Older People and Homelessness in Nottingham

Final Report

Help the Aged

Framework
Housing Association
Older People and Homelessness in Nottingham

Final Report

For Framework Housing Association
Funded by Help the Aged

By
Jenny Pannell BA MSc MCIH
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However, the report does not represent the official views or policy of any of the organisations or individuals involved.

Whilst every effort has been made to ensure that the contents of the report is accurate, NHHA, Help the Aged, and the author cannot be held liable for any errors or omissions, or any consequences arising from them.

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Executive Summary

There is a wide range of services for homeless people in Nottingham, and also for older people, but older homeless people may have difficulty accessing appropriate services for a number of reasons:

1. Older people may be less aware of services on offer, and less assertive in obtaining them, than younger people. This applies both to long-term older homeless people, and to those who have become homeless more recently after living a more settled life.

2. The emphasis over the last decade on the needs of younger (especially very young) people has made it more difficult for older people. Many of the services which used to cater mainly for mature or older people have seen a change of emphasis to younger age groups. Most new provision has been developed for young people. Older people feel excluded from provision dominated by younger people, and staff time is likely to be taken up by the more immediate demands of younger clients, especially those who may have chaotic lifestyles.

3. For older homeless people with complex needs, it is difficult to find appropriate provision. They are often so alienated from services that they will not engage with staff. Although they are often especially alienated from statutory services, some are also alienated from most or all voluntary agencies. It takes a long time to build up relationships with older people but this is often essential to build their confidence and explore options.

4. There is a risk of homelessness amongst older people who do not access advice services in time to prevent homelessness, or whose existing support networks break down (such as older people with learning difficulties whose carers die or can no longer care for them).

5. Homelessness agencies are likely to be perceived as dealing primarily with young people, so older people may not approach them. General services for older people may appear unapproachable to older people who have been, or are at risk of, homelessness. There appears to be only limited liaison between mainstream services for older people and homelessness agencies, and between specialist services (eg learning disability services) and homelessness agencies.

There is no evidence of an increase in older homelessness in Nottingham, and some of the figures available suggest a decrease (for example the number of older rough sleepers known to services; the number of older people in night shelters and hostels). The 'official' homelessness statistics certainly underrepresent the number of older people becoming homeless. This is partly because older people are likely to access housing through other routes, including voluntary agencies and housing associations (RSLs). It is also because 'old age' is only recorded if that is the main reason for 'vulnerability', so that older people with other needs (eg mental health) will be recorded under those headings, rather than 'old age'.

People aged 50-59 (and also people in their 40s, or even 30s) may find it more difficult to access services than other groups, because they are too old for young people’s services but not old enough to be classified as vulnerable on grounds of age. People in their 50s (and sometimes younger than that) may exhibit many of the characteristics of older homeless people, especially if they have lived an unsettled lifestyle. Street homeless people are likely to develop serious health problems because of their lifestyle. When agencies were asked where the older homeless people had gone, they pointed out that many do not live past 50. It has been suggested that this appears to be particularly the case for older street homeless women.
### Proposed Action Points for Nottingham Agencies

<table>
<thead>
<tr>
<th>Action</th>
<th>See Chapters</th>
<th>Agencies Involved</th>
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<tbody>
<tr>
<td>Better monitoring information on older homeless people</td>
<td>2,6</td>
<td>NCC Housing Choice, Homelessness Agencies</td>
</tr>
<tr>
<td>Contact with ‘hidden’ older rough sleepers: sharing information</td>
<td>2,6</td>
<td>Range of statutory and voluntary agencies</td>
</tr>
<tr>
<td>Replace emergency access bed spaces for older men and women at Alexandra Court</td>
<td>2,3,6</td>
<td>NCC Housing</td>
</tr>
<tr>
<td>Mental health services for older homeless people: need for improvement and better liaison between teams</td>
<td>3,5,6</td>
<td>Health Authority and health providers; advisory role for HLG MHST</td>
</tr>
<tr>
<td>Wider availability of resettlement and tenancy support services, regardless of homeless ‘history’ or accommodation provider; long-term if necessary, in sheltered housing if necessary</td>
<td>3,4,6</td>
<td>Inter-agency strategy group to lead</td>
</tr>
<tr>
<td>Continuation and development of day centres to support homeless and formerly homeless people</td>
<td>3,5</td>
<td>Emmanuel House, Friary Drop-in, Handel Street, Funders</td>
</tr>
<tr>
<td>More direct access and short-stay bed spaces for older people, especially women; women’s refuge for single and older women</td>
<td>3,5,6</td>
<td>Inter-agency strategy group to lead</td>
</tr>
<tr>
<td>More supported housing (medium to long stay) for older people, older women, including older people who are still drinking</td>
<td>3,5,6</td>
<td>Inter-agency strategy group to lead OPACS</td>
</tr>
<tr>
<td>Better information/awareness raising on role, limitations, of sheltered housing for older homeless people; wardens and agency staff development and training</td>
<td>4</td>
<td>NCC Housing, Nottingham RSLs EROSH Erosh East Midlands, OPACS, Homelessness agencies</td>
</tr>
<tr>
<td>Develop links between homelessness and older people’s agencies</td>
<td>4</td>
<td>Homelessness agencies, Age Concern Nottingham and Nottinghamshire, Help the Aged Nottingham</td>
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<tr>
<td>Develop links between homelessness and mainstream statutory agencies; develop multi-lateral links between homelessness agencies and housing providers</td>
<td>5</td>
<td>Inter-agency strategy group</td>
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<tr>
<td>Develop liaison and strategic approach between NCC and RSL sheltered housing providers</td>
<td>4,6</td>
<td>OPACS</td>
</tr>
<tr>
<td>Improve access to health services</td>
<td>6</td>
<td>Inter-agency strategy group</td>
</tr>
<tr>
<td>Consider specific needs of Black, Asian, Irish and other minority ethnic groups</td>
<td>6</td>
<td>Inter-agency strategy group</td>
</tr>
<tr>
<td>Address the need for personal care for older, formerly homeless people in supported housing or own tenancies</td>
<td>6</td>
<td>Homelessness agencies, NCC Social Services, Inter-agency strategy group</td>
</tr>
<tr>
<td>Develop hostels to provide housing and care for older people who need something more than independent tenancies, but less than registered care homes</td>
<td>5,6</td>
<td>Homelessness agencies, NCC Housing, RSL’s, Housing Corporation Regional Office</td>
</tr>
<tr>
<td>Reconsider pressure on older homeless people to move to independent tenancies too quickly, without adequate support or against expressed wishes</td>
<td>5,6</td>
<td>Inter-agency strategy group to lead</td>
</tr>
<tr>
<td>Improve services and agency links for older people with learning difficulty/disability who are homeless or at risk of homelessness</td>
<td>5,6</td>
<td>Homelessness agencies, NCC Social Services, Health Authority and health providers</td>
</tr>
<tr>
<td>Discuss benefits problems with local Benefits Agency and Housing Benefit to seek local solutions</td>
<td>3,5,6</td>
<td>Inter-agency strategy group to lead</td>
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</table>
There are significant problems in finding (and maintaining) solutions for longer-term older homeless people and those with complex needs. The housing department is particularly aware of this because of its statutory duty to provide housing for older homeless people. The provision of specialist workers and projects ensures that older people’s needs are not lost, and allows the time needed for relationship-building and ongoing support.

There is a well-developed voluntary sector in Nottingham with generally good links between the different agencies, but a shortage of provision specifically for older people. It is particularly difficult to find appropriate provision for older people with complex needs, those who wish to continue drinking, and for older women. It is also difficult to access tenancy sustainment for older people when moved into independent tenancies. Loneliness and isolation is a particular issue. Some older people do not want to live independently.

Links between statutory agencies and between voluntary and statutory agencies, are less developed, and more varied, as is discussed in some detail in the Inter-Agency Homelessness Strategy.

There is scope to access more mainstream housing and services for older people who have been, or are at risk of, homelessness and there may be scope for some fruitful partnerships between mainstream and homelessness agencies. There is particular scope for the creative use of sheltered housing (in various forms) for older homeless people, but this may need additional support to the normal level of service.

There is a range of good practice in Nottingham. Nottingham can also learn from examples of good practice in other parts of the UK: a few examples are given in this report and there will be further publications in 2002, following the completion of an evaluation of the Help the Aged, HACT and Crisis Partnership programme of projects for older homeless people.

The problems faced by older people are reflected in the compartmentalising of strategic initiatives. Homelessness needs to be considered as an over-arching issue.

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**Proposed Action Points for National Policy/Help the Aged**

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<thead>
<tr>
<th>Action</th>
<th>See Chapters</th>
<th>Agencies Involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Better monitoring information on older homeless people</td>
<td>2.6</td>
<td>National and local government</td>
</tr>
<tr>
<td>Contact with ‘hidden’ older rough sleepers: sharing information</td>
<td>2.6</td>
<td>Range of statutory and voluntary agencies</td>
</tr>
<tr>
<td>Develop the role of sheltered housing for older people who have been homeless</td>
<td>4</td>
<td>Help the Aged, EROSH leading RSL’s</td>
</tr>
<tr>
<td>Encourage links between mainstream older people’s agencies and homeless agencies at national and local level</td>
<td>4</td>
<td>National bodies eg. Help the Aged Age Concern, Crisis. Shelter</td>
</tr>
<tr>
<td>Encourage development of models to provide housing and care for older people who need something more than independent tenancies but less than registered care home</td>
<td>5.6</td>
<td>Help the Aged, EROSH leading RSL’s, Abbeyfield (national) Housing Corporation</td>
</tr>
<tr>
<td>Inform government of benefits issues as they especially affect older people who are homeless or have been homeless or are at risk of homelessness (perhaps in conjunction with other advice agencies?)</td>
<td>3.5.6</td>
<td>National government (Benefits Agency); local and national government (Housing Benefit)</td>
</tr>
</tbody>
</table>
in all services for older people. This is especially so because many services for older people are predicated on keeping them in their own homes and taking services to them at home. Conversely, older people’s specific needs need to be considered in all services for homeless people, especially the risk of indirect discrimination on grounds of age because of the effects of catering mainly for young people.

There is much material in this report which identifies specific weaknesses and gaps, identified both by older people themselves and by agencies. The report should be used to develop new services, change existing services and make links between services and agencies. The implementation of both the Inter-Agency Homelessness Strategy and the Older People’s Accommodation and Care Strategy provide the opportunity to consider further the matters raised in the report and act on them.
CHAPTER ONE
Introduction and Methodology

1.1 Nottingham is currently preparing an inter-agency homelessness strategy. This research has been commissioned by Nottingham Help the Homeless Association (NHHA) in partnership with other agencies to contribute to the strategy with regard to the needs of older homeless people and those threatened with homelessness.

1.2 Help the Aged has provided funding for a researcher, Jenny Pannell, to carry out a research project in Nottingham between February and June 2001. This will complement a national evaluation of 17 projects over 3.5 years under the Action for Older Homeless People Partnership Programme, jointly funded by Help the Aged, HACT and Crisis. This wider research is being carried out by the University of the West of England, Bristol, and Jenny Pannell is the lead researcher. Three Nottingham projects have been included in this wider research, at NHHA, Macedon and Emmanuel House.

1.3 The Nottingham research will also inform Help the Aged’s work on older people and homelessness, including the recently launched Coalition for Older Homeless People.

Aims and Objectives

2.1 The aims and objectives of the research in Nottingham are to:

- establish the extent and nature of homelessness among older people in Nottingham;
- pull together available information on older people at risk of tenancy breakdown/loss of accommodation;
- map existing provision and services for older people who are homeless or threatened with homelessness;
- identify gaps or weaknesses in current provision and services;
- identify good practice and innovative models;
- recommend measures to prevent homelessness and improve services for older homeless people in Nottingham.

Definitions for the Purpose of this Study

3.1 Older people

Older people have generally been defined as people aged over 50, because people who have led an unsettled way of life or been street homeless are known to age more quickly than the general population. Whenever possible, data has been broken down to reflect whether figures refer to people aged 50-60/65, or over 60/65. However, different data sets use different age bands. Entitlement of older people to some provision/services/welfare benefits varies according to age. A few interview respondents have been in the 40-50 age range but they have raised the same issues as those over 50.

3.2 Homeless/Threatened with homelessness

The study has examined four broad categories (accepting that the boundaries are not clear, and that people move between them):

- older people who are street homeless;
- older people who are currently living in short-stay temporary accommodation such as night shelters or hostels;
• older people who are currently being resettled or supported in move-on housing, specialist provision, or social rented housing, but who are at risk of homelessness without that continuing support or specialist provision;

• older people who are currently housed in ‘mainstream’ housing (including RSL/council social rented, private rented, tied housing, owner occupation), or who are lodgers, or living with friends/relatives, but who are at risk of losing their accommodation through action by the landlord or householder; this last group is likely to include the ‘hidden homeless’.

3.3 Nottingham/the greater Nottingham conurbation

Nottingham is primarily defined as the Nottingham City Council area. The inter-agency homelessness strategy currently being finalised covers only the City Council area. Further work will take place over the period 2001-2002 to prepare separate homelessness strategies for each of the surrounding boroughs, but this will cover not only the urban fringe of Nottingham but also the rural parts and other villages/towns which make up each borough.

This report includes only limited information about the wider Nottingham conurbation (including the built-up Nottingham fringes of the District Councils of Broxtowe, Gedling, Rushcliffe, and the Hucknall area of Ashfield). The rural areas and other towns and villages are beyond the scope of this research project.

Methodology

4.1 Research into older people and homelessness raises a number of methodological and ethical issues, including:

• how to involve users in the research process in a way that is real and meaningful rather than tokenistic;

• the need to obtain informed consent from older people to interviews, and the ‘ownership’ of their stories;

• the extent to which the research should rely on statistical data (in terms of accessing it and making judgements about its reliability and the problem of double-counting);

• how to include people who do not at present access services (ie the ‘hidden homeless’, which usually include more women/people from minority ethnic communities, and perhaps people with specific disabilities);

• how to reward users for their involvement in the research (eg expenses).

4.2 The research has used both quantitative and qualitative research methods, including:

• collection and analysis of available data from statutory and voluntary agencies and general data sources;

• interviews with older people who are homeless, in temporary accommodation, or at risk of homelessness;

• interviews with representatives from key statutory and voluntary agencies.

It was intended to involve any appropriate older people’s user groups, but none was found.

The research proposal proposed that not less than 20 users and 20 agencies would be interviewed, and 12 data sources drawn on, for the final report: the actual sources are summarised in Table 1 and listed in Appendix 1. The main
fieldwork took place in February and early March 2001, with limited further work in May/June 2001; the research also draws on fieldwork for the wider study which took place in October 2000.

Staffing and Research Advisory Group

5.1 Nottingham Help the Homeless Association and Help the Aged have appointed Jenny Pannell as lead researcher. Since 1997, Jenny has been Visiting Research Fellow at the Faculty of Health and Social Care at the University of the West of England, Bristol, and a freelance consultant. She is a qualified housing manager with a Masters degree in Policy Studies. Jenny has 20 years experience in homelessness and housing advice, supported housing, and housing for older people and general needs. Her experience includes senior management posts in housing associations, local authorities and voluntary agencies, and in housing and social care research. In addition to the Older Homeless Programme Evaluation, Jenny is currently a member of the team researching older people in the private rented sector. She was also Chair of Bristol City Council’s Best Value Review Panel for older people’s housing.

5.2 A small Research Advisory Group (RAG) with representatives from agencies and the funders, was set up to facilitate the research process. The RAG met formally twice during the research period. RAG membership was as follows:

<table>
<thead>
<tr>
<th>Name</th>
<th>Agency/Role</th>
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<tbody>
<tr>
<td>Mary O’Hara</td>
<td>Emmanuel House Day Centre</td>
</tr>
<tr>
<td>Joe Oldman</td>
<td>Help the Aged</td>
</tr>
<tr>
<td>Paul Pearson</td>
<td>Macedon</td>
</tr>
<tr>
<td>Peter Radage</td>
<td>Framework Housing Association</td>
</tr>
<tr>
<td>Mark Vinson</td>
<td>Homelessness Strategy Co-ordinator (based at HLG but representing the Inter-Agency Homelessness Strategy Servicing Group)</td>
</tr>
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</table>

Table 1 • Research data and sources

<table>
<thead>
<tr>
<th>Number of user interviews</th>
<th>27</th>
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<tbody>
<tr>
<td>Number of agencies</td>
<td>18</td>
</tr>
<tr>
<td>(personal interviews)</td>
<td></td>
</tr>
<tr>
<td>Number of agencies</td>
<td>12</td>
</tr>
<tr>
<td>(telephone contacts)</td>
<td></td>
</tr>
<tr>
<td>Number of national and local data sources</td>
<td>18</td>
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</table>
CHAPTER TWO
The Extent and Nature of Homelessness among Older People in Nottingham.

This chapter attempts to identify the number of older people who are homeless or at risk of homelessness in Nottingham, and identify the reasons for their homelessness.

There are a number of problems with defining and ‘counting’ the numbers of homeless people, which have been thoroughly explored in research and publications in both the UK and elsewhere in the developed world (especially the USA) over many years. There are particular problems with homelessness among single people. There has, until recently, been a lack of research into homelessness among older people. Older homeless people are one of the most difficult groups to enumerate, for a variety of reasons including their lack of contact with services, the fact that some move between hostels and rough sleeping, and that some move between towns (Crane, 1999). Crane recommends that a full enumeration of homeless older people requires details of older people who are:

- recorded as homeless in the local authority homelessness statistics;
- residents in temporary accommodation such as night shelters, hostels and bed and breakfast hotels;
- rough sleepers and users of day centres and soup runs for homeless people;
- isolated rough sleepers not in touch with services.

Hawes (1997) explored the perceived increase in homelessness among older people in England during the 1990s, and surveyed a sample of 50 English local authority homeless departments. He distinguished between two broad groups of older homeless people, although he acknowledged that this was not a hard and fast distinction and there were some crossovers:

- the ‘official’ homeless, as recorded in local authority homelessness statistics, i.e. those older people who became homeless later in life and then accessed housing relatively easily through the local authority (generally through the homelessness route, although some by direct allocation to housing);
- the ‘unofficial’ homeless, not usually recorded in local authority homelessness statistics, i.e. those older homeless people who were ‘chronically’ homeless, rarely in touch with statutory services, and had not usually tried to access housing through the local authority homelessness route, but who were reliant on voluntary sector provision such as outreach workers, winter shelters, day centres, night shelters and hostels.

He noted that the first group were often housed relatively easily, often into sheltered housing (because of the ready availability of such housing in many areas). However, the second group were remaining in ‘temporary’ housing or on the street, often for many years; this group usually had a range of problems as well as homelessness, and many were in a cycle of repeated homelessness following failed resettlement attempts.

Locally, the Nottingham Inter-Agency Homelessness Strategy (2001) also emphasises the difficulties of identifying single homeless people of all ages, because of the number who do not feature in the local authority homelessness statistics, and the range of agencies involved (especially in the voluntary sector). The strategy...
report sought information from the following sources:

- local authority homelessness statistics;
- hostel and temporary accommodation provision;
- rough sleeper counts.

It also raises the problem of identifying the ‘hidden homeless’, especially those staying temporarily with friends and relatives, and in squats, and also the potential problems caused by the dispersal of refugees and asylum seekers, 80% of whom are single.

Homelessness is a controversial and contested concept. Crane (1997, 1999) has a useful summary of the background to homelessness policy and practice in the UK as it affects older people. It is particularly important to note that local authorities have a statutory duty to house certain categories of homeless people. ‘Old age’ has been one of the reasons for ‘priority need’ under the homelessness legislation dating back to the first such legislation in 1977. However, unlike legislation concerning children, neither the homelessness legislation, nor other social policy, has ever defined ‘old age’ and the definition has been left to the discretion of individual local authorities. Practice has varied widely across the country as to whether people are accepted at 60, 65, or younger.

Homelessness covers a spectrum ranging from roofless to people living in insecure or temporary accommodation. This chapter identifies four broad groupings:

- older people who are street homeless;
- older people in temporary housing such as night shelters or hostels;
- older people in move-on or specialist housing;
- older people who are at risk of losing their accommodation.

Crane (1997:13) also identifies those older people who have been homeless and continue to exhibit what she describes as “homelessness behaviour”:

“Some older people have conventional housing but regularly congregate with homeless people and present themselves at soup kitchens, street handouts and day centres ... Many are isolated, lonely and vulnerable, have mental health or alcohol problems, and experience difficulties in coping alone at home. Although they have been resettled, they have not acquired conventional social roles and relationships.”

During this research fieldwork, both day centres (The Friary Drop-In and Emmanuel House) confirmed that many of their older users were housed but continued to use the day centres for social engagement and to access both practical and emotional support from staff and from visiting services. For our purposes, this group would be included amongst those older people at risk of homelessness, because without the continuing support of services such as day centres, they are likely to revert to homelessness. Chapter Three has further details of the role of the day centres.

Older people who are rough sleepers/street homeless

Over recent years there have been a number of developments in Nottingham under first the Rough Sleepers Initiative and latterly the Homelessness Action Programme and Rough Sleepers Unit. Since 1997, funding has been made available under these programmes for a local consortium of key agencies to develop services for rough sleepers, described in more detail in Chapter Three.
The Rough Sleepers Contact and Assessment (formerly Outreach) Team (CAT team) works with rough sleepers of all ages on the streets of Nottingham as part of the Nottingham Consortium. The Consortium includes Base 51 (a young people’s organisation), Emmanuel House, Macedon, Nottingham Help the Homeless (NHHA) and Nottingham Hostels Liaison Group (HLG). The model for working with rough sleepers (of all ages) is set out in the inter-agency document ‘Making the Difference - A Strategy for Tackling Rough Sleeping in Nottingham 1999-2002’.

Table 2 identifies the number of older rough sleepers the CAT team have worked with since April 1999. Because of the nature of their work, which is ongoing, many of the same people would occur in each period. Taking the total (all ages) of individuals worked with in any one period, approximately one third are ‘new’, the remainder being existing clients from the previous period.

About 10% of (all age) clients present “challenging behaviour to such an extent that it is difficult to work with them and to successfully refer them to accommodation” (Outreach Team Report August-November 1999).

During winter 2000, the team reported that “Older clients have been a particular concern during the winter months. A small but significant number of rough sleepers aged over 50 with an alcohol dependency and accompanying mental confusion were referred into emergency accommodation where possible. Of the five clients aged over 60, three remain on the streets and present highly complex needs which can be considered to be exacerbated by the additional vulnerability of their age. Detailed and holistic support packages are in the process of being planned with the clients’ involvement as far as possible and at a pace with which they can cope given that their rough sleeping histories extend up to 30 years.” (CAT Team Report August-November 2000)

The team finds that approximately 40% of all rough sleepers have “behavioural issues” and many are known to the police and criminal justice system because of “physical and sexual violence, verbal abuse, intimidation, perpetration of domestic violence and severe difficulties with being in the company of others ... in a very few cases, clients were barred from most and sometimes all services available”. The CAT team are also concerned about the risk of attack on the streets, including “being beaten and kicked, head wounds and knife attacks ...
verbal abuse, being spat on and intimidation from gangs of young men” (Report August-November 2000). These points emphasise the particular dangers faced by older people on the streets, who are likely to be especially vulnerable to abuse (whether from the general public, or from other rough sleepers) because of ill-health and frailty.

The team has also identified people whom they find on the streets and return to their accommodation (sometimes on a number of occasions) because the person has forgotten where they are now living; this can be a particular problem for a few older former rough sleepers who may be suffering from combinations of alcoholism and dementia.

The team are still discovering older people who have been sleeping rough (sometimes for years) and who are not in touch with any services. Thus they would not feature in any of the statistical information such as ‘counts’, or in agency statistics. One recent example was a man in his 70s who had been sleeping rough somewhere in Nottingham but had no contact with any services except his GP, and had in fact refused attempts to engage with him from staff from various homelessness agencies. He had been coping (apparently) with this lifestyle, but at the time of the research fieldwork, the CAT team were concerned about a deterioration in his health.

Other information on rough sleepers comes from staff at day centres, the Probation Service, and from data on people re-housed into voluntary sector/housing association supported housing.

One respondent contacted the researcher soon after the fieldwork visit to report the following (a few details have been changed to protect anonymity):

“The police brought us an older man (ie to the day centre). He would not communicate with us, but as his clothes were wet, we gave him some more. He didn’t stay long but was given one of our leaflets should he need us again. Later that week he came back and this time he was very vocal and demanding money for new clothes ... we filled in a Crisis Loan form ... he is 86 years old and has slept rough for over ten years in a wood in the countryside. All his family is dead. He gets a pension - he showed me his book. He didn’t want to look at housing options.”

The day centre hopes that he will return, they will be able to build a relationship with him, and they will then be able to discuss housing options with him.

The Probation Service carried out a snapshot survey of current clients aged 50+ at the end of February 2001. This identified 140 offenders (4% of the total caseload), of which 106 were in what was described as “seemingly stable accommodation”. This left 34 identified as homeless (24% of the 50+ caseload), but the majority were in hostels, staying temporarily with friends or family, or in bed and breakfast. Only 3 of these were identified as of no fixed abode/night shelter.

Another source of data on the number of current rough sleepers is the CORE data on housing association lettings. This identifies the age and previous tenure of people housed into housing association/voluntary agency supported housing (see Chapter Four for more details of such accommodation for older people in Nottingham).

An analysis of CORE data from April 1998 to December 2000 indicates that 2 older people who were identified as rough sleepers were re-housed in the period April 1998-March 1999; 4 during the year April 1999 - March 2000; and 2 in the nine months April-December 2000. It is possible that other people
who had been sleeping rough were also housed during this time, but did not identify themselves as such, or were not classified by agency staff as such. It is also highly likely that those identified as rough sleepers in the CORE statistics were classified in this way because they were referred by the CAT team.

Previous research in Nottingham has also sought to quantify the number of rough sleepers in Nottingham. There have been a number of street counts which produced the following figures (all ages):

<table>
<thead>
<tr>
<th>Month</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 1998</td>
<td>31</td>
</tr>
<tr>
<td>December 1999</td>
<td>24</td>
</tr>
<tr>
<td>June 2000</td>
<td>22</td>
</tr>
<tr>
<td>December 2000</td>
<td>17</td>
</tr>
</tbody>
</table>

In the period 6 January - 9 March 1997, a more detailed study, funded by Crisis, was undertaken in order “to supplement the ‘snapshot’ picture obtained by the ‘headcount’ in July 1996” (Bowpitt, Garner, Radage and Tasker 1997). This identified rough sleeping as roofless, squatting and sleeping on floors “where the basic criteria of the absence of a bed and personal living space were met”. The study also made the important observation that “One drawback with the whole concept of ‘sleeping rough’ is the emphasis on sleeping. The term ‘living rough’ might be more appropriate in recognition that we are investigating a 24-hour problem which can best be described in terms of lifestyle rather than the place where people sleep. In fact, one of the features of this lifestyle is sleep deprivation, with people using day centres as places to sleep during the day when they were unable to do so at night.”

The survey was very thorough and in two parts. Agency outreach workers interviewed 74 people, although they were not able to obtain full information on all of them. The Saturday night soup run contacted 67 people. Between them, the survey identified 126 people who slept rough at some stage during the 63 day research period (January-March 1997). 119 respondents gave their age: the vast majority (89.1%) were under 40. There were 6 men and 1 woman aged 40-49, 2 men aged 50-59 and 4 men aged 60+. This gives a total of 12 men and 1 woman aged 40+ sleeping rough in the period of the survey, and 6 men and no women aged 50+. Given the thoroughness of the survey and the length of the period surveyed, it may be assumed that the only older homeless people who would not have been picked up would have been those (such as the two examples above) who remain hidden and not in contact with services on purpose.

The difficulties of locating isolated rough sleepers in Nottingham was also picked up by research on single homelessness for HLG in 1994 which is discussed in more detail below (Vincent, Trinder and Unell 1994). This research included interviews with homeless service-users, including older homeless people. Rough sleepers interviewed are reported as saying that “the known areas are used by only a few of those who sleep rough ... most rough sleepers deliberately find areas to sleep where they will not be found ... prefer solitude and are fearful of being bullied or assaulted and of having their possessions stolen ... [and] seek places where they and their belongings will be secure, often in areas away from the city centre, such as Clifton and Bulwell.” (Vincent, Trinder and Unell 1994:63) This local observation is confirmed by national research into rough sleepers.

The conclusions to be drawn from the information available on older rough sleepers in Nottingham is that they probably fall into four groups:
1. Isolated older long-term rough sleepers not in touch with services
The first group comprises older people (such as the two examples referred to above) who are not in contact with any agencies, choose to sleep away from other homeless people, and only become known to services when a particular situation arises. It is obviously impossible to put a number on these cases, but the fact that they continue to come to light indicates that there must be some people in this category in the greater Nottingham area, although there are probably not very many. However, they are probably all known to at least one agency (eg. the Police, Benefits Agency and post office staff for those in receipt of pensions, health service staff at GP surgeries or Accident and Emergency departments).

It appears that they only come to light when there is some problem (eg. health) and they then contact an agency or are put in touch by intervention from someone like the police. They are likely to be distrusting of services (both statutory and voluntary) and their (often long-term) isolation makes social interaction with either staff or other homeless people very difficult.

However, the Government’s rough sleepers strategy, set out in ‘Coming in from the Cold (DETR 1999) stresses the importance of focusing on those most in need, and never giving up on the most vulnerable. Older people who are sleeping rough in isolated places, are not in touch with services, and whose physical and mental health are adversely affected by their lifestyle, are surely some of those “most in need” and “most vulnerable”.

2. Older long-term rough sleepers known to services
The second group are older people still on the streets and well known to all the homelessness agencies, with whom the CAT team finds it difficult to engage or to find appropriate accommodation. The difficulties may be because of their behaviour and their reputation (especially for violence against other residents or staff). Another difficulty may be that at the time that the CAT team is able to engage with them, there is no appropriate accommodation available, and by the time such accommodation is available then the optimal time has passed. The same problems can apply to accessing other services, particularly detox and mental health services. The CAT team estimate that there are a handful of older people in this group in mid-2001, with complex issues around mental health, alcohol and challenging behaviour.

3. ‘Short-term’ rough sleepers
The third group are those who lose their accommodation or newly arrive in the city, but who do not present to homelessness agencies as having serious behavioural issues. Older people in this category may initially sleep rough because they are not aware of emergency access provision, or it is full (see below). They are generally picked up by homelessness agencies, who then access temporary housing such as the night shelters or the Salvation Army, or refer them to Housing Choice and Nottingham City Council’s homelessness service.

4. Former rough sleepers/homeless people who sometimes return to the streets
The final group are older people who have been resettled, perhaps after many years of homelessness and rough sleeping, but who periodically return to the streets. This may be because of a variety of problems: ill-health, isolation, neighbour problems, financial difficulties, relationship difficulties, substance misuse.

The early intervention of the CAT team (and sometimes other agency staff eg day centres) is important to help this group access their accommodation again quickly. There can be difficulties with benefits if the older person is absent for too long, and their accommodation provider also needs to be sensitive to
such problems, and well-networked with homelessness agencies. For example, staff from NHHA’s 32 Bentinck Road care home for people over 55 sometimes have to go out looking for older residents who get lost in the city, and one older, apparently ‘homeless’ man who is often seen around the city centre is in fact resident at 32.

Older people in temporary and supported housing

Although rough sleepers are the most obvious of the homeless population, being literally roofless, there are also a larger number of older people in temporary and supported housing who are also ‘homeless’ in that they do not have secure long-term accommodation.

The most comprehensive source of information about temporary and supported housing for homeless people in Nottinghamshire is the HLG Directory (HLG 1999). An analysis of such provision (see Chapter Three for further details of projects, and discussion) quickly reveals that most such provision is for younger people and there is much less provision either specifically, or mainly, for older people, in that they do not have secure long-term accommodation.

In order to estimate the extent and nature of homelessness among older people in Nottingham, data from the following organisations has been analysed:

- General ‘CORE’ data on housing association/voluntary agency lettings;
- HLG data from Hostels Online (which records hostel vacancies) and from the Mental Health Support Team (MHST) who support both street homeless people and those in a range of temporary accommodation;
- Data from the following specific accommodation projects:
  - Macedon: The Albion Night Shelter, ASH shared houses, other provision mainly for younger people but which does house a few older people;
  - NHHA: Canal Street Night Shelter, 32 Bentinck Road, other provision mainly for younger people but which does house a few older people;
  - Nottingham City Council: Alexandra Court;
  - Salvation Army: Sneinton House.

Macedon and Nottingham Help the Homeless (NHHA)

Macedon and NHHA provide a range of projects for homeless people of all ages, from night shelters and specialist day centres through short and medium-stay hostels and shared houses to long-term housing for vulnerable groups. The two organisations merged in July 2001.

Apart from those projects specifically targeted at young people, there are a few older people in most Macedon and NHHA projects, and one specialist older people’s project (32 Bentinck Road).

Table 3 indicates the numbers under and over the age of 44 in Macedon projects in the year 1 April 1999-31 March 2000. This shows that there were 76 older homeless people in The Albion and the ASH supported houses (12% of all residents). Most of these would probably have been older drinkers who alternated between ASH/The Albion, street homelessness, and other specialist projects for this group (mainly NHHA provision). From April 2000, Macedon’s figures show the ASH houses and The Albion separately: this is helpful because the ASH houses are for a more...
settled population than The Albion night shelter.

In the more settled accommodation, there were a total of 30 people aged 44+. There were 15 aged 44+ in the Community (shared low-support) houses (14% of all residents). There were only 5 (4% of all residents) in Somerville House, which is a quick access project for single homeless people with medium to high support needs, particularly those with mental health and learning disabilities, challenging behaviour, drug or alcohol problems and other complex needs, with at least 2 bed spaces for ex-offenders. There were also 9 people aged 44+ in Park House (13% of all residents), even though the average age of residents is only 20. This is a quick-access short-stay low-support hostel for single homeless people.

In Noelle House, Macedon’s hostel for single homeless women, there was only 1 woman aged 44+ (2% of all residents) in the whole year.

Table 4 shows NHHA’s users in the years 1997-8, 1998-99 and 1999-2000. Most of the residents of 32 Bentinck Road are older as this project is specifically designed as a long-stay registered care home for people aged 55 or over with various problems.
Nottingham City Council: Alexandra Court

Alexandra Court is a large complex providing bed and breakfast accommodation in bed-sits for 157 single people, with some communal facilities. It is used both for short-stay homeless placements (40 bed spaces) and for longer stay residents. It is due to close in 2002 and so the older long-stay residents are being resettled as part of the closure programme. Table 5 shows the age and length of residence of the current occupants (March 2001).

It is noteworthy that a number of residents have chosen to make Alexandra Court their permanent home, often for many years. Of the 40 long-stay residents, 14 have been there for over 10 years (5 for over 20 years), and another 11 have been there for over 5 years. 5 of the long-stay older residents are women. 16 of the long-stay residents (all male) are over 65 years of age. It appears that from the age and length of residence, many residents had intended to remain there for the rest of their lives and had no desire to move on, especially to independent living. Like residents in other hostel-type accommodation, they have chosen the anonymity and convenience of this lifestyle in preference to other options. Chapters Three and Six explore the implications of the closure of Alexandra Court in more detail.

Table 5  • Alexandra Court : long-stay older residents - March 2001

<table>
<thead>
<tr>
<th>Length of residence</th>
<th>40 - 49</th>
<th>50 - 64</th>
<th>65+</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>0 - 5 years</td>
<td>2</td>
<td>0</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>5 - 10 years</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>11 - 20 years</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Over 20 years</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>4</td>
<td>2</td>
<td>15</td>
<td>3</td>
</tr>
</tbody>
</table>

Salvation Army: Sneinton House

Sneinton House provides city-centre direct access accommodation in individual rooms for men only and has older male residents in both short-stay and longer-stay categories.

Some of the longer-stay residents date back to the previous dormitory-style Salvation Army hostel. At the time of the fieldwork (February 2001), an analysis of long-stay residents revealed 7 long-stay residents between the ages of mid-50s and late-70s. As stated in Chapter Five, such long-stayers have no particular wish to be re-housed elsewhere.

Most residents are short-stay (the intention being to move them on within 3 months - see Chapter Three for further details). During the period April 1998-March 1999, there were 28 new admissions of older men to Sneinton House; from April 1999-March 2000, there were 53 lettings to men aged 50+, and from April-December 2000, a further 53. This shows what an important provision the hostel is for older men. Those who leave are either resettled, asked to leave because of behavioural issues, or leave voluntarily to go elsewhere (often to other Salvation Army hostels elsewhere).

Thus an average of at least 50 older men per year may be considered to be ‘homeless’, but temporarily housed in the
Salvation Army Sneinton House hostel. Most of the time, an unknown number of older homeless men are also unable to access Sneinton House because it is usually full.

An analysis of the HLG Hostels Online data for the calendar year 2000 confirmed anecdotal evidence from various sources that the 70-bed hostel is almost always full. During the whole year, there were long periods when it was completely full. When vacancies did occur and were notified to Hostels Online, they were filled within a few days at the most. Thus the best quality direct access provision for single men is often unavailable. This is a particular problem to homelessness agencies trying to find suitable emergency accommodation for vulnerable older men for whom the night shelters are inappropriate. It also confirms the user views expressed in Chapter Five.

The 1994 study of single homelessness in Nottingham

Although it is now rather old, it is useful to revisit a study carried out on single homelessness in Nottingham for HLG in April-June 1994 (Vincent, Trinder and Unell 1994). At that time, most accommodation for single homeless people was also full. Of over 1,300 places, most were for defined groups designated by age, gender, ethnic group or health status (e.g. mental health), or their contact with particular statutory agencies (Probation or the City Council Homelessness Section). In the direct access hostels (Salvation Army, Canal Street and The Albion Night Shelters) there were 116/119 residents on the two nights of the survey (20 April and 15 June 1994). There were only 4 female residents.

What is striking is the number of older people in such accommodation at that time. Taking the two counts (April and June 1994) together, there were 75/76 people aged 40+ (around two-thirds), 58/55 people aged 50+ (around a half), 29/27 people aged 60+ (around a quarter) and 11 people aged 70+ (10%). At that time, more than two-thirds of the Salvation Army residents were aged 50+, and all 11 men aged 70+ were at the Salvation Army. This was the old dormitory-style hostel which has since been demolished and rebuilt. Half of the Salvation Army residents had been there for two or more years, although a few of the longer-stay residents (6 years or more) had moved away by the second count in June 1994. In contrast, fewer night shelter residents were long-stay: only 11 (April)/8 (June) had been there over a year.

Discussion with homelessness agency staff suggested two reasons for the decline in numbers of older homeless people in the hostels since the early 1990s. One reason was the number of older homeless people who have been resettled into a range of projects which have come on stream since then. The other reason was that many older homeless people die at a relatively young age compared with the general population.

The survey also identified some private sector provision for single homelessness people, including a large bed and breakfast hotel with around 200 beds, (which has since been closed and the site redeveloped) and private provision in shared houses. It is interesting to note that at that stage, such provision housed a number of older people: 49 (April)/42 (June) people aged 50+, including 10/8 aged 70+, and including some long-stayers (4 years or more).

Among the views of homeless people recorded in the 1994 report, some echo user views in Chapter Five of this research. People staying in hostels “disliked dormitory sleeping arrangements and one woman said that
age groups should not be mixed. She thought that young people showed no consideration for the older residents and should be in a hostel by themselves where they would be ‘taught’ to behave and to look after themselves.” (Vincent, Trinder and Udell 1994:66)

Nottingham Hostels Liaison Group (HLG) Mental Health Support Team (MHST)

HLG’s MHST team work with homeless people of all ages, including street homeless people (with the CAT team), homeless people in the night shelters and day centres, and in temporary accommodation. Thus their statistics will overlap with those from other agencies, but are helpful to give a flavour of the range of problems, wider than lack of accommodation, which characterises so many homeless people and especially older homeless people. Tables 6 and 6A show that they worked with 75 people aged 40+ and 34 people aged 50+ in the year 1 April 1999-31 March 2000. The figures for 2000-2001 are similar (if grossed up from 9 months to a full year). The main presenting problems are mental health and substance misuse: 70% of the people they worked with presented with either one or both of these problems. 12 (6%) needed a Social Care Assessment (normally to access residential care - see Chapters Three and Seven). A further 12 had issues around bereavement, relationship breakdown or domestic violence.

Older people at risk of homelessness

It is even more difficult to estimate the number of older people who are currently housed, but at risk of

<table>
<thead>
<tr>
<th>Table 6 • HLG MHST Team : Work with Older Homeless People</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Period</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>01.04.99 - 31.03.00</td>
</tr>
<tr>
<td>01.04.00 - 31.12.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Table 6A • HLG MHST Team : Presenting Problems of Older Homeless People</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Presenting Problems</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Mental health and substance misuse</td>
</tr>
<tr>
<td>Mental health</td>
</tr>
<tr>
<td>Substance misuse</td>
</tr>
<tr>
<td>Social Care Assessment</td>
</tr>
<tr>
<td>Bereavement/relationship breakdown/domestic violence</td>
</tr>
<tr>
<td>Homelessness/leaving prison/other</td>
</tr>
</tbody>
</table>

N.B. Substance misuse includes alcohol.
homelessness than those who are actually homeless. However, if appropriate preventative measures are to be taken, it is essential to consider those at risk but not yet homeless. The Nottingham Inter-Agency Homelessness Strategy makes a helpful distinction between three groups ‘at risk’ of homelessness:

• those in a pattern of cyclical homelessness (i.e. alternating between secure accommodation, and sleeping rough/squats and/or hostels/night shelters/friends’ floors);

• those at risk because their accommodation is insecure (e.g. lodgers, people in Assured Shorthold Tenancies in the private rented sector, or in tied housing linked with their employment);

• those at risk “no matter how secure their accommodation is” (i.e. in housing with high security of tenure, e.g. social rented housing, or owner-occupation) but who are at risk of not succeeding in maintaining their tenancy/home ownership (e.g. because of a lack of life skills, learning difficulties, or mental ill-health).

It is possible to consider the reasons older people become homeless, and this can also give some guidance on appropriate preventative measures.

It is also useful to consider the current housing situation of older people in Nottingham. It can be assumed that older people who are in social rented housing (local authority/housing association) or who are owner occupiers should be less intrinsically at risk of homelessness, provided that appropriate support systems are in place, than those in the private rented sector, living with family/friends, or in insecure accommodation such as tied housing, bed and breakfast or private lodgings.

It is also reasonable to assume that many of the older homeless people who have been resettled remain at risk of homelessness without adequate support structures: this is confirmed both by the number of conventionally ‘housed’ people who remain regular attendees at homeless day centres, and by the ‘revolving door’ problem whereby some older people have a history of failed tenancies interspersed with time on the streets or in hostels or night shelters. Thus the data above on older people in hostels and temporary or supported housing is also relevant to this section in that many of these residents remain at risk of homelessness.

The following data can give some indications of reasons for homelessness amongst older people in Nottingham, and the number of formerly homeless older people who have been re-housed and resettled:

Nottingham City Council homelessness statistics

As discussed in the introduction to this chapter, homelessness statistics are likely to underestimate the number of older homeless people in any area. Nottingham is similar to other local authorities in that the published statistics only tell part of the story, excluding a number of categories:

• those older homeless people who do not present as homeless to the local authority at all, because they are on the streets or in voluntary sector temporary accommodation;

• those older homeless people for whom the main reason for homelessness is not classified as ‘old age’ because their main presenting reason is something else (for example ‘mental illness’ or ‘physical handicap’);
those older homeless people who access housing directly through allocation of either council or housing association housing (often sheltered housing) so do not count in the homelessness statistics.

Hawes found that these were general problems with local authority homelessness statistical recording systems in many of his sample of 50 local authorities.

The published data for Nottingham City Council (Table 7) provides information on the number of homelessness applications from single men and women (or couples) aged 60+. These figures show that the number of people aged 60+ presenting as homeless is very small (between 0.02% and 0.03% of all homelessness applications), and declined somewhat in 1999-2000 compared with the two previous years.

Hawes found that of older people recorded as presenting as homeless to his sample of 50 English local authorities, most became homeless for two main reasons: relationship breakdown/family dispute (65%), and financial problems/rent or mortgage arrears (32%). Only 1% of these ‘officially homeless’ older people had been street homeless.

The Nottingham City Council homelessness statistics would need a separate computer analysis to discover any more details about the characteristics of older homeless people presenting (including those aged 50-59) and in the time available, this was not possible for this report. However, all the data collected on people going through the ‘homelessness process’ is available for analysis by age (and gender and ethnicity); this includes the following:

- reasons for homelessness
- reasons for priority need
- accommodation secured
- placements in temporary accommodation
- permanent re-housing
- advice and assistance referrals
- activity breakdown (ie. outcomes for those not in priority need)

It is also probable that a few older people present as homeless within family groups (either as head of household, or living within an extended family), so a true picture of older homelessness would also need an analysis by age of the family

---

**Table 7 • Single people homelessness applications by age and gender**

<table>
<thead>
<tr>
<th>Range</th>
<th>Females</th>
<th></th>
<th>Males</th>
<th></th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>97/98</td>
<td>98/99</td>
<td>99/00</td>
<td>97/98</td>
<td>98/99</td>
</tr>
<tr>
<td>&lt;18</td>
<td>172</td>
<td>139</td>
<td>158</td>
<td>158</td>
<td>119</td>
</tr>
<tr>
<td>18-24</td>
<td>272</td>
<td>321</td>
<td>348</td>
<td>527</td>
<td>557</td>
</tr>
<tr>
<td>25-60</td>
<td>257</td>
<td>253</td>
<td>285</td>
<td>1009</td>
<td>1023</td>
</tr>
<tr>
<td>&gt;60</td>
<td>24</td>
<td>30</td>
<td>21</td>
<td>52</td>
<td>42</td>
</tr>
<tr>
<td>Totals</td>
<td>725</td>
<td>743</td>
<td>812</td>
<td>1746</td>
<td>1741</td>
</tr>
</tbody>
</table>

* The effect of applications from couples accounts for a variation in the total number of applicants displayed in other tables.
Source: Nottingham City Council Housing Choice
homelessness applicants. This could be important in that certain minority ethnic communities may have hidden homelessness within family groups.

Housing association (RSL) lettings to “general needs” and sheltered housing (CORE data)

Housing associations in Nottingham have housed between 200 and 300 older people into sheltered housing in each of the past 3 years, and around 150 people into non-sheltered ‘general needs’ housing. Not surprisingly, more people aged 65+ were moving into sheltered housing.

Approximately 10% of these lettings were to people who were homeless (a total of 92 people). There were many more who were classified as ‘non-statutorily’ homeless than as ‘statutorily’ homeless (see Table 8). In other words, few had been through the official homeless channels of the local authority, so they would not show up in the City Council statistics. This is confirmed by the fact that most were stated to be direct applicants to the housing association, 19 (26%) as local authority nominations, and the remaining 10 (11%) a mixture of other sources (statutory and voluntary agencies, internal transfer or ‘other’).

An analysis of the characteristics of the 92 housing association new tenants classified as homeless (Table 9) shows that only a minority moved on from temporary accommodation: most came from family/friends, and some from previous local authority or housing association tenancies.

An analysis of the previous place of residence of the 92 previously homeless older tenants reveals that the vast majority (83, ie. 90%) came from the city of Nottingham, with the remaining 10% almost all coming from nearby boroughs: 1 each from Ashfield, Broxtowe, Derby, Erewash and Mansfield, and 2 from Gedling. Only 2 came from further afield, both of these being from North Norfolk.

An analysis of ‘reasons for leaving previous accommodation’ reveals no single dominant reason, but a whole variety of reasons (see Table 10). The ‘reason for housing’ may or may not equate to the reason for homelessness, depending on how it is recorded (eg “needs sheltered” or “health/medical”). However, 28% refer to relationship

Table 8 • Housing Association lettings to older people aged 50+ (“general needs” and sheltered housing) : homeless or not homeless

<table>
<thead>
<tr>
<th></th>
<th>Not Homeless</th>
<th>Statutory Homeless</th>
<th>Non-statutory Homeless</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 1998 - March 1999</td>
<td>324 89.8</td>
<td>14 3.9</td>
<td>23 6.4</td>
<td>361</td>
</tr>
<tr>
<td>April 1999 - March 2000</td>
<td>379 91.5</td>
<td>8 1.9</td>
<td>27 6.5</td>
<td>414</td>
</tr>
<tr>
<td>April - December 2000</td>
<td>245 92.5</td>
<td>1 0.4</td>
<td>19 7.2</td>
<td>265</td>
</tr>
<tr>
<td>April 1998 - December 2000</td>
<td>948 91.2</td>
<td>23 2.2</td>
<td>69 6.6</td>
<td>1040</td>
</tr>
</tbody>
</table>

Source: CORE data, National Housing Federation
breakdown or domestic violence. 11% refer to problems with the previous housing, including financial problems and eviction. Another 10% have no previous housing because of being refugees or leaving institutions.

As well as the general needs and sheltered lettings, the CORE data also provides information on lettings to a range of supported housing in Nottingham (either directly managed by the housing association, or managed in partnership with a voluntary agency). Analysis of this data shows 275 new lettings between April 1998 and December 2000. However, these figures are distorted by the high proportion of these lettings which are for the Salvation Army hostel: only 141 are non-Salvation Army.

Nottingham Hostels Liaison Group (HLG) Resettlement Team

HLG’s Resettlement Team work with homeless people of all ages who are being resettled into independent tenancies in social rented housing, and who have been referred through specific channels.

However, as Table 11 shows, they do not receive many referrals for older homeless people, and in the period surveyed (and also for 1998-99) they worked with no women aged over 50. For this reason, the data analysed also includes clients aged 40-49 who often share the characteristics of those aged 50+.

Table 12A shows their needs from the resettlement service, and Table 12B shows the reasons they became homeless. As the numbers are low, they should be treated with some caution. However, analysis of the figures (as shown in the tables and when cross-tabulating the information between them) does point up some interesting characteristics, and differences.

For analysis, the “needs” have been crudely divided into those likely to be short-term and those likely to be longer-term and/or complex. Of the men, 37% have complex/long-term needs and 63% short-term. These proportions are the same for 40-49 year olds and those aged 50+. The biggest single need is “practical assistance to set up home”.

Table 9 • Housing Association (RSL) lettings to older homeless people aged 50+ (“general needs” and sheltered housing): previous housing tenure

<table>
<thead>
<tr>
<th></th>
<th>Family/ Friends No.</th>
<th>Family/ Friends %</th>
<th>Temporary Accommodation No.</th>
<th>Temporary Accommodation %</th>
<th>Private Tenant No.</th>
<th>Private Tenant %</th>
<th>LA/HA Tenant No.</th>
<th>LA/HA Tenant %</th>
<th>Other * No.</th>
<th>Other * %</th>
<th>Total No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 1998 - March 1999</td>
<td>15</td>
<td>40</td>
<td>14</td>
<td>38</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>11</td>
<td>3</td>
<td>8</td>
<td>37</td>
</tr>
<tr>
<td>April 1999 - March 2000</td>
<td>11</td>
<td>31</td>
<td>4</td>
<td>11</td>
<td>7</td>
<td>20</td>
<td>5</td>
<td>14</td>
<td>8</td>
<td>23</td>
<td>35</td>
</tr>
<tr>
<td>April 2000</td>
<td>9</td>
<td>45</td>
<td>4</td>
<td>20</td>
<td>2</td>
<td>10</td>
<td>3</td>
<td>15</td>
<td>2</td>
<td>10</td>
<td>20</td>
</tr>
<tr>
<td>April 1998 - Dec 2000</td>
<td>35</td>
<td>38</td>
<td>22</td>
<td>24</td>
<td>10</td>
<td>11</td>
<td>12</td>
<td>13</td>
<td>13</td>
<td>14</td>
<td>92</td>
</tr>
</tbody>
</table>

* “Other” includes unspecified other tenure, tied housing and owner-occupation
Source: CORE data, National Housing Federation
Conversely, 7 of the 9 women have complex/long-term needs, which appears to confirm anecdotal evidence from agency staff that many older homeless women are likely to have multiple and complex needs.

Cross-tabulating “reason for homelessness” with “needs” is also informative. Nearly all the men with alcohol/drug problems (6 out of 7) and mental health problems (1) are likely to need long-term support. However, all those who had experienced relationship breakdown (3 out of 5) or leaving prison (3 out of 4) were only expected to need short-term support.

Of the 9 women, the 2 who needed only short-term support were made homeless because of domestic violence (1) and other (unspecified) reasons (1). All the others needed long-term and complex support: alcohol/drug problems (1), mental health/behavioural problems (2), domestic violence (1), harassment (1) and “multiple” reasons (2). This suggests that older women who are referred for resettlement support are more likely than older men to have complex/long-term needs. This may be because women with less complex needs cope on their own or with their existing support mechanisms. It may be because they are not perceived as needing help by referral agencies (perhaps because of gender-
Table 11 • HLG Resettlement team: work with older (formerly) homeless people

<table>
<thead>
<tr>
<th>Period</th>
<th>40 - 49</th>
<th>50 - 59</th>
<th>60 - 69</th>
<th>Total 40+</th>
<th>Total 50+</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
<td>Male</td>
<td>Male</td>
</tr>
<tr>
<td>01.04.99 - 31.03.00</td>
<td>15</td>
<td>5</td>
<td>6</td>
<td>1</td>
<td>27</td>
</tr>
<tr>
<td>01.04.00 - 31.12.00</td>
<td>6</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>12</td>
</tr>
</tbody>
</table>

Note: There were no females aged 50+ in these periods

Table 12A • HLG Resettlement Team: principle needs from resettlement service

<table>
<thead>
<tr>
<th>Principle Needs</th>
<th>40-49</th>
<th>50-59</th>
<th>60-69</th>
<th>Total</th>
<th>Total</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;Short - term&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Short-term support</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Practical assistance to set up home</td>
<td>8</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>13</td>
<td>4</td>
</tr>
<tr>
<td>Housing advice</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Short-term total</td>
<td>13</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>21</td>
<td>6</td>
</tr>
<tr>
<td>&quot;Long - term&quot;/complex</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulties in sustaining accommodation</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Long-term support</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>Multiple</td>
<td>4</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Uncertain</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Long-term total</td>
<td>8</td>
<td>7</td>
<td>3</td>
<td>0</td>
<td>18</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>21</td>
<td>9</td>
<td>7</td>
<td>2</td>
<td>39</td>
<td>9</td>
</tr>
</tbody>
</table>

Table 12B • HLG Resettlement Team: reasons for homelessness of resettled, formerly homeless, older people

<table>
<thead>
<tr>
<th>Reason for homelessness</th>
<th>40-49</th>
<th>50-59</th>
<th>60-69</th>
<th>Total</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol / drug problems</td>
<td>3</td>
<td>1</td>
<td>4</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Marital / relationship breakdown</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Domestic violence</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Harassment</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Leaving prison</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Other / not stated</td>
<td>4</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Multiple</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Mental health / behavioural problems</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>21</td>
<td>9</td>
<td>7</td>
<td>2</td>
<td>39</td>
</tr>
</tbody>
</table>
based assumptions about women’s abilities to set up and manage a home). It may also be because the particular agencies who refer to HLG do not have many women using their services.

Ethnicity and gender

The housing and support needs of African/Caribbean and Asian elders in Nottinghamshire

‘Too frail to return’, a report commissioned by Nottinghamshire County Council Social Services Department, was published in 1997. It included interviews with elders and agencies and desk research based on the 1991 census. The report identified “significant increases in the ethnic population for the over-55s and particularly in the City amongst the black Caribbean population. Gedling has the next largest proportion of ethnic minorities of all districts, and the largest black Caribbean community, both for the total population and population over 55 years of age.” The gender balance was estimated to be different from that of the white older population: “The findings show that between the ages of 55-74, African, Caribbean, Indian, Pakistani and Bangladeshi men outnumber women. This trend continues up to the age of 85 for the Caribbean population. Beyond 70 years of age, women make up a significantly greater proportion of the population, with the exception of the Caribbean population where the opposite occurs i.e. the ratio of women to men decreases as the age band rises.”

The report challenges the widely held belief amongst policy makers that black and minority ethnic (BME) communities “look after their own”, and cites significant housing problems which can lead to homelessness amongst BME elders:

“Many black families (like others) are subjected to the same economic pressures in terms of low income, bad housing, unemployment, illness etc. and consequently family breakdown. Amongst all this, many elders fare worse in that their needs are neglected; many are forced to leave the home and fend for themselves. Younger members of the household may have to leave home in order to take up employment elsewhere and are therefore unable to provide the care that may traditionally have been available. Many elders themselves believe that they are a ‘burden’ on their children and families and are requesting to move into sheltered accommodation where they can lead independent lives with minimum disruption to the family.”

These views are reflected in the interviews with BME agencies for this research, as explored further in Chapter Six.

Housing association lettings to homeless older people

Table 13 shows the ethnicity of homeless older people re-housed by housing associations. Although the sample of 92 tenancies is not large, it does show a significant proportion of lettings to BME elders: 7% to the Asian community and 10% to the Caribbean community. There are also 3 (3%) lettings to Irish elders. One might assume that BME lettings were higher because of the development of a new scheme for this group (eg. Balisier Court, see Chapter Four), but further analysis reveals that this is not the case. There were more “general needs” than sheltered lettings to BME elders.

HLG work with older homeless people

Table 14 shows the ethnicity of clients of HLG’s MHST and Resettlement Team. There are no recorded black clients aged 50+ although there is one Irish and one “other”. The 40 - 49 age group include
four recorded black clients, suggesting that in future years, as the age profile of the BME population becomes older, there are likely to be more BME users of services for older homeless people.

Other data sources

Although nearly all agencies (both statutory and voluntary) record ethnicity and gender, the ability of their system to cross-tabulate this data with age generally needs either a special computer analysis or a manual trawl. This explains why this section of the report is so limited. Anecdotal evidence from agency staff confirms the impression from the HLG data of a few BME service users in the 40+ age group, but very few or none aged 50+.

Table 13 • Housing Association (RSL) lettings to older homeless people aged 50+ ("general needs" and sheltered housing) : ethnicity and gender

<table>
<thead>
<tr>
<th></th>
<th>1998-1999</th>
<th>1999-2000</th>
<th>2000</th>
<th>All Years</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Sheltered</td>
<td>Non-sheltered</td>
<td>Sheltered</td>
<td>Non-sheltered</td>
<td>Sheltered</td>
</tr>
<tr>
<td>Asian</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Caribbean</td>
<td>4</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>African</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>British/Europeans</td>
<td>13</td>
<td>12</td>
<td>10</td>
<td>19</td>
<td>7</td>
</tr>
<tr>
<td>Irish</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Source: CORE data, National Housing Federation

Table 14 • HLG MHST Team: Ethnicity of Older Homeless People

<table>
<thead>
<tr>
<th></th>
<th>01.04.99-31.03.00</th>
<th>01.04.00-31.12.00</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>40-49</td>
<td>50+</td>
</tr>
<tr>
<td>Black Caribbean / Other</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Indian</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Irish</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>White</td>
<td>34</td>
<td>18</td>
</tr>
<tr>
<td>Not Stated</td>
<td>5</td>
<td>2</td>
</tr>
</tbody>
</table>

01.04.99-31.03.00

01.04.00-31.12.00
CHAPTER THREE
Specialist Services for Older Homeless People

This chapter concentrates on services and housing/care provision which specialise in working with homeless people and others with ‘special needs’: some work with all age groups including older people, whilst others are only or primarily for older people. Chapter Four covers more general, ‘mainstream’ services (including housing) for older people. More general information on provision may be found in the HLG Directory (HLG 1999) and the inter-agency homelessness strategy report (HLG 2001).

Provision is grouped in this chapter in alphabetical order under the following main headings:

- Outreach and resettlement
- Day centres
- Specialist housing provision: direct access
- Specialist housing provision for women
- Specialist housing provision: shared housing
- Specialist housing/care provision for older homeless people

Outreach and resettlement

Contact and Assessment Team for Rough Sleepers

The Contact and Assessment Team (CAT team) is funded by the government’s RSU (Rough Sleepers Unit). There is a team of outreach workers including one based at Emmanuel House and one at the Handel Street ‘wet’ day centre who work with older people (see below) as well as one at Base 51 for young people. The team go out on the streets looking for rough sleepers and trying to engage with them. Table 2 shows the number of older people worked with.

Although there are not many older people, they are reported to be particularly difficult to engage with, often having complex problems. Having lived a rough sleeping lifestyle for a long time (perhaps many years) staff say older homeless people can find it “very scary” to accept any offer of help. They may have a history of violence and being barred from all existing provision, even services such as the night shelters or Handel Street which work with people with very complex needs and challenging behaviour. Staff consider that in some cases there is an element of deliberate sabotage of arrangements made to help.

As they become older and perhaps frailer or in poorer health, they can sometimes become more willing to accept help and less aggressive, although this raises difficult ethical issues about user “choice”, because the reason they are accepting help may be because they no longer have the strength to reject intervention, rather than because it is a positive choice. In some cases the team have been able to encourage someone into night shelter provision and perhaps move-on housing; once in some form of accommodation, the team can start to get services to work with them on a more systematic basis.

Some older people have been able to move towards making a positive choice to stay in their accommodation, once they have recognised and accepted their physical frailty which has made the street lifestyle difficult to maintain. Referrals are likely to be to NHHA or Macedon provision because of their specialism in this client group, but there is very little specialist supported housing available for older people and a problem at the care home end of the spectrum (especially if
NHHA’s specialist care home at 32 Bentinck Road is full).

However there is always the risk that the older person will leave their accommodation and return to the streets; sometimes the CAT team may find someone on the streets a number of times and take them back to their accommodation, trying to help the older person to manage the period of change to a more settled lifestyle.

The team still comes across the occasional older rough sleeper who is not in contact with services at all, or only with one or two services (e.g. GP). There can be problems if there is a deterioration in the physical or mental health of someone not in touch with services. The CAT team has difficulties accessing mainstream services, especially for older people (and others) with complex needs and has identified a particular gap in mental health services for older homeless people (see Chapter Six). Some of their clients have bad memories of being Sectioned (under the Mental Health Act) in the past, which makes them particularly suspicious of mainstream services.

HLG Mental Health Support Team for Homeless People

The HLG Mental Health Support Team (MHST) is a specialist team of six staff who work with homeless people aged 16-65 who have mental health issues. The team is very flexible, working with homeless people wherever they are (on the streets or in temporary accommodation). Staff provide drop-in sessions at the main locations where homeless people gather: The Albion, The Big Issue, Canal Street, Emmanuel House, The Friary, Handel Street, and Sneinton House. They can work with anyone who has any sort of mental or emotional health problem: it does not have to be a diagnosed condition, unlike mainstream mental health services.

Table 6 shows that they work with a small number of older people and a higher number of people aged 40-60. Further details of their work may be found in HLG 2000a (Mental Health Support Team Evaluation 2000) and HLG’s Annual Review 1999/2000 (HLG 2000b).

Referrals come mainly from homeless people themselves self-referring, and from homelessness project resettlement workers, especially the night shelters and day centres. A small user survey (HLG 2000a) found that 45% self-referred and 55% were referred by agencies, 100% were seen within a week of referral, and 100% understood the role of the team and found the MHST worker ‘understanding’ or ‘satisfactory’.

MHST are also contracted by Nottingham City Council Social Services to carry out Social Care Assessments (SCAs) for homeless people with drug or alcohol difficulties or mental health issues. A community care assessment is necessary to access residential care (see also further information on residential care provision below, and discussion in Chapter Seven on examples of good practice).

SCAs are more likely to be carried out for older people, often because of alcohol-related frailty (including Korsikoffs, i.e. early onset dementia linked to alcoholism). People need an SCA to access specialist provision such as NHHA’s 32 Bentinck Road and Stonham’s ‘dry’ house, Ken Wilde House (which also takes younger people). When such specialist provision is full or not appropriate, MHST also refers to private sector residential care/nursing homes. Although it can take a long time to find a suitable home, in February 2001 MHST reported one older man well settled in a private home, and two others who appeared to be settling.
A snapshot of current work with older homeless people in February 2001 showed that the immediate causes of mental health problems and homelessness included three people following bereavement, and others because of relationship breakdown, leaving prison and losing jobs. Most of the older people with whom MHST works have alcohol-related issues. There are a few drug users (e.g., a man in his 60s on amphetamines) and some with other mental health issues (e.g., an older burnt-out schizophrenic). Older people usually have a history of either avoiding or misusing health and other services when they were younger. They can be more willing to engage with sensitive services as they grow older; because of frailty and often because they recognise that they are vulnerable to exploitation if they remain in a homeless lifestyle, either on the streets or in night shelters, hostels and day centres. The exploitation can be direct (being robbed of money or possessions by younger homeless people, sometimes violently) but it is often more insidious, being persuaded to ‘buy’ companionship or ‘protection’.

One of the biggest problems MHST find is that in the shelters, older people are vulnerable, but in their own tenancies they are isolated and lonely and need emotional support, but it is very difficult for them to establish social networks. They can only access care homes if they have high personal care needs. Shared housing can be problematic because of the need to relate to others in close proximity.

The other big problem is accessing mainstream health services for older people over 55, especially mental health. The problem sounded similar to the widely discussed social policy issues around the difficulties faced by young people moving from children’s to adult services, and is discussed further in Chapter Six on gaps in provision.

**HLG Resettlement Team**

The HLG Resettlement Team originated in the provision of services following the closure of the local DSS Resettlement Unit, but funding has since been taken over by the Housing Corporation which means that referrals have to come through specific channels. Their referring partners are North British Housing Association, Macedon, NHHA and NACRO. Further details of their work may be found in HLG’s Annual Review 1999/2000 (HLG 2000b).

Some older clients have been receiving support for up to two years. Although there is no fixed time limit, it is expected that the service will withdraw over time, and staff expressed concern that there is no clear funding stream for permanent support, yet this may be needed for many older people. For example, some clients have learning disabilities and a number are illiterate or have great difficulty with reading, writing or numbers. Such problems are unlikely to go away, yet it is difficult to tap into appropriate mainstream sources of help and advice, especially for the majority of older people who have been homeless and who lack the confidence and social skills needed to access mainstream services (see further discussion in Chapter Six on gaps).

Most older clients are in their own social rented (RSL or council) tenancies rather than shared housing. Staff commented that people who have been homeless often have difficulty in controlling their behaviour, and although a sole tenancy can risk isolation, it does offer more security than shared or supported housing.

It is interesting to note that HLG have never received a referral for someone being rehoused in sheltered housing, presumably because it is assumed that the warden will provide the necessary support (see discussion on this important
issue in Chapter Four). Referrals come through at about the time people are about to move on from supported housing into their own tenancies.

Staff carry out whatever tasks are needed to support the homeless person in establishing and maintaining their tenancy. The researcher accompanied two staff members on visits to three older people (whose views are reflected in Chapter Five). The work can include emotional support; referral and liaison with other voluntary and statutory agencies; help with benefits; money and budgeting; setting up and monitoring arrangements for paying utility bills; practical matters (whilst one user was talking to the researcher, the HLG worker was cleaning the cooker).

Resettlement staff emphasised how useful it is for them to be able to liaise closely with the day centres, which can act as an ‘early-warning system’ and alert them if things seem to be going wrong. Although resettlement staff aim to keep in regular contact with clients, home visits can be problematic. People may often be out, may not be on the phone, and may not be able to read letters saying when staff will call again, so the day centres can provide another point of contact. They can also offer complementary services (eg clothes, blankets, food parcels, a cheap and safe night out for social contact), and out-of-hours advice at Emmanuel as the HLG team only operate during normal office hours. If they have a particular problem and want to contact staff, clients sometimes phone or call into the HLG main office, which is fairly conveniently located near the city centre.

Day centres

Emmanuel House
Emmanuel House is open in the daytime for any age group, and from 7pm to 10pm every evening, including weekends, except for Wednesdays, for people over 35. Some older people only come in the evenings, some come to either session, and some use The Friary in the day and Emmanuel on other days and/or in the evenings. Both visits were to evening sessions.

The day centre has the usual facilities: laundry, shower, disabled and ordinary WCs, clothing store. A nurse is available twice a week and a chiropodist once a fortnight. The day centre is alcohol and drug free.

There are charges for drinks and food, and a system for vouchers if people are not receiving benefits. In the evenings a hot meal is served at about 9pm, after the main activity (eg bingo, quiz). Staff consider that the evening sessions are particularly valuable in combating isolation and loneliness which often lead to tenancy breakdown: “We’re their evening out.” The researcher observed a great deal of informal social interaction and friendships at both the day centres, with many users having been going for many years.

The evening sessions provide access to advice out of hours, by telephone as well as for people visiting the session, and this facility is well-used and provides access to help and advice when everywhere else is closed. Evening staff also visit older people at home during the day if they are in particular need of support. There is also an annual summer holiday for about 16 older people. Two of the evening workers have been funded and designated as working with older people using Emmanuel House services under the Help the Aged, HACT and Crisis partnership programme of work with older homeless people.

Staff report that a number of older people continue to use them for informal telephone advice and reassurance even when they no longer attend sessions.
During visits, the researcher observed telephone and face-to-face contact about a variety of issues, from benefits advice to practical matters such as “How do you cook ...?” Staff commented that there is not much help available for ongoing lifskills training and support.

Most older people who attend are in some form of housing, mainly social rented tenancies. Most have lived unsettled lifestyles for some time, but some have started using the centre after a trauma such as death of a spouse, or marital breakdown. Staff have accessed housing (including care homes) for older users: they spoke of one older man who had died recently and had been in residential care (paid for by the NHS as he was terminally ill). He had spent much of his life moving around the hostel circuit, often with another older man who is now resettled in an old people’s bungalow; both were known to staff in other cities visited by the researcher as part of the wider older homelessness research project.

The biggest problem staff find is accessing support for older people with mental health issues (whether diagnosed or not). If needs are severe, they may be able to access residential care, but for lower level needs there is no available service because the HLG MHST can only work with people who are homeless or in hostels, not once they are rehoused.

The Friary Drop-in, West Bridgford

The Friary is outside the city boundary but attracts a lot of users from the city, and a significant proportion of older people. Over 100 people were there on the day of the fieldwork visit, and there had been 133 the previous Friday. It is open Mondays, Wednesdays and Fridays from 8.30am to 1pm, and is alcohol and drug free.

Staff estimate that about half the users are over 50, and most are over 35. The day centre has the usual facilities: laundry, shower, disabled and ordinary WCs, clothing store, and also a (separate) furniture project. They provide free hot drinks and some free food, with other food available at very modest charges.

Services available include a GP (twice weekly), a solicitor (mainly for benefits advice) weekly, and a chiropodist (monthly). They are trying to get an optician to visit, especially to offer eye tests because of the general health issues which this would pick up, particularly among older people. They would also like to offer dentistry services, again for the preventative role for older people, because teeth problems and difficulty in chewing can then lead to digestive problems.

Of the older day centre users, staff estimate that a few are in night shelters or the Salvation Army; about half in private rented housing (often poor quality bed-sits) in Nottingham city and West Bridgford; and the rest in local authority or housing association tenancies in the city and surrounding boroughs. One man was reported to come in most days from his care home.

All Saints Community Care Project

This day centre was referred to by a number of research respondents, although it was not visited as part of the research fieldwork. It provides a drop-in and resource centre for people with mental health problems, learning difficulties, or who are experiencing emotional distress due to poverty, unemployment or homelessness. It is situated in Radford, north of the city centre, providing social, recreational and educational opportunities, cheap meals and a range of structured activities.

Like The Friary (south of the city), it provides a quieter environment than city-
centre day centres, attracts an older client group, and plays an important role in tenancy sustainment and prevention of homelessness for older people who have already experienced homelessness or who may be at risk of homelessness.

Handel Street Alcohol Support Project (HASP) (NHHA)

HASP includes the day centre and two housing projects.

Handel Street Day Centre is a 25-place ‘wet’ day centre. Established in 1991 for street drinkers, it was unique at that time in that it allowed drinkers to consume alcohol on the premises and is open 365 days a year. It offers the normal range of day centre facilities: shelter, free food and non alcoholic drinks, showers and toilet facilities, a laundry and a clothing store.

Older people, many of whom are now resettled, continue to use Handel Street as a point of reference and a place they can go for support, so it plays an important role in tenancy sustainment and advice, and prevention of homelessness. Over recent years, the client group has expanded to include younger drug users who may or may not be using alcohol as well. This is reflected in the HASP statistics: the number of 16-24 year olds have doubled over three years, whilst the number of 60+ users has remained the same.

Within the HASP project there are also two housing projects for people with alcohol problems. The ‘wet’ house provides long-term shared housing with support for five older men who have been long-term drinkers; it has recently relocated. Sneinton Hermitage is an 8-bed ‘Chance to change’ hostel offering 24 hour support for people of all ages who are working towards resettlement, with three move-on flats. The project operates a controlled drinking programme, and the high referral rate demonstrates the need for this kind of service as an alternative to the traditional abstinence model.

Direct/emergency access Hostels and Night Shelters

This section includes all the direct access provision in Nottingham which accepts older people, except for Park House (Macedon) which has been excluded because it rarely houses older people and the average age of residents is only 20 (HLG 1999). Alexandra Court is included in this section because although not direct access for homeless people themselves to self-refer, it is used by the council for emergency housing of homeless people, including older people in ‘priority need’ under homelessness legislation. Other provision (Karibu House, Emergency Accommodation, YMCA) is excluded because it has upper age limits of 24, 25 or 35 (HLG 1999).

The Albion (Macedon)

The Albion is a 30-bed direct access night shelter for homeless people. Between 1 April 2000 and 31 January 2001, there were 66 people aged over 44 out of a total of 578 (11%). During the same period there were 213 people aged 16-24 years (37%). The shelter provides dormitory cubicle accommodation, a separate 3-bed room for women, showers, laundry, and cooked meals. Staff provide support, advice and resettlement and there is a range of visiting services. People have to leave by 10am and return by 5.30pm to keep their bed.

At the time of the research fieldwork, there were no older people using The Albion, although there are sometimes older users, and some of these have been referred on to more permanent housing in the linked ASH houses.
Alexandra Court (Nottingham City Council Housing)

Alexandra Court is a large hostel for single people. It has 157 single bedrooms, with 40 reserved as direct access bed spaces for the city council's homelessness team, and the rest catering for a wide variety of residents. There are currently 40 older long-term residents. Nottingham City Council is planning to close Alexandra Court by April 2002 because of a projected large repair bill, so the direct access bed spaces will no longer exist at Alexandra Court.

A specialist team is working on resettling both older and younger long-term residents. Residents moving out are receiving the highest priority category for rehousing and will have a package of decorations and furniture provided. Nearly all are being offered independent tenancies, but with ongoing support from the staff team from Alexandra Court depending on the needs of the tenant. It is expected that this will be covered initially as a service charge (eligible for Transitional Housing Benefit) and then taken over under the provisions of Supporting People from April 2003.

Canal Street Nightshelter (NHHA)

At the time of the research, the night shelter was housed temporarily in the almshouses whilst rebuilding takes place on the original site. The almshouse shelter provided 36 bed spaces in a number of shared rooms, including a separate room for women, showers, laundry, and cooked meals. One room was being used by older men who were not using alcohol, and one for older men who were still drinking. Some of these long-stay residents were interviewed, their views being reflected in Chapter Five.

The shelter is closed between 9am and 6.30pm. Staff provide support, advice and resettlement and there is a range of visiting services. The replacement provision is a purpose-built 24-hour 52-bed direct access hostel with single rooms and provision for women due to open on November 2001.

As older night shelter residents have been resettled, there has been an increase in younger people (a 40% increase in 16-24 year olds over three years).

The manager, who had been at Canal Street for six years, commented that when he first came, most of the 36 places were taken by residents aged 50+, and younger people were reluctant to use the shelter because they perceived it as a place for older drinkers. Now there are only 8 out of 36 places taken up by older men, and most residents are in the 18-30 age group, where the main issue is substance abuse. Thus the situation has now reversed: older homeless people are the ones who feel in the minority because of the preponderance of younger people who are mainly drug-users.

He described some of the older long-term residents as “old gentlemen” of the road who were accustomed to the lifestyle of the shelter and the routine, even though it meant leaving their accommodation during the day. A few older residents had come to the night shelter when the old Salvation Army dormitory hostel closed and they were not accepted into the replacement (much smaller) hostel.

Both the manager and the resettlement worker spoke of where older shelter residents have moved to. Some have gone to 32 Bentinck Road, and when this has been full, a few have been found appropriate private residential care homes. Some private homes were difficult for their residents because they were perceived as “too posh” by residents (eg flowers, smart furniture): one ex-resident had visited 15 care homes with staff
before finding one where he was willing to move to. Both staff identified a clear gap in provision for older men who have until now remained in Canal Street: what was needed was something like 32 Bentinck Road, with meals, staff and company, but with less high levels of care. They commented on how older men wanted somewhere quiet, but with some staff contact.

They occasionally have one or two older women, usually fleeing from domestic violence, but can move them on quickly into more appropriate housing and support. There are also a handful of older women street drinkers whom agencies find it difficult to engage with. Older men were reported generally to prefer Sneinton House because of the better facilities and being able to stay in all day.

Sneinton House (Salvation Army)

Sneinton House is a 70 single bedroom new-build direct access hostel for men only. It is usually full, and any vacancies fill up very quickly.

There are no separate floors for older people or for women, and it does not provide at all for women. The ground floor is reported to be used for anyone who is disabled, but there is a lift to all floors. A cooked breakfast and evening meal is available, as well as snacks at lunch time. There are laundry facilities, a clothing store and a well-equipped games room with pool, snooker, darts and table tennis. Organised activities include residents outings, holidays and entertainment. No alcohol is allowed on the premises and residents are not likely to have their licences renewed if they are frequent drinkers.

There are still a few residents remaining from the previous hostel which was rebuilt in 1995. The previous dormitory-style hostel provided 240 bed spaces and people could stay as long as they liked, so some made it their permanent home. When the new hostel opened there were about 15 long-stay older men who moved back; in February 2001 there were still 7 long-stay residents (though not necessarily all from the old hostel), ranging in age from mid-50s to late 70s. They are on what are described as “long-stay licences” which are reviewed (and normally renewed) every 11 months.

According to staff, the only place these “long-stayers” would perhaps be willing to move on to is a care home because they like the facilities of the hostel, but it was reported to be “very difficult to get funding for people to move into care homes”, and would in any case be impossible if they do not have personal care needs. This point is discussed in more detail in the chapters on users’ views and on gaps in provision.

All the other residents are on 4 week licences which are normally renewed twice automatically (provided they are not in breach of regulations), giving a normal stay of up to three months. Three project workers work with residents encouraging move-on, mainly to council or RSL housing (for independent tenancies) or for supported housing if appropriate. They provide support up to the time of the move, but are unable to do long-term resettlement because of the number and throughput of residents. In supported housing, the supported housing workers take over the support function, but there is no-one to do this for people in individual tenancies.

Older people are usually referred for either general needs (if able to cope with a mainstream tenancy) or sheltered flats (if “more vulnerable”). Older people are rarely referred to supported housing as this is mainly for younger people. Project workers reported having established relationships with certain providers. Older
people with high care needs would need to access residential care, as the hostel is not appropriate for them: an example was given of a man in his 80s who had turned up at the hostel in poor health, and been placed in The Oaks (the NCC residential care home almost next door).

There is no follow-up or monitoring of outcomes after residents have left and no link to other resettlement services. Project workers considered that the supported housing or sheltered housing staff would take over the responsibility for any ongoing support: “We hand over to their workers and then their workers do their job”. It was reported that hostel residents cannot access RSU-funded resettlement services as they do not meet the criteria of having slept rough for the preceding 6 weeks.

Project staff expressed concern about loneliness and isolation being “a huge issue”, especially for older people. Concern was expressed about the condition of some properties, and of bleak empty flats because of the difficulty for older men of accessing Community Care Grants (especially if on Incapacity Benefit). It was felt that this impacted far more on older men than on younger people, because they are having to cope with the shock of having lost a home, perhaps ill-health, and a bleak future with a low income, poor facilities and a lack of ongoing support. It was reported that some do not want to try resettlement options. When the project workers approach them because their three months is coming to an end, they just leave the hostel and go to another town for a few months, perhaps re-appearing in Nottingham again in the future. Some have made a positive choice of the hostel lifestyle (perhaps for many years) and have no wish to try alternatives.

Specialist housing provision for women

There is very limited direct access accommodation for older women (a gap also identified by the inter-agency homelessness strategy, see HLG 2001). This section identifies the possibilities in the HLG Directory, and the lack of accommodation for women is discussed in more detail in Chapter Six.

Women’s refuges

Women’s refuges can provide emergency accommodation for women escaping domestic violence. The HLG Directory (HLG 1999) indicates that there are ten refuges in Nottinghamshire, six of these being in Nottingham city. Two exclude single women and will only take women with children (East Nottingham Women’s Aid and Midlands Women’s Aid). Two specialise in supporting women from minority ethnic communities (Roshni for Asian women, Umuada for black women); both take single women as well as those with children. Of the Nottingham refuges, most indicate an average age below 25 and one an average age of 35 (Nottingham Open Door, which includes 40 self-contained houses providing permanent accommodation). Women “made homeless by domestic violence who have mental health or substance misuse problems” are reported to be “unable to use most refuges and could be forced into more visible forms of homelessness provision” such as night shelters.

Telephone contact suggested that refuges rarely house older women. Roshni had worked with only a few older women and none had left their partner because of cultural pressures and fear of isolation.
Noelle House (Macedon)

Noelle House provides quick-access accommodation (15 bed spaces) in single and 2-bed rooms for single homeless women, and a 4-bed move-on house, but most are younger (average age 16-25).

Specialist housing provision: shared and supported housing

General discussion

A review of the HLG Nottinghamshire Hostels Directory (HLG 1999) shows that nearly all shared and supported housing is geared to younger people.

This section focuses on shared and supported housing which caters for older people as a significant or major part of their provision. It is accepted that some older people may also access projects geared mainly to younger people, such as the man in Chapter Five who was staying in 38 Bentinck Road, an NHHA project mainly for younger people.

Security of tenure

There is an issue about security of tenure in shared supported housing. People rehoused into independent tenancies will normally receive the security of an Assured Tenancy (if in the RSL sector) or a secure tenancy (if in local authority housing).

The advantage of these tenancies is that they provide substantial protection from eviction, and possession has to be obtained through the Courts. Tenants can of course still be evicted if in breach of their tenancy conditions (most frequently for rent arrears, sometimes for nuisance, including significant neighbour problems).

Assured Shorthold Tenancies (AST), the main form of tenure in the private rented sector, provide much less protection from eviction. AST tenants do not have to be in breach of any tenancy conditions but can be given notice terminating their tenancy for no reason other than that the landlord wants to regain possession of the property.

Most shared and supported housing is provided by RSLs managed directly, or by voluntary agencies working in partnership with RSLs as ‘managing agents’. In both cases, such housing is monitored by the Housing Corporation, which regulates and funds RSL social rented housing.

The Housing Corporation issued new guidance to RSLs and their partners on tenure in supported housing (Code of practice on tenure, second edition, October 1999) “to remind RSLs that they should grant occupancy agreements for supported housing in accordance with the law and with the Corporation’s requirements ... The Housing Corporation requires RSLs to give residents in supported housing the most secure form of tenure compatible with the purpose of the housing. RSLs should normally grant assured periodic tenancies, unless there are specific circumstances where assured shorthold tenancies or licences are appropriate.”

“Specific circumstances” include temporary housing for homeless people (from where people are expected to move on into more permanent accommodation) and supported housing which aims to help people change their behaviour by following a structured programme (eg to overcome addiction).

Generally, the Corporation requires RSLs to give Assured Tenancies if the accommodation is intended to provide a “permanent or long-term home”. It acknowledges that RSLs using short-life or leased properties may need to grant ASTs but in such cases “the fixed term of the assured shorthold tenancy should reflect the length of the lease or licence,”
or the AST should be granted on a periodic basis”.

Quality of provision and management issues

The inter-agency strategy has identified that there “has been a general shift away from large shared houses that once typified homelessness provision. They are unpopular and difficult to manage. Organisations have identified that homeless people do not like to share accommodation in terms of facilities, but still wish to maintain social contacts alongside their independence” (HLG 2001).

Other common problems, especially with larger shared houses, include:

- the small size of many bedrooms, because of the design of large older houses, or the division of larger rooms to increase bed spaces and rental income;
- access problems (steps to the entrance, internal stairs, especially to second floor bedrooms);
- heavy wear and tear on communal facilities and equipment, and poor quality shabby furniture in individual rooms;
- the number of sanitary facilities (WCs, showers, bathrooms) and the number of people sharing them;
- the number of people sharing kitchens and the size of kitchens;
- the difficulty in ensuring adequate health and hygiene standards in shared facilities, especially sanitary facilities, fridges, cookers and kitchens;
- a lack of adequate communal space to facilitate social interaction eg lounge, dining area, especially if compounded by small bedrooms.

Whilst these problems are well-known throughout the HMO sector and affect people of all ages, they can impact particularly on older people. Older people are more likely to suffer from ill-health and disability which make access, stairs, and adequate sanitary facilities particularly important for their physical and mental health and well-being. Many older people become homeless following bereavement or relationship breakdown, and will have enjoyed a reasonable standard of housing through most of their adult life, so being confined to one (often small) room can adversely affect their mental and emotional health and well-being.

Whilst carrying out the research for this report, it was noted that one provider is currently starting a planned disposal of their smaller shared houses. This organisation plans to double its provision, aimed primarily at older homeless people, by acquiring more larger shared houses, and is currently seeking to find RSL partners and to raise charitable funding to achieve this aim.

Albion Supported Housing (ASH) (Macedon)

ASH provides supported housing, mainly for former residents of The Albion night shelter. Most of the six houses are near the night shelter and some residents continue to use The Albion facilities. ASH aims to provide medium to long term supported housing for homeless people who are trapped in emergency accommodation like the night shelters due to issues around alcohol and/or other drugs or mental health. Thus it is able to work with homeless drug users and heavy drinkers in supported accommodation, where they address their problems and work towards independent living.

There is visiting staff support to the houses 365 days of the year. Residents
live in small shared houses with typically two or three individual bedrooms, and a shared living room, kitchen and bathroom. Most of the houses are mainly for middle-aged or older men, and age of residents is taken into consideration when placing people in the houses. The researcher visited two ASH houses: one was the home of two older men, and the other had two older residents and a middle-aged man. One house is designated for drug-users who are younger; another is for people with mental health problems, including older people aged 44+. Macedon had hoped to provide a house for women, but funding has not yet been available; there has also been a question as to whether older and younger women would mix in one house, or whether they would need separate provision.

The importance of the ASH houses within the range of supported housing for older people in Nottingham is that people can continue drinking but in a safer environment than on the streets. This often leads to a reduction in drinking, and older people who may feel vulnerable out on the streets feel more secure inside their homes. Although there are inevitably tensions within shared housing, it does offer companionship when relationships between residents are working well. If people are still drinking and not yet ready to address their alcohol use in more structured settings, their only alternatives would be to remain on the streets, or use the night shelters and the Handel Street ‘wet’ day centre.

Although in theory ASH residents can move on into more independent living, in practice older men are more likely to develop health problems which mean they need to move to higher care provision such as 32 Bentinck Road (see below). ASH workers have found it difficult to access domiciliary care services for older ASH residents (see discussion in Chapter Six). Increasing frailty may make shared living in ordinary houses difficult, because of constraints such as stairs. Shared living demands a certain level of capability and it is not appropriate for other residents to become carers, over and above the normal sharing of tasks.

The ASH project used to be managed as part of The Albion night shelter, but it became a separate project from The Albion in 1999 and from then on statistics have been kept separately: in the period 1 April 2000 - 31 January 2001, there were 7 residents aged 44+, and 6 aged 35-44 out of a total of 22 residents.

One of the ASH workers has been funded and designated as working with older ASH and Albion residents under the Help the Aged, HACT and Crisis partnership programme of work with older homeless people.

Macedon also has a number of shared Community Houses with low-level support for all age groups, but there are not many older people in these houses: there were only 15 people aged 44+ out of 110 residents in the period 1 April 1999 - 31 March 2000, and only 10 aged 44+ out of 101 residents between 1 April 2000 and 31 January 2001.

Macedon is a Registered Social Landlord (ie. registered with the Housing Corporation) and also works in partnership with other RSLs (housing associations) in Nottingham. Residents in ASH and Community Houses receive either assured tenancies, assured shorthold tenancies or licences, depending on the policies of the RSL which owns the properties.

Haven Housing Trust

The Haven Housing Trust is a registered charity which was formed in 1996. In 1997 the Trust took over the management of 19
properties with around 90 beds that were due to be sold by their owners. The Trust leases the houses and provides shared housing in the Forest Fields and Hyson Green areas of Nottingham.

Their entry in the HLG Hostels Directory describes the target group as “Older homeless people, including those with minor health problems or disabilities ... The Haven Housing Trust specialises in providing long term, secure accommodation in shared community homes for older homeless people who might otherwise have difficulty in finding this type of accommodation” and will not accept “People with serious alcohol or drug problems or people who ‘cause trouble and disruption to other household members’”. The age range is described as “Min: 18 Max: 85 Ave: 45”. (HLG 2000) The project also has a few houses which provide temporary accommodation for younger people.

All Haven residents receive an assured shorthold tenancy. The accommodation is self-catering and 3-6 residents share each kitchen. Support services include office-based staff, an emergency on-call system and visits to “provide advice and support on benefits, emotional and practical issues” and accommodation is described as “long term” (HLG 2000).

Specialist housing/care provision for older homeless people

Acorn Lodge (Salvation Army/Nottingham City Council)
Acorn Lodge is a joint venture between the Salvation Army and Nottingham City Council, due to open in Summer 2001. It is aimed primarily at over-55s (although it was not clear at the time of the fieldwork whether the funding was confined exclusively to people aged 55 or over). The project involves the conversion of part of a local authority registered care home (The Oaks) which is almost adjacent to the Salvation Army hostel. The building work was due to finish in mid-June 2001.

At the time of the fieldwork, there was a Project Officer in post to develop the project (seconded by the Salvation Army and funded by Social Services). The project will comprise 12 single furnished en-suite rooms and communal areas on two floors (with lift). These will be in one wing of The Oaks, which will be completely separate from the rest of the home, except for accessing the same cleaning and catering services. The other three wings of The Oaks will stay as they are.

The project is a two year pilot; the concept is the rehabilitation of over-55s. These could be men, women, or couples because there will be individual rooms (which meet care home standards). The Salvation Army was not expecting any demand from women and their existing 70-bed hostel has no provision for women.

They are expecting referrals in particular from Accident and Emergency at the hospital, in order to stop bed-blocking. Referrals could also come from the Rough Sleepers CAT Team, hostels and night shelters, and GPs and CPNs. The aim is to provide 24-hour intensive care in the first instance, with this reducing over time, with a view to resettling into the community, if possible within three to six months. The funding was not finalised at the time of the fieldwork but was definitely on a Housing Benefit model rather than a Registered Care Home model.

The project may take older people who are housed, but cannot return home (at least in the short-term) because of ill-health or difficulty accessing their housing (eg stairs). It will also take older homeless people who have “chaotic lifestyles” and this could include older drinkers. Residents will not be able to drink on the premises; at the time of the fieldwork it was not clear whether
people who had been drinking off-site would be allowed back in, given the regime in the main hostel (which will not admit people who have been drinking because of the ethos of the Salvation Army). There will be workshops and therapy sessions all day and it is hoped that people would stay in and be sober in the mornings to enable workshops to take place. Workshop topics will be determined by users’ needs but are expected to include household hygiene, life skills, employment, hobbies and social contacts to combat the risk of isolation and depression. Resettlement options will range from registered care homes through to back to the streets, depending on the resident’s wishes.

Staffing is intensive, and the staff team will be quite separate from the Sneinton House hostel staff. There will be 8 full-time project workers, with 2 staff on duty at any one time, plus a full-time Occupational Therapist and a full-time Social Worker, a full-time Manager and 2 night staff. Agreement had apparently been reached to provide sufficient funding for this staffing complement within Income Support and Housing Benefit.

32 Bentinck Road (NHHA)
This is a specialist project for older homeless people aged 55+, providing a permanent home with a high level of support and care for residents who have aged prematurely due to homelessness, poor nutrition, mental health and alcohol problems. It is registered as a care home with Social Services. Residents cannot drink on the premises, but can return there after drinking elsewhere.

The original concept was to provide a care home alternative to the night shelter because older night shelter residents were at risk of exploitation with the change to a predominantly younger client group. Their health needs also made it inappropriate for them to have to leave during the day and to live in dormitory-style accommodation.

This has now developed into a pro-active approach with residents: key workers and individual care plans ensure that residents identify their strengths, and staff build support and care around what residents themselves are able to achieve. Staff and residents have meaningful relationships with each other, as observed during the research visits. The manager commented that these relationships, both with each other and with staff, help to discourage residents from turning so much to alcohol as a comfort because of loneliness and isolation (although they do still drink, it is to some extent ‘controlled’, because of their limited spending money and by their own choice). Returning to excessive alcohol consumption because of loneliness and isolation was reported by a number of staff respondents as a significant and frequent problem for people resettled into flats on their own.

There is always a waiting list for 32 Bentinck Road, with referrals coming from a variety of sources, especially the two night shelters, ASH, Alexandra Court and the City Hospital. Because it provides a home for life, vacancies are few and far between.

At present, the existing house provides 14 beds in shared rooms but there are plans to upgrade and enlarge the accommodation to provide single rooms, with the possibility of some additional linked supported housing for older people who may need a less high level of care.
CHAPTER FOUR
Mainstream Housing Provision and other Services for Older People

This chapter complements Chapter Three on specialist homelessness services, by examining mainstream housing and other services for older people.

Sheltered housing: availability for older homeless people

All housing providers contacted commented on the amount of sheltered housing potentially available to older homeless people. There are between 3,000 and 4,000 sheltered housing dwellings in Nottingham city in the social rented sector (ie. housing associations and council), mostly one-bed self-contained flats, but also some bed-sit dwellings. Inevitably, because of the age of residents, there is a constant turnover of sheltered dwellings. As the expectations of older people in mainstream housing increase, sheltered housing providers have found themselves with an increasing number of vacancies and in Nottingham, as in much of the UK, it is considered that there is now an over-supply of sheltered housing compared to the levels of demand.

Nottingham City Council has 74 traditional ‘Category 2’ sheltered housing schemes (with communal facilities and warden - see below). In March 2001, Nottingham City Council had 2,484 sheltered dwellings and a further 3,434 dwellings designated for older people. Of these, 904 sheltered and 522 non-sheltered were in the central wards of the city (which are the areas most likely to be requested by homeless people), the rest being mainly in the northern and western suburbs. A snapshot of the dwellings available for letting in February 2001 indicated a total of 236 dwellings (70 ground floor and 143 first floor) which were empty, of which 24 had been let during the month.

The sheltered dwellings are allocated by the central team which manages older people’s housing: their manager and allocations officer were interviewed for this research. The non-sheltered dwellings designated for older people include bungalows and ‘Category 1’ dwellings (i.e. without communal facilities/warden); these are not allocated or managed by the central team, but do have a community alarm system.

The central allocations team also channels nominations from the city council to housing association sheltered housing, and is developing a pro-active housing advice role for older people seeking alternative accommodation. Their manager considers that there is scope for developing this role, in partnership with homelessness and other agencies, to assist older people who are homeless or at risk of homelessness. The timing of this research is relevant to the work of the recently-formed inter-agency staff group which has been working on the Older People’s Accommodation and Care Strategy (OPACS) and will now be undertaking the Best Value Review on housing and care services for older people.

In the housing association sector, there are a number of housing associations (RSLs) which provide sheltered and other housing for older people. Some associations have significant sheltered housing stock in the city. For example, of the larger national specialist older people’s housing associations, Anchor has 217 flats in five ‘Category 2’ sheltered schemes, and a further 20 ‘Category 1’ bungalows, as well as a ‘very sheltered’ scheme (see below). Hanover has three sheltered schemes in Nottingham, and
Housing 21 has five. Amongst local associations, Nottingham Community (NCHA) has 60 ‘Category 2’ sheltered flats on two schemes, and around another 70 ‘Category 1’ flats and bungalows. Raglan, a national association which provides both ‘general’ needs and older people’s housing, has 130 dwellings in Nottingham, mainly 1 and 2-bed flats in four sheltered schemes.

Housing association staff reported that some schemes were less popular, especially those nearer the centre (examples given included schemes in the city centre, Radford, Sneinton and the Meadows). All said they welcomed applications and had a steady turnover, with most having at least a few vacant flats in their less popular schemes when contacted in June 2001.

Analysis of the CORE data (from new lettings notified, as discussed in Chapter Two) indicated that housing associations re-housed 92 older homeless people between 1 April 1998 and 31 December 2000, out of a total of over 1,000 older people (aged 50+) who were re-housed during this period. Of these, the majority were re-housed into sheltered housing, especially those aged 65+. Staff of nine housing associations were contacted as part of the fieldwork, either in person or by telephone interview.

Although sheltered dwellings may be readily available, providers acknowledged that the greatest availability was in schemes which were less popular for various reasons: inconvenient location, upper floor flats with no lift, bed-sit dwellings or unattractively designed schemes. Despite the general over-provision of sheltered housing in Nottingham (as elsewhere), some schemes are very popular and have long waiting lists.

The role of sheltered housing

As this is such an important potential source of housing for older people who are homeless or threatened with homelessness, it is important to clarify the extent and variety of provision and the role it can play, not least because there are a number of misconceptions among statutory and voluntary agencies.

Sheltered housing is generally defined as specially designed housing in a group with services including a warden, an alarm system, and communal facilities such as a common room, a guest room and a communal laundry with washing and drying machines. The built form can vary greatly: bungalows, small blocks of walk-up flats with individual entrances, or (most commonly) flats opening off internal corridors, with or without a lift.

Most sheltered housing is provided for rent by local authorities and RSLs. Different local authorities and RSLs will all manage their sheltered housing in slightly different ways, and the warden service in particular will not be the same between different landlords. Sheltered housing is also provided by private developers and some RSLs for sale on a leasehold basis. Almshouse charities also provided housing for older people, both sheltered and non-sheltered, although unlike councils and RSLs, their lettings criteria can be very restrictive and their residents have no security of tenure because they are licensees, not tenants (for discussion on security of tenure see Chapter Three; for further discussion on almshouses see Pannell 1999).

Local authorities, RSLs and almshouse charities also provide other dwellings (flats and bungalows) designated for older people, but these should not be confused with grouped sheltered housing, even though they may include an alarm service and occasionally a visiting warden service. Such provision was sometimes
known as ‘Category 1’ in contrast to the grouped schemes which were called ‘Category 2’, but these terms are confusing both to older people and to agency staff trying to advise them, and it is now recommended to drop them.

Most rented sheltered housing consists of one bedroom self-contained flats (often rather small), but a few older schemes have bed-sit units, occasionally with shared bathrooms. Sheltered schemes can be as small as 20 dwellings or as large as 60, but most are around 30-40 dwellings. There are very few two bedroom dwellings, very few bungalow schemes and very few dwellings built to wheelchair standard. Most schemes were built with baths in the bathrooms, although some will now have walk-in showers.

Flats are generally unfurnished, but some housing organisations provide cookers and/or fridges. Because of the over-supply and competition to obtain tenants, some social rented landlords are now offering incentives at less popular schemes, which can include redecoration, carpets, curtains, and new appliances and new fitted kitchens. These can be particularly useful for older homeless people having difficulty accessing grants for such items. Even if this is not the case, a sheltered housing dwelling or other older person’s housing will often be left with good quality carpets, curtains and sometimes furniture by the previous occupier: this was the case with one of the older people featured in Chapter Five.

Sheltered housing always has central heating (usually gas or storage heaters) and there is sometimes a service charge included with the rent to cover heating costs, which helps with managing utility bills. Some housing organisations also include water rates. Rents and (eligible) service charges for RSL or council sheltered housing would, at present, always be covered by Housing Benefit, although these arrangements may change in the future with the introduction of the new Supporting People funding regime.

It should be noted that the role of sheltered housing is changing. EROSH (the Emerging Role of Sheltered Housing) is a group of housing professionals committed to developing sheltered housing; there is an active group in the East Midlands. 2001 has seen a number of events to promote and develop sheltered housing, with a planned “Elderly voices conference” in September 2001.

The role of the Warden

There is a lot of misunderstanding among both the general public (older people, friends and relatives) and also among health, social care and homelessness agency staff about the staffing cover at sheltered housing schemes, and the role of the warden. This can cause inappropriate referrals and problems with resettling older homeless people who may need more support than the warden can give: this was a recurring theme during the research fieldwork.

Wardens are generally on duty for a fixed or flexible time during the day, and may be on call for some of the time out of hours. Traditionally, wardens were usually resident on their scheme, but some housing organisations now allow wardens to be non-resident as long as they live nearby. Wardens do not provide 24 hour staffing cover: the only schemes with 24 hour staffing are the very sheltered or extra-care schemes (see below).

Sheltered housing almost always has an alarm system linked through to a control centre staffed 24 hours a day, which takes over to provide emergency cover and telephone contact when the warden is off duty. Many organisations are now changing the title of ‘warden’ to other
names such as Court Manager (eg. Housing 21), Scheme manager or Scheme supervisor, but the duties are similar.

There is usually only one warden for a scheme of up to 50 dwellings, though very large schemes may have two wardens. The warden’s role has traditionally been seen as a ‘good neighbour’, keeping an eye on residents and usually making a daily contact.

Wardens often organise social activities such as bingo evenings, although in some schemes these may be organised by residents. More recently, wardens have begun to take on an enabling role, trying (although not necessarily succeeding) to ensure that residents have access to appropriate care under Care in the Community; some also undertake a variety of housing management duties such as repairs reporting. However, most housing providers stress that their wardens do not provide care and support services themselves.

The need for additional support for older homeless people

This means that sheltered housing is not at all like the supported housing available to younger homeless people, although some agencies interviewed for this research clearly thought that it was, and housing providers referred to a number of problems caused by such misunderstandings. Although sheltered housing can provide appropriate housing for older homeless people, it is likely that more vulnerable tenants will also need a support package in addition to the warden service, for their initial settling in process and often for longer-term resettlement.

The researcher has found that the most successful examples of resettling vulnerable older homeless people into sheltered housing have been where quite a high level of continuing support was available (see Chapter Seven, Examples of good practice). Both wardens and their managers have also expressed their concerns that wardens are not trained to work with residents with specific needs such as learning disabilities, mental health issues, or substance abuse problems, although they can be willing to work alongside support staff who do have the necessary training and skills. There may also be scope for specific training for wardens around these issues.

It should not be assumed that older homeless people will always be able to access appropriate social activities in sheltered housing. The extent of social activity varies greatly from scheme to scheme and depends on a number of factors: the age and interests of the residents, the skills and interests of the warden, the size and extent of the communal facilities, the ethos of the housing organisation. A typical ‘active’ scheme may have coffee mornings, bingo or quizzes two or three times a week, shared meals once or twice a week (eg fish and chip supper), a monthly church service on site, and occasional trips out; a less active scheme may have very little or nothing. The extent of social activities can also change, perhaps substantially, over time if there is a change of warden and/or residents.

Older homeless people with behavioural issues may find sheltered housing stressful, because of the close proximity to neighbours, the internal corridors (on many schemes) and the communal activities. For example, one scheme visited for the research described difficulties with an older, formerly homeless man with mental health issues upsetting other residents by shouting and what was perceived as threatening behaviour during bingo evenings. A one-off incident can probably be managed if handled sensitively, but repeated incidents are likely to lead to friction and eviction or abandonment.
Some research respondents spoke of difficulties caused by referrals of vulnerable homeless people from homelessness agencies or statutory services. For example, one housing provider is currently refusing any further referrals of older homeless people to an inner city sheltered scheme because they want to ensure balanced communities on their schemes and are concerned that the scheme has become ‘labelled’. Another housing provider will no longer accept referrals from a homelessness agency because of the lack of continuing resettlement support and the failure of 5 out of 6 tenancies among older homeless people over recent years: some of the failed tenancies have left the provider with thousands of pounds of arrears because of housing benefit problems and abandonment; just one tenancy caused arrears of over £2,000. A third will only accept referrals for more vulnerable tenants if funding for an appropriate support package is in place before the tenancy is taken up.

A number of housing providers commented that the difficulties they experienced were not necessarily because someone had been homeless, but because they had other issues (of mental health) which needed support. They experienced the same problems with residents who had not been homeless.

One respondent summed up the general impression from providers about housing vulnerable people without support:

“To dump us with another chap like that without support is unfair - we’re not qualified in dealing with someone with psychological problems or who needs much more support than other tenants. They brought his stuff, left him in the flat, he wasn’t even sorted out for bills [utilities], benefits, medication or anything. The warden had to take him to the doctor to register him to get his medication, and sort out his bills and benefits. He was just dumped, I would have said. If he’d got advice and taken his medication regularly he’d probably still be living here - but we didn’t really know what to do. We phoned them [referring agency], but they only came the once.”

Despite such difficulties, there were a number of success stories quoted. One RSL spoke of five examples of older women being re-housed successfully into sheltered housing. Two were women in their 60s, who had experienced domestic violence and were moved on from women’s refuges and housed quickly into sheltered schemes. Three women in their 50s with learning difficulties were also re-housed into sheltered schemes by the same RSL, with support packages. This RSL usually houses older homeless people into sheltered housing, because although they also have extensive supported housing, most of this is for younger people. However they insist on an adequate support package.

All were concerned about receiving sufficient information about vulnerable tenants, and had experienced problems when they felt that statutory and voluntary agencies had not been open with them about potential problems, although they acknowledged the sensitivities over confidentiality.

Housing for Black and Asian elders

There is some sheltered and very sheltered housing specially for black and Asian elders. NCHA has two schemes for Asian elders. Basera House has a very long waiting list, and flats hardly ever come up: there are 9 flats, and there has been only one vacancy in the past five years. Ashiana House in Sneinton (20 flats) has had some difficulties in the past but now has a waiting list; in March 2001 this was about five applicants.
Tuntum Housing Association has a range of provision primarily for Afro-Caribbean elders, including a very sheltered scheme (see section below). Acacia Court provides 32 flats in a sheltered scheme in St Ann’s. In March 2001 there were no empty flats, but there was no waiting list either. Tuntum also has bungalows in various parts of the city with an alarm link to a control centre but no warden or communal facilities, and these are very popular with a long waiting list.

Respondents spoke of tensions within minority ethnic communities which could cause difficulties, particularly within the confines of a sheltered housing scheme.

‘Very sheltered’ or ‘extra care’ housing

This is a hybrid form of housing, providing tenancies as in sheltered housing but with extra facilities and care on-site so that it can cater for people who would otherwise have needed residential care. Schemes usually provide some meals, 24 hour care, special facilities for such things as assisted bathing, and easily accessible flats (eg. lifts, wide corridors, disabled showers rather than baths).

There are very few schemes at present compared with the amount of sheltered housing, although there is ‘considerable activity by local authorities to develop service models involving care services being based in sheltered housing developments’ and the Royal Commission on Long Term Care concluded that this model should not be seen as a panacea (DoH/DETR 2001).

There are at least two such schemes in Nottingham:

Foxden Glen consists of 42 flats and 14 bungalows, and provides an on-site care team, a midday meal and a range of facilities so that frailer old people can remain at home in later life instead of needing to move to a care or nursing home. There is always a waiting list. It is managed by Anchor.

Balisier Court, a very sheltered scheme aimed primarily (though not exclusively) at black elders, and managed by Tuntum Housing Association.

Balisier Court was opened in January 2000, after extensive building works (funded by the Housing Corporation) to convert it from a Nottingham City Council ordinary sheltered scheme. It was developed following research into the housing and care needs of African-Caribbean leaders (NCC Social Services 1997) which projected a doubling of the African-Caribbean elder population over 70 by the year 2005.

There are 24 one-bed self-contained flats and bungalows, and 24 hour staffing cover under a block contract with Social Services. The only people who are too frail for Balisier Court are those who need substantial overnight attention, and therefore nursing home provision. Three meals are provided each week and residents themselves arrange a fourth shared meal.

In March 2001, the scheme was not fully let, and there had always been a few vacancies since it opened. The manager attributed this to two factors: the location on the Mapperley/St Ann’s border (which had been exacerbated by the St Ann’s shooting incidents which coincided with the scheme opening) and the delay in completion of the building works which meant that many of the 18 people who had been on the waiting list and expecting to move in March 1999 had found alternative accommodation by the time the scheme opened nine months late. Tuntum does not expect to provide more very sheltered housing, but is exploring the possibility of specialist residential/nursing home provision in partnership with Social
Services. This is because of a concern that there is a lack of sensitivity to the needs of Afro-Caribbean elders in general care/nursing homes.

Housing providers said that they had had to refuse some referrals to very sheltered housing for older homeless people. This was usually because they felt that the person referred had mental health, alcohol or drug issues which were too difficult to manage in a scheme with other vulnerable older people. Providers insisted that they did not have a blanket exclusion for mental health, drugs or alcohol, but felt that it depended on two factors: the number of other residents with similar levels of dependency, and the impact on the safety of other residents. As in the discussion above on sheltered housing, providers were concerned that referring agencies were sometimes less than open. One respondent spoke of a referral where she only learned the full extent of the problems on the local ‘grapevine’ rather than from the statutory agency who referred him.

Other specialist housing for older people

There are also other forms of housing provision for older people which are neither sheltered housing nor residential care. The most commonly found example is the Abbeyfield model, and there are Abbeyfield houses in Nottingham. Although the local Abbeyfields were not visited as part of the Nottingham research fieldwork, the researcher has knowledge of Abbeyfields from other research into housing for older people, and has visited them in various parts of the country. She also spoke to Abbeyfield both in Nottingham and nationally.

Local Abbeyfield associations are locally-run, usually registered as housing associations (RSLs) with the Housing Corporation, and affiliated to a national body, the Abbeyfield Society. Abbeyfield houses provide accommodation in a ‘group home’ setting with a resident housekeeper. Residents have their own rooms (usually en-suite) and generally share one communal meal together, which is cooked by the housekeeper. Breakfast and a second light meal are prepared by residents themselves.

Abbeyfield associations do not provide care, although some Abbeyfield residents may receive packages of care, either through Social Services (under Care in the Community) or paid for privately. The average age of residents is now in the 80s. There are also some Abbeyfield extra-care schemes, for residents who need to move on to a setting with greater care.

The Abbeyfield Nottingham Society is one of the largest in the country, with a wide range of provision. This includes a range of traditional Abbeyfield houses (of between 5 and 12 rooms), three registered care homes and a nursing home. One site provides 104 units, a 10 bed very sheltered scheme, a 31 bed registered care home, a 30 bed nursing home and 33 apartments and bungalows.

In theory, the Abbeyfield model could provide appropriate housing and companionship for some older people who have been homeless, and agencies working to prevent homelessness should certainly be aware of the Abbeyfield option. In practice, the model may not prove accessible to most older people who have been homeless, for a number of reasons.

The first barrier is because Abbeyfields generally ask for a ‘sponsor’ (usually a family member) who will take responsibility for their relative if they become too frail to continue to live in the Abbeyfield house. It is unlikely, although not impossible, that someone who is homeless would have someone who would take on this role. However, there
are sometimes ways of overcoming this barrier.

Secondly, it is acknowledged that many Abbeyfield residents are predominantly from one sector of the community, and the group living and communal meals mean that ‘fitting in’ is important. Just as some older people who have been homeless are reported to feel uncomfortable in some residential homes, or in sheltered housing, the close community of an Abbeyfield may not feel comfortable either.

However, the Abbeyfield model is important in that it demonstrates a type of housing with support which would fill one of the gaps identified in this research.

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**Age Concern Nottingham and Nottinghamshire services for older people**

Age Concern Nottinghamshire and Nottingham (ACNN) provides a range of services for the general older population, with funding from a variety of statutory, voluntary and charitable sources including Joint Finance, the Prevention Grant Committee and Help the Aged. These include a number of services which could be helpful to at least some older people who have been homeless, and could also be important in preventing homelessness amongst older people. At present ACCN does not think that many older homeless (or formerly) homeless people access their services, and they are interested in developing a closer partnership with homelessness and housing agencies. Services include:

**Kindred Spirits**

This service originated because of concerns about older people who became depressed because of isolation and loneliness (often following bereavement or relationship breakdown). This can also be a trigger for homelessness amongst older people, so any service which helps would be a preventative measure. Older people are put in touch with each other to share common interests, either on a one-to-one basis or by meeting initially at a coffee morning. Because older men have said that they find groups of older women “daunting”, there is also a men’s group.

The service has enabled older people themselves to develop social networks and has spawned two rambling groups, a social committee, and various pairs of older people going on holiday together, and two weddings. In one year, 600 older people in the city and a further 100 in Mansfield have been put in touch with new friends.

The co-ordinator tries to match people according to common interests and background. Participants have to be mobile enough to meet on common ground (not in each other’s homes, at least to start with) and have to be able to participate in activities without help: neither party is expected to be a carer for the other. Although some participants choose to share activities which cost money, many of the older people meet for activities which are either free of charge or at modest cost, so income need not be a barrier.

Funding came originally through Joint Finance and the service has now received funding from the National Lottery Charities Board. Although most of the participants have been white and middle-class to date, ACCN is committed to widening access to the project.

**Staying Put and Home Maintenance Service**

ACCN runs the local Staying Put scheme to help older people with repairs and
adaptations to their homes; it covers the greater Nottingham conurbation. Almost all the participants are owner-occupiers. There is the possibility of helping private tenants provided that they themselves have paid for the item which needs repair or replacement (eg a gas fire). There is also a Home Maintenance Service, again for owner-occupiers, with a handyman carrying out minor repairs and a referral service to approved gardeners and decorators. Neither scheme deals with repairs which are a landlord’s responsibility. Both schemes have a preventative role in helping older people stay in their own homes, but is unlikely to be of much help to older tenants in poor quality private rented housing.

Sybil Lewin Day Centre, Cinder Hill

ACNN runs a day centre which provides two services: day care for frail older people referred by Social Services, and activities on a drop-in basis for any older people who are isolated and wish to meet others. There is a wide range of activities such as music and movement, and line dancing, and also cheap meals. Like other general older people’s day centres, such a centre has a preventative role in combating isolation, and could also be part of the solution for older homeless people who are resettled into the community but lack social contacts.

Lifeline

ACNN works in partnership with Help the Aged to provide Lifeline telephones to older people referred to them from a variety of sources including family, hospitals, social services and other Age Concern projects. The Lifeline phones are supplied free of charge to the older person with funding from Help the Aged. The Lifeline phone is linked to an emergency control centre, staffed 24 hours a day, which can be used to summon help in an emergency.

Although the Lifeline phone does not remove the problem of loneliness and lack of social contact, it does act as a reassurance for people who are nervous or worried about what would happen in case of emergency, perhaps because of health problems. This means that it could be of benefit to older homeless people who are re-housed into non-sheltered housing. In principle, it could also be used in partnership with any other out of hours support services which already exist or were to be developed in the future to help in tenancy sustainment for people who have been homeless or who are vulnerable for other reasons; see also Chapter Seven on good practice for examples from elsewhere in the UK.

Home visiting service and community support scheme

ACNN offers both practical and emotional support to older people within the city. 18 trained volunteers spent over 1,000 hours in 1999-2000 helping older people in their own homes. With appropriate referral mechanisms and joint working with agency staff, there may be scope to develop partnerships between homelessness agencies and ACNN volunteers to provide support for some individuals who have been resettled into the community.

Advice and information service (especially welfare rights advice)

ACNN provides a valuable resource for older people who are referred from a wide variety of statutory and voluntary agencies, as well as self-referrals. In 1999-2000 they achieved benefit gains of around £1.5m for clients. This included over £1m in Attendance Allowance and
Disability Living Allowance, reflecting the team's expertise in this type of claim.

Because welfare rights advice is a continuing need for older homeless people when they have been resettled, there may be scope for some older people for ‘plugging them in’ to a mainstream older people’s service, rather than remaining dependent on a specialist homelessness service. This would of course depend on the individual older person, because it is accepted that some older people who have resettled are likely to need the specialist support from homelessness agencies, and would never build up the confidence to approach a general service (however sensitive the general service may be). However, others decide that they no longer want to maintain their ‘homeless lifestyle’ (as discussed in Chapter Two), and for them, an introduction to a ‘mainstream’ older people’s service could be appropriate.
CHAPTER FIVE
The Views of Older Homeless People

Although the views of older people who are, or have been, homeless are also quoted throughout the report to inform the debate, this chapter focuses on the views of 27 older people as expressed in in-depth interviews (on home visits) and shorter conversations (in the day centres).

Although events such as Speak-outs have been held to discern the views of homeless people in Nottingham, most of those attending were young people or families. A few mature people have attended, but no clear views have been expressed by them about issues for older homeless people.

The researcher contacted key agencies to arrange access to older homeless people, with a particular focus on trying to talk to women and elders from minority ethnic communities, as well as to the white males who are the main users of services. The method of interviewing homeless people varied ‘sitting around’ at the day centres, and visiting people in their own homes for individual or group discussions, according to the setting and the preference of the older people.

Table 15 indicates key characteristics of interview respondents, determined by a combination of respondents’ own information and information gained from project staff. There was a preponderance of white males, mainly in their 50s. Five women were interviewed but only two were in-depth interviews. However, the findings are similar to those of other

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<th>Table 15 • Older homeless (or formerly homeless) people interviewed</th>
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<td>Note: Totals do not equate to number of people interviewed because some respondents do not reveal any specific issue, and others had more than one issue.</td>
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studies of older homeless people. Although attempts were made to include minority groups, this was not very successful, but as the agencies approached were unable to gain agreement, this was unavoidable within the limited time-scale and budget of the research.

The researcher ‘sat around’ at two day centres, chatting informally to older people over a hot drink, with one more formal interview (in a side office) at Emmanuel House. The day centres produced the greatest number of older women, three at The Friary Drop-In and one at Emmanuel House. Emmanuel House was visited on two occasions for the over 35s evening sessions (October 2000 and February 2001), and The Friary Drop-In once during a morning/lunch time session.

The Albion night shelter was approached and arrangements made to visit one evening in February and talk to older people, but although there were a few over-50s when the visit was set up at the start of the week, by later in the same week there were no older residents (the oldest then being 42). The researcher approached The Albion on a further fieldwork visit to Nottingham in March, but the situation remained the same.

The Salvation Army hostel, Sneinton House, suggested ‘sitting around’ in the TV room and the researcher met two men briefly but they were engrossed in the TV coverage of the rail crash, which had happened that day, and it did not seem appropriate to interrupt them. Another resident was willing to talk at some length in the canteen area.

Older men using the Canal Street night shelter and 32 Bentinck Road were asked by staff in advance if they would be willing to chat to the researcher about their experiences, and some agreed to do so. At Canal Street, three were present when she visited one morning over breakfast in the canteen, and two spoke at some length about their experiences, but the third did not take part as he was unwell at the time. At 32 Bentinck Road (NHHA’s residential care home for over 55’s), a group discussion took place. Four men actively participated throughout an hour-long discussion in the dining area, and two more came in and out to join in at various stages. The visit was scheduled for a Friday, because most of their drinking takes place early in the week, and although some of the men had had a drink, none was drunk and all were very clear in expressing their views. Another resident at 32 preferred to be interviewed separately in a quiet room.

HLG’s Mental Health Support Team and Resettlement Team asked a number of clients if they were willing to meet the researcher. The HLG staff arranged home visits, accompanied by support staff as the respondents asked for this. Visits were made to four older people they were working with, including one woman. Although two were in their 40s, they raised the same issues as other older people and can be taken as broadly representative of older homeless people despite being slightly younger in chronological age.

Two older residents and one younger resident were interviewed in The ASH Project houses (the Macedon project, Albion Supported Houses for older drinkers) in October 2000. One older resident in a Haven Housing Trust house also spoke briefly of his experiences during a visit to two Haven houses.

Tuntum Housing Association approached two older men from the Afro-Caribbean community but they were unwilling to speak to the researcher. Basera House and Ashiana House were approached but there were no Asian elders who had experienced homelessness who were available to talk to the researcher. The Probation Service did not feel it would be appropriate for the researcher to talk
to any of their older clients because of their particular circumstances.

All the interviews with older homeless people were deliberately informal, in-depth interviews with the researcher allowing the older person or group to lead the discussion and with only the gentlest ‘steer’ at certain points to try to cover as broad range of issues as possible, as long as the respondent was willing:

- their life experiences and housing history;
- their experiences of services for homeless people and their current housing;
- their ideas on what was missing and what would help more.

Staff who were present at some of the visits commented on how well this approach worked with older people, compared to a more structured approach. Interviews lasted between 15 minutes and 1.5 hours.

No individual stories are being told in this report, even if anonymised, because it is considered impossible to anonymise them sufficiently in a small city like Nottingham. This was explained to all the respondents. Instead, all the user interviews have been analysed to give a summary of their experiences and views under a number of themes. Statistical information reflects only the respondents who discussed the various issues during their interviews: some did not talk much about certain aspects, but this was their choice.

Location

All the respondents had close links with the Nottingham area and had either always lived here, or had been in the area for many years.

Those who had always been in the area were mainly the older people who had become homeless later in life but had earlier been settled (with parents or partner). Most of these had had steady jobs for many years, often as skilled workers.

Those who had moved around the country at various times had been in Nottingham or the Notts/Derbyshire area for at least the past few years: there were no recent arrivals among the respondents. One spoke of over forty years travelling round as a contract labourer, living in hostels or digs with landladies: the longest he had ever stayed anywhere was a year or two, depending on the work, before settling in Nottingham within the past few years. Another had run away as a child and been on the move around the UK ever since, again until settling in Nottingham.

A minority of respondents did not discuss their earlier life in detail, but confirmed that they had been in the Nottingham area for a number of years.

None indicated that they were likely to leave the Nottingham area.

Previous housing

Respondents who had moved around a lot had used a combination of hostels, resettlement units, night shelters and rough sleeping. For example, one had ‘skippered’ in the Nottingham area for nearly a decade, before going to the night shelters, moving on to a shared house and then his own tenancy. Another had moved between hostels and resettlement units in the Midlands and North of England until three years ago when he settled into an old people’s bungalow.
Family background

Of those who talked about their earlier life, some had had a very unsettled childhood, in and out of care or children’s homes or with serious family difficulties such as alcoholic parents:

“No-one told me nothing, I kept running away.”

Another group had lived at home with parents until their 40s or 50s and never married; they had become homeless at some stage after their parent(s) died (although not necessarily immediately). One had been the carer for his elderly parent, another had a skilled job for over 25 years. All had had difficulty in coping on their own, because of a combination of factors, including illiteracy, lack of life-skills (cooking, household chores) and inability to manage money and pay rent. This group do not appear to have been in touch with any statutory or voluntary sector services to help them make the transition from family life to independence. Where they had other family (eg siblings) this had helped for a while but then the arrangements appear to have broken down:

“When I lived in ..., my sister used to come and see me, I went to her place, I went to see her at Christmas, I knew everybody at ..., friends and all, I’d been there 16 years, friends used to come and see me, I used to walk to me sister’s or she’d come to my flat, I miss all that.”

In other cases there do not appear to have been any other family members:

“I was nine years in the same flat since me mother died, I’d looked after her for eleven years, it was her flat - council, when she died I had the flat signed over to me, it was OK for a while, then I was ill, I couldn’t cope.”

“I was in a caravan, but there was trouble with vandals, it was winter, snowing, they broke all the windows, so I locked it up and left it and came to the Sally Army, the old hostel.”

Another group had lived settled lives until relationship breakdown and/or unemployment led to homelessness, although some of these had also had a very unsettled childhood which may have predisposed them to later relationship difficulties:

“I had three kids then, I started working nights cos it was double pay, within six months there was another man in my bed.” He left, and his wife then had custody of the children and the house.

“I was made redundant, it’s impossible to get another job at my age [late 50s], I can’t get a full-time job, even part-time is difficult, so I’m doing lots of college courses but they don’t help to get a job, not working does me in.”

“I was a ... [skilled tradesman], we had a nice house, I was doing really well, then my wife wanted us to go and manage a pub, so we did, though I didn’t want to, and after four years of it she left me.”

Family contacts

Few respondents had ongoing contact with their families. Some expressed shame at their family seeing them as things were:
“I’ve got two kids, I’ve had letters from them, I wouldn’t like them to find out the condition of me ... I’m doing my best to cut down [on drinking].”

However there was a desire to maintain a certain level of contact: a number of respondents talked of going back for events such as family funerals or Christmas:

“At the Friary, that woman has done miracles for me, when my dad died she paid my way to go to the funeral.”

“I went to me sisters for Christmas dinner.”

Some respondents spoke sadly about the lack of contact from families: one man showed the researcher a small and dog-eared photograph of his son’s children and spoke with regret that his daughter had not sent a photo of her children. The same man spoke of the difficulty of keeping in contact with children after a marital breakdown.

Another had almost lost contact with his sister since moving to Nottingham from a nearby town.

Own place, shared place, hostel?

Older people expressed very strong and clear views about their preferences for different types of accommodation.

Night shelter/hostel dwellers/residential care

One group had no desire whatever to live independently. They liked their hostel/night shelter/care home and quite clearly looked on it as their home, ideally for the rest of their life. Where appropriate, quotes are coded to indicate the source of the comments: CS = Canal Street, SA = Salvation Army Sneinton House, 32B = 32 Bentinck Road; all = all three locations.

Residents gave the following reasons for liking these forms of accommodation:

- the company of other older people who were their friends, and almost like family [all];
- the mixed community with some younger people as well (although some expressed concern about the more disturbed behaviour of chaotic younger drug-users, others had developed coping strategies by just keeping out of the way when there was any trouble) [CS,SA];
- the staff team who again were their friends, and almost like family [CS,32B];
- services coming into the hostel/shelter, especially health services [CS,32B];
- the food available cooked for them, and the opportunity to sit and eat with friends [all];
- household chores (eg. laundry) being provided [all];
- not needing to worry about managing a household, paying bills and so on [all];
- the fact that they kept some benefits as spending money (and it should be noted that none of the respondents in this category was a heavy drinker, nor alcoholic), whereas they were aware that living independently would use all their benefits [CS,SA];
- the structure and routine of hostel/night shelter/care home life, to which they had adapted and which they found comforting, and not at all oppressive [all];
• the security of 24 hour or night-time staffing cover [all];

• the tolerance shown to them by staff and by other residents [all].

This group looked on independent living in a flat on their own as akin to prison; one actually said:

“It’s worse than in prison, in your own flat staring at four walls all day, because in prison at least you would have a cell-mate”.

Most of this group clearly wanted to stay where they were for the rest of their lives, even though some of the accommodation is classified by housing organisations as emergency direct access accommodation and there is pressure to move on:

“We like it here, we’re seeing our time out here.”

Another told the researcher that he would commit suicide if made to leave.

Some had never acquired life skills, but others said they were capable of tasks such as cooking, but had no wish to live alone; many had lived independently at some stage but had either lost or abandoned their tenancies:

“I had me own flat, I had an accident, I couldn’t cope on me own. I feel secure here, they’d help me if there’s any trouble.”

“Do you know what we all are, why we’re here? It’s because we’re all alcoholics, other places won’t have us but they will here.” [32B]

Medical attention was an important issue for most hostel and care home residents:

“We do get medical attention here, like prescriptions, they do them automatically. The nurse comes in Mondays and Fridays, the doctor Wednesday and Friday, they’ll try and sort you out.” [CS]

Residents at 32 Bentinck Road particularly appreciated that they received supervision to make sure they take their medication. All said they feel better if they take their medication regularly; some are epileptic, and are afraid if living on their own. Some had been hospitalised because they either forgot to take their medication, or overdosed by mistake because they had forgotten that they had already taken their dose for that day, or forgot which day it was because drunk. All appreciated that there was no need to worry about any of this now because staff took responsibility for making sure they got their medication regularly, and one also mentioned that staff helped them in keeping other appointments eg. doctor, dentist. Some of the Canal Street residents were being given their medication during the researcher’s breakfast visit.

The availability of meals and household maintenance tasks (eg cleaners, laundry) were important at all three locations. All respondents like having people who care about them, look after them, worry about them (all these terms came up in the conversations, especially at Canal Street and 32 Bentinck Road) and this seemed to apply in different but complementary ways, both to other residents and to staff. For example, at 32 Bentinck Road there was a teasing discussion at one point when a care worker came in and told one
man she’d changed his duvet cover. He said he couldn’t do it, she said he could but didn’t want to. Yet it was clear from the conversation that he likes having someone else to do it for him as a gesture of care for him, not just that he can’t/doesn’t want to do it. This theme came up elsewhere as well. It is not just whether or not people have the skills, but whether they are motivated to use them:

“I couldn’t really manage on me own in a flat, there’s no pot washing here, you’re all right.”

“If I lived on my own I wouldn’t cook, I’d spend all the money [indicating down throat ie on drinking].” One of the drinkers said that if he had money he’d start drinking at breakfast time and then wouldn’t want to eat breakfast because wouldn’t feel like eating, and then he would carry on drinking throughout the day and not eat at all.

The only thing they didn’t like about Canal Street was the opening hours:

“Many a night I’ve had to sit half an hour in the bus station, I know that bus station off by heart. It’s better here than The Albion, here’s a cut above, it’s lower there than this place, rougher, there’s a right trouble spot, I’ve never been there, but the hours are better - it’s ten to half past four there, here we could do with opening a bit earlier, it’s not till half past six, it’s very late, and Emmanuel House closes at five so it does annoy some people, but the more hours the place is open, the more they’ve got to pay the staff so the only problem is the funding.”

Residents at 32 Bentinck Road thought it was much better than being at one of the night shelters: having their own room, being allowed to be in all day rather than being pushed out onto streets, only older people, meals, laundry, much more comfortable accommodation. They were willing to trade not drinking on the premises for the better facilities and being able to stay in all day if they wanted to.

One resident specifically commented on being ex-Forces, and this being the reason he liked the communal life.

Own tenancies

Another group much preferred having their own place compared to the hostels or night shelters:

“You’re better off with a place of your own, aren’t you? There’s lads running about all the time ... I didn’t like mixing with the young’uns ... It’s easier to cut back [on drinking] because you’re in your own place, it’s easier than when you’re with alcoholics all the time.”

“When you’re on your own you can do what you like, go out and come back when you want, there’s no-one telling you what to do, it’s much better here than the night shelter, they were all on drugs and drunk and fighting, sticking needles in their arm, I thought ‘This is not my life’.”

“I’m all right now, I’ve enjoyed it since I was here [old people’s bungalows], it’s the best place I’ve ever had, nice and quiet, nobody bothers me, there’s two gates out there, they’re locked at six o’clock.”

People at the day centres also thought that it was easier to stop, or cut back, on drinking if you were in your own tenancy, rather than in hostels or shared housing. One had come off alcohol completely after another family member died from alcoholism, and two others talked of cutting down now they were older.
Although the day centres were both “dry”, in terms of companionship they seemed almost like replacements for pubs: some day centre users talked about feeling unwelcome in pubs, because pubs were now geared to young people, especially in the city centre. They also preferred buying drink from the off-licence and drinking at home because “you know what you’re getting, it’s a sealed bottle” whereas pubs were suspected of watering their drinks; it was also cheaper from an off-licence.

Shared houses

There were mixed views on shared houses, depending on people’s individual experiences, other residents, and the level of staff support. Some had reservations but accepted it as a route into a tenancy, whilst for others it was a positive choice:

“She said ‘What about a shared house?’ I said it would certainly be better than a hostel - only two others to share with.”

“She found me a place [shared house], it was a rough place, all these men drinking, mostly younger people, you got to share a cooker and everything, if you bought something and put it in the fridge they’d eat it, I had this bedroom up in the attic, I had to stick it and then they found me this place [own tenancy].”

“I’d been in hostels a long while, I thought this [shared house for two people] was very nice, when you’ve been in hostels a long time it takes a while to adjust to having to get your meals ... I like this arrangement, everything’s shared except your bedroom, I take an interest in the little back garden, it wasn’t very good, full of dandelions, the woman in the garden shop gave me weed-killer.”

“It’s a lot better than at The Albion, it’s your own, this morning it was heaving down with rain, at The Albion you have to leave at ten o’clock and you can’t come back till the evening, here you can stay in and watch telly or go to the pub or have a drink in here.”

There were issues about whom you shared with:

“When they brought him in here I wasn’t consulted at all, I knew him from before, I thought I’d give it a chance but I knew him, I’d be trying to watch a film ... he’s be arguing with me ...”

“[Resident]... can be a bit of a pain at times, he had a go at ... [another resident] last week.”

Satisfaction with shared housing as a long-term solution also depended on the level of staff support. At the ASH houses, there is a daily visit 365 days a year, and various activities, which were reassuring for residents:

“When anything is really needful, like I was really ill, M... and S.. [two ASH staff] stayed with me all day ... and they’ve taken me on outings - Matlock Bath twice, the Goosefair ...”

“They do everything for us, say I have to go to the clinic, one of the staff will take me, they remind us, they keep all our appointments for us, if there’s anything needs doing like little jobs they’ll do them, they make sure we’re not short of food, if we need any help they do it.”

Choosing the private rented sector

A few respondents were making/had made a positive choice to leave social rented housing for the private sector.
One had been accepted as homeless and in priority need by the Council, but was leaving hostel accommodation that day to move into a furnished room in a house in multiple occupation, paid for by housing benefit, which he’d found through a friend in the same HMO. He wanted to leave the Council hostel because “They’re all mad there”; he had recently been discharged from a mental hospital, hence the homelessness duty.

Another man was about to move into a private bed-sit in an HMO in Bridgford, giving up a social rented tenancy because he didn’t like the area.

A third man was already in an HMO because he had previously abandoned a Council tenancy by putting the keys through the letter box, but the rent had run on, leaving him with a reported £2,500 arrears and Court costs, which effectively barred him from social rented housing.

Furniture and equipment

None of those in their own flats had a washing machine and all had to do washing in the bath or the sink, because the Social Fund didn’t consider a washing machine essential. It was unclear whether bedding was ever washed:

“It’s too heavy, isn’t it? I couldn’t dry them [sheets] if I washed them in the bath.”

Launderettes are now few and far between: one man knew of one, but it was a long walk away and he could not have managed to carry a load of washing that far. One advantage of sheltered housing is that it usually includes communal laundry facilities.

Many of the tenancies were bleak and poorly furnished, and respondents were aware of this:

“Look at this bare floor, it gets cold in here at night - I scrubbed it, can you see where it’s drying? look at all the nails sticking up [bare chipboard floor in upper floor housing association flat], I wish I could buy a fitted carpet to make it more comfortable, it’s a bit bare ... and some more pictures, and a radio - I used to have a radio but it broke and there’s not much on telly ...”

“I went to ... [furniture project] for cheap furniture, you pay a fiver, this is what they gave me ... my key worker put in for a grant for me, £580 she got me, I thought when I had it in my hand it looked like a million pounds, I’d never had so much money, I felt like a rich man ...” so it went mainly on drink. “Maybe if there was someone to help, when you get a flat, you’re not going to get much help again, maybe I would have gone away and bought some better stuff but I thought What’s the point? when you can get stuff for a fiver from ..., but I didn’t realise it would be this type of furniture [indicating very shabby sofas], I’ve had better skippers!”

Utility bills

All the people visited in independent tenancies had had problems with utility bills, whereas in shared houses these were covered in the rent. In some cases, the support staff had been able to get utilities paid direct from people’s benefits, but for those either not on Income Support, or not on very much Income Support (usually because of receiving Incapacity Benefit) this could be problematic:

“I’d rather they could stop it out of me pension money.” (£76.50 weekly Incapacity Benefit)
Money/benefits

Collecting benefits was a problem. One man met his support worker each week to collect benefits and buy food: this was to help him budget and buy food and pay bills before buying alcohol, but also because he had often been robbed by younger homeless people. Another had frequently lost order books and giros so was now on Personal Issue from the Benefits Agency office in central Nottingham: he was housed on an outlying estate:

“It’s a trouble going into Nottingham to get money, they could send it to the Post Office at ... to sign for it and cash it ... if I’ve not got the bus fare I’ve been walking in.”

One respondent would have liked to go somewhere like 32 Bentinck Road (a registered care home for over-55s), but didn’t want to lose his benefits, compared to the housing benefit-paid shared housing he was in. He was on Disability Living Allowance (DLA) (with a clear understanding of the amounts and different components) and knew that he would lose the care component in residential care, whereas he kept it in housing benefit-paid accommodation. But this was a trade-off: he was by far the oldest in the mixed-age housing, whereas he would have been with older people in 32.

At 32 Bentinck Road, there was a very honest discussion about benefits. They talked about only being left with approximately £25 a week. They thought it was not enough compared with when they had been in other accommodation, such as night shelters, where they had about £75 a week disposable income. However, they also acknowledged that this lack of money limited their drinking and this had advantages too, in that if they had £200 a week, they would still drink it (some said all in one day, others that it would last a bit longer than that).

Loneliness/isolation/relating to neighbours/use of day centres

Loneliness and isolation was a common theme amongst people living independently in tenancies, though not amongst those in hostel-style accommodation, who expressed their liking (generally) for the company of their fellow-residents.

Many of those in their own tenancies lived very limited lives:

“It’s a bit boring on your own, I go to bed early when I’m fed up.”

Few had more than a cursory contact with neighbours:

“There’s two old women, we say good morning ...”

“There’s not many folks I mix with ...”

It appeared that at least some respondents had had to move from previous tenancies (or felt they had to move) because of friction with neighbours, and sometimes harassment. One man had been settled in a nearby town, but following some difficulties with neighbours, had abandoned the tenancy and gone to a hostel in Nottingham.

There was an undercurrent, although not directly expressed, that some of the neighbour friction experienced by respondents had perhaps been related to inappropriate behaviour, or neighbour suspicions around possible or potential child abuse. This theme has been echoed in the wider research on older homeless people in other parts of the country. Staff have commented that this has been a particular problem since the publicity about sex offenders over the last year or two, and events such as those at the Paulsgrove estate in Portsmouth in Summer 2000. Single men whose behaviour
is in any way ‘different’, even if innocent, appear to be at risk of such accusations.

Respondents seen at day centres expressed their liking for meeting their friends there, and some had been going for many years. The researcher observed the close friendships between many day centre users during her visits. One woman had first gone with her father, and had met her husband there and married a few years ago. Others had met up in hostels many years ago and had kept contact with friends by attending day centres, sometimes travelling right across the city. Some used both Emmanuel House and The Friary Drop-In, others preferred one or the other. Most day centre users were very clear about what happened and when (eg surgeries, advice sessions) and some particularly liked the activities, especially at the evening sessions for older people at Emmanuel House. One described in great detail what was on offer each evening, including quiz night, craft sessions, bingo and dominoes.

Drinkers talked about the facilities at the Handel Street wet centre, although those settled in housing and trying to cut back on their drinking had mixed feelings about still using Handel Street as it put them back in touch with drinkers:

“There’s free food, they give clothes to people, they give a good service but there’s always a fight, the police get called, people get barred. I don’t really like going in there, but if I drink all my money I do go down there for a food parcel, and clothes, razors, hair cuts, they’re good like that, they’ll put money in the safe for you, they’ll take you shopping.”

Violence, abuse, prejudice, tensions

A number of respondents reported violence against them, from people who came to share their housing, from people in pubs or on the streets. Some admitted that they themselves may have exacerbated the situation:

“I’ve got a little bit of a fiery temper meself, I’m not perfect ... I’ve got a drinking problem ...”

Many of the respondents referred to their distaste for “druggies” and the severe tensions between “alckies” (alcoholics) and “druggies”, especially in the night shelters and on the streets, and also at the Handel Street wet day centre. Many reported having money taken off them or begged from them by “druggies”. They seemed to look on this differently from the sharing of drink in drinking schools (ie. taking it in turn to buy drinks, depending on which day people got their benefits). The drinking school was a form of fair exchange, with reciprocal expectations (even though not always met, sometimes leading to fights). “Druggies” were not seen as part of this community:

“I wouldn’t trust a druggie from here to the door:”

Irish respondents referred to tensions between English and Irish homeless people.

There was a lot of discussion about problems with young people taking over the night shelters. One example quoted was of one man (an alcoholic) who reported that he had not been allowed into The Albion, and was left outside with another old woman (in her 70s, also alcoholic). Younger drug-users were allowed in, but “took the piss out of us both” as they passed by. He was still bitter, some time after this event, and thought it wrong that he was excluded because of being drunk and had to stay out on the steps all night in the rain, but young people, reportedly high on drugs, were let in. There was also a discussion about men (“country men” who travel around the country) not being able to
access night shelters when they arrive in Nottingham from elsewhere because the shelters are full up with younger “druggies”. Most of this group of respondents had been “countrymen” at times, so identified with this problem: “They should have somewhere separate for them” and not let them take over traditional provision for older men. Respondents were quite bitter about being excluded from their ‘traditional’ accommodation by the young people.

Independent living/shared houses: letting ‘friends’ stay

A few respondents had had difficulties because of letting ‘friends’ into their flats, who had then caused problems.

“I let the wrong people in, I done it twice, you think you’d learn but I didn’t, I was sleeping on the settee and they were in my bed, I was drinking more and more, eventually I got rid of them with the help of [support worker]. The first couple of weeks it were great, we used to take a drink together ..., eventually I told them they had to go, I ended up with two black eyes.”

This wasn’t only a problem in sole tenancies, but also in shared houses such as the ASH project:

“We keep the door locked cos they come in and they’re steaming drunk, we doesn’t need no trouble.”

Health problems and disabilities

A number of respondents were very frank about their health problems, whilst others had long-term disabilities.

One woman and at least two of the men had mild to moderate learning disabilities, although it was unclear as to whether any of them were, or ever had been, in contact with learning disability specialist services. None had been in long-stay hospitals: all had been brought up by their families and had experienced homelessness or housing problems later in life when families died or were no longer able to care for them. All had literacy and numeracy problems. The woman used one of the day centres for help with correspondence and benefits. One of the men went to the housing office with letters, and asked for help from his support worker to manage his money; however on the day of the visit, only two days after his benefits had been paid, he said he had only 36p left for the next five days.

13 respondents either were, or had been chronic alcoholics or heavy drinkers, many with associated health problems leading to frailty in later life. However, this percentage should not be taken as indicative of the older homeless population as a whole: it is inflated because so many residents at 32 Bentick Road, a project especially for older drinkers, wanted to take part in the discussion group, and because of the interviews at the ASH houses, again for the same client group.

A number were epileptic and they were very fearful of being alone.

At least two respondents had suffered head injuries which had left them frail and vulnerable, with mental and physical health problems.

Some respondents had mental health problems (some being dual diagnosis with alcohol) which were now being addressed through support workers, but they were finding it difficult to access mainstream mental health services, with long waits for psychiatrists and CPN appointments. This was often compounded by moving about between hostels, so that they had to change GP surgeries which meant that they had to access different sector teams:
"I was referred at the beginning of January and now it’s the middle of March and I’m still waiting.”

A few of the older people interviewed were extremely healthy, due to their active lifestyle: some talked about walking many miles each day.

Women’s issues

A number of issues came up in common between men and women, but there were some distinctive issues as well.

One woman felt very strongly that mixing younger and older homeless people was inappropriate, not just for all the reasons raised by everyone (male and female), but also because of the issues it raised for her (and, from her description, for two other older women who had been in the women’s hostel at the same time):

“I’ve been stuck with 16 year old kids, I ended up trying to be a mother to them, it pulls me down, there’s refuges you can go to but they’re not suitable for people my age, we need somewhere for our own ages ... Canal Street only takes a few women, The Albion only takes three women, so where do we turn to? At ... [women’s hostel] there were three of us older women in their late 30s and 40s, the rest were 16 or 17, they can’t cook, the older women feel responsible of caring for them cos we don’t want to see them going the wrong way ... when we advise them not to do this or that, they don’t realise the danger, these 16 year olds they go out clubbing, you feel you’ve got to cook for them, you’re a replacement mother ... I was in [refuge] over Christmas, all young women and children, my clothes were stolen ... the staff can go home but we’re there with them 24 hours a day.” Her support worker confirmed that worrying about the young women was causing undue anxiety and having an adverse effect on managing her own mental health issues.

For vulnerable women, location of tenancies was particularly important. Two of the women who were now housed reported burglaries and feeling unsafe in their housing; one has since acquired a dog which makes her feel safer. The other, a woman with learning disabilities, had been burgled four times in her ground floor inner-city Council bed-sit; she had since been transferred to an upper floor housing association one-bed flat in a safer locality. The flat had floating support provided by the housing association and day centre staff had helped her with the move.

Women also reported feeling unsafe in day centres during sessions for younger as well as older people. One woman at The Friary Drop-In talked about no longer going to Emmanuel House in the daytime because of “going in with 20 cigarettes and coming out with none” because of young people begging cigarettes from the older people.

Another woman didn’t want to use city centre day centres at all because of meeting up again with previous acquaintances. Her support worker had suggested the All Saints specialist day centre which has a session for people with mental health issues “But I tried that and it was all men, I didn’t like it”. The support worker had also suggested specialist college courses at New College Nottingham “But I don’t want to go into the college with all those young students”.

Older People and Homelessness in Nottingham
CHAPTER SIX
Gaps or Weaknesses in Current Provision and Services

This chapter sets out to focus on gaps or weaknesses in current provision for older people who are homeless, or threatened with homelessness, in Nottingham.

Gaps or weaknesses can occur in a number of ways. The simplest ‘gap’ is that the service does not exist at all. However, the researcher has detailed knowledge of homelessness services in a number of towns and cities across the UK, and can confirm that Nottingham has a highly developed voluntary sector, so it is unlikely that this will be the prime cause of a lack of appropriate services in the city. It is more likely that other reasons will be behind any gaps or weaknesses.

Services may exist, but may exclude certain groups by their regime or ethos, or just because they only focus on a particular need (eg the Salvation Army provision being for men only). Services may nearly always be full so that those who need them cannot gain access. Services may exist, but the point of contact with the older homeless person may not be aware of their existence so may not refer them appropriately. Agency staff may have detailed knowledge of some provision, but not of other services which would also be helpful.

Gaps or weaknesses can also be caused, perhaps inadvertently, by national or local policy changes. Changes in policy which are not aimed mainly at homeless people may also have a disproportionate effect on them. Government policy to tighten up Housing Benefit administration is one such example.

There will be a number of gaps and weaknesses which will impact on homeless people of all ages, whether families or single. However, there are certain issues which particularly affect older homeless people.

This chapter is arranged as follows:

The first section covers the cross-cutting issue of inter-agency co-operation and joint working.

The second section covers the broad areas of access to health care and to resettlement support and tenancy sustainment.

The final section covers specific gaps and weaknesses in accommodation and services identified by older homeless people themselves, and by other research respondents.

Inter-agency co-operation and liaison

From the researcher’s experience of the voluntary sector in other towns and cities throughout the UK, Nottingham has highly-developed links between the main voluntary sector agencies working with single homeless people. As part of the wider research into services for older homeless people, the researcher has interviewed and observed both frontline and senior staff from Emmanuel House, Macedon and NHHA, and has noted the close working relationships between these organisations and others (especially The Friary Drop-in and HLG) in the voluntary homelessness sector. The researcher has observed such close working not only at the level of frontline work with individual clients, but also at a strategic level. This co-operation is also proved by the receipt of government funding for work with rough sleepers through the Nottingham Consortium. The close liaison at front-line level is helped by the interchange of staff between key agencies, the (generally)
stable staff teams, and the amount of joint training facilitated by HLG.

This is confirmed by comments in the Inter-agency Homelessness Strategy:

“One of the strengths of the homelessness sector is the level of joint working between workers on an individual basis.”

However, the Strategy report also goes on to express concern about wider co-operation:

“One of its weaknesses is inconsistency of joint working amongst organisations, in particular the statutory sector. Importantly, this includes Housing and Social Services.”

The researcher has found in previous work on multi-agency working (particularly in a study of The HUB in Bristol, Pannell and Parry 1999) that there is often a problem in developing effective joint working for single homeless people amongst the staff of mainstream statutory services.

The fieldwork in Nottingham suggests that whilst there is some very effective joint working, particularly amongst many of the specialist agencies, there is much weaker joint working with more mainstream services. This is not necessarily the ‘fault’ of any individual or agency, but it is an area which would repay further development. The spectrum of effectiveness as found during the research fieldwork is as follows:

- generally very effective joint working between many of the key agencies (especially the CAT Team, Emmanuel House, HLG, Macedon, NHHA);

- effective, but often bi-lateral arrangements, between many individual agencies: for example The Friary has referred a number of homeless older people to Housing 21 sheltered housing; Nottingham Community Housing Association often re-houses older homeless people from supported housing into their sheltered housing;

- an apparent lack of liaison and strategy development between the city council and housing associations providing sheltered housing (which will hopefully be developed by OPACS, the Older Persons Accommodation and Care Strategy);

- at best problems, and at worst very little interaction, between the voluntary homelessness agencies and the mainstream statutory and voluntary sector agencies working with older people or those with specific needs.

The gap in joint working between homelessness agencies and mainstream services came out during the fieldwork in various ways. For example, Age Concern provides a variety of services, some of which would be helpful both to prevent homelessness and to help resettle older homeless people when moving into housing. However, there are currently no links between Age Concern and homelessness organisations. When older homeless people with specific needs (e.g. a learning disability) are resettled, it would be helpful to at least attempt to access specialist learning disability services, but links between resettlement staff and Social Services specialist services also appear to be weak.

The extent of bi-lateral arrangements is to some extent inevitable. Staff build up knowledge of certain provision, and relationships of trust with staff in other agencies with whom they have a lot of contact. Trust is important in joint working: most respondents referred to problems when they felt ‘dumped on’
because of a lack of information about referrals. Geography may also play a part: for example, The Friary Drop-in refer to Housing 21 partly because they have sheltered housing nearby, in The Meadows. However, as the Strategy points out, bi-lateral arrangements may mean that homeless people do not get as wide a choice of appropriate solutions as would be the case if there were closer multi-agency links: “referrers [tend] to rely on the quickest routes into accommodation for homeless people rather than the most suitable ...”.

Access to health services

From the user and voluntary sector perspective, there are a number of significant problems in accessing mainstream health services for older people who are, or have been, homeless.

Some of the issues also apply to younger people, others are age-specific. This report concentrates on age-specific issues, and makes cross-reference to discussion in the Nottingham inter-agency homelessness strategy report (HLG 2001), especially Chapter 6 on Health and Homeless People, for more general issues, which covers the following services and issues in some detail:

- Access to health services;
- Nottingham Community Health NHS Homelessness Team;
- Mental Health (including MHST and Assertive Outreach);
- Substance Misuse;
- Dual or Multi-Diagnosis;
- Personality Disorder.

Of the specific issues affecting older homeless people, the first problem concerns people who do not have a diagnosable mental health condition. The HLG Mental Health Support Team (MHST) can work with anyone (whether diagnosed or not) but mainstream services generally require a diagnosis. The problems with ‘personality disorder’ and other undiagnosed mental health issues are discussed in some detail in HLG 2001. Respondents commented on the difficulty of engaging and finding appropriate services for a small number of older homeless people with such problems, especially as they are likely to become more vulnerable and/or frail as they age.

Staff from two agencies quoted the same examples. One was a man sleeping rough who could not access the Community Mental Health Team because he was too old, but the Elderly Mental Health Team were reluctant to work with him because he did not have an address, and also because they had no experience of working with a rough sleeper. Although MHST could work with him, he needed to access mainstream services for ongoing specialist psychiatric help.

Another problem had arisen trying to access appropriate services for someone aged 54 with serious memory loss, but no diagnosed mental health or drug/alcohol issues. Although placed in temporary housing, s/he was often found sleeping rough again because of forgetting where s/he was staying. This person did not fall within the remit of MHST staff.

Respondents managing sheltered housing also commented on the difficulties older residents (whether formerly homeless or not) experienced in accessing mental health services. It was reported to be easier for older people who were physically frail to access community facilities, than for those with mental health issues. One housing association spoke of an older resident in sheltered housing who had left after problems with taking her medication; even though a CPN was
allocated, the resident often did not stay in for her injections and her mental health then deteriorated. This housing association had no problem accepting referrals of people with mental health issues, as long as the support services were in place. The problems arose either because support services could not be accessed, or because they failed to work effectively.

**Difficulties working with homeless people with mental health issues (reported by statutory services)**

From the statutory sector perspective, staff report a range of difficulties in working with homeless people. These are usefully summarised in MHST’s recent evaluation (HLG 2000a) which received 19 responses from a wide range of health and a few social services practitioners, and identified the following issues (all of which would apply to older as well as younger homeless people):

- “Service availability to people with learning disabilities with mental health problems.

- Homeless people move around frequently, often miss appointments, may not use medication appropriately or accept advice (often combined with drug and alcohol misuse).

- Engagement problems, plus other problems such as drink, drugs, personality.

- Long time on hospital ward waiting for accommodation.

- Accessing services and continuity of care particularly if more than one service/agency involved

- Trying to follow up with appointment if they keep moving areas.

- Lack of resources, particularly for people with dual diagnosis, mental health and learning disabilities.

- More difficult for individuals to become stable in their drug/alcohol use if homeless.

- Multiple problems dealing with more than one agency; substance abuse.

- Difficult client group as multi-dimensional problems requiring various agency input thus increase in breakdown of communication.

- Getting homeless people to attend and then wait for referral, appointments, etc.

- Gaps in provision for service users referred by MHST.

- Services to people with mild learning disabilities who have mental health problems.

- The gaps are more often after move-on from homeless provision when MHST support is no longer available.

- A centrally based alcohol clinic. This has been suggested as an alternative to the night-shelter clinics in a paper produced in February 1999.

- Difficulty accessing mental health workers/services they are familiar with. Not enough rehab/long stay beds.

- More facilities for women - accommodation in particular.

- Drug users - somewhere “safe” during day for those detoxing on scripts for methadone.

- Resettlement workers and housing agencies also need to be involved.

- Better out of hours provision for advice and support.
• Closer inter-agency working to ensure that clients are not creating duplication of work.” (HLG 2000a)

Given that statutory services, housing providers and voluntary homelessness agencies are all reporting similar problems, it seems that this is an area which would repay further attention. This is important not only for older people who are currently homeless, but also for those who are currently housed but at risk of homelessness.

Resettlement and tenancy sustainment

Ongoing resettlement and tenancy sustainment support is a major issue for homeless people of all ages and applies to independent tenancies of all types. This is also identified in the inter-agency strategy (HLG 2001):

“...it is important to note that many of the support needs that are apparent in temporary accommodation will persist after someone is re-housed and will be added to by the potential pressures of independent living. Good assessment practices that are based on the homeless person’s ... views and the judgement of skilled workers can identify support needs before a person takes up an offer ... these pressures and thus the need for support can increase once re-housed. Family workers report problems mount six months into a tenancy ... a number of organisations and projects ... are offering short and long term support. Support is widely available to people whilst they live in temporary accommodation. However, there is less long term support available to people once they move into secure accommodation.” (HLG 2001)

Although this is an issue which affects homeless people of all ages, both families and single people, it can be a particular problem for older homeless people, who may find it especially difficult to adapt to a change in their circumstances. This can apply, for different reasons, both to older homeless people who have a long history of unsettled lifestyles and are now trying to settle, and to those who have recently become homeless following some traumatic event such as bereavement or relationship breakdown. It is likely that some older homeless people will continue to need some support for the rest of their lives.

This support has to be provided by appropriate agencies with relevant experience, and paid for. Transitional Housing Benefit has already been used in some cases, and it is hoped that the move to the new Supporting People funding regime will make such solutions more possible in the future.

Chapter Four discussed in some detail the role of sheltered housing in providing suitable permanent housing for older homeless people. It pointed out the gap in understanding of the warden’s role among referring agencies and more generally among health and social care professionals. It also identified the problems caused by the gap in ongoing support services to complement and add to the warden service. It is essential that this is addressed in order to make the best use of an available stock of housing which is in many ways very suitable for older homeless people.

Specific gaps and weaknesses

Elders from Black and minority ethnic communities

Hidden homelessness is reported among Asian elders living in extended families. Problems include overcrowding and unsuitable or poor condition housing (eg WC upstairs, ill-health causing difficulties managing stairs). However, community values are against the idea of "sending elders away" so families may feel
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pressured to keep elders with them despite unsuitable housing. Now that more Asian women are in paid work, elders often provide child care for working mothers, so this provides another pressure to stay in the extended family home even if it is unsuitable. Elders may also prefer to stay because of fears of isolation, language problems, and loss of community links if they leave. If they do wish to leave the family home, they usually want to stay in Asian areas for shopping/temple/mosque and other community facilities (Radford, Sneinton, Forest, Meadows).

There are currently plans for Nottingham Community Housing Association to provide a culturally specific home care service; Social Services prioritise personal care but many Asian elders don’t want personal care from an outsider, but do need domestic help. Lack of help if they move away creates another pressure to stay in unsuitable extended family housing.

NCHA have recently built a small development of 1 bed houses adjacent to 4 bed houses in the Radford area. Such housing was described by one respondent from the Asian community as ideal for an Asian extended family, because it offered enough space for both a large family and an elder to be near to each other but with sufficient privacy and modern facilities.

Tuntum Housing Association spoke of the history of Afro-Caribbean elders who had lived in shared private rented housing when they first came to the UK around the 1960s. A number of elders (generally men) whose relationships have failed have since moved back into that sector. Some are in comfortable accommodation, lodging with friends. However, others are in poor quality housing which adversely affects their health, such as one man re-housed from one rented room in a very damp house where problems with the electric wiring often left him without heat or light.

Many Asian and Afro-Caribbean elders are unable, or have difficulty, in reading and writing English so cannot easily access services. Both communities can also experience language difficulties, especially older Asian women who frequently speak no English, whilst Caribbean elders may have significant, though less obvious, problems because of island dialects which can differ considerably from ‘standard’ English.

Irish elders

There are also reported to be housing issues for Irish elders in Nottingham, and consideration should be given to engaging with this community to explore whether specialist provision is needed. The Nottingham Community Care Plan “Caring in Partnership” points out that “The Irish community has by far the oldest community with 28.3% of people being of retirement age”.

Older homeless women

The Strategy acknowledges the general lack of provision for women of all ages in both direct access and supported housing. Older women are doubly disadvantaged because within women’s projects, they are with much younger women, as described graphically by one research respondent in Chapter Five. It may be better to consider women’s provision in broader age ranges, because the distinction seems to be particularly between very young women and mature women. The respondent in Chapter Five was in her 40s, and had no problem mixing with other more mature women, whether in their 30s or 50s or older: what she found problematic was mixing predominantly with teenage girls and young women in their early 20s. It is
worth noting that there are no women’s refuges which focus on ‘mature’ single women in Nottingham, whereas there are in other cities (eg Sheffield).

There are a number of gaps or weaknesses in provision for women in general, and which impact particularly on older women:

• direct access accommodation;

• accommodation for older women who have experienced domestic violence;

• accommodation for older women who have a need for specialist supported housing because of their mental health, substance abuse, learning difficulty, and/or other specific issues;

• accommodation to combat isolation for older women who have become homeless and lost their social/family contacts.

In some cases these needs can be met by appropriate mixed accommodation but with sufficient provision for women (eg a designated floor or wing, as in the Canal Street new building). In other cases, including of course domestic violence, there is a need for women-only accommodation.

The lack of appropriate provision for older women can be categorised as follows:

Emergency/quick access provision for women

At present there is very little emergency/quick access provision for single women, and the direct access provision in the two night shelters is in shared rooms. The replacement for Canal Street will alleviate this to some extent, and also provide accommodation in single rooms. Changes to the quick access Emergency Accommodation for Women project may also help. However, such provision is likely to continue to be dominated by young women.

The forthcoming closure of Alexandra Court will remove 40 bed spaces for single homeless people for whom Nottingham City Council accepts a duty to house temporarily: 20 of these bed spaces are for women. It is probably more likely that the City Council will have a duty to older homeless people (as they may be in priority need due to old age as well as for the other reasons which also apply to under-60s). So the loss of these bed spaces could affect older people disproportionately, and particularly older women because of the lack of other quick access accommodation for them.

It is surprising that the recent new-build Salvation Army hostel, which provides single room accommodation, does not include a floor or section for women only (as do other Salvation Army hostels, for example Sheffield). Because of the Salvation Army regime, it can provide a more appropriate temporary housing solution for some people than night shelters. Respondents spoke of referring older men there for that reason, because it provided a ‘safer’ space than other direct access provision.

Short/medium-stay provision for women with specific issues

There is a lack of appropriate short/medium-term supported housing for older women whose homelessness is caused or exacerbated by other issues including permutations of alcohol, mental health, personality disorder and similar issues. Macedon bid for two consecutive years for Housing Corporation funding for accommodation specifically for women within the ASH project, but was turned down; this would have provided longer term supported shared housing for
women, particularly those with issues around substance abuse and mental health. The new Acorn House project will be available to women in theory, but they will need to accept a rehabilitation, rather than a harm reduction, model. 32 Bentinck Road will take women, but most of the residents are male and it is usually full.

Longer term provision for women

With appropriate support available, sheltered housing should be able to provide appropriate housing for many older women. However, for 'younger older' women in their 50s/60s, they may not feel comfortable in provision which is primarily housing people in their 80s (a whole generation older). Mixed age-range supported provision (eg. NHHA's Blakeney House) is particularly appropriate for 'younger older' women who will continue to need support.

Older women who have experienced homelessness are frequently very anxious and lack confidence; the researcher has found this in interviews with older women not just in Nottingham, but also elsewhere in the UK as part of the wider older homelessness research. They are vulnerable if placed in lone tenancies, especially if the area is not perceived as safe (see Chapter Five). This means that the safety of other people around (eg in sheltered or supported housing) can be especially important for women.

Personal care for older homeless people

In the Macedon ASH houses for older drinkers, there have been problems accessing appropriate personal care. Because of developing frailty and/or ill-health, some older men need a level of personal care which ASH staff cannot provide, but this has so far proved impossible to access in their homes. The only way to access it has been through admission to a registered care or nursing home for respite care. Social Services home care has been unable to provide a service, and Macedon have tried but failed to find funding sources to provide a designated worker who is empathetic to the needs of older drinkers. This would also be difficult to manage as levels of need for such care fluctuate. Charities refuse to fund such work because they consider it is a statutory duty, but the statutory sector has not provided such care in people’s own homes, only as respite.

Older drinkers

Nottingham is fortunate in having specific provision for older drinkers which operate a harm reduction regime. As the Strategy says, “Older people who are in well established patterns of substance misuse are more liable to require a harm reduction approach to resolve patterns of homelessness”. 32 Bentinck Road is a registered care home providing personal care in a sympathetic environment, whilst the ASH supported houses provide high-level visiting support in shared housing, but no personal care. However, ASH cannot support people with high care needs and because 32 Bentinck Road provides a long-term home, it has very low turnover. It is also a specialist provision, one of only a handful in the whole of the UK to cater for this group, and so it attracts a few residents from outside Nottingham. This means that there are often no spaces available to older drinkers who need a high level of care.

Private care homes will occasionally take older homeless people who still drink, but such placements do not always succeed long-term. Acorn Lodge appears to be catering for a different group in that it intends to adopt a rehabilitation approach, whereas 32 accepts that people will continue drinking. Thus there
is a need for further bed spaces on the 32 model, and/or on a Housing Benefit model to offer an alternative to those older drinkers who will not access residential care because of the loss of benefits. One such example is quoted in the next chapter (Robertson Street).

It is unclear whether there has been a clear assessment of need for specialist provision for older people with alcohol issues in Nottingham, because there are a number of different approaches. These divide crudely into two models:

- harm reduction models, either allowing drinking on the premises (eg ASH) or allowing people to return after drinking heavily (eg 32 Bentinck Road);
- abstinence models, which do not allow drinking on the premises or for people to return after drinking.

It should also be remembered that excessive use of alcohol is not uncommon among housed older people either; it is not confined to older people who are homeless. Housing providers commented that in sheltered housing, there is often someone who drinks. The issue then is generally whether or not the older person’s drinking creates any problems for neighbours or within the housing scheme in general.

Older homeless people who do not want independent tenancies

There is a significant number of older people living in hostels and night shelters who have chosen this lifestyle and appear to have had no wish to move into independent tenancies. Although current policy appears to be to push them into such tenancies regardless of their own wishes, if we are to take user choice seriously, there is clearly a gap in provision for this group.

What is needed is something which will have the advantages of hostel-type accommodation (meals, staff, laundry, companionship) but not the personal care implicit in the residential care home model.

Without the availability of such provision, it will be difficult (and in some cases impossible) to move certain individuals on from hostels and night shelters.

As discussed in Chapter Four, the Abbeyfield model provides one form of this type of accommodation. Another successful model for people who want companionship and low-level support, although not cooked meals, is that provided by NHHA’s Blakeney House, which is a group of self-contained one-bed flats with on-site support staff. Blakeney House is specifically for single people who have been homeless, and provides housing for both older and younger people in a mixed-age community. Thus it provides an alternative model to sheltered housing, especially for ‘younger older’ people who would prefer not to be with ‘older older’ people in sheltered housing.

Pressure to move on to independent tenancies

Where people are ‘persuaded’ to move into independent tenancies against their expressed wishes, although some may then find that they are happy, others will be at risk of losing their tenancies through eviction or abandonment.

There is also a wider ethical issue here: if society has needed some individuals to live a communal lifestyle during their working life (eg in HM Forces or the construction industry), is it ethically acceptable to then force them into independent living, on their own, late in life when they have no experience of, nor desire for, such a lifestyle? It feels to the researcher that it is unacceptable for professionals to dictate
that one lifestyle is ‘better’ than another, against people’s expressed wishes, and to brand anything other than independent tenancies as ‘institutional’.

Concern was expressed by a number of agencies that there is a “vacuum effect” operating: because there are plenty of social rented tenancies available, there is a culture of moving people on quickly and filling voids, and an assumption that “Everyone gets a flat”.

The flat may not be in an area of their choice, but they may feel pressured to accept. They may not be ready but there is such a pressure that it becomes difficult for any agency to try to slow the process down: “No-one ever says they’re not ready for it, no-one ever says that we can’t support them.” Yet agencies are finding that people are moving in and out of tenancies, with some onto their third attempt at a tenancy and resettlement support.

Lack of preventative or long-term services

Older homeless people have often led very difficult and traumatic lives and are left with a lot of trauma, pain and discomfort. People who are very assertive, or those with clearly defined and diagnosed mental health needs are likely to receive services (and these are more likely to be younger people), but the rest do not. Psycho-social intervention is generally crisis-led, and concentrates on the people who are the most “troublesome” (to services), chaotic and risky. This means that the needs of older people with chronic problems are not assessed and they do not receive the help they need in such areas as reminiscence therapy and bereavement counselling. This is because people working in the sector have neither the time nor the experience to put these issues onto the agenda.

Older homeless people with a learning difficulty/disability

Both national and local research indicate an increase in people with learning difficulties (of all ages) using homelessness services. This also appears to be true of older homeless people. The researcher is experienced in working with people with learning difficulties and during the fieldwork, three older people (as well as a number of younger people) with a learning difficulty were observed in day centres and living in the community.

The Strategy refers to a survey carried out by the Learning Disability Housing Forum in August 1999. This estimated that 42-55 people of all ages were living in homeless projects at that time, and that Somerville House (Macedon) had housed 56 people with a learning disability in the previous year. Somerville House housed 15 people aged 35-44 and 5 people aged 44+ in 1999-2000. The survey identified the following reasons why people with a learning disability become homeless, all of which would apply to older people:

- not eligible for support from Social Services;
- violence
- vulnerability
- harassment
- difficulty in claiming benefits/eviction for arrears
- drug/alcohol/mental health difficulties
- family/relationship breakdown
- domestic violence
- offending behaviour
- challenging behaviour
• experience of abuse and/or abusive behaviour.

In addition to this list, a major factor for older people with learning difficulties is the death of a parent or other cause of breakdown in family care arrangements. This was the reason for a number of cases discovered as part of the Nottingham research. In two cases, older women had been re-housed into sheltered housing. In another case, an older man was re-housed into a housing association flat with resettlement support.

There are clearly two aspects to tackling homelessness amongst older people with a learning difficulty. The first is the importance of prevention. Ideally, no-one should become homeless because of a breakdown in parental arrangements or their own tenancy. Early warning systems such as the Nottingham Vulnerable Tenancies Group should help with this, as would an awareness of the location of older people with learning difficulties living with parents or other relatives. There are many examples nationally of people with learning difficulties succeeding to a tenancy or continuing to live in the owner-occupied parental home, provided that sufficient support is provided.

The second aspect is at the point of homelessness. It is obvious that someone with a learning difficulty is particularly vulnerable to exploitation and abuse if in inappropriate provision such as a night shelter. Both the Nottingham and the wider UK research has indicated a number of problems with financial exploitation and physical aggression. Quick access to appropriate housing and support is therefore essential. Yet one Nottingham research respondent told of their frustration at having to hold vacancies in move-on housing for many, many weeks because of the delays in putting together appropriate funding and support. Thus there is a need to fast-track such applications to avoid delay.

It appears that there are some significant gaps in services for older people with learning difficulties. There is a general problem with learning disability services in that people with learning difficulties are not all the same and so the services they do, or do not, access vary widely. For the purposes of this report, we need to focus on middle-aged or older people in the following broad categories:

• people with moderate to profound disability who have been in long-stay hospitals and who (generally) have been moved into community homes with ongoing NHS funding;

• people with mild to moderate disability who have always remained at home with parents or other family carers and may never have been in touch with NHS or Social Services;

• people with mild to moderate disability who have managed to maintain a tenancy and perhaps a relationship until some crisis arises which pushes them into homelessness;

• people who may present with offending and/or challenging behaviour and whose housing and care arrangements have broken down;

The Strategy points out that “Not all people identified as having a learning disability had been assessed by Social Services or received a Social Care Assessment and others had been assessed as having needs below the level that trigger Social Services Support”. Better liaison between homelessness agencies and Social Services learning disability teams, and training for homelessness and Social Services staff, would at least ensure that people with learning difficulties could access a Social Care Assessment. Joint working between homelessness and housing agencies and Social Services learning disability teams is necessary to ensure that appropriate
services are delivered to either prevent homelessness, or resettle people who have become homeless. There may also be a need to explore further the need for prevention of homelessness as the phrase “assessed as having needs below the level that trigger Social Services support” begs a number of questions about the process of assessing needs in the widest sense, and the risks if no support is forthcoming. The Government's recent White Paper 'Valuing People: A New Strategy for Learning Disability' (2001) may also be helpful here.

There is a particular problem in that the eccentric behaviour of some people (especially men) with learning difficulties puts them at risk of harassment from neighbours, exacerbated by recent public reaction about paedophiles. It must also be acknowledged that some people (especially men) with learning difficulties do behave inappropriately, do not always follow the cultural norms of their community, and in some cases do commit offences. Although this is a sensitive subject, we do them no favours by pretending that it does not exist. It does also make resettlement into the community potentially more problematic; for example the fieldwork revealed one person who, on moving to independent housing, had become an active member of a local organisation until some inappropriate behaviour, and perhaps a lack of understanding of the issues by organisation members, caused that organisation to distance itself from him. Thus a potential way into social engagement was lost.

There are also particular problems in accessing appropriate services for those people who exhibit challenging behaviour and/or other problems. It is not uncommon for people with learning difficulties also to have mental health problems and/or physical or sensory impairments, and these may become more likely as they age, especially as there may be a tendency (with some forms of learning disability) to age prematurely.

Finally, there may be a need to develop more imaginative housing and care solutions for older people with a learning difficulty. The Strategy quotes Somerville House staff saying that “people do not want to go into residential care as it means that they will lose control over most of their benefits”. This is also the researcher’s experience. Yet there is a real problem of isolation, and great difficulties in setting up, managing and funding adequate support packages for independent living in the community. Various permutations of using community alarm systems, visiting warden services, sheltered housing and small grouped housing schemes could overcome the problems of residential care, and more effectively meet the needs of most older homeless people with learning difficulties. NHHA’s Blakeney House is an example of a scheme for mixed ages providing long-term accommodation in self-contained flats with low level support for people who have been homeless.

Benefits issues

There are obviously a wide range of gaps and weaknesses around issues concerning benefits which impact on homeless people of all ages. This section sets out to highlight those issues which affect older homeless people in particular; although inevitably much of the comment applies to younger homeless people as well. It is recognised that it is beyond the scope of this report to make major changes to the benefits system. However, from research on older homelessness elsewhere in the country, there may be improvements which could be made in benefits administration and liaison which would ease the problems of older (and other) homeless people, as well as preventing people becoming homeless.
At a national level, Help the Aged (perhaps with other homelessness and advice agencies) may also be able to exert influence. The section at the start of this chapter (on inter-agency co-operation and liaison) is also particularly relevant to overcoming the worst effects of problems with benefits administration.

"Managing" the benefits system

Both older homeless people themselves and agency staff commented on the complexity of the benefit system and the particular difficulties this presented to older people, who are often confused by the claim forms, computer-generated letters and conflicting information given. Although this is certainly a general problem, older people may be especially disadvantaged for the following reasons:

- they may be unwilling to seek help because of pride, emphasis on personal privacy, or lack of knowledge of advice agencies;
- the emphasis on fraud prevention and the stricter verification requirements may frighten and worry them;
- they may be more forgetful than younger people because of the ageing process and, for some, the effects of alcohol, mental illness or learning disabilities;
- because of health problems they are more likely than younger people to be eligible for a combination of benefits, eg Disability Living Allowance (DLA), Incapacity Benefit (IB), Retirement Pension (RP), as well as basic Income Support (IS) and the interplay between a combination of benefits can be especially problematic.

One respondent commented that “the claimant is expected to manage the system, and if they don’t, and they miss one stage then it’s a complete disaster”. She quoted the problem of people in their 50’s (and younger) who are in and out of work, Job Seekers Allowance (JSA) and IB and the need for them to make a specific new claim for IS each time: “It’s anything but a seamless service and with JSA and the new verification system it’s got worse, not better”. Losing entitlement to even a small amount of IS can be a disaster if it means that Housing Benefit (HB) is then suspended and cannot be backdated.

Another example is the process for DLA/Attendance Allowance claims: older people may fear that if they tell people how hard they find it to manage, then Social Services will put them in a home. Examples were quoted of the system of random review for DLA claims where it could be suddenly withdrawn because of an approach to the GP (who may not fully understand the person’s circumstances, or the effect of how a reply is worded). Losing the middle rate care component of DLA can also significantly reduce a claimant’s IS (because of the loss of the disability premium). In cases where the person then appealed, they usually won, but it could take many months. The consequent debt could push someone into rent arrears and eviction or abandoning the tenancy, and thence to homelessness.

The “disadvantages” of receiving Incapacity Benefit or Retirement Pension

A number of agency staff focused on the problems for older people because their combination of benefits meant they were ineligible for Community Care Grants because of IB or RP. This was considered a particular problem for older people (usually men) who had worked and perhaps had a reasonable home and had then lost it because of an offence leading to imprisonment and loss of tenancy, or...
because of a relationship breakdown. The only source of furniture was then charities, but many older people felt that this was demeaning, and it was always difficult to access certain items such as white goods.

The other specific disadvantage to receiving IB or RP is that it makes direct payments (eg. utility bills) more difficult. This is because the RP or IB cannot be paid direct, only the IS element. Budgeting and managing utility bills is a big problem for many people needing resettlement/tenancy support. Arranging the direct payment of utility bills is often the best solution. This is a problem for all age groups, but the IB/RP complication is more of an issue for older people. There is also the question of whether someone has to be in arrears before utilities can be deducted and paid direct: the usual practice is that arrears have to have accrued. Yet especially for people with a debt or addiction problem, it would be helpful if such a direct payment system could be set up from the beginning.

The other recent problem with utilities is the privatisation of fuel companies so that older people (and others) are confused, pressured and even tricked into changing suppliers, often ruining the careful budgeting set up by resettlement staff. At least one fuel company offers a flat-rate fixed price offer for both gas and electricity (dependant on the size of the dwelling). If such a system could be combined with direct payments, this would help. However, there would still be the potential problem of reclaiming overpayments as often happens with Housing Benefit.

Housing Benefit

Respondents reported problems with HB administration, with the Council Treasury department reported to lose claims and send out letters which are hard to understand, even for agency staff. This is thought to impact especially on older people because of their fear of admitting they don’t understand and of being thought to be becoming senile. HB problems can lead to eviction or abandonment and then resulting arrears can make any new attempt at resettlement into a social rented tenancy difficult or impossible, as explained by older homeless people mentioned in Chapter five.

There is a particular problem for people who are on remand for 52 weeks or more, because after 52 weeks they lose their HB and probably their tenancy. Older men are likely to be on remand because of particular offences which may mean they have to stay away from an area, or from their partner/family, and it can take over 52 weeks to get to court. Then when they come out of prison, if they have previously worked they will be on contributions-based JSA, so will not be entitled to access the Social Fund to help set up a new home. This leads to great bitterness that they have lost everything: home, family, income and cannot even access the same help as others who have not worked.
CHAPTER SEVEN
Examples of Good Practice

The research identified a range of good practice in services for older homeless people in Nottingham. Nottingham can also learn from good practice in other parts of the UK. A few examples known to the researcher are given below and there will be further publications in 2002, following the completion of an evaluation of the Help the Aged, HACT and Crisis Partnership programme of projects for older homeless people.

Nottingham: Specialist community care assessments for homeless people

HLG’s Mental Health Support Team (MHST) are contracted by Nottingham City Council Social Services to carry out Social Care Assessments (SCAs) for homeless people with drug or alcohol difficulties or mental health issues. The researcher has not come across such specialist formal input into the community care process anywhere else in the UK, and will be recommending this approach in the report of the 3.5 year national evaluation of services to homeless people (to be published in 2002).

A community care assessment is necessary to access residential care, and anyone is entitled to an assessment. MHST staff are often working with someone already, so have built up a relationship with them: this can be very important in finding out the often painful and sensitive information which is necessary for the SCA process. An older homeless person has often had difficult experiences in the past with statutory services, and would be likely to withhold relevant information from a stranger. MHST can complete assessments very quickly (usually within 1-2 weeks of referral), avoiding delays and being able to offer services at a time that the older homeless person is ready to receive them. They have also built up an expertise in identifying appropriate specialist and general provision for homeless people in the area. The choice of provision is made in partnership with the older homeless person and the referring agency, and the person normally visits the proposed home(s) to make a positive and informed choice. For these reasons, they are far more likely to make an accurate and sensitive assessment, and a speedy and appropriate placement, than a social worker who only occasionally works with homeless people and has a heavy caseload of other clients who may be easier to engage with.

When MHST has completed the SCA, the paperwork goes into the normal Social Services process. The report is assessed by a specialist officer and is then scrutinised by a panel. However, MHST’s recommendations are likely to be agreed because of their expertise in this field and the high care needs of the people who go through the SCA process.

Nottingham: Vulnerable Tenancies Group

The Vulnerable Tenancies Group is a recently formed multi-agency group which aims to prevent tenants losing their tenancies.

Stable staffing in the Nottingham voluntary sector

There is a need for continuity of staffing to build relationships, especially with those homeless people who are more difficult to engage with. A number of the Nottingham voluntary sector agencies have very stable staff teams. One such research respondent said that “Some of the best work for me personally has only been possible because
of knowing someone for that length of time and they know you know them ... when I used to work at the night shelter, I noticed that the older guys would look out for someone on the staff team they knew, and interact much better with them."

However, the fragile and often short-term funding for many voluntary sector agencies can threaten the stability of staff teams, as has been found to be a significant problem in the wider evaluation research.

Help for older people living in private rented housing

The Nottingham research produced some evidence of older people who had been homeless who were now living in the private rented sector. Sometimes this was from choice; sometimes it was from necessity. Some of the agency staff commented on their concern about poor conditions in the private rented sector in both the city and West Bridgford (Rushcliffe).

The researcher is also working on another research project also funded by Help the Aged about older people in the private rented sector; the report will be published in 2002. On a case study visit to the London Borough of Wandsworth in June 2001, it was discovered that both the London Borough of Wandsworth and Age Concern Wandsworth are active in improving conditions for older people in the private rented sector. Although there are sometimes problems (because either the tenant or the landlord does not want works carried out), the local authority is able to make grants available if approached by the tenant or the landlord (for improvements such as central heating, and for certain essential repairs). Age Concern Wandsworth has a handy-person scheme and referral system for decorators and gardeners. This service is also available to, and accessed by, older private tenants (although it will depend on the nature of the works).

The St Anne’s Over 55s Accommodation Project, Sheffield

Help the Aged has funded two workers with homeless people aged over 55 in Sheffield from 1998 to 2001. The staff have developed excellent contacts with advice agencies, specialist projects and housing providers. They have used both mainstream and sheltered housing for move-on, as well as registered care homes in some instances. The staff have attached a great deal of importance to finding the right type of accommodation in the right area, and to building up the older person’s confidence so that they are ready for the move. This has meant that all the factors have been in place to maximise the chance of success. They have then provided ongoing support after the move until other support networks have been established.

They have had a number of successful re-housings into sheltered flats and also into other older people’s housing such as ‘Category 1’ bungalows (as discussed in Chapter Four). This has been facilitated by their excellent relationships with front-line staff, especially sheltered housing wardens and housing officers. The availability of ongoing support and advice to both the older people and to the front-line staff has enabled a number of people to be successfully resettled into both sheltered and mainstream housing, including people with continuing issues around alcohol and mental health.

The staff have been able to carry out in-depth work, building relationships over time, often starting when the older homeless person was still in temporary accommodation such as a hostel. This relationship-building is so often especially necessary when working with older people, but does demand sufficient funding.
to allow for staff stability and fairly small caseloads. They have provided advice, advocacy and emotional support, as well as practical support for their clients.

The researcher has carried out an evaluation of this project for Help the Aged during the past year, hence her knowledge of the other provision in Sheffield listed below.

**South Yorkshire Housing Association (SYHA): The Thursday Project, Sheffield**

The Thursday Project is part of SYHA’s Care Directorate. It is based on the model established by the Leeds Shaftesbury Project to re-house people (many of them older) from Shaftesbury House, a local authority single people’s hostel.

The Thursday Project accesses properties from a number of RSLs in Sheffield and also from the local authority, although it has never used sheltered housing. Initially, the Thursday Project arranges the tenancy, decorates and furnishes the property, and provides regular support from visiting workers. The resident is there initially on a licence (in local authority property) and on an Assured Shorthold or Assured Tenancy (depending on the policy of the RSL). The aim is for the project support to withdraw over time, handing over the tenancy and all the furniture (for a nominal sum) to the tenant when the tenant is ready.

Most clients are white males, average age 38, but a number of older people have been referred to them, mainly from the St Anne’s Over 55s Accommodation Project. Most of the funding comes from Housing Benefit and there is a small amount of Transitional Special Needs Management Allowance (TSNMA) from the Housing Corporation.

The Thursday Project has preferred suppliers (for discounts) but offers a wide choice of furniture to suit the individual being housed: it is not the sort of standard package used on some furnished lettings projects, which can be rather institutional, like being in a hostel rather than a home. Typical rent for a self-contained furnished flat is around £140 per week plus utility bills; this includes the support charges and the furniture costs. There are initially weekly visits from support staff, tailing off (in principle) to fortnightly after 2 months and monthly later on, although this will also depend on the support needs of the individual.

The minimum period with the project is 12 months, the average is 2-3 years, but after 3 years they would wonder "whether they are in the right project" given that the aim is to withdraw support altogether. However, some have gone on for 7-8 years with some support. The funding remains the same, even when the support is less. Drop-in support at the SYHA office is also available on an ad hoc basis though they would "be concerned if someone needed the drop-in regularly".

Their ideal client is of a type often found amongst older homeless people who have become homeless later in life, described by the Thursday Project as "able but lacking confidence". It is "not the right project for chaotic individuals who have never held a tenancy".

There are two routes for most referrals: via the voluntary sector (for which there is a waiting list) or via the council homelessness team (which are then priority cases). They have properties in all areas, with a wait of 2 months in least popular areas and 9 months in most popular. There is a bigger wait because of property availability than caseload numbers for the 3.6 FTE workers. Each worker has about 18 residents on their caseload at any one time.
Oakdale House (The ‘House of Help’) refuge for single women, Sheffield

Unlike other refuges (in Sheffield and elsewhere) which mainly take younger women and children, Oakdale House is only for single women. This means that they quite often have women in their 50s or 60s, and occasionally even older (including one aged 77 earlier in 2001). Having a refuge for single women only is an example of good practice, in that older women are likely to feel more comfortable there than in refuges which are mainly for women with children, and are more likely to be with women who have shared similar experiences and are mature.

Salvation Army hostel, Sheffield

This large new-build hostel (of similar age and style to Sneinton House, Nottingham) has three advantages compared to Nottingham: move-on flats adjacent to, but separate from, the main hostel, which provide a ‘half-way house’ between the hostel and independent tenancies; a separate floor for women; and a separate floor for older men. Other facilities are similar.

Robertson Street, South London (Bondway Housing Association)

Robertson Street is a high-support housing project for older people which is funded through Housing Benefit. Many of the residents have a long history of homelessness and remain heavy drinkers. Bondway also runs a range of projects for single homeless people, including a dormitory-style night shelter which was replaced later in 2001 by a new facility with single rooms. They started Robertson Street because of the difficulty of finding suitable move-on accommodation for older shelter users who wished to continue drinking, but who were becoming too vulnerable to stay in the shelter.

Robertson Street is a new-build scheme with clusters of single rooms around informal sitting/eating areas. There is a pleasant rear garden. Because of the Housing Benefit funding, residents are left with higher levels of spending money than registered care home models. However there is significant staffing and meals are provided.

Bondway has received funding for work with older people from Help the Aged and the Housing Associations Charitable Trust Partnership Programme, which is why the researcher has visited their provision.
CHAPTER EIGHT
Conclusions and Recommendations

There is a wide range of services for homeless people in Nottingham, and also for older people, but older homeless people may have difficulty accessing appropriate services for a number of reasons:

1. Older people may be less aware of services on offer, and less assertive in obtaining them, than younger people. This applies both to long-term older homeless people, and to those who have become homeless more recently after living a more settled life.

2. The emphasis over the last decade on the needs of younger (especially very young) people has made it more difficult for older people. Many of the services which used to cater mainly for mature or older people have seen a change of emphasis to younger age groups. Most new provision has been developed for young people. Older people feel excluded from provision dominated by younger people, and staff time is likely to be taken up by the more immediate demands of younger clients, especially those who may have chaotic lifestyles.

3. For older homeless people with complex needs, it is difficult to find appropriate provision. They are often so alienated from services that they will not engage with staff. Although they are often especially alienated from statutory services, some are also alienated from most or all voluntary agencies. It takes a long time to build up relationships with older people but this is often essential to build their confidence and explore options.

4. There is a risk of homelessness amongst older people who do not access advice services in time to prevent homelessness, or whose existing support networks break down (such as older people with learning difficulties whose carers die or can no longer care for them).

5. Homelessness agencies are likely to be perceived as dealing primarily with young people, so older people may not approach them. General services for older people may appear unapproachable to older people who have been, or are at risk of, homelessness. There appears to be only limited liaison between mainstream services for older people and homelessness agencies, and between specialist services (e.g., learning disability services) and homelessness agencies.

The problems faced by older people are reflected in the compartmentalising of strategic initiatives. Homelessness needs to be considered as an over-arching issue in all services for older people. This is especially so because many services for older people are predicated on keeping them in their own homes and taking services to them at home. Conversely, older people’s specific needs need to be considered in all services for homeless people, especially the risk of indirect discrimination on grounds of age because of the effects of catering mainly for young people.

There is much material in this report which identifies specific weaknesses and gaps, identified both by older people themselves and by agencies. The report should be used to develop new services, change existing services and make links between services and agencies. The implementation of both the Inter-Agency Homelessness Strategy and the Older People’s Accommodation and Care Strategy provide the opportunity to consider further the matters raised in the report and act on them.
Appendices

Appendix 1

Data Sources
The following specific data sources were identified and contributed to this report:

*Emmanuel House* monitoring information (35+ evening sessions and specialist work with 50+);

*HLG Resettlement Team, Mental Health Support Team, SmartMove* monitoring and other general information;

*Macedon* monitoring information on Albion, ASH, other projects;

*Nottingham City Council Housing* homelessness statistics;

*NCC Alexandra Court* monitoring information, especially long-stay older residents;

*Nottingham City Council Social Services* mental health and learning disabilities project information;

*NHHA* monitoring information on night shelter, Handel Street, Berridge Road, 32 Bentinck Road and other projects;

*RSU Outreach Team* monitoring information;

*Salvation Army* Sneinton House monitoring information.

The following general local data sources were identified and contributed to this report:

*HLG Directory* (for information on projects and ages accepted);

*National Housing Federation analysis of CORE data on RSL lettings in Nottingham*;

*Nottingham Community Care Plan* general data on older people;

*Nottingham Homelessness Strategy document* (October 2000 and February 2001 drafts);

Local research and Annual Reports of agencies in Nottingham, as listed in the Bibliography.
Appendix 2

Agency Interviews
The following agencies/individuals were contacted/interviewed during the fieldwork:

Abbeyfield Nottingham Society (telephone contact: Ron Kenyon)

Abbeyfield Society (national body, telephone contact: Peter Shearer)

Age Concern Nottingham (Linda Button);

Anchor Housing Association/Anchor Care (telephone interview: Alison Brandon);

Asian Women’s Project (telephone interview: Zanab Hussein);

Big Issue (telephone interview: only 2 older vendors);

Emmanuel House (Geoffrey Halliday and Mary O’Hara);

Erin Support (Julie Cassidy: telephone interview);

The Friary Drop-In, West Bridgford (Anne Bremner);

Hanover Housing Association (telephone contact);

Haven Housing Trust (Lewis Blight);

HLG Resettlement Team, Mental Health Support Team, Resource Team (Geoff Cilpin, Maria King, Mark Kitney);

HLG Homelessness Strategy (Mark Vinson and Nicole Reid);

Housing 21 (telephone contact);

India Community Care Association (telephone contact);

Macedon and ASHI Project (Paul Pearson and Paul Morris);

NHHA 32 Bentinck Road and Canal Street (Dave Milburn and Chris Blore);

Nottingham City Council Housing (Jeanette Clayton, Gary Harvey, Julie Knight);

Nottingham City Council Social Services (Robin Johnson);

NCC Alexandra Court (Paul Greavey);

Nottingham City Council Social Services (Mandy Stott: telephone interview);

Nottingham Community Housing Association (Beth Peakall and Javed Mirza);

Nottingham Health Authority (Caroline Jordan and Shirley Smith);

Nottinghamshire Probation Service (Derek Spencer, Budd Feather);

Raglan Housing Association (telephone contact);

Roshni (Asian Women’s Aid)(telephone contact);

RSU Outreach Team (Rachel Harding);

Salvation Army (Alan Booth, Martin Jackson, other staff);

Tuntum Housing Association (Patricia Francis, Balisier Court);

William Sutton Housing Trust (Janan Kay).

Attempts were made to contact various other agencies but within the timescale of the research it was not possible to arrange telephone or personal interviews.
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