



Greenwich Academic Literature Archive (GALA)
– the University of Greenwich open access repository
<http://gala.gre.ac.uk>

Citation for published version:

Stewart, Jill, Rhoden, Maureen, Knight, Anneyce, Mehmet, Nevin and Baxter, Lynn (2013) Beside the seaside: perceptions from the 'front line' on the support needs of families living in the private-rented sector in Margate. *Journal of Environmental Health Research*, 13 (1). pp. 22-33. ISSN 1476-0932

Publisher's version available at:

<http://www.cieh.org/jehr/default.aspx?id=50266>

Please note that where the full text version provided on GALA is not the final published version, the version made available will be the most up-to-date full-text (post-print) version as provided by the author(s). Where possible, or if citing, it is recommended that the publisher's (definitive) version be consulted to ensure any subsequent changes to the text are noted.

Citation for this version held on GALA:

Stewart, Jill, Rhoden, Maureen, Knight, Anneyce, Mehmet, Nevin and Baxter, Lynn (2013) Beside the seaside: perceptions from the 'front line' on the support needs of families living in the private-rented sector in Margate. London: Greenwich Academic Literature Archive.
Available at: <http://gala.gre.ac.uk/8944/>

Contact: gala@gre.ac.uk



PAPER

Beside the seaside: perceptions from the ‘front line’ on the support needs of families living in the private-rented sector in Margate

Dr Jill Stewart¹ PhD MSc BSc (Hons) MCIEH FRSPH PGCE MCIH, Maureen Rhoden² MA FCIH PGCE MILT, Anneyce Knight¹ MSc BA (Hons) PGCE RN, Nevin Mehmet¹ MA BSc (Hons), Lynn Baxter¹ CertEd DipSW CQSW MA Child Studies PGCHEL

1 School of Health and Social Care, University of Greenwich

2 School of Architecture and Construction, University of Greenwich, Mansion Site

Correspondence: Dr Jill Stewart, Senior Lecturer and Member of the (then) Centre for Applied Social Research, School of Health and Social Care, University of Greenwich, Avery Hill Road, University of Greenwich, Eltham, London SE9 2UG. Tel: +44 (0)20 8331 8218. Fax: +44 (0)20 8331 9926

ABSTRACT

Margate was once a thriving seaside town but with loss of local tourism it is now multiply deprived, its many hotels and guest houses converted into privately-rented houses in multiple-occupation (HMOs). The community is transient, demographically skewed, with greater numbers of children in care and economic migrants who present a special demand on local services. Despite a growing interest in setting policy in respect of other issues, there is little published on the state of the privately-rented housing sector in seaside towns and how conditions might be addressed effectively.

This paper establishes a context for effective partnerships working in seaside towns through the selected findings of interviews with front-line practitioners invited to describe the challenges faced in supporting families living in privately-rented housing in Margate. Particular attention is paid to the reasons why people move to the seaside, the ‘fluid’ nature of the community and how partnerships are developing to tackle private sector housing enforcement, community support and social care needs.

Key words: Seaside, coast, Margate, deprivation, privately rented housing, house in multiple occupation

INTRODUCTION

English seaside towns have traditionally been associated with health and holidays (see for example Stewart and Meerabeau, 2009), and though there is some evidence of a revival in domestic tourism, holidaying overseas predominates. This has created significant levels of deprivation in some seaside towns, aggravated by the physical decline of the built environment and accelerated by coastal weathering of building materials (English Heritage, 2007). Many seaside towns have struggled to find new identities, though the research is limited as to the nature and extent of the complexities of socio-economic and environmental dynamics and the pressures experienced (Agarwal and Brunt, 2006). The evidence that exists suggests that seaside resorts have failed to receive the same attention and sensitivity from Government or policy makers as inner city or rural areas, although there has been a growing interest in recent years with calls for more evidence (Fothergill in ODPM, 2006; CLG Select Committee, 2007; Fothergill, 2008).

Margate, in Kent, has particular deep-rooted problems, with large numbers of former hotels and guest houses converted into poor quality and low(er) cost privately-rented houses in multiple occupation (HMOs). This has contributed to an unbalanced housing market and high numbers of benefit-dependent households (see for example CLG, 2007; Rickey and Houghton, 2009). The sharing of accommodation has been shown to be a factor in social disadvantage (Heath, 2008) correlating with social exclusion and loss of control over one's personal environment, which in turn may lead to reduced life choices, poorer physical and mental health and lower social participation (Knight, 2009; Percy-Smith, 2000). The 2010 Indices of Multiple Deprivation suggests that the rankings for the area covered by the Margate Task Group (established to focus on complex, local, inter-related socio-economic issues) have deteriorated, with three Large Scale Output Areas (geographical unit used in index of multiple deprivation) in the top 100 in the country (CLG, 2011).

A consequence of the large number of HMOs in the town, and so the availability of an abundance of cheap accommodation for those young households that remain in Margate (including care leavers), and the arrival of a transient population, including young migrants from the EU accession states, has in Margate, as elsewhere, raised tensions. This only adds to the existing evidence of social exclusion, entrenched cycles of deprivation related to incapacity and worklessness (claims for social benefits stand at three times the

regional average) and significantly lower house prices compared to the rest of South East England.

The distorted housing market occasioned by the demand for low-cost rented accommodation provides an on-going and 'difficult to break' cycle resulting in a skewed local population. As a consequence, it has been particularly challenging to address the 'concentration of need' that this creates (Shared Intelligence, 2008; Walton and Browne, 2010). Research on young families, especially those featuring teenage parents, suggests a particular vulnerability to a multiplicity of deprivation factors, including poverty, poor health, social exclusion, multiplicity of partners and domestic violence (Reeves and Gale, 2009). One would expect that poor housing could only exacerbate these problems.

These complex and inter-related issues present a major challenge for those working at the front line of service delivery, especially so as there is no consensus as to how best strained local public services should address the problems encountered at local level (see Fothergill, 2008), though new partnerships such as the Margate Task Force are working to better understand and address them.

This paper presents some of the findings of a qualitative research project carried out in 2011 exploring some of the issues faced on a daily basis by front-line practitioners seeking to deliver housing and support services to young families living in privately-rented accommodation in Margate. It sought to draw from them what they perceived to be the challenges and opportunities and so contributes to a limited literature in this area where the problems, much less the solutions, remain little known.

METHODS

This qualitative study explored the perceptions of those delivering front-line services to families living in privately-rented housing in Margate in terms of the challenges and opportunities presented. Interviewees were drawn from environmental health, housing, children's services, the voluntary sector, the Margate Task Force and related partners charged with helping vulnerable families find decent housing and access local amenities and services in their neighbourhoods and communities, and thus provide opportunities to promote positive change for those families.

This paper reports on part of this research in which semi-structured interviews were conducted with front-line practitioners working in the Margate Central and Cliftonville West Wards. It focuses on families living in private sector housing in

these deprived areas, where social and economic regeneration strategies are being pursued. Although an interview guide was used, the interactions were largely led by the participants so as to capture as far as possible their perspectives. Ethics approval was obtained prior to the project commencing which required participants to give their express consent to record their responses.

RESULTS AND DISCUSSION

A total of 11 interviews were conducted with practitioners between April and July 2011 which lasted from 45 to 90 minutes and were transcribed verbatim. Each member of the project team received anonymised copies of each of the interview transcripts for them to scrutinise and identify content themes.

Margate: a community of nomads?

A picture emerges from these interviews of a 'fluid' community which presents special challenges for partnership working directed at families living in privately rented housing in Margate. Whilst some had seemingly moved to Margate for its seaside location, housing availability, accessibility and affordability emerged as key factors in the community demographic. Accordingly, the area was seen to attract low income households, care leavers, EU migrant workers and 'imported homelessness' from other boroughs. These families featured in Interviews 1, 10 and 11.

The nature of a built environment, originally designed for mass tourism, is recognised as presenting a major challenge when now it is required to provide permanent residential accommodation. Not surprisingly these areas are characterised by having a high concentration of low quality HMOs, and strategies to address both the poor quality environment and fluid, low income, communities, require substantial investment and skill in order to address problems associated with education, behaviour, relationships, overcrowding and low social capital. This especially emerged from Interviews 2 and 5. Interview 1 indicated that it was not simply the lack of availability of services locally, but an unwillingness or an inability to make use of them, so requiring outreach and projects aimed at identifying and responding to a rapidly-changing community need.

The fluidity of the community was an issue repeatedly highlighted in the interviews as an especially challenging aspect of any effort to bring about regeneration, with transient young families in the privately-rented sector presenting particular challenges to those seeking to engage with, and develop services for, the community. As Interviewee 1 put it:

'You can be in Cliftonville, you can see someone with a pushchair or a buggy, and I ask them where the local children's centre is... and they will say 'Oh no, we haven't used that yet, we moved down a week, two weeks, three weeks ago', so I think there's an issue around transience and how we... engage some of our young families in services.'

The same respondent drew attention to the difficulties these 'new families' presented by their mobile lifestyles in terms of not registering with a GP or accessing health services, the unauthorised absence of their children from school and whether they were living in decent housing. Above all, transience prevented engagement.

The community (as in other deprived seaside towns) includes a higher than expected number of families comprising adults who had themselves been 'children in care', belonged to a workless household or otherwise needy family, some across generations. Many of these families are reported as having multiple needs and prove particularly difficult to engage with as they have more pressing priorities, including being faced with eviction, or having a relative in prison.

Interviewee 7 reported:

*'I know from the statistics that Margate Central and Cliftonville West... have really, really high deprivation [indices]... and some of the circumstances that families actually find themselves in are just really, really difficult [the respondent cites literacy problems and low skill levels and families whose circumstances are unlikely to change much] [though] the biggest thing is the **level** of deprivation in the area and the **number** of [needy] families.'* [Author's emphasis.]

Many of those interviewed suggested that some of the 'chaotic lives' of those they were supporting day-to-day was sometimes confusing and hard to sustain within an already complex community with many other troubled families. Such rapid community turnover meant that the area was deplete in social capital, confounding attempts to develop community capital and cohesion, which, *'never really gets a chance to build up, but funnily enough, you can go a couple of miles in any direction from Cliftonville and that isn't the case'*. (Interviewee 5.)

However, there was also a perception that there may in fact be pockets of social capital within some of the communities. One interviewee (6) defined very local household mobility between, and even within, buildings as a '*micro-community*'

and another (10) described his estimate of: *'half of the population actually staying in the area but moving around.'*

A frequently repeated observation was that it was hard to know who was living where, either formally or informally. The community turnover was variously described as *'massive'* (Interviewee 1) *'incredible'* and *'they just disappear'* (Interviewee 2). So, there was not just a single divided community, but divided communities, interspersed amongst a largely static community, with generations living in and returning to Margate. There were also residents' groups who did engage, where there were positive outcomes to efforts to improve the community and local environment (Interviewees 1 and 10).

Other interviewees commented that they had invested enormous amounts of energy with families who then moved on, resulting in a *'...continual process of revisiting... working with new families and getting them engaged'* (Interviewee 7). The issue of a transient community is well summarised by the following quote:

'You've... got that transient community which is very, very hard to engage with, and the police evidence shows that it's the highest crime area in Thanet [with] 60%... of the crime committed in Cliftonville, committed by people who live in Cliftonville, so you've got this core of people [who] have an offending background... who don't actually really care about their community. It is a real massive challenge.' (Interviewee 1.)

Overcrowding was frequently reported as being problematic due to households seeking a lower shared rent (Interviewees 2,5,7 and 10), particularly in immigrant communities who were reported as having different housing expectations, and where there were multiple families at the one address (Interviewee 7). The following quote is representative:

'there are very often young children who are in inappropriately small accommodation [including one] family living in a two bedroomed flat [with] a small internal room that had been created by the current landlord... being used by the two youngest children in the family, and I served a prohibition order. That kind of thing goes on in very, very low income families who can't afford larger properties... and they're putting themselves, or being put into, an inappropriately small place...' (Interviewee 5.)

There was some confusion, and a lack of information, surrounding some of the local families especially in the migrant communities as to the numbers of people housed in particular accommodation and a range of unmet needs.

Some examples were given during the interviews, including that of a Czech Roma family with several children living in a two bedroom flat with no electricity, gas or heating. The authorities were unclear as to their source of income and the family had stopped paying rent. None of the children had school places or were registered with a GP and one had learning difficulties, whereupon they were referred to social services but then suddenly disappeared to an unknown location (a situation described by Interviewee 1).

Several interviewees including, here, Interviewee (2), described the unusually high number of privately rented properties, absentee landlords and lack of social care packages offered, adding to the sense of alienation and anomie.

Margate's privately rented housing: dilemmas and successes

Dealing with poor quality, privately rented, housing whilst seeking to simultaneously nurture social capital and develop communities, is fraught, with an underlying tension created by enforcement activity on the one hand, and cooperation on the other. This has resulted in the Margate Task Force continually seeking new ways of working in order to address local needs.

Private sector housing enforcement, never, in itself, straightforward, was reported as particularly problematic in densely built and populated Margate where many tenants have an interest in keeping their rent as low as possible. Consequently, enforcement is always challenging, complex and requires considerable persistence. As elsewhere, intervention sometimes results in eviction of a vulnerable tenant who then needs somewhere else to live, a situation described by Interviewees 2, 3 and 6. Prosecutions presented an enormous resource commitment, although there had been recent successes where landlords had been continually uncooperative (Interviewee 6), and another interviewee (2) described housing officers being able to work more closely and interact well with more responsible landlords through the Landlords' Forum.

Partnership working was reported as 'challenging', again in terms of trying to balance enforcement protocol with community development, whilst meeting residents' other social care needs. Interviewee 3 commented:

'...there's a lot of things that have to be brought together and I don't see how, as our team in private sector housing, can influence families living in certain accommodation, other than using our enforcement panels, which isn't always the right thing.'

However, the Margate Task Force was identified by Interviewees 2 and 8 as having been able to respond to many of the challenges faced and proven to be

pivotal in co-ordinating and helping meet need; this, in spite of the acute housing shortage and its poor quality, and the fact that most of the temporary accommodation was situated in this area. These emerging service partnerships, that bring providers very closely together, are highly valued at practitioner level in delivering better quality and more tailored services.

It was reported repeatedly that the key focus was now on the family, and getting services mobilised to meet their needs, though with the situation constantly evolving and families' difficult housing experiences seen as needing a great deal of support. This was especially the case in terms of such things as secure tenure, poor housing conditions, safety and overcrowding. Sometimes help was for practical issues, such as referral/'signposting' to the right people such as the re-housing of a young mother following her eviction from the private-rented sector (Interviewee 7). However some cases remained extremely difficult, as the quote from Interviewee 9 below illustrates:

'We've had a number of instances when parents have actually bought in photos because something like the bathroom roof has fallen in, and then they don't know what to do... perhaps when relationships... have foundered... so then they end up in a refuge and... have to wait to be re-housed, and obviously that does have a huge impact on a child's wellbeing...'

Interviewee 8 reported on the support offered by housing and allied services to those presenting as homeless, including help with tenancy sustainment, floating support, initial monitoring, for example, around housing benefit payments and support in cases of domestic abuse, and the offer of assistance to secure training, education or employment where possible. Interviewee 9 referred to the problem of short-term tenancies, general housing instability and frequent mobility which was seen to affect a child's opportunities in education as a result of having to change schools, and fear of people in the community.

For some families, their difficulties were compounded by the length of time taken for enforcement to improve poor living conditions to take effect. One interviewee (7) reported the frustrations for families trying to get ahead: *'they do report things [but] they don't necessarily get done, and they're in really... difficult conditions for quite a long period of time, so sometimes they give up hope... or they just move from place to place to place [in temporary accommodation].'*

There were clearly serious attempts made to identify the 'hard to reach' families for whom many of the services were intended. Interviewee 7 reported their belief that many families were still not aware of the services available, and there were on-going efforts to have a named 'link' or 'lead', for example, Children's

Services linking with Social Services and the Housing Department. By this means a victim of domestic violence might have a contact to help address the problem and provide physical assistance such as panic alarms etc in the home, or being able to advise on tenants' rights. This appeared to help encourage more families to register with a centre which was seen as very positive:

'(Our) ...children's centre has only been open 18 months but 67% of the families in the area are now registered and are really actively using it. Families have said how much they value having that service... health visitor clinics and ante-natal clinics and (other) things going on in a children's centre, so people are feeling 'well actually, I've got somewhere to come where... I can get support'.' (Interviewee 7.)

Help to mobilise action to alleviate some of the worst impacts of unsuitable housing came through partnerships which were able to identify gaps in provision and provide a range of targeted services. In this regard it was reported that one of the main beneficial outcomes in terms of children was that, *'...the child gets used to being around children again, because when you're in a small confined [space]... it does have a knock-on effect for the mum [who] is stressed out [and] the child feels it, so... you try and give them different things to go to'.* (Interviewee 10).

Interviewee 7 reported on the 'Home Safety Equipment Scheme' which included the provision and installation of amongst other things pointing out: *"...quite a lot of families will say 'Oh I'm a bit worried... I'm not sure if I'm meant to drill into the walls' and this kind of thing, so making sure that they are aware that there are [some] sorts of stair-gates... that you don't need to drill into the walls or get [a] landlords' permission to do..."*

'Family Intervention Projects' (FIPs) were regarded by Interviewee 1 as particularly interesting in seeking to support families with multiple problems and to develop 'Total Place' initiatives, looking at new ways in which agencies might be brought together to pool resources around complex and high-cost families. The Margate Task Force had drawn on evidence of the efficacy of FIP's in other areas (Westminster, Blackpool and Swindon) in seeking a tailored approach locally in order to: *'(look) at the whole area of safeguarding families and how we maximise and use our services to the best effect.'*

On FIPs, Interviewee 1 described how they had been pioneering in helping secure service input and engagement with families, and making clear what was being offered by the local agencies. They reported that this was changing the nature of conversations and especially serving to involve the probation service

more actively, commenting: '*...the next step would be to [look] at the offender in their wider context, the impact on the [whole family]... to maybe intervene earlier so that where we have got a young offender... in the family, we can start looking at the children and how to work with [them], so that hopefully they don't end up going down the same pathway.*'

This same interviewee (1) provided an example of a FIP status family who had lost their tenancy, but were re-housed locally, and subject to the interventions described above, all were involved together in decision making with, to date, a beneficial outcome. The interviewee reported that the family had adhered to their Acceptable Behaviour Agreements and that one of the children had been moved into a non-mainstream school. The interventions were seen to have been successful because of the close working with, and agreement and input from, the family.

One organisation was particularly proactive in recognising the barriers presented by a poor experience of other service provision in the past and saw the value of positively promoting outreach work via a range of events at different venues and involving different colleagues. This, Interviewee 7, maintained, overcame a major barrier, which for some was simply to seek help in the first place, though providing, by way of illustration, a family who might have sought and received help once, but:

'...if a family might be interested in coming [back] but maybe there's some barriers, mental health issues or just uncertainty [if] they see somebody they know, they're much more likely to come back... [commenting on the Thanet area having amongst the highest registration and participation rates] which we think is... partly down to this proactive outreach work... and helping to bring families in.'

Those interviewed demonstrated a clear commitment to new and more effective ways to intervene in the private housing sector. This was apparent in their approach to enforcement for poor housing conditions and the wider social support provided within the community, striving to find new ways of working and plugging 'holes' in service provision (Interviewee 1).

CONCLUSIONS

The findings of this research have consolidated front-line practitioner's perceptions of challenges and barriers faced in supporting families living in privately-rented housing in Margate and its environs, many of whom face multiple disadvantages and vulnerabilities. Arriving or staying in this seaside

town, a family's problems are often compounded by the accommodation that they have little or no choice in taking. These include the stresses of living in the multi-occupied, private-rented housing sector, sometimes managed by poor landlords with the accompanying insecurity of short-term tenancy and where enforcement action is taken, the length of time this sometimes takes.

Despite the continued rise in deprivation indices and on-going housing challenges to those living in this sector such as housing benefit limits, all front-line practitioners interviewed in this research were highly committed to the cause. They appeared sufficiently flexible to work in emerging partnerships focusing on new ways of working in meeting the needs of this special community profile. In particular, the Margate Task Force has provided a major impetus in consolidating the range of statutory and non-statutory organisations and providing a pivot for action and mobilisation.

Community and family stability remains a key problem but attempts at addressing this are difficult given the number of privately-rented houses accommodating low income households with multiple needs. Concentrated enforcement intervention, allied to activities focused on developing more stability, might help encourage people to stay in the area, and in this direction the demand for education and training might prove positive. Certainly, the area has many assets, not least the potential for an increased and improved housing stock, its open spaces, scope for upward mobility, a highly committed cadre of professionals helping to support families living in the private rented sector, and, of course, the seaside.

ACKNOWLEDGEMENTS

The authors are very grateful to all interviewees who gave up their time to participate in this study.

REFERENCES

Agarwal S and Brunt P (2006). Social exclusion and English seaside resorts. *Tourism Management*, 27, 654-670.

Communities and Local Government Select Committee (CLG) (2007). Communities and local government committee coastal towns: second report of session 2006/7. London: HMSO.

Communities and Local Government (2011). The English Indices of Deprivation 2010. Available at: www.communities.gov.uk/documents/statistics/pdf/1870718.pdf

English Heritage and Urban Practitioners (2007). *An Asset and a Challenge: Heritage and Regeneration in Coastal Towns in England. Final Report, October 2007.* English Heritage.

Heath S (2008). *Housing choices for young people in the UK.* York: Joseph Rowntree Foundation.

Fothergill S (Centre for Regional Economic and Social Research Sheffield Hallam University) (2008). *England's Coastal Towns: a short review of the issues, evidence base and research needs (For NCRA Panel).* London: Communities and Local Government Committee of the House of Commons.

Office of the Deputy Prime Minister (ODPM) (2006). *Housing, planning, local government and the regions committee: coastal towns session 2005-06, Written Evidence.* London: House of Commons.

Percy-Smith J (2000). *Policy responses to social exclusion. Towards Inclusion.* Buckingham: Open University Press.

Reeves J and Gale L (2009). *Young women who have children by multiple partners.* (Unpublished research). University of Greenwich.

Rickey B and Houghton J (2009). *Solving the riddle of the sands: regenerating England's seaside towns.* *Journal of Urban Regeneration and Renewal*, 3(1), 46-55.

Shared Intelligence Policy Roundtable (2008). *What future for England's struggling seaside towns: briefing paper 4th July.* York: Shared Intelligence.

Stewart J and Meerabeau E (2009). *Lay perceptions of health, housing and community on the Kent Coast, England.* *Journal of Environmental Health Research*, 9(2), 69-80.

Walton JK and Browne P (Eds) (2010). *Coastal regeneration in English resorts 2010.* London: Coastal Communities Alliance.