Resettling Older Homeless People: a longitudinal study of outcomes

Maureen Crane and Anthony M. Warnes

Sheffield Institute for Studies on Ageing
University of Sheffield

November 2002
Preface

It’s a frustration to many of us working in the field of homelessness that there is so much attention and energy focussed on young people, and so little on the old. Almost single handedly, Maureen Crane and Tony Warnes of the Sheffield Institute for Studies on Ageing have been championing the development of our understanding of homelessness among older people. St Mungo’s knows from direct experience that an unending stream of older people end up on the streets, having fallen through the support net of statutory services. We are constantly developing and adapting our own services to meet the needs of this neglected and vulnerable group of people, and we have been delighted to work closely with SISA on this ground breaking piece of research into the effectiveness of resettlement work.

Most homeless people have a transient lifestyle, and many of the people involved in this research have a long history of movement in and out of hostels and homes. The agencies involved in this study do their best to ensure that older people move on into accommodation that offers some permanence and stability, and that traditionally has been seen as success. But of course the real tests should be whether once resettled, they stay put, and whether in fact they are happy in their new home. By closely following the progress of individuals over time, this unique research study allows us to see if we pass those tests, whether the older people we have rehoused settle down, and what happens to their quality of life. While we can be pleased with the overall rate of success, the research gives us a better understanding of the factors that really make a difference.

St. Mungo’s, and the other homelessness agencies involved in the study, will use the knowledge to improve further their resettlement services and to promote the importance of a high quality, tailored response to meeting the needs of the hundreds of older people who end up homeless and on our streets each year. We also hope that, with the new ‘Supporting People’ regime upon us, it will better inform the debate among policy makers and commissioners, not just about the best response to the needs of older homeless people, but also by making clear the importance of preventing them becoming homeless in the first place.

Mike McCall
Operations Director, St Mungo’s
Authors’ acknowledgements

We warmly thank the older homeless people who participated in this study over an extraordinarily long time. Their trust, support and cooperation, and the hospitality that they gave in their homes have been much appreciated. Without their willingness to stay involved and share with us their good and bad experiences, it would not have been possible to conduct this study nor to collect such rich and valuable information.

Thanks are also expressed to the staff and managers at St Mungo’s, St Anne’s Shelter and Housing Action, and St Martin-in-the-Fields Social Care Unit for their support and cooperation with this study. We are particularly grateful to Terry Thomas and all the staff at the Lancefield Street Centre, and to Maggie Giles-Hill, Richard Sharp and Stuart Harvey for their assistance. The staff at the various housing projects where the subjects were resettled were also enormously helpful and supportive.

The study was made possible through grants from The Sir Halley Stewart Trust and The Leverhulme Trust, and salary support from The University of Sheffield, for which we are most grateful. We also thank Virginia Graham and the Trustees of The Henry Smith’s Charity for supporting this work and the development of the Lancefield Street Centre. St Mungo’s have generously helped with the dissemination of the report and the study findings.

Lastly, many thanks to Ruby Fu, our SISA colleague, for very helpful comments on earlier drafts of this report.

Maureen Crane and Tony Warnes
Sheffield Institute for Studies on Ageing
November 2002
Contents

Preface
Authors’ acknowledgements

i Summary

1 Chapter 1 Introduction

I PREPARATION FOR RESETTLEMENT

11 Chapter 2 Profiles of the resettled subjects
16 Chapter 3 The process of rehousing the subjects

II EXPERIENCES AFTER RESETTLEMENT

26 Chapter 4 Settling in the accommodation
35 Chapter 5 Managing the home
40 Chapter 6 Social networks and daily activities
47 Chapter 7 Formal help and support post-resettlement

III OUTCOMES AND LESSONS

52 Chapter 8 Resettlement outcomes over 24 months
59 Chapter 9 Factors influencing resettlement outcomes
68 Chapter 10 Towards improved resettlement

73 References
Summary

This report describes the findings of a longitudinal study of the resettlement of 64 older homeless people in London, Leeds and Sheffield. The study examined their progress for two years after they were rehoused. The field-work commenced in July 1997, and it continued until August 2001 when the last subject had been rehoused for 24 months. The subjects were clients of St Mungo’s in London, of St Anne’s Shelter and Housing Action in Leeds and Sheffield, and of St Martin-in-the-Fields Social Care Unit in London. It is the first British study (i) to examine resettlement outcomes exclusively among older homeless people, and (ii) to follow-up resettled homeless people of any age for two years.

The subjects’ backgrounds and resettlement preparation

- The study subjects’ backgrounds and problems were diverse. One-half had had settled histories, had sustained a tenancy alone or with a marital partner for years, and had become homeless for the first time after the age of 50. The rest had been homeless continuously or intermittently for years, nearly one-quarter (22%) for more than 10 years. One-half had previously been homeless and then rehoused but had become homeless again.

- Physical and mental health and alcohol problems were common: 36% had serious physical illnesses; 22% a mental illness; 8% severe memory problems, and 33% were heavy drinkers. 22% had both mental health and alcohol problems.

- The assessments that were undertaken of the subjects’ problems and housing needs before resettlement varied, and were associated with how long they had been known to a resettlement worker, the type of accommodation in which they had been staying, and their ability and willingness to provide background information. Most had been in hostels where their household management skills could not be assessed.

- Thirteen subjects were rehoused in independent flats, 13 in sheltered accommodation, 22 in shared houses, and 16 in registered care (residential) homes. Factors that affected the allocation of housing included their preferences and needs, the housing providers’ eligibility criteria, and to a great extent in London the availability of housing.

- There was an association between the type of resettlement accommodation and a subject’s age. 55% of those aged 60-69 years compared to just 24% of those aged in their fifties moved to independent and sheltered flats, while a high proportion of the latter moved to shared houses. Mainstream housing providers more readily accepted responsibility for ‘elderly’ people than for those in their fifties.

- Most subjects moved to accommodation which was in good condition and readily habitable, but a few in Sheffield and Leeds were rehoused in tenancies that were in an appalling condition and did not have essential utilities.
Resettlement outcomes

- After 24 months, 61% of the subjects were still housed, 11% had died, 18% had abandoned their accommodation, and 10% had been evicted (two of these were arrested). Excluding those who died, resettlement had therefore been successful for almost seven out of ten subjects (69%).

- A greater proportion of the subjects with stable accommodation and work histories settled than those with prolonged histories of instability and homelessness. Nevertheless, some subjects who were successfully resettled had been homeless for years, and had mental health and alcohol problems. Neither mental illness nor heavy drinking were predictors of tenancy failure.

- After being rehoused, some subjects settled quickly and began to rebuild their lives. They made their accommodation comfortable, socialised with relatives, neighbours and friends, became involved in activities, joined clubs, and enrolled on courses. Others found it hard to adjust and settle, and reported being lonely and bored. In some cases, unsettledness was directly related to the housing, but in other instances it was triggered by personal problems and stresses. There were strong associations between socialising, being occupied during the day, and tenancy sustainment.

- The subjects who moved to sheltered accommodation were the most likely to report being settled, while those in shared houses and registered care homes were least settled and several complained about the behaviour of co-tenants. Most who were in residential homes would have been unable, however, to live independently. There was an association between shared living arrangements and tenancy failure.

- As the subjects settled and developed new interests, some reduced their alcohol consumption, and the frequency of their contacts with homeless people and homeless services decreased.

- Some subjects experienced few problems after being resettled, but others had protracted difficulties. One of the most persistent problems was with claiming Housing Benefit and ensuring that their rent was covered. Rent arrears caused much distress and unsettledness, which was exacerbated when some housing providers sent letters to the subjects demanding money and threatening eviction.

- Where staff were attached to the accommodation, most subjects received a great deal of help from them, as they did from resettlement and housing support workers. Close monitoring of their circumstances, particularly in the early months, and good liaison with housing providers in many cases enabled problems to be averted at an early stage. Several who moved to independent tenancies had intermittent problems, and benefited from being able to renew contact with their support worker after the customary six-months’ support had ended. There were associations between frequent contact with housing support and care workers and tenancy sustainment during the early months.
• Tenancy failures were most frequent in the first three months and peaked again after month 15. The early failures were associated with the subjects’ lack of motivation to settle, or were because the accommodation was ill-prepared.

• Tenancy failures after the 15th month tended to be related to both disagreements with the housing providers and the accumulation of problems. Some subjects abandoned shared houses because they were fed up with waiting for their own flat, while others with mental health or alcohol problems were evicted from registered care homes because the staff could not manage their aggressive behaviour.

Towards improved resettlement practice

• Resettlement for older homeless people works in many instances, and should be encouraged by all organisations who work with this client group. It is a relatively new field of work, there is little evidence about what is effective and ineffective practice to guide the staff, and inevitably there will be tenancy failures. There is an element of risk with any resettlement attempt, particularly if people’s preferences are taken into consideration. As this study shows, however, lessons can be learned from cases of successful and unsuccessful resettlement about the long-term housing and support needs of homeless people.

• Systematic and careful assessments are required of older homeless people’s housing and support needs before and after they are resettled. An appraisal of daily living skills should always be undertaken for people who are to move to independent accommodation.

• It should be the responsibility of all housing providers to ensure that a tenancy is habitable and that repairs have been undertaken before it is let to older homeless people. Resettlement workers also have a responsibility to make certain that the tenancy is in a satisfactory condition before a client moves in, and should challenge a housing provider if this is not the case.

• The provision of post-resettlement support for formerly homeless older people should be tailored to individual needs, and available for a prolonged period for those who: are experiencing difficulties, have had long histories of homelessness, are isolated, or have been resettled in the past but have become homeless again.

• The importance of social contacts and daily activities for older homeless people when they are resettled has been confirmed by this study. Particular attention should be given by housing support and meaningful-occupational workers to resettled clients who lack the skills or motivation to engage independently in activities.

• Many older homeless people require housing with on-site support. Common complaints among those who moved to shared houses and registered care homes were about shared facilities and problems with co-tenants, although a few said that they preferred shared housing to living alone. There needs to be a review of supported housing for older formerly
homeless people which examines: (i) models of housing that enable clients to retain some independence while receiving relatively intensive support; (ii) the role and staffing of shared houses, and the intensity of support that is provided to tenants; and (iii) the role of registered care (residential) homes in supporting people with mental health and alcohol problems, and how these client groups can best be managed.

- The problems experienced by many subjects with claiming Housing Benefit is well-known among housing providers and workers and has been nationally recognised. Until the system operates more efficiently, it is important both that rent arrears are managed sensitively and that resettled older homeless people and other vulnerable groups are not intimidated or threatened with eviction because of bureaucratic failings.

- The nature and extent of training for resettlement and housing support workers varies among homeless sector organisations. Some large organisations have their own programmes, but in others the staff learn about resettlement and tenancy support from colleagues while ‘on the job’. There is a need for adequate training for all staff engaged in resettlement and housing support.

- There are few guidelines for workers about resettling and supporting clients with different problems and needs, such as the most appropriate time to rehouse a person with a recent history of transience, or the types of permanent accommodation and tenancy support that successfully help people with dual mental health and alcohol problems. The evidence base is thin and too little is known about the practices that promote or hinder resettlement success. There is a need for rigorous studies about the rehousing of homeless people of all ages, and about personal, accommodation and support factors that contribute to effective resettlement.
1

Introduction

This report describes the findings of a longitudinal study of the resettlement of older homeless people. The study examined the progress of 64 people in London, Leeds and Sheffield for two years after they were rehoused. The field-work commenced in July 1997, and continued until August 2001 when all subjects had been rehoused for at least 24 months. It is the first British study (i) to examine resettlement outcomes exclusively among older homeless people, and (ii) to follow-up resettled homeless people of any age for two years. It was therefore ambitious and exploratory. The distinctiveness of its longitudinal perspective is that sequential facts have been collected over a lengthy period about older homeless people’s experiences after they were rehoused, with in-depth interviews being conducted with them at home on up to eight occasions. This has provided rich information about the ways in which they settled and rebuilt their lives, about the problems that occurred and how these were managed, and about the factors that influenced changes over time in their circumstances, behaviour and aspirations. This introductory chapter overviews the study and the analyses which have so far been completed, and outlines the structure of this report.

1.1 Background to the study

The development of services for older homeless people

Until the early 1990s, there was little recognition in Britain of the circumstances and needs of older homeless people, and the only services available to them were for homeless people of all ages. Research from the late 1980s showed that many older people were sleeping rough in London and refused to use homeless people’s hostels and day centres, because they disliked the noise and overcrowded conditions, and they feared intimidation and violence from the younger users (Crane, 1999). Similar problems were reported in a few American cities such as Boston and New York City, where as a result, day centres and shelters exclusively for older homeless people have been developed (Cohen and Sokolovskv, 1989; Doolin, 1986).

In response to the raised awareness of the unmet needs of London’s older rough sleepers, and with financial support from the Henry Smith’s Charity, St Mungo’s developed a pioneering project, the Lancefield Street Centre, for homeless people aged 50 years and over. The Centre, in west London, provided a pathway of services from the streets to long term housing, and offered street out-reach work, a 24-hour drop-in centre, a 33-bed hostel, and a resettlement programme. It operated from 1997 for two years as a pilot project, and its work has been evaluated. It attracted and helped both older people who had recently become homeless and those who had
been on the streets for years. Because of its success, St Mungo’s opened in December 2000 a replacement project in west London.

During the 1990s, other homeless sector organisations became interested in the situation of older homeless people. A few hostels exclusively for the client group were established in Birmingham and Nottingham, and some homeless people’s day centres designated specific sessions for older users. In 1997, Help the Aged launched an ‘Elderly Homeless’ appeal and, in collaboration with Crisis and the Housing Associations Charitable Trust, has since awarded grants to many organisations to provide services for older homeless people. In December 2000, the UK Coalition on Older Homelessness was launched at the House of Commons. Its aim is to lobby for the recognition of the needs of older homeless people in the UK, and its members include homeless service-providers and campaigning organisations nationwide. There has also been a similar growth in services for older homeless people in several Australian and US cities (www.shef.ac.uk/sisa/homelesslinks.shtml).

As services for older homeless people have developed in Britain and elsewhere, resettlement into long-term or permanent accommodation has emerged as a vital step. Sleeping rough is associated with physical and mental health problems, demoralisation and estrangement, while some people who remain in hostels long-term become deskillled and dependent on the service. Moreover, many older homeless people become more motivated, more confident, and take better care of themselves when they are rehoused (Elias and Innui, 1993; Hallebone, 1997; Harvey, 1998; Warnes and Crane, 2000b). As distinct from rehousing, ‘resettlement’ requires careful matching of a person’s capacities and needs with an appropriate housing placement, preparation for the move, and the provision of follow-up support if the person is unsettled.

The development of resettlement programmes

Until the early 1990s, voluntary and religious organisations and local authorities provided basic shelter and services to homeless people in large hostels and Reception Centres, but there were few rehabilitation or resettlement programmes for the residents. Since that time, resettlement programmes for homeless people have intensified, encouraged by the government’s increasingly assertive policies to tackle homelessness. The Conservative Government launched the Rough Sleepers Initiative (RSI) in 1990, by which over three three-year phases more than £255 million was allocated to single homeless people’s services, including resettlement workers and temporary and permanent accommodation. Following the Labour Government’s election, the RSI was reconfigured in April 1999 as the Homelessness Action Programme and Rough Sleepers Unit (RSU), with an emphasis on resettlement, tenancy sustainment, and helping former rough sleepers to rebuild their lives.

There is much local variation, however, in the availability of rehabilitation and resettlement programmes for single homeless people, in the range of long-term housing and tenancy support that are offered, and in the experience of staff that are undertaking resettlement and housing...
support. Many organisations have few resources for resettlement work: the staff have high caseloads, and a shortage of housing vacancies means that sometimes clients have to be moved to sub-optimal tenancies. There is little information about the rate of resettlement among single homeless people, or about the groups who are and are not resettled. Many individual homeless organisations collect statistics about their own clients who are resettled, but this information is not collated. One exception, a study in London, assembled details from 64 homeless organisations about 2,300 clients who were resettled between April 1999 and March 2000. 43% of the resettled clients were below the age of 30 years, and 15% were aged 50 years and over.

The effectiveness of resettlement

In Britain, there have been few evaluations of resettlement programmes for single homeless people, and only a few studies have monitored resettled homeless people’s success in sustaining tenancies. None have focused on older people. As a result, there is little evidence about which resettlement services and practices are most effective, and which factors increase the likelihood of success (Jones et al., 2001; Kennedy and Lynch, 2001). An evaluation of the RSU’s programme reported that tenancy support teams are effective in helping clients to sustain tenancies, but there are weaknesses and gaps in the current arrangements for pre-tenancy support: ‘the degree of pre-tenancy support, if any, received by former rough sleepers seems to depend on which hostel they are in. In many cases it appears to be inadequate and in some non-existent … there appear to be no common assessment methods or work practices’ (Randall and Brown, 2002, pp. 40-41).

Resettlement is not an easy process: 16-26% of resettled homeless people are reported to lose their tenancies (Craig, 1995; Dane, 1998; Edwards, Woodward and Fearn, 2001). Among the homeless population, a high proportion have experienced repeated homelessness: two studies of older homeless people found that 45-53% of the subjects had been homeless and then rehoused, but had become homeless again (Crane, 1999; Crane and Warnes, 1999). Most British studies that have interviewed resettled homeless people have contacted their subjects just once or twice, some as long as 12 months after a person had been rehoused (Alexander and Ruggieri, 1998; Dane, 1998; Duncan and Downey, 1985; Duncan et al., 1983; Randall and Brown, 1994; Vincent et al., 1995). Such retrospective studies require people to remember details dating back months, which compromises the richness and reliability of the information. According to these studies, many homeless people who are resettled experience problems with adjusting to settled living, managing bills and rent arrears, and loneliness and boredom, and these difficulties sometimes lead to tenancy failure.

Among the exploratory studies of resettlement practices and outcomes, a study in Leeds during the mid-1980s monitored 47 homeless people for six months after they were rehoused, and a few for 12 months (Dant and Deacon, 1989). No association was found between successful rehousing and people’s domestic capabilities, alcohol consumption, and contact with relatives and
friends. The subjects who had been homeless for more than one year, however, and those who had been in the city for less than six months before being rehoused, were more likely to leave their tenancy within two years. In Minneapolis, a link was found between consistent work histories, shorter episodes of homelessness, and a reduced likelihood of resettled homeless people becoming homeless again (Piliavin et al., 1993; 1996).

In New York City, mentally ill homeless men who were rehoused from a temporary shelter and given enhanced support were less likely to become homeless than those who received the usual community support: the benefit continued even after the enhanced support ceased (Susser et al., 1997). Another study, which examined the housing outcomes over two years of 361 homeless mentally ill people in San Diego County, found that women, people who had been homeless less than one year, and those without alcohol or drug problems, were more likely to maintain housing in the community (Hurlburt et al., 1996).

There have been useful longitudinal studies of resettlement outcomes in Germany. In 1993, the German Federal Ministry for Urban Development established a research project into ‘Permanent Housing Provision for Homeless People’, and funded evaluations of seven pilot housing schemes for formerly homeless people (Busch-Geertsema, 2002a). At one scheme, 21 men with long histories of homelessness were resettled from an old hostel into self-contained flats. They received intensive support when they first moved in, after which it was gradually reduced. After one year, the men had become more independent, had learnt daily living skills, and several were engaged in more activities than while in the shelter. Many still required support at times of crisis, when filling out forms or dealing with authorities, and with organising their leisure time and daily routines. At a second scheme, 12 homeless men and women were resettled from shelters into self-contained flats. They were subsequently interviewed on three occasions over 30 months. Overall, their need for support reduced over time, but even after 30 months several occasionally required intensive help because of addiction problems or rent arrears.

There is little evidence of the types of resettlement accommodation that are most effective. Some reports suggest that shared living arrangements are unsuccessful except as a temporary measure. Conflicts often occur among tenants because they have different interests, attitudes and problems (Cooper et al., 1994; Dant and Deacon, 1989). They are unpopular among many homeless people, and there have been problems in letting such tenancies (Randall and Brown, 1999; Woodward, 1996). A recent evaluation of shared housing created through the RSI found that: (i) the rate of tenancy failure was 26%, which was nearly twice as high as for RSI self-contained accommodation; (ii) the accommodation was hard to let because of its unpopularity; (iii) tenancy support was often inadequate; and (iv) there was a lack of move-on options from shared tenancies (Edwards, Woodward and Fearn, 2001).

Studies in Britain and the USA have found that formerly homeless people preferred independent flats and coped better in them than in group homes (O’Leary, 1997; Schutt et al.,
Introduction

In London, problems occurred when homeless people were resettled in a housing block exclusively for ex-rough sleepers (Alexander and Ruggieri, 1998; Dane, 1998). The limited evidence base on resettlement means that there are few guidelines for workers about rehousing homeless people and supporting them in their tenancies. This study was designed to increase understanding of the needs of homeless people who are rehoused and the types of help and support that are effective in tenancy sustainment.

1.2 The aims and design of the study

The aims of the longitudinal study were to investigate the resettlement of older homeless people (aged 50+ years) into permanent accommodation and their progress after being rehoused; and to inform policy and practice about: (i) the experiences of older homeless people who are resettled, (ii) factors that contribute to successful and unsuccessful resettlement, and (iii) ways in which resettlement practices could be improved. *A priori* reasoning suggests that settledness and successful resettlement is associated with personal factors, variations in the support that people receive, and the characteristics of the new home. This study intended to examine these factors by collecting details about how older homeless people settled and coped after they were rehoused, their contacts and activities, the problems that they faced and how these were managed, and changes over time in their circumstances, behaviour and motivation.

When the study was being designed, it was common practice in Britain for resettlement services to provide support to rehoused clients for the first six months. Little was known about housing outcomes beyond six months, and whether the likelihood of problems occurring and tenancies failing reduced after this time. It was therefore decided to follow-up people for 24 months, in order to examine how they settled and managed beyond the period that they received resettlement support, whether problems persisted or recurred, and the implications of these findings for resettlement and tenancy support practices.

The intention was to collect both older people’s accounts of their resettlement experiences, and standardised information which could be entered into a database and quantitatively analysed. The study subjects were to be interviewed at home, where they were more likely to be relaxed, and observations could be made of the condition and cleanliness of the accommodation, and of the ways in which they were coping. The interviews were to be conducted at relatively short intervals to enable the subjects to have reliable recall of relevant facts since their previous interview, and to increase the chance of maintaining contact with those who were unsettled or having difficulties. The initial frequency was to be every three months, and once the subjects had settled and were not having problems it was to reduce to six months. This timing also reflected the workload capabilities of an independent researcher, and was judged not too intrusive.

It was decided not to collect information regularly from resettlement and tenancy support workers as their contact with rehoused clients varies greatly. Many homeless people who move to self-contained flats have only occasional contact with a housing or tenancy support worker.
Resettling older homeless people: a longitudinal study of outcomes

after the first couple of months, so many workers would be unable to provide up-to-date information about their clients’ circumstances and activities. It was therefore decided to collect information from the resettlement workers about the subjects’ resettlement preparation and housing allocation as these details would be available for all subjects.

From the outset it was known that this study would not be straightforward, and there were relatively few precursors on which it could build. Conducting longitudinal studies is labour intensive, and there are many problems in keeping track of the subjects and maintaining their interest and willingness to co-operate (McKenzie et al., 1999; Ribisl et al., 1996; Walton et al., 1998). Attrition is inevitable. These difficulties are compounded when studying homeless people, because of the problems that many manifest, such as unsettledness, movement from place to place, elusiveness, detachment, and mental illness. Even in the United States, very few longitudinal studies of homeless people have followed their subjects beyond 18 months (Cohen et al., 1993; Conover et al., 1997; Piliavin and Sosin, 1987-88; Pollio et al., 2000; Wright et al., 1995).

Instruments and survey intervals

Three questionnaires with closed and open-ended questions were designed and administered to the subjects through semi-structured interviews. The first, *Key Issues in the Processes of Homelessness*, collected information from the subjects about their backgrounds and the circumstances that led to their homelessness. Topics included: (i) accommodation, work and family histories; (ii) history of homelessness and previous resettlement experiences; and (iii) physical and mental health problems, drinking habits, morale, and aspirations. It was completed once a subject became involved in a resettlement programme.

The second questionnaire, *Preparation for Resettlement*, collected information from the subjects and their resettlement worker about the preparation that they received for resettlement. It covered: (i) the assessment of housing needs, and the help and support given prior to resettlement; (ii) the person’s activities, social contacts, and contacts with services; (iii) the housing allocation and the preparation for moving; (iv) the support that the subject would receive at home; and (v) the subject’s and the resettlement worker’s attitude towards the move. It was completed when a subject had been offered a tenancy and was about to be rehoused.

The third questionnaire, *Experiences and Outcomes of Resettlement*, gathered information about the subjects’ progress after they were resettled. Topics included: (i) personal care and household management skills; (ii) help and support received from formal and informal sources; (iii) daily activities and family and social contacts; (iv) health problems, drinking habits, morale, depression and loneliness; (v) housing satisfaction, settledness, and thoughts of giving up the tenancy; (vi) problems experienced and how these have been managed; and (vii) future plans and aspirations. It was completed with the subjects at home after they had been resettled for three and
six months, and subsequently at three monthly intervals if they were still unsettled or experiencing problems.

A person was defined as ‘having settled’ if he or she: (i) reported feeling settled; (ii) was satisfied with the accommodation; and (iii) had had no thoughts in the previous three months of giving up the tenancy and returning to a hostel or the streets. People who had settled were interviewed every six months until they had been rehoused for 24 months. If problems or unsettledness occurred in the meantime, then the cycle of three monthly interviews was reinstated. For those subjects who moved while the study was in progress, details of the reasons for the move and the new housing and support package were collected immediately before the move, and the cycle of interviews recommenced at the new address. Contact was maintained with the subjects wherever they were resettled.

1.3 Implementing the study

The study was made possible through funding from The Sir Halley Stewart Trust and The Leverhulme Trust, and through collaboration with three experienced voluntary sector homeless organisations that have a keen interest in older homeless people, and have previously assisted the researcher. Interviewing began at St Mungo’s Lancefield Street Centre in London, and after six months was extended to St Anne’s Shelter and Housing Action in Leeds and Sheffield, and to St Martin-in-the-Fields Social Care Unit in London.

The subjects were homeless people aged 50 years or over who were living in hostels or other temporary accommodation, and who were resettled by the participating organisations in independent, shared or supported housing. The study started in July 1997 and new subjects were included in the study until August 1998. In total 64 people participated, of whom 45 were clients of St Mungo’s, 16 of St Anne’s, and three of St Martin’s.

Maintaining contact with the subjects

Ways of maintaining contact with the subjects were developed as the study progressed. The majority agreed to be interviewed at home. Appointment letters were sent one week before the visit, and most subjects were at home when visited. To increase the chance of a successful visit, details were gathered about the subject’s habits and activities. Five men, for example, were heavy drinkers and left their accommodation in the early morning and did not return until late evening, by which time they were intoxicated. It was therefore necessary to visit them before 8.30 a.m. Two men required late afternoon or evening visits as they attended training courses during the day. Ten subjects were unreliable in keeping appointments, and on occasions two or three visits were made at different times of the day over a couple of weeks before they were seen.

Three subjects were reluctant to be interviewed at home, although one consented to be seen at the hostel where he had been living. The other two agreed to complete simple, postal questionnaires which were sent to them every six months. A fourth subject, who had dementia
and was resettled in a registered care home, became distressed when he was interviewed. He remembered the researcher from the hostel where he had been staying, and recalled unpleasant memories of the time he was homeless. To avoid undue distress, his progress was monitored through contact with the staff at the home.

**Interviewing the subjects at home**

Because the subjects were followed up wherever they were resettled in England, the interviews covered a wide area. Most were conducted in Sheffield, Leeds and London. In London, individuals were resettled as far apart as Acton, Crystal Palace, Canterbury (Kent), and Aldershot (Hampshire).

Each interview lasted approximately 60 minutes, although visits often extended to more than two hours. It was unreasonable to start interviewing a person immediately on arrival. Several provided tea and biscuits, and time was allowed for general conversation before the questions. Some subjects had few social contacts and looked forward to being visited at home and having the opportunity to chat. They showed their new possessions and the home improvements they had made. One man cooked a meal each time he was visited, a skill that he had acquired only since being resettled.

The interviews raised important safety issues, particularly those conducted in independent and shared houses. They were conducted by a lone female researcher, and some subjects had uncertain histories. The behaviour of the subject, visitors and co-tenants had to be considered. A ‘field-work procedures code’ was adhered to throughout the study, by which a colleague was notified of the address and times of a home visit. A few incidents gave cause for concern. One man had a ‘drinking school’ in his flat when visited, and he and three friends were intoxicated. Another was naked and intoxicated when he opened the front door of his bungalow. A third man in a shared house was interviewed following a bout of heavy drinking. He made suggestive comments to the researcher and threatened to lock her in his bedroom. Shortly afterwards, he moved to an independent flat. For safety reasons, contact with him was discontinued.

**Outcomes**

Contact was maintained with 62 subjects (97%) for 24 months or until their tenancy ended through eviction, abandonment or death. Of these, 38 were still housed after 24 months, seven had died, 11 had abandoned their tenancy, and six had been evicted. While the study was in progress, nine people transferred from their original resettlement accommodation to alternative housing. Their progress was monitored at the new accommodation. For two people, contact ceased prematurely: one refused to participate after six months, while the other moved after 15 months from a shared house to an independent flat and contact was discontinued for safety reasons.
Table 1.1 details the interviews. Because several subjects remained unsettled for a prolonged period, 22 were interviewed every three months for the first 18 months, and 12 every three months for the study’s duration. In addition to interviewing the subjects at home, attempts were made to trace those who ceded their tenancy or were evicted to find out why they had left. Ten of the 17 people whose tenancies failed were traced and interviewed. Details were also collected from housing or tenancy support workers about the reasons for tenancy failures.

Table 1.1  Interviews with the subjects after they were resettled (number)

<table>
<thead>
<tr>
<th>Months after resettlement</th>
<th>Standard interviews(^1)</th>
<th>Supplementary interviews(^2)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>55</td>
<td>41</td>
<td>55</td>
</tr>
<tr>
<td>6</td>
<td>51</td>
<td></td>
<td>51</td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td>41</td>
</tr>
<tr>
<td>12</td>
<td>47</td>
<td></td>
<td>47</td>
</tr>
<tr>
<td>15</td>
<td>22</td>
<td></td>
<td>22</td>
</tr>
<tr>
<td>18</td>
<td>42</td>
<td></td>
<td>42</td>
</tr>
<tr>
<td>21</td>
<td>12</td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>24</td>
<td>35</td>
<td></td>
<td>35</td>
</tr>
<tr>
<td>Total</td>
<td>230</td>
<td>75</td>
<td>305</td>
</tr>
</tbody>
</table>

Notes: 1. Excludes those who died, were evicted or abandoned their tenancy, and four who were reluctant to be interviewed at home. 2. Additional interviews with the subjects who were ‘unsettled’.

Analyses

The study lasted four years and the interviews ended in August 2001. An SPSS database has been built which contains information about the backgrounds and progress of each subject, housing transfers, and the subjects’ progress in each housing episode. A file has also been created which contains qualitative details about each person’s circumstances, achievements and problems over time.

The first round of analyses is reported here. It has concentrated on: (i) the subjects’ preparation for resettlement; (ii) the ways in which they settled and managed in their accommodation; (iii) the extent to which they formed social networks and engaged in social activities; and (iv) their housing outcomes over 24 months. The priorities for further analyses are the settledness patterns and housing outcomes of the subjects over time, and their associations with the subjects’ backgrounds, the accommodation into which they were resettled, and post-resettlement activities and support. Multivariate analysis will be undertaken to identify the underlying influential constructs.
1.4 This report

This report presents the findings of the first round of analyses. The material has come mainly from the subjects and from observations during their interviews, and does not equally reflect the experiences and accounts of resettlement workers or housing providers. Situations which the subjects found difficult may also have been problematic for staff. For example, when the subjects expressed dissatisfaction with shared houses and the length of time that they had to wait to move to an independent flat, resettlement workers may experience equal frustrations in acquiring move-on accommodation. Similarly, some subjects who were evicted from registered care homes because of disturbed behaviour were unhappy about the decision. On the other hand, it is likely to be extremely difficult for staff in these homes to manage aggression while ensuring the safety and well-being of other residents.

The report has three main sections. The first describes the subjects’ backgrounds and the resettlement preparation that they received (chapters 2 and 3). The next (chapters 4-7) concentrates on the experiences of the subjects after they were rehoused, and the help and support that they received from staff attached to the accommodation, and from other workers. The final section examines resettlement outcomes over the first 24 months, and presents initial findings about the factors that had an influence on housing outcomes (chapters 8 and 9). The final chapter makes recommendations for resettlement and housing workers on the practice of resettling older homeless people.

1. The evaluation of the Lancefield Street Centre was funded by *The King’s Fund* and the *Henry Smith’s Charity*, and the findings are reported elsewhere (Crane and Warnes, 1999; 2000; 2001; Warnes and Crane, 2000a).
2
Profiles of the study subjects

This chapter describes the characteristics and backgrounds of the 64 subjects. Information was gathered about their histories prior to becoming homeless, the reasons why they became homeless, and their subsequent circumstances. The rationale for these reports is that an individual’s past experiences and difficulties indicates their current strengths and weaknesses, and points to the types of services and support that they need before and after they are resettled. An understanding of the problems that led to them becoming homeless may, for example, help to identify any personal shortcomings which need to be considered during their resettlement preparation. It is also important to investigate which personal traits (or groups of homeless people) do and do not settle successfully.

2.1 The subjects’ backgrounds

There were 59 men and five women in the study. At the time of their resettlement, 33% were aged 50-59 years, 48% aged 60-69, and 19% were 70 or over. All had been born in England, Scotland or Ireland except two, who were from the West Indies but had spent most of their adult lives in England. Almost one-half had never married, while 39% were divorced or separated, and 13% widowed.

Their backgrounds prior to becoming homeless were diverse. Almost one-half had had settled histories, had sustained a tenancy alone or with a marital partner for years, and had worked until retirement or near-retirement age. This group became homeless after the age of 50, following widowhood, the breakdown of a long-standing marriage, or because of financial or accommodation difficulties after they retired. Two had never married and had worked as hospital porters for more than 25 years. After retiring, they did not claim housing subsidies, experienced financial difficulties, and were evicted for rent arrears. Six had been living in private-rented accommodation which they had had to leave because the landlord died or the property was sold.

Another was a married man who had been a professional architect with his own business for more than 20 years. When he and his wife separated, he sold the business, invested his money in a new business which failed, and became homeless. Another man had been married for almost 50 years, and had worked as an engineer until he was made redundant at the age of 63. A few years later, his wife died, after which he became depressed, drank heavily, and lost his home at the age of 75.

A second group (16%) had never married and had always lived with their parents. They had seldom worked, and their parents had managed the home and paid the bills. When their parents died, they could not cope alone, acquired rent arrears, and were evicted. Most were then aged in their forties or early fifties. One man, for example, had lived at home with his mother and brother
who was also single. He had worked as a labourer for a few years, but was made redundant and never subsequently worked. When he was in his late forties, his mother died; and a few weeks later his brother had a heart attack and died. His mother and brother had always managed the home and paid the bills. A few months after their deaths, he received a letter demanding unpaid rent, did not know what to do, and abandoned the tenancy.

One-quarter became homeless in their forties or fifties when they were made redundant or could no longer find work. Some had worked on building sites for years, some had worked in hotels, while others had been in the army or merchant navy. They had moved from place to place, and had lived in lodgings with landladies or in accommodation attached to their jobs, such as hotels, work-camps and army barracks. In these settings, meals were provided, help was given with cleaning and laundry, and they had little experience of independent living. Some lost their accommodation when they stopped work, while others could not settle or cope alone in a tenancy and either gave up their accommodation or were evicted for rent arrears. One man, for example, was raised in an orphanage until he was 15 years old, after which he lived in lodgings and worked on a building site. He joined the army at the age of 20 and served for 24 years. On discharge, he was given a grant to find accommodation but received no other help to adjust to civilian life. He travelled around Europe for four years, spent his money, then returned to England and slept rough.

A fourth group (10%) had been homeless long-term or intermittently since their twenties or early thirties. Their unsettled histories were characterised by disturbed childhoods, short-lived marital relationships, limited work experience, and mental health or alcohol problems. One man’s history indicates the vulnerability of this group. He lived in a children’s home from the age of five until he was 14 years old. His father, who was an alcoholic, had died, and his mother had mental health problems and used to wander away. While in the children’s home, he never saw his mother. She renewed contact when he was aged 14, and he went to live with her. They did not get on and at the age of 16 he was sent to a Borstal home for shop-lifting. After leaving the Borstal, he completed two years’ National Service and was then homeless. He travelled around England, worked casually, and slept rough. He joined the army when he was 28, served eight years, but was dismissed for heavy drinking. He then slept rough and stayed in hostels for 30 years, during which time he was never resettled. He admitted to chronic heavy drinking and gambling.

### 2.2 Histories since becoming homeless

The age at which the subjects first became homeless varied: a tenth first became homeless before the age of 30 years, while 52% were aged 50 or over at the time. Several were in their sixties and seventies (Figure 2.1).
Since first becoming homeless, one-half had been rehoused but became homeless again. Nine had been rehoused more than once. Some had moved in with marital partners or had found their own privately-rented accommodation, i.e. their move had not been arranged by resettlement workers. Fifteen abandoned their accommodation within two years, and only six had stayed housed more than five years. The reasons for the tenancy failures were: problems with neighbours and other tenants, difficulties associated with heavy drinking, the deaths of marital partners or landlords, and relationship breakdown.

When the subjects were resettled at the start of this study, 42% had been homeless for less than one year, while 22% had been homeless for more than 10 years (8% for over 20 years). Some had spent years sleeping rough, while others had stayed in hostels or had alternated between hostels and the streets. One-tenth had a recent history of unsettledness and transience – they frequently moved from place to place, and in the 12 months before being resettled had stayed in four or more towns.

2.3 Health and substance abuse problems

At the time of being resettled, 70% of the subjects had physical health problems. 36% had serious conditions, such as carcinomas and liver failure, or had recently suffered from strokes or severe anaemia. Seven men had heart conditions: four were waiting for heart valve replacement operations, one had recently undergone heart surgery, and another had a serious but inoperable heart problem. 34% had chronic conditions, mainly diabetes, arthritis and bronchitis. Most were receiving treatment for their health problems either from a GP or at a hospital.
Just over one-fifth of the subjects (22%) had mental health problems and were receiving treatment for depression or a psychotic illness from a psychiatrist or their GP, while 8% had severe memory problems and were unable to manage everyday tasks without help. While in a hostel, they had required help from staff with personal hygiene and bathing, changing clothes, laundry, claiming benefits, budgeting, meals and medication. During the five years prior to being resettled, five subjects had been admitted into a psychiatric hospital.

One-third were heavy drinkers and drank most days or excessively until their money ran out. A further 17% were moderate or binge drinkers and either drank the equivalent of two or three pints of beer several times a week, or had periods of heavy drinking and abstinence. Four people had been admitted to a detoxification unit during the five years before they were resettled, but had shortly afterwards resumed heavy drinking. Most of the heavy drinkers had been drinking alcohol for years, and had refused offers of help to reduce their drinking.

Fourteen subjects (22%) had both mental health and alcohol problems. In eight cases heavy drinking was combined with depression, in two cases with paranoid symptoms, and in four cases with severe memory problems. Three subjects were unable to read or write, including one who could not budget and did not understand the value of money. One had been homeless for years, but the other two had recently become homeless, having received support at home from marital partners until the relationships ended. None of the subjects used illegal drugs.

2.4 Discussion

The importance of thoroughly assessing the housing and support needs of older homeless people before they are resettled is apparent from the subjects’ profiles. Their backgrounds and problems are diverse, and will undoubtedly affect the resettlement preparation and the type of housing and tenancy support that they need. Some had recently become homeless having sustained a tenancy for many years. It is likely that several in this group could manage again in their own accommodation with appropriate support. In contrast, some had little or no experience of independent living, and had relied on their parents or other people to take responsibility for managing a home and paying bills. They would require either supported accommodation or, if resettled in an independent flat, life skills training. Some had always lived with their family, or with other people in communal settings, and had never lived alone. They may become lonely if resettled in their own housing. Several had mental health and alcohol problems which could affect their ability to live independently.

Some had a long history of rough sleeping, and may be exceptionally difficult to resettle. Prolonged homelessness is associated with disaffiliation and health and substance misuse problems (Grigsby et al., 1990; Snow and Anderson, 1993). Among the residents at the Lancefield Street Centre in London, the duration of homelessness negatively associated with being resettled (Warnes and Crane, 2000a). A similar association was found among older homeless women in New York City (Cohen et al., 1997). Chronically homeless people may have...
become accustomed to living on the streets or in hostels, lost the skills of managing everyday tasks, and find it hard to adjust to a tenancy. Some of the study subjects had been transient and had moved from town to town in the months preceding their resettlement. Transience is sometimes linked to mental health problems and depression, and is an attempt to escape from uncomfortable circumstances. This group may find it extremely difficult to settle in one place. Reasons for their transience need to be determined and addressed before they are resettled.

One-half of the subjects had previously been rehoused but had become homeless again. Many of this group had stayed housed for just a short time. This raises questions about the particular needs of this group, why their tenancies failed, and what can be learned from the experience so that it is not repeated. It may be that this group require enhanced support when they are resettled, and close monitoring of their situation is undoubtedly important.
3  
The process of rehousing the subjects

This chapter examines the process of rehousing the subjects, including the assessments that were undertaken of their housing needs, the allocation of housing, and the preparation for moving. The type of help that the subjects needed and received partly depended on the resettlement practices at the different study sites, and on the accommodation into which they were moving. For those being resettled in shared houses and registered care homes, the accommodation was furnished and the subjects were not responsible for gas and electricity payments. They did not need to purchase furniture, nor arrange for the utilities to be connected or the utility accounts to be transferred. Those moving to independent and sheltered flats had unfurnished tenancies, although a few flats had a cooker and a fridge. With the help of resettlement workers, they had to apply for a community care grant for funds to buy furniture and furnishings, purchase essential items to start a home, and arrange for the connection and payment of the utilities.

The chapter draws on information gathered from the subjects and their resettlement workers. It describes the assessments that were undertaken of the subjects’ housing needs, the types of accommodation into which they moved, and the factors that affected the allocation of housing. It then summarises the help that they were given with preparing the accommodation, their reactions to being resettled, and the concerns of the resettlement workers.

3.1 The resettlement programmes

The resettlement programmes differed at the four study sites. St Mungo’s employed a resettlement worker based at the Lancefield Street Centre, who assessed the residents’ housing needs, applied for housing, accompanied the residents when they viewed the accommodation, and helped them furnish their tenancy and prepare for moving. Once the residents moved, they were referred to other workers for support. Those who were resettled in independent flats and sheltered housing schemes were seen by St Mungo’s community support workers for up to six months. Those who moved to shared houses and registered care homes received support from staff attached to the housing schemes.

At St Anne’s Shelter and Housing Action’s Over-55s Accommodation Projects in Leeds and Sheffield, each project had two or three peripatetic workers who were responsible for resettling homeless people aged 55 years and over from various hostels and temporary accommodation. Referrals to the projects came from day centres and hostels for homeless people, from local authority social workers, and from NHS hospital staff. The workers assessed the clients’ housing needs, applied for housing, accompanied their clients when they viewed the accommodation, and helped them furnish their tenancy and prepare for moving. After resettling the clients, the teams
continued to support them at home for a few months until they settled.\footnote{1}

The fourth resettlement project was based at St Martin-in-the-Fields Social Care Unit in central London, which operates a day centre for homeless people of all ages. Two resettlement workers were responsible for finding and rehousing the day centre users who were sleeping rough or staying in temporary accommodation without resettlement workers. The St Martin’s staff also helped their clients to prepare for moving and continued to support them after rehousing. They held a fortnightly group at the day centre for resettled clients, and also visited them at home. There was no limit on the length of time that resettled clients could attend the group and the day centre. The resettlement workers helped homeless people of all ages, but only those aged 50 years and over were included in this study.

### 3.2 Assessing housing needs

The thoroughness of the assessments that were undertaken of the subjects’ problems and housing needs before they moved varied. The St Mungo’s subjects had been staying in a hostel where the resettlement worker was based. The worker was able to meet them frequently, observe their personal care skills and behaviour while in the hostel, and assess their motivation to be resettled. The worker could also gather information from the hostel staff about the subjects’ problems and needs. The St Anne’s teams resettled people from several temporary housing arrangements, and therefore had much less opportunity to familiarise themselves with the clients’ problems and behaviour: they were reliant on other staff for this information. Four of their subjects had been in hospital or in bed-and-breakfast hotels, and were referred by housing and social services departments to the teams for the sole purpose of rehousing. Similarly, the St Martin’s resettlement workers only saw their clients when they attended the day centre, although two subjects had been staying in temporary accommodation provided by the organisation. In total, one-half of the subjects had been known to the homeless organisation for less than three months when they were resettled, including some who had been staying in a hostel for just a few weeks.

The resettlement workers attempted to collect background details about the subjects’ problems and needs, and the reasons why they became homeless. In most cases, the only person who could provide this information was the client. The majority were unknown to social services departments and support agencies, and were not in contact with relatives. The subjects’ ability and willingness to provide details of the past differed. Because of heavy drinking, mental illness, memory problems or chronic homelessness, some were poor historians or had little insight into their needs. Others were reluctant to disclose details about previous tenancies, rent arrears, drinking habits, and criminal convictions. As described in the next chapter, the vulnerabilities of some subjects did not become known or manifest until after they had been resettled.

*Assessing household skills*

Very few subjects had an assessment of their household management skills before they were
resettled. Most had been staying in hostels where meals were provided and without self-catering facilities. The rent they paid each week usually amounted to just a small proportion of their income, and they were not responsible for other bills. Only three had been staying in temporary accommodation where they did their own cooking and paid utility bills. The resettlement worker and hostel staff were not, therefore, able to assess a person’s ability and willingness to prepare meals, cook, clean, and pay bills. Twenty-six subjects were resettled in self-contained flats where they were responsible for cooking, cleaning and paying bills, yet 14 had had little or no previous experience of managing a tenancy and carrying out these tasks. In three cases, an inability to manage a home contributed to tenancy failure within a few weeks.

Two contrasting cases illustrate the benefits of assessing household skills before homeless people are resettled. One subject was rehoused after having lived in a hostel for five months. While in the hostel there were no indications that he suffered from mental health or alcohol problems, and he had informed the resettlement worker that he could manage household tasks but was not in a setting where this could be assessed. He was resettled in sheltered accommodation, but after just a few days the warden became concerned and contacted the resettlement worker. The man had not been eating or looking after himself, had started to drink heavily, had become mentally disturbed, and believed that people on the TV were going to harm him. The situation did not improve and seven days after being rehoused he returned to the hostel. When interviewed, he said that he had not liked the flat, was lonely, and could not cope. An assessment of his household skills prior to moving would have detected his inability to manage alone.

The contrasting case is of a man resettled in sheltered accommodation who had previously been living in a rehabilitation flat next to a hostel. While in the flat, he was responsible for preparing meals, cleaning, and paying gas and electricity bills, and he received support from the hostel staff. He had moved to the flat from the hostel after expressing a wish to be resettled. He had a long history of homelessness and unsettledness, and both he and the hostel staff believed it would be useful for him to stay in a rehabilitation flat before moving to his own tenancy. After being in the flat for 12 months, he was rehoused in sheltered accommodation where he settled quickly and had no problem with coping.

3.3 The allocation of housing

The housing providers were selected on the basis of their eligibility criteria, the subjects’ needs, the availability and accessibility of housing, and the resettlement workers’ knowledge and negotiating skills. In a few instances, the resettlement workers heard about suitable housing vacancies through colleagues. In the case of the subjects who required residential care, referrals were made to local authority social services departments, which made their own assessment of care needs. The departments needed to be convinced that the person required housing with 24-hour support, and that the person had a connection to the local authority.
The overriding factor that affected the allocation of housing was availability, particularly in London where there is a great shortage of accommodation. Most subjects (94%) had only one housing offer, although a few in Leeds were able to view several properties. One man in London, for example, suffered from dementia and required a specialist registered care home. A vacancy was found 60 miles away near Canterbury, Kent. He did not want to move from London, and it was difficult for staff from the resettlement organisation to visit him. St Mungo’s has many shared houses and several subjects moved into them until they were allocated an independent flat.

In a minority of cases, the housing decision was contrary to the resettlement worker’s recommendation. One local authority housing department insisted that a man moved from a bed-and-breakfast hotel into an independent flat even though he was physically frail and had mental health and alcohol problems. The resettlement worker was convinced that the man could not live independently, but the local authority refused to continue funding his stay in the hotel until more appropriate accommodation could be found. The man was resettled in his own flat, could not manage, and the tenancy failed after four weeks.

The resettlement accommodation

Among the 64 subjects, 13 were rehoused in independent flats owned by local authorities and housing associations (Table 3.1). Of these, three moved to accommodation in Sheffield and Leeds that was difficult to let, and a fourth was resettled in a block of flats in London exclusively for rough sleepers. Another 13 moved into sheltered (warden-assisted) flats exclusively for older people. Some sheltered schemes comprised clustered bungalows, while others were self-contained flats in a single building. In some the wardens lived at the premises, while in others the wardens were not resident but visited two or three times a week.

Twenty-two people moved to shared houses, in which they had their own furnished bedroom but shared other facilities. Some houses had more than 10 tenants, while some were divided into flats for two. Most houses were owned or managed by specialist homeless organisations, and the co-tenants were formerly homeless people. A housing support worker was attached to each house. Some had an office in the house and were on the premises most days, while others visited the house a few times each week.

<table>
<thead>
<tr>
<th>Type of accommodation</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent flat</td>
<td>13</td>
<td>20</td>
</tr>
<tr>
<td>Sheltered flat</td>
<td>13</td>
<td>20</td>
</tr>
<tr>
<td>Shared house</td>
<td>22</td>
<td>35</td>
</tr>
<tr>
<td>Registered care (residential) home</td>
<td>16</td>
<td>25</td>
</tr>
<tr>
<td>Total</td>
<td>64</td>
<td>100</td>
</tr>
</tbody>
</table>
Sixteen people moved to registered care (residential) homes that were staffed 24 hours and provided meals and help with laundry, budgeting, and personal care. The residence was arranged and funded by local authority social services departments. Twelve moved to homes for formerly homeless people that were owned or managed by specialist homeless organisations. Four moved to homes managed by local authority social services or mainstream social housing providers, where most of the co-tenants had not been homeless.

**Associations between the subjects’ characteristics and their resettlement accommodation**

There was a strong association between the type of resettlement accommodation and a subject’s age. Among those in their fifties, more than one-half moved to shared houses, while just one-quarter were rehoused in independent or sheltered accommodation (Figure 3.1). In contrast, among those aged 60-69, 55% moved to independent and sheltered housing. Part of the reason why those aged 60 plus were more likely to move to independent and sheltered accommodation was that mainstream housing providers more readily accepted responsibility for ‘elderly’ people than for those in their fifties. As a result, some in their fifties moved to shared houses while awaiting a flat of their own. More than one-half of those aged 70 years or over moved to registered care homes. Most of this group had severe health, alcohol or memory problems, and most would have been unable to manage in less supported housing.

**Figure 3.1  Resettlement accommodation by age group**

![Resettlement accommodation by age group](image_url)
People with mental health and alcohol problems moved to all types of accommodation except sheltered housing (Table 3.2). Several with alcohol problems moved to independent tenancies – heavy drinking was not seen as inconsistent with their ability to live alone.

<table>
<thead>
<tr>
<th>Type of accommodation</th>
<th>Heavy drinking</th>
<th>Mental illness¹</th>
<th>Memory problems²</th>
<th>Heavy drinking and mental illness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent flat</td>
<td>9</td>
<td>4</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Sheltered flat</td>
<td>2</td>
<td>3</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Shared house</td>
<td>10</td>
<td>7</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Registered care home</td>
<td>11</td>
<td>6</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td>32</td>
<td>20</td>
<td>5</td>
<td>14</td>
</tr>
</tbody>
</table>

Notes: 1. Depression or psychotic illness. 2. Severe memory problems that interfered with a person’s ability to carry out everyday tasks.

3.4 Preparing the accommodation

The accommodation offered to most subjects was in good condition, decorated to a satisfactory standard, and readily habitable. In some cases, it had been newly-decorated before the letting. On the other hand, two subjects moved to shared houses in London and five to independent flats in Sheffield and Leeds (38% of the moves to independent tenancies) which were very dirty or in need of repair and decoration. Both local authority and housing association tenancies were involved – they expected the tenant to decorate the accommodation, and either gave them money for the paint or allowed them to occupy the tenancies for several weeks rent-free. Four out of the seven subjects who moved into such tenancies had long histories of homelessness and mental health, physical health and alcohol problems, and they were unable to carry out the repair work or decoration. Most of these tenancies failed in a very short time (they are more fully reviewed in the next chapter). The subjects either abandoned the accommodation or the resettlement worker intervened and arranged a transfer.

While many months elapsed between some people being referred for rehousing and an offer being made, the interval between being offered accommodation and the move was often short. 37% moved within a week of viewing the accommodation, and another 34% within 2 weeks. Once the tenancy agreement had been signed, the subjects had to move immediately because they could not claim Housing Benefit for two homes (the hostel where they were staying and the new tenancy). This meant that there was not always time to prepare an unfurnished tenancy and arrange for the utilities to be connected.

Most people were entitled to a community care grant or a budgeting loan from the Department of Social Security² Social Fund for second-hand furniture and furnishings, but it took
time for the claims to be processed. As a result, when five people first moved in they did not have essential furniture, *i.e.* a bed and a cooker, and a minority had no heating, gas or electricity. The St Anne’s resettlement workers loaned beds, kettles and small electric hot plates to their clients until the grant or loan was paid.

*Examples of unprepared and unsuitable tenancies*

The severity of the difficulties is well portrayed by reference to individual cases. One woman moved to a shared house only to find that the heating system was not working and there was no hot water. One man moved to a bungalow which had been empty for two years. When he moved in, a broken window had been boarded up, the rooms were filthy, and the garden was over-grown. Another man moved into a flat which was filthy and in need of decoration. The heating was not working, and the flat was damp and smelled foul. His community care grant had not yet been processed, and so he had a bed and chair but no cooker, kettle or television. He had a history of homelessness and depression dating back 30 years, had suffered two heart attacks, and 15 months earlier had had a heart operation. When visited a few days after moving in, he complained that he was freezing at night, his clothes were damp, and it was too cold to undress or sleep. He had stopped taking his medication for depression, and he abandoned the flat after just three weeks.

A third man moved into a housing association’s furnished flat which was on the third floor of a house with very steep and potentially dangerous winding stairs. The carpet in his sitting room was filthy, and the furniture included a broken settee. The pavement in front of the house was being repaired and he had to climb over precarious wooden planks to gain access. He was a heavy drinker, had serious physical health problems, and found it hard to negotiate the stairs.

A fourth man moved to a council flat in which there had been a fire. The kitchen walls were black and there was no electricity. He had a bed and a chair but no cooker or other furniture, and no carpet or curtains (the flat is on the ground-floor). He was physically frail, had severe memory problems, and was a heavy drinker. He did not want to move into the flat as he felt he could not cope, but the council insisted as they were funding his stay in temporary accommodation. His resettlement worker also believed that he could not live independently and required a registered care home. After moving in, he was unable to manage, frequently wandered around the streets, and was mugged twice. He was transferred to a registered care home just four weeks after being resettled.

### 3.5 Concerns about resettlement

*The subjects’ concerns and anxieties*

Most subjects (73%) said that they were happy with the accommodation offered to them. One-quarter were dissatisfied but said that they accepted it because they feared not being offered an alternative and ending up back on the streets. One-half anticipated no problems when they moved, but the rest expressed concerns about settling down, loneliness, sorting out Social
The process of rehousing the subjects

Security benefits and finances, and the state of the accommodation. Those moving to independent tenancies and to shared houses were most likely to express concerns (Table 3.3). Several who were moving to shared houses were worried about the other tenants and what might happen in the house at night and at weekends when no workers were available. Eight of this group had not met the other tenants before they moved, as they had been out when the subjects visited. People who had been homeless for more than two years were more likely than those with shorter histories of homelessness to be worried about settling down, loneliness and managing finances (Table 3.4). Several had become accustomed to the company of other people while in hostels, and it had been a long time since some had been responsible for paying bills.

<table>
<thead>
<tr>
<th>Worries</th>
<th>Independent flat</th>
<th>Sheltered flat</th>
<th>Shared house</th>
<th>Registered care home</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Settling down and loneliness</td>
<td>31</td>
<td>8</td>
<td>9</td>
<td>25</td>
</tr>
<tr>
<td>The accommodation</td>
<td>31</td>
<td>8</td>
<td>32</td>
<td>19</td>
</tr>
<tr>
<td>Other tenants</td>
<td>n.a.²</td>
<td>n.a.</td>
<td>23</td>
<td>19</td>
</tr>
<tr>
<td>Managing finances</td>
<td>31</td>
<td>8</td>
<td>32</td>
<td>n.a.</td>
</tr>
<tr>
<td>At least one worry</td>
<td>62</td>
<td>23</td>
<td>60</td>
<td>44</td>
</tr>
<tr>
<td><strong>Number of subjects</strong></td>
<td><strong>13</strong></td>
<td><strong>13</strong></td>
<td><strong>22</strong></td>
<td><strong>16</strong></td>
</tr>
</tbody>
</table>

Notes: 1. Percentage in the group with specified worry. 2. Not applicable.

<table>
<thead>
<tr>
<th>Worries</th>
<th>Duration of homelessness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Up to 2 years</td>
</tr>
<tr>
<td></td>
<td>%</td>
</tr>
<tr>
<td>Settling down and loneliness</td>
<td>14</td>
</tr>
<tr>
<td>The accommodation</td>
<td>23</td>
</tr>
<tr>
<td>Other tenants</td>
<td>9</td>
</tr>
<tr>
<td>Managing finances</td>
<td>14</td>
</tr>
<tr>
<td>At least one worry</td>
<td>36</td>
</tr>
<tr>
<td><strong>Number of subjects</strong></td>
<td><strong>22</strong></td>
</tr>
</tbody>
</table>

Notes: 1. Percentage in the group with specified worry.

Eighteen subjects (28%) became very anxious prior to moving and their behaviour changed. In some cases this threatened the resettlement. Some increased their alcohol consumption, and some neglected their personal hygiene, isolated themselves, or became agitated. A few drank unusually
heavily when they were due to be interviewed by a housing organisation, which jeopardised their chance of being offered a tenancy. One man waited several months for the offer of an independent flat. When it finally came, he was reluctant to view the tenancy. Another man began to harass female hostel staff when his move to a registered care home was imminent. He was given several warnings by the manager and then served notice to quit. Fortunately, his resettlement was finalised before he was evicted. The only people who did not appear to be worried prior to moving were those being resettled in sheltered accommodation, among whom only a small fraction had mental health or alcohol problems. The behaviour changes were unrelated to the length of time that a person had been homeless.

Concerns of the resettlement workers

In nine cases a resettlement worker raised concerns about their client’s move to an independent flat or a shared house. With reference to the former, they were concerned about the speed at which the resettlement occurred, the little time to prepare the tenancy and the poor condition of the accommodation, and they were uncertain about whether the individuals would manage. With reference to the people moving to shared houses, the workers were worried that they might allow street friends to stay and have unruly drinking sessions at night (when no workers would be on duty). Their clients had been disruptive while in hostels and had encouraged street drinkers and other homeless people to use the project. The workers were more anxious about the subjects who had been homeless for more than two years than about those who had become more recently homeless (19% versus 5%).

3.6 Discussion

The thoroughness of the assessments that were undertaken of the subjects’ housing needs varied according to how long the subjects had been known to a resettlement worker, the type of accommodation in which they had been staying prior to being resettled, and their ability and willingness to provide background information. Many subjects were rehoused after having been known to their resettlement worker for several months, but a few had been referred by housing and social services departments solely for rehousing and the resettlement workers had little opportunity to assess their needs. In most cases, there was no other source from which the resettlement worker could learn or corroborate details about a client’s history, and no opportunity to check a client’s assertion that he or she could manage independent living.

According to other studies, the quality of client assessments has been questioned by some housing providers, who believe that misjudgements of a client’s readiness for housing sometimes occur, and that housing support needs are under-estimated or under-reported (Dane, 1998; Randall and Brown, 1999; Woodward, 1996). They associate these shortcomings with the length of time that a worker has known a client, and the experience and skills of the resettlement worker. In some cases, the deficient assessments have clearly led to tenancy failure.
The process of rehousing the subjects

The problem of homeless people being resettled in independent tenancies without having had an opportunity to practice household management skills has been reported in several studies. Formerly homeless people have acknowledged that ‘hostel life was not a good training ground to learn or relearn the practical skills to manage a tenancy … food and utilities were paid for through a weekly service charge [which] left them without a realistic idea of how much these items cost’ (Dane, 1998, p. 17). Training flats where homeless people can practice independent living while receiving support from staff have been recommended (Dane, 1998; Randall and Brown, 1999). If there had been an opportunity to assess the household skills of the subjects in this study before they were rehoused, the inability of a few to manage would have easily been identified.

Most subjects moved to accommodation which was in good condition and readily habitable, but one-tenth were rehoused in tenancies that were in an appalling condition or did not have essential utilities. In some cases this was due to the housing providers’ failure to maintain their property. In other cases it was due to bureaucratic rules which required people to start a new tenancy before it was adequately prepared. Staff working for housing providers did not always take into account the resettlement workers’ concerns about the inappropriateness or unreadiness of the accommodation. Unlike most housed older people who have accumulated furniture and household equipment, the study subjects lacked belongings to start a home, and were required to apply for a grant, equip a tenancy, and move within two weeks. Although it might be appropriate for young and middle-aged people who are fit and capable to move into accommodation which needs decorating or has an unkempt garden, it is unsuitable for older homeless people who are vulnerable, physically frail, and already anxious about being resettled.

The extent of the practice of resettling homeless people in tenancies that are in poor condition or unprepared is unknown, but these problems have been acknowledged in several studies (Dane, 1998; Pleave, 1995; Randall and Brown, 1999). A recent study in Scotland found that some homeless people were allocated tenancies (particularly by local authorities) in need of repair, and that this contributed to stress and difficulty for the new tenants (Rosengard et al., 2002). Moving house is stressful for anyone, and particularly so for people with no family support who have had difficulties in the past with managing a home. Resettlement is a big step for people who have been homeless for years and are moving away from the security of a hostel and the company of their peers. In some cases, housing authorities’ procedures associated with starting a tenancy showed little regard for the histories, vulnerabilities and anxieties of older homeless people.

1 The team in Leeds was initially based at the organisation’s day centre, and then moved to offices at its headquarters. The Sheffield team was initially based at one of the organisation’s hostels, and then moved to offices at a neighbourhood health centre. Both resettlement projects have since been discontinued.

2 Now the Department for Work and Pensions.

3 His move had been arranged by hostel staff while the resettlement worker was on holiday.
This chapter examines the ways in which the subjects settled after being rehoused. At each of the sequential interviews, they were asked if they: (i) were ‘settled’ in their accommodation; (ii) were ‘satisfied’ with the accommodation; (iii) wished to stay in their present housing; and (iv) had contemplated giving up their tenancy in the previous three months and returning to a hostel or the streets. From this information, patterns of settledness over time have been identified. No previous attempt to track such responses to resettlement and settledness is known.

The opening sections examine the extent to which the subjects settled during the early months in their new home, i.e. in the first month and after six months, and how housing satisfaction and settledness varied by the type of accommodation. They also describe how the subjects furnished and personalised their rooms, and responded to co-tenants and neighbours. The final section examines patterns of settledness over time, the reasons for changes in settledness, and the number of subjects who were settled after 24 months.

4.1 The first month

When first rehoused, some subjects acquainted themselves with the local surroundings, registered with a local GP, and made arrangements to collect their pension or Social Security benefits at a local post-office. They also began to furnish and personalise their accommodation and to get to know the neighbours. While many were very busy, many were also very unsettled or experienced problems with rent, utility and council tax payments, and claiming Housing Benefit (examined more fully in Chapter 5). They had to get used to shopping and preparing meals which some had not done for many years. One man explained the difficulty he found when shopping in a supermarket for the first time in more than ten years. He found the experience overwhelming, and became panicky and felt like leaving the shop. An elderly customer who observed his difficulties helped him out.

Tenancy failures were unusually frequent in the first month, with seven occurrences. They were associated mainly with the accommodation being ill-prepared or a lack of awareness about the subjects’ problems and readiness for resettlement (discussed in Chapter 8). Three people abandoned their accommodation. Another two men were taken into police custody for incidents that had occurred before they had been rehoused, and so their tenancies were terminated. At the time of their rehousing, neither the hostel staff nor the resettlement workers had been aware of the outstanding problems. One of these men was subsequently traced and interviewed. He said that he had been charged with theft and imprisoned for three months.
In addition, two men had to be transferred from an independent and a sheltered flat because they could not cope. Both had mental health and alcohol problems and required a residential home. The resettlement worker had expressed doubts about the ability of one man to cope, but the local authority housing department insisted that he should move into the flat even though it was in a bad condition and inadequately furnished. The other man’s problems manifested only after he had been resettled, and the resettlement worker arranged for him to return to the hostel until more appropriate accommodation could be obtained. In both cases, the resettlement workers had close contact with the men and, in the case of the man in sheltered accommodation, with the warden. This meant that the workers were able to quickly respond when problems started to occur.

4.2 Satisfaction and settledness after 6 months

Six months after being rehoused, two-thirds of the 55 subjects who were still housed reported being settled and satisfied with their accommodation. When asked what they enjoyed about their housing, four-fifths mentioned one or more of the following things:

- the location was quiet and convenient for shopping and transport (41 people);
- they had a safe and secure home base (16 people);
- the privacy and freedom to come and go with no interference (12 people);
- the quiet and peaceful atmosphere at home (7 people);
- having other tenants for company (6 people);
- having control over the environment, and being able to cook, watch TV, and listen to music (4 people); and
- not having the responsibility of paying bills (3 people in shared houses).

Housing ‘satisfaction’ and ‘settledness’ varied by type of accommodation (Table 4.1 and Figure 4.1). Those in sheltered flats were most likely to be both settled and satisfied: this group had been least worried about being resettled, and all had moved to tenancies in good condition. One-quarter of those in independent flats were dissatisfied with their housing, which they associated mainly with its poor condition or problems with neighbours.

There were mixed reactions from those in shared houses. Three-quarters reported being satisfied with their housing, yet two-thirds wanted to move. Many said that they were satisfied with the housing as interim accommodation but they wished eventually to have their own flat. One man explained: “you could never settle in a house which you are sharing with strangers, [as] you have no control in this sort of environment”. Several in shared houses complained about the inadequate furniture and facilities. Some had bedrooms and communal sitting rooms which were sparsely furnished, while ten people had to use a single kitchen in one house. Two men were in a
house which had several floors with steep stairs but no lift. Because of mobility problems, they found it difficult to use the kitchen and bathroom which were on different floors to their bedroom.

Figure 4.1  Satisfied with accommodation after six months by type of housing

![Chart showing percentage of people satisfied with accommodation by type of housing.]

Table 4.1  Unsettledness after six months by type of housing

<table>
<thead>
<tr>
<th>Subjects’ reports</th>
<th>Indep(^1)</th>
<th>Shelt’d(^2)</th>
<th>Shared(^3)</th>
<th>Carehm(^4)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feels unsettled</td>
<td>39</td>
<td>9</td>
<td>38</td>
<td>40</td>
<td>33</td>
</tr>
<tr>
<td>Wishes to move</td>
<td>31</td>
<td>18</td>
<td>63</td>
<td>53</td>
<td>44</td>
</tr>
<tr>
<td>Thoughts of ceding tenancy(^5)</td>
<td>8</td>
<td>18</td>
<td>19</td>
<td>27</td>
<td>18</td>
</tr>
<tr>
<td>Number of subjects</td>
<td>13</td>
<td>11</td>
<td>16</td>
<td>15</td>
<td>55</td>
</tr>
</tbody>
</table>

Notes: 1. Independent flat. 2. Sheltered flat. 3. Shared house. 4. Registered care home. 5. Contemplated in preceding three months of giving up the tenancy and returning to a hostel or the streets.

The subjects who moved to registered care (residential) homes were least likely to be settled and content, and a quarter had contemplated returning to the streets or a hostel. Many were not happy with the financial arrangements. Their disposable income was greatly reduced, because accommodation and service charges were deducted from their financial entitlements, and because most had mental health problems or were heavy drinkers, their income was managed by the care staff and issued day by day. Those who were drinkers and smoked heavily found it difficult to
manage on just £5 a day, and were unable to drink as they were accustomed. They also complained that they had no control over their finances. Yet when their money was not budgeted, they tended to drink heavily and uncontrollably, and behaved in a disturbed and aggressive manner which put their tenancies at risk. As the months progressed, five were threatened with eviction for aggression related to heavy drinking, and three were eventually evicted (Chapter 8). Two women in the care homes complained that they were bored and would like to have been able to prepare their own meals and do household tasks.

There was little difference in ‘settledness’ by whether or not the subjects were heavy drinkers: around two-thirds of both groups reported being settled. There was a difference, however, according to whether or not the subjects had mental health problems: at six months, 53% of those with a mental illness compared to just 31% of those without mental health problems said that they wanted to move.

4.3 Creating a home

At each interview, observations were made about whether the subjects had personalised their accommodation and made it comfortable and homely, as with a television, pot plants or ornaments, by hanging pictures on the wall, or by displaying photographs. During the first six months, many subjects furnished and individualised their accommodation (Figure 4.2). Some visited second-hand shops or searched rubbish skips and acquired rugs, chairs, pictures, table-lamps, crockery and ornaments. A few men decorated their rooms and built shelves, partitions, book-cases and coffee-tables from discarded wood. Some had previously had tenancies and were accustomed to decorating and basic woodwork. After six months, most in independent and

![Figure 4.2 The subjects who had personalised their accommodation after six months](image-url)
sheltered housing had essential items of furniture and had made their accommodation comfortable. Some in shared houses and registered care homes also bought personal items for their bedrooms, such as a television and pictures.

In contrast, a minority had very few possessions and did not make their accommodation homely. Two years after being housed in an independent flat, one man had an armchair and a television in his sitting-room, but no curtains, kettle or plates. The cardboard boxes that he had used when moving in remained in his sitting room. Another man similarly housed had very little furniture and was without cooking facilities for 23 months, until his relatives renewed contact and encouraged him to purchase a cooker, saucepans, crockery, rugs and a lamp. He had money but was hesitant about spending, as financial difficulties had led to him becoming homeless. He admitted that his flat was more comfortable once the purchases had been made. Some were reluctant to buy things until they felt settled and certain they would stay. Several in registered care homes spent their small income on alcohol rather than on things for their room.

### 4.4 Relationships with co-tenants and neighbours

At each interview, the subjects were asked about contacts with other tenants and neighbours, their use of the communal sitting-rooms, and any difficulties that they had experienced with co-tenants or neighbours. A common problem reported by the subjects in all types of accommodation was the behaviour of co-tenants and neighbours. Those in shared living arrangements (shared housed and registered care homes) complained more than those in self-contained tenancies (independent and sheltered flats), and their complaints increased over time.

**Independent and sheltered flats**

Four men who moved to independent flats experienced problems with neighbours who, according to their reports, were mainly young people who took drugs, drank heavily, caused disturbance at night, and allowed friends to stay. The men felt threatened by this behaviour. Three were in accommodation that was difficult to let, and the fourth in a block of flats exclusively for former rough sleepers. The latter experienced problems for 15 months until he obtained a housing transfer. Prior to the transfer, he became stressed and depressed, was seen by his GP, and was prescribed medication for the first time for depression, hypertension and insomnia. On several occasions when he was interviewed at home, there were empty beer cans, syringes and blankets in the corridors leading to his flat. The responsible housing association was aware of the problems and, just before he moved, stationed two night security men in the entrance hall to the flats to monitor who entered the premises.

A few subjects in sheltered housing interacted with their neighbours and used the communal facilities. They shopped, gardened and carried out repairs for the neighbours who were physically frail. In return, they were given things for their home, such as curtains and occasional meals. Others never used the community lounge or mixed with the other tenants. Some said that
they felt uncomfortable and ‘apart’ from the other tenants who were mainly women with well-furnished flats and relatives and friends that visited. Two alleged that they had been insulted when the other tenants learned about their previous homeless lifestyle. According to one man, he was told by another tenant that he was ‘a dosser’ and not welcome in the communal garden.

**Shared houses and registered care homes**

Most subjects in shared houses did not socialise with the other tenants, but instead complained about their behaviour, particularly in the houses where there were younger people. They said that some tenants drank heavily or used drugs, were noisy, allowed visitors to stay at night, and did not clean the kitchen or lounge after use. They pestered people for money, stole food from the kitchen, and were aggressive at times. The subjects said that being in a shared house made them feel uneasy and ‘on edge’, particularly when no staff were around. With the turnover of tenants, they were never sure who was staying in the house and felt very anxious about newcomers and their visitors. The situation was particularly worrying for a few who were in flats which they shared with just one other person. They felt very susceptible, being left alone to cope with the other tenant. One person abandoned his room after 15 months because he was being intimidated by the tenant who lived in the next room, while another was evicted after 18 months because he was aggressive towards a tenant who caused a disturbance and started a fire one night while cooking when drunk. Fewer problems were reported in a house which accommodated only older men.

Most subjects who moved to residential homes complained about the problems and behaviour of the other residents. Those who had been placed in mainstream homes for elderly people complained that most of the other residents were physically disabled or confused women, and it was impossible to have a sensible conversation with them. Those who moved to care homes established by homeless organisations grumbled that most other residents were old men who were mentally ill or heavy drinkers and incontinent, and they could not converse with them. Several subjects described themselves as ‘misplaced’ when they moved to the home.

**4.5 Settledness over time**

The settledness of the subjects and their attitudes towards their housing changed over time. Among the 38 subjects who were still housed after 24 months, 29 (76%) reported being settled and satisfied with their accommodation. Seventeen had been settled throughout the study; the rest had been both settled and unsettled. People became unsettled when they were having problems with Housing Benefit and rent payments, or following arguments with relatives and friends. Some in shared houses became unsettled for a while when new tenants moved in and caused a disturbance. A few became restless and discontented after they had been in a shared house for more than 12 months, because they had wanted their own flat but it was not forthcoming. During periods of unsettledness, many said that they contemplated giving up the
tenancy. Four people in shared houses had initially wanted to move to their own flat but, as the months passed, became settled and formed a preference for a shared house – they did not want the responsibilities of a flat, the worry of bills, and the loneliness and boredom of living alone.

The nine subjects who were unsettled after 24 months had been so for most of the period. Six were in shared houses and registered care homes and wanted their own flats. The other three were in independent flats, had lived with marital partners or relatives before becoming homeless, and found it hard to adjust to living alone. Two were extremely restless and spent days inquiring about alternative accommodation at housing offices, estate agents and homeless people’s hostels. Among all nine, however, the wish to return to a hostel or the streets lessened over time. In the early months, eight had contemplated giving up their tenancy and becoming homeless again. By the end of the study, all except one said that they would not give up their tenancy and make themselves homeless, but would wait until alternative housing became available.

This suggests that the longer formerly homeless people are rehoused, the greater their adjustment and preference for a non-homeless lifestyle, and the less they think of returning to a hostel or the streets. Settledness was strongly associated with the length of time that a person had been homeless, and greatest among those who had been homeless for more than two years.

Patterns of unsettledness

The following cases depict two different patterns of unsettledness. One woman with mental health problems moved to a shared house. Within a few weeks, she became unsettled, did not like having to share with others, and wanted her own flat. She applied to the local authority housing department for sheltered accommodation, but her application was rejected as she had not been resident in the borough for two years. She then spent many months seeking alternative housing, enquiring at two local authority social services departments, at estate agents about private rented accommodation, and at homeless organisations for a hostel bed. Besides travelling all over London, she went to Dover and Gravesend to look for accommodation. When a new tenant was due to move into the shared house, she became very worried and moved for a week to a bed-and-breakfast hotel (while still retaining her tenancy). At each interview, she repeatedly said, “I want my own place and my independence so that I can make a life for myself. If I had my own flat, I could buy things for it and make it a home”. She remained unsettled throughout the 24 months.

The other case was a man in a sheltered flat who was intermittently settled and unsettled. Each time he was interviewed during the first 12 months, he reported being unsettled and that he had thought about giving up his tenancy and either moving back to a hostel or travelling around the country and sleeping rough. During this time, his mother and ex-wife died within a few weeks, and he was having problems claiming Housing Benefit. His claim had not been sorted out, and he had received several letters demanding rent arrears. After 15 months, his Housing Benefit payments were sorted out, and he settled and decided to stay in his flat. Six months later,
a friend (who lived in the same block of flats) died suddenly. This unsettled him again and made him want to be rehoused. Unlike the first case study, this man became unsettled and wanted to give up his tenancy when faced with stresses, even though they were mostly unrelated to housing.

4.6 Discussion

After being rehoused, some subjects settled quickly, made their accommodation comfortable, and integrated with neighbours and co-tenants. They acquired furniture and furnishings, and several improved the décor of their tenancy. Others found it hard to adjust, were dissatisfied with their housing, and reported persistent problems with settling and with co-tenants and neighbours. In some cases, unsettledness was directly related to the housing, while in other instances it fluctuated and was triggered by personal problems and stresses. Several tenancies failed in the first few weeks, although in two instances the resettlement workers intervened promptly and arranged housing transfers when things started to go wrong. There is an element of risk with any resettlement attempt, as it is essential that people are given the opportunity to live independently if that is their preferred choice. Close monitoring of resettled clients’ circumstances and good liaison with housing providers, however, enabled problems to be halted at an early stage for two subjects in this study.

Throughout the 24 months, the subjects who moved to sheltered accommodation were most likely to report being settled, while those in shared houses and registered care homes were least settled and satisfied. There are several possible reasons. The subjects in sheltered flats had self-contained tenancies in buildings exclusively for their age group, and did not have to worry about sharing facilities or disturbance from younger tenants. Their tenancy was in a satisfactory condition when they moved, and they were also least likely to be troubled by mental health and alcohol problems. In contrast, many in shared houses and registered care homes complained about the behaviour of co-tenants, while several in independent flats reported problems with neighbours or moved to accommodation which was in poor condition.

The problems that the subjects experienced in shared houses and in flats exclusively for former rough sleepers have been described in several previous studies (Cooper et al., 1994; Dane, 1998; Dant and Deacon, 1989). In shared houses, people who are unknown to each other and who have different interests and habits are expected to live together and share facilities. Difficulties occur because people with various mental health, substance misuse and behaviour problems are housed together in settings where they receive little supervision or support from staff, particularly in the evenings and at weekends.

Despite these difficulties, some study subjects said that they preferred to be in shared accommodation where they had company and avoided the responsibility of paying bills. This raises questions about the kinds of housing that would meet these needs but also remove or lessen the problems identified in this study. There are several examples in Britain and the USA of clustered housing schemes, in which each tenant has a self-contained flat and there are communal
facilities (O’Leary, 1997; Warnes and Crane, 2000b). This reduces the conflicts among tenants when having to share, for example, a kitchen. Staff are at the schemes most days and there is emergency cover for out-of-hours advice and assistance. Hence, the tenants can summon help at any time. The schemes have successfully housed formerly homeless people with mental health and alcohol problems, and older homeless people. They may be one solution for people in residential homes who want their own flat. The notion of providing emergency cover for tenants may help to combat the problems that were reported by the subjects in shared houses.

1 The accommodation had been empty for a long while before the men moved in, or it was in a block of flats which had many boarded up properties.
Managing the home

This chapter examines how the study subjects managed their home over the 24 months. It describes how they coped with household tasks, personal finances, and the payment of bills. The subjects who moved to independent, sheltered and shared housing were responsible for preparing meals, cleaning and laundry. Most had to pay a contribution towards their rent, and those in independent and sheltered accommodation had also to pay utility bills and council tax. The subjects who moved to registered care homes had meals provided, and were not responsible for other household chores or paying bills. They are therefore not included in this chapter.

5.1 Undertaking household tasks

Most people kept their accommodation clean and tidy, cooked meals regularly, laundered their clothes, and experienced very few problems with household tasks. Two men who had become homeless after being widowed, bought cookery books and learned new dishes. They said that their wives used to do the cooking, and that this was the first time that they had prepared meals. Just one-third in shared houses cooked meals – most ate in cafes or at day centres. Some had meals at day centres because the food was inexpensive and they were unaccustomed to cooking. Others said that they could not be bothered to use the kitchen as it was not kept clean by the other tenants. Five were in a shared house where a cooked breakfast was provided each morning, and one other in accommodation where an evening meal was provided. Five had a home help who assisted with shopping and cleaning (although one man stopped this service after a few months).

Two men had difficulty with household tasks. They neglected to keep their accommodation clean and launder their clothes and bed-sheets. They ate sandwiches and cold snacks, and rarely had hot meals. One was in a shared house and the other in an independent flat. Their daily living skills did not improve over time, and both were still having difficulties but were receiving no help when the study ended. Through repeated visits to one man, it was observed that he never washed his bed-sheets, which were filthy. No assessment of their daily living skills had been carried out before they were rehoused.

5.2 Budgeting and paying bills

The subjects received either a state retirement pension or Social Security income entitlements, and a few also received a Disability Living Allowance or a pension from their former employer. During the study, a few worked from time to time and had casual earnings, while one man had worked full-time for a few months. In the first three months of being rehoused, 60% experienced problems with budgeting or paying bills. Their difficulties reduced over time, and 24 months
after being resettled just 24% reported financial problems (Table 5.1). The greatest reduction was associated with council tax and utility bills, with nobody reporting difficulties at 24 months.

Table 5.1 Problems of managing finances and paying bills at 3 and 24 months

<table>
<thead>
<tr>
<th>Problems</th>
<th>At 3 months</th>
<th>At 24 months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td>Managing personal finances</td>
<td>42</td>
<td>38</td>
</tr>
<tr>
<td>Paying rent: has rent arrears</td>
<td>41</td>
<td>22</td>
</tr>
<tr>
<td>Paying utility bills / council tax</td>
<td>23</td>
<td>39</td>
</tr>
<tr>
<td>Any financial problems</td>
<td>42</td>
<td>60</td>
</tr>
</tbody>
</table>

Notes: 1. Subjects in independent, sheltered and shared housing who were responsible for these tasks.
2. Problems with managing personal finances, or with paying rent, utility bills or council tax.

**Personal finances**

In the early months of the resettlement, nearly two-fifths (38%) experienced problems with budgeting and making their money last (Table 5.1). Some drew up strict budget plans, paid their bills, and then bought food. Some ate cheap meals at day centres for homeless people when they were short of money, and bought clothing at the centres or at charity shops. Over time, some opened saving accounts and managed to save money, and progressively fewer reported budgeting problems. Nonetheless, two years after being rehoused, nearly one-in-five (17%) still found it difficult to manage financially. The subjects’ accounts specified several reasons for their budgeting difficulties:

1. Low weekly income. Some subjects had to pay for utility meters to be installed when they first moved, and those who received a DSS loan when they moved in had £7-12 deducted from their income benefits each week as repayment.

2. Administrative problems with Social Security benefits and the subjects’ failure to claim entitlements meant that there were delays in some people receiving the money due to them. In some cases, it took months for the problems to be rectified or for additional benefits to be paid.

3. Some people were unaccustomed to managing on a low income and having to budget. They had worked regularly and earned good money before becoming homeless. While in hostels they had cheap food and only paid a small contribution towards rent and services.

4. A few people were unable to budget efficiently or behaved irresponsibly. They tended to be heavy drinkers or to have mild learning disabilities.

The subjects’ problems with managing money arose from a combination of low income, bureaucratic delays, and poor budgeting skills. A few people received help from resettlement and
housing workers who chased up delays in the paying of benefits, and gave advice and assistance with budgeting. There was little that the staff could do, however, about the low payments that some people received and the loans that had to be repaid.

Rent and rent arrears

Because most subjects had a low income, a high proportion of their rent was met by Housing Benefit (HB) and they paid just a small weekly contribution. Some made the payment through a post-office account or at a housing office, and some in sheltered and shared housing through a warden or housing support worker. In the first three months, 22% of the subjects had rent arrears. By month 24, the prevalence had reduced to 10% (Table 5.1). The tendency was for people to have arrears in the early months which were later sorted out. There were no instances where people developed rent arrears for the first time after having been resettled several months.

In a few instances the arrears arose because the rent was spent on alcohol, or a person reported being depressed and unconcerned about paying it. But the most common and protracted reason for rent arrears was the maladministration of HB payments. In some cases, the fault appeared to lie with the local HB agencies, as when they took months to assess the subjects’ entitlements and to organise payments to their housing providers. In other cases, the fault was associated with the housing providers’ recording system – there were instances where the local HB agency provided the subjects with documents showing that HB had been paid to their housing provider yet the latter denied this. Although some local authorities arranged HB payments within a few weeks of the subjects’ move, it generally took 6-12 months for the problem to be sorted out, and in a few cases more than 18 months.

The HB problems caused a great deal of distress for many subjects. Some had to complete several HB forms to replace ones that had been misplaced, and some went several times to their local HB agency and to their housing provider to sort things out but to no avail. A few reported being harassed about the arrears by wardens and housing officers. During several interviews, letters were produced that they had received from their housing office which stated that they would be evicted if the arrears were not paid promptly. The letters contained no acknowledgment that HB shortcomings accounted for the arrears. In several instances resettlement or housing support workers tried to intervene on a subject’s behalf. They contacted HB agencies and housing providers but with little success.

Some people threatened to give up their tenancy rather than face the continuing problems with arrears, believing that they would be better off sleeping on the streets. They were particularly worried when their rent card or a letter from their housing office stated that they had several hundred pounds of arrears. One man’s rent card stated that he was £300 in rent arrears on the day he moved in, and this had increased to £1,300 within three months. From the entries on his rent card, it was impossible to understand how the figures had been reached.
Utility bills and council tax

The people who moved to independent and sheltered accommodation were responsible for paying utility bills, *i.e.* electricity, gas and water, and some had to pay council tax. In most cases arrangements were made for the council tax to be paid monthly, and for the utilities to be paid as they are used through key meters. Most experienced no problem with this arrangement. There were no reports of gas or electricity running out because they had no money. Only six people received three-monthly gas and electricity bills. Soon after moving in, eleven subjects had a telephone installed.

During the first three months, 39% experienced problems with utility bills and council tax, associated with demands for payments for which they were not responsible. Some were demands for gas and electricity arrears accumulated by previous tenants or for council tax for the period before their tenancy started. Some demands were for several hundred pounds and stated that the money had to be paid within a few weeks. Four subjects produced letters threatening them with court action and eviction if they did not pay promptly. The difficulties associated with utility bills and council tax were sorted out within a few months. Similar to their reaction to the rent problems, the subjects became very worried and distressed by the demands for money from the utility companies, and several contemplated giving up their tenancy. Some received assistance from their resettlement or housing support workers to sort out the problems, while others tackled them on their own.

5.3 Discussion

After being resettled, most subjects experienced no problems with daily household tasks. Some were resourceful and taught themselves to cook meals for the first time, and learned how to budget and survive on a low income. Those who were uninterested or unable to cook ate in cafes and day centres. A minority had difficulties and their accommodation and laundry were neglected. They were not referred to services for help, even though one person was in a shared house and had regular contact with the staff.

The most disruptive problems for the subjects were unpaid utility bills, council tax and rent, in many cases the result of bureaucratic maladministration. Problems with utility bills are widespread in association with the ‘handover’ of tenancies, and arise from inefficiency on the part of the providers, and a lack of understanding on the part of the new tenant. In relation to the payment of rent, the arrears mainly arose from the maladministration of HB payments and transfers to the housing provider. The problems caused the subjects a great deal of distress and unsettledness, and some threatened to give up the tenancy. Several received letters from their housing providers demanding money and threatening eviction, which was unreasonable given the circumstances. Even when resettlement workers intervened, they sometimes were unable to sort out the difficulties. Other studies have also noted that resettled homeless people find the paying
of bills more problematic than carrying out domestic chores (Duncan et al., 1983; Duncan and Downey, 1985; Randall and Brown, 1994).

Recent reports from the Audit Commission (2001; 2002) have noted the protracted difficulties of HB administration and its adverse impact on claimants. They estimate that one in seven households in England and Wales depend on HB to meet their basic housing costs, and that processing claims has slowed since the mid-1990s. In 2002, the time taken to process new claims in some authorities was more than 100 days. When HB difficulties occur, these sometimes ‘have a drastic effect on the lives of claimants – adding to the burden of poverty, and leading to stress and the threat of eviction’ (Audit Commission, 2002, p.54). HB problems are likely to be exceptionally worrying to formerly homeless people who have experienced tenancy failures and are trying to make a success of their rehousing. The problems are compounded by the unhelpful attitude of some housing providers who show insensitivity rather than support when vulnerable people are the victims of bureaucratic maladministration.
At the time of resettlement, many subjects had had no contact with their relatives for years. Some severed ties following a marital breakdown or family arguments, and for some this was the start of their homelessness. While living in hostels, many had no friends apart from the associations they formed with other residents, and most engaged in few activities apart from watching television, drinking or going for walks. A few used day centres for homeless people. Previous studies have found that many homeless people make new friends or renew family contacts once they are rehoused, and that establishing a social network is associated with settling down (Dant and Deacon, 1989; Duncan and Downey, 1985). Others become isolated once they are resettled, however, because they no longer have the company of other hostel residents, and loneliness can lead to tenancy abandonments (Dane, 1998; Randall and Brown, 1994).

This chapter examines the extent to which the subjects formed new social networks or retained links with homeless people once they were resettled, and the interests and activities that they pursued. It discusses the outcomes for some who tried to renew family contact, and how social patterns and drinking habits changed as the study progressed.

6.1 Family relationships

Just 17 people (27%) had seen a relative during the 12 months prior to being resettled. Most of them had recently become homeless. Eight had no living relatives. Once rehoused for 6-12 months, 12 people who had estranged family relationships tried to renew contact with relatives. With the help of resettlement or housing support workers, three wrote to a mother or child at the last known address, while another was helped by an advice centre to trace his mother. Of the 12 who tried to renew contact, seven were successful. Of those who wrote to relatives, three had no reply while the fourth learned that his mother had just died – he had last heard from her in 1972. Another man visited his brother only to be turned away. Relatives tried to get in touch with two subjects, but both were concerned about their family interfering in their lives and refused to see them. One blamed his sister for his homelessness.

Among those who renewed a family contact, several of the relationships were strained. Some refused to tell their children that they had been homeless, and were unable to give a convincing account of why they had not been in touch for several years. One man renewed contact with his son and visited him for a while. Two years after being resettled, the man died. His son only discovered that his father had been on the streets for years at the funeral, where he met several homeless people and staff from the resettlement organisation. In some cases, the subjects’ children had personal and marital problems which affected relationships. Three subjects
became involved in a child’s marital breakdown, and another in family conflicts caused by a son’s drug addiction. The former included one woman who started to drink heavily after abstaining for nine months.

Ruminating about past family problems

Although the subjects were not asked specifically about whether they reflected on past events in their life, 48% reported that they had been thinking a great deal about the past since being resettled, and how problems with parents and siblings or marital difficulties had contributed to their present situation. Such rumination peaked at 6-12 months post-resettlement, and coincided with the time that some tried to renew family contact. They said that when they first moved they had been busy sorting out the accommodation and the initial problems. Once this had been accomplished and they had settled, they then had time to reflect on past events, and why and how their lives had changed. Some realised that nothing could be done to rectify personal relationships because the person involved had died, while some believed that it was too late to contact children that had been out of touch for more than 25 years. Two men deliberated about their wife’s infidelity over the years, and questioned whether they fathered their apparent sons. Several thought about their former marital home and what they had achieved, and compared their situation then and now. A few reproached themselves for the heavy drinking which led to their marriage ending.

The subjects who said that they ruminated about family and marital problems were more likely 12 months after resettlement to report being depressed, worried, lonely, unsettled, and pessimistic about the future (Table 6.1). Only one man, who had started to drink heavily after his wife died, received help from a counsellor during this period. Rumination can lead to prolonged problems in settling. At 24 months, 48% of those who had ruminated about the past remained unsettled or their tenancies had failed. This compares with just 28% of those who did not report reflecting upon past events.

<table>
<thead>
<tr>
<th>Reported problems</th>
<th>Ruminates about the past</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes (%)</td>
<td>No (%)</td>
</tr>
<tr>
<td>Depressed</td>
<td>67</td>
<td>28</td>
</tr>
<tr>
<td>Lonely</td>
<td>33</td>
<td>8</td>
</tr>
<tr>
<td>Worried about present situation</td>
<td>58</td>
<td>32</td>
</tr>
<tr>
<td>Pessimistic about the future</td>
<td>67</td>
<td>26</td>
</tr>
<tr>
<td>Unsettled</td>
<td>54</td>
<td>27</td>
</tr>
<tr>
<td>Dissatisfied with the accommodation</td>
<td>58</td>
<td>31</td>
</tr>
<tr>
<td>Number of subjects</td>
<td>24</td>
<td>26</td>
</tr>
</tbody>
</table>

Notes: 1. Percentage who did and did not ruminate with the attributes described in the row labels.
6.2 Forming new friendships and socialising

The extent to which the subjects formed friendships and socialised varied. Some in sheltered accommodation developed a supportive social network and both helped and received help from their neighbours (see Chapter 4). Some made friends at day centres. One man, for example, formed a relationship with a woman that he met at a local club for elderly people – their friendship had lasted for more than one year when the study ended. Although not a heavy drinker, another man went to a pub most nights and played dominoes and darts with other men. The number of subjects who had contact with family, neighbours and friends increased over time (Table 6.2). At the time of resettlement, just 5% socialised at least twice a week with relatives or friends. This increased to 23% after six months, and to 45% after 24 months.

| Table 6.2 Contact with relatives and friends by months resettled |
|------------------|------------------|------------------|------------------|
| Frequency of contact | Months resettled | Months resettled | Months resettled |
|                   | Number of subjects | Percentage of subjects | Number of subjects | Percentage of subjects | Number of subjects | Percentage of subjects |
| Twice a week or more | 3 | 5 | 17 | 13 | 24 | 45 |
| Once a week | 9 | 14 | 12 | 24 | 24 |
| Less than once a week | 52 | 81 | 12 | 52 | 31 |
| Total | 64 | 100 | 38 | 100 | 100 |

After 24 months, one-third of the subjects were still socially isolated. They had no friends, and rarely spoke to their neighbours. Some complained of loneliness but refused to attend day centres or accept befrienders. Three formed relationships with women who were more than 20 years younger, but they were short-lived. According to the men, the relationships started because they felt lonely. The subjects who lacked social contacts were more likely to report being depressed, lonely, unsettled, pessimistic about the future, and dissatisfied with their housing (Table 6.3).

Contact with homeless people

The proportion of subjects who associated with homeless people on the streets, or at hostels and day centres reduced over time. During the first six months of resettlement, 36% mixed with homeless people, but after 24 months the figure was 23% (Table 6.4). For some, the association ceased when they settled in their accommodation and established new friends and activities. Tenancy abandonments were also responsible for the change – some ceded their tenancies and returned to the streets or to hostels. Just one man had ‘drinking schools’ in his flat and allowed homeless people to stay at night. The subjects who congregated with homeless people on the streets were heavy drinkers, and most who continued to use day centres had used them for many years.
### Table 6.3 Problems at 6 months by contact with relatives and friends

<table>
<thead>
<tr>
<th>Reported problems</th>
<th>Has social contacts¹</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes %²</td>
</tr>
<tr>
<td>Depressed</td>
<td>42</td>
</tr>
<tr>
<td>Lonely</td>
<td>19</td>
</tr>
<tr>
<td>Worried about present situation</td>
<td>37</td>
</tr>
<tr>
<td>Pessimistic about the future</td>
<td>37</td>
</tr>
<tr>
<td>Unsettled</td>
<td>23</td>
</tr>
<tr>
<td>Dissatisfied with the accommodation</td>
<td>15</td>
</tr>
<tr>
<td>Number of subjects</td>
<td>26</td>
</tr>
</tbody>
</table>

Notes: 1. At least weekly contact with relatives, neighbours or friends.  
2. Percentage with and without social contacts who had the attributes described in the row labels.

### Table 6.4 Contact with homeless people by months rehoused

<table>
<thead>
<tr>
<th>Type of contact</th>
<th>At 6 months</th>
<th></th>
<th>At 24 months</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td>Socialises on the streets</td>
<td>6</td>
<td>11</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Uses day centres 2+ times a week</td>
<td>10</td>
<td>18</td>
<td>7</td>
<td>18</td>
</tr>
<tr>
<td>Visits hostels at least weekly</td>
<td>4</td>
<td>7</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>No contact</td>
<td>35</td>
<td>64</td>
<td>29</td>
<td>77</td>
</tr>
<tr>
<td>Number of subjects</td>
<td>55</td>
<td>100</td>
<td>38</td>
<td>100</td>
</tr>
</tbody>
</table>

### Reports of loneliness

At each interview, the subjects were asked whether in the previous month they had felt lonely: (i) seldom; (ii) some of the time; or (iii) most of the time. When their individual reports are examined over the 24 months, consistent patterns emerge. One-half said they were never lonely, while a minority reported feeling lonely most of the time. One-fifth became increasingly lonely: most had been married for years, were now living in self-contained flats or shared houses, and had few friends. Although some were in shared houses they did not mix with co-tenants but had meals and pursued activities on their own. This meant that they were alone for the first time in many years. 14% reported decreased loneliness over time. They tended to be people who gradually made friends or became involved in hobbies or courses.

### 6.3 Interests and activities

At each interview, the subjects were asked how they occupied themselves during the day and about the interests and activities that they pursued. Most in residential homes said that they
seldom went out except for short trips to the local shops, and spent their time either watching television or drinking alcohol. Those who moved to their own flats or to shared houses tended to be more active. Some went for walks or visited friends and family, seven joined the local library, a similar number attended clubs and social centres, and two enrolled on computer courses. One man worked full-time for a few months, another attended a job training scheme learning woodwork, while eight worked casually in a fish shop, decorating for neighbours and relatives, dog-walking, and delivering newspapers. Others stayed at home and watched television and videos, gardened, decorated and did jobs about the home, or pursued hobbies such as reading, photography, cooking, and listening to music. While the study was in progress, eight people went on holiday: for some, this was the first time in years.

Three subjects acquired cats, two obtained dogs, and another two walked dogs for other people. A great deal of their time was devoted to the pets, which they said were company. Four had owned pets prior to becoming homeless. One man who had walked a dog as a casual job for eight months, abandoned his tenancy when he had an argument with the dog’s owner and his job came to an end.

Nearly one-third had few interests and complained of being bored. All except one were in shared houses and registered care homes. They spent their days visiting homeless people’s day centres, drinking alcohol at home or with street friends, or sleeping. One man went to bed at 5 p.m. each day because he said that he had nothing to do. As one would expect, there was an association between being occupied during the day and a person’s morale. The subjects who were unoccupied and complained of boredom were more likely to report being depressed, lonely, unsettled, and dissatisfied with their housing (Table 6.5). It is likely that poor motivation and depression contributed to inertia and disinterest, while at the same time inactivity and boredom contributed to depression and a general dissatisfaction with their situation.

<table>
<thead>
<tr>
<th>Reported problems</th>
<th>Occupied (^1)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes (%)(^2)</td>
</tr>
<tr>
<td>Depressed</td>
<td>39</td>
</tr>
<tr>
<td>Lonely</td>
<td>20</td>
</tr>
<tr>
<td>Unsettled</td>
<td>27</td>
</tr>
<tr>
<td>Dissatisfied with the accommodation</td>
<td>23</td>
</tr>
<tr>
<td><strong>Number of subjects</strong></td>
<td><strong>30</strong></td>
</tr>
</tbody>
</table>

Notes: 1. Reported pursuing activities and being occupied. 2. Percentage who were and were not occupied with the attributes described in the row labels.
Use of alcohol

There was a change over the 24 months in alcohol consumption, with an overall decline in heavy drinking and slight increases in both moderate and binge drinking. Whereas 33% had been drinking heavily in the months prior to resettlement, this applied to just 11% at 6 months post-resettlement, and just 5% at 24 months (Table 6.6). There were two reasons for the change from heavy to moderate drinking. Several people mentioned that they were more settled and optimistic since moving, had no desire to drink excessively, and were now separated from their homeless friends and the drinking culture. The second reason was financial. Those who moved to registered care homes had restricted personal income which was controlled by the care staff, while those in self-contained accommodation had to pay bills and many were keen to buy things for their home. Neither group could afford to drink heavily. In addition, 12 people who had been heavy drinkers exited from the study – four died, and the rest were evicted or abandoned their tenancy.

Although many people reduced their alcohol consumption after being resettled, seven people had periods when their drinking increased. Most had been heavy drinkers in the past but had abstained for many months. They associated their resumed drinking to stress and loneliness. Four were in shared houses and, from their accounts, their resumed drinking was triggered by problems with other tenants combined with their frustration at not being rehoused after waiting many months. The other three were in self-contained tenancies and were finding it difficult to cope and were lonely. Among the seven who increased their drinking, three were evicted and a fourth was threatened with eviction.

### Table 6.6 Drinking patterns by months resettled

<table>
<thead>
<tr>
<th>Drinking pattern</th>
<th>Months resettled</th>
<th>Months resettled</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Number of subjects</td>
<td>Percentage of subjects</td>
</tr>
<tr>
<td>Heavily(^1)</td>
<td>21</td>
<td>6</td>
</tr>
<tr>
<td>Moderately(^2) or in binges(^3)</td>
<td>11</td>
<td>18</td>
</tr>
<tr>
<td>Light or non-drinker</td>
<td>32</td>
<td>30</td>
</tr>
<tr>
<td>Number / % of subjects</td>
<td>64</td>
<td>55</td>
</tr>
</tbody>
</table>

Notes: 1. At least the equivalent of four pints of beer most days. 2. The equivalent of two-three pints of beer most days. 3. Periods lasting at least one week of heavy drinking followed by abstinence.

### 6.4 Discussion

This chapter has described the ways in which many subjects in this study began to rebuild their lives after being rehoused, became involved in activities, and formed new social contacts. Many
socialised with relatives, neighbours and friends, pursued hobbies, joined clubs, worked casually, enrolled on courses and learned new skills. As they settled and developed new interests, some reduced their alcohol consumption and associated less with homeless people and with homeless services. A study in Leeds also found that homeless people reduced their drinking after being resettled, because they had reduced income, had moved away from drinking companions, and were occupied with sorting out their new home (Dant and Deacon, 1989).

Resettlement had less impact, however, for some subjects who remained isolated and unmotivated. They spent most of their time drinking alcohol and mixing with homeless people, or they stayed at home and complained of boredom. Those who were unmotivated tended to be people in registered care homes and some in shared houses. This was the group who were also most keen to move to a flat of their own. It is therefore difficult to determine whether their inertia was attributable to personal problems, or to dissatisfaction with their current housing arrangements.

The importance to homeless people of establishing a social network and daily activities when they are resettled is evident: the subjects who were isolated and unoccupied were more likely to report being depressed, lonely, and unsettled. They were also more likely to experience tenancy failure (Chapter 9). Since the late 1990s, the importance of ‘meaningful’ activities for resettled homeless people has been increasingly acknowledged by many homeless sector organisations, and various activity projects have been developed. One of the challenges for housing support workers is to persuade clients who are heavy drinkers, solitary or uncommitted to participate.

The complex and difficult family relationships of some homeless people have been described in this chapter. Once rehoused, several who had been estranged from their relatives for years tried to renew contact. In a minority of cases amiable contact was restored, but several experienced family rejection or became involved in their relatives’ personal and marital problems. This suggests that restoring family ties is not necessarily beneficial. It has also been noted that resettlement and the process of establishing a home stirs up painful memories for some homeless people who have never come to terms with unhappy or stressful family and marital experiences. Some reflect upon the past once the initial phase of moving in and adjustment has passed, which in turn affects their morale. They may require a great deal of emotional support at this time.
7

Formal help and support post-resettlement

This chapter examines the help and support that the subjects received after they were rehoused. When the study started, it was customary for most homeless organisations to provide support for six months after a person had been rehoused. Many now recognise that vulnerable people need low level support for much longer if they are to retain tenancies, and continue to support clients at home indefinitely until they are settled and are coping in their tenancy. As described in Chapter 3, the support that was provided by the resettlement organisation after the subjects were rehoused varied. The resettlement workers at St Anne’s and St Martin’s continued to provide this support, while the care of St Mungo’s clients was transferred to other housing and community support workers in the organisation. This chapter describes the help that the subjects received from staff attached to the housing, from resettlement and community support workers, health providers and home care workers.

7.1 Support from staff attached to the accommodation

The subjects who moved to sheltered housing had regular contact with a warden, although the frequency varied. In some schemes, a warden was on the premises five days a week and checked daily that the tenants were alright. In others, a warden visited the scheme once or twice a week and called on each tenant. The wardens would summon medical help for a person when necessary, arrange for repairs to be done, and some collected rents. Their role was not to help a tenant with household tasks. Most subjects were satisfied with the arrangement, appreciated knowing that help was available if needed, and valued the warden’s non-interfering role. A few complained, however, that their warden hassled them about rent arrears even though they arose from Housing Benefit problems, and that it took ages for repairs to be carried out after they had notified the warden.¹

Most people who moved to registered care homes received a great deal of help from the care staff. Their meals were provided, medication supervised, rooms cleaned, and clothes laundered. They received assistance with personal hygiene, bathing, and money management. None had regular contact with their relatives, and the staff acted as advocates and guardians. The staff arranged and escorted them to GP and hospital appointments, and helped them to purchase clothes and toiletries. Some people willingly accepted the help, while others complained about the staff interfering. Without this help, however, some would have neglected their hygiene, nutrition and medical needs, and spent all their money on alcohol.
Shared houses

The contact that the subjects in shared houses had with the housing support worker varied. Four subjects went out very early, did not return until the evening, and rarely saw their housing worker. Several others complained about the support that they received. They said that their housing worker was not around much, and that they were left to cope with disturbed and physically frail tenants, and to deal with workmen who called. Some experienced endless problems with co-tenants and were very worried that workers were not around to intervene (described in chapter 4). Some also complained about the upkeep of their accommodation, and that it took ages for repairs to be carried out, or that light bulbs in communal areas and on the stairs were not promptly replaced. One person was without hot water and heating several times because the boiler repeatedly broke down.

Several subjects in shared houses expressed concern about the length of time that they were kept waiting when they requested a move to independent accommodation. The procedure in most of the shared houses was that a tenant who wanted to move informed the housing support worker who then advised their housing provider. At St Mungo’s such cases were allocated to a resettlement worker who was then responsible for rehousing that person. After having been in a shared house for 9-12 months, five subjects told their housing support worker that they wanted to move to their own flat. Two were rehoused after 18 months; one man abandoned his tenancy after 18 months because there was no promise of rehousing; and two people were still waiting to move after 24 months. As the months progressed, they became very distressed by the wait and intolerant of the other tenants’ behaviour. One man was threatened with eviction because he was verbally aggressive towards his housing worker and co-tenants. He explained, “it’s alright living with strangers for a short time, but after a while their habits get on your nerves”. Some subjects believed that the housing support and resettlement workers were unsupportive, interfering, and deliberately hindered their move.

7.2 Support from resettlement and housing support workers

Resettlement workers or community (tenancy) support workers were responsible for supporting the subjects who moved to independent and sheltered accommodation. Many were visited by a worker for the first three to six months. The frequency of the visits varied and depended on individual needs, but tended to be most frequent in the first few weeks. The workers helped the subjects sort out bills, purchase furniture and furnishings that they had not obtained prior to moving, and encouraged them to register with GPs and, if they were isolated or lonely, to attend day centres. The decision to stop the visits was usually agreed between the subject and the worker, although the worker generally gave the person a telephone number where they could be contacted if difficulties arose. When they had problems with bills or with social security benefit payments, several sought further help from their worker after the contact officially finished, and appreciated the support.
Two subjects in independent flats were isolated once the housing support worker was withdrawn. They refused to register with GPs, attend day centres, or have befrienders visit, and had no contact with service providers or with relatives, friends or neighbours. Although they were having no problems at the time the service was withdrawn, the concern is whether they would seek help in the future if difficulties arose. Both originally became homeless because they did not ask for help when they were having problems.

Two people had very little contact with their community support worker after being rehoused, although both had long histories of homelessness and alcohol problems. One experienced problems soon after moving, but had not seen his worker. It was necessary after the three month interview to contact the worker and suggest that a visit is made because of the serious problems he was facing. He was visited for a while by the worker who helped him to transfer to more suitable accommodation, but the visits did not continue after the transfer. Eventually the man was evicted from the new accommodation.

7.3 Help from other services

Health-care services

Most subjects registered with a GP soon after being rehoused. A few remained with a GP in another part of London for a while, as they were unsettled and unsure if they would retain their tenancy. By month 24, just three people had no GP and refused to register. Two-thirds of the subjects had regular contact with their GP – most had been on medication for some time and this was prescribed and monitored by the GP. While the study was in progress, many subjects received hospital medical care: 17 were admitted into hospital and another six received hospital out-patient care.

Twenty subjects had mental health problems. Of these, nine (45%) were on the caseload of a mental health team and were regularly seen. Over the 24 months, two were admitted into a psychiatric hospital for a short while, and another two attended a psychiatric day centre. Seven people were being treated by their GP for depression but were unknown to mental health teams. Four with mental health problems were receiving no treatment, and the tenancies of three of these people failed. Two had been in registered care homes and were referred by the staff after 18 months to mental health services because their behaviour was problematic. But by this time it was too late and soon after they were evicted. The third person was in a shared house and abandoned the tenancy.

Home care services

Five subjects had home care workers from local authority social services departments, who helped once or twice a week with shopping, cleaning and laundry. The service was set up when two subjects were first resettled, and within three months for another two whose physical health deteriorated and they could no longer manage to clean and shop. The fifth person received home care...
care after he had been rehoused for 15 months. He had had a fall, injured his hand and leg, and was immobile. Most valued the help that they received from home care workers and had no complaints. Not all the subjects who needed help at home were allocated home care workers. Two men experienced continuous problems with household tasks, could not cope, yet were not referred to services (described in Chapter 5).

7.4 Discussion

After being rehoused, many subjects received a great deal of help from staff attached to the accommodation, from resettlement and community support workers, and from other health and welfare services. Among those who moved to independent tenancies, several had prolonged or intermittent problems with bills and social security benefit payments, and received help from the resettlement organisation for much longer than the customary six months. Among those in registered care homes, none had regular family contact, and the staff acted as advocates and guardians to ensure that their needs were met and that they were linked into appropriate services.

Some subjects did not, however, receive the support and services that were needed. A few had little or no contact with housing and tenancy support workers, while several with mental health problems were unknown to mental health teams, and a minority who could not manage household tasks had no home care services. In some cases, the subjects refused help or were out during the day when workers called. In a few cases, however, they were not visited at home or referred to required services. Several in sheltered flats and shared houses complained about the upkeep of the accommodation. Some of the latter also complained about the inadequate support that they received from staff, both to cope with disturbed tenants, and to transfer to independent accommodation. It is unclear why some waited an exceptionally long time to move from a shared house to their own flat. Three still had not been offered a flat after 18 months, but there was no indication that they could not cope alone. All had managed for months in a shared house with virtually no support from their housing worker.

The chapter raises questions about: (i) the frequency and thoroughness of the assessments that are undertaken by housing and tenancy support workers of their clients’ needs, and (ii) the intensity of support that should be provided in supported housing, particularly in shared houses. The importance of thorough assessments and clear care-plans for resettled homeless people has been noted by Randall and Brown (1999, p. 56). At present, most housing and tenancy support staff work only during the day. There is a case for some capacity during the evening to contact clients who are out during the day. The practice of having out-of-hours cover where staff can be contacted in an emergency has been adopted in sheltered housing schemes, but is only provided by a few homeless sector organisations for their tenants in shared houses. Yet such a service might have allayed the reported anxieties and problems in this study.

The advantages of tenancy support workers being in contact with, and accessible to, vulnerable people over a long period has been shown by this study, and have been reported
elsewhere (Dane, 1998). A few subjects in independent flats had no contact with neighbours, friends or relatives, and were isolated once their community support worker ceased visiting. Although they refused services, they had been willing for their support worker to visit (and to be interviewed throughout this study). Several others experienced prolonged or intermittent difficulties associated with their tenancy, and benefited from being able to renew contact with their support worker. Housing difficulties may be minimised and homelessness prevented if low-intensity monitoring and support with isolated and vulnerable clients is continued over many months.

1 One man waited more than nine months for his toilet seat to be mended, while another reported cracks in his kitchen and corridor walls soon after moving in. He was told by his warden that he was responsible for their repair.
8  
Resettlement outcomes over 24 months

This chapter examines the resettlement outcomes over 24 months. It begins with the number who were still housed at the end of the study period and whether or not they were settled, and then identifies the points at which tenancies ended through eviction or abandonment, and the situations that contributed to the tenancy failures. Information was gathered from 10 of the 17 subjects whose tenancies failed (the other seven could not be traced), and from their housing support workers. Analyses of the factors that influenced housing outcomes are presented in the next chapter.

The concept of ‘successful resettlement’ has several components. It refers to whether a person is still housed after a given period, and is annulled if a person leaves the resettled accommodation and returns to the streets or a hostel. The duration of a rehoused episode that constitutes ‘successful’ resettlement is arbitrary. In the USA, exits from homelessness have been defined as stays in accommodation for 14 and for 30 consecutive days (Piliavin et al., 1996; Sosin et al., 1990). Follow-up studies of homeless people in Germany associate successful resettlement with residence in permanent housing for at least one year, while in Britain it has been linked to the maintenance of a tenancy for at least 18 months (Alexander and Ruggieri, 1998; Busch-Geertsema, 2002b).

Successful resettlement is also about whether a person is settled, has the skills or enough support to manage in the housing, and is in the most appropriate type of accommodation to meet their needs. This requires balancing preferences and needs to features of the accommodation and particularly the on-site support. For example, some subjects in registered care homes remained housed throughout the study but were unsettled and dissatisfied with their accommodation. It is unlikely, however, that many of them would have been unable to manage in less supported housing. Specifying a ‘successful’ move is not always straightforward. For example, a few subjects moved into shared houses while awaiting an independent flat, but decided as the study progressed that they no longer wanted their own tenancy (Chapter 4). They had previously lived independently, yet became accustomed to being in accommodation where they had few responsibilities. Similarly, four were transferred to supported housing as they could not manage in independent flats. The resettlement workers intervened when things started to go wrong, and possibly prevented new episodes of homelessness.

8.1 Housing outcomes

During the first 24 months, there was a steady decrease in the number of people who remained housed, and an increase in those who were evicted, abandoned their tenancy, or died (Table 8.1).
Contact was sustained with 62 subjects throughout the study or until their tenancy ended. Of these, 61% were still housed at 24 months, 18% had abandoned their tenancy, 10% had been evicted, and 11% had died. When those who died are excluded, 69% were still housed at 24 months, 20% had abandoned their tenancy and 11% had been evicted (Figure 8.1). For two people, the evictions occurred because they were taken into police custody.

Table 8.1 Housing outcomes (cumulative number of subjects)

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Months after resettlement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6</td>
</tr>
<tr>
<td>Housed</td>
<td>55</td>
</tr>
<tr>
<td>Abandoned tenancy</td>
<td>4</td>
</tr>
<tr>
<td>Evicted</td>
<td>2</td>
</tr>
<tr>
<td>Died</td>
<td>4</td>
</tr>
<tr>
<td>Total known</td>
<td>64</td>
</tr>
<tr>
<td>Unknown</td>
<td>0</td>
</tr>
</tbody>
</table>

Notes: 1. Includes two people who were taken into police custody.

Figure 8.1 Housing outcomes (excluding those who died)

Deaths

Seven subjects (11%) died while the study was in progress, including four in the first six months. Another man was evicted after 18 months and died a few weeks later, and another five are known to have died since the study ended (25-36 months post-resettlement). The high death rate is unsurprising as many subjects had serious physical health problems even before they were rehoused. Likewise, many older homeless people at the Lancefield Street Centre were admitted
from the streets with serious and untreated physical health problems, and they had high hospitalisation and death rates (Crane and Warnes, 2001).

**8.2 The success of resettlement**

The success of resettlement is apparent from the findings of this study – almost seven out of ten subjects were still housed after 24 months. Some who resettled had had long histories of homelessness – eight had been homeless for more than five years, and one had slept rough for more than 15 years. Positive outcomes were therefore achieved with chronically homeless people as well as those who had recently become homeless. Some subjects who stayed housed had mental health and alcohol problems, indicating that these problems do not always impede effective resettlement.

Over time, some subjects progressed from supported to less supported housing: four people who had been living in shared houses were coping well, and were transferred to independent flats. The progress of three was monitored for at least 12 months after they transferred. All settled and managed in their own tenancy. As illustrated in the following case study, resettlement interrupted a long-standing pattern of homelessness and was a turning point in the lives of many subjects, who subsequently developed interests and rebuilt their lives.

*Case study: resettlement after 14 years of homelessness*

One man became widowed at the age of 51, having been married for 31 years. His wife was ill for many months before she died, and he looked after her for most of this time. After she died, he could not settle in their council flat as he found the memories too painful, and ceded the tenancy 12 months later. He slept rough for two years and was then admitted into a psychiatric hospital and treated for depression. He subsequently travelled around the country for 10 years and slept rough in secluded places. For several months, he slept in a shed by a golf course. He used day centres for homeless people from time to time but avoided hostels. In the latter years, his physical health started to deteriorate and he stayed in London. He was seen by a doctor and diagnosed as having hypertension, arthritis and diabetes. At this stage, he agreed to move into a hostel with a view to being resettled as he feared being found dead on the streets.

At the age of 66 years, he was resettled into a sheltered flat and was still there after 24 months. In the past he had had little experience of cooking and cleaning as his wife had mostly done these chores, and when she was ill they had relied on a neighbour for help. He gradually learned to cook, and furnished his flat and made it homely. He bought a camera and travelled to different locations taking photographs, some of which he had enlarged and framed, and hung them in his flat. He also liked country-and-western music, and bought himself a second-hand music centre and some cassettes. During the day, he generally spent most of the time out of his flat visiting museums, markets and places of interest. He would return to his flat in the evening, cook a meal, and watch television or listen to music.
After being rehoused, he continued to use a day centre for homeless people once a week throughout the study period. His resettlement worker helped him at times when he had problems with his claim for Housing Benefit. When first resettled, he was restless and unsure about whether he wanted to stay in his flat. He said that he missed the freedom of being outside and not having the responsibility of a tenancy or bills. On several occasions he had considered returning to the streets, but over the months, he gradually settled. Nonetheless he kept his sleeping bag, although his explanation for this changed. Early on he said that it was in case he decided to return to the streets, but by month 18 he said that he kept it as a memento.

8.3 Abandonments, evictions and transfers

There were eleven abandonments and six evictions during the 24 months. As shown in Figure 8.2, a relatively high number of tenancy failures occurred in the first three months (five in the first month). There were none during months 13-15, but almost as many in months 16-24 as in the first 12 months. Most abandonments and all evictions occurred among people in shared living arrangements (shared houses and registered care homes) (Table 8.2). In addition, another man was evicted from a sheltered housing scheme just after the study period ended (in month 25).
Nine people transferred from their original resettlement accommodation to alternative housing. There were two main reasons for housing transfer: four people who had been living in shared houses were coping well and were transferred to independent flats, while four were transferred from independent and sheltered flats to more supported accommodation because they could not cope (three of these second moves subsequently failed). The ninth person was transferred from one shared house to another because he preferred to remain in shared housing but the accommodation where he was staying was for temporary use only.

The high rate of tenancy failures in the early months of rehousing was partly due to the subjects’ poor motivation to settle, and partly because they or the accommodation was ill-prepared. In some cases, personal problems and poor coping skills had not been detected before people were rehoused. One person left a registered care home after 24 hours, and another after 15 days. Both said that they disliked the accommodation. Another two moved to independent flats that were in a filthy condition and needed repair and decoration. Neither could cope. One abandoned his flat while the other was transferred to a registered care home. Two people’s tenancies ended when they were taken into police custody soon after moving to shared houses, for incidents that had occurred before they had been rehoused but which they had not disclosed to the hostel staff or the resettlement workers.

The tenancy failures that occurred during months 16-24 tended to be related to housing deficiencies. Two subjects ceded their tenancy because they were fed up with waiting for their own flat. One had been in a shared house for 18 months and had no idea when he would be rehoused, while the other was told that he would have to wait at least two years. Four were evicted because they were aggressive to staff and other tenants. Three had been in registered care homes and one in a shared house, and all had combined mental health and alcohol problems. All four had not wanted to leave the accommodation and were upset that they had been evicted. An exceptional case was one man in a shared house who inherited £53,000 after his mother died and the family house was sold. He lost his entitlement to Housing Benefit and was required to pay nearly £140 rent each week. He was reluctant to pay such rent for just one room, and gave up the tenancy and returned to the streets after 23 months.
The suddenness of the abandonments and evictions

When the abandonments and evictions are examined in more detail, eight (two evictions and six abandonments) occurred suddenly and without prior warning. Four happened within one month of the subjects moving in, and most others happened after a disagreement with neighbours or co-tenants. The housing and resettlement staff were generally unaware that the subjects were planning to leave, and therefore could not intervene and prevent their departure. One man, for example, had been housed for eight months in his own flat. During this time, he had walked a neighbour’s dog twice a week. This came to an end following an argument with the neighbour. Shortly after, he left his tenancy without informing his housing support worker.

On the other hand, nine failures (four evictions and five abandonments) occurred after several weeks or months of reported difficulties and unsettledness, and might have been prevented if appropriate actions had been taken. The four evictions were from registered care homes and a shared house, and the staff at the accommodation had been aware of problems for some time. The staff referred two men to mental health teams, and tried to negotiate their transfer to specialist homes for people with dementia. They liaised with the responsible care managers from local authority social services departments, but the situation deteriorated before the social workers responded. Among the five who abandoned their tenancies, all had informed their housing workers or other staff in the housing organisation that they were having problems or that they were unsettled and wanted to move. The group included two people who had been waiting more than 12 months for their own flat and, according to them, they had frequently asked their housing worker for help.

8.4 Discussion

Resettling older homeless people is not straightforward, and homeless people respond in different ways to being rehoused. Many in this study settled and stayed housed for two years, including some with long histories of homelessness and rough sleeping. But others ceded their tenancies, or were evicted. Tenancy failures occurred in all types of accommodation. Some in independent and sheltered flats were unable to manage living independently, and the special problems and dissatisfaction of several subjects in shared living arrangements have been noted.

Tenancy failures were most frequent in the early months and peaked again after month 15. Different reasons applied at the two peaks. The early failures were associated with a person being unmotivated or ill-prepared to settle, which raises questions about both the assessments of the readiness to settle and of housing needs, and the procedures for ensuring that tenancies are adequately prepared. Tenancy failures in the later months were mainly due to disagreements between the subjects and the housing providers. Although one-half were sudden, the others were the culmination of several weeks or months of problems which had been brought to the attention of housing providers and workers. It is likely that some of these failures could have been prevented if prompt and appropriate action had been taken.
The evictions from registered care (residential) homes of vulnerable people with severe mental health and alcohol problems are another matter of concern. Those who returned to the streets did so because the staff in the homes were unable to manage their disturbed behaviour. In some cases, the staff tried to negotiate transfers for the subjects to specialist homes, but the situation deteriorated before this happened. This raises questions about: (i) the practice of accepting residents with mental health and alcohol problems into residential homes; (ii) the training of care staff in homes to manage difficult residents; and (iii) the employment of specialist workers to assist the care staff with residents who have severe problems. There is also the matter of the role of social services’ care managers in monitoring the progress of their clients in these homes, and of their responses when difficulties arise.

In a few instances, tenancies came to an end because the subjects reacted to happenstance situations. For example, one person gave up his home after having an argument with a neighbour. Another inherited a large sum of money and could well afford to rent accommodation, but instead left the shared house where he had been staying and returned to the streets. Both subjects had histories of homelessness and rough sleeping of more than 15 years. Most people would have reacted differently and retained their home. These two cases are a reminder of the complex nature of homelessness, and how difficult it is for some to accept even minimal responsibilities or the irritations of ‘conventional’ accommodation.
Factors influencing resettlement outcomes

The previous chapters of this report have examined the successive stages of the resettlement process and experience, along with the accompanying ways in which problems arise and resettlement fails. They have found, for example, that the factors most associated with failures of resettlement in the first three months differ from those that result in abandonment late in the second year. This approach compartmentalises both time and the homeless experience. It can establish details but miss more general patterns.

It may be, for example, that a particular personal attribute is associated with (a) receiving poor quality housing assessments, (b) inappropriate housing placements, (c) poor outcomes at three months, and (d) poor outcomes at 24 months. It is therefore valuable to examine the data in the aggregate, not least to identify duplication (or, technically, covariance) in the reported results. Using this approach, different insights into the problems may result. For example, it might be that having been previously homeless for a long period correlates strongly with taking irregular meals: in an aggregate analysis both could turn out to be different markers of a biography that leaves a person without the skills to live independently. The aggregate analysis shifts the explanation and focus to vitally missing skills.

This chapter represents the first stage of a quantitative or statistical approach to the question, ‘What are the factors that associate with the success or failure of resettlement?’ The approach will ultimately pool all the collected information and, using multivariate analytical and summarising techniques, search for the strongest influences on the outcomes and the most verifiable ways of labelling them. The initial steps as reported in this chapter are comparatively straightforward. It presents the results of a series of tests of association between the hypothesised influences (or independent variables) and one outcome, whether the individual remained in long term accommodation at 24 months (the dependent variable).

The statistical method is the chi-squared test. This compares for each independent variable the number of ‘still housed’ and of ‘resettlement failed’ individuals with the numbers that would be expected if there were no association. The analysis is for 55 subjects, 38 (or 69%) of whom were still housed at 24 months. The ‘null hypothesis’ is that, whatever the hypothesised positive attribute or influence, 69% of the subjects that possess it should still be housed after two years. If the percentage is substantially higher (or lower), then a statistically significant relationship can be shown by reference to standard probability tables of the chi-squared distribution. The final section of the chapter will review the strongest associations, and point to possible underlying patterns of influence or constructs. Further analysis will build on these results.
9.1 The subjects' backgrounds

The first set of presented analyses has examined the associations between long-term housing, steady employment, long-term marital relationships, and the resettlement outcome (Table 9.1). Those with stable backgrounds – who for years had lived and worked in one town – were more likely to be housed after 24 months than those who had unsettled work and accommodation histories. The strongest association was with long-term employment, which indicates that there is a relationship between stable employment and tenancy sustainment. Only eleven subjects had had a long-standing marital relationship, and most were still housed after 24 months.

<table>
<thead>
<tr>
<th>Attributes</th>
<th>Remained housed</th>
<th>Tenancy ended&lt;sup&gt;1&lt;/sup&gt;</th>
<th>Total</th>
<th>Statistical association&lt;sup&gt;2&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%&lt;sup&gt;3&lt;/sup&gt;</td>
<td>No.</td>
<td>%&lt;sup&gt;3&lt;/sup&gt;</td>
</tr>
<tr>
<td>Employed 20+ years</td>
<td>24</td>
<td>65</td>
<td>3</td>
<td>21</td>
</tr>
<tr>
<td>Housed in one town 20+ years</td>
<td>22</td>
<td>60</td>
<td>4</td>
<td>27</td>
</tr>
<tr>
<td>Marital relationship 20+ years</td>
<td>9</td>
<td>26</td>
<td>2</td>
<td>12</td>
</tr>
<tr>
<td>Number of subjects&lt;sup&gt;4&lt;/sup&gt;</td>
<td>38</td>
<td></td>
<td>17</td>
<td></td>
</tr>
</tbody>
</table>

Notes: 1. Within 24 months through abandonment, eviction or arrest. 2. Chi-squared (χ<sup>2</sup>) test (degrees of freedom = 1). The p value is the probability that the observed difference between two variables occurred by chance on the assumption that there is no relationship between the independent and dependent (outcome) variable. Conventional practice is that p values of less than 0.05 indicate a ‘statistically significant’ association, i.e. very low values indicate that there is a relationship between the variables. 3. Percentage in the housing outcome group with the attribute described in the row labels. All the variables are dichotomies, i.e. for each individual the attribute does or does not apply. 4. Excludes seven people who died and two with whom contact was lost. 5. Number of subjects too small to allow statistical inference.

9.2 History of homelessness

The second set of analyses examined whether there are relationships between the duration and patterns of homelessness and the resettlement outcome. Two measures of the duration of homelessness were used – age when first became homeless, and length of time homeless. Prolonged homelessness was associated with tenancy failure. People who first became homeless before the age of 50, and had been homeless for more than two years when resettled, were less likely than those with shorter and more recent homeless histories to be housed after 24 months (Table 9.2).

Three measures of the pattern of homelessness were explored – a recent history of transience and movement from town to town, age when resettled, and previous episodes of resettlement. Tenancy failure was more likely among transient people who had stayed in four or more towns during the 12 months before being resettled. There was no link between resettlement outcomes...
Factors influencing resettlement outcomes

and whether the subjects had previously been rehoused, but people who were aged 65 years or over at the time of resettlement were more likely than their younger counterparts still to be housed after 24 months.

Table 9.2 Associations between the subjects’ history of homelessness and housing outcomes

<table>
<thead>
<tr>
<th>Attributes</th>
<th>Remained housed</th>
<th>Tenancy ended&lt;sup&gt;1&lt;/sup&gt;</th>
<th>Total</th>
<th>Statistical association&lt;sup&gt;2&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%&lt;sup&gt;3&lt;/sup&gt;</td>
<td>No.</td>
<td>%&lt;sup&gt;3&lt;/sup&gt;</td>
</tr>
<tr>
<td>First homeless aged 50+ years</td>
<td>22</td>
<td>58</td>
<td>5</td>
<td>29</td>
</tr>
<tr>
<td>Homeless more than 2 years</td>
<td>18</td>
<td>47</td>
<td>16</td>
<td>94</td>
</tr>
<tr>
<td>Aged 65+ years when resettled</td>
<td>20</td>
<td>53</td>
<td>4</td>
<td>23</td>
</tr>
<tr>
<td>In 4+ towns in last 12 months&lt;sup&gt;4&lt;/sup&gt;</td>
<td>1</td>
<td>3</td>
<td>5</td>
<td>29</td>
</tr>
<tr>
<td>Previously been resettled</td>
<td>18</td>
<td>47</td>
<td>7</td>
<td>41</td>
</tr>
<tr>
<td>Number of subjects&lt;sup&gt;5&lt;/sup&gt;</td>
<td>38</td>
<td>17</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Notes: 1. Within 24 months through abandonment, eviction or arrest. 2. Chi-squared test (degrees of freedom = 1). See Table 9.1, note 2. 3. Percentage in the housing outcome group with the attribute described in the row label. All the variables are dichotomies, i.e. for each individual the attribute does or does not apply. 4. In 12 months before being resettled. 5. Excludes seven people who died and two with whom contact was lost. 6. Number of subjects too small to allow statistical inference.

9.3 The resettlement accommodation and contact with workers

The third set of analyses examined whether there are relationships between the resettlement accommodation, contact with workers, and housing outcomes (Table 9.3). The subjects who had initially been resettled in self-contained tenancies (independent or sheltered flats) were more likely to be housed after 24 months than those who moved to shared living accommodation (shared houses and registered care homes), but the difference was not statistically significant. During the study period, nine subjects changed accommodation, and therefore their final accommodation after 24 months or at the time of tenancies ending was also examined. This showed an association between shared accommodation and tenancy failure which was statistically significant.

The subjects who reported problems with co-tenants and neighbours were more likely to experience tenancy failure. The finding has to be treated cautiously, as people who are unsettled may be irritated by the behaviour of others and report problems. Similarly, the subjects who did not buy possessions and personalise their accommodation were less likely to be in their tenancies after 24 months. Some had said that they were reluctant to buy things and to register with a local GP until they felt settled and were certain that they would stay.
Table 9.3 Associations between the resettlement accommodation and housing outcomes

<table>
<thead>
<tr>
<th>Attributes</th>
<th>Remained housed</th>
<th>Tenancy ended</th>
<th>Total</th>
<th>Statistical association²</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.  %³</td>
<td>No.  %³</td>
<td>%³</td>
<td>χ²  p</td>
</tr>
<tr>
<td>Tenant/neighbour problems</td>
<td>13 34</td>
<td>11 65</td>
<td>44</td>
<td>4.44 0.03</td>
</tr>
<tr>
<td>Personalised accommodation⁴</td>
<td>22 58</td>
<td>4 23</td>
<td>47</td>
<td>5.56 0.01</td>
</tr>
<tr>
<td>Shared housing when 1st resettled⁵</td>
<td>19 50</td>
<td>12 71</td>
<td>56</td>
<td>2.02 n.s.</td>
</tr>
<tr>
<td>Shared housing was final housing⁵</td>
<td>17 45</td>
<td>13 77</td>
<td>55</td>
<td>4.78 0.03</td>
</tr>
<tr>
<td>Lived in town as adult 5+ years</td>
<td>32 84</td>
<td>10 59</td>
<td>76</td>
<td>Note 7</td>
</tr>
<tr>
<td>In town &gt;12 months when rehoused</td>
<td>32 84</td>
<td>10 59</td>
<td>76</td>
<td>Note 7</td>
</tr>
<tr>
<td>Number of subjects⁶</td>
<td>38 17</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Notes: 1. Within 24 months through abandonment, eviction or arrest. 2. Chi-squared test (d.f. = 1). See Table 9.1, note 2. 3. Percentage in the housing outcome group with the attribute described in the row label. 4. Acquired personal items to make the accommodation comfortable and homely. 5. Shared houses and registered care (residential) homes. 6. Excludes seven people who died and two with whom contact was lost. 7. Number of subjects too small to allow statistical inference. 8. n.s. not significant.

No associations were found between housing outcomes and whether the subjects moved to accommodation provided by generalist or homeless sector organisations (χ² = 1.87; d.f. = 1), nor whether the accommodation was for older people or all ages (χ² = 1.03; d.f. = 1). Because most subjects moved to accommodation which was in good condition, and had visited the accommodation and had essential furniture before moving, it was not possible to carry out statistical tests on these factors.

Lived in location where resettled

There was an association between having lived in the town or city in which resettled and housing outcomes, although a statistical test was not possible because of the small numbers. The subjects who were still housed after 24 months were more likely than those whose tenancies ended to have lived in the town or city where they were resettled at some period during adulthood for at least five years, and to have currently been in the location more than 12 months when resettled. Two-fifths of those whose tenancy failed had been in the town or city for less than six months when resettled, and only a few originated from the area. Eight people had never lived in the town where they were rehoused, and four of these tenancies failed in just a few weeks.

Contact with resettlement and housing support workers

There was no overall link between the length of time that the subjects had been known to the resettlement organisation and housing outcomes. When the relationship is examined more closely, however, a connection is found between duration of homelessness and housing outcomes for those subjects who had been known to the resettlement organisation for three months or less. Among this group of 32 people, tenancy failures occurred for 7% of the 14 people who had been
homeless for less than two years, but for 50% of the 18 people with longer histories of homelessness. Because of low numbers, no statistical inference can be drawn. Nevertheless, the finding suggests that the length of time that homeless people have been known to the resettlement organisation before they are rehoused is of little consequence if a person has recently become homeless, but may be critical if a person has a long history of homelessness.

The frequency of contact between the subjects and their housing support or care workers associates with the resettlement outcome (Table 9.4). Those who saw their worker at least once a week during the first month, and at least once every two weeks for the first three months, were more likely to be housed after 24 months than those who had less frequent contact. As mentioned in Chapter 7, there were several reasons for infrequent contact between the subjects and their workers. Some subjects were not at home when the worker visited, some in shared houses went out all day and did not return until after the staff had left the premises, while a few reported that they had not been visited regularly by a worker.

<table>
<thead>
<tr>
<th>Frequency of contact</th>
<th>Remained housed</th>
<th>Tenancy ended</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>% 3</td>
<td>No.</td>
</tr>
<tr>
<td>At least weekly in first month</td>
<td>34</td>
<td>89</td>
<td>9</td>
</tr>
<tr>
<td>Less than weekly in first month</td>
<td>4</td>
<td>11</td>
<td>8</td>
</tr>
<tr>
<td>At least 2-weekly in first 3 months</td>
<td>31</td>
<td>82</td>
<td>7</td>
</tr>
<tr>
<td>Less than 2-weekly in first 3 months</td>
<td>7</td>
<td>18</td>
<td>10</td>
</tr>
<tr>
<td>Number of subjects</td>
<td>38</td>
<td>17</td>
<td></td>
</tr>
</tbody>
</table>

Notes: 1. Within 24 months through eviction, abandonment or arrest. 2. Chi-squared test (d.f. = 1). See Table 9.1, note 2. 3. Percentage in the housing outcome group with the attribute described in the row label. 4. Excludes seven people who died and two with whom contact was lost. 5. Number of subjects too small to allow statistical inference.

9.4 Mental health and alcohol problems and activities post-resettlement

The fourth set of analyses examined whether there are relationships between mental health and alcohol problems, social contacts, activities post-resettlement, and housing outcomes (Table 9.5).

Mental health and alcohol problems

There was no link between resettlement outcomes and the presence of mental health problems. Seven people with a mental illness and 10 people without the problem either lost or abandoned their home. There was also no association between drinking alcohol and tenancy failures. Among those whose tenancies failed, six were moderate or heavy drinkers and seven were light
or non-drinkers. A few people successfully retained their own flat or lived in shared housing even though they continued to drink most days. Some received support from home care workers and were provided with meals, while others ate at homeless people’s day centres.

Table 9.5  Associations between the subjects’ attributes post-resettlement and housing outcomes

<table>
<thead>
<tr>
<th>Attributes</th>
<th>Remained housed</th>
<th>Tenancy ended¹</th>
<th>Total</th>
<th>Statistical association²</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%³</td>
<td>No.</td>
<td>%³</td>
</tr>
<tr>
<td>Isolated from relatives and friends</td>
<td>14</td>
<td>37</td>
<td>15</td>
<td>88</td>
</tr>
<tr>
<td>Unoccupied during the day</td>
<td>8</td>
<td>21</td>
<td>11</td>
<td>65</td>
</tr>
<tr>
<td>Socialised with homeless people</td>
<td>8</td>
<td>21</td>
<td>10</td>
<td>59</td>
</tr>
<tr>
<td>Moderate or heavy drinking⁴</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental health problems⁵</td>
<td>13</td>
<td>34</td>
<td>6</td>
<td>35</td>
</tr>
<tr>
<td>Ruminating about the past</td>
<td>16</td>
<td>42</td>
<td>6⁷</td>
<td>67</td>
</tr>
<tr>
<td>Number of subjects⁶</td>
<td>38</td>
<td></td>
<td>17</td>
<td></td>
</tr>
</tbody>
</table>

Notes: 1. Within 24 months through abandonment, eviction, or arrest. 2. Chi-squared test (d.f. = 1). See Table 9.1, note 2. 3. Percentage in the housing outcome group with the attribute described in the row label. 4. At least the equivalent of two-three pints most days. 5. Depression or psychotic illness. 6. Excludes seven people who died and two with whom contact was lost. 7. Information not available for eight people whose tenancies ended. 8. Number of subjects too small to allow statistical inference. 9. n.s. not significant.

Socialising and engaging in activities

There were several strong associations between the activities of the subjects after being resettled and housing outcomes. The subjects who socialised with relatives and friends and reported pursuing activities and being occupied during the day were more likely to be housed after 24 months than those who were isolated, unoccupied, and spent time ruminating about the past. Table 9.6 shows the relationship between building social networks in the early months after being rehoused and resettlement outcomes. All the subjects who developed a social network during the first six months were in their tenancies after 24 months. The tenancies failures occurred among those with few social ties.

As described in chapter 6, some subjects continued to socialise with homeless people on the streets and at day centres after being rehoused. There was a strong link between this behaviour and the housing outcome. Those who continued to socialise with homeless people were much more likely to experience tenancy failure.
9.5 Discussion

The first round of analyses has shown that many independent variables – descriptors of the individuals’ histories, problems, and resettlement – have statistically significant associations with tenancy sustainment. Prior to this study, there has been very little evidence of the factors that contribute to successful resettlement among older people. Three important groups of factors and messages can be identified.

One set of significant factors indicates that it is much easier to resettle successfully homeless people who have stable backgrounds, and it is more difficult (but not impossible) to resettle those with histories of long-term instability and transience. The subjects who had stable work and accommodation histories for many years before becoming homeless were more likely than others to settle after being rehoused. Prolonged homelessness associates with unsettledness and tenancy failure. This may be because some homeless people become accustomed over time to living on the streets and in hostels, or the problems and traits that cause homelessness are enduring and persistent. Other studies similarly report an association between ‘entrenched homelessness’ and the prolongation of street living (Grigsby et al., 1990; Snow and Anderson, 1993). Among older homeless people at the Lancefield Street Centre in London, the duration of homelessness negatively associated with being resettled (Warnes and Crane, 2000a). Likewise, older women in New York City who had been homeless for less than one year were more likely to be resettled than those with longer histories of homelessness (Cohen et al., 1997).

A second group of factors relates to the housing placement, the support that people receive when they first move, and their motivation to be resettled. If the placement or support is inappropriate or the person is unmotivated to resettle then early failure is more likely. Previous experience of living in the town or city where rehoused contributes to successful resettlement. This may be because the person has relatives or a social network in the location, or has knowledge of services and where to get help if needed. It is also likely that people who have

---

<table>
<thead>
<tr>
<th>Frequency of contact</th>
<th>Remained housed Number</th>
<th>Tenancy ended$^1$ Number</th>
<th>Ratio$^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Twice a week or more</td>
<td>12</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Once a week</td>
<td>9</td>
<td>2</td>
<td>0.22</td>
</tr>
<tr>
<td>Less than once a week</td>
<td>17</td>
<td>8</td>
<td>0.47</td>
</tr>
<tr>
<td>All subjects$^3$</td>
<td>38</td>
<td>10</td>
<td>0.26</td>
</tr>
</tbody>
</table>

Notes: 1. Through eviction, abandonment, or arrest. 2. Ratio of tenancy failures to number that remained housed. 3. Excludes those whose tenancies failed during the first six months, and those who died or with whom contact was not sustained.
been in a location for just a short while are unsettled, and that the abandonment of a tenancy is related to personal difficulties and restlessness. Those aged 65 years and over were more likely than their younger counterparts to stay housed: several in their late sixties and seventies said that they decided to settle as they were getting too old to sleep rough. The subjects who had difficulties with co-tenants and neighbours, and did not personalise their accommodation, were more likely to experience tenancy failure. These activities are expressions of settledness, adjustment and recognition of the accommodation as home.

For long-term sustained resettlement success, a third group of factors describes the resettled person’s ability to create a new life for themselves. Building a new social network, activities and interests after resettlement, and becoming detached from homeless people and services associated with tenancy sustainment. Having friends and pursuing activities are likely to increase one’s chance of being linked into a community, which in turn may enhance a sense of belonging. Additionally, people gain self-esteem, affirmation and support from social contact, which in turn can be a source of help if difficulties are later experienced.

The strongest associations

Five of the individual associations that we have examined produced \( p \) values of less than 0.01 (Table 9.7). In other words, they have less than one in a hundred chance of occurring if there is no association between the independent and dependent variables. As each influencing independent variable is a dichotomy, it can be described alternatively as with or without the characteristic. The association with a positive housing outcome can therefore also be described by the positive or negative association.

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Relationship</th>
<th>Statistical association ( \chi^2 )</th>
<th>( p )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed 20+ years</td>
<td>positive</td>
<td>7.69</td>
<td>0.006</td>
</tr>
<tr>
<td>Homeless more than 2 years</td>
<td>negative</td>
<td>10.87</td>
<td>0.001</td>
</tr>
<tr>
<td>Contact at least 2-weekly in first 3 months</td>
<td>positive</td>
<td>8.98</td>
<td>0.003</td>
</tr>
<tr>
<td>Isolated from relatives and friends</td>
<td>negative</td>
<td>12.45</td>
<td>0.000</td>
</tr>
<tr>
<td>Unoccupied during the day</td>
<td>negative</td>
<td>9.89</td>
<td>0.002</td>
</tr>
<tr>
<td>Socialised with homeless people</td>
<td>negative</td>
<td>7.61</td>
<td>0.006</td>
</tr>
</tbody>
</table>

This summary table shows that among the most important influences on the outcome of the resettlement of an older homeless person are aspects of a stable life prior to homelessness and the ability to rebuild occupied and purposeful lives once resettled. These may well be two sides of
the deeply seated character, or continuing biography, of the individual. The finding suggests that this aspect of a person’s life history must be given close attention in resettlement preparation and, where a history of unsettledness is seen, above average attention should be given to monitoring the client’s progress and to providing continuing support. The very encouraging finding in Table 9.7 is, however, that initial support and contact from housing or homeless organisation staff does make a positive difference to the two-year outcome. Continuing support is beneficial.

These findings are original and of great interest but nonetheless are based on a small sample from a single study. The study has been conducted by a single researcher with very limited finances. It clearly would be possible to replicate this study, and to collect information from a larger sample. Much more can be learnt about the factors that influence the success of resettlement if the appropriate resources are deployed.
10 Towards improved resettlement practice

Resettling homeless people is a relatively new field of welfare practice and is carried out mainly by homeless sector non-profit organisations with scant resources. It is of course dependent on both local authorities and non-profit housing associations to make vacancies available. Despite its limitations, the evidence of this study is that the resettlement of older homeless people is successful in most cases, but there are ways that it can be improved. The study’s longitudinal design has enabled rich information to be gathered over time about the reactions and experiences of resettled older homeless people. This final chapter uses the findings to reflect on resettlement practice and tenancy sustainment, and how this might be improved. The study has concentrated on older homeless people, many of whom are frail, vulnerable, have attenuated social networks, and a high prevalence of serious health and functional problems.

This chapter sets out the author’s views about the aspects of current resettlement practice that most require critical inspection and possibly alteration. The informed reader will make their own assessments. The issues raised will be of most relevance to resettlement and tenancy support managers and workers, but a few apply to housing providers generally, and those on Housing Benefit to the Department for Work and Pensions.

10.1 Assessing the housing and support needs of clients

It is much easier to successfully resettle older people with recent histories of homelessness rather than those with long-term histories of unsettledness and instability. This emphasises the importance of identifying and helping people when they first become homeless so that they do not become accustomed to a homeless lifestyle.

Concerns about the thoroughness of the assessments that were undertaken of the subjects’ housing and support needs before and after they were resettled have been raised several times. Their quality was affected by the length of time that the client had been known to workers, the comprehensiveness of the information that could be gathered, and the availability of facilities such as self-catering kitchens that allowed for the appraisal of specific skills. An assessment of daily living skills should be a prerequisite for people who are intending to move to accommodation where they are expected to cook, clean and live independently, particularly if they have not recently lived alone. Frequent movement from place to place indicates unsettledness and suggests that a period of stability and settledness in one place is a prerequisite to resettlement and the sustainment of a tenancy.

There should also be regular assessments of the needs of people once they are resettled, with care plans that specify problems and actions. Randall and Brown (1999, p.56) noted the need for
detailed action or care plans for resettled rough sleepers: it is essential that ‘each individual’s needs are expertly assessed and that clear plans are made for meeting them’. The skills and training of staff are addressed later in this chapter.

10.2 The preparation of the accommodation

Most subjects moved to accommodation which was in good condition and readily habitable, but one-tenth were rehoused in tenancies in Leeds and Sheffield that were in an appalling condition or did not have essential utilities. Both local authority and housing association properties were involved. The poor state of their intended home caused a great deal of anxiety and unsettledness among the subjects, and in some cases tenancy failure. There was also pressure on the subjects to move before community care grants could be processed and the dwelling adequately prepared.

It should be the responsibility of all housing providers to ensure that a dwelling is habitable and repairs have been undertaken before it is let to older homeless people. Unlike young and middle-aged people, many are not fit or able to cope with accommodation that needs repairs and decoration. Resettlement workers also have a responsibility to make certain that the tenancy is in a satisfactory condition, that the utilities are working, and that there is essential furniture before an older homeless person is rehoused. The workers should be required to challenge a housing provider if it thoughtlessly expects an older or vulnerable homeless person to move into accommodation that is in a bad state or ill-prepared. If they do not do this, a substantial percentage of resettlements will be ineffectual.

Local authorities have a budget for discretionary housing payments which can be used to supplement Housing Benefit claims (Audit Commission, 2002). The use of such funds to allow vulnerable homeless people to remain in temporary accommodation for two or three weeks until their tenancy is adequately prepared should be encouraged. The cost to a local authority is likely to be less than the estimated cost of £2,100 for a tenancy failure (Audit Commission, 1998).

10.3 Providing effective post-resettlement support

After being rehoused, some subjects settled quickly and experienced few problems, but others found it hard to settle and had difficulties for many months. In some cases, unsettledness was directly related to housing defects, but for others it fluctuated and was related to personal problems and stresses. Re-establishing a home stirred up painful memories for some of those who had experienced family and marital stresses before becoming homeless. After a few months, they began to reflect upon the past and became depressed and unsettled. Tenancy failures continued to occur more than 16 months after people had been rehoused. Although some failures were precipitate, others were the culmination of several weeks of problems and difficulties.

There is an element of risk with any resettlement attempt and no certainty how a person will respond to their new accommodation or to external difficulties that may arise. In this study, close
monitoring of the subjects’ circumstances in the early weeks enabled problems to be detected and rectified at an early stage. Several subjects sought further help from their resettlement or community support worker after the normal cut-off period of six months when they had problems with bills or social security benefit payments, and valued this opportunity.

The provision of post-resettlement support for formerly homeless older people should be tailored to individual needs. Apart from those who move to registered care homes, most will initially require help with practical tasks, such as sorting out finances and bills, arranging the transfer of social security benefit payments, and GP registration. Some will also require emotional support, particularly if they have been homeless for years or re-establishing a home prompts bad memories of the past. Prolonged support should be available for those who: are experiencing difficulties, have had long histories of homelessness, are isolated, or have been resettled in the past but have become homeless again.

10.4 Strengthening social contacts and meaningful activities

The importance of social contacts and daily activities for older homeless people when they are resettled has been confirmed by this study: those who were isolated and unoccupied were more likely to report being depressed and unsettled and to experience tenancy failure. Encouraged by the Rough Sleepers Unit’s ‘Special Innovation Fund’, many ‘meaningful occupation’ schemes for resettled homeless people have been developed. The majority involve education, training and employment, and are aimed at young and middle-aged participants. Few are designed for older homeless people.

As this study has shown, many subjects rebuilt their lives after being resettled. They developed new friendships and interests with little help from support workers. Particular attention has therefore to be given to those people who lack the skills or motivation to engage independently in activities. This requires the identification of the clients who need help, and the time to work intensively with them. It can be extremely difficult to persuade people who are heavy drinkers, uncommitted, or solitary to participate in activities. Some tenancy support teams have meaningful-occupational workers who have more time than generic tenancy support workers to engage with isolated clients. A challenge for homeless sector organisations, and social housing providers is to develop activity projects that are suitable for and attractive to resettled older homeless people.

10.5 Providing housing for older homeless people

Many older homeless people require housing with on-site support. Common complaints among those who moved to shared houses and registered care homes were about shared facilities and problems with co-tenants. A few said, however, that they preferred shared housing to living alone and having the responsibility of a tenancy. This type of housing, however, does not always
have the capacity to support people with complex needs. Some subjects with mental health and alcohol problems were evicted from shared houses and registered care homes because of their disturbed behaviour.

Too little is known about the most effective types of supported housing for older formerly homeless people. Various models have been developed in this country and elsewhere, but there have been few evaluations of their suitability for people with different needs, or of their ability to reduce some of the problems identified in this study. There needs to be a review of supported housing for older formerly homeless people which examines: (i) models of housing that enable clients to retain some independence while receiving relatively intensive support; (ii) the role and staffing of shared houses, and the intensity of support that is provided to tenants; and (iii) the role of registered care homes in supporting people with mental health and alcohol problems, and how these client groups can best be managed.

10.6 Managing the Housing Benefit problems of vulnerable tenants

One of the most persistent problems reported by many subjects was the difficulty of claiming Housing Benefit (HB) and ensuring that their rent was covered. It caused many subjects a great deal of distress and unsettledness, and was exacerbated by some housing providers who sent letters to the subjects demanding money and threatening eviction. Strategies to simplify the complex HB system are being piloted, such as allowing selected housing associations to verify a claimant’s identity, the information required for the means-test, and the amount of rent to be paid. From April 2003, pensioners’ HB will be awarded for a longer period – up to five years – which means that they will not have to renew their claims each year (Audit Commission, 2002).

The pervasive problems of Housing Benefit payments are well-known among housing service providers and housing workers. It is a national problem, and severe in some local authorities. Until the system is operating more efficiently and claims are being processed more rapidly, it is important both that rent arrears are managed sensitively and that resettled older homeless people and other vulnerable groups are not intimidated or threatened with eviction because of bureaucratic failures.

10.7 Training and guidelines for resettlement and housing support workers

The nature and extent of training for resettlement and housing support workers varies among homeless sector organisations. Some large organisations have their own programmes, while the London Resettlement Forum, managed by Broadway, provides training and information for resettlement and allied worker on rent and arrears, Housing Benefit, meaningful occupation, and the resettlement of young people. In several organisations, however, staff learn about resettlement and tenancy support from colleagues while ‘on the job’. Randall and Brown (1999, p. 56) recently noted that: ‘resettlement is a specialist skill and should be undertaken by agencies
and expert staff. There is a need to develop recognised professional standards and qualifications’.
The same could be argued for the role of housing support workers.

There are few guidelines for workers about resettling and supporting clients with different problems and needs, such as the most appropriate time to rehouse a person with a recent history of transience, or the types of permanent accommodation and tenancy support that successfully help people with dual mental health and alcohol problems. The National Homeless Alliance resettlement handbook describes 14 stages to resettlement, but offers little guidance about the services that are required for people with different needs (Bevan, 1998). The problem is that too little is known about the practices that promote or hinder success. In short, the evidence base is extremely thin. This study makes a start in addressing this gap in knowledge, but there is a need for rigorous information about the rehousing of homeless people of other age groups, and about the personal, accommodation and support factors that contribute to effective resettlement.

10.8 The way forward

Resettlement for older homeless people works in an encouraging proportion of cases, and should be actively developed by all organisations who work with this client group. As shown in this study, it is not a simple task, particularly when attempts are made to resettle older people with long histories of homelessness. It is a relatively new field of work, and there is little evidence about effective and ineffective practices to guide staff, so inevitably there will be tenancy failures. Lessons can be learnt from cases of successful and unsuccessful resettlement about the long-term housing and support needs of homeless people. It is hoped that this report is the first of many that, over time, will collect and sift the evidence, and help providers to make informed decisions that improve resettlement practice.
References


Resettling older homeless people: a longitudinal study of outcomes


References


Related books


This book presents new research on the causes of homelessness among older people. It discusses the circumstances, problems and needs of older homeless people, how services are responding, and makes recommendations for service development. Partial life histories were collected from older homeless people and their pathways into homelessness traced. Many had been homeless since they were teenagers or early adulthood. The analysis throws light on the reasons for homelessness at all stages of the life course. Case studies are used throughout to assist explanations.


This book aims to raise awareness of the problems and needs of older homeless people. Drawing from the experiences of over 20 pioneering projects working with homeless people in Britain, the United States and Australia, this book is a guide to delivering practical and effective help. It examines and evaluates the services presently available to older homeless people, and makes evidence-based recommendations for future development. These insights are complemented by numerous first-hand accounts of innovative successful working practice.


The Lancefield Street Centre was set up as a pilot project for older people sleeping rough in London who were not accessing services. It provided a ‘pathway’ of services from the streets to long term housing, through street outreach work, a 24-hour drop-in centre, a 33-bed hostel, and a resettlement programme. It was established by St Mungo’s for two years (1997-98), and the main funding was provided by the Henry Smith’s Charity. Drawing on the findings of an evaluation of the Centre, this manual produces guidance about good practice in developing and delivering similar services.


This report presents the findings of several linked surveys in London of: rough sleepers, hostel residents, day centre attenders, resettled homeless people, media coverage of homeless issues, parliamentary debates, and the opinions of the staff working in the sector. Information from 82 organisations (around 140 projects) was collated and analysed, to provide a more comprehensive picture of single homeless people in London than previously available.