

Literature review: UK veterans and homelessness



Executive Summary

There is quite a significant body of research on the subject of homelessness as experienced by veterans of the UK Armed Forces. This provides for a good understanding of both the size of the problem and the experiences of those involved.

The proportion of veterans among London's single homeless population is estimated to have fallen from above 20% in the mid to late 1990s, down to 6% in 2008. In terms of the number of veterans, this is a reduction from an estimate of between 3,000 and 4,000 down to approximately 1,100. This has been attributed to a combination of reduced output from the Armed Forces, improved Ministry of Defence (MoD) resettlement provision and better intervention from ex-Service charities.

The characteristics, profile and experiences of homeless veterans are largely the same as those of the wider homelessness population, although there are some notable differences. Homeless veterans have been found on average to be older, have slept rough for longer, be less likely to use drugs and more likely to have alcohol-related problems. Post Traumatic Stress Disorder (PTSD) has been found among a small number of homeless veterans although other non-military related mental health problems were more common.

There is little evidence to support the notion that military life, or institutionalisation, is a cause of veterans' homelessness. There is some evidence that, for a minority, military life, through factors such as trauma of combat, mobility of the job or the drinking culture, had reduced their ability to cope post-Service.

In some cases, military life had suspended the impact of pre-existing vulnerabilities and these had resurfaced post-discharge. However, in the main, homelessness had occurred some time after Service. In common with the wider homeless population, a variety of factors and events had influenced and preceded homelessness.

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Homelessness among veterans has been a controversial issue since the Napoleonic Wars. Today, the media reports on veterans of more recent conflicts in Afghanistan and Iraq, who find themselves without a roof continue. There has been a feeling that veterans are particularly vulnerable to homelessness and are overrepresented amongst the ranks of those sleeping rough or residing in hostels. A number of researchers have examined whether either of these assumptions are indeed correct, if so why, and what can be done to address the issue. This document aims to give a brief review of these studies to inform the Legion's service and strategy development in regard to homelessness amongst our beneficiary group.

Previous research has concentrated largely on single men that were previously, or still, sleeping rough or occupying hostel accommodation. There has been little or no focus on veterans with dependants who find themselves homeless. This is perhaps because statutory homelessness assistance is easier to access for households with children. This review will therefore concentrate exclusively on single homeless veterans.

Numbers on the streets

In general, the available research on the subject has been small scale with small sample sizes, and largely focused on the situation in London. Dandeker et al's work did pilot a nationwide study of the subject area which was not implemented. A common approach has been to attempt to quantify the presence of veterans on the streets. The first attempt to do this was undertaken by Randell and Brown, for Crisis in 1994, who estimated that approximately one quarter of all single homeless people had served in the UK Armed Forces. To come to this finding the research drew upon existing government data on single homelessness and in-depth interviews with homeless veterans and homelessness service providers. The finding, that veterans' presence amongst the homeless was hugely disproportionate, was disputed at

the time by both academics and homelessness professionals.

Publication of this significant finding was at least partly responsible for a number of military welfare groups setting up the Ex-Service Action Group (ESAG). ESAG commissioned their own research, conducted by Gunner and Knott, in 1997. They estimated that 22% of London's homeless population had a Service history, backing up Randell and Brown's disputed figures. While they did not survey every hostel or area of London, they extrapolated their figures to estimate that 3,000-4,000 veterans were homeless in London each night.

ESAG revisited the issue in 2008 commissioning Johnson et al of the University of York to take a fresh look at the numbers in London's hostels and on its streets. This

research estimated that the veteran presence among London's single homeless population had fallen to 6% or approximately 1,100 individuals. They attributed this reduction to a number of factors including a reduced output from the Armed Forces, better resettlement provision by MoD and improved intervention from ex-Service charities.

Evidence of the size of the problem outside of London is limited. Glasgow Homelessness Partnership surveyed the local single homeless population and found 12% reported having previously served in the Armed Forces.

The National Audit Office, in a 2007 assessment of the effectiveness of the MoD resettlement service, surveyed all those that left Service in 2005 and 2006. Just less than 5% of respondents, mainly young and of junior rank, reported that they had been homeless at some point since leaving the Services. The majority had experienced this for between one and six months. If this is extrapolated across the full 24,000 Service Leavers for the current period, an estimated 1,200 may experience homelessness soon after leaving. Unfortunately the survey doesn't specify a definition of homelessness so the incidents of homelessness could have encompassed anything from staying with friends on a temporary basis to rough sleeping.



Profile

Research studies have explored in greater detail the characteristics, profiles and experiences of homeless veterans. Some noticeable differences with the general homeless population have been highlighted; however, the similarities are more evident.

With regards to age, Randell and Brown, and later Gunner and Knott, found that homeless veterans are older on average than the general homeless population. Johnson et al's work quoted evidence from two services assisting rough sleepers in London that backed this up: 44% of veteran clients of CHAIN, a hostel referral service, were aged 50 or older compared with only 18% of all their clients. As part of their research, Johnson et al performed a 12 month longitudinal study of homeless veterans, with the average age of participants being 52 years of age. Indeed, only 22% of participants in this study were aged under 45.

The homeless veteran population has been reported as 100% male and predominantly white (Johnson et al, Rhodes, Randall and Brown). As the military is 90% male and predominately white itself, these findings are perhaps not surprising.

The clear majority of veterans experiencing homelessness, in all studies, served in the Army rather than the Navy or Royal Air Force (Randell and Brown, Johnson et al, Rhodes). This will at least in part be explained by the fact that the Army's manpower is, and has been, larger than the other two services combined. However, as Johnson et al point out, it may also be attributable to the tendency of the Army to recruit some of its strength from educationally- and socially-disadvantaged backgrounds, which are groups thought to be at a higher risk of homelessness.

In terms of length of service, those taking part in Milroy's study experienced an average of

four and a half years. Johnson et al found an average of between seven and eight. It is often perceived that Early Service Leavers are particularly vulnerable to homelessness, yet only one participant had left before completing basic training, although one in six saw out less than three years. Only a few had served more than 20 years, with one in six having seen out less than three years, half undertaking between three and nine years and a third ten or more years. Among Dandeker's interviewees, approximately 60% had been discharged without completing their contracted period.

Experience of rough sleeping

Homeless veterans were found to be more likely to have slept rough and to have done so for longer (Randell and Brown). Homelessness service providers in Gunner and Knott's work thought this might be because veterans were better at surviving on the streets and were also less likely to engage with support services. Veterans have reported that they considered themselves, through their military experiences and training, better equipped for dealing with street homelessness than others (Higate). Lemos and Durckacz found that homeless veterans considered themselves separate and perhaps a class above their non-veteran homeless peers.

Higate argued, based on his interviews with a number of homeless veterans, against the idea that intense or traumatic experiences during Service were influential in the path to homelessness. Instead, he claimed that these men were looking to replicate the resourceful and masculine persona they held while in Service, being unable to find employment or conventional lifestyles that allowed for this.

Two studies found veterans as a group have a particular reluctance to seek help or advice (Randell and Brown, Gunner and Knott, Lemos and Durckacz). Johnson et al's more recent study found a similar reticence among those they

interviewed but disputed the previous claims that this was a result of stoicism or ex-Service independence. Instead they understood it as being a result of shame, of failure to live up to certain expected societal norms. Some felt that to seek assistance from charitable sources would bring dishonour on their regiment.

Routes to homelessness

Perhaps the most important question when looking for solutions to homelessness amongst veterans is how, or why, do they become homeless. Although Milroy stressed that there is no single route to homelessness but instead many different paths, for him his interviewees split naturally into three groups: social isolation, chemical addiction and institutionalisation. In some cases it appeared on the surface that military service was the cause of homelessness. However, Milroy stressed that as his respondents were on average 47 years of age and had served only 4.5 years different variables and factors outside of military life had been a major influence on the outcome of their lives.

Some overlap can be seen with Lemos and Durckacz's findings on the types of Service leaver. While they found the majority group were well prepared by their military experience for civilian life, two other minority groups



were evident. One group had problems before Service, with the military lifestyle offering no remedy, which simply arose again on or after departure. Johnson et al described military life for these individuals, who made up a quarter of their interviewees, as 'suspended animation'. Lemos and Durkatz's final group were those for whom military life had reduced their ability to cope beyond Service, with factors such as trauma of combat, mobility of the job, separation from family or drinking culture making them more prone to homelessness.

Johnson et al found a quarter of their homeless interviewees reported some negative experiences from their military career including bullying, drinking or a traumatic incidence. The largest group in Johnson et al's study, accounting for a third of interviewees, were those whose homelessness was entirely unrelated to their Service history. They had succeeded in the transition to civilian life and didn't experience homelessness until much later in life. Homelessness was often preceded by a particular difficulty, such as financial crisis, relationship breakdown or bereavement. In this regard they are very similar in experience to the wider homeless population.

The final and smallest group in Johnson et al's study were those who had enjoyed a successful military career but found the transition to civvy street difficult. Maintaining stable employment or a normal family life for example proved troublesome, eventually spiralling into homelessness. There is some correlation here with Dandeker's work that while the vast majority of Service leavers would cope fine, there were a small number of individuals who appeared to be at risk of homelessness in the years following discharge. These people fell into two groups, with the first those being who left the Armed Forces prematurely as a result of failing basic training, or who had received an administrative or medical discharge. In the same study, less than half of homeless veterans reported leaving Service at the end of their contract. The second group were those who, like the smallest group in Johnson et al's work,

served for many years but on discharge found the transition to civilian life difficult.

Overall, there is little support for the popular assumption that many veterans end up on the street directly as a result of their experience in the Armed Forces, although, of the homeless veterans interviewed in Dandeker's work, one quarter did attribute the primary reason for their homelessness as being their discharge from the Armed Forces.

Vulnerabilities

Only a small minority report vulnerabilities and support needs that are unique to a military career, such as Combat-related Post Traumatic Stress Disorder (Johnson et al). Research from the US has reached the same conclusion. Rosenheck & Fontana concluded the reasons that veterans became homeless were multifactorial and broadly the same as that found among the non-veteran homeless population.

It has also been found that homeless veterans' vulnerabilities and support needs, substance abuse, poor physical and mental health, are largely similar in nature to the wider homeless population (Johnson et al). While the types of support needs might be broadly similar, it has been argued that the veterans tend to be more complex (Randell and Brown, Johnson et al). Dandeker reported veterans being more likely to report physical health problems than the general homeless population.



However, homeless veterans were more likely to report alcohol-related problems. A number of research studies have reported links between an Armed Forces drinking culture and the alcohol problems of the homeless veterans (Randell and Brown, Johnson et al, Milroy, Gunner and Knott).

Gunner and Knott, however, found homeless veterans were less likely to have drug abuse issues. CHAIN statistics have backed this up with reporting of lower incidences of drug use among this group, at 24% compared to 34% for all of their homeless clients. This may be in part accounted for by the higher average age of the group and also to the strict penalties for drug misuse in the Armed Forces.

Mental health problems are commonly reported among homeless veterans. Randell and Brown's (1994) participants reported high levels of mental health issues, with 23% having spent time in a psychiatric unit. There has been a popular feeling that PTSD is suffered frequently by veterans who find life difficult. However, while both Johnson et al and Milroy reported the presence of PTSD among their subjects, it was still a minority condition. More commonly, mental health conditions were reported to have developed as a result of childhood or post-Service experiences.



Prevention and assistance

There is a range of information and services available to Service leavers and veterans to assist them with accessing and maintaining suitable accommodation both on discharge and later in life. The purpose of much of the research discussed above, and indeed this review, has been to consider in light of their findings where such provision might be improved.

Many of the older homeless participants in the studies reported that they received no assistance on discharge, for example 72% of Dandeker's interviewees said they received no resettlement package. However, this provision has greatly improved for more recent Service Leavers with wide ranging resettlement packages now provided. However, this is not given to those considered Early Service Leavers (ESLs), for example compulsory discharges, those that fail basic training or fail to complete four years of Service. They instead receive only basic resettlement assistance but are given an increased package if considered 'vulnerable'.

This seems particularly concerning especially in light of the fact that a large percentage of Dandeker's homeless interviewees left Service before the end of their contracted period. Both the NAO and Johnson et al have recommended that those making the vulnerability assessment should be better trained. The latter also recommended that the Armed Forces should be more proactive in monitoring post-discharge those considered at risk of social isolation. Johnson et al highlighted that homeless veterans have a much wider level of support available to them than the wider homeless population. Despite this, many of the participants in their research, although having experienced the MoD resettlement package, and in some cases having been homeless for 18 months, were still unaware of the mainstream military charity assistance available to them. They recommended that veteran charities needed to improve awareness of their services.

Johnson et al also suggested that veterans needed to be informed of their entitlement to services as a way of overcoming any shame or pride element that discourages them from making use of what is available.

In regards to those veterans, identified by Dandeker, who after finishing a lengthy career find transition to civilian life difficult, Lemos and Durkatz recommended that, for those at risk of this, military life should be made, as far as is operationally possible, as close as possible to civilian life: keeping families together, allowing roots to be made and increasing opportunities to socialise with civilians.

Johnson et al recommended that the ex-Service charities could play a greater role in providing settled, post-hostel accommodation for homeless veterans and providing greater support in terms of sustaining tenancies. They also suggested that there was a gap in provision in terms of support for low-level mental health problems and avoidance of the social isolation that can undermine attempts to avoid alcohol and substance abuse.

Further research

There is a fair body of work that explores homelessness among veterans in the UK, although this has been particularly focused on London. Despite slightly differing findings, there is a consensus of sorts that the routes to and causes of homelessness are wide, multi-factored and that, while often influenced by a military career, homelessness is rarely simply a direct result of it. Further qualitative research may provide some improved level of understanding but there is no great knowledge gap. However, Johnson et al suggest that an increased knowledge beyond that of the situation in London might shed light on any unmet need.

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