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Counselling and Homelessness

The root causes of homelessness are complex and wide-ranging. However, episodes of homelessness are most frequently precipitated by relationship breakdown, arguments between household members (especially between young people and family members or cohabiters) and/or strain on relationships caused by deteriorating mental health or substance misuse (alcohol or drugs) (Fitzpatrick et al. 2000). These are exactly the same kinds of issues that prompt many of the people who see counsellors to seek help.

Counsellors use the relationship between practitioner and client as a means by which to help people improve relationships with others. Consequently, counselling can help to prevent and resolve homelessness.

Research evidence shows that counselling contributes to the capacity to build social networks (see the link to the Kings Fund Working Paper (2002): Promoting Health, Preventing Illness below). In a recent evaluation of a youth counselling service conducted by researchers at the University of Edinburgh (Bondi et al. 2006), some service-users reported very unsettled home lives as a key factor leading to their referral for counselling. They described a key impact of counselling being to help them repair and improve relationships with parents and others. For many, learning to trust the counsellor was a first step towards rebuilding trust with others. This strengthening of connections between young people and other family members helped to ensure that unsettled circumstances at home did not result in homelessness.

People wishing to find a counsellor can find lists of names and contact details of individual counsellors and counselling organizations in Scotland on the website of COSCA (Counselling & Psychotherapy in Scotland) www.cosca.org.uk .

Brian Magee, Chief Executive, COSCA

Fitzpatrick, S; Kemp, P and Klinker, S (2000) *Single homelessness: An overview of research in Britain* Bristol: Policy Press www.crashindex.org.uk/jr073.pdf

Bondi, L; Forbat, L.; Gallagher, M; Plows, V. and Prior, S (2006) *Evaluation of the Youth Counselling Service, Airdrie Local Health-care Co-operative*, NHS Lanarkshire (forthcoming)

Heer, B; Woodhead, D (2002) *Promoting Health, Preventing Illness, Public health perspectives on London's mental health* London: King's Fund www.kingsfund.org.uk/resources/publications/promoting.html

Case study of a young homeless man

Joey (not his real name) is 21 years old. He left his family who “all turned against him” when mother and he fought, and girlfriend aborted their baby.

He came to London from the North of England and was homeless and referred to the Community Mental Health Team. It is generally known amongst workers that if there is no turn around within two weeks with a young person there is a strong chance that they will become long-term homeless. The agency sent him to counselling to address his anger issues (and wow were there many!). Alcohol and drug problems exacerbated matters. He arrived for his 1st session with his cap low down over his face and his head bent down. He made it clear he thought counselling would be a waste of time. When asked, “Why have you bothered to come then?” He replied, “I’ve got nothing to lose have I?”

He was about to be thrown out of his hostel accommodation - which he hated – because he had hurt another resident who had to be hospitalised. He said everyone was against him and nobody would listen to his side of the story.

Joey’s description of his family life would suggest threatening behaviour verbally and actual assaults. The family was known to Social Services. He was immensely hurt that mother had chosen stepfather over him. He had no contact with his biological father. He missed his family hugely and for a moment displayed great emotion. Joey would move between hero worship and loathing of his older brother who had provided money for clothes and food. He was frequently beaten up by him and would end up “bleeding somewhere”.

“Did he miss fights with his family?” “Did he expect to be rejected?” “Were his confrontations in London a substitute for the family violence and all a self-fulfilling prophecy,” were questions I put to him in the session.

‘But’ was a frequently used word in his vocabulary. We looked at its negativity. Could he try ‘and’ as an alternative? He responded positively, and dutifully stopped each time and replaced the word.

By the end of our 1st session I asked him to make eye-contact for a moment, which he duly did. Counselling began two months ago. Joey is now attending weekly, arriving promptly for each counselling session of 50 minutes. He now comes and takes his cap off and makes more eye-contact. He is constantly telling me “You are a tricky woman”, because I will not let him evade responsibility for his actions.

We have a long way to go to resolve his issues, however he is learning new, healthier tools to cope with every day issues. He is giving himself a voice - and people are listening.

Currently Joey has now been offered new hostel accommodation. He is keen to keep his head down, continue with studies that he missed out on having left school at an early age and has taken GCSE’s in Maths and English.

There is no quick fix with our homeless clients yet counselling has offered Joey an opportunity to understand why he reacts to situations and teach him pro-active ones as an alternative. Together with other interventions he now has new prospects for the future.

Diane Goodkind, Lead Counsellor; Community Homeless Health Team, London