

**Who are “the homeless” and what do they suffer from? Discuss causes and consequences (health and social) of homelessness.**

**Questions from Deepa Varghese  
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**1. Name and contact address of participant:**

Paul Hazelden

**2. Role at Crisis Centre Ministries:**

General Manager (responsible for the operation of the charity, the staff and volunteers, answerable to the trustees)

**3. Duration of work with Crisis Centre Ministries:**

As staff, 8½ years. As a volunteer for a year before that.

**4. How did you become involved with the work at the Wild Goose Cafe in Bristol?**

I was leading an evangelism training programme and used the Wild Goose (or ‘The Missing Peace’ as it was then) as a placement for my students. I was very impressed by the principles and the work being done. When the founder was unable to continue due to ill health, I was asked to take over on a part-time, temporary basis. This rapidly extended to full time and longer term, and about a year later, I became a permanent member of staff.

**5. From your experience, how would you define homelessness?**

There is no simple definition. People are complex! For the long-term homeless, it is a lack of a home, plus a breakdown in the practical arrangements of life, plus a breakdown in family relationships and other social networks, plus a state of mind.

The government definition includes both ‘Rough Sleepers’ and ‘No Fixed Abode’ as homeless (so park benches and B&B both count as homeless), but you can have a flat of your own and still be living the life of a homeless person and vulnerable to all the problems which go with that life. It is not simple.

**6. In your opinion what are the main causes of homelessness?**

In the light of the above, I believe it is deeply misleading to talk about causes, as the people who read the answer will almost inevitably misunderstand. If you say that 50% of homelessness is caused by alcohol, people will think that solving the alcohol problem will solve 50% of the homeless problem. It is not that simple. There is never one cause.

The cause of homelessness is always a lack of money. If you have enough money, you can rent a flat.

The cause of homelessness is always a lack of engagement with the systems designed to provide a place for everyone to live.

The cause of homelessness is always the breakdown of relationships: almost everyone has family and friends who do not want to see their brother or friend on the streets – until they are sufficiently alienated so they no longer care, or no longer want any further contact.

The cause of homelessness is always mental problems: nobody who behaves sensibly and rationally gets themselves into this position. The mental problems can have many reasons, from alcohol or drug misuse to trauma such as divorce or bereavement or serving in the armed forces.

The cause of homelessness is often social: pressures placed on people to fit into a system in which they do not feel they belong, or to work longer and harder than they can cope with on a long term basis, or to be a success when the only route to success open to them is through drug dealing or other illegal activities.

The cause of homelessness is often spiritual: people cannot function well long term when their work has no real purpose, they are not valued as people, and their lives have no meaning.

The cause of homelessness is often addiction: people find that meeting the craving (drugs, alcohol, gambling, or anything else, the details don't matter) is more important to them than paying the rent or keeping a friendship.

The cause of homelessness is often that people who would previously have been cared for in institutions have been put out to survive 'in the community' and they do not have the capacity or resources to do so.

The cause of homelessness is often that people are drawn into a strong community of the 'underclass' – people who live outside the law, claiming benefits where possible. Because to get statutory help you have to demonstrate a local link, when they have been helped in some way, they are returned to the same place they came from, and the same people, and they have almost no way of avoiding being drawn back into the same lifestyle.

**7. In your work have you noticed any common illnesses/medical problems that you think are related to the lifestyle of the users of the Wild Goose Cafe?**

All the obvious ones: alcohol and drug misuse, mental health problems, both diagnosed and undiagnosed – the NHS does not have the resources to treat everyone, so they refuse to diagnose many who are in desperate need. And then you get all the consequential health problems of this kind of lifestyle: TB, hepatitis, wounding from fights, gangrene, and so on.

**8. If these problems are recurring (Q7), are there barriers preventing the access to medical care and if so what are they or are these medical problems not addressed for other reasons?**

The barriers include a lack of provision (and a lack of *appropriate* provision) on the one hand, and a lack of willingness to accept treatment on the other. A frequent scenario is that someone gets an infection, is taken into hospital, starts a course of antibiotics, is not given any heroin or methadone, lasts a day or two, then discharges themselves to find a fix with the treatment not complete and the infection reduced but not cured.

There are many other barriers. If someone knows the police are looking for them, they are less likely to seek medical help in a timely fashion. If they have failed to act on medical advice in the past, they may be reluctant to go back when the problem gets worse (“I know what they will say”) or another problem comes along (“They will not want to see me”).

The medical system assumes that people have an address at which they can be contacted, and have the capacity to make plans and keep them. When someone does not know the time of day or which day of the week it is, it may be unrealistic to expect them to keep an appointment set for three weeks’ time.

And the medical profession is only one of the professions who all expect you to prioritise their activities. Because there is no coordination, you can end up with an appointment to meet a housing officer (miss that and you won’t be given anywhere to live) which clashes with a court hearing and a medical appointment.

### **9. What do you consider to be the main social problems affecting the homeless?**

The first is that nobody wants to know you when you are down – apart from the other people who are down in the gutter with you.

The second is that it is incredibly difficult to build a social network – a group of friends – among people who live ordinary, ‘respectable’ lives, when you do not. But if you cannot build relationships with ordinary people, then the only people you associate with are chaotic, and it is almost impossible to break out of that lifestyle on your own.

It is also much harder to get a respectable job if you have been homeless and addicted (the two generally go together, whichever came first). It is very hard to shake off the stigma, which makes it almost essential for people to lie about their past if they want to build a new future.

### **10. Do you think there is a solution to homelessness and if so, can the medical profession play a part in this?**

Yes, but there is not one solution, and it is not easy. The solution must be holistic and tailored to each individual. And it must include medical care (delivered in a holistic way) as one vital element.

### **11. Any other comments?**

I’ve written a lot more on the subject! We have a training programme, ‘Helping Vulnerable People’; which goes into a lot of these issues in a much more detailed way.

**Thank you for your participation!**