The research was commissioned by the Scottish Executive to examine the use and provision of homelessness services in Scotland by Black and Minority Ethnic communities in Scotland.

Main findings

- The incidence of recorded homelessness in BME communities is significantly higher than across the population as a whole. Additionally, the existence of hidden homelessness on an appreciable scale is suggested by evidence of over-representation in overcrowded and Below Tolerable Standard housing.

- Common housing problems include difficulties in obtaining information about housing options and rights due to language differences, literacy issues, lack of familiarity with the system and institutional discrimination. Unaffordability of mortgages and accommodation in the private rented sector also constrain choice.

- Considerable diversity exists in the circumstances of BME people affected by homelessness. Refugees, Gypsies/Travellers and BME women escaping domestic abuse are particularly vulnerable to homelessness and have specific needs.

- Apart from the provision of accommodation, informal sources of support from family and friends tend to be limited. BME people affected by homelessness tend to rely on a limited number of organisations or individuals who provide services targeted to these groups.

- There are large geographical areas across Scotland in which little or no specialist provision is available to BME communities.

- Measures identified to reduce homelessness in BME communities include: increased access to high quality housing advice and information; greater publicity about possible sources of support and increased recognition of hidden homelessness and the particular accommodation needs of BME communities in the allocations process.

- Mainstream agencies (local authorities and voluntary agencies) need to work much harder than BME agencies to increase the relevance of their services to BME communities. 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.
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 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 vulnerable groups such as refugees, Gypsies/Travellers and BME women escaping domestic abuse.

Methods

The study involved a range of qualitative and quantitative methods. The former included interviews with BME people and a wide range of mainstream and BME agencies which provided homelessness services. Local authorities’ perspectives and experiences were also elicited through a focus group discussion and interviews with selected local authorities. Quantitative methods included the analysis of a postal questionnaire which was extensively circulated to all identified agencies providing homelessness services in Scotland. Local authority monitoring data collated by the Scottish Executive was also examined.

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

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.

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 call 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, including local authorities, 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.
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