seminar that where a BME applicant bids successfully for a vacancy in a block or neighbourhood known to the landlord to be problematic in this respect, good practice would entail making the facts of the case known to the applicant before he or she confirms the bid.

7.44 Common Housing Registers (CHR), which provide a single gateway for applicants to access all (or most) social housing in a given area, were also viewed as a means of
enhancing accessibility to housing for BME applicants. At the same time, however, the lengthy application forms developed by some CHR partnerships were perceived as potentially problematic for homeless applicants generally and for some BME applicants particularly, given some partial association among the latter with lack of literacy. The lack of guidance issued to service providers on BME issues was also viewed as problematic.

**Recommendations**

7.45 Local authorities and RSLs need to:

- Consider the positive use of allocation policies to prevent homelessness among vulnerable BME communities, including refugees
- Ethnically monitor and review critical aspects of the allocations process and plan appropriate action
- Consider the sensitivity of the policies and procedures relating to common housing registers to the needs of BME communities and the need for appropriate guidance for service providers
- Consider the potential for choice-based lettings to facilitate greater participation from BME groups historically under-represented in social housing, and to generate more transparent outcomes.

7.46 Local authorities need to:

- Ensure good management practices on anti-social behaviour are used consistently across tenants of housing and sites, using the same standards as used in housing generally
- Ensure that the criteria of local connection does not disadvantage BME communities, including Gypsies/Travellers
- Consider the potential for choice-based lettings to ensure a better outcome for BME applicants in the allocations process

**Increasing the relevance of homelessness services to BME communities**

7.47 Quantitative and qualitative analysis in this study reveal large areas across Scotland, in which there is little specialist provision of homelessness services for BME communities, including Gypsies/Travellers. The research suggests limited uptake of services provided by mainstream homelessness and generic agencies by BME communities and reliance on a small number of BME agencies, although certain groups are less well-served. Mainstream agencies need to work much harder than BME agencies to increase the relevance of their services to people affected by homelessness in BME communities. Discussion at the seminar also highlighted the need for RSLs to do more to help people sustain their tenancies, with specific support tailored to their needs.

7.48 Positive action in this area can take the form of a communication strategy to increase the uptake of services by this client group. Service providers may wish to consider some
elements of such a strategy:

**Elements of a communication strategy for BME communities**

Which minority ethnic group should we target first?

Have we conducted outreach work in appropriate areas and publicised our services through a variety of channels, such as notices in GP surgeries and schools?

Have we communicated the relevance of our services to BME communities with BME organisations?

Can we work with BME agencies in organising information days or regular surgeries within their agencies?

Do we have the resources to provide a ‘drop-in’ facility or a telephone helpline?

Do we have clear information about the nature and purpose of the services we provide and the benefits that users might expect?

Does the public face of our organisation, for example, literature about available services, publications in waiting rooms, composition of staff, reflect its intention to make its services accessible to all sections of the population?

**Recommendations**

7.49 The Scottish Executive and local authorities need to:

- Ensure that BME agencies are adequately recognised and resourced for their work in enabling people from BME communities to access and use housing and homelessness services

- Consider the need for targeted funding to support agencies in extending the coverage of outreach work to serve those groups which are currently not accessing services

7.50 Mainstream organisations (housing and generic) need to increase the accessibility of their services by:

- Conducting outreach work in appropriate areas and publicising their services through a variety of appropriate channels

- Working with BME agencies to increase the relevance of their services to BME communities

- Providing clear information about the nature and purposes of the services

- Ensuring that the public face of the organisation reflects its intention to make its services accessible to all sections of the population
Joint working between local authorities, BME agencies and other service providers

7.51 This study has found that local authority Housing and Social Work departments are the largest sources of referrals as well as the main referral destinations for agencies providing homelessness services to BME communities. A limitation of the study is that in the absence of comparative data from other users, it is not possible to examine the reasons underlying referrals from or to other agencies, including whether mainstream organisations refer BME users on to BME agencies due to the inappropriateness of their own services.

7.52 On a more positive note, the study has revealed many examples of good practice in making homelessness services more accessible and appropriate for BME communities. Local authorities and voluntary agencies (mainstream and BME agencies) may wish to consider working more closely with each other to increase the expertise and experience available to people affected by homelessness in BME communities through establishing appropriate referral mechanisms. It is suggested that the following questions would provide a focus:

**Key questions for referrers**

<table>
<thead>
<tr>
<th>Question</th>
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<tbody>
<tr>
<td>Are we familiar with the range and nature of housing services in our catchment area?</td>
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<tr>
<td>Do we know the range and nature of BME agencies working in our area? Can we liaise with them to set up effective referral mechanisms?</td>
</tr>
<tr>
<td>Do we ethnically monitor the source of referrals and the reasons given by agencies for referring clients?</td>
</tr>
<tr>
<td>Do we ethnically monitor referral destinations and the reasons for referring BME users to other services?</td>
</tr>
</tbody>
</table>

7.53 Seminar participants pointed out training and support was needed to enable mainstream organisations to develop policies and procedures for promoting racial equality. Community-based organisations may play a useful role here in providing such support but they need to be adequately resourced in order to do so.

**Recommendations**

7.54 Local authorities, other mainstream service providers and BME agencies need to:

- Establish appropriate protocols to facilitate effective multi-agency working, including the setting up of effective referral mechanisms
- Ethnically monitor referrals from and to other agencies
Staff training and development

7.55 The research suggests that there are several areas in which staff, particularly those working in mainstream agencies and local authorities, may benefit from training and development so that they can more effectively meet the needs of people affected by homelessness from BME communities. The English Code of Guidance on Homelessness stresses the need for local authorities to ‘ensure that staff who are required to screen housing applicants about eligibility for assistance are given training in the complexities of the housing provisions, the housing authority’s duties and responsibilities under the race relations legislation and how to deal with applicants in a sensitive manner.’ Some questions which may assist agency staff in assessing their training needs and planning appropriate training are provided below.

**Key areas for staff training and development**

Are we familiar with the requirements of the Race Relations Amendment Act and the need for culturally sensitive provision?

Are we aware that understandings of homelessness may vary between and within BME communities?

Are we aware of differences in the factors which contribute to homelessness in BME communities from the majority population?

Are we aware of the forms that hidden homelessness may take among BME groups and what preventive measures can be taken?

Are we familiar with the specific vulnerabilities of certain BME groups such as refugees, women escaping domestic abuse and Gypsies/Travellers and the preventive measures that can be taken to reduce homelessness in each of these groups?

Do we need more information on strategies for targeting BME groups?

Do we provide our staff with adequate exposure to users from diverse communities?

Are we confident in our ability to work with interpreters?

Are we aware of the importance of ethnic monitoring? Do we have appropriate ethnic monitoring mechanisms? If so, do we make appropriate use of the data collected?

Have we considered the possibility of organising secondments for staff or placements for volunteers in BME agencies?

Would it be possible to exchange our experience and expertise with that gained by other relevant organisations through joint training sessions?

7.56 Following from comments made at the stakeholder seminar, the need for greater adherence to the Scottish National Standards for Housing Information and Advice Services published by HomePoint was noted. Specifically:
Standard 3.8 requires services not to disadvantage users whose first language is not English. All services doing casework or representation are required to have access to interpreters in appropriate languages and clear procedures for the use of interpreters.

It was suggested that Communities Scotland, in overseeing the implementation of homelessness strategies, could encourage local authorities to provide appropriate training to local agencies, given that many of them had contractual and other relationships with voluntary agencies. The potential for influencing the quality assurance procedures of national networks of advice providing agencies, such as the Citizens Advice Bureaux should also be considered. It was also suggested that the Charities Commission and the Care Commission might be in a position to exercise a positive influence over voluntary agencies.

7.57 The point was also made that training should include senior managers as well as front-line and junior staff. In relation to the content of the training, it was suggested that this should include awareness and knowledge of appropriate advocacy services to refer clients to.

Recommendations

7.58 There is a need for the Scottish Executive to consider publicising the importance of promoting racial equality in homelessness strategies, policies and service delivery by supplementing the Code of Guidance on Homelessness, with good practice guidance.

7.59 In overseeing the development of local housing strategies, there is a need for Communities Scotland to:

- Encourage local authorities to ensure that appropriate training is made available to all levels of staff as well as to the mainstream voluntary organisations (housing and generic) they have contractual arrangements with

- Consider the potential for influencing national networks of advice providing agencies to adhere more closely to the Scottish National Standards for Housing Information and Advice Services, including those related to racial equality

7.60 The Charities Commission and the Care Commission need to consider the potential for influencing mainstream (housing and generic) voluntary organisations into providing appropriate training for staff.

Strategic issues related to ethnic monitoring

7.61 The current study has illustrated the usefulness of analysing ethnically disaggregated local authority monitoring data for 2003/04 in allowing comparisons between housing applicants from White and other BME communities to be drawn and in exemplifying some of the methods which can be employed in doing so. Over time, it will also be possible to investigate and compare changes in the circumstances of homeless applicants from these communities. However, the absence of Gypsies/Travellers in current local monitoring data is significant, and the missed opportunities for raising awareness of their needs should be noted and addressed. The study has also indicated other areas in which it would be useful to ethnically monitor data, including the housing allocation process, the provision of
homelessness services and referral mechanisms.

7.62 Although analysis of local authority monitoring data found that Scottish local authorities have generally adapted well to the recent requirement to collect ethnicity data of homeless applicants, less than half of the 298 agencies involved in the mapping exercise monitored the ethnicity of their service users and even among BME agencies, this was not always standard practice. As a result, these agencies were unable to make comparisons of service usage between ethnic groups or to monitor any changes over time.

7.63 Examining the reasons why organisations failed to ethnically monitor their services, a recurrent difficulty cited was the lack of a standardised classification framework for monitoring ethnicity. Other explanations offered indicated scepticism about the usefulness of doing so, which in some cases, appeared to be related to the small numbers of people from BME communities accessing their services and institutional barriers which prevent them from doing so. Organisational inertia in establishing appropriate mechanisms for ethnic monitoring may also be indicative of a wider organisational culture which does not actively seek to promote racial equality. Discussion at the seminar indicated that a cultural change in information and advice agencies across Glasgow for example, was needed before ethnic monitoring was common practice. It would also appear that there is scope for developing and disseminating further guidance to housing organisations in establishing ethnic monitoring systems (including recommended classification frameworks) and in interpreting and using the data, as well as considering means of supporting participants in this process.

7.64 With particular reference to ensuring that an equitable service is provided to homeless applicants from BME communities, Blackaby and Chahal (2000: 69) suggest monitoring of these aspects of service provision:

<table>
<thead>
<tr>
<th>Services to homeless people: what should be monitored</th>
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<tbody>
<tr>
<td>Breakdown of the ethnic origin of people seeking advice and information, compared with a breakdown of the ethnic origin of households in the local area</td>
</tr>
<tr>
<td>A comparison of the ethnic origins of people applying as homeless, accepted as homeless and accommodated in various types of housing – hostels, bed and breakfast and permanent accommodation</td>
</tr>
<tr>
<td>A comparison between the various ethnic groups of the length of time homeless people spend in temporary accommodation</td>
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</tbody>
</table>

7.65 Discussion at the seminar indicated that while in principle it was possible for ethnic monitoring to be undertaken in the areas recommended above, the volume of applicants made this a challenging task for a large number of RSLs in Glasgow. In contrast, a Glasgow-based BME housing organisation reported that although it had faced initial problems with establishing an ethnic monitoring system this had now been overcome and they had achieved a 98 per cent return. Following from the seminar, HomePoint noted that all services implementing the Scottish National Standards for Housing Information and Advice Services are required to:

‘undertake a regular exercise to determine the profile of their local community and any special needs that may exist’ (Standard 2.3) and
‘recording of service wide activity and service use should include gender, race and disability’ (Standard 7.7)

and that the two are matched to ensure supply matches local need.

7.66 There was some agreement at the seminar that ethnic monitoring should be part of public reporting on who is making use of services across all communities and the outcomes of such services. Such information could then feed directly into the development of preventative measures, such as advice and information services. Lead organisations identified as playing a role in encouraging ethnic monitoring were the Scottish Executive, Communities Scotland (through regulation and inspection of services and homelessness strategies and the reporting back by local authorities and RSLs on these) and the Commission for Racial Equality. It was suggested that there may be a need to impose ethnic monitoring on the voluntary sector through an equalities section in local outcome agreements, linked to funding. The need for information sharing on ethnic monitoring was also identified. It was observed that ethnic monitoring needs to be part of the information management technology of organisations and viewed as part of routine work, rather than an additional requirement.

Recommendations

7.67 The Scottish Executive, Communities Scotland (as part of its regulatory role) and the Commission for Racial Equality need to develop and disseminate guidance to housing organisations in:

- Establishing ethnic monitoring systems (including recommended classification frameworks) and
- Interpreting and using the data, as well as considering means of supporting participants in this process.

7.68 Mainstream and BME (generic and housing) agencies need to:

Establish appropriate ethnic monitoring systems, review ethically disaggregated data at regular intervals and plan appropriate action

Local authorities need to consider the potential for encouraging voluntary organisations to ethnically monitor their service provision through service level agreements

The Scottish Executive and Communities Scotland need to consider means of supporting and encouraging local authorities to set up mechanisms for collecting ethnicity data relating to Gypsies/Travellers as part of their homelessness monitoring mechanisms

Homelessness among Gypsies/Travellers

7.69 Valuable background material for considering preventive action and tackling homelessness in Gypsies/Travellers can be found in two documents, the Inquiry into Gypsies/Travellers and Public Sector Services by the Equal Opportunities Committee (2001) and Services for Gypsies/Travellers, by Communities Scotland (2002).

Recommendation 6 in the former (2001:11) suggests that:
'The definition of ‘home’ for the purposes of future amendments to housing legislation should be reconsidered to include sites, which are homes to Gypsies/Travellers.'

7.70 The Final Report of the Homelessness Task Force (SE, 2001b) implicitly acknowledges the need for sites among Gypsies/Travellers by including ‘those whose accommodation is a caravan … and have no where to park it’ among those who are viewed as homeless.

7.71 This study identified pull and push factors which draw Gypsies/Travellers from housing towards sites, adding to previous research in this area (Molloy, 1998; Lomax et al, forthcoming). The former include the desire to enjoy the countryside, to travel, to seek work (such as seasonal routes for some trades) and provide safe areas for children to play outdoors. Push factors include experience of racial hostility, proximity to a culture where substance abuse is perceived as rife and poor conditions of housing. Conversely, pull and push factors also influence the movement of Gypsies/Travellers from sites towards housing. Pull factors include the greater spaciousness of some settled accommodation and settling for education of children. Push factors include the shortage of appropriate sites, the poor condition or management of some sites and, among older or disabled people, the lack of adapted pitches and chalets and the wish to be close to family for support.

7.72 Given what has been identified as ‘a two way flow of residents between sites and housing’ (Lomax et al, forthcoming) and the vulnerability to homelessness in the transition, this study suggests that a broader view of homelessness among Gypsies/Travellers needs to be taken than has previously been evident in policy documents. Such a view would take into account the potential for hidden homelessness among Gypsies/Travellers living in settled accommodation and the need for greater attention to be paid to the needs of this group.

7.73 Related issues raised at the seminar included the need for the ethnicity question in the census to allow Gypsies/Travellers to self-identify as a distinct group. It was also reported that considerable prejudice against this group meant that it was sometimes necessary for them to disguise their identity in order to purchase a site or gain planning permission.

Parity between access to housing and sites

7.74 In common with previous research, this study found several constraints to living on existing sites, including the high costs of rents and electricity, the lack of the Right to Buy pitches and the lack of access to specialised legal advice when threatened with eviction. Accordingly, this study supports other studies in recommending that continued efforts should be made towards achieving parity between the conditions and costs of renting a pitch and those applied to renting a council house. This should include renewed consideration of the rights of Gypsies/Travellers in terms of housing legislation, along with the development of further good practice guidance in developing tenancy agreements which consider their rights as well as their responsibilities.

7.75 Discussion at the seminar observed a lack of progress in implementing the recommendations drawn up in the parliamentary committee inquiry on the position of Gypsies/Travellers cited above. One view was that this was due to insufficiently clear identification of organisational responsibilities for implementing good practice recommendations, resulting in continuing gaps between policy and practice. It was
suggested that the regulatory framework needs to back up legislative provisions so that righting wrongs does not always necessitate going to court.

Recommendations

7.76 There is a need for Scottish Executive and Communities Scotland to:

- Explicitly recognise the potential for hidden homelessness among Gypsies/Travellers living in housing in future policy documents
- Continue to progress efforts related to the implementation of the recommendations arising from the parliamentary inquiry into the position of Gypsies/Travellers
- Continue with efforts to achieve parity between the conditions and costs of renting a pitch and those applied to renting a council house, including renewed consideration of the rights of Gypsies/Travellers in terms of housing legislation and the development of further good practice guidance in developing tenancy agreements

7.77 There is a need for Communities Scotland to consider how it can employ its regulatory framework to ensure compliance with the Race Relations (Amendment) Act, including through the identification of clear organisational responsibility within itself and housing organisations it works with.

7.78 There is a need for the General Register Office to consider the inclusion of Gypsies/Travellers as an ethnic category.

Strategic issues related to the position of refugees

7.79 Housing is recognised as a key factor in the successful integration of asylum seekers and refugees in the Action Plan – Progress Report produced by the Scottish Refugee Integration Forum (SRIF, 2003), established in 2002 to allow voluntary and statutory agencies in Scotland to work in partnership to support refugees effectively. Qualitative analysis of the circumstances of refugees, particularly those in temporary housing, supports the need for this group to be recognised as a priority group for housing allocation, given their vulnerability to violence or harassment for reasons related to their race, colour and ethnic origin, as provided for under the Homelessness Act 2003. One view expressed at the seminar was that while refugees can be nominated by local authorities, RSLs too need to prioritise refugees in their own allocation policies, and there was a need for concerted work by Communities Scotland to counter the resistance of some management committees to this.

7.80 At the seminar, concern was expressed about continuing and serious shortfalls in the provision of homelessness services for refugees. Such support was essential for assisting refugees in accessing services, gaining employment and sustaining tenancies. It was noted that this support was important, for example, in maximising the proportion of refugees who remain in Glasgow rather than move to London and other places. Concern was also expressed about the persistent difficulties faced by refugees in getting accurate information about housing options.

7.81 The research findings strongly support the view of the SRIF that to reduce
homelessness the needs of asylum seekers and refugees should be considered together within the context of seamless service provision. Although significant progress has been achieved in this area as documented in the SRIF report, much more clearly remains to be done to increase the sensitivity of mainstream services to the diverse cultural needs of refugees, not least in the provision of interpreting services by mainstream voluntary agencies. An earlier study on asylum-seekers in Scotland had highlighted difficulties in interpreting services, and the recommendations from this study for continued improvement in this service, and for interpreting availability to be addressed through improved planning and resourcing are also relevant in this context (Barclay et al, 2003). New research on a basic service specification on housing support and services commissioned by the Scottish Executive will no doubt play a useful role in informing future efforts to support the integration of refugees.

7.82 At the seminar, it was also suggested that there was a strong need for Communities Scotland to encourage a wide range of RSLs to demonstrate their commitment to promoting racial equality by taking on the management of a small number of houses in areas in which refugees and other BME households might wish to move. It was also observed that there was a need for Communities Scotland to support the development of Black and Minority Ethnic led RSLs as a means of widening access to affordable housing in safe areas by BME communities.

Recommendations

7.83 As part of its regulatory role in promoting racial equality, Communities Scotland needs to encourage RSLs:

- To prioritise the needs of refugees in the allocations process
- To consider the management of houses for refugees in perceived safe areas
- To support the development of black and minority-led RSLs as a means of widening access to affordable housing

7.84 Glasgow City Council needs to address continuing shortfalls in the provision of homelessness services for refugees to enable them to access services, gain employment and sustain tenancies, including the provision of current and accurate information

7.85 Mainstream voluntary (housing and generic) organisations need to increase the cultural sensitivity of their provision through the use of interpreters, where appropriate

Strategic issues relating to the position of BME women escaping domestic abuse

7.86 The findings of the study suggest that there is a shortage of appropriate refuge space for BME women escaping from domestic abuse. Given the acknowledged need for separate and specific services for BME women, ethnic monitoring by a range of relevant agencies is required to provide information which can be used as a basis for addressing the shortfall. In view of the lack of informal support available to BME women, there is a clear need to accord due priority to their needs within national and strategic frameworks which aim to counter domestic abuse more generally. There is also a need for mainstream Zero Tolerance initiatives to include BME communities in national and local publicity.
campaigns. Further, efforts to reform immigration legislation relating to the ‘two year rule’ and the ‘no recourse to public funds’ stipulation should be strengthened.

**Recommendations**

7.87 There is a need for the Scottish Executive, local authorities and other funding bodies to ensure adequate resourcing of refuge space for BME women escaping from domestic abuse.

7.89 The Scottish Executive and local authorities need to more explicitly include women from BME communities in national and local zero tolerance initiatives.

7.90 The Home Office needs to progress efforts to reform immigration legislation relating to the ‘two year rule’ and the ‘no recourse to public funds’ stipulation.

**SUMMARY OF RECOMMENDATIONS**

**The Scottish Executive** needs to consider publicising the importance of promoting racial equality in homelessness strategies, policies and service delivery by supplementing the Code of Guidance on Homelessness, with good practice guidance.

**The Scottish Executive and local authorities** need to:

- Ensure that BME agencies are adequately recognised and resourced for their work in enabling people from BME communities to access and use housing and homelessness services.

- Consider the need for targeted funding to support agencies in extending the coverage of outreach work to serve those groups which are currently not accessing services.

- More explicitly include women from BME communities in national and local zero tolerance initiatives.

**The Scottish Executive, local authorities and other funding bodies** need to ensure adequate resourcing of refuge space for BME women escaping from domestic abuse.

**The Scottish Executive and Communities Scotland** need to:

- Explicitly recognise the potential for hidden homelessness among Gypsies/Travellers living in housing in future policy documents and to develop appropriate strategies to address this form of homelessness.

- Continue to progress efforts related to the implementation of the recommendations arising from the parliamentary inquiry into the position of Gypsies/Travellers.

- Continue with efforts to achieve parity between the conditions and costs of renting a pitch and those applied to renting a council house, including renewed consideration of the rights of Gypsies/Travellers in terms of housing legislation and the development of further good practice guidance in developing tenancy agreements.
• Consider means of supporting and encouraging local authorities to set up mechanisms for collecting ethnicity data relating to Gypsies/Travellers as part of their homelessness monitoring mechanisms.

The Scottish Executive, Communities Scotland (as part of its regulatory role) and the Commission for Racial Equality need to develop and disseminate guidance to housing organisations in:

• Establishing ethnic monitoring systems (including recommended classification frameworks) and

• Interpreting and using the data, as well as considering means of supporting participants in this process.

As part of its regulatory role in promoting racial equality, Communities Scotland needs to:

• Consider how it can ensure compliance with the Race Relations (Amendment) Act, including through the identification of clear organisational responsibility within itself and housing organisations it works with.

• Encourage RSLs to:
  • Prioritise the needs of refugees in the allocations process
  • Consider the management of houses for refugees in perceived safe areas
  • Support the development of black and minority-led RSLs as a means of widening access to affordable housing

In overseeing the development of local housing strategies, there is a need for Communities Scotland to:

• Ensure that the Homepoints standards for training gives adequate prominence to racial equality in promoting access to housing

• Encourage local authorities to ensure that appropriate training is made available to all levels of staff as well as to the mainstream voluntary organisations (housing and generic) they have contractual arrangements with

Local authorities need to ensure that:

• The local housing strategy and responses to homelessness is informed by accurate need assessment, consultation and research with BME communities

• Information about homelessness services, housing options and rights (including information about appeals and grievance procedures) is made accessible to people from BME communities

• Allocation policies give sufficient weight to hidden homelessness in BME communities and acknowledge that fear of racial harassment is a major deterrent to
living in certain areas

- Appropriate policies and procedures are in place for allocating pitches across Gypsy/Traveller sites in their area
- Staff are adequately trained and supported in communicating with BME people at all stages of the allocations process
- Policies and procedures for tackling racial harassment, including that directed to Gypsies/Travellers, are effective
- Good management practices on anti-social behaviour are used consistently across tenants of housing and sites, using the same standards as used in housing generally
- The criteria of local connection does not disadvantage BME communities, including Gypsies/Travellers
- The potential for encouraging voluntary organisations to ethnically monitor their service provision through service level agreements is considered

**Local authorities and RSLs need to:**

- Consider the positive use of allocation policies to prevent homelessness among vulnerable BME communities, including refugees
- Ethnically monitor and review critical aspects of the allocations process and plan appropriate action
- Consider the sensitivity of the policies and procedures relating to common housing registers to the needs of BME communities and the need for appropriate guidance for service providers
- Consider the potential for choice-based lettings to facilitate greater participation from BME groups historically under-represented in social housing, and to generate more transparent outcomes

**Local authorities, other mainstream service providers and BME agencies** need to:

- Establish appropriate protocols to facilitate effective multi-agency working, including the setting up of effective referral mechanisms
- Ethnically monitor referrals from and to other agencies

**Mainstream organisations (housing and generic)** need to increase the accessibility of their services by:

- Conducting outreach work in appropriate areas and publicising their services through a variety of appropriate channels
- Working with BME agencies to increase the relevance of their services to BME communities
• Providing clear information about the nature and purposes of the services

• Ensuring that the public face of the organisation reflects its intention to make its services accessible to all sections of the population

**Mainstream voluntary (housing and generic) organisations** need to increase the cultural sensitivity of their provision through the use of interpreters, where appropriate.

**Mainstream and BME (generic and housing) agencies** need to establish appropriate ethnic monitoring systems, review ethnically disaggregated data at regular intervals and plan appropriate action.

**The Home Office** needs to progress efforts to reform immigration legislation relating to the ‘two year rule’ and the ‘no recourse to public funds’ stipulation.

**The Charities Commission and the Care Commission** need to consider the potential for influencing mainstream (housing and generic) voluntary organisations into providing appropriate training for staff.

There is a need for the **General Register Office** to consider the inclusion of Gypsies/Travellers as an ethnic category.

**Glasgow City Council** needs to address continuing shortfalls in the provision of homelessness services for refugees to enable them to access services, gain employment and sustain tenancies, including the provision of current and accurate information.
REFERENCES


Communities Scotland (2002) *Services for Gypsies/Travellers*, Thematic regulation studies 2002, Communities Scotland

Dalton and Hampton (1994) *Scotland’s ethnic minority 1991 A Census Summary* Scottish Ethnic Minorities Research Unit Fact Sheet Number 1, Glasgow Caledonian University


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MacEwen, M, Dalton, M and Murie A (1994) *Race and Housing in Scotland: A Literature Review and Bibliography*, Scottish Ethnic Minorities Research Unit/School of Planning and Housing, Edinburgh College of Art/Heriot Watt University


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ANNEX 1: SUPPLEMENTARY TABLES FOR CHAPTER 3

Table 1: Client group by BME agency type

<table>
<thead>
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<th>Client group</th>
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</tr>
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Table 2a: BME Staff by Agency Type (in numbers)

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<thead>
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<th>% BME Staff</th>
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<th>Total</th>
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Table 2b: BME Staff by Agency Type (in percentages)

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<th>% BME Staff</th>
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<th>Total</th>
</tr>
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<tr>
<td>70 - 90%</td>
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<tr>
<td>50 - 69 %</td>
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</tr>
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Table 3a: Service areas of primary concern by agency type (in numbers)

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<th>Generic Agencies</th>
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<td>BME Mainstream</td>
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<td>Employment</td>
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<td>Health</td>
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<td>Education</td>
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Table 3b: Service areas of primary concern by agency type (in percentages)

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<tr>
<th>Service areas</th>
<th>% of Agencies</th>
<th>H &amp; H Agencies</th>
<th></th>
<th>Generic Agencies</th>
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</thead>
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<tr>
<td></td>
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<td>Mainstream</td>
<td>BME</td>
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<td>100</td>
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<td>Health</td>
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Table 4a: Specialist provision for service users from BME communities by agency type (in numbers)

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<thead>
<tr>
<th>Provision</th>
<th>Housing &amp; Homelessness</th>
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<th>Total</th>
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<td>BME</td>
<td>Mainstream</td>
<td>BME</td>
</tr>
<tr>
<td>Advice Sessions</td>
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</tr>
<tr>
<td>Outreach Work</td>
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<td>5</td>
</tr>
<tr>
<td>Support Groups</td>
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<td>Other</td>
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Table 4b: Specialist provision for service users from BME communities by agency type (in percentages)

<table>
<thead>
<tr>
<th>Provision</th>
<th>Housing &amp; Homelessness</th>
<th>Generic</th>
<th>Total</th>
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<tr>
<td></td>
<td>BME  %</td>
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<td>BME  %</td>
</tr>
<tr>
<td>Advice Sessions</td>
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</tr>
<tr>
<td>Outreach Work</td>
<td>9</td>
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<td>Support Groups</td>
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<td>Other</td>
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<td>39</td>
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### Table 5a: Type of service provided by agency type (in numbers)

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<th>Type of service provided</th>
<th>Type of agency</th>
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<th>All</th>
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<td></td>
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<td>BME</td>
<td>Mainstream</td>
<td>BME</td>
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<td>Temporary accommodation (as a landlord)</td>
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<td>Advice on welfare benefits</td>
<td></td>
<td>9</td>
<td>112</td>
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</tr>
<tr>
<td>Advice on finding housing accommodation</td>
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<td>11</td>
<td>122</td>
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<td>Advice on tenancy rights</td>
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<td>107</td>
<td>17</td>
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<td>96</td>
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</tr>
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<td>Advice on other legal matters</td>
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<td>Advocacy services</td>
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<td>Drop in services</td>
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<td>17</td>
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### Table 5b: Type of service provided by agency type (in percentages)

<table>
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<th>Type of service provided</th>
<th>Type of agency</th>
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<th>All</th>
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<td></td>
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<td>Mainstream</td>
<td>BME</td>
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<td>Advice on finding housing accommodation</td>
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<td>Advice on tenancy rights</td>
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<td>Advice on other legal matters</td>
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<td>Translation services</td>
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<td>Family mediation</td>
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<td>Drop in services</td>
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Table 6 Presence of ethnic monitoring systems by category of agency

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<td>%</td>
<td>Yes Number</td>
<td>%</td>
<td>Yes Number</td>
<td>%</td>
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<td>7</td>
<td>13</td>
<td>46</td>
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<tr>
<td>Generic – Mainstream</td>
<td>34</td>
<td>32</td>
<td>22</td>
<td>21</td>
<td>50</td>
<td>47</td>
</tr>
<tr>
<td>Total</td>
<td>142</td>
<td>51</td>
<td>39</td>
<td>14</td>
<td>98</td>
<td>35</td>
</tr>
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</table>

Table 7: Service provided by users from BME communities

<table>
<thead>
<tr>
<th>Service provided by agency</th>
<th>Approx % of service users from BME communities reported by agencies</th>
<th>Total</th>
<th>No of agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>&lt;1% of service users</td>
<td>1-5% of service users</td>
<td>6-50% of service users</td>
</tr>
<tr>
<td>Permanent accommodation (as a landlord)</td>
<td>69</td>
<td>18</td>
<td>5</td>
</tr>
<tr>
<td>Temporary accommodation (as a landlord)</td>
<td>63</td>
<td>24</td>
<td>10</td>
</tr>
<tr>
<td>Supported accommodation (as a landlord)</td>
<td>62</td>
<td>22</td>
<td>9</td>
</tr>
<tr>
<td>Advice on welfare benefits</td>
<td>55</td>
<td>24</td>
<td>9</td>
</tr>
<tr>
<td>Advice on finding housing accommodation</td>
<td>59</td>
<td>21</td>
<td>8</td>
</tr>
<tr>
<td>Advice on tenancy rights</td>
<td>64</td>
<td>20</td>
<td>8</td>
</tr>
<tr>
<td>Advice on access to health</td>
<td>58</td>
<td>18</td>
<td>12</td>
</tr>
<tr>
<td>Advice on access to employment</td>
<td>60</td>
<td>16</td>
<td>14</td>
</tr>
<tr>
<td>Advice on other legal matters</td>
<td>65</td>
<td>18</td>
<td>10</td>
</tr>
<tr>
<td>Translation services</td>
<td>50</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td>Drug counseling</td>
<td>74</td>
<td>15</td>
<td>3</td>
</tr>
<tr>
<td>Family mediation</td>
<td>56</td>
<td>22</td>
<td>6</td>
</tr>
<tr>
<td>Advocacy services</td>
<td>59</td>
<td>17</td>
<td>12</td>
</tr>
<tr>
<td>Drop in services</td>
<td>54</td>
<td>18</td>
<td>9</td>
</tr>
<tr>
<td>Rent deposit scheme</td>
<td>79</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>Other</td>
<td>57</td>
<td>30</td>
<td>4</td>
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</table>
Table 8: Service provided by users from Gypsy/Traveller Community

<table>
<thead>
<tr>
<th>Services Provided by agencies</th>
<th>Approx % of service users from Gypsy/Traveller community</th>
<th>No of agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>&lt;1%</td>
<td>1-5%</td>
</tr>
<tr>
<td>Permanent accommodation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(as a landlord)</td>
<td>90</td>
<td>7</td>
</tr>
<tr>
<td>Temporary accommodation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(as a landlord)</td>
<td>92</td>
<td>8</td>
</tr>
<tr>
<td>Supported accommodation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(as a landlord)</td>
<td>93</td>
<td>7</td>
</tr>
<tr>
<td>Advice on welfare benefits</td>
<td>86</td>
<td>11</td>
</tr>
<tr>
<td>Advice on finding housing</td>
<td>88</td>
<td>9</td>
</tr>
<tr>
<td>accommodation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advice on tenancy rights</td>
<td>88</td>
<td>10</td>
</tr>
<tr>
<td>Advice on access to health</td>
<td>84</td>
<td>12</td>
</tr>
<tr>
<td>Advice on access to</td>
<td>87</td>
<td>10</td>
</tr>
<tr>
<td>employment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advice on other legal</td>
<td>88</td>
<td>8</td>
</tr>
<tr>
<td>matters</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Translation services</td>
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<td>0</td>
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<td>Drug counseling</td>
<td>83</td>
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<td>Family mediation</td>
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<td>13</td>
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<tr>
<td>Advocacy services</td>
<td>81</td>
<td>14</td>
</tr>
<tr>
<td>Drop in services</td>
<td>83</td>
<td>10</td>
</tr>
<tr>
<td>Rent deposit scheme</td>
<td>91</td>
<td>5</td>
</tr>
<tr>
<td>Other</td>
<td>88</td>
<td>13</td>
</tr>
</tbody>
</table>

Table 9: Source of BME Referrals by Agency Type

<table>
<thead>
<tr>
<th>Source of referrals from…</th>
<th>Housing and Homelessness</th>
<th>Generic</th>
<th>Number receiving referrals from the same source</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BME</td>
<td>Mainstream</td>
<td>BME</td>
</tr>
<tr>
<td></td>
<td>Percentage of agencies of each type receiving referrals from each type of referral agency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Work</td>
<td>79</td>
<td>47</td>
<td>63</td>
</tr>
<tr>
<td>Housing Officer</td>
<td>64</td>
<td>39</td>
<td>43</td>
</tr>
<tr>
<td>Health Visitor</td>
<td>36</td>
<td>26</td>
<td>57</td>
</tr>
<tr>
<td>CAB</td>
<td>36</td>
<td>17</td>
<td>10</td>
</tr>
<tr>
<td>Other</td>
<td>64</td>
<td>27</td>
<td>30</td>
</tr>
<tr>
<td>OAA*</td>
<td>50</td>
<td>34</td>
<td>53</td>
</tr>
</tbody>
</table>

* Other Advice Agencies
Table 10: Source of Gypsy/Traveller referrals by agency type

<table>
<thead>
<tr>
<th>Source of referrals from…</th>
<th>Housing and Homelessness</th>
<th>Generic</th>
<th>Number receiving referrals from the same source</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BME</td>
<td>Mainstream</td>
<td>BME</td>
</tr>
<tr>
<td>Social Work</td>
<td>14</td>
<td>26</td>
<td>20</td>
</tr>
<tr>
<td>Housing Officer</td>
<td>14</td>
<td>25</td>
<td>10</td>
</tr>
<tr>
<td>Health Visitor</td>
<td>14</td>
<td>15</td>
<td>17</td>
</tr>
<tr>
<td>CAB</td>
<td>1</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>10</td>
<td>7</td>
</tr>
<tr>
<td>OAA*</td>
<td>1</td>
<td>17</td>
<td>7</td>
</tr>
</tbody>
</table>

* Other Advice Agencies

Table 11: Percentage of Agencies that refer BME Households to other Agencies

<table>
<thead>
<tr>
<th>Agencies refer BME households</th>
<th>Housing &amp; Homelessness</th>
<th>Generic</th>
<th>Number of Agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BME</td>
<td>Mstream</td>
<td>BME</td>
</tr>
<tr>
<td>BME households</td>
<td>71</td>
<td>55</td>
<td>83</td>
</tr>
<tr>
<td>Gypsy/Traveller households</td>
<td>29</td>
<td>33</td>
<td>28</td>
</tr>
</tbody>
</table>

Table 12: Ranking of BME referrals to other agencies by all agencies (in percentages)

<table>
<thead>
<tr>
<th>Rank</th>
<th>Number of Agencies Ranked</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Most Common</td>
<td>193</td>
</tr>
<tr>
<td>2nd Most Common</td>
<td>110</td>
</tr>
<tr>
<td>3rd Most Common</td>
<td>81</td>
</tr>
<tr>
<td>4th Most Common</td>
<td>43</td>
</tr>
<tr>
<td>Least Common</td>
<td>27</td>
</tr>
<tr>
<td>Equal Rank</td>
<td>69</td>
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</table>
## ANNEX 2: SUPPLEMENTARY TABLES FOR CHAPTER 6

### Table A1 – Homeless Applications, 2002/03: Ethnic Breakdown

<table>
<thead>
<tr>
<th>LA</th>
<th>White</th>
<th>Indian</th>
<th>Pakistani/Bangladeshi etc</th>
<th>Chinese</th>
<th>Black</th>
<th>Other (non-white)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aberdeen</td>
<td>991</td>
<td>4</td>
<td>9</td>
<td>15</td>
<td>1,019</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aberdeenshire</td>
<td>928</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>932</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Angus</td>
<td>864</td>
<td>1</td>
<td>3</td>
<td>868</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Argyll &amp; Bute</td>
<td>414</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>420</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clackmannshire</td>
<td>712</td>
<td>1</td>
<td>1</td>
<td>715</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dumfries &amp; Galloway</td>
<td>1,199</td>
<td>1</td>
<td>6</td>
<td>1</td>
<td>1,207</td>
<td></td>
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<tr>
<td>Dundee</td>
<td>460</td>
<td>8</td>
<td>1</td>
<td>1</td>
<td>470</td>
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<tr>
<td>East Ayrshire</td>
<td>708</td>
<td>1</td>
<td>2</td>
<td>711</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>East Dunbartonshire</td>
<td>363</td>
<td>10</td>
<td>1</td>
<td>375</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>East Lothian</td>
<td>687</td>
<td>3</td>
<td>2</td>
<td>693</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>East Renfrewshire</td>
<td>280</td>
<td>4</td>
<td>7</td>
<td>1</td>
<td>293</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Edinburgh, City of</td>
<td>3,617</td>
<td>16</td>
<td>77</td>
<td>83</td>
<td>3,884</td>
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<td></td>
</tr>
<tr>
<td>Eilean Siar</td>
<td>122</td>
<td></td>
<td></td>
<td></td>
<td>122</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Falkirk</td>
<td>1,080</td>
<td>2</td>
<td>6</td>
<td>1</td>
<td>4</td>
<td>2</td>
<td>1,095</td>
</tr>
<tr>
<td>Fife</td>
<td>3,311</td>
<td>3</td>
<td>11</td>
<td>2</td>
<td>3,345</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Glasgow</td>
<td>8,003</td>
<td>73</td>
<td>55</td>
<td>36</td>
<td>193</td>
<td>8,364</td>
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<tr>
<td>Highland</td>
<td>872</td>
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<td>2</td>
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<td></td>
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<tr>
<td>Inverclyde</td>
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<tr>
<td>Midlothian</td>
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<td></td>
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<td>291</td>
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<tr>
<td>Moray</td>
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<td>283</td>
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<tr>
<td>North Ayrshire</td>
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<td>1</td>
<td>1,272</td>
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<tr>
<td>North Lanarkshire</td>
<td>1,785</td>
<td>1</td>
<td>12</td>
<td>1,813</td>
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<tr>
<td>Orkney</td>
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<td></td>
<td></td>
<td>136</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Perth &amp; Kinross</td>
<td>834</td>
<td>3</td>
<td>2</td>
<td>845</td>
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<td></td>
<td></td>
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<td>Renfrewshire</td>
<td>807</td>
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<td>1</td>
<td>816</td>
<td></td>
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<td>Scottish Borders</td>
<td>489</td>
<td></td>
<td>3</td>
<td>492</td>
<td></td>
<td></td>
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<td>3</td>
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<td>936</td>
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<td>Stirling</td>
<td>813</td>
<td>5</td>
<td>2</td>
<td>829</td>
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<td>West Dunbartonshire</td>
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<td>3</td>
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<td>923</td>
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<td>West Lothian</td>
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<td>1,497</td>
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<tr>
<td><strong>Scotland</strong></td>
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<td>203</td>
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<td>353</td>
<td>36,898</td>
<td></td>
</tr>
</tbody>
</table>

Note: 1. ‘White’ includes White Scottish (33,937 in Scotland), White Other British (1,572), White Irish (189) and White Other (304). ‘Other’ includes Mixed (41) and Other – Non-white (312). 2. Table excludes households whose ethnic origin was not known or who refused to respond to this question.
ANNEX 3: COMMISSION FOR RACIAL EQUALITY’S GOOD PRACTICE GUIDELINES

The Commission for Racial Equality’s good practice expectations of housing organisations derive from its (1991) *Code of Practice in Rented Housing*. These are:

1. Organisations, irrespective of size and location, should adopt a formal racial equality policy. A senior officer should be responsible for the policy and its implementation.

2. The policy should cover all areas of activity and should include an action plan of work to ensure equality of treatment. Targets should be set for all services.

3. The policy should be publicly available and its terms should be familiar to all within the organisation and its partners and contractors; training should be provided.

4. Organisations should collect and monitor information about ethnic origin in a classification that facilitates comparison with Census data.

5. Ethnic monitoring should cover:
   - job applicants and employees;
   - housing applicants, and organisations should consider how to find the information for current tenants;
   - acceptances and rejections of housing applicants;
   - all other waiting lists;
   - council nominees to housing associations and other registered social landlords (successful and unsuccessful);
   - transfer requests;
   - offers to applicants, the quality of house(s) offered, refusals and reasons for refusal;
   - waiting times for all offers;
   - the quality of applicants’ existing accommodation;
   - requests for repairs and time taken to respond.

Ethnic records should be kept confidential

6. Organisations should set racial equality targets for jobs and housing allocations.

7. Organisations should keep employment and housing allocations practices and procedures under regular review.

8. A commitment should be made to act against racial harassment.

9. Minority ethnic groups should be consulted on the kind of housing they need and on the services provided by the organisation.

10. Organisations should make sure that contractors comply with their equality policy and ensure equal opportunities in their own operations.

11. Organisations should undertake to review the policy annually.

12. Organisations should publish information on their performance on racial Relations Act.

13. Organisations should commit to using the positive action provisions of the Race

14. Organisations should have clear, written allocation policies and procedures based on the commitment to allocate housing according to need.

15. Organisations should maintain an open waiting list, if possible. They might consider operating a common waiting list with other local housing providers.

16. Organisations should review allocation policies and procedures to make sure that they do not directly or indirectly discriminate against ethnic minority applicants.

17. Organisations should provide, and monitor, training for all staff involved at any stage of the allocations process, to ensure that they are following the policy.
Organisations should produce information about the allocation policy, in translation if necessary, and see that potential applicants do not only hear about the landlord's housing by word of mouth.

Organisations should make sure that home visits and other procedures are not used to make subjective judgements about the lifestyle, domestic standards, culture or 'suitability' of applicants.

Organisations should develop a clear appeals procedure, and see that all applicants and staff know about it.

Organisations should make sure that racial harassment is included in the assessment procedure, and that the housing needs of any tenant suffering from racial harassment are properly addressed.

Organisations should give applicants as much information as possible about the choices they have, including the offer and refusal system.

Dealings between local authorities, housing associations (and other providers) should:

- Agree written procedures for handling nominations
- Establish common ethnic monitoring procedures
- Monitor by ethnic origin: all nominations received, the quality of properties offered, and acceptances and refusals of offers of housing. The data should also be analysed by applicants' housing needs (as measured by their access channels and the size of property they require).
- Ensure regular two-way reporting between the association and local authorities on the results of their respective monitoring exercises. Action to deal with any disadvantages revealed by the monitoring should be agreed with the nominating authority.
- See that local authorities receive regular, up-to-date information on the types of properties available for letting, and the areas they are in.

All organisations should meet basic standards in the area of employment. The CRE's Race Relations Code of Practice in Employment sets out basic recommendations on employment policy and practice. It is however noted that smaller associations, especially in areas where there are not many ethnic minority residents, may not need to follow all the recommendations of the Code in detail, but they should see that their practices are consistent with the spirit of the Code.

Organisations should adopt a written equal employment opportunity policy.

Organisations should appoint someone at senior level with responsibility for implementing the policy.

Organisations should consult and inform employees, their trade unions and representatives about the policy and its implementation.

Organisations should provide training and guidance for managers and employees on the policy.

Organisations should agree disciplinary and grievance procedures for complaints of racial harassment and discrimination.

Organisations should review employment practices, and make sure they are not potentially discriminatory.

Organisations should analyse the workforce and all job applicants, including applicants for promotion, according to ethnic origin, sex, grade, and location at least once a year.

Organisations should take positive action to encourage or train ethnic minority job seekers.
Organisations should review progress once a year, and present a report to the management committee. The review should describe the year's achievements and problems, and recommend ways of dealing with these, for example, by setting targets, or through outreach measures to attract ethnic minority applicants, or special training.

Organisations should adopt a formal racial harassment policy that commits them to give support to victims and take action against perpetrators. The policy should contain the following elements:

- A clear definition of racial harassment.
- A 'no racial harassment' clause in tenancy agreements.
- Adoption of a formal procedure to investigate incidents. This should include taking the victim's wishes fully into account when considering action and giving the investigation of incidents high priority.
- Training of staff on the policy, and appointment of an officer (or officers) to investigate incidents.
- Keeping records of all incidents, and presenting regular reports to management committees.
- A clear commitment to take action against perpetrators, including legal proceedings seeking injunctions or orders for possession when necessary.
- Reporting incidents of racial harassment to the police and the local authority, if appropriate.
- Participation in any local racial harassment multi-agency forum.
- A commitment to publicise the policy as widely as possible.
- Regular reviews of the policy and how it is working.

Organisations should also be able to demonstrate how ethnic minority housing needs in their areas have been taken into account in their development strategies when considering:

- Types of property
- Location
- Design, including security.

Organisations should consider developing special projects to meet the housing needs of ethnic minority households. They should also encourage the development of ethnic minority-led housing associations. They could do this by devolving responsibility for housing management to ethnic minority groups interested in developing their own housing associations, and once these are registered as independent bodies, consider transferring stock to them.

- Before accepting contractors, consultants, or suppliers on to any approved list, housing organisations should insist that all firms with more than 20 employees:
  - Have their own written equal opportunities policy based on the Race Relations, Sex Discrimination, and Disability Codes of Practice.
  - Supply information on the ethnic origin and sex of the owners and directors of the business.
  - Supply information on their direct employees, sub-contractors and self-employed operators, by ethnic origin, sex, and job title or trade.
  - Set targets for recruitment if the proportions of ethnic minority and women employees or subcontractors are small compared with their representation in the local population, and provide evidence of efforts to attract such groups to apply for work, training or subcontracts.
• Take disciplinary action over racial harassment or discrimination at work.
• Give details of any finding of racial or sexual discrimination to the CRE or the Equal Opportunities Commission (EOC).

37. Contractors and consultants already on the approved list should be required to comply with the conditions set out above for new contractors if they want to remain on the list. Small contractors (with less than 20 direct employees) who want to remain on, or be accepted on to, an approved list for possible work, should be required to sign an undertaking that they will comply with the Codes of Practice on race and equal opportunities as well as accept advice from the organisation about the recruitment or training of ethnic minority and women employees and subcontractors.

39. Organisations should have an equal opportunity training strategy that covers all employees and management committee members. Racial equality issues should always be considered in general training courses such as induction training and courses on recruitment and selection, as well as through special courses on subjects such as racial harassment.

41. Organisations should consider providing racial equality training for other organisations that they have a lot of contact with, for example, tenants' associations and contractors.

43. Committees should:
• Ensure that there are no hidden barriers to ethnic minority participation. They should have written guidelines and criteria for membership, and see that appointments to committees are widely publicised.
• Review the structure of the committee every year and make sure it reflects the ethnic composition of the local community;
• Consider setting targets for committee membership, so that it is representative of the areas in which the association operates.
• Encourage people from ethnic minorities, including tenants, to stand for election to the committee, or (for HAs and other RSLs) co-opt them to the committee if certain ethnic groups are inadequately represented.
• Receive training on the organisation equal opportunity policies and procedures and on fair recruitment and selection.
• Ensure that the organisation does not discriminate in its employment practices and housing services. In particular, the committee should see that all major aspects of the organisation’s activities are monitored by ethnic origin, and that they get regular reports on the findings.
• Take account of the needs of the different ethnic communities in the area when deciding on development schemes.

These standards are required of all committees regardless of the size of the organisation and its holdings.
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